Food and Social Change: Signs of Change in Spanish Eating Habits

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Food and Social Change: Signs of Change in Spanish Eating Habits

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Abstract

Eating habits are changing in modern societies. However, existing data is insufficient to provide in-depth information regarding the social dimensions of these changes. This article describes the principal traits of the eating habits of Spanish people, based on the nationwide ENHALI-2012 survey. The data show a society which is very cohesive with regard to eating habits, but in which there are also signs of change. A panoramic view is presented of how eating is organized in Spain based on meal timetables, of who meals are shared with and of where they are eaten. An explanation is also given of the factors which are taken into account when cooking, of the criteria used when shopping and of the level of trust which consumers have in institutions whose job it is to ensure that people eat correctly. Finally, an analysis is made of what makes Spanish people follow specific diets. The conclusion raises the question of whether existing conditions are conducive to following a healthy diet or if, alternatively, the current scenario favours inappropriate eating habits.

Keywords: Eating habits, Food consumption.

Eating in a globalized world

In recent years the agrofood system has undergone a wide variety of changes as a result of food products becoming part of the globalized market. This phenomenon, which in general terms could be described as

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food globalization, has affected all the agents in the chain, from producers and industries, to governments, shoppers and consumers (Blandford, 1984). Although it is difficult to identify relationships of cause and effect in this globalized commercialization of food, the changes in eating habits which have resulted from this phenomenon in the developed world do have certain characteristic traits and similar effects everywhere.

The first of these traits is the availability on the market of an extremely varied range of products, most of which come from other countries or regions. It is possible to eat anything, anywhere and at any time of the year. Furthermore, it is possible to do so at prices which a few decades ago would have been unthinkable. This has led to a high degree of diversity in day-to-day eating habits and the fall in prices has meant that a varied and balanced diet is now affordable for the majority of the population. These processes, referred to by historians as nutritional transition, occur at different speeds in each society and in the case of Spain have resulted in a progressive improvement in diet from the 1960s onwards (Artalejo Rodríguez, 1996; Angulo, Gil y Gracia, 1996; Popkin, 1999; Cussó and Garrabou, 2007).

A globalized supply of food products is related to one of the issues about which people express most concern: the loss of their own eating culture. Data regarding food spending, for example, indicate that the trend is for societies to become increasingly similar. It has been shown that as the level of development of a country increases, the percentage of income spent on eating at home decreases and there is a rise in the amount spent on eating outside the home (known as Engel’s Law). In the case of Spain, the Family Budget Surveys published by the National Institute of Statistics (INE) show that this has indeed been the case: during the 1980s, Spanish people spent 30 per cent of the family budget on eating at home and 6 per cent on eating outside the home. In 2012, these figures were 15 per cent and 9 percent respectively (INE, Family Budget Survey). These figures are similar to those observed in other countries such as the United Kingdom (Díaz-Méndez and García-Espejo, 2012). This shows a trend, the homogenization of eating habits, whereby the differences in eating habits between one territory and another become blurred, the national and/or local eating traditions are weakened and individual identity with regard to eating habits is lost (Ritzer, 1996).

Secondly, it is important to note that, just as the supply of food has been globalized, so have the associated risks. Phenomena such as the Mad Cow Disease Crisis, in the 1990s, or the more recent Cucumber Crisis, in 2011, underline how the dangers derived from the way in which food products are now produced and marketed can affect consumers in any part of the world. It is therefore not surprising that together with the increase in this kind of occurrences, there has also been an increase in the distrust expressed by
citizens with regard to food products. The result is a curious situation in which a society which could be said to be the best educated and best informed in history is at the same time the most concerned about problems deriving from a bad diet (Fishler, 1995). In the past, difficulties which might arise when choosing what to eat were resolved thanks to a series of traditional rules regarding what it was good or bad to eat; in other words, via a food culture which the society itself transmitted to its members. However, these traditions have been weakened and the resulting deficiencies have been made up for, at least partly, by the existence of an increasing number of institutions designed to help consumers to make such choices correctly. There currently exist several organisms with the task of making recommendations regarding food, advising the citizens on what they should eat in order to remain healthy or what they should avoid to prevent illnesses (Díaz-Méndez and Gómez-Benito, 2010). Furthermore, governments also regulate the relationships between companies and consumers with a view to preventing the problems derived from an increasingly complex agrofood chain from affecting the population. It could be said that the new food context is characterized by a greater protagonism of governments, which assist consumers whose food culture is, at least in certain respects, weaker than it was in the past.

