

Food and You 2: Northern Ireland Wave 3-4

Key Findings

Area of research interest: [Food and You 2](#)

Planned completion: 1 November 2022

Project status: Completed

Project code: FS430662

Authors: Dr Beth Armstrong, Lucy King, Ayla Ibrahimi, Robin Clifford, Mark Jitlal

Conducted by: Food Standards Agency

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FY2 Wave 3-4 NI: Executive Summary

Results available: Results available

Area of research interest: [Food and You 2](#)

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First and foremost, our thanks go to all the respondents who gave up their time to take part in the survey.

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Authors: Dr Beth Armstrong, Lucy King, Robin Clifford, Mark Jitlal, Ayla Ibrahimi Jarchlo, Katie Mears.

Overview of Food and You 2

Food and You 2 is a biannual representative sample survey, recognised as an official statistic, commissioned by the Food Standards Agency (FSA). The survey measures self-reported consumer knowledge, attitudes and behaviours related to food safety and other food issues amongst adults in Wales, England, and Northern Ireland.

Food and You 2 uses a methodology, known as ‘push-to-web’, which is primarily carried out online.

Fieldwork for [Food and You 2: Wave 3](#) was conducted between 28th April and 25th June 2021. A total of 6,271 adults from 4,338 households across England, Wales, and Northern Ireland completed the survey. A total of 1,626 adults in Northern Ireland completed the survey.

Fieldwork for [Food and You 2: Wave 4](#) was conducted between 18th October 2021 and 10th January 2022. A total of 5,796 adults from 4,026 households across England, Wales, and Northern Ireland completed the survey. A total of 1,575 adults in Northern Ireland completed the survey.

The modules presented in this report include ‘Food you can trust’, ‘Concerns about food’, ‘Food security’, ‘Eating out and takeaways’, ‘Food allergies, intolerances and other hypersensitivities’, ‘Eating at home’, ‘Food shopping and labelling’ and ‘Healthy eating’.

Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified.

Food you can trust

Confidence in food safety and authenticity

- most respondents (94%) reported that they were confident that the food they buy is safe to eat.
- more than 8 in 10 (88%) respondents were confident that the information on food labels is accurate.

Confidence in the food supply chain

- around three quarters of respondents (76%) reported that they had confidence in the food supply chain.
- respondents were more likely to report confidence in farmers (90%), shops and supermarkets (85%), and restaurants (85%) than in takeaways (68%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (47%).

Awareness, trust and confidence in the FSA

- most respondents (91%) had heard of the FSA.
- most (81%) respondents who had at least some knowledge of the FSA reported that they trusted the FSA to make sure 'food is safe and what it says it is'.
- around 9 in 10 (86%) respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food), 84% were confident that the FSA is committed to communicating openly with the public about food-related risks, and 85% were confident that the FSA takes appropriate action if a food-related risk is identified

Concerns about food

- most respondents (88%) had no concerns about the food they eat, and only 12% of respondents reported that they had a concern.
- respondents were asked to indicate if they had concerns about a number of food-related issues, from a list of options. The most common concerns related to food waste (55%), the amount of sugar in food (54%) and food prices (52%).

Food security

- across Northern Ireland, England and Wales, 82% of respondents were classified as food secure (70% high, 12% marginal) and 18% of respondents were classified as food insecure (10% low, 7% very low).

Eating out and takeaways

- around 6 in 10 respondents had ordered a takeaway directly from a takeaway shop or restaurant (59%), from a café, coffee shop or sandwich shop (either to eat in or take out) (58%) or eaten out in a restaurant (57%). Less than 1 in 10 (8%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks.
- most respondents (92%) reported that they had heard of the Food Hygiene Rating Scheme (FHRS). Almost three quarters (65%) of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it.

Food allergies, intolerances and other hypersensitivities

- most respondents (79%) reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease.

Eating at home

Use-by dates

- over two thirds (69%) of respondents identified the use-by date as the information which shows that food is no longer safe to eat.
- almost three-quarters (71%) of respondents reported that they always check use-by dates before they cook or prepare food.
- most respondents reported that they had not eaten shellfish (89%), other fish (86%) and smoked fish (80%) past the use-by date in the previous month.

Food shopping and labelling

Where do respondents buy food from?

- most respondents reported that they bought food from a supermarket or mini supermarket (80%), or local / corner shops, newsagents or garage forecourts (65%) about once a week or more often.
- most respondents reported that they often (i.e. always or most of the time) check the use-by (90%) or best before (90%) date when they buy food.

Confidence in allergen labelling

- most respondents (84%) who go food shopping and take into consideration a person who has a food allergy or intolerance were confident that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction.
- respondents who bought food loose were more confident in identifying these foods at independent food shops (68%), in-store at a supermarket (67%) and when buying food from a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (51%).

Sustainability and environmental impact

- almost a third (28%) of respondents often (i.e. always or most of the time) buy food which has a low environmental impact.
- over half of respondents thought that eating less processed food (55%) contributed most to a sustainable diet, and around 4 in 10 respondents thought that minimising food waste

(44%) and eating more fruit and/or vegetables (44%) contributed most to a sustainable diet.

- most (60%) respondents thought that buying locally produced food or food that is in season or buying foods with minimal or no packaging (43%) contributed most to someone making sustainable food shopping choices. However, 10% of respondents reported that they did not know what contributed most to someone making sustainable food shopping choices.

Healthy eating

- when asked how healthy they thought their usual diet was, most respondents reported that what they usually eat is fairly healthy (67%), with a further 20% reporting that what they eat is neither healthy or unhealthy.
- most respondents (79%) reported that they ate fruit and vegetables every day or most days.
- eating fruit and vegetables (94%), drinking plenty of water (70%), eating less salt (61%) and eating fish (61%) were considered the most important factors for people to have a healthy diet.

[Errata regarding Figure 4 in the Food and You 2: Northern Ireland Wave 3-4 Key Findings report | Food Standards Agency](#)

FY2 Wave 3-4 NI: Introduction

The Food Standards Agency (FSA) is a non-ministerial government department working to protect public health and consumers' wider interests in relation to food in England, Wales, and Northern Ireland ([footnote](#)). The FSA's overarching mission is 'food you can trust'.

The FSA's vision as set out in the 2022-2027 strategy is a food system in which:

- Food is safe
- Food is what it says it is
- Food is healthier and more sustainable

Food and You 2 is designed to monitor the FSA's progress against this vision and inform policy decisions by measuring self-reported consumers' knowledge, attitudes and behaviours related to food safety and other food issues in England, Wales, and Northern Ireland on a regular basis ([footnote](#)).

Food and You 2

Ipsos were commissioned by the FSA to develop and run a biannual survey, 'Food and You 2', carried out primarily online. Food and You 2 replaces the FSA's face-to-face Food and You survey (2010-2018) ([footnote](#)), Public Attitudes Tracker (2010-2019) and Food Hygiene Rating Scheme (FHRS) - Consumer Attitudes Tracker (2014-2019). Due to differences in the question content, presentation and mode of response, direct comparisons should not be made between these earlier surveys and Food and You 2. More information about the history and methodology can be found in Annex A.

