

The food choices of Samoan teenagers in Auckland: Big Mac combo or pisupo and taro?

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Abstract

The Nutrition Task Force indicated a need to survey the lifestyle and dietary intake of young people aged between 12–18 years living at home. This study was a response to the lack of available literature on dietary intake of young people. This research examined the factors that influence their perceptions and subsequent food consumption. Forty in-depth interviews were conducted with twenty Samoan teenagers and their parent or guardian that purchases and prepares most of the food in the household. The teenagers have a definite knowledge base about which foods and drink are good and not so good. In practice, they prefer foods and drink that are not so good. Peer influence, its low cost, easy accessibility, ready access to money, and taste influence their behaviour. There is a need to monitor the dietary intake of Samoan teenagers to address ensuing health problems such as diabetes and high blood pressure already prevalent in the older population.

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Introduction

Undernutrition has been associated with decreased resistance to infection among children, and aspects of functional status such as unhappiness, shortened attention span, lower school marks, and decreased social skills^{1,2,3,4}. There is however a lack of literature about the lifestyle and dietary intake of young people in New Zealand⁵. Particularly the dynamics of the decision making context, with its multiple

influences in which young people consume food. The relevance of obtaining this information can provide an informed understanding of the factors that influence food choices and eating habits. Developing effective programmes and strategies can result from acquiring this knowledge. There is no literature about the lifestyle and dietary intake of young Samoans in New Zealand. The Samoan group is one of the largest ethnic groups in New Zealand^{6,7,8}.

The objective of the study is to describe the food consumption of Samoan young people in qualitative terms and locate it in their family and wider social contexts. Social, economic, financial, gender, and ethnic factors are considered here to better assess the role these play in influencing their food consumption.

Study population

About 70% of Pacific peoples in New Zealand live in the Auckland region. The Samoan group is the largest, making up more than half of the Pacific population. Samoans began migrating to New Zealand predominantly from the 1950s onwards for employment and educational reasons, and the majority live in Auckland. The Samoan group has a youthful population with more than half under the age of 25 years old^{6,7,8}.

Methods

The study population consisted of Samoan teenagers and their parents or guardians living in Auckland. A sample of 20 teenagers was selected using a cluster sampling design that covers geographical spread, household composition, socio-economic status, education, occupation, and ethnicity. The sample was identified and recruited through established networks in the Samoan community. Key informant interviews or face to face interviews gauges the identification and understanding of the range of issues and dynamics that impact on young people's eating. Establishing a rapport between the researcher and respondent allows further exploration of issues in a nonjudgemental and nonthreatening

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way. Two Samoan women were contracted to undertake the recruitment, conduct key informant interviews, collate and analyse the data, and report on the findings. These women have intimate knowledge of Samoan culture, fluency in both Samoan and English, academic backgrounds, and access to a range of established community networks.

Key informant interviews

In-depth semi-structured interviews were conducted with 20 teenagers, and the person who primarily cooks and does the food shopping in their household. This person was either mother, aunt, or grandmother. An interview questionnaire covering areas such as foods in the home and at school, consumption of fruit and vegetables, definitions of mealtimes, cooking, food advertisements, and food preferences was used for all participants. Twelve food cards featuring a variety of foods and drink were used with the interview questionnaire.

The interviews were conducted in either English or Samoan, and lasted from 1-2 hours each. These were audiotaped,

Table 2. List of Food Cards

Card	Type	Item
1	Sweet	chocolates, lollies, biscuits, sticky buns, roll-ups, muesli bars, fizzy drinks
2	Low Fat Dairy	trim milk, reduced fat cheese, yoghurt, sour cream, cottage cheese
3	Standard Dairy	milk, cheese, butter, cream, yoghurt, sour cream
4	Vegetables (fresh, tinned and frozen)	potatoes, tomatoes, corn, beans, celery, lettuce, broccoli, onions, carrots, peas, mixed, taro
5	Rice and Pasta	white/brown rice, pastas, noodles, spaghetti
6	Cereal	weetbix, honeypuffs, muesli, rolled oats, cocoa pops, cornflakes
7	Bread	white, brown, and wholemeal bread, pita bread, filled rolls, sandwiches
8	Fruit (fresh, tinned, and dried)	apples, bananas, pineapple, pears, oranges, kiwi fruit, peach, fruit salad, apricots, raisins, sultanas, fruit juice
9	Chips	rashuns, corn chips, twisties, pretzels, cheezels, salt'n'vinegar
10	Meat	beef, sausages, chicken, fish, chops, mussels, trotters, brisket, pisupo (corned beef)
11	Fast foods	MacDonald hamburgers, KFC, Georgie Pies, fish'n'chips, spring roll
12	Vitamins	garlic, vitamin C, super B, teentime