In this new consumption context, there have also been changes in the home. Two areas which have been particularly affected are structure and domestic roles. With regard to structure, the two aspects which stand out are the smaller size of the modern family and the ageing of its members. The latter is a very characteristic trait of societies such as the Spanish one, in which in recent years there has been a sharp fall in the birth-rate and a significant increase in life expectancy (INE). With regard to domestic roles, the most important aspect is the increase in the number of women who go out to work. This phenomenon has affected who does domestic chores, including the preparation of food, and how much time is spent on them. There is no generalized agreement regarding the effect that women going out to work has had on eating habits (Rama, 1996). However, it is possible to state that improvements in how homes are equipped and the wide range of products designed to make cooking easier (ready-chopped, frozen, tinned, pre-cooked products etc) have contributed to reducing the time required to prepare food and have been used by women to do so (Vermon, 2004). A further point to be considered is that changes in the make-up of the family and the occupations of its members have led to different approaches to eating and to the distribution of domestic roles. In particular, this has affected organizational aspects such as shopping, and the preparation and timetables of meals.

Finally, within this group of contextual factors, reference should also be made to the change in values regarding food. Increasing concerns about
problems derived from food crises underline how new ways of producing and selling food affect what people eat, but also show the inequalities in how resources are shared. Nowadays people are more sensitive to hunger in poor countries, which has led to concern about how these nations are affected by the ways in which food is produced and marketed. At the same time, there has been an increase in awareness of the impact which agricultural and industrial activities have on natural resources. These considerations condition the eating habits of the population and result in food becoming one of their new interests and concerns (Eurobarometer, 2010).

Another thing which affects eating habits on an individual level is the growing interest in keeping in good physical shape and in good health for as long as possible. Eating healthily, although an ambiguous concept and one which different social groups interpret in different ways, is of increasing concern to people in developed societies. This has a very direct effect on the choice of what to eat and the composition of our diet, but also on how we interpret what is healthy or what is fattening or on adding functional foods or dietary complements to our diet.

Eating habits in Spain

The general trends which have been mentioned so far, some more documented than others, show the direction in which changes in eating habits are going in modern societies. However, the context of these transformations differs from one territory to another and consequently the phenomena observed are not always the same, nor do they occur at the same time, at the same speed of change or with the same intensity. For that reason, the changes cannot all be interpreted in the same way or without taking into consideration the context of the society in which they take place. What follows is a description of the pattern of eating habits in Spain. The majority of the information is taken from the National Survey of Eating Habits (ENHALI) carried out in 2012 (Díaz Méndez, 2013) between February and August and which included 1,504 people, stratified according to Autonomous Communities and municipalities and selected using quotas of age and sex.

The data show eating habits organized on the basis of three main meals (breakfast, lunch and dinner) and two secondary ones (a morning “snack” and “tea”). This eating structure contrasts with the trend observed in the north of Europe, where the most important food intake is at breakfast and in a main meal at the end of the afternoon. Although the basic Spanish structure maintains traditional traits, the timetables show transformational patterns and these can be seen particularly in the broad timetable bands. In Spain, lunch is eaten between 14:00 and 15:30, later than in most European countries, and
dinner is much later, between 21:00 and 23:00 (graph 1). The secondary meals (“tea” and the mid-morning snack) are also quite frequent, to the point that they are part of daily routine for approximately half of the Spanish adult population. Eating these meals is more common amongst women than men and their timetable varies more than that of the main meals (Díaz Méndez, 2013).

GRAPH 1: At what time do you have lunch and dinner?

In Spain most meals are eaten at home (92% of people have lunch at home at midday and 95% have dinner at home) (Table 2). In this sense, the society does not appear to have become more Europeanized or Americanized over the years, although it is a fact that spending on eating outside the home has increased to levels similar to those usually found in Europe, reaching 14% in 2012 (INE. Family Budget Survey). Just as the diet is not based on a single daily meal, nor is it supplemented by secondary meals or snacks outside the home. In this respect, it is interesting to note how infrequently food is eaten in the street or in the car. Eating outside the home is associated with going out to work and, consequently, in Spain is more common amongst men than amongst women.
It is impossible to study the Spanish eating model without analysing the role of women. Although in recent years men have begun to get more involved in activities related to eating, in Spain it is still women who are mainly responsible for shopping and preparing food, playing a greater role than in other countries. According to data from the Time Use Survey (INE 2012), Spanish women spend on average an hour and 45 minutes a day on activities related to eating (cooking, washing dishes, making preserves etc). Men, on the other hand, despite the fact that a considerable number of them claim to know how to cook, only spend an average of 55 minutes on the same tasks. Data from ENHALI-2012 corroborate these differences between the sexes and the high degree of female participation in activities involved in preparation of food, confirming that 76.6% of women are responsible for all or the majority of what is cooked in the home, as opposed to 21.8% of men who say they are in the same situation. The men who collaborate most are those between the ages of 30 and 40 with university studies, the inequalities being greater in population groups with lower levels of education.