Food and You 2: Wave 3 and Wave 4

Fieldwork for Food and You 2: Wave 3 was conducted between 28th April and 25th June 2021. A total of 6,271 adults from 4,338 households across England, Wales, and Northern Ireland completed the survey. A total of 1,626 adults in Northern Ireland completed the survey.

Fieldwork for Food and You 2: Wave 4 was conducted between 18th October 2021 and 10th January 2022. A total of 5,796 adults from 4,026 households across England, Wales, and Northern Ireland completed the 'push-to-web' survey. A total of 1,575 adults in Northern Ireland completed the survey.

Food and You 2: Wave 3 and 4 data were collected during a period of political and economic change and uncertainty following the UK's exit from the EU and the COVID-19 pandemic. This context is likely to have had an impact on the level of food security, concerns and food-related behaviours reported in Food and You 2 ([footnote](#)).

Food and You 2 is a modular survey, with 'core' modules included every wave, 'rotated' modules repeated annually or biennially, and 'exclusive' modules asked on a one-off basis. The modules presented in this report include 'Food you can trust', 'Concerns about food', 'Food security', 'Eating out and takeaways', 'Food allergies, intolerances and other hypersensitivities', 'Eating at home', 'Food shopping and labelling' and 'Healthy eating'.

This report presents key findings from the Food and You 2: Wave 3 and Food and You 2: Wave 4 survey. Not all questions asked in the surveys are included in the report. The full results are available in the accompanying Food and You 2: Wave 3 data tables and underlying data set and Food and You 2: Wave 4 data tables and underlying data set. Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified.

Future publication plans

A Food and You 2: Wave 1-4 Trends report is expected to be published in 2023. A Food and You 2: Wave 5-6 Northern Ireland Key Findings report is expected to be published in 2024.

Interpreting the findings

To highlight the key differences between socio-demographic and other sub-groups, variations in responses are typically reported only where the absolute difference is 10 percentage points or larger and is statistically significant at the 5% level ($p < 0.05$).

However, some differences between socio-demographic and other sub-groups are included where the difference is fewer than 10 percentage points, when the finding is notable or judged to be of interest. These differences are indicated with a double asterisk (**).

The report presents some of the differences between some socio-demographic and sub-groups in the population. In some cases, it was not possible to include the data of all sub-groups, however these data are available in the Food and You 2: Wave 3 and Food and You 2: Wave 4 data tables.

Key information is provided for each reported question in the footnotes, including:

- question wording (question) and response options (response).
- number of respondents presented with each question and description of the respondents who answered the question (Base = N).
- whether data were collected from Wave 3 or Wave 4.
- please note: indicates important points to consider when interpreting the results.

FY2 Wave 3-4 NI: Chapter 1: Food you can trust

The FSA's vision is a food system in which:

- Food is safe
- Food is what it says it is
- Food is healthier and more sustainable

This chapter provides an overview of respondents' awareness of and trust in the FSA, as well as their confidence in food safety and the accuracy of information provided on food labels [\(footnote\)](#).

Confidence in food safety and authenticity

Most respondents reported confidence (for example, were very confident or fairly confident) in food safety and authenticity; 94% of respondents reported that they were confident that the food they buy is safe to eat, and 88% of respondents were confident that the information on food labels is accurate [\(footnote\)](#).

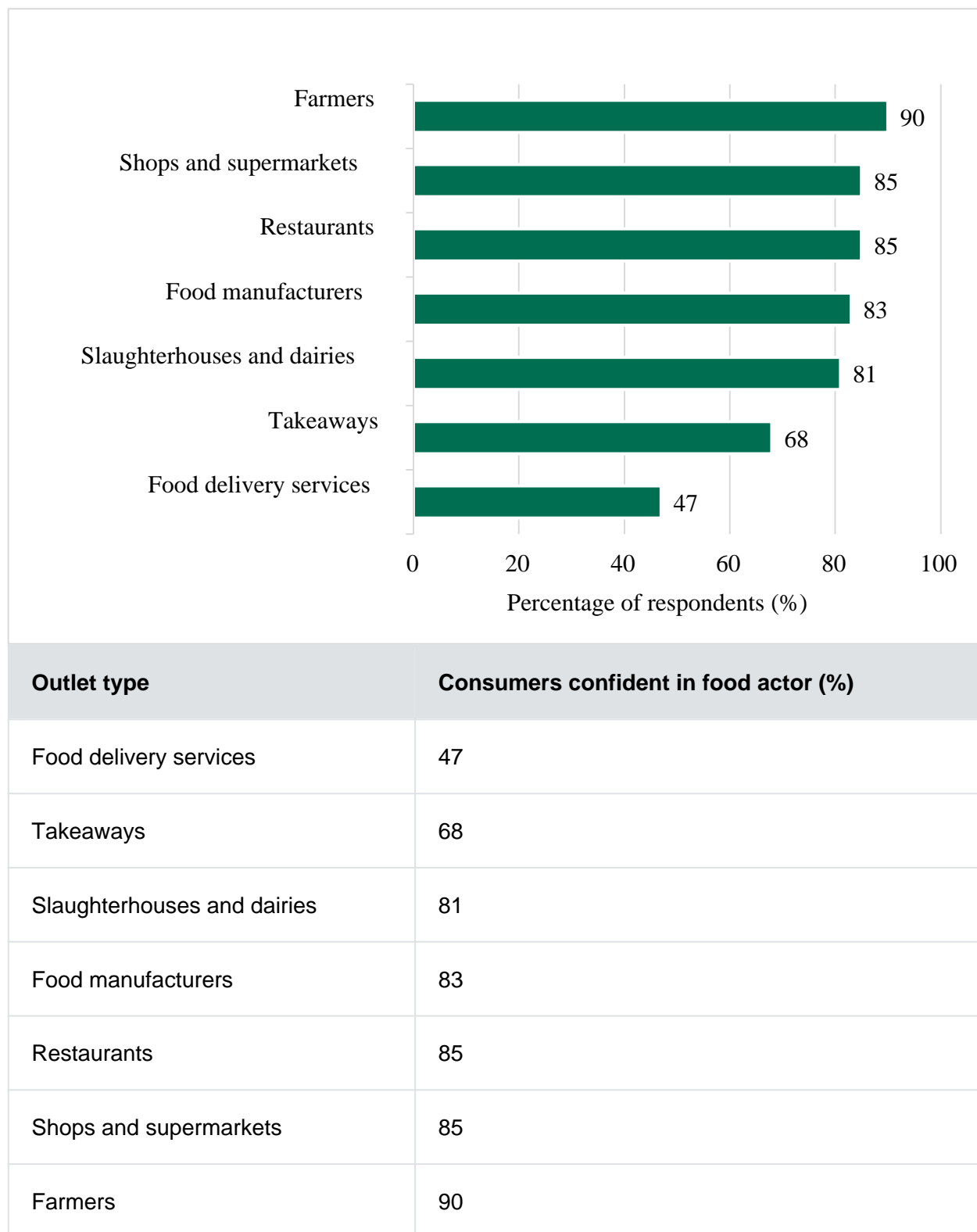
Confidence in the food supply chain

Around three quarters of respondents (76%) reported that they had confidence (i.e. were very confident or fairly confident) in the food supply chain [\(footnote\)](#).

