

Special dietary requirements: Restaurant sector responses across six tourist cities

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ABSTRACT

The key aims of the study were to document and analyze contemporary restaurant practices germane to meeting dietary requirements in significant tourist cities. Social practice theory informed the study. Detailed coding of menu information and TripAdvisor sources for 60 restaurants in six strategically selected tourist cities provided the bases for the work. The results identified locational differences; that overall religious and lifestyle requirements are moderately well presented, while health needs addressed less adequately. Social practice theory insights helped interpret the findings through issues of managerial caution, perceived competence, and image and identity management for both restaurants and customers.

KEYWORDS

allergic reactions, dietary requirements, lifestyle diets, menus, religious restrictions, social practice theory

1 | INTRODUCTION

As a species, *Homo sapiens* is correctly classified as an omnivore (Fischler, 1988; Timothy, 2015). The diversity of what humans can consume is almost boundless. As human populations expanded across the globe, the flexibility of what humans could eat to sustain life was useful in adapting to the newly found settings (Diamond, 1998). From this diversity and adaptability, separate cultures developed localized and sometimes very distinctive food preferences. Much of the research in tourism and hospitality concerned with food has revolved around the skilled delivery of these distinctive dishes and the associated branding of destinations (Hall, 2019; Lee, Packer, & Scott, 2015; Razzaq, Hall, & Prayag, 2016). This study pursues the delivery of food from a different direction. The core interest in this work lies in the documentation of multiple health, religious and lifestyle movements that effectively restrict rather than augment the kinds of food tourists seek to consume. Further, from a tourism and hospitality perspective, our interest focuses quite specifically on the provision of information that serves these growing concerns about dietary needs.

Special dietary requirements are seen as stemming from three sources—restrictions based on religious beliefs, constraints due to allergies, food intolerances and medical directives, and consumer choices for focused diets. The portrayal of these rising concerns in this study pursues these three themes. A focus on the restrictions imposed by various faiths is developed in the first section (Sarri, Higgins, & Kafatos, 2006).

Next, there is a consideration of food intolerances and allergies, specifically gluten and lactose intolerance, which are well-documented concerns from the substantial medical literature (Gupta et al., 2019). As a third influence on dietary choices, the prevalence in several cultures of an emerging trend toward vegan and vegetarian diets is then considered. This surge of interest in selecting a more restricted range of dishes is sometimes referred to as lifestyle food choices (Bruwer & Li, 2007). As researchers, we argue that there is an empirical gap in our knowledge of the tourism sector responses to these three issues and, in terms of service culture and the co-creation of experiences, an opportunity for greater customer focused attention.

To move the study beyond a simple descriptive rendition of trends and issues, the authors adopt a micro sociological theory of change: that of social practice theory (Shove, Pantzar, & Watson, 2012). The foundation ideas shaping social practice theory lie in aspects of the work of Bourdieu (1977, 1984) and Giddens (1984). From Bourdieu, there has been an important line of thought suggesting that the behavioral patterns we see in society are the result of the practices developed to demonstrate and acquire power, prestige, and social capital (Kennedy, Cohen, & Krogman, 2015). It is necessary to emphasize that Bourdieu's approach prioritized social position and power as influences on individual choices rather than stressing rational calculation by actors. His work offers a cultural explanation of social action rather than following or anticipating social norm and rational attitudinal approaches or nudge theories (cf. Kennedy et al., 2015, p. 4). From Giddens, the notion of habitual behavioral patterns shaped by social demands has emerged. In this line of work, neither individual human control or top down social influences control the social world. Instead orderly principles of conduct and social life are achieved at the level of practice; that is, structure and agency come together in patterns of action (Giddens & Sutton, 2017). This integrated and interactionist approach is a contrast to the more psychological explanations of behavior developed around individual choices of action dependent on attitudes and values (Hall, 2013). Together these major sociological perspectives contribute to several variants of an approach known as social practice theory. The common view in social practice theory is that people are influenced by physical aspects of context, the meanings social groups give to the behaviors, and the actors' own knowledge and skill level.

The key components of social practice theory, an approach already shown to be relevant to some of the emerging social changes relevant to tourism (James & Halkier, 2016; Jin, Moscardo, & Murphy, 2019), help frame the topic of changing

consciousness about food. The concerns of social practice theory—materiality, skills of the participants, settings of interest, and meanings of the activity—are used in the design and then the presentation of the work. These social practice elements help form a comprehensive account of social phenomenon that are in transition. Changing attitudes to food across the world is arguably a topic where change is occurring due to the widespread interest in health, identity, and well-being (Alizadeh & Filep, 2019). Nevertheless, not all food and dietary restrictions are in flux (Casson, 2019). Religious-based food practices, for example, are likely to persist amidst the other changes about dietary needs (Wood, 2018).

Social practice theory is also well suited to the topic of dietary requirements because it stresses the variability of settings. This element of the theory suggests that a close examination of dispersed tourism sector responses to these customer needs may be both valuable and variable. The key aims of the study are to document and analyze contemporary tourism sector practices germane to meeting dietary requirements in leading restaurants used by tourists. The researchers focus on key tourism cities in different parts of the world: Middle East (Doha, Qatar, and Dubai, United Arab Emirates), Asia (Singapore and Bali, Indonesia), and two Western settings (Sydney, Australia and Paris, France).

