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## The Food We Eat...

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**Abstract.** This article focuses on those aspects that are closely related to the food choices mothers make on daily basis. Everyday food choices, such as what we eat, how much we eat, what quality our food has, or where our food comes from, are highly influencing our life quality. For a better understanding of food-related behaviour, we have collected data through a self-administered questionnaire, which was disseminated in a closed Facebook group (more than 2,200 members during data collection) formed by mothers from Miercurea Ciuc (Romania) and its surroundings. The used questionnaire considered a great variety of aspects from questions on diet to using health supplements, being pro or against vaccinations for children, exercising routines, and shopping habits. We asked mothers participating in our study to allow us to understand the process of everyday decisions that they are making for the maximum benefit of their family. What kind of food do the mothers provide for their children and their family? Is there any difference between the health consciousness levels in food providing for the children and for the parents respectively? Which are the main food sources they rely on and why? These were the guiding questions of the research. The majority of the respondents consider home-cooked meals very important: almost all the families have their breakfast and dinner at home, and the majority even their lunch. And three-quarters of them also defined their family as a traditional Szekler family regarding the eating habits.

**Keywords:** food, diet, eating habit, mother, children

## Introduction

The food that we eat is part of who we are, it is a personal characteristic, it is part of our identity and it can embody several feelings. We make different choices

based on when, with whom, and why we eat. We eat different things if we are alone, with family or with friends, if we are hungry or we celebrate something, if we look for comfort, we are stressed or we want to indulge ourselves, etc. Some of us choose to stay in close touch with our food – growing vegetables, raising animals –, while others are more alienated from what ends up on their plate.

Food decisions are deeply grounded in ethical, religious, personal backgrounds, and they are very political in nature. Most people have an understanding of what a healthy diet is and what they are supposed to do to maintain or to reach the health benefits resulting from it. Eating lots of fruits and vegetables, having a balanced diet are the most cited theories/practices. Most adults consider healthy eating not only important in itself but also a responsibility of the parents to provide it for and teach it to their children.

According to public knowledge – highly promoted in the media –, a healthy diet consists in adding several foods in large amounts (fruits and vegetables, whole grains, water) and restricting, limiting those that are seen as unhealthy or risky (fat, especially saturated fat, sugar, salt, etc.).

The trend of obesity and less healthy eating habits are catching up in Eastern Europe as well.<sup>1</sup> Popular media shows that according to Romanians healthy eating is expensive and unreachable for many as these products are either hard to find on the market or are unaffordable for average salaries. Popescu showed how eating habits are age- and income-dependent. Young people with high income are more prone to maintain a balanced diet, preferring more simple foods, fruits and vegetables, and they choose ecological foods even at a higher price. The consumption of fast-food products is also spreading: over 70% of Romanians living in urban areas prefer the quick meal offers by fast-food restaurants – over half of the respondents goes once in a month to such restaurants, while one in three only in the weekends and one in five has fast-food meals both on weekdays and in the weekend (Popescu 2008). In 2008, less than 1% of the Romanian farm food products were ecological (Popescu 2008: 378). In the last couple of years, the number of firms registered in organic agriculture has increased (4.55 times from 2006 to 2012) (Vasile et al. 2015: 260). This suggests that the organic sector could be a viable option for rural farmers and even an attractive business sector. And the organic farming might be more suitable in Romania than the conventional one since the agricultural territory is highly fragmented (Vasile et al. 2015: 265). However, in our region (Szeklerland), there are very few initiatives regarding organic farming.

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1 <http://www.oecd.org/els/health-systems/Obesity-Update-2014.pdf><http://www.romania-insider.com/what-are-the-romanians-fast-food-eating-habits/142508/>, <http://www.agerpres.ro/english/2015/02/21/just-2-percent-of-romanians-dine-out-on-a-daily-basis-survey--19-54-20>, <http://www.gandul.info/magazin/cine-sunt-romanii-care-mananca-sanatos-studiu-10887144>.