Figure 1: Confidence that food supply chain actors ensure food is safe to eat

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Source: Food and You 2: Wave 4

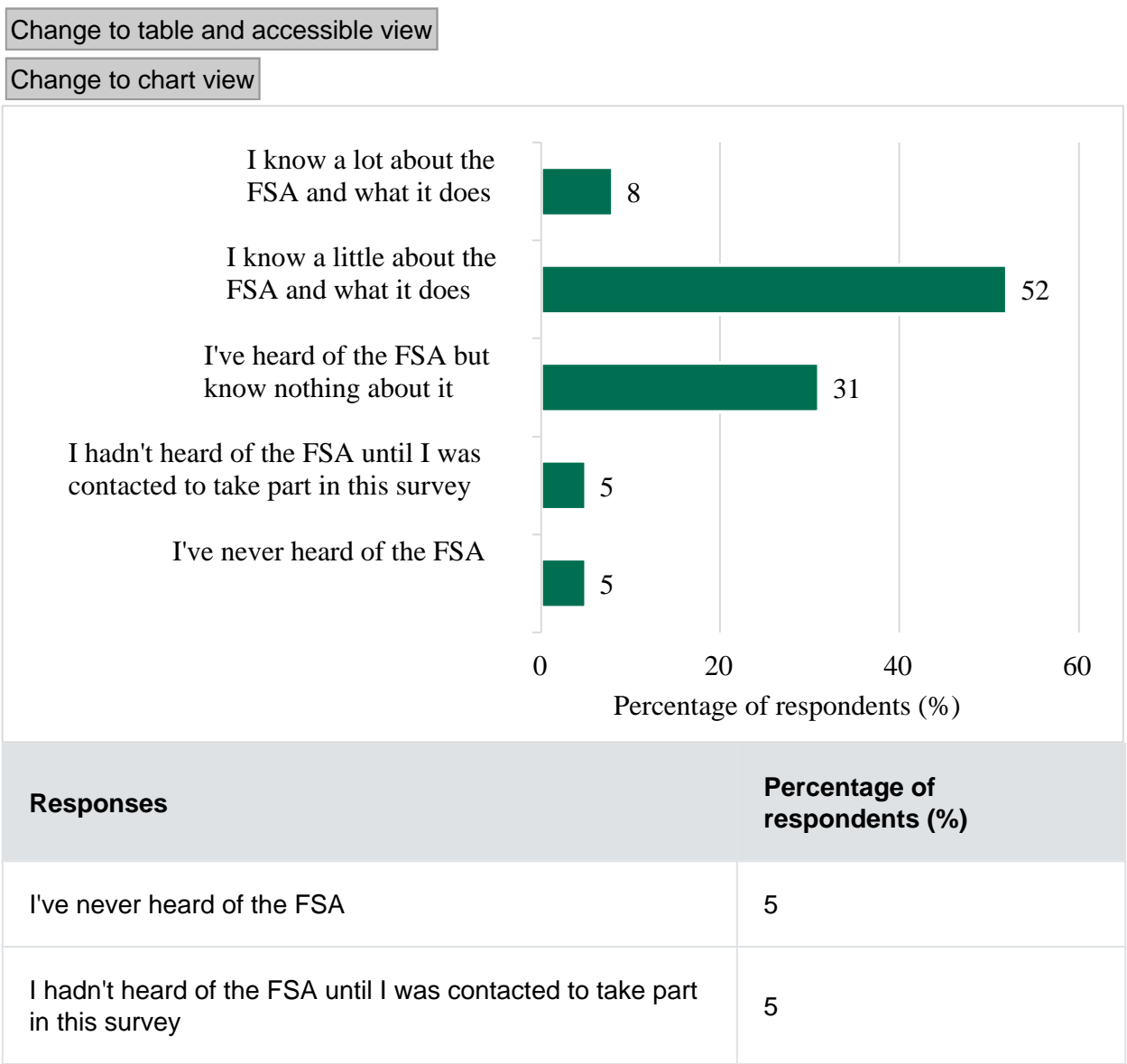
Respondents were asked to indicate how confident they were that key actors involved in the food

supply chain ensure that the food they buy is safe to eat. Respondents were more likely to report confidence (i.e. very confident or fairly confident) in farmers (90%), shops and supermarkets (85%), and restaurants (85%), than in takeaways (68%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (47%) (Figure 1) [\(footnote\)](#).

Awareness, trust and confidence in the FSA

Most respondents (91%) had heard of the FSADAERA), (NI) Health and Safety Executive Northern Ireland (HSENI), (NI) SafeFood. Base is 1017, all online respondents in Northern Ireland. Wave 4. Please note: All consumers taking part in the survey had received an invitation to take part in the survey from Ipsos which mentioned the FSA. An absence of response indicates the organisation had not been heard of by the respondent or a non-response.

Figure 2 Knowledge about the Food Standards Agency



Responses	Percentage of respondents (%)
I've heard of the FSA but know nothing about it	31
I know a little about the FSA and what it does	52
I know a lot about the FSA and what it does	8

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Source: Food and You 2: Wave 4

Most (60%) respondents reported at least some knowledge of the FSA; 8% reported that they knew a lot about the FSA and what it does, and 52% reported that they knew a little about the FSA and what it does. Around 3 in 10 (31%) had heard of the FSA but knew nothing about it, 5% had not heard of the FSA before being contacted to take part in the survey, and 5% had not heard of the FSA (Figure 2)([footnote](#)).

Knowledge of the FSA varied between different categories of people in the following ways:

- Age group: respondents aged between 35 and 74 years (for example, 70% of those aged 55-64 years) were more likely to report knowledge of the FSA compared to the oldest respondents (46% of those aged 75 years and over).
- Annual household income: respondents with an income between £19,000 and £95,999 (for example, 66% of those with an income of £64,000-£95,999) were more likely to report knowledge of the FSA compared to those with an income of less than £19,000 (52%).
- Country: six in ten (60%) respondents in Northern Ireland reported knowledge of the FSA. Respondents in Wales (68%) were more likely to report knowledge of the FSA than those in England (57%)**.
- Food hypersensitivity: respondents with an intolerance (72%) were more likely to report knowledge of the FSA compared to respondents who did not have a food hypersensitivity (58%).

Responsibility for cooking and / or shopping: respondents who were responsible for cooking (61%) and/or shopping (61%) were more likely to report knowledge of the FSA compared to respondents who do not cook (47%) and/or those who never shop (47%).

Northern Ireland Multiple Deprivation Measure 2017 (NIMDM)([footnote](#)): knowledge of the FSA was comparable between respondents who lived in area with different levels of deprivation. For example, 62% of those who lived in the most deprived areas (NIMDM 1) and 60% of those who lived in the least deprived areas (NIMDM 5) reported knowledge of the FSA.**

Trust in the FSA

Respondents who had at least some knowledge of the FSA were asked how much they trusted the FSA to do its job, that is to make sure food is safe and what it says it is; 81% of these respondents reported that they trusted the FSA to do this([footnote](#)).

Around 9 in 10 (86%) respondents reported that they were confident that the FSA (or the

government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food), 84% were confident that the FSA is committed to communicating openly with the public about food-related risks, and 85% were confident that the FSA takes appropriate action if a food-related risk is identified [\(footnote\)](#).

