

# Foodservice employees' knowledge on healthy alternative meals

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## Abstract

21 Century living and the nature of being extremely busy has led to individuals eating out more often than they used to. With this trend, a need for healthy balanced meals as well as low-kilojoule meals has also been observed. The objective of the study was to evaluate the knowledge and awareness of foodservice employees on low-kilojoule and healthy balanced meals as alternatives and also to evaluate to what extent food and beverage managers alter menus in order to acknowledge the need to offer healthy balanced meals as well as low-kilojoule meals. An empirical study was conducted which made use of both qualitative and quantitative methods. Self-administered questionnaires were issued to foodservice employees north of Johannesburg and interviews were conducted with their managers. The results of the study showed that restaurant managers were aware of the need and demand for healthy balanced and low kilojoule meals and were willing to alter their menus accordingly. However, it was evident that staff needed to be trained in this regard. It is evident from the study that there is a dire need for the availability of healthy balanced and low kilojoule meals in restaurants as consumer demand for these will continue to grow. Therefore it is recommended that restaurants yield to this drift in order to retain and attract more consumers.

**Key words:** foodservice, restaurant, low-kilojoule, obesity, health.



Source:[http://www.menuconcepts.com.au/images/healthy\\_pic.jpg](http://www.menuconcepts.com.au/images/healthy_pic.jpg)

### **Definitions and Terms**

- Low-Kilojoule: Kilojoule is a unit of measure used to express the energy produced by foods in the form of heat.
- Nutrition: The study of foods, their nutrients and other chemical constituents and the effects that food constituents have on health.
- Diabetes: A disease characterized by abnormal utilization of carbohydrates by the body and elevated blood glucose levels.
- Chronic Disease: Slow-developing, long-lasting diseases that are not contagious. They can be treated, but not always cured.
- Obesity: A medical condition characterized by excess body fat.
- Cardiovascular Disease: Disorder related to plaque build-up in the arteries of the heart, brain and other organs and tissue. (Brown, 2008:4)

### **Introduction**

The trend towards eating out in restaurants globally is on a constant increase, almost everywhere in the world whether it be for social reasons or travelling on business (Boo, Chan & Fatimah, 2008:201). It is evident that individuals and families are now more inclined to eat out than to enjoy a home cooked meal as publicised by Boo, Chan & Fatimah, 2008:201 and Sharma, Wagle, Sucher, & Bugwadia, 2011:148). This trend does not affect South Africa alone but it is true and relative for many countries globally. Modern-day living and the nature of being exceedingly busy has led to people eating out and away from home more frequently than they used to do in the past. However, this phenomenon has now escalated from a phase of being a mere trend and has now become a lifestyle that individuals have become accustomed to. As people continue to live busier lives and travel more than ever, it is inevitable that the number of people who eat out will continue to increase (Choi and Rajagopal, 2012:474).

Previous studies reveal that over recent years, individuals have increased the amount of meals they consume away from home and with that the average food budget which they spend on eating out has also increased (Glanz, Resnicow, Seymour, Hoy, Stewart, Lyons and Goldberg, 2007:383).

The increased trend towards out of home eating is closely associated with increased ingestion of kilojoules, saturated fats, added sugars and salt and by contrast the intake of fewer fruits and vegetables, less milk, fibre and vitamins (Glanz, Resnicow, Seymour, Hoy, Stewart, Lyons and Goldberg, 2007:383). Researchers contend that this trend is closely linked to the nature of large portion sizes which leads to overconsumption and is also closely connected to increased body weight and insulin struggles (Glanz et al., 2007:383).

A study conducted in the United States of America showed that people were eating out more frequently than they should, more than three times a week and has doubled over the years. However, researchers publicised that food that is consumed in restaurants was known to have higher kilojoule content, saturated fats and salts than food prepared at home. This poses a great threat to the well-being and health of consumers suffering from cardiovascular disease which is the greatest cause of death in the United States (Catherine, Fitzgerald, Srimathi, Kannan, Sheldon and Eagle, 2004:429). It is true that food consumption and eating habits, purchase behaviours and consumption patterns have since changed dramatically. Previous study publicised that foods that were once favoured are currently seldom eaten, and food that was only imagined is now eaten on a daily basis (Boo, Chan and Fatimah, 2008:201).