## **Theoretical frame**

Eating habits – often conceptualized through grocery shopping behaviour – is a topic well-researched in marketing, nutrition, dietetics, medicine, etc. (Sholderer et al. 2004, Steptoe et al. 1995, Turrell et al. 2002; Wardle et al. 2004, Worsley et al. 2010), and research shows that health is one of the basic motivations for product selection. Other factors – such as hedonism, healthfulness, price, convenience, tradition, familiarity, mood, weight control, ethical concerns, etc. – are also influencing our grocery shopping motivations (ex. Arnold & Reynolds 2003, Rapport et al. 1992, Drenowski 1992, Dholakia 1999; Jayawardhena et al. 2007, Rohm and Swaminathan 2004). Shopping can be task-related/rational (Batra & Ahtola 1999) or “mission”-motivated (Babin et al. 1994), and according to Capaldi (1996) the greatest drive behind food choices can be seen as short-term expectations such as taste, pleasure, or satiety. Taste is an important factor when it comes to the consumer to choose among certain foods (Grunet et al. 2000, Urala & Lahteemaki 2003), and people are not likely to compromise for a possible health benefit (Gilbert 2000; Ko et al. 2004, Urala & Lahtenmaki 2004). Criticism towards functional foods has been growing in the past couple of years and it translates into a lower willingness to compromise (Verbeke, 2006).

There is a stereotypical belief according to which we categorize foods as either good or bad, healthy or not healthy (Rozin et al. 1996; Oakes & Slotterback 2001a,b; Oakes 2003, etc.), and we have the tendency to overindulge in bad foods as soon as we think that the healthy diet was compromised. Stereotypes suggesting that low-fat snacks are healthier than their regular versions lead to an increased consumption of these low-fat products (Geskens et al. 2007). The judgement of the people who have oatmeal with fruits and nuts and those who have pie for breakfast is based on whether they eat “good” or “bad” food, even if the two foods are very similar calorie-wise (Oakes & Slotterback 2004–2005). The healthiness of the food is most often evaluated along freshness and fat content regardless of the age, gender, or dieting status of the respondent (Oakes & Slotterback 2002).

Studies in the field of nutrition, consumption, and lifestyle show the close relationship between diet and health (Bucher et al. 2013, Gustafson et al. 2011, etc.), but the way consumers interpret the healthiness of their choices, shopping, and therefore diet is still lacking consistent research.

A certain level of nutrition knowledge is needed in order to make healthy food decisions, and studies show a relation between greater nutrition knowledge and healthy eating (Dickson-Spillman & Siegrist 2011, Dickson-Spillman et al. 2011).

Healthy grocery shopping is identified along three categories: by including healthful foods, avoiding or restricting certain items, and achieving a balance between these two categories (Hollywood et al. 2013). We are expected to follow

guidelines<sup>2</sup> provided by governmental organizations and health institutes prescribing a ‘balanced diet’, but most of the time consumers find it difficult to translate these suggestions into practice (Lobstein & Davis 2009, Wiggins, 2004).

## Data and methodology

Parents often make different nutrition decisions for themselves and for their children (Falk et al. 2001). To better understand food-related behaviour, we have collected data through a self-administered questionnaire in a closed Facebook group of mothers from the Miercurea Ciuc (in Hungarian: Csíkszereda) area, Romania. The area is part of Romania’s Harghita County, respectively that of Széklerland, which can be considered an ethnic enclave since Harghita County has a more than 80% Hungarian majority.

We used an online questionnaire with 40 questions, from which 5 were open-ended and 35 closed-ended, having one or multiple choices. The applied questionnaire considered a great variety of aspects that help understand everyday health decisions and behaviours. From diet-related questions to using health supplements, being pro or against vaccinations for children, exercising routines and shopping habits, we asked mothers participating in our study to allow us to understand the process of everyday decisions that they are making for the maximum benefit of their family. We disseminated the questionnaires among mothers who have at least one child under 6 years and live in Miercurea Ciuc or its surroundings. For a period of 3 weeks, we shared the link of the online questionnaire in a Facebook group, which had more than 2,200 members in August 2015. During this period, 139 mothers answered our questionnaire. The sample could not be representative to the region since not every mother is part of this group, not everybody read the call, and not everybody answered the question. Hence, we think that the results provide some general data about women’s attitude and behaviour towards healthy eating.