FY2 Wave 3-4 NI: Chapter 2 Concerns about food

The FSA's role, set out in law, is to safeguard public health and protect the interests of consumers in relation to food. In Northern Ireland, the FSA is also responsible for nutrition policy. The FSA uses the Food and You 2 survey to monitor consumers' concerns about food issues, such as food safety, nutrition, and environmental issues.

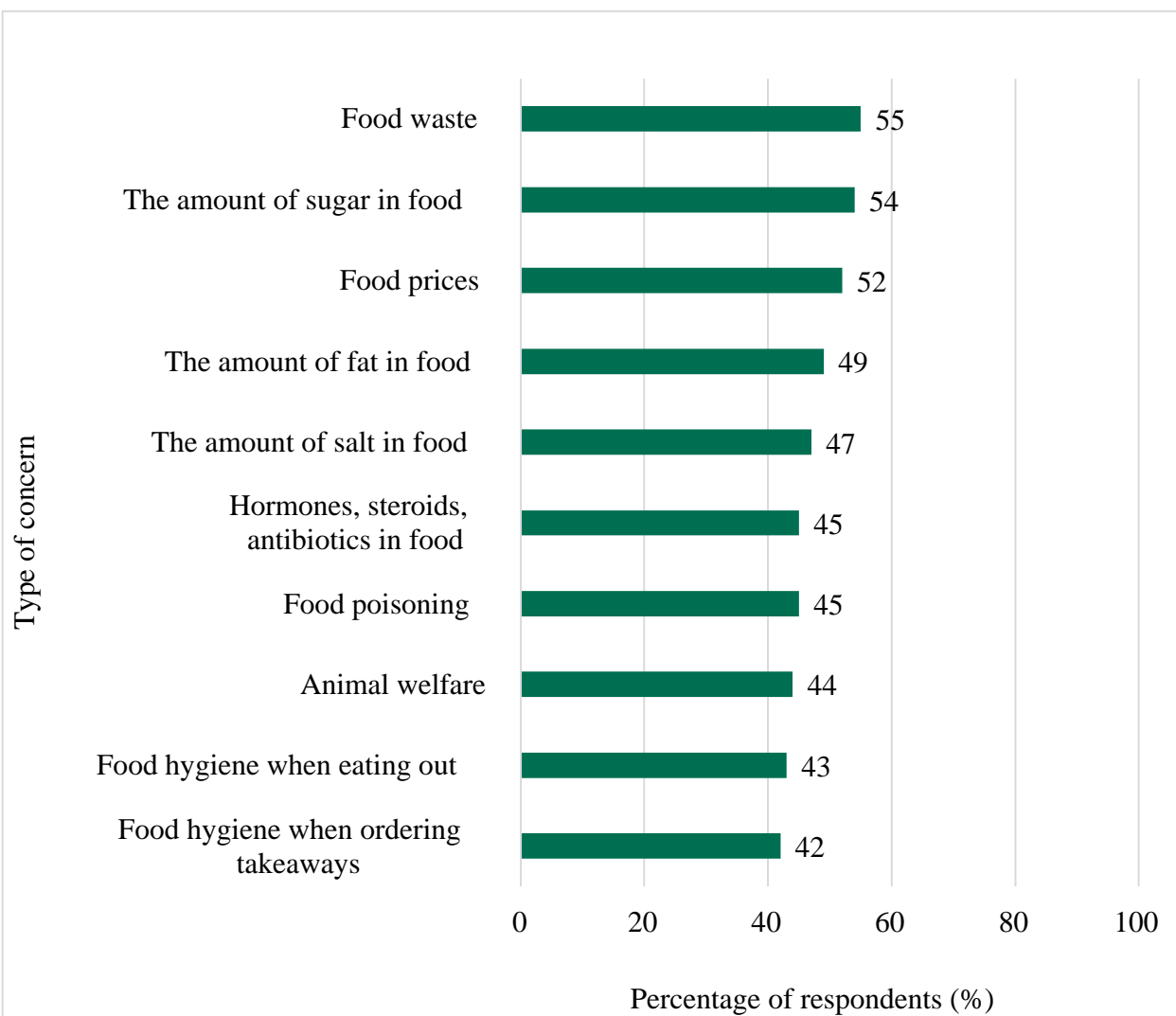
Common concerns

Respondents were asked to report whether they had any concerns about the food they eat. Most respondents (88%) had no concerns about the food they eat, and 12% of respondents reported that they had a concern [\(footnote\)](#).

Figure 3 Ten most common prompted food-related concerns

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Type of concern	Percentage of respondents
Food hygiene when ordering takeaways	42
Food hygiene when eating out	43
Animal welfare	44
Food poisoning	45
Hormones, steroids,	
antibiotics in food"	45

Type of concern	Percentage of respondents
The amount of salt in food	47
The amount of fat in food	49
Food prices	52
The amount of sugar in food	54
Food waste	55

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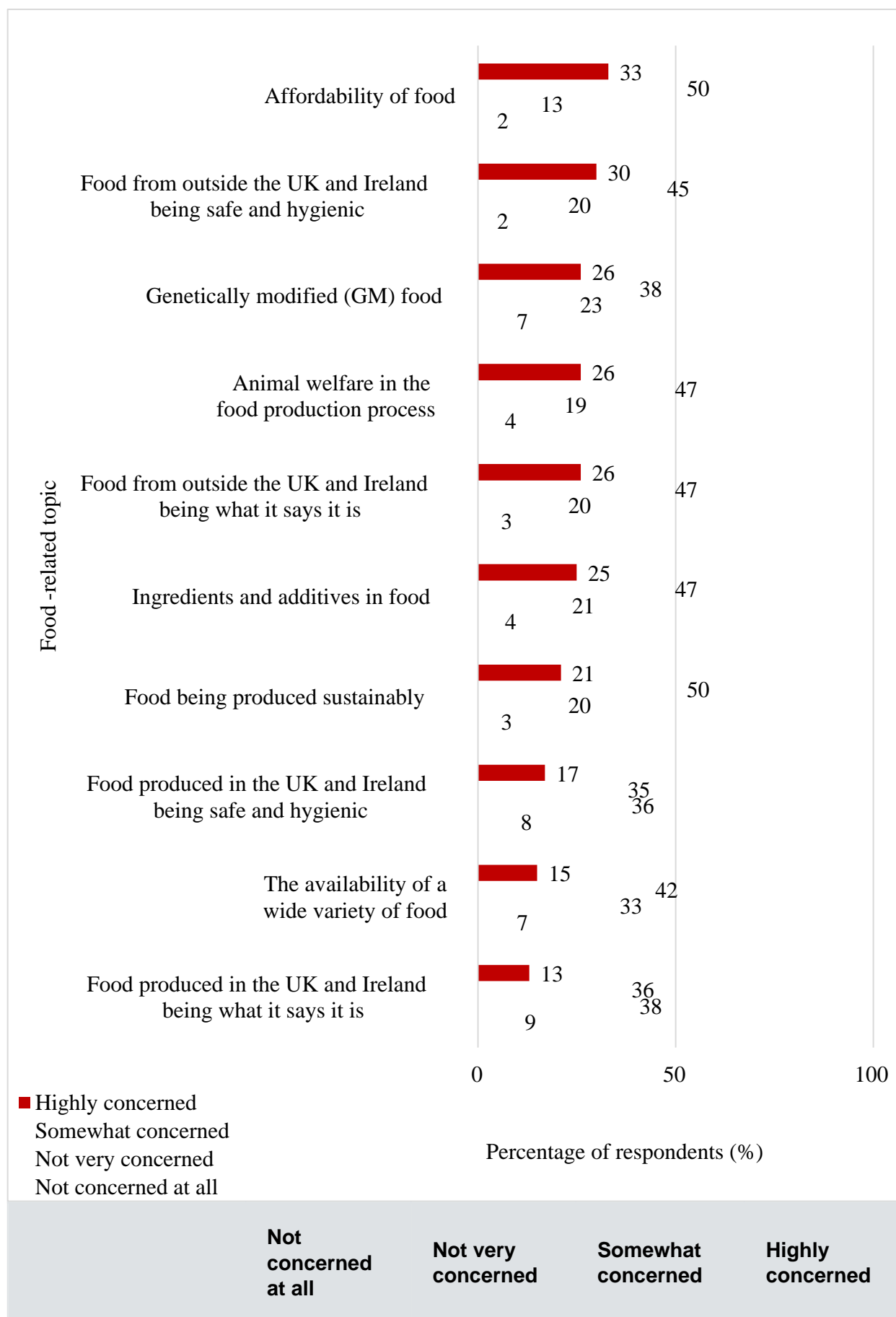
Source: Food and You 2: Wave 4