It is suggested that to this end, the occurrence of people who are overweight and obese has increased considerably and thus corresponds to the frequency of out of home eating. Obesity is also associated with the increasing cases of

diabetes, heart disease, and a number of Non-Communicable Diseases (NCD's) that are related to diet (Glanz et al., 2007:383).

Previous studies suggest that over the past decades an increased prevalence of Non-Communicable Diseases (NCD's) related to diet such as; overweight and obesity, cardiovascular diseases and diabetes, had been observed as a result an equal growing focal point on customer nourishment education has been observed (Sharma, Wagle, Sucher, and Bugwadia, 2011:146).

### **Purpose and objectives**

The purpose of the study was to acquire literature on foodservice employees' knowledge on low-kilojoule and healthy balanced meals. It was also seeking to ascertain what efforts foodservice managers or menu planners were making to alter their menu offerings towards offering healthier balanced meals as well as low-kilojoule meals to their customers. In addition, the purpose of the study was also to address the knowledge gap, with regards to nutritional knowledge of menu items and the trend towards healthier preferences among customers and add to the body of knowledge in the foodservice industry.

### **Main objective**

The main objective of the study was to determine and evaluate foodservice employees' knowledge on low-kilojoule meals as well as healthy balanced meals as alternative options on menus.

### **Secondary objectives**

To establish the level of awareness of the consumers' needs/demands with regards to low-kilojoule meals as well as healthy balanced meals.

To evaluate and determine to what extent the food and beverage managers attempt

to alter the menu during menu planning, in order to cater for health-conscious consumers.

### **The role of managers**

In a previous study, conducted by Gregory, McTyre & Dipietro, titled; The Nation's Restaurant News in the United States of America it was asked whether restaurants should be held accountable for tracking people's diets. In relation to the reported cases of legal proceedings and disputes between customers and foodservice employees, the question on whether restaurants should be held accountable for tracking peoples diets became the cornerstone of the disputes that focused on evaluating the nutritional importance of restaurants and the responsibility of the restaurants to offer healthy alternatives for health conscious patrons (Gregory, McTyre and Dipietro, 2006:43). The study also reflected the drastic changes in consumer eating out habits, showing that consumers are making the move from fast food consumption to healthy, low kilojoule preferences. Such as skinless, grilled chicken breast instead of a crumbed deep-fried chicken breast.

McCool and McCool (2010:13) state that it would seem rational that managers within the foodservice industry acknowledge that the industry has a social responsibility regarding the obesity epidemic plaguing the western world. The researchers also publicised that managers and menu planners should take the initiative in assuming a foremost role in a nation's exertion to combat obesity, which appears to be a primary critical public health concern. However, it may be argued that the foodservice industry is not the prime source of obesity, but the industry and the food that is at the public's disposal, out-of-home (OH), are definitely related to this issue. In this light, it has been debated that the foodservice industry should assume the foremost role to alleviate the epidemic and initiate actions to assist in neutralizing the prevalence of obesity.



Source: <http://a.abcnews.com/images/Health/gty>

**Table 1.** Factors that influence restaurant managers' decisions on whether to incorporate Healthier or Low Kilojoule/Fat in the Menu: (Glanz et al, 2007:383)