2 | LITERATURE REVIEW

2.1 | Food restrictions and religions

Two kinds of faith-based restrictions on tourists' food consumption can be identified: firstly, ongoing taboos and secondly, episodic

pressures linked to special occasions and events (Kittler, Sucher, & Nelms, 2011). Two of the world's major religions, Islam and Hinduism, are well known for strong restrictions on eating key meats. Muslims and Jews share the aversion to pork and the restrictions tend to be absolute rather than variable. Further, any meats consumed by these two groups have to be slaughtered and prepared in the appropriate way; halal for Muslims and kosher for Jews. Hindus do not eat beef or items containing beef products (Australian Government the Department of Health, 2013).

Many Buddhists, like Hindus, do not usually eat beef or consume dairy products (Sarri et al., 2006). Such generalizations mask some complexities in terms of the sects or variants of the faith. McCaffree (2002) reports that Buddhists' dietary practices are

varied. While many Buddhists are vegetarian, not all follow this principle. For example, vegetarianism is rare among Tibetan and Japanese Buddhists. Some may abstain from meat and eat only fish. Although Hindus do not consume beef itself, dairy products from cows are acceptable and considered spiritually pure. For other foods, Hindus generally avoid consuming products they believe hinder spiritual development—for example, garlic and onion and other items that stimulate the senses. Those Christians who are Catholics have had a long-standing tradition of not eating red meat on Fridays and preferring fish but a liberalization of this practice has occurred in recent times (Kittler et al., 2011). Other specialized restrictions apply to some groups and at some times. Sikhs do not eat eggs while Judaism prohibits the consumption of shellfish, crustaceans, or fish without scales (McCaffree, 2002).

Linked to the specific consumption of key foods, the religions vary in their acceptance of alcohol and caffeine-based drinks. Muslims share with Mormons, Seventh day Adventists, and Sikhs, a zero-tolerance policy toward alcohol. This extends to the use of alcohol employed as a part of cooking food. Mormons do not drink tea or coffee. Special rules apply to Buddhist and Hindu monks and the most strict adherents of many religions may refuse to eat any dish that has been in contact with utensils used to prepare taboo foods or by cooks who have prepared such dishes (Sarri et al., 2006). For Jews, meat and dairy products cannot be prepared together (Australian Government the Department of Health, 2013).

The episodic nature of dietary preferences and restrictions are further important considerations. Muslims abstain from food and drink in daylight hours during the month of Ramadan (Regenstein, Chaudry, & Regenstein, 2003). The edicts are, however, relaxed for some groups such as elderly persons in poor health, pregnant and nursing women, menstruating women, sick people, travellers, and individuals with particularly challenging jobs involving hard physical labor. Periods of intermittent and planned fasting are also important for Jews, committed Christians and Buddhists (Fieldhouse, 2017; Trepanowski & Bloomer, 2010). For Yom Kippur, the days of atonement after the Jewish New Year, complete abstinence from food for 25 hr is required (Abramson, 2018; Cole & Morgan, 2000). Devout Christians (observed in Anglican, Eastern Orthodox, Oriental Orthodox, Lutheran, Methodist, and Catholic churches) fast during Lent, the 40-day period prior to Easter. During this period, highly committed Christians abstain from eating certain foods such as meat, eggs, and milky foods except on Sundays (Western churches; BBC, 2009; Cambridge, 2018). Greek Orthodox Christians have three major fasting periods: the

Nativity Fast, Easter Lent, and the Assumption. The Greek Orthodox Christian Church prohibits the consumption of meat, dairy products, eggs, olive oil, and fish on fasting days where the abstaining from these foods varies according to the fast. The diet of Greek Orthodox Christians comprises nuts, seafood, bread, fruits, and vegetables during the fasting period (Trepanowski & Bloomer, 2010). Buddhists have days of observance. These are Uposatha days that correspond with the new and full moon—the first and fifteenth days. During Uposatha, lay Buddhists get together with the monks on 1 day for fasting and meditation in a Vihara (Cole & Morgan, 2000). For Hindus, fasting practices vary from region to region and can be linked to special family traditions and requests for worldly success and good fortune in matters such as love and pregnancy (Kalra et al., 2015).

It is notable that the Chinese, the world's largest outbound national tourist market, and their associated belief systems, whether that be Taoism or Buddhism or undeclared, have not featured in the previous considerations. As Chang, Kivela, and Mak (2010) point out, there are no specific taboos for the Chinese but there are strong dependencies on having *fan* (rice and other starch foods such as noodles) and *ts'ai* (vegetable and meat dishes) flavors added to this highly familiar core. The special significance of all these taboos and requirement for the present research lies, in part, in the growing and global tourist presence of Muslims and Hindus, and of course the Chinese (Henderson, 2016; Mohsin, Ramli, & Alkhulayfi, 2016; Moira, Mylonopoulos, & Sarchosis, 2018; Pearce & Wu, 2017). A fuller consideration of the total array of food related preferences and needs requires a review of further factors but these religious forces alone generate challenges for multiple global food service providers (Wan Hassan & Awang, 2009).