Respondents were asked to indicate if they had concerns about a number of food-related issues, from a list of options. The most common concerns related to food waste (55%), the amount of sugar in food (54%) and food prices (52%). Around half of respondents were concerned about the amount of fat in food (49%), and the amount of salt in food (47%) (Figure 3) [\(footnote\)](#).

Figure 4 Reported concerns about food

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Food produced in the UK and Ireland being what it says it is	9	38	36	13
The availability of a				
wide variety of food"	7	33	42	15
Food produced in the UK and Ireland being safe and hygienic	8	36	35	17
Food being produced sustainably	3	20	50	21
Ingredients and additives in food	4	21	47	25
Food from outside the UK and Ireland being what it says it is	3	20	47	26
Animal welfare in the				
food production process"	4	19	47	26
Genetically modified (GM) food	7	23	38	26
Food from outside the UK and Ireland being safe and hygienic	2	20	45	30
Affordability of food	2	13	50	33

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Respondents were asked to indicate the extent to which they were concerned about a number of specific food-related issues. Respondents were most likely to report a high level of concern about the affordability of food (33%), and food from outside the UK and Ireland being safe and hygienic (30%). Around a quarter of respondents reported a high level of concern around genetically modified (GM) food (26%), animal welfare in the food production process (26%) and food produced outside the UK and Ireland being what it says it is (26%) (Figure 4) [\(footnote\)](#).

FY2 Wave 3-4 NI: Chapter 3 Food Security

“Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.” World Food Summit, 1996.

Food and You 2 uses the [U.S. Adult Food Security Survey Module](#) developed by the United States Department of Agriculture (USDA) to measure consumers’ food security.

More information on how food security is measured and how classifications are assigned and defined can be found in Annex A and the [USDA Food Security website](#).

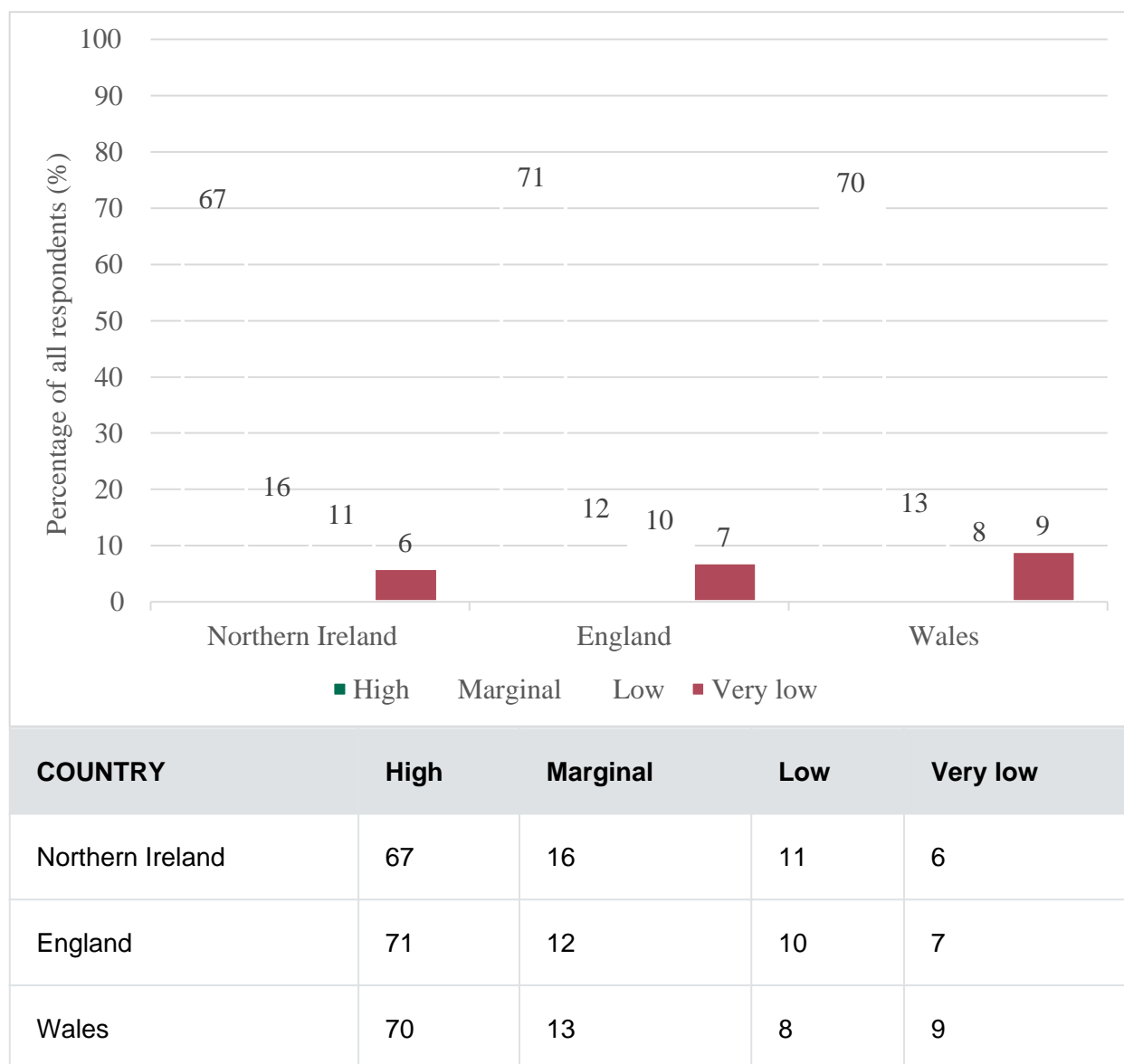
Food security

Across Northern Ireland, England and Wales, 82% of respondents were classified as food secure (70% high, 12% marginal) and 18% of respondents were classified as food insecure (10% low, 7% very low) [\(footnote\)](#).