Issue	Most Influential	Less Influential
<b>Most relevant considerations for adding and retaining healthier menu items.</b>	> Consumer demands > Sales and profit of the item	> Ease of cooking > Food safety
<b>What healthy foods to add?</b>	> Food that is lower in calorie > Fruits and veg > Fibre	> No hydrated fats > Low carbohydrates > Low sodium
<b>Perceptions of healthier foods</b>	> Need sufficient consumer demand > Healthy options avoid	> Customers want to indulge when eating out
<b>Obstacles to adding healthier menu offerings</b>	> Lower sales margin > Not enough appeal > Spoils quickly > Short shelf life > Ingredient availability	> Fruit and veggies > Reluctance to identify as food healthy > Storage requirements > Training > Employee skill issues
<b>Future trends, opportunities, strategies</b>	> Healthier foods may increase slightly > Fruits and vegetables add creativity to the menu	> Use of ethical products > Fresh produce is limited
<b>What trade groups and industry associations can do to support healthier meals</b>	> Clearly demonstrate profitability of healthier eating options > Partner with various restaurants to market healthy eating	> Educate/ train new chefs on healthier food use and preparation > Improve distribution to increase fresher, riper produce
<b>What public health groups and scientists can do</b>	> Conduct consumer research and share with the restaurant industry. > Publicize good examples of healthy eating.	> Rate healthfulness of restaurants to drive more people to those restaurants

According to the (Glanz et al., 2007:383), table 1 reflects factors influencing managers' decisions during menu planning. These factors are influenced by decisions informed that are informed by how influential the issue/factor is.

#### **Consumer and foodservice employees' nutritional knowledge and education**

Harneck and French (2008:3) publicised that there is no published literature that

discusses the need for nutritional knowledge among foodservice employees; on the contrary published literature outlines the need to educate and inform consumers on nutrition through healthful programs and kilojoule labelling on meal items. Published literature on kilojoule labelling on restaurant menus states that it is one policy concerning health issues linked to the public that has been selected to assist consumers in making healthy informed food choices when dining out.

Furthermore, Harnack and French (2008:4) state that it had been debated that consumers need to be adequately informed with regards to kilojoule and fat content in meals on the menu in restaurants as this may create awareness on the amount of fat content in the food that they order. The importance of consumer nutrition education and awareness cannot be over-emphasised as several diseases, obesity and heart disease, which are rife are closely related to diet and food consumption.

Igumbor, Sanders, Puoane, Tsolekile, Schwarz, et al., (2012:6) concluded that there is a dire need to mitigate the adverse health implications of the transitioned food environment in South Africa. The authors suggested that the deeds should combine accelerated efforts to educate and inform the public about the consequences of consuming increased fatty foods and generally unwholesome foods. In this light, it was also suggested that the South African government develops a strategic outline to make healthier foods, fruits, vegetables, whole grains and a variety of wholesome foods more affordable, accessible and acceptable to consumers.

### **Successful healthy promotional restaurant programs**

The Healthy Dining Program was established after a caption in The Nation's Restaurant News in the United States asked whether Restaurants should be held accountable for tracking people's diets (Gregory, McTyre and Dipietro, 2006:43) and this was after other researchers suggested that to address health concerns (NCD's); hospitals, community care centres, tertiary institutions and health departments need to work cohesively with point-of-purchase outlets such as restaurants, hotels and supermarkets. These should act as mediums of prospect to connect patrons with Community Nutritional Education Workshops that will serve as local support groups for a positive lifestyle development (Catherine, et al., 2004:429).

The Healthy Dining Program (HDP) was a joint venture between community restaurants and the health departments. The core aim of the joint venture was to promote and identify healthy balanced menu options to assist consumers in making healthier food choices when dining out (Hwang and Crange, 2010: 69).

Regardless of the amount of published literature and media reporting around issues of the unhealthy nature of eating out, previous studies reveal that people have adopted a taste for that kind of lifestyle. However, there was an equal increase surrounding the interest in dietary value of eating out because people have become more conscious about their health (Hwang and Crange, 2010: 69). The researchers continued to state that the trend was that customers demanded meals that were lower in kilojoules and healthier balanced meals. Therefore, in these circumstances, restaurant marketers need to understand what customers think of their menu options and how to take heed and incline their focus on keeping up with the trend in preferences of meals that are lower in kilojoules and healthier balanced meals (Hwang and Crange, 2010: 69).