2.2 | Food intolerances, allergies, and medical directives

There is something of a tendency to think of food allergies as a very modern problem (Kwon, Lee, & Wen, 2020). While serious allergies have been recognized for some years (Kagan, 2003), it is indeed likely that detection has improved and the rising numbers of children and adults affected is partly a matter of better and more accurate diagnosis. There is also some concern that modern agricultural practices, including the extensive use of chemicals to produce food in some countries and deteriorating air and soil quality may lie behind some of the intolerances (Diamond, 2005). In the extensive medical literature about food intolerances and allergies, some key distinctions are made. Children suffer more than adults with up to 5% of United

States children medically diagnosed as affected with the figures declining to 1–2% for adults. Subjective reports by respondents in surveys return much higher figures for self-diagnosed allergies (Kwon et al., 2020). The allergies that tend to decrease over the lifespan are those to milk, soy, egg, and wheat. The very serious allergies that persist are to peanuts, tree nuts, seafood (fish, crustacean, and molluscs); all of which can produce anaphylactic shock requiring urgent medical attention and epinephrine injections (Gupta et al., 2019). Studies in Singapore confirm the seriousness of the same triggers: peanuts are the dominant items consumed that resulted in children being taken to local hospitals (Liew et al., 2013).

Not surprisingly, worried parents whose children have the sensitivity to peanuts, tree nuts, and seafood tend to only consider going to countries where there are no language barriers and the problem can be explained (Barnett, Botting, Gowland, & Lucas, 2012). In their study of United Kingdom residents, the researchers also noted that some participants specifically avoided destinations where the local cuisine was perceived as high risk. For example, Asia was considered problematic, due to the perception that food in countries such as China contains nuts or peanuts. Many participants in the Barnett et al. study highlighted food on airlines as an issue with participants experiencing both positive and negative incidents. The availability of medical care or remoteness of the location when travelling internationally influenced participant choices of destinations and holiday behaviors. A special problem for those with the severe allergies is the way small traces of the problem products can trigger the effects. Examples include eggs in pastries and cakes, and chocolate bars with traces of nuts (Kwon et al., 2020). At times, kitchen staff may unwittingly transfer the problem product into dishes through a cross contamination process when reusing utensils and cooking ware (ASEAN Trainee Manual, 2012).

One of the food intolerances that produces marked discomfort for tourists and residents alike is celiac disease, a condition arising from a permanent intolerance to gluten. The incidence of this problem results from an autoimmune reaction to the consumption of high levels of wheat, rye, and barley in the diet. In simple terms, breads and breakfast cereals, common sources of gluten can generate abdominal pain, nausea, and an inability to function well (Beyond Celiac, n.d.; Healthdirect, 2017). As Cummins and Roberts-Thomson (2009) report, prevalence rates of 1:50–1:500 adults are among the highest in the world for Australia, Iran, Israel, New Zealand, Syria, and Turkey. In contrast, celiac disease appears to be extremely rare in Japan and in eastern

China. The incidence of the condition in North American is more than in Asia but less than in the first set of countries cited (Singh et al., 2018). It can be noted that as Asian diets begin to adopt more Western style foods, the potential for celiac disease grows (Cummins & Roberts-Thomson, 2009).

Lactose intolerance is a special problem for those who grow up without substantial amounts of milk in their childhood diet. These dietary conditions apply in much of Asia and Africa and to some extent in South America. It is, however, not only the individual's personal history that is at issue but also their genetic inheritance. According to an evolutionary hypothesis, the genetic mutation that allows individuals to metabolize lactose appeared about 10,000 years ago in the inhabitants of Northern Europe (Ugidos-Rodríguez, Matallana-González, & Sánchez-Mata, 2018). In this period in Europe, mammalian milk continued in children's diets after the youngsters were weaned, but these conditions did not apply in the other continents such as Africa and Asia where the lactose intolerant figures reach 60% (Africa) and 90% (Asia) of the population. Lactose intolerance can exist to varying degrees and an awareness of the likely client base for restaurant and tourism establishments serving food can be a good guide to thinking about the serving of milk-based products (Di Costanzo & Canani, 2018).

One way to summarize the many specific food intolerances and allergies, others not mentioned previously include asthmatics sensitive to sulfides in food as well as pollens, is to identify what has been labeled the “Big 8” (Kwon et al., 2020). They observe that more than 90% of food allergy reactions in the United States are due to the intake of eggs, fish, milk, peanut, soy, shellfish, tree nuts, and wheat, and that food served in restaurants accounted for most of the food allergy reactions.

Globally important diseases like diabetes, hypertension, chronic kidney disease, and cardiovascular disease are on the rise and also shape the selection of food. Diabetes Type 2 which is predicted to grow more than 48% by 2045 (WHO, 2011) can increase the risk of all three mentioned diseases (Hashemi, Rahimlou, Baghdadian, & Manafi, 2019). This issue influences the dietary preferences of 9% of the world population. One of the widely recommended diets for controlling hypertension and lowering cardiovascular diseases is DASH—a combination high in fruits, vegetables, and low-fat dairy products; this approach can control chronic kidney disease (Raphael, 2019). As allergies and disease rates increase, families with children and patients with worrying medical conditions are to the fore in thinking about meal choices and

the way food is prepared. The role of restaurants in this discussion is pivotal for this study and forms the key plank in the empirical work to be conducted.