Szeklerland – with a tourist’s or an outsider’s eye – is a very beautiful, supremely preserved ecological landscape, where everything is – again, with an outsider’s eyes – all natural, authentic. The food is healthy since the cattle herds growing on the beautiful mountain meadows give healthy milk. The water is healthy since the eye-catching spring waters provide uncontaminated water. The food is healthy and locally produced since the majority of the families from the villages behind the hills keep animals and assure the essentials. There are no big industries

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2 Food Pyramid (US – Department of Agriculture, Ireland – Department of Health, etc.), the Eatwell Plate (UK – Food Standards Agency, etc.), *Okostányér* (Recommendation of the MDOSZ – The National Association of Hungarian Dietitians), *Ghid pentru alimentația sănătoasă* (Recommendation of the Ministry of Health).

with contaminating pollutant by-products. There are no big fast-food restaurants offering a lot of junk foods. So, everyone in Szeklerland can eat very bio and very organic food and can have a healthy food regime. And do they eat this way? What do they eat and what kind of accent do they put on a healthy food regime?

In order to obtain proper answers, Harghita County was chosen for several reasons: on the one hand, it is an emphatically rural region still displaying a lot of urban characteristics in Miercurea Ciuc and its surroundings. This is such a region where most of the families do not only dispose of land ownership but the self-sustaining or supplementary income type of family farming is still significant as well. It seems an important issue to see what kind of food sources they use and in what proportion home-produced foods appear in the families' daily diet.

In the same time, numerous – small and large-scale – sociological and cultural anthropological research was conducted in the region in the last decade, examining current social scientific issues. This type of sociological inquiry may fit well into these sociological cognitive processes. The terrain for the fieldwork was somewhat “familiar”, the Facebook group of mothers from Ciuc had been analysed earlier and known as an active, dynamic on-line group, with a very large number of mothers actively present in a group where health, healthcare, food and child nutrition are very common topics (see Gergely 2015: 120). We assumed this group can provide a good platform for an exploratory research.

In Harghita County, the average net salary is very low, almost the lowest in the country. For example, in 2013,<sup>3</sup> it was only RON 1,325;<sup>4</sup> unemployment is affecting at least 10,500 people, with an unemployment rate of 7.4 (8.4 for men and 6.3. for women) compared to the 5.8 national average (6.5 for men and 5.1 for women).

The respondents of our research are 25–55-year-old mothers (the average age being 36.35, SD=5.954), 89.2% of whom is married, about 2/3 living in urban areas, half of them having a college or university degree, and 62% having a non-manual job. Half of the husbands also have college or university degree, 40% has a non-manual job, 20% is an entrepreneur, and another 17% is manual worker. Two-thirds of the households have an income between RON 1,500 and RON 3,500, the average salary being around RON 3,000 per household. The households range from 2 to 10 members, with an average of 4 members (SD=1.085), from which on average 1.67 (SD=0.856) are underage.

Based on the findings of the literature, on the characteristics of the field – namely that providing food for the family is part of the identity of mothers –, and the importance of this role in a more traditional society, we have compiled research questions such as:

3 [http://elemzo.hargitamegye.ro/wp-content/uploads/2013/05/HR\\_CV\\_MS\\_Munkaero\\_Secured.pdf](http://elemzo.hargitamegye.ro/wp-content/uploads/2013/05/HR_CV_MS_Munkaero_Secured.pdf).

4 This changed for 2016 to 1,317 RON (cca. 294 EUR). <http://www.gandul.info/financiar/harta-salariilor-in-2016-unde-se-gaseste-in-romania-cel-mai-usor-de-munca-14953446>.

What kind of food do Szekler mothers from the Csíkszereda area provide for their children? Is there any difference between the health consciousness level in providing for their children, respectively for themselves and the father? And which are the main food sources they rely on and why?

Although our research is first of all exploratory, we hypothesise that:

H1: Due to the traditional characteristics of the region, the majority of the families eat (at home) home-made dishes.

H2: For the people from the town, the grocery market is an important (primary) source of food: in our region, a more important source than the supermarket.

H3: In the everyday diet, the meat–bread–potato triad is the most frequent.

H4: The mothers consider fresh fruits and vegetables very important, but because of the region's particularity<sup>5</sup> very few fruits and vegetables can be purchased from local gardening.

This article focuses on those aspects that are closely related to the food choices mothers make on a daily basis. Everyday food choices, such as what we eat, how much we eat, what quality our food has, or where our food comes from, are highly influencing our life quality. Health consciousness and the related decisions are often controlled by several other factors, such as income, lifestyle, access to or the ease of access to certain products, etc., and are influenced by other people, groups, or interests (ex. school, work environment, healthcare, media, government, etc.). According to our respondents, the primary responsibility comes to the parents in ensuring and teaching a healthy lifestyle to the children. When asked to rank parents and family, school, environment, marketing government, healthcare, public figures, and media on their responsibility list, the number one position was taken by the family: 98.6% of respondents agree that it is the parents who must prepare their children for a healthy lifestyle. Teaching the importance of a healthy lifestyle within the family has to start with teaching healthy food choices. The personal responsibility of parents for ensuring the health of the next generation provides our starting point in this health consciousness analysis.