In the effort to assist restaurants to facilitate and encourage the emerging interest on nutrition by customers, the Colorado State University developed the *Dine to Your Hearts' Delight Restaurant Program* (Wenzel, Anderson, Gregory and Pineda, 2008:63). These researchers publicised that the program was developed to aid restaurant managers to design and encourage healthy menu options through selected menu items that were lower in kilojoules, cholesterol, saturated fats and salts. Therefore, post the establishment of the program, these restaurants' marketing departments and newspaper publishers revealed that restaurant menus now offer healthier food choices. This revealed that the trend incorporated meals that were lower in kilojoules such as grilled chicken, and the preferences of lean low fat meats, low sodium and in contrary an increased

utilization of fruits and steamed vegetables (Wenzel, et al., 2008:63). The researchers also added that as restaurant patrons became more health conscious there has been some sort of response from the restaurant industry.

It is evident that the restaurant industry and various Health Policy Boards in the United States have responded to the trend and the need for healthier food consumption for consumers eating out. However, no published research discusses the need for nutrition knowledge among foodservice employees. In other contrary published research the need to inform and educate consumers through means of; healthful programs and kilojoule labelling on menu items is outlined.

### **The prevalence of obesity**

Obesity has been documented as one of the chronic diseases affecting society by the World Health Organization (WHO); this is due to the fact that the disease has reached its epidemic proportions, and it is evident that South Africa is not spared (Van de Merwe & Pepper 2006:315). The researchers continued to state that obesity is identified by the modification in metabolic utility that result from an increase in total body weight as well as a gathering of visceral adipose tissue; these metabolic modifications are associated with the development of important other diseases such as type 2 diabetes, hypertension and dyslipidaemia (Van de Merwe et al., 2006:315).

South Africa was placed third in the world obesity rankings according to Compass Group Southern Africa's 2011 report, and the first developing country on the list (The South African food taboo, confronting the obesity crisis 2013). Previous studies state that the widespread prevalence of obesity is poorly explained by individual-level psychological and social correlates of diet and physical activity behaviours. In addition, advice like "eat less and move more" pays no attention to the complex influences of the social and built environments on individuals' access to

affordable, healthful food and activity environments (Glanz, Sallis, Salens and Frank, 2005:330). For several years now, there has been an increase in the prevalence of obesity in South Africa, particularly amongst older women, and a recent increasing prevalence has been observed in children, predominantly among girls (Van de Merwe et al., 2006:315).

Previous studies reveal that obesity is a risk factor among the non-communicable diseases and is a global public health concern. It is however estimated that over one billion adults are overweight, of which at least 300 million are obese (Kruger, Puoane, Sanakal and Van de Merwe, 2005:491). These researchers believe that countries in economic transition; from undeveloped to developed, are particularly affected and have seen an increase rate of obesity across all economic levels and age groups. Health consequences of obesity are increased morbidity and mortality, with significantly increased healthcare costs for all taxpayers. In addition, obese individuals are at a social disadvantage and may be discriminated against in employment opportunities (Kruger et al., 2005). Urbanization and globalization: A study conducted by, Kruger et al, 2005 reveals that the obesity epidemic among South Africans reflects globalization which of late is the reason behind the transformation of nutritional consideration of food. The researchers further stated that previously, people would consume traditional food that was low in fat and rich in fibre which has now transitioned into consuming meat and dairy products which are high in saturated fats and more highly refined foods. Therefore, globalization increased the risk amongst the urban population by creating an environment that promotes consumption of food rich in fat and sugar (Kruger et al., 2005:493). Dietary Practices: weak correlations between dietary energy, fat intakes and Body Mass Index (BMI) of South Africans have been reported, however, food that is consumed by urban suburban individuals indicate a high fat intake and are said to contribute to increasing obesity among

South Africans (Kruger et al., 2005:493). Previous studies reveal that a U.S. Surgeon General announced that obesity was a leading cause of preventable deaths in the world. This condition has come about, in large part, as a result of diets that are high in fat content (Gregory et al., 2006:44). The researchers continued to state that for many years, the restaurant industry as well as fast food restaurants have faced criticism from consumer groups that their products place emphasis on taste and minimal emphasis on health. As previously stated; the great consumption of eating away from home has been associated with increased intake of calories, total fat, saturated fat, added sugars and sodium and in contrary the intake of fewer fruits and vegetables, less milk, fibre and vitamins (Glanz et al., 2007:383).