The survey also shows that women enjoy cooking more than men although both sexes know how to cook and have learnt in similar ways, principally through the family. However, amongst new generations learning patterns other than this informal transmission of knowledge are beginning to appear. Direct experience and Internet are very common channels of learning amongst younger generations.

For the Spanish, eating is a markedly social activity (graph 2). Although breakfast tends to be a fairly solitary meal, most people have lunch and dinner in company.

Although almost one in every five people have lunch and dinner alone, lunch particularly can be considered a very family matter. This includes even those who live alone, since one in four people who live alone goes to a home which is not their own to have lunch.

### TABLE 1. Where do you eat your meals?

<table>
<thead>
<tr>
<th></th>
<th>Home</th>
<th>Out of the home</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>94.4</td>
<td>5.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Mid-morning snack</td>
<td>67.9</td>
<td>32.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Lunch</td>
<td>92.0</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Afternoon snack</td>
<td>86.6</td>
<td>13.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Dinner</td>
<td>95.0</td>
<td>5.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Other</td>
<td>73.7</td>
<td>26.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: ENHALI-2012
GRAPH 2: Who do you eat lunch and dinner with?

Although lunch is a collective, markedly sociable activity, shopping is a solitary task and, as with food preparation, is mainly carried out by women. However, if the norms regarding choosing what to cook are examined, it becomes clear that both women and men who cook use very similar health-related criteria when elaborating the daily menu and share the same ideas regarding what constitutes an appropriate diet (graph 3). The tastes of those who are going to eat the meal is one of the main criteria when choosing products. This underlines the importance given to relating what is to be eaten to the family group with which it is going to be shared.

The eating habits of Spanish people could be summed up by saying that there exists a shared eating culture which helps to elaborate the daily diet. The priorities of those who do the cooking are to offer a varied, balanced and tasty diet to be eaten in company.

Price is not one of the main criteria when deciding what to eat, at least not to the point of altering the health- and taste-related patterns which are the main factors when choosing food.
That is not to say that price is not important. Although Spanish people do not usually analyse in detail the cost of each product or go from one place to another in search of the cheapest products, they do tend to use price-related criteria when choosing the establishment where they shop. However, the thing that most conditions the way people shop is the prevalence of fresh products in the diet (graph 4).

Local, intermediate-sized establishments and small specialized shops (greengrocers’, fishmongers’, butchers’ and bakers’ shops) suit the requirements of the Spanish diet, more than half of the spending on which is on fresh products (MAGRAMA 2012). These habits also explain why non-perishable products are normally bought in hypermarkets, as this kind of shopping is done less frequently than shopping for fresh products.

Over recent years, the level of consumer trust has begun to worry both public and private institutions. Although levels of trust are higher in Spain than in northern Europe (Eurobarometer, 2005, 2010, 2011), half of the Spanish population express concerns about food contamination and three-quarters of the population express doubts as to whether food is healthy or may represent a risk to health.

Although levels of trust are higher with regard to things such as dairy products, fruit or vegetables, in general Spanish people express concern about such aspects of food production as soil contamination or prices paid to farmers.
In general terms, variations in levels of trust are a result of differences in age and level of studies. Greater trust is also shown in health workers and scientists (Graph 5). The youngest age groups and people with higher levels of studies are the ones who express greatest trust in health workers, scientists and consumer associations. On the other hand, the more experienced consumers, namely housewives and older age groups are the ones who are more distrustful and critical of these institutions.

Although traditionally governments and families have been the institutions most involved in matters relating to food, their influence diminishes when there is a food-related threat to health. In such circumstances, consumers maintain their confidence in scientists and health service professionals, and more recently in consumer associations and the food safety agency.
Who do you trust in the case of a food-related threat to health?