2.3 | Lifestyle preferences

Even a cursory glance at any major bookstore reveals a contemporary concern with a range of diets that variously promote weight loss, anti- ageing, ethical consumption, and fitness (cf. Bitar, 2018). Many of these directives prompt their adherents to avoid red meat, decrease carbohydrates, increase the intake of vegetables, and eat unprocessed food with liberal amounts of fruits, nuts, and seeds supported by the high intake of water (Oh & Uppaluri, 2019). There are however, some diets that promote high amounts of meat, and suggest eating more like our ancestors—an approach entitled the Paleo diet to recall an earlier phase in human history (Reel, 2018). In the plethora of names attached to these lifestyle options vegetarian diets exclude all kinds of meat, poultry, and fish but can include eggs, dairy, and honey (Haas, 2015). This is also known as lacto-ovo vegetarian and is distinct from vegan, which is more limiting where individuals eat no meat, poultry, fish, shell fish, eggs, dairy, honey, or gelatine. Further, vegans consider the harm to animals in farming practices and avoid products made from leather and wool. Haas (2015) and Camargo (2017) note the terms flexitarian (those who consume meat and fish sporadically), and pescatarian (those who consume fish and seafood, but not meat). The expression meat reducer is also used to describe these choices.

Much of the published work on diets and lifestyle preferences seeks to provide solid medical evidence for the health benefits and associated positive outcomes of these dietary restrictions. These findings are of less interest in this study. Instead the influence of the tourists' beliefs on what they should consume is highlighted. As an example of these influences, the work of Gomez, Ruiz, and Mercadé- Melé (2018) provides an instructive case. The researchers studied the selection of holiday destinations by 400 Spanish vegetarians. The survey results established that vegetarian tourists carefully consider food options at the destination when they travel. The researchers argue that authorities must monitor and control the quality of vegetarian restaurants, because tourists' negative evaluations could cause a harmful opinion of the destination by affecting their experience and thus the reputation of the location. Even though more women reported being strictly vegetarian, men, and women were equally likely to consider their food options in destination choices. In the Spanish sample, older individuals and those who were

more affluent assigned more importance to nutrition when they travel. As an accompaniment to this demand side study, Casson (2019) asks the question how well are the host restaurants in many countries, and in her case specifically Japan, dealing with these customer needs? This question is the linking thread in the present research.

2.4 | Social practice theory

Several contributors have helped to build a social practice theory approach to understanding changing directions and themes in society. Most commentators and users of the approach recognize the founding ideas of Bourdieu and Giddens. As noted earlier the tenor of these influences lies in seeking a reconciliation between macro-sociological forces deemed to be all powerful in determining individual patterns of behavior and strong atomistic views which affirm individual thoughts and values as all important (Kennedy et al., 2015). Schatzki (1996) augmented the initial ideas by turning attention to people's performances and narratives in relation to broad social trends. Following and adapting this emphasis, Reckwitz (2002) emphasized recurring and emerging patterns of human actions and thoughts that characterize these social directions and movements. Slightly different language was used by Warde (2005) who employed the ideas of engagements, procedures, and understandings. The work of Shove et al. (2012), linking most directly to the formulation of Reckwitz (2002), established some commonalities among these ideas with their three part attention to materials, competences, and meanings. As defined by Shove et al. (2012, p. 14), materials include "things, technologies, tangible physical entities, and the stuff of which objects are made," competences consist of "skill, know-how and technique," and meanings comprise "symbolic meanings, ideas and aspirations." They asserted that practices are formed by the integration and interdependency of these three elements. The "things" in the first element (materials) is hardly mentioned in Giddens's (1984) and Bourdieu's (1984) studies (Shove et al., 2012). Nevertheless, "things" such as tools, objects, and infra-structures, should be considered as elements of practice (Ropke, 2009 as cited in Shove et al., 2012).

The way the social practice ideas are employed in this study and the specification of the requisite elements can be developed as follows. As Smith, Xiao, Nunkoo, and Tukamushaba (2013) suggest, theories in the social science realm (including tourism and hospitality) are diverse in their structure and function. Some have the

properties of positivist science and offer predictions, others integrate study topics and provide a new thesis, some are really sets of empirical generalizations, while yet others work at a more modest level of prompting insights. Smith and colleagues updated the earlier classification of tourism theories by Smith and Lee (2010) and decided that a common type of theory in tourism and hospitality was what they termed Type

5. They summarized the approach as follows:

Theory of the fifth type is epistemology presented as theory. Epistemologies cum theory specify what questions are legitimate to ask, what data may be collected, how data may be collected, and how data are to be analyzed and interpreted. In this sense, theory of the fifth type is similar to conventional natural science paradigms that pose similar guidelines for natural science disciplines. The difference is that theory of the fifth type is expressed explicitly as essentially a broad world view. As a result, this approach does not produce objectively testable hypotheses; rather, it produces interpretations that are based on the assumptions of the epistemology (2013, p. 885).

Social practice theory fits this description. It is important to stress that being classified in this way does not make social practice theory weak or less powerful than theoretical schemes in other categories. Instead it is appropriate to see social practice theory as fit for certain kinds of interpretive purposes; principally situations where researchers are trying to understand common, even habitual practices that are likely to be influenced by social traditions that are dynamic. Arguably some of the dietary restrictions, such as those deriving from religious practices are unchanging, but the flexibility of social practice theory to provide insights about both stable and dynamic patterns of social life is worth highlighting. The ideas from previous applications in tourism (cf. Iaquinto, 2015; James & Halkier, 2016; Luzecka, 2016; Pearce, Oktadiana, Pearce, & Chen, in press; Verbeek & Mommaas, 2008) suggest that much can be gained by conceptualizing social trends and topics through analysis of material products and forms, assessing the competencies enabling performance, and considering the meanings that are provided about the materials. The present research team attends specifically to the information provided in the materiality of menus for tourists about dietary restrictions, considers the competencies described or required, and addresses the meanings of the provision of these services.