However, for the vast majority of people, the condition of being overweight and obese is characterized by excess calorie intake and/or inadequate physical activity (Gregory et al., 2006:45).

## **Methodology**

The study was an empirical study that made use of mixed methods; (both Qualitative and Quantitative Research Methods), in order to attain appropriate and conducive data to assist in answering the research questions posed.

Secondary data consisted of relevant literature review of published articles, books, research and menus, related to the topic. To acquire the quantitative data; Closed-ended, self-administered questionnaires, directed at the foodservice employees (waiters) were distributed at three hotels. 20 waiters were sampled through the convenience sampling technique as they were selected according to their availability as they work different shifts varying from early and late shift. While open-ended interview questions were given to food and beverage managers at each hotel in order to acquire the qualitative data, and one manager at each hotel restaurant was interviewed.

Managers were selected to participate in the study due to their knowledge and experience while waiters were selected because they interact with customers. Ethical clearance was obtained through the head offices of the hotels and the university.

A pilot study was conducted to ensure that the questionnaires were easy to understand to assist participants in answering the questions correctly.

Open-ended questionnaires in the form of interviews were conducted with the three hotels' food and beverage managers, in the North of Johannesburg. The benefit of conducting open-ended questionnaires through interviews is that the researcher would obtain much more detail and perceptions of the managers in question. As managers were asked a set of questions through an interview.

**Self-administered Questionnaires (Surveys):** Sixty closed-ended self-administered questionnaires were distributed across three hotel restaurants, North of Johannesburg and were issued and completed by foodservice employees (waiters), while interviews were conducted with their managers.

## **Findings**

The Qualitative and Quantitative Approach findings were compared against the core objectives of the study and the literature review that was related to findings.

## **Questionnaires**

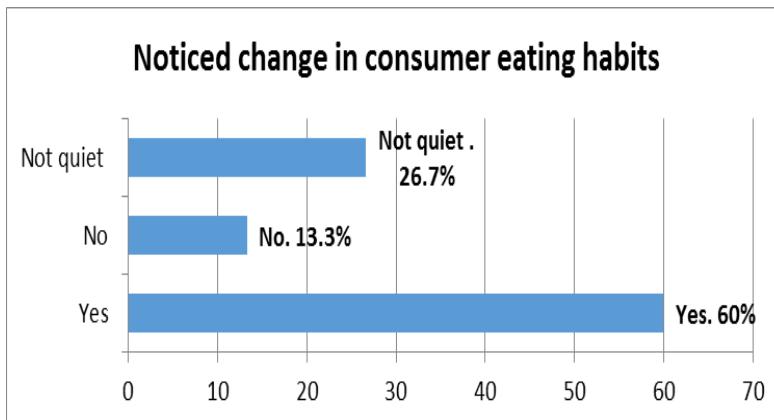
This approach was aimed at the foodservice employees (waiters), and this was conducted through self-administered questionnaires. The employees were randomly selected according to their availability as they work shifts varying from early shift to late shift.

**Table 2: Socio-demographics of respondents**

VARIABLES	N=60	%
<b>Sex</b>		
Male	36	60
Female	24	40
<b>Age (years)</b>		
20-25	19	31.7
26-31	21	35
32- older	20	33.3
<b>Economic Status</b>		
Poor	3	5
Below Average	7	11.7
Average	33	55
Above Average	17	28.3
<b>Ethnicity</b>		
Black	20	33.3
White	15	25
Coloured	10	16.7
Indian	9	15
Asian	6	10
<b>VARIABLES</b>	N=60	%
<b>Highest Qualification</b>		