Figure 5 Food security in Northern Ireland, England and Wales

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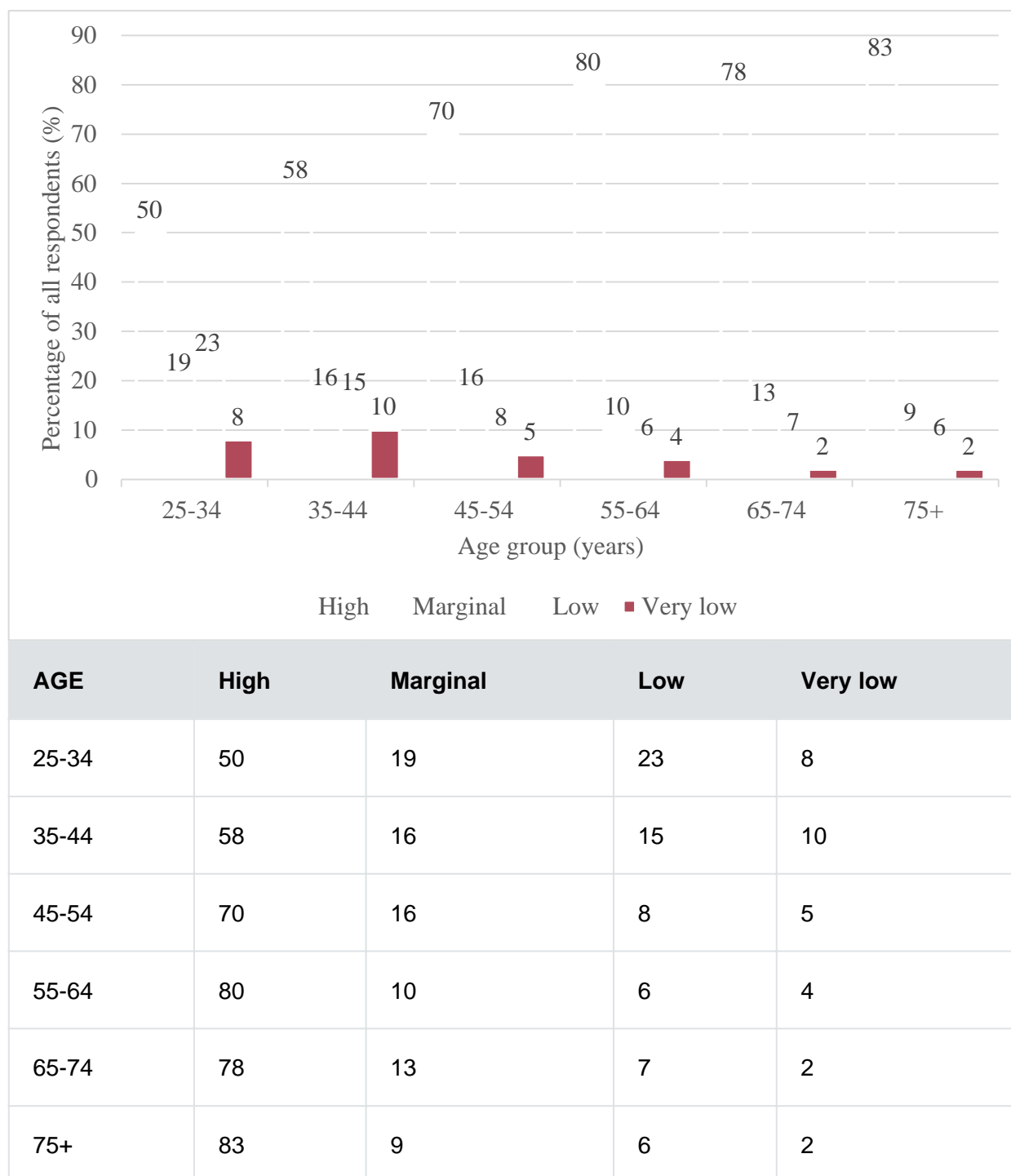
Source: Food and You 2: Wave 4

Food security levels were comparable across Northern Ireland, England, and Wales**. Around 8 in 10 respondents were food secure (i.e. had high or marginal food security) in Northern Ireland (82%), England (82%), and Wales (83%). Approximately 1 in 6 respondents were food insecure (i.e. had low or very low food security) in Northern Ireland (18%), England (18%), and Wales (17%) (Figure 5).

Figure 6 Food security by age group.

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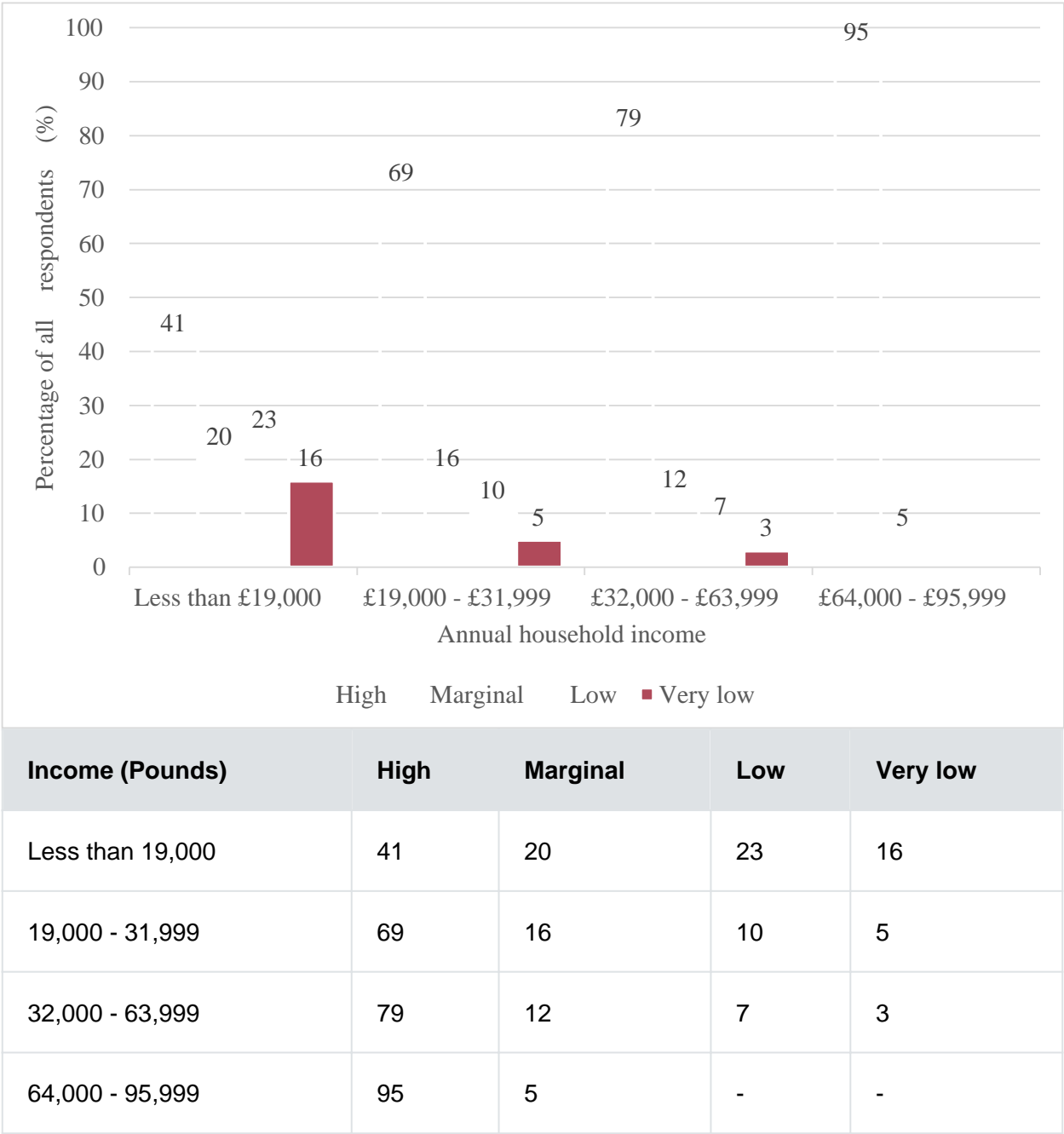
Source: Food and You 2: Wave 4