2.5 | Study aims

Building on the literature reviewed, the aims of the study are to document and analyze contemporary restaurant sector practices in select tourism cities in relation to the topics of food restriction arising from religious practices, food intolerances and allergies, and lifestyle requirements.

3 | METHODOLOGY

Due to the diverse array of restaurants and eating establishments globally, researchers interested in the issue of dealing with dietary restrictions should be very clear in the rationale for the selection of locations and businesses. Further, the key details should build confidence in the findings and enable the work to be replicated (Gomm, 2004).

Faced with the ubiquitous dispersal of restaurants, the researchers pursued a systematic and stratified case selection rationale (Flyvbjerg, 2006; Yin, 2017). In order, the steps followed were to consider (a) regions of the world, (b) leading tourist cities, (c) types of restaurants, (d) objective assessment of restaurant popularity,

(e) independence of the establishments, (e) menus available online, and (f) varied types of cuisine. An a priori planning hypothesis was developed that key tourist cities in different parts of the world may differ in their presentation and attentiveness to dietary restrictions. The first of the seven steps, a consideration of regions of the world

(1) prompted the choice of diverse sites; specifically two western, two Asian, and two Middle Eastern locations. The tourism centers selected in the next step (2) were Bali, Singapore, Sydney, Paris, Dubai, and Doha. Each of these centers dominates their region or country in terms of popularity as a tourist hub (Travel News, 2019). These destinations, as reported in Business Insider, Forbes, and The Telegraph, are perceived as among the top places to travel and the most visited cities in the world (Fathom, 2019; Millington, 2019; Telegraph Travel, 2018). Further, the researchers were personally familiar with all these locations. Strategic case selection of this sort provides a focus for researchers to use their familiarity with the samples with the full recognition that the range of generalization of their findings is confined by the sampling (Gomm, 2004).

The next step (3) in the selection process was to specify the types of restaurants in these locations. Following the terminology used in TripAdvisor, the restaurants were a mix of casual and everyday dining, and fine dining. More specifically, 10 restaurants were chosen from each of the six locations. In total, there were 32 casual and everyday dining establishments, and 28 fine dining restaurants. The number in each category was equal in all cities except Dubai. This is because many fine dining restaurants in Dubai were located in the hotels and that did not meet one of the subsequent criteria. The issue of restaurant popularity (4) was then applied in selecting the actual restaurants. The top 10 list 2019 Travellers' Choice Award TripAdvisor and/or top restaurants in TripAdvisor's listing (certificate of excellence winner between 2015 and 2019) were consulted. The restaurants that had more than 1,000 reviews and ranked highest were chosen (except for five fine dining restaurants in Dubai and Doha where the number of reviews less than 1,000 was used due to the maximum number of reviews that could be obtained in those cities). To avoid the

TABLE 1 Information written on the menus and TripAdvisor regarding special dietary needs

Region	Cities	Casual and		Dietary needs for religious belief written in the menu			Dietary for vegan/vegetarian written in the menu			Dietary for allergy written in the menu			Menu information in TripAdvisor (under special diets)				
		everyday dining	Fine dining	Yes	No	On request	Yes	No	On request	Yes	No	On request	Vegan options	Vegetarian friendly	Gluten free	Halal	Kosher
Asia	Bali	5	5	1	8	1	8	2	0	2	6	2	10	10	10	0	0
Asia	Singapore	5	5	4	6	0	4	5	1	1	9	0	8	9	10	2	0
<i>Total Asia</i>		<i>10</i>	<i>10</i>	<i>5</i>	<i>14</i>	<i>1</i>	<i>12</i>	<i>7</i>	<i>1</i>	<i>3</i>	<i>15</i>	<i>2</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>2</i>	<i>0</i>
Western	Sydney	5	5	0	9	1	2	6	2	5	3	3	7	9	9	1	0
Western	Paris	5	5	0	10	0	4	5	2	0	8	2	7	9	4	0	0
<i>Total Western</i>		<i>10</i>	<i>10</i>	<i>0</i>	<i>19</i>	<i>1</i>	<i>6</i>	<i>11</i>	<i>4</i>	<i>5</i>	<i>11</i>	<i>5</i>	<i>14</i>	<i>18</i>	<i>13</i>	<i>1</i>	<i>0</i>
Middle East	Dubai	7	3	0	10	0	7	3	0	3	7	0	8	9	10	7	0
Middle East	Doha	5	5	0	10	0	2	8	0	0	10	0	10	10	10	10	1
<i>Total Middle East</i>		<i>12</i>	<i>8</i>	<i>0</i>	<i>20</i>	<i>0</i>	<i>9</i>	<i>11</i>	<i>0</i>	<i>3</i>	<i>17</i>	<i>0</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>17</i>	<i>1</i>
<i>Grand total</i>		<i>32</i>	<i>28</i>	<i>5</i>	<i>53</i>	<i>2</i>	<i>27</i>	<i>29</i>	<i>5</i>	<i>11</i>	<i>43</i>	<i>7</i>	<i>50</i>	<i>56</i>	<i>53</i>	<i>20</i>	<i>1</i>