## Results

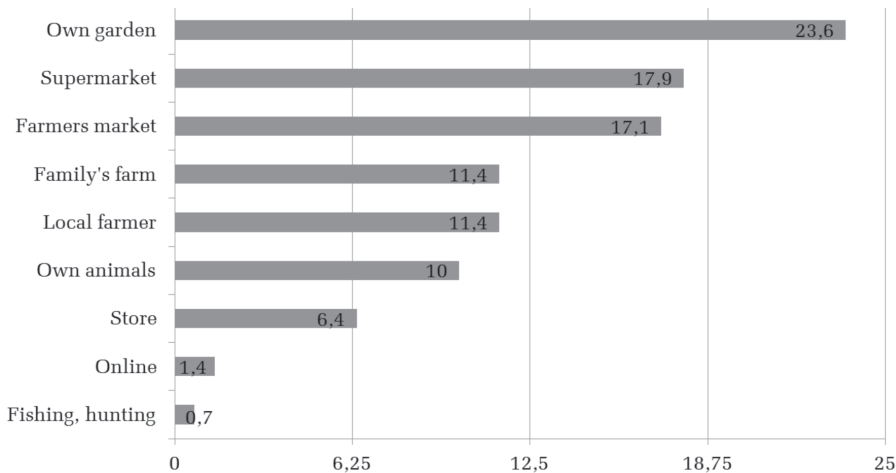
In our survey, we considered several aspects of healthy eating such as: where does the food originate from? How much are our respondents spending on food? What do they eat? And how is that connected with the education level of the mother (assuming that she makes most of the grocery shopping and cooking decisions) and the income of the family?

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5 The region is the coldest area in Romania. From September until May, there can be frost. For example, the nut trees do not yield, just like the case with tomato, sweet pepper, and maize.

The shift of diet from own grown vegetables and raised animals to purchased products is often seen as a shift of quality as well. In our sample, nearly half (45%) of the respondents have as a primary food source their own garden (24%) or their own animals (10%) or the garden of a family member (11%).

Local farmers add another 11% to the primary food source where our respondents have control over the quality or at least have a good understanding of the origin and quality of their food. The farmers' market in Miercurea Ciuc is another important source, with 18% of the respondents naming it as primary source. Most sellers of the farmers' market come from the southern parts of Romania, but local sellers are also present. The supermarkets, stores, and online grocery shopping are listed as primary food source for less than a quarter of the respondents.

