

Consumer handwashing: Background and Methodology

Background

The FSA has a vested interest in hand hygiene behaviours as poor hygiene can be a key contributor to foodborne disease (FBD), such as [E Coli](#) and [norovirus](#), whilst good hand hygiene can reduce the risks of cross contamination. As a result, hand hygiene is included in the [FSA's business guidance](#). Guidance on consumer hand hygiene is available from the [NHS](#), [Public Health England \(PHE\)](#) and [Centers for Disease Control and Prevention \(CDC\)](#), including information on when and how to wash hands.

The FSA has previously published qualitative and quantitative findings on [handwashing during the pandemic](#), including findings from the first four waves (April 2020 to January 2021) of this quarterly handwashing tracker. This report summarises the latest findings from the tracker survey, providing commentary on key changes between the first and final waves of the quarterly handwashing tracker (April 2020 to January 2022).

Methodology

In April 2020, the FSA commissioned Ipsos UK to conduct a quarterly tracking survey to measure consumer's self-reported handwashing behaviour over a period of just under two years (from April 2020 until January 2022). This tracking survey provides self-reported information on:

- the frequency of handwashing behaviours in different scenarios inside and outside the home
- handwashing practices (for example, handwashing methods, and time spent handwashing)
- the actions taken by participants when handwashing facilities are not available in a range of scenarios
- demographic differences in handwashing behaviours
- trends in handwashing behaviour over time

The quarterly handwashing tracker survey was conducted using Ipsos UK's online i: Omnibus. In each wave of the survey, Ipsos UK surveyed a representative sample of approximately 2,000 adults aged 16-75 living in England, Wales and Northern Ireland (fieldwork dates and specific sample sizes available in Appendix 1). This report summarises findings across all eight waves of data, with the first quarterly survey conducted in April 2020 and the final wave conducted in January 2022.

Over the course of the data collection period, the restrictions imposed on the public varied because of rising and falling COVID-19 cases. Appendix 2 provides a summary of the changes in restrictions from March 2020 to March 2022. This contextual information should be considered carefully alongside the findings of this report, although it is not possible to make inferences about the impact of the restrictions on handwashing behaviour based on the tracker findings.

Interpreting the data in this report

Where appropriate, comparisons between waves found to be statistically significant at the 5% level ([footnote 1](#)) are presented. This report does not provide commentary on demographic differences, but detailed demographic breakdowns are available in the published data tables, available to download via the [FSA data catalogue](#). Weighting is applied to the data, based on the overall profile of England, Wales and Northern Ireland with weights for region/nation, gender, age, social grade and working status. A full list of survey questions is provided in the Appendix 3. Survey questions were informed by handwashing guidance available from [NHS](#), [PHE](#) and [CDC](#).

Base sizes are indicated beneath each figure in this report. In most cases the base is 'all adults' (aged 16-75 across England, Wales and Northern Ireland) who took part in the survey. Some survey waves took place when COVID-19 restrictions were still in place, restricting people's ability to carry out normal day-to-day activities. In addition, some people may have not felt safe carrying out these activities, even when restrictions were not in place. For this reason, in some survey questions participants were given the option to report that 'they were not doing this activity at the moment'. For these questions, participants who reported not doing the activity were removed from the base. The reduced base is noted beneath all relevant figures in this report (see figure 5 for example). The [data tables](#) provide a full breakdown of respondents including those who reported that 'they were not doing this activity at the moment' for each question.

Results should be interpreted with care. All surveys are subject to a range of potential sources of error including sample imbalances which are not easily identified and corrected through weighting. Surveys are also subject to errors in respondents' interpretation of survey questions and response options. The data reported within this report relies on respondents' self-reported behaviours. Errors could occur due to imperfect recollection, or respondents' tendency to overreport behaviours which are perceived as being desirable and underreport undesirable behaviours. The risk of these biases is greater in topics that are personal or sensitive in nature (such as hand hygiene).

1. The differences reported have no more than a five per cent probability of occurring by chance.