Within Northern Ireland food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food insecure than younger adults. For example, 31% of respondents aged 25-34 years were food insecure compared to 8% of those aged 75 years and over (Figure 6) ([footnote](#)).

Figure 7 Food security by annual household income

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Source: Food and You 2: Wave 4

Food security was associated with household income. Respondents with a higher household income were more likely to report food security than those with a lower income. For example,

95% of respondents with a household income between £64,000 and £95,999 reported high food security, compared to 41% of those with an income below £19,000 (Figure 7).

The reported level of food security also varied between different categories of people in the following ways:

- Household size: one person (86%) and 2 person households (87%) were more likely to report that they were food secure compared households with 5 or more people (72%).
- Children under 16 in household: 87% of households without children under 16 years reported that they were food secure compared to 72% of households with children under 16 years.
- NS-SEC: food security was more likely to be reported by respondents in managerial, administrative and professional occupations (88%) compared to those who were in many other occupational groups. For example, 70% of those in semi-routine and routine occupations were food secure ([footnote](#)).
- Long term health condition: respondents who did not have a long-term health condition (86%) were more likely to report being food secure compared to those who had a long-term health condition (76%).
- NIMDM: respondents who lived in less deprived areas were more likely to report being food secure compared to those who lived in more deprived areas. For example, 90% of those who lived in the least deprived area (NIMDM 5) were food secure compared to 75% of those who lived in the least deprived area (NIMDM 1).

Food bank use

Respondents were asked if they or anyone else in their household had received a free parcel of food from a food bank or other emergency food provider in the last 12 months. Most respondents (92%) reported that they had not used a food bank or other emergency food provider in the last 12 months, with 4% of respondents reporting that they had ([footnote](#)).

School meals, meal clubs and Healthy Start vouchers

Respondents with children aged 7-15 years in their household were asked whether these children receive free school meals. Most respondents (71%) with a child(ren) aged 7-15 years in their household reported that the child(ren) do not receive free school meals. One in four (25%) respondents reported that the child or children receive free school meals ([footnote](#)).

Respondents with children aged 7-15 years in their household were asked whether the child(ren) had attended a school club where a meal was provided in the last 12 months. Most respondents (74%) reported that the child(ren) in their household had not attended one of these clubs in the last 12 months. One in seven (15%) respondents reported that the child(ren) in their household had attended a breakfast club before school, 6% reported that the child(ren) had attended an after-school club where they received a meal, and 5% reported that the child(ren) had attended a lunch and activity club held during the school holidays ([footnote](#)).

Respondents who had children aged 0-4 years in their household or who were pregnant were asked whether they receive Healthy Start vouchers. Most respondents (88%) reported that they do not receive Healthy Start vouchers, with 7% of respondents reporting that they do ([footnote](#)).

FY2 Wave 3-4 NI: Chapter 4 Eating out and takeaways

[The Food Hygiene Rating Scheme](#) (FHRS) helps people make informed choices about where to eat out or shop for food by giving clear information about the businesses' hygiene standards. Ratings are typically given to places where food is supplied, sold or consumed, including restaurants, pubs, cafés, takeaways, food vans and stalls.

The FSA runs the scheme in partnership with district councils in Northern Ireland, and with local authorities in England and Wales. In Northern Ireland, district council food safety officers are responsible for checking food hygiene standards at food premises to assess compliance with legal requirements through unannounced hygiene inspections. Businesses are given a rating from 0 to 5. A rating of 5 indicates that hygiene standards are very good and a rating of 0 indicates that urgent improvement is required.

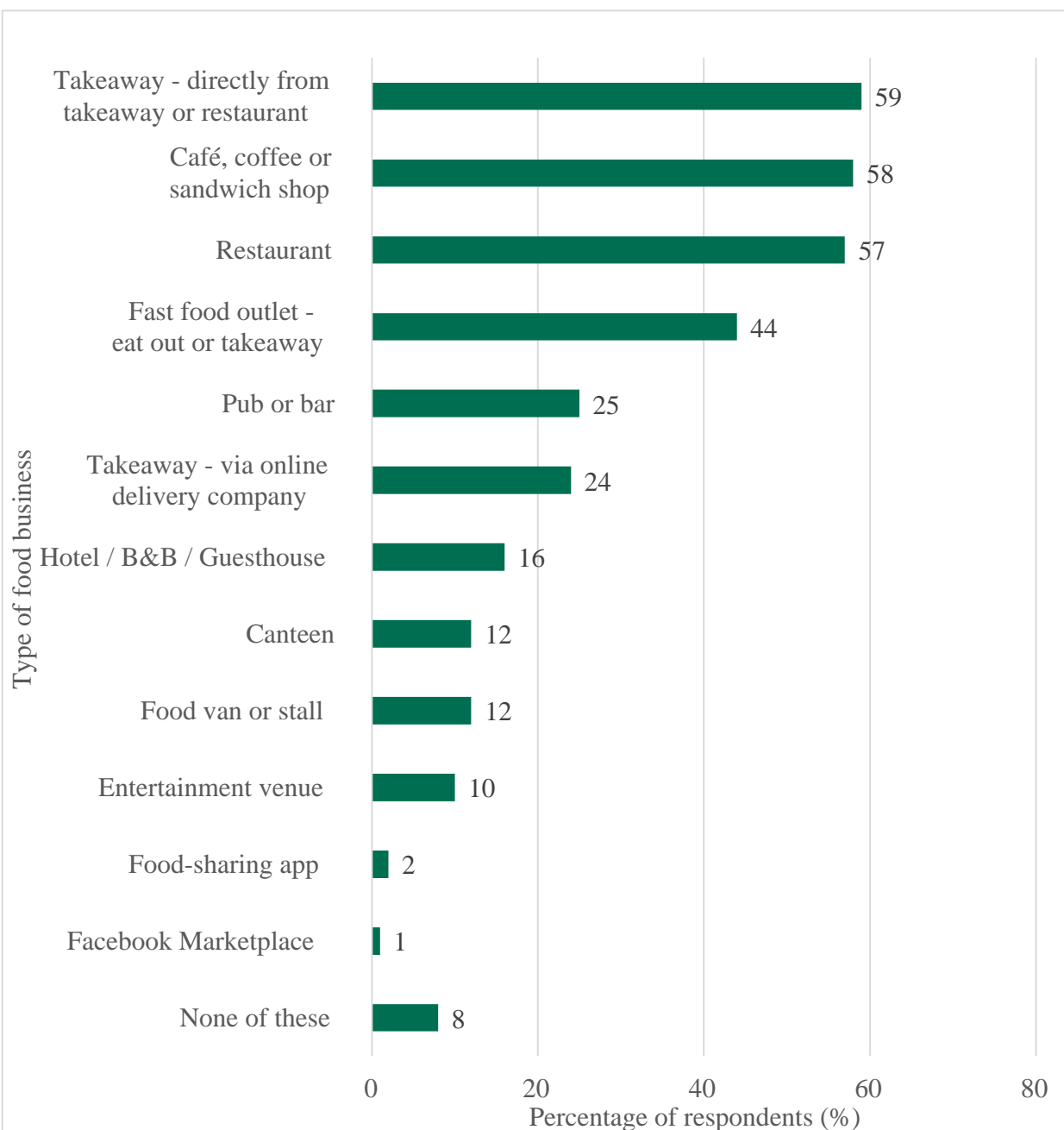
Food businesses are provided with a sticker which shows their FHRS rating. In Northern Ireland and Wales food businesses are legally required to display their FHRS rating, however in England businesses are encouraged to display their FHRS rating. FHRS ratings were introduced in November 2013 in Wales and October 2016 in Northern Ireland. [\(footnote\)](#). FHRS ratings are also available on the FSA website.