Table 1. Samoan sample by age and sex

Age Group (in years)	Numbers of		
	Male	Female	Total
13-16	10	10	20
35+	0	20	20
Total	10	30	40

transcribed and analysed. A report of the findings, written in both English and Samoan, was presented to the participants and to those who assisted in recruiting the families, before formal dissemination.

Selection and description of sample

Selection of sample was based on a number of key criteria such as age, gender, parents ethnicity, religion, occupation, education, geographical spread, household income, and household composition. Supermap and census data identified key areas in Auckland from which to draw the sample of participants and provided a range of average household income levels for the Auckland region. Six families from South, Central, and West Auckland, and two from North Shore were recruited. The range of household income levels was considered in the recruitment of these families from these areas. Religious affiliations were considered in the criteria because it impacts on people's decisionmaking. The household composition ranged from 3-10 people, and eight of these contained extended family members such as grandparents, aunts, uncles, cousins and inlaws. The occupations of those in the household included full-time caregivers, factory and clerical workers, nurses, teachers, self-employed, beneficiaries, and ministers of religion.

Results

Assessment of foods

Most of the teenagers selected low fat dairy products, pasta and rice, vegetables, fruit, cereal, and bread as being good for you. These were described as healthy natural products that contain nutrients and vitamins which are good for the body, and it gives energy especially first thing in the morning. Low fat dairy products was described as particularly good for those on diets because it contained little or no fat therefore these could be consumed in large quantities. Fast foods, sweet foods/drink, and chips were described as not good for you because they are fattening, acidic, contained artificial substances, and generally bad for you. These foods were usually cooked in oil, fat and grease or contained too much sugar which could

lead to tooth decay and acne problems. There was a mixed response to standard dairy products, and meat. Some felt that the dairy products and meats were good because they contained nutrients while others felt that these were fattening and therefore not good. This was directly related to overconsumption of these products which were usually cooked in oils, high in fat content, and therefore not good for you.

Sources of knowledge

A range of information from the doctor, dentist, nurses, family, school, books, magazines, television, church, and friends contributed to the teenager's knowledge of foods that are good and not so good. Information such as the types of foods that are good for the body, knowledge of how foods affect the body, importance of having breakfast, definitions of foods and adopting a healthy lifestyle, trying new foods, and consumption of certain foods can lead to acne problems and weight gain.

Friends, family, church, school and doctors were identified as influences that shaped their perceptions of what was good and not so good. Friends, family and doctors were generally regarded as central figures who had a concern for wellbeing and knew what was best for them. Diagnosis of illnesses in the family such as diabetes and high blood pressure, weight gain, tooth decay, acne, and other health problems were frequent examples relayed to them about poor eating habits. The church that the family belonged to had significant views about the consumption of certain foods and drink. The Seventh Day Adventist Church and the Church of Jesus Christ of Latter Day Saints have biblically based teachings on foods that are considered clean and unclean. Shellfish, and caffeine products are unclean foods and not part of the diet. These teachings were supplemented through regular classes that promoted good eating habits and a healthy lifestyle. Schools also have home economic classes and health education to students, and it is here that learning about the nutritional value of foods is facilitated. The food pyramid, cooking of meals, knowledge of vitamins and compounds, and understanding of the body and

Table 3. Samoan sample by region of residence

Auckland	Number
South (Mangere Central, Mangere East, Otara, Manukau, Papakura, Weymouth)	6
Central (Avondale, Glen Innes, Grey Lynn, Mt Wellington, Kingsland, Sandringham)	6
West (Massey, New Lynn, Ranui, Glen Eden, Glendene, Henderson)	6
North Shore (Glenfield, Northcote)	2
Total	20

its functions in relation to food are obtained from schools.