Source: Survey on food habits, security and food innovation 2012

The Spanish consumer participates very little in matters related to food. Despite the fact that there exist numerous channels through which complaints can be made, most people do not complain or if they do, the most common option is to make a verbal complaint in the store itself. The evidence suggests, however, that despite this clearly limited participation, Spanish consumers are not, in general, indifferent to what they eat. Rather, their behaviour is that of anonymous but firm action, their reaction being expressed through what they...
buy whilst introducing value judgements regarding products, brands, establishments or companies. The invisible nature of such behaviour hides a type of political participation through consumption: a calculated and pondered decision to buy or not buy which reflects their concerns about what they eat.

Taking into consideration the aforementioned behavioural patterns as a whole, Spanish society offers a homogeneous image as far as eating habits are concerned. This uniformity could indicate that Spanish eating habits have changed little in recent years. However, certain habits suggest a tendency towards change. One of the most striking is the tendency to adopt healthier habits: one in every four Spaniards follows some kind of diet, in most cases at a doctor’s recommendation (graph 6).

**GRAPH 6. Motives for following a diet.**

Almost half of the people who follow a diet do so in order to lose weight, compared to 30 per cent who have other motives of a medical nature (cholesterol, high blood pressure and diabetes). Both people who follow diets and those who do not avoid consuming foods which are perceived to be unhealthy such as sweets and cakes, precooked meals, fizzy drinks or butter. However, most of the population does not avoid bread, potatoes or milk. Although this behaviour could be put down to either health-related or
aesthetic criteria, it could also be interpreted in a different way. Nowadays, being healthy involves having a socially accepted weight, which in turn reflects the control which the individual has over his/her own weight.

Conclusions

The eating habits included in the ENHALI-2012 survey show the eating model on which decisions concerning what it is good and bad to eat are based in Spain. At a time when there is some concern about the fact that the Mediterranean diet is followed by a decreasing number of people, about the increase in obesity and other food-related health problems, the data provided by this study raise the question of whether these habits are appropriate or not for a healthy diet.

A number of positive factors are revealed:

Firstly, eating habits are shared by the majority of the population, showing a coherency and stability not frequently found in societies as diverse as the Spanish one. This fact is no doubt a guarantee when trying to consolidate healthy eating habits.

Secondly, the fresh products on which the Mediterranean diet is based make it necessary to shop frequently in local shops. Intermediate-sized retail outlets and traditional shops cater well for this need and for that reason have earned the trust of consumers. Furthermore, these intermediaries inspire trust due to their role as a link between consumers and producers.

Thirdly, the ability to respond to food crises of the food safety agency and scientists inspires greater confidence than that of any other agent. This confidence derives from their power to defend citizens in their role of consumers. This undoubtedly gives them power to encourage the healthy habits recommended by the authorities.

It is, however, also necessary to bear in mind other aspects which could jeopardize the continuity of healthy eating habits and which constitute the weakest elements of the Spanish eating model.

Firstly, timetable bands are being stretched due to external factors outside the individual’s control (timetables at work and in education). A greater divergence between eating times and life outside the home leads to an increase in the already very broad timetable band of the main meals.

Secondly, the responsibility of preparing meals and shopping for food falls mainly on the shoulders of women. Consequently, they are the ones who play the biggest role in following a healthy diet and also the ones who are most concerned about deterioration in the standards of food. They are, to sum up, the bastion of good eating habits. However, their role in the kitchen
is a clear sign of the inequality which exists at home, in contrast with the ideals of equality shared nowadays by men and women.

Thirdly, Spanish people are not very participative as consumers, although nor could they be said to be apathetic. Although they show interest in their diet, they do not act in an organized way when faced with situations which cause them concern. The weakness of this type of response undermines the power of the consumer with respect to the more powerful agents in the agrofood chain.

Fourthly, despite the trust shown by citizens in scientists and healthcare specialists, which is undoubtedly positive, the healthcare specialists who are closest to the citizens, namely family doctors, are not given the task of transmitting guidelines regarding healthy habits in general, but rather only those related to illnesses.

Finally, the pressure people are under to be slim and feel good can result in the medicalization of diets with the use of miracle products to deal with health problems or lose weight. The fact that dieting is such a widespread tendency amongst the population can be an ideal breeding ground for miracle techniques and/or products, even more so if they are recommended by specialists in the field of medicine.

To sum up, eating habits in Spain show both signs which are conducive to following a healthy diet and others which are inappropriate. However, Spain’s greatest asset is the degree of homogeneity which exists with regard to eating habits and which shows an extremely cohesive society with a clearly defined food culture shared by the population. This undoubtedly constitutes its greatest strength.

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