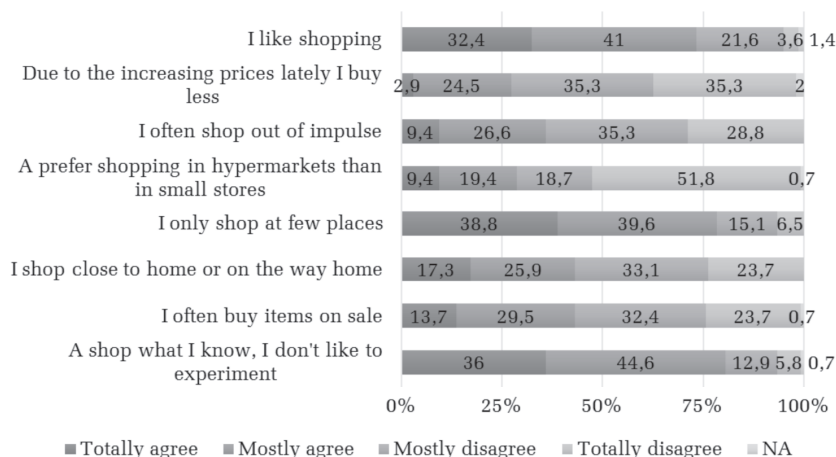


**Graph 1.** Distribution of primary food sources

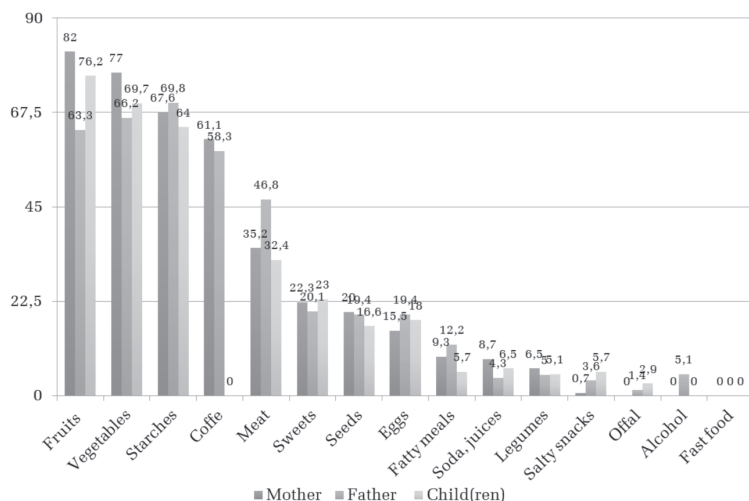
While the grocery stores and supermarkets are not the primary food source for most respondents, 80% of all respondents is doing grocery shopping several times a week, 16.5% once a week, and only 2.2% reported a frequency lower than that. The average spending on one grocery shopping trip shows great variety, ranging from RON 25 to more than RON 300, the average being somewhere between RON 76 and 100.

Our respondents “are people of habit”: while they do like grocery shopping, they buy products they already know and like (not really experimenting with new things) at few places and they prefer small stores over hypermarkets. Our data suggest that most mothers care about what food they buy, and when it comes to decisions they put their trust in tested products and sellers that they already know.





**Graph 2.** Respondents' attitude towards grocery shops and products



**Graph 3.** Daily food: food categories consumed at least once a day

The type of food is at least as important for a healthy lifestyle as its origin. Keeping in mind that our respondents are likely more health-conscious than the average inhabitants of the region, the following graph shows – in descending order – those food categories that most respondents consume at least once a day.

The first thing that we can see is that the diet of the children is following the trend of mothers, while fathers have quasi different eating habits, yet the majority of the families mostly follow the nutrition guideline of fruits and vegetables, starches. Fathers have less fruits and vegetables, more meat, eggs, and fatty meals, while in very few cases, and only for the father, the daily alcohol was also

mentioned. Coffee is also consumed daily by most parents, while there is no one who consumes fast-food<sup>6</sup> on a daily basis.

In the case of meat consumption, lean pork is the number one favourite: 25.7% of respondents said that they had it regularly at least 3 times a week. Chicken and turkey breast (16.4%), fish (10.7%), chicken and turkey drumsticks (10%) are also among the more frequent meat choices, while the consumption of beef, fatty pork, rabbit, game, and seafood characterizes only less than 5% of the respondents. No one was eating regularly duck, marrow, or tripe – although all three are present in the traditional Hungarian/Transylvanian cooking habits –, and there was one vegetarian respondent.

The majority of respondents is using sunflower oil, 90% of mothers is using it as the basic fat source. Olive oil and lard are also widely used. If we look into fat usage in relation to the mothers' level of education, we can see that mothers with a college/university degree use less sunflower oil (83.9% vs. 68.5%) and lard (19.4% vs. 6.5%) as primary source than mothers with lower education, the former rather naming olive oil (0% vs. 21.3%) and coconut oil (0% vs. 3.7%) as their primary fat source. Neither olive oil nor coconut oil were named as primary fat source by any mothers with a low level of education. These suggest a correlation between education and nutrition knowledge that should be further tested with a mixed methodology, seeking to understand the motivations and consequences.

Not surprisingly (the Szekler area is known for many traditional potato recipes), the most frequently used vegetable is the potato,<sup>7</sup> very closely followed by tomato and a couple of other breakfast veggies (tomato, cucumber, pepper). Low-carb vegetables (spinach, broccoli, cauliflower, mushroom, lettuce) are less rarely consumed than high-carb ones (potato, tomato, carrot, sweet peas, cabbages, green beans, corn).

The several-times-a-week consumption pattern suggests that the main meal of the day is meat and potato or meat and cabbage, etc. (*Graph 4*).