TABLE 2 Special dietary needs provided in the restaurant menus in six cities

Cities	Religious belief		Vegan/vegetarian		Allergy	
	Written on menu	On request	Written on menu	On request	Written on menu	On request
Bali	√	√	√√√		√	√
Singapore	√√		√√	√	√	
Sydney		√	√	√	√√√	√
Paris			√√	√		√
Dubai			√√√		√	
Doha			√			

Note: √ = 1–3, √√ = 4–6, √√√ = ≥7.

complexity of hotels offering multiple restaurants only independent restaurants (5) (not a restaurant in a hotel or resort) were selected. To meet the study aims to assess social practices, the availability of menus (6) was an essential further criteria for selection. The menus for the restaurants had to be online. The types of cuisines (7) varied. These variations emerged as a filter down process from the other selection criteria. They included South East Asian (e.g., Indonesian, Thai, Singaporean, Malaysian, and Vietnamese), Asian cuisine, Chinese, Japanese, Indian, Middle Eastern, Western/International, American, Australian, European, French, Italian, Mediterranean, and Fusion.

Data were collected in October and November 2019. In collecting data, the researchers reviewed the websites of each restaurant to examine the menu. They also read and recorded any perceived supplementary information in the TripAdvisor reports. When selecting the casual and everyday dining venues, the researchers searched for the restaurants that had one to three dollars signs (\$–\$\$\$), whereas for those classified as fine dining, the criterion of four dollars signs (\$\$\$\$) was employed. The search for fine dining restaurants was straight forward as the TripAdvisor has a Fine Dining category for the restaurants. Data were recorded in Excel, coded, and analyzed manually. The trustworthiness of the data assembled for the study is established through cross referencing the TripAdvisor and website information sources.

4 | RESULTS

The information provided by restaurants about tourists' potential dietary needs is presented in Tables 1 and 2. These results in Table 1 include both the direct coding of

the information from the menus and the results from the TripAdvisor section where advice about Special Diets was presented. Table 2 presents the same menu based information in more qualitative terms enabling a quick overview of the trends and adds the extra information about the possibility of submitting a special request to the kitchen for dietary needs. For Asian, Western, and Middle Eastern sites, the attention to all dietary requirements shows a trend in the data in terms of different levels of attention in the menus (Chi-square [$df = 2, N = 59$] = 4.54, $p = .10$). If the Asian sites are compared to the combined set of Western and Middle Eastern locations in their attention to all dietary requirements, the Asian restaurants were coded as having more “on the menu” notifications (Chi-square [$df = 1, N = 59$] = 4.51, $p = .03$). Other comparisons, including any differences between casual and fine dining restaurants, using Chi-square or Fisher exact statistics test were not statistically significant, but the recorded material offers several additional insights to address the study aims.

Several highlights from these results can be identified. In this study, it was not common to specify dietary needs on menus for religious reasons. Only a few restaurants in Singapore and Bali provided information in the menu regarding food restrictions arising from religious beliefs—specifically Halal for Muslims and Jain for Jainism. For vegan and vegetarian dietary needs, the majority of the restaurants, particularly those in Asia, do provide direct menu listed information. Many menus with vegetarian options were offered in the sample of restaurants in Bali with some of these offerings also recorded in Dubai, Singapore, and Paris cases. Restaurants in Sydney appeared the most responsive to providing information about problematic allergic reactions to food on their menus. In the sample, Dubai, Bali, and Singapore had a small number of restaurants that also provided this service on the menu information.

The TripAdvisor data confirmed some of these findings and added more information. As listed on the TripAdvisor sites, conformity to Halal requirements was commonly noted for the restaurants in Middle Eastern cities, of Dubai and Doha, even though such information did not appear on the menus. In concert with the lack of information about religious restrictions on their menus, Sydney and Paris did not offer any more information on these issues through the TripAdvisor advice sections. As was evident from the menus, information about providing

vegan/vegetarian options was common on the TripAdvisor sites. Only the restaurants in Paris seemed to lack printed information about allergic reactions with the TripAdvisor sites for all other cities confirming tendencies in the menus (and notably Sydney) to report the availability of dishes considered to be suitable for those with allergic reactions.

Based on the menu analysis in each city, the restaurants had codes for special dietary menus, either using a symbol (e.g., a green leaf) or an abbreviation. The most common codes are V for Vegan, VG for Vegetarian, GF for Gluten Free, and DF for Dairy Free. Other codes found in the menus include LF for Lactose Free, NF for Nut Free, NG for No Garlic, SF for Shellfish Free, OF for Onion Free, and J

for Jain. A number of restaurants provided instructions on the menus that guests should inform the staff regarding special dietary issues. Some descriptions include:

“Our kitchen is happy to cater for any special requests or dietary requirements,”

“Guests with dietary needs need to inform the restaurant at least 2 x24 hours in advance,”

“Please ask your waiter to see special halal and gluten-free menus,” “Patrons with food allergies or dietary requirements please inform

your waiter prior to ordering,” “for those who don't want fish menu can order one day in advance,”

“We can cater for dietary requirements so please notify us when making a booking,” “Please let us know your dietary restrictions. Our chef can easily adapt any of the menus to your dietary restriction,”

“Please note that while we do our best to accommodate dietary requests, we do require at least 24 hours' notice.”