Food preferences

The teenagers predominantly bought twisties, chips, chocolates, fizzy drinks, KFC, MacDonaldis burgers, fish'n'chips, and pies for themselves. These were purchased at shops, dairies, supermarket, takeaway bars, bakeries, and at school. There were a number of factors that contributed to selecting, purchasing, and consuming these foods and drink. Not only

were these readily accessible to and from school, at school, and at nearby outlets but these were cheaper to buy compared to other foods such as sandwiches and filled rolls. They also liked the taste. Friends with similar taste often bought these types of foods and drink and shared it with them, and vice versa. Sharing food and drink with friends was a common practice among teenagers. The teenagers took money to school at least twice a week, and they were able to access money from employed older siblings and family members.

Samoan households

Meat, bread, vegetables, standard dairy products, rice, cereals, and fruit were common to all households. These were purchased by mother, aunt, or grandmother who was the key decision maker. She selected these based on what she was familiar with and accustomed to preparing and consuming. The amount and variety was determined by household size and composition, and money available. Ill or elderly family members, young children, and visiting relatives were given special consideration in the selection of these. Fruit, bread, dairy products, meat, taro, fa'i (green banana), and potatoes were purchased regularly for them. Tonai (meal or feast held every Sunday after church) and upcoming cultural and religious events were normally observed and it was expected that taro, fa'i, chopsuey, oka (raw fish), chicken, and pisupo (corned beef) would be served.

Showing goodwill to people through hospitality is considered important because it is the Samoan way. To ensure that visitors felt comfortable and appreciated, Samoan foods and dishes were prepared and served with emphasis on taro and meats. Dessert and cake reserved for special occasions was also

Table 4. Average household income for sample households per region

Average household income, in NZ\$	South	Central	West	North
< 20,000	0	0	0	0
20,000-25,000	0	0	0	0
25,001-30,000	2	1	0	0
30,001-35,000	2	2	3	0
35,001-40,000	1	3	2	0
40,001-45,000	1	1	1	2
Total	6	6	6	2

prepared and served. There is a common protocol observed in each household. Visitors are given preferential treatment – they were served first while household members waited on them to clear the dishes, fill and refill bowls of food, and provide a wash bowl and towel when their meals were finished. Appropriate behaviour included saying ‘tulou’ or ‘excuse me’ when walking or passing objects in front of people, performing small tasks, and being respectful by not talking too loud or too much.

Discussion

Samoan teenagers have substantial knowledge about nutritional value of foods learnt from school, doctor, dentist, nurses, family, books, magazines, television, family and church. The primary influence of friends, family, church, school and doctors help to regulate specific views and self-monitoring practices about consumption and overconsumption of certain foods and drink. The church is paramount to Samoan people in governing and fostering attitudes and lifestyle practices. Friends, family, church, school and doctors as key influences are highly regarded by Samoan teenagers in making decisions about foods and drink. Samoan teenagers spend significant amounts of time with their friends and family, at school, and at church. The implications of this is very important particularly with the implementation of programmes to improve the dietary intake of young Samoans. These people and places feature significantly in the lives of Samoan teenagers.

The food preferences of Samoan teenagers is evident in their selection and subsequent consumption of twisties, chips, chocolates, fizzy drinks, KFC, MacDonalds burgers, fish’n’chips, and pies. Even though they know about the nutritional value of foods and drink, their actual choices are influenced and determined by low cost, accessibility, taste, and their peers. These foods were readily purchased from shops, dairies, supermarket, fast food places, bakeries, and at school. These could be bought to and from school, at school, and nearby outlets. Its relatively low cost was attractive to the teenagers and it became habitual to purchase these. This was reinforced by peers who developed similar tastes, and sharing these was common amongst themselves. Money was taken to school at least twice a week, and receiving money from employed family members indicates easy accessibility to these food items. These factors maintain the practice of Samoan teenagers choosing and consuming foods that they have identified as ‘not good for you’. Self-monitoring, to some degree, is practiced in relation to specific events on a personal level eg. diabetes in the family, and adhering to long established biblically-based values and behaviour.

There are acknowledged difficulties in monitoring Samoan teenage eating habits and selection of foods and drink. Samoan parents, raised in a different environment to that of their teenagers, have significant modes of thought and practices integral to maintaining the social order of Samoan society.

They as the major food purchaser and preparer in the household, grew up in Samoa and were socialised in an environment that taught and practised Fa’a Samoa. In and through the extended family, and the realities of village life Samoans are familiarised with the etiquette, protocol, values, and the roles and functions they will eventually undertake. Food represents a vehicle for teaching traditions and aspects of Fa’a Samoa, and recognises kin and social relations. This can be seen in the continued practice of Sunday tonai, the provision of Samoan foods and the priority given to the ill, elderly, and young children in the household. Special attention

to the ill and elderly recognises their life of dedicated service to the family, and they represent a formal connection to the future as transmitters of traditional values, beliefs, and knowledge to its young family members.