We were interested in how the understanding of health and (culinary) tradition appears in the case of Szeklers, so we asked our respondents to name a typical/ everyday meal (breakfast, lunch, and dinner). We all grew up learning that breakfast is the most important meal of the day with a great impact on our health, while, on the other hand, lunch is the main meal of the day as it brings the family together.

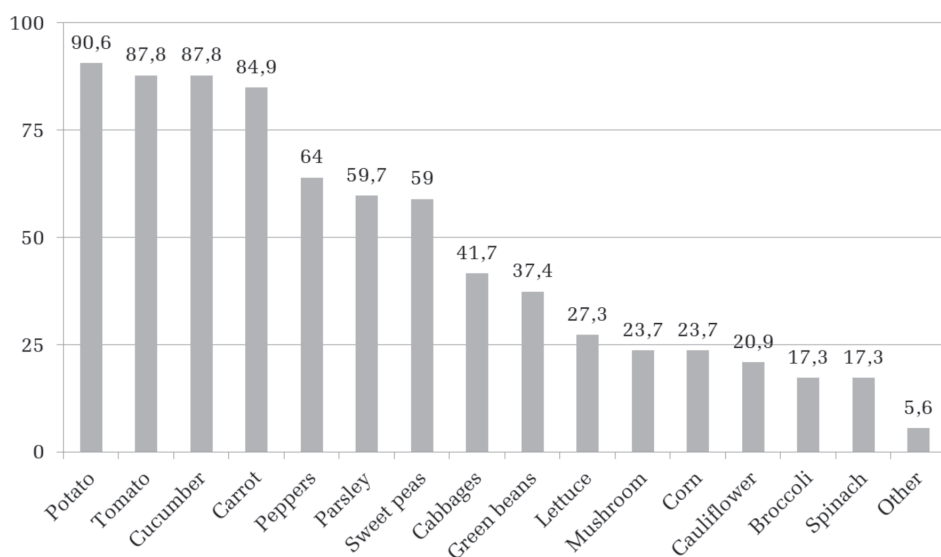
In the Csíkszereda area, the breakfast is a mix of traditional meals and more modern ones. Sandwich breakfasts (bread, spread, deli meat, and vegetables) are very typical but eggs and dairy products are also often consumed. Almost all respondents have either milk or tea with their breakfast. 72% of all respondents consume bread for breakfast, which was often mentioned to be a home-made

6 We probably should have named bakery and pre-prepared meals as part of the fast food category.

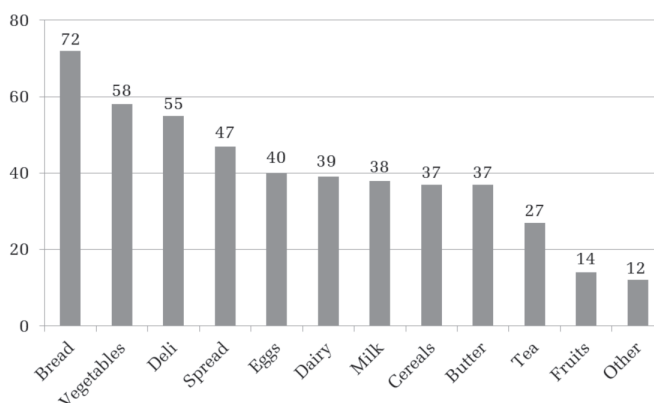
7 Health-wise it is questionable whether its place among vegetables, rather than starches, is acceptable or not.

bread. Bread and butter (and jam or honey) is one of the basic breakfasts, toast and French toast are also frequent, just like pâté and home-made spreads. From the breakfast veggies, tomato was the most often named, while pepper, cucumber, lettuce, and radish are also consumed (*Graph 5*).

Deli meats are a favourite choice as well, most frequently including ham, salami, and hot-dog, but sausages (mostly home-made) and bacon are also consumed by many. While milk and yoghurt are the unquestionable favourite dairy products, a great variety of other items are also found in the diet of Szeklers: butter, cheese, kefir, curd, and other fermented milk products.