Grade 11 or lower	9	15
Grade 12 (matric)	19	31.7
Post-matric	20	33.3
Diploma/Certificate	6	10
Degree	6	10
Post-graduate Degree		
<b>Size of household</b>		
Live alone	12	20
2 people	9	15
3 people	12	20
4 or 5 people	16	26.7
More than 5 people	11	33.3

Employees were asked whether they had noticed a change in consumer eating out habits, regarding a shift to healthier balanced or low-kilojoule preferences

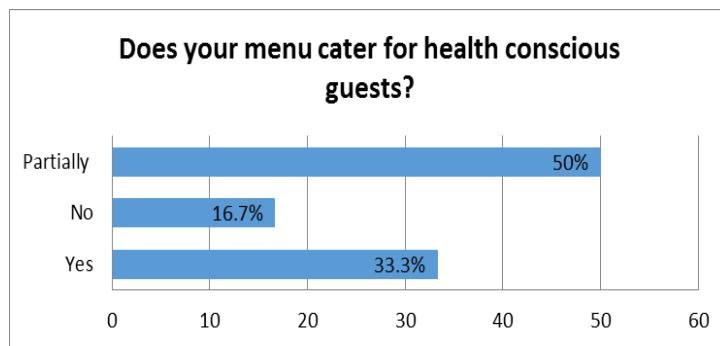


**Figure 3.** Level of awareness with regards to changes in consumer eating out habits

According to the above figure, it is evident that the majority of the waiters who participated (60%) in the study were aware of the changes in consumer preferences, particularly towards meals that were healthier and lower in kilojoules and total fat. While 26.7% were uncertain about the

changes and the remaining 13.3% were not aware of the changes at all.

Employees were asked whether menus at their establishments were, according to their knowledge, catering for health conscious guests.

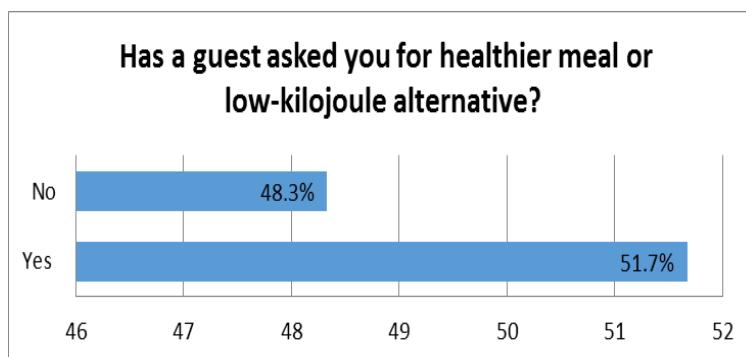


**Figure 4.** Restaurant menus cater for health conscious guests

According to figure 4, it is evident that 33.3% of the waiters who participated were of the view that the menu at the establishment where they work does cater for guests who prefer meals that were healthier and were lower in kilojoules or total fat. While 50% of participants were of the opinion that the menus at their establishment moderately or partially accommodated guests who prefer meals that were lower in kilojoules or total fats

and the remaining 16.7% of the participants felt that the menu at their establishments do not cater for guests who prefer meals that are lower in kilojoules or total fats.

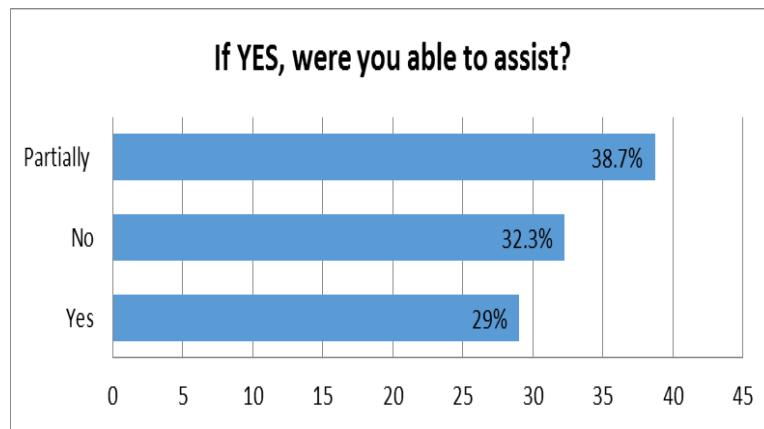
Participants were then asked whether they had experienced serving a guest who had requested a meal that was either healthier or lower in kilojoules.