For the allergy issues, the menu specifications included:

“With respect to diners with allergies, we cannot guarantee that dishes will be completely free of nut or shellfish residue,”

“Although we will endeavor to accommodate your dietary needs, we cannot be held responsible for traces of allergens,”

“Dishes can be prepared gluten-free, however, we cannot guarantee no traces of gluten,” “Our menu contains allergens and is prepared in a kitchen that handles nuts, shellfish, sesame and gluten. Whilst all reasonable efforts are taken to accommodate guest dietary needs, we cannot guarantee that our food will be allergen free,”

“Whilst every effort is taken to accommodate guests dietary needs, we cannot guarantee that our food will be allergen free,”

“Dishes may contain allergen ingredients such as soya, seafood, gluten, dairy and egg,” and “food contains alcohol, dairy, nuts, shellfish, meat, gluten.”

Some restaurants, especially those in Singapore, listed the ingredients of the dishes in the menu. This was also sometimes found for restaurants in Dubai, Doha, and Paris. Some restaurants in Paris and Bali explained the sources of ingredients used for the dishes such as local specialties, with emphases on freshness and quality.

5 | DISCUSSION AND CONCLUSION

The aims of this study included both documenting and analyzing contemporary tourism sector practices germane to meeting dietary requirements in leading restaurants used by tourists. The results reported in Tables 1 and 2, as well as the quotations cited from the restaurant websites, serve this documentation part of the study. Within the sample studied, there are city and regional differences in the provision of menu based information about tourists' dietary needs. More specifically, the “life style” choice reviewed in the literature appears to be catered for the most often, while religious restrictions were predominantly recognized in the non-Western restaurants if not directly, at least indirectly. For the sensitivity and industry responsiveness to allergic reactions the cities vary considerably. Sydney is the most clearly responsive to these needs with limited attention existing in other locations. The confidence in the data was augmented by the consistency in the findings from both the menus and the TripAdvisor material.

The analyses and interpretation of these patterns are facilitated by considering the components of social practice theory as expressed in the work of Shove et al. (2012). The menus themselves, the tangible manifestation of the restaurant policy and thinking, constitute the materialities informing this study. They proved to be

highly variable documents. As Wood (2018) has argued the “engineering” of menus to fit in with social values and norms has a long history. Once menus were extravagantly long to display the restaurant's status, then they become information rich to fit the connoisseur's interests in the sources and origins of the food and wine (Pearlman, 2018). In this landscape, the menus reviewed in this study can be seen as materialities in transition; in some locations the themes of the contemporary discussions are being captured and represented while in other locations information that might be seen as up to date for globally sophisticated, peripatetic tourists is absent.

It is possible to speculate on the second level of social practice theory to explain these presences and absences. This theme is one of competencies and the question can be asked are the restaurants confident of their abilities and know how to meet claims that they do indeed serve food that is compliant with the range of dietary restrictions identified in the study? Arguably, customers could be extremely annoyed if purportedly allergy free meals were claimed but not served, if religious practices in choosing ingredients were identified but not followed, and the lifestyle food requirement highlighted but compromised in the delivery. In these circumstances, might it not be safer to bypass the issue of dietary requirements as an all-out claim on the menu and transfer the responsibility to the guest to make requests? This strategy can, from a managerial perspective, reduce the risk of mistakes and the workload attached to observing additional procedures.

The third level of social practice theory addresses the meanings inherent in social practices and the changing world. For restaurant owners, and the sample studied here, which it must be remembered is independent restaurants not those allied to the global or regionally large hotel and resort chains, a key meaning may be the image and identity of their operation. Since the work of Veblen (2005), social science researchers have lauded the concept of conspicuous consumption as a pathway to personally defined identity (Harris, 2005). Much consumption can however be copied, leaving those who seek to use their leisure experiences for formulating identities moving more to developing identities through key values and specialist knowledge (Bourdieu, 1984). Knowledge of food, health diets and restrictions on consumption fall into this realm and the restaurants that meet these

values may attract and be rated well by this clientele (Wood, 2018). As Giddens (1984) first observed, there is an important interplay between actor and setting in forging practices such as types of food consumption. Restaurants have much to gain by positioning and branding themselves as reflecting trends and needs and actors too benefit by being able to not only meet their physical needs but also enhance key personal capital. These statements are not intended as a dismissive analysis of restaurants being fashionable, instead they seek to portray the diverse provision of information about dietary restrictions as an emerging response to changing public consciousness about personal and planetary well-being. The integration of the three elements, materials, competences, and meanings is depicted in Figure 1.