**Graph 4.** Vegetables consumed at least three times a week



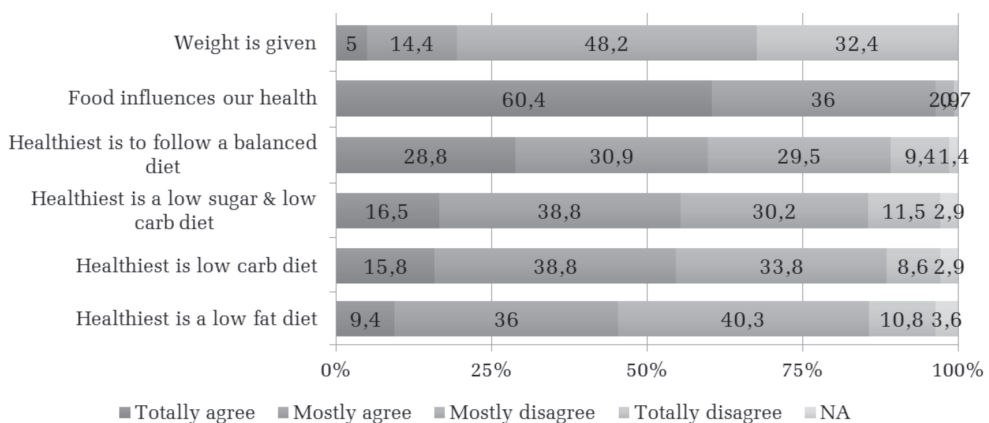
**Graph 5.** Typical breakfasts among the respondents

A typical Szekler lunch is home-cooked and it has two dishes: soup comes first, and then meat with some side-dish. From all respondents, less than 10 people said that they typically do not have soup for lunch, while 4 said that their lunch is often a very filling, rich soup in “which the wooden spoon would stand”. The first favourite, most often prepared one is the veggie soup that is made both with and without meat. A great variety of soups – more filling ones like bean, lentil, potato, or cabbage, and lighter ones as fruit, cream, tomato, pea, cauliflower – make the base of a Szekler’s lunch. As one mother said, it is always different but always home-cooked, and “there cannot be a day without a warm soup”.

Several respondents said that usually only one of the dishes has meat in it, and if the soup is richer, then the second dish is lighter or if the main dish is rich, they match it with a light soup. Dessert was barely named, but if they mentioned it they named fruit or pancake following a one-dish lunch such as a bean soup. Meals with meat are often seen as heavy, and several respondents emphasized the “light, meat-free, vegetable dish”.

The great majority of respondents said that the main dish of the meal is some sort of meat (there was no preference for the kind) and potato; half of those who named any side-dish mentioned potato (mostly boiled and purée). While meat is considered the main nutrition, different vegetable pottages are also very much liked and often served with egg, sausage, fried cheese, or fish. Vegetables as side-dishes, casseroles, or ratatouille are also very typical meals.

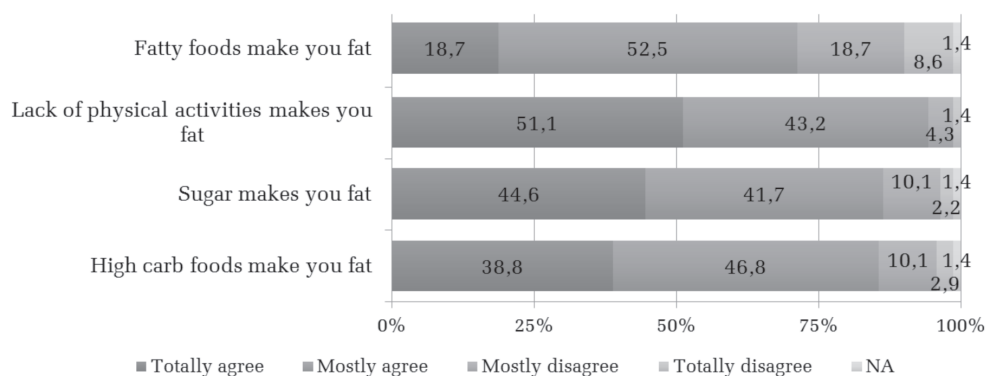
After seeing what our respondents and their families consume, we turned our attention to a question that aimed to check how they think about mainstream diets and how the diet/health and weight perception goes with the practicality of what they consume.



**Graph 6.** Health perception of mainstream diets

Graph 6 shows high agreement in the importance of food in our health and also high disagreement in seeing weight as something given/set. While diet obviously influences our health, there is a less clear opinion about what makes the difference between a healthy diet and a less healthy one. A balanced diet has the greatest support and the low-sugar and low-fat diet has the biggest disagreement. The low-fat diet seems to be the most controversial, given that it almost perfectly divides our respondents into two groups with 45.4% agreeing that low fat is healthy and 51% disagreeing.