**Figure 5:** Waiters requested by guests to assist with healthy alternative meals

Looking at the participants' responses, as per figure 5, it is revealed that there was somewhat of a demand for meals that are healthier and lower in kilojoules or total fats. As 51.7% of waiters who participated in the study have experienced guests who have requested meals that are lower in kilojoules or total fat.

Subsequent to this, participants were then asked whether they were able to assist these guests adequately, or if they had to request assistance from a more experienced person for the task at hand.

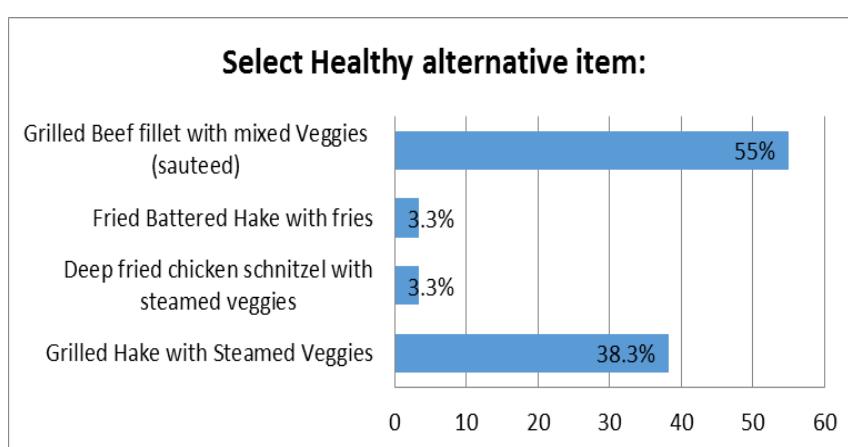


**Figure 6.** Ability of waiters to assist with healthy alternatives

Figure 5 shows that 51.7% waiters said that they have had to serve a guest who requested a meal that was lower in kilojoules or an alternative meal. Therefore, according to figure 6, only 29.0% of those waiters were able to assist these guests efficiently. This shows that there is a knowledge gap in the area of low kilojoule or healthier meals as an alternative, as only a small portion of the waiters specified were able to adequately assist a guest.

Participants were requested to identify a meal that was the healthiest alternative between the following meals:

- Grilled Beef Fillet with Sautéed Mixed Veggies.
- Batter Fried Hake with Fries.
- Deep Fried Chicken Schnitzel with Steamed Veggies.
- Grilled Hake with Steamed Veggies.



**Figure 7.** Meal selected as the Healthiest alternative

The correct answer in the above question was Grilled Hake with Steamed Veggies; only 38.3% were able to answer this question correctly.

## Interviews

### Comparisons on related subjects, regarding interviews transcripts

The following are the questions selected to be categorized into relevant themes to facilitated data analysis:

1. During the Menu Planning process, do you consider adding low fat/kilojoule items? What criteria do you use?
2. In your opinion, is the hospitality industry adapting to the trend of food that is lower in fat/kilojoules? Please elaborate.
3. How often does the menu change, and what factors contribute to "altering" the menu?
4. Would you say that the menu in your establishment is flexible enough to accommodate various food preferences?

**Responses lead to the following themes derived from similarity or recurring content in the responses.**

1. During the Menu Planning process, do you consider incorporating healthier or low kilojoule items? What criteria do you use?

#### Themes (Important Factors):

- Consumer demand 55%
- Costs of "healthier" ingredients 25%
- Seasonal availability of ingredients 20%

Managers agreed that the most important factor is consumer demand; it will not make any sense to amend a menu when there is no demand for it.