Accessing their preferred foods and drink can be monitored through the amount of money given to teenagers. This is the most practical way of monitoring their dietary intake. This does

have to be complimented by adopting practices such as encouraging homemade foods, reorganizing the household food budget, learning new methods of food preparation, and re-education on food’s nutritional value and how this impacts on health. Focusing on food in the context of a lifestyle and daily routine is conceptually similar to the Samoan view, and more likely to effect positive changes. There has been a focus on the health of Pacific people in this country because of the alarming rate of hospitalisation, and the increase in non-communicable diseases such as diabetes, obesity, high blood pressure, and gout⁶. These diseases are nutrition and dietary related, and affect many of the older generation namely that of parents, uncles, aunties, and grandparents. To curb the incidence of such diseases for the present generation, the health status of Samoan young people needs special attention. The future of Samoan people in New Zealand is dependent on promoting good health for young Samoans, particularly as the Samoan group has a youthful population.

The research methodology employed for this study has produced valuable and quality data. Undertaking key informant interviews in both Samoan and English languages enabled a better flow of conversation, allowed more in-depth inquiry, and established an immediate rapport. The Samoan language is a primary medium of communication, and inherent in this is a value system that underlies their

Table 5. Samoan sample by religion

<i>Religion</i>	<i>Number</i>
Roman Catholic	5
Pacific Islands Presbyterian Church (PIC)	5
Seventh Day Adventist Church	4
Congregational Church of Western Samoa	4
Church of Jesus Christ of Latter Day Saints	2
Total	20

worldview, and response to it.⁹ The reports written in both languages and presented to the participants acknowledges the existence of this worldview, and recognises the equal partnership between the researcher and researched. This partnership is an appreciation of the knowledge entrusted, ensures responsibility for its proper use, and invokes real commitment to this dialogue.

Conclusion

Given the lack of qualitative data on the health of Samoan young people, this study provides information about the nutrition and dietary intake of Samoan teenagers in Auckland. Samoan teenagers have a definite knowledge base about the nutritional value of foods and drink, however their food preferences reflect adverse practices. These practices are enforced and reinforced by low cost, peer influence, easy accessibility to these foods and drink, and ready access to money. Their perceptions of foods and drink is largely influenced by friends, family, church, school and doctors, and in turn regulates self-monitoring. These key influences are identified as proponents of advocacy and change to improving the health status of Samoan young people. Self-monitoring can be complimented by encouraging more parental and familial control over their teenagers selection and consumption of foods and drink. Without this mechanism, Samoan teenagers are more apt to develop similar health problems to those of the older population. The future of Samoan people in New Zealand is dependent on the health status of young Samoans.

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References

1. Allen LH. Functional indicators and outcomes of undernutrition. *Journal of Nutrition*, 120:924 (1990)
2. Galler JR. The behavioral consequences of malnutrition in early life. In Galler JR (editor). *Nutrition and Behaviour*. Plenum Press, NY, 1984: 63-112.
3. Lozoff B. Iron and learning potential in childhood. *Bull NY Acad Med*, 65:1050-1066 (1989).
4. Scrimshaw NS. Nutrition for the 1990s, *Annual Review of Public Health*, 11:53 (1990).
5. Department of Health. *Food for health: The report of the nutrition taskforce to the Department of Health*. Wellington: Department of Health (1991).
6. Bathgate M, Alexander D, Mitikulena A, et al. *The Health of Pacific Islands People in New Zealand: Analysis and Monitoring Report 2*. Public Health Commissions: Wellington (1994).
7. *Pacific Islands People in the North Health Region*. Northern Regional Health Authority (1997).
8. *Pacific Island People: A Demographic Profile of Pacific Islands People Living in the North Health Region*. Northern Regional Health Authority (1984).
9. Tamasese K, Peteru C, Waldegrave C. *Ole Taeo Afua: The New Morning. A Qualitative Investigation into Samoan Perspectives on Mental Health and Culturally Appropriate Services*. The Family Centre. Wellington (1997). □

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“ Pacific people tend to see food as something to enjoy rather than as a source of nutrients to keep them healthy. ”

Michele Vanderlanh Smith
in *Making a Difference: Strategic Initiatives for the Health of Pacific People*