For a closer look – or in order to put it differently –, we asked our respondents how much they agree or disagree with 4 statements often heard as causes of weight gain.<sup>8</sup>



**Graph 7.** Perception of the major causes of weight gain

While previously our respondents said that food is influencing our health, it seems (Graph 7) that weight gain is not (closely) connected to health, as it seems food has much less influence (through weight gain at least) on our health than exercising. Fatty meals, sugar, and high-carb diets are all seen as causes of weight gain, and our respondents seem to agree that a high-sugar/high-carb diet is more responsible for weight gain than a high-fat one.

## Discussion

Szekler families follow a mixed diet in the sense that both nutrition textbook meals and traditional dishes can be found on the families' menu, leading to an often contradictory situation.

Statements like: “freshly squeezed vegetable juices”, “fresh fruits and vegetables”, “many-many vegetables”, “yoghurt and one slice of bread and

<sup>8</sup> We did not specify all the health-related implications of being overweight or obese.

veggies and deli”, “oatmeal with milk or one slice of bread with butter and jam” sound like taken out from a nutrition book on healthy breakfast. Meanwhile, other statements such as “our own, home-made pâté and other spreads...”, “traditional home-made bread”, “soft eggs, deli, vegetables (tomato and peppers) and curd”, “butter, bread, tomato, sausage or bacon, home-made (smoked) cheese” emphasize the importance of tradition and inherited recipes and customs.

The practice of having a garden and raising animals or having access to local farmers is meeting the widely spread opinion of low-fat, low-carb, and high-vegetable and -fruit consumption dietary expectations.

The majority of the respondents consider home-cooked meals to be very important, quasi all the families have breakfast and dinner at home, and the majority even lunch. And three-quarters also defined their family as a traditional Szekler family regarding eating habits. We also found out that the grocery market seems to be the most important food source – but for those, who are living in the town. And yes, the market is a more important food source than the supermarket.

We could also see that the meat–bread–potato triad is the most essential part of the eating habit. The most frequently used vegetable is potato: more than ninety per cent of the respondents consume it in various ways at least three time a week. 51.1% eats meat at least several times per week, while 35.3% eats it daily or several times in one day. 67.7% eats bread on a daily basis (or several times a day) and only one per cent declared never eating bread. 80% of the families eat fruit on a daily basis – the mothers eat the most and the fathers the least, but everybody eats fruit. On the other hand, fruit makes part of the three main courses only in 14% of the families. 14% eats fruit for breakfast. And some children eat fruit as snack in the school or between main meals.

The concept of *controversies* in the Szekler diet was suggested by the following findings:

1) while agreeing that low-carb food is healthy and that sugar/carbs lead to weight gain, both breakfast and lunch in the case of Szeklers is a dominantly carb-rich meal (bread in the morning, potato for lunch);

2) meals with meat are often seen as heavy – whereas several respondents emphasized the “light, meat-free, vegetable dish”, the main meal of the day is always meat and side-dish;

3) while the majority of the respondents<sup>9</sup> consider their diet a traditional Szekler diet based on breakfast meals, the modern diet would be more suitable as “light breakfasts” are emphasized with toast, cereals, bread with butter and jam, or butter and honey.

We consider that the region is following the trends observed in the US and Western Europe. Given that it is a mostly rural area, a region with the lowest

9 74% of respondents answered traditional Szekler diet, 1.4% follows a modern diet, 3.6% are vegetarians, and 2.9% are paleo. 17.3% named different other diets.

income in the country, the switch from traditional meals to a modern diet is still in process. While the spread of fast-food consumption following low-fat (and healthy high-carb) diets are present in other countries as well as in more urbanized areas of the country (see Popescu 2008), in our region, we can observe a mix of the traditional meals with the more modern ones.

The upcoming years will answer whether the region will close the gap with the global dietary trends of eating out, fast-food meals, and pre-prepared meals, and as such also follow the trend set by several western countries in obesity and worsening health conditions or it will maintain (or turn back to) their traditional culinary heritage and nutrition. We may assume that with a delay in the aforementioned trends the region is at a turning point and the role that mothers play today has a significant importance in the health of the future generation. While our research has its methodological limitations, its results urge for a more structured, larger data collection that allows statistical hypothesis testing.

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