

A CATALOGUE OF TAKE-AWAY FOOD AND TAKE-AWAY FOOD OUTLETS IN ADELAIDE

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The recently conceived notion of a Take-away food is a valid but poorly explicated construct in the study of the gastronomy and cuisine of food cultures. Consumer organisation and health professional attention has focused upon the physical health promoting consequences of the consumption of these foods and partisan arguments have been made for (e.g. Fineberg 1976) and against (e.g. Choice 1979) the consumption of Take-away food.

To provide a data base for future studies on the use of Take-away food and consumer health status, the variety of Take-away food, Take-away food outlets and changes in the classes of these outlets was investigated in Adelaide, South Australia, in 1978. Take-away food was defined as those commercially available foodstuffs intended for immediate consumption without further elaboration by a consumer and which would usually be consumed in or away from the Take-away outlet in other than a traditional meal setting. Take-away outlets were divided into 18 categories and these further grouped into "Traditional" (Snack Bar, Coffee Bar, Milk Bar, Pie Cart, Cafeteria, Cake Shop, Sweet Shop, Delicatessen, Lunch Bar, Sandwich Bar, School Canteen, Fish and Seafood Shop) and "Modern" (American Franchise style, Ethnic, Health Food Shop, Chicken Shop, Grill-Barbeque, Gourmet Take-away) classes of outlet. The total number of Take-away foods available in Adelaide mid 1978 was ascertained by sampling items available through each category of outlet. Sampling within a category continued until no new food items were added to the listed variety. The total variety of food sold over all categories of Take-away outlet comprised 515 unique items. A qualitative evaluation of the food value of these items, carried out by classifying each item according to its inclusion of ingredients of the Australian Five Food Groups, suggest Take-away foods are nourishing and, provided intake was adequate, could be the basis of a nutritious diet.

Data on the incidence of class of outlet, for the period 1961-1979, was collected from the business index of the telephone directory of each year. From 1961 to 1971 rapid *per capita* decline in total number of Take-away outlets was recorded (1400 to 950 outlets per 10^4 pop.). However, 1972 to 1979 a rapid *per capita* rise in total number of Take-away outlets was recorded (950 to 1275 outlets per 10^4 pop.). During the latter period the number of outlets in the "Traditional" class continued to fall and recovery of the Take-away food service was due to sustained increase in number of the "Modern" class outlet. Results were interpreted to indicate marked change and innovation in consumer use of Take-away food through 1961 to 1979.

The availability, diversity and nourishing quality of Take-away food in Adelaide indicates consumption of Take-away food *per se* would not be a barrier to health. Assessment of the health promoting consequences associated with particular patterns of use of Take-away food should be with respect not only to the nutritional requirements of consumers and the non-Take-away food in their diet, but also with respect to the consequences for social and ecological health that may be affected by those patterns of use of Take-away food.

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