2. In your opinion, is the hospitality industry adapting to the trend of food that is lower in fat/kilojoules? Please elaborate.

The most common responses where categorized into the following themes:

#### Themes:

- It is a relatively new and emerging trend in South Africa.
- Depends on the market and location of the establishment.

- Observation, it is a growing phenomenon; slowly but surely.

Responses from the interviews were quite similar. From the above it is clear that the trend of consumer preferences moving towards healthier meals or low kilojoule or low fat meals is still a relatively new emerging trend in South Africa.

3. How often does the menu change, and what factors contribute to "altering" the menu?

#### Themes (Important Factors):

- Changes seasonally (Winter, Summer, Spring, Autumn) 35%
- Stock availability 30%
- New creative recipes 20%
- Consumer demand 15%

The three factors that influence Food and Beverage Managers' decisions on changing the menus. The most common and highly ranked response viewed to be important, is seasonal changes.

4. Would you say that the menu in your establishment is flexible enough to accommodate various food preferences? Please elaborate.

#### Themes:

- Yes, with the exception of low kilojoule/fat meals.
- Wide variety to select from.
- Variation between fine dining and standard gourmet meals.
- Chef's specials; custom made selections.

#### The final themes that guided the study:

- ✓ Consumer demand.
- ✓ Availability of ingredients.
- ✓ Costs of ingredients.

The above mentioned themes guided the study throughout as food and beverage managers agreed that they would never amend a menu by incorporating healthy or low kilojoule meals if there was no demand for it. They also stated an issue of seasonal availability of ingredients was

a major issue as it also affects the costs of the ingredients.

## Discussion

As stated in the background of the study, the trend of eating out in restaurants is continuously increasing, whether for social reasons or due to travelling for leisure or travelling for work related reasons. South Africans, now more than ever are more inclined to eat out than to enjoy a home cooked meal. It is significantly important that the foodservice industry prepares, accommodates and caters for the needs of these individuals who are constantly on the move. However, it is evident that the great consumption of eating away from home has been associated with increased intake conducted by Gregory, McTyre & Dipietro, titled; The Nation's Restaurant News in the United States of America of kilojoules, total fat, saturated fat, added sugars and sodium and conversely lower intakes of fruits and vegetables, less milk, fibre and vitamins (Glanz et al, 2007:383). A study conducted by (Gregory, McTyre and Dipietro, 2006:43) showed the drastic change in consumer eating out habits, showing that consumers are making the move from fast food consumption to healthy, low kilojoule preferences.

Therefore the objectives of the study was guided by whether there was knowledge and awareness by food and beverage employees and whether they were conducted by Gregory, McTyre & Dipietro, titled; The Nation's Restaurant News in the United States of America able to understand and serve guests who had requested meals that were either healthier or lower in kilojoules or total fat.

In conclusion, there is a knowledge gap with regards to low kilojoule meals in the hospitality/restaurant industry. Regardless of the fact that it is still an emerging phenomenon in South Africa, the industry should be able to adapt to the trends of both local and international consumers, therefore these deficiencies in knowledge should be addressed and the willingness of managers to amend menus should also

be addressed. It is clear that incorporating healthier menu items will make a significant difference to society, in terms of alleviating the health risks associated with increased away from home eating.

## Conclusion and Recommendations

The following recommendations are to be considered in terms of the topic in question:

- It is recommended that more literature or research should published, that is related to knowledge and training of food and beverage employees on healthful menu items or alternatives in South Africa.
- It is recommending that the hospitality industry sets standards for menu planners that enforce them to offer more healthful, low kilojoule meals in their menus.
- It is recommended that food and beverage managers train and equip foodservice employees.

To conclude, the purpose of the study was to show the need for the hospitality industry as a dynamic industry that contributes significantly to health issues in society; obesity, cardiovascular diseases and diabetes, to adapt to the various needs of consumers concerning healthy eating. As the study has pointed out that away from home eating had led to the increases of the diseases, it is necessary for the foodservice industry to yield to the knowledge and training gaps to enable a more positive contribution from the industry.

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