The researchers seek to assert the value of the present findings— at core the current city diversity of patterns in selected tourist cities and possible explanations in providing information on dietary restrictions—while recognizing the study limitations. The sampling procedures were specified in detail to ensure potential replication of the work. Caution though, always needs to be made when a modest set of cases meeting specific criteria are drawn from a large pool of more diverse elements. The development of this theme of dietary restrictions can be developed in multiple ways for future study. Extensions of the kind of study done by Marine-Roig, Ferrer-Rosell, Daries, and Cristobal-Fransi (2019) where the researchers link restaurant types to destination image offer one line of development. Interviews with restauranteurs and with customers would serve the goals of checking the explanation proffered through social practice theory themes. Food practices and community acceptance of food styles in the host communities may be a further realm for contextualizing this type of study. Close attention to the kinds of food served would provide a different selection criterion that was not pursued in this study. So too, would more attention to the nationality and food preferences of the tourists, though it is possible to argue that in these global destinations so much diversity exists that this research avenue may be useful for only a specific set of restaurant types. And of course, other cities and countries could be investigated in much follow-up work. The diffusion of these practices and the sequence of the uptake of the idea of presenting detailed dietary information on menus across countries and continents is a further theme of substance to accom-

pany the study of tourist flows and the processes of internationaliza- tion. What is assured, however, is that dietary restrictions are a

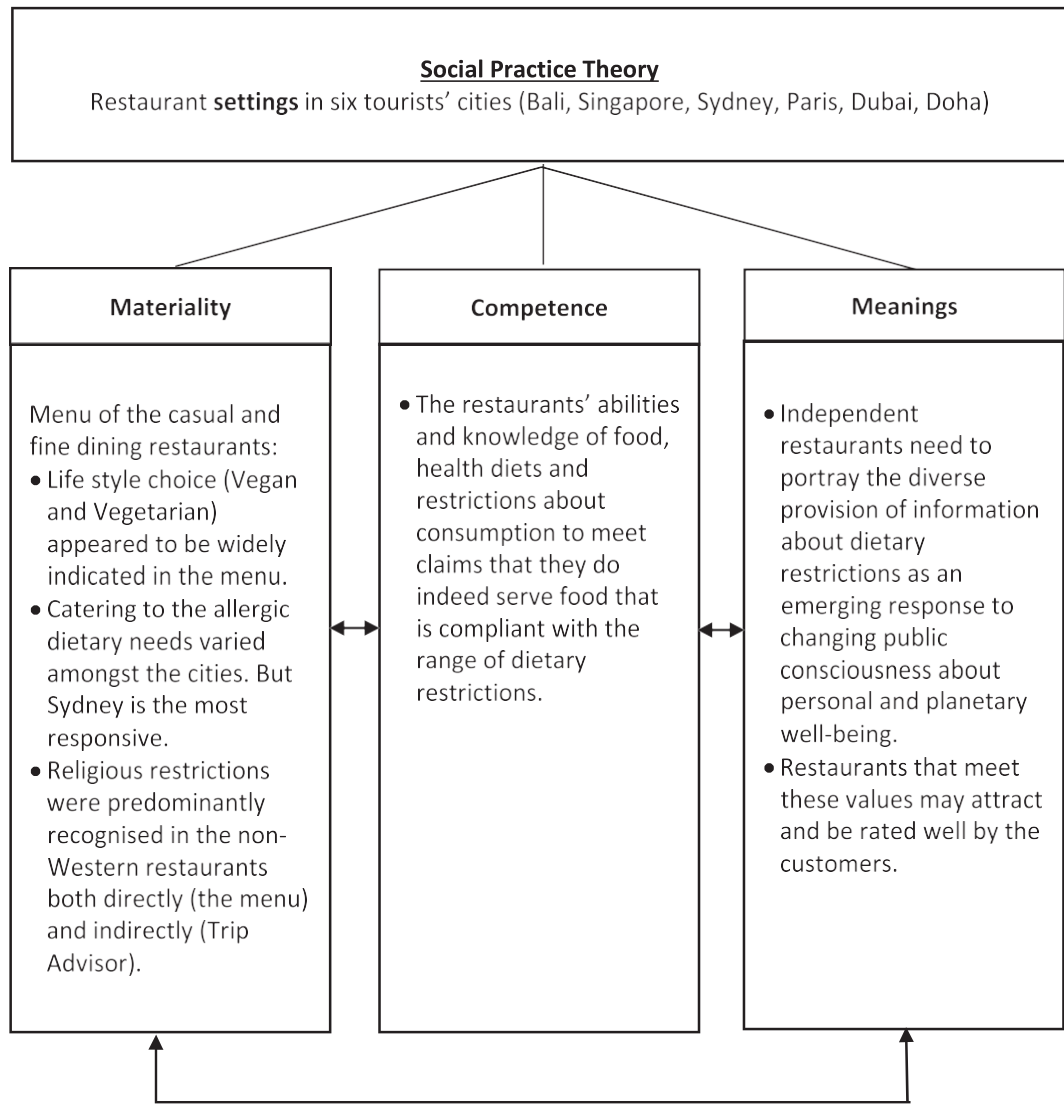


FIGURE 1 Social practice theory in the restaurant settings in six tourists' cities (adapted from Shove et al., 2012)

phenomenon of our times and serving tourists with these needs has significant implications for the image of destinations.

The managerial contributions of this study are twofold. Firstly, it provides insights for the management and operators of restaurants to pay more attention to various dietary needs beyond those already considered in the lifestyle choices. Secondly, the study encourages the businesses to think about how they can enhance staff knowledge and skills in preparing, cooking, and serving food for multiple restrictions. There are also two theoretical contributions. The research establishes the usefulness of employing social practice theory in the context of changing dietary needs relevant to tourists' choices. Further, the documentation and analysis of religious, health, and lifestyle dietary needs extends the epistemological base for tourism and food research beyond the skilled delivery of local/distinctive food and the associated branding of destinations.

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