Prevalence of eating out and ordering takeaways

Figure 8 Type of food business respondents had eaten at or ordered food from in the previous 4 weeks

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Type of outlet	Percentage of respondents
None of these	8
Facebook Marketplace	1
Food-sharing app	2
Entertainment venue	10

Type of outlet	Percentage of respondents
Food van or stall	12
Canteen	12
Hotel / B&B / Guesthouse	16
Takeaway - via online	
delivery company"	24
Pub or bar	25
Fast food outlet -	
eat out or takeaway"	44
Restaurant	57
Café, coffee or	
sandwich shop"	58
Takeaway - directly from	
takeaway or restaurant"	59

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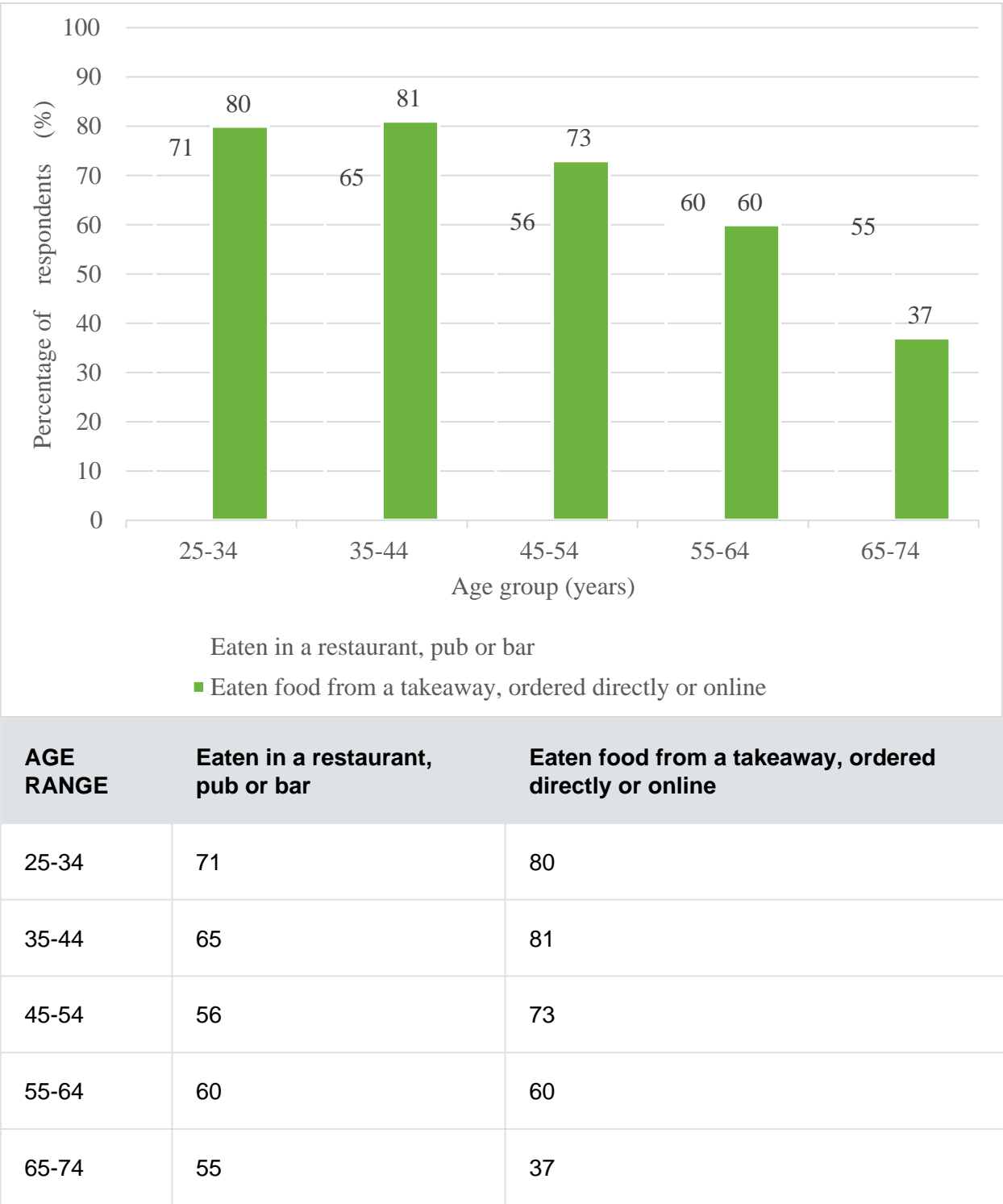
Source: Food & You 2: Wave 4

Respondents were asked where they had eaten out or ordered food from in the previous 4 weeks. Around 6 in 10 respondents had ordered a takeaway directly from a takeaway shop or restaurant (59%), from a café, coffee shop or sandwich shop (either to eat in or take out) (58%) or eaten out in a restaurant (57%). Less than 1 in 10 (8%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks (Figure 8) ([footnote](#)).

Figure 9 Prevalence of eating out in a restaurant, pub or bar, or from a takeaway by age group in the previous 4 weeks.

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Source: Food and You 2: Wave 4

Younger respondents were more likely to have eaten out in a restaurant, pub or bar, or from a takeaway (ordered directly or online) in the previous 4 weeks compared to older respondents. For example, 71% of respondents aged 25-34 years had eaten out in a restaurant, pub or bar compared to 55% of those aged 65-74 years. Similarly, 80% of respondents aged 25-34 years had eaten food from a takeaway (ordered directly or online) compared to 37% of those aged 65-74 years (Figure 9).

The prevalence of eating out in a restaurant, pub or bar or eating food from a takeaway (ordered directly or online) in the previous 4 weeks also varied between different types of people in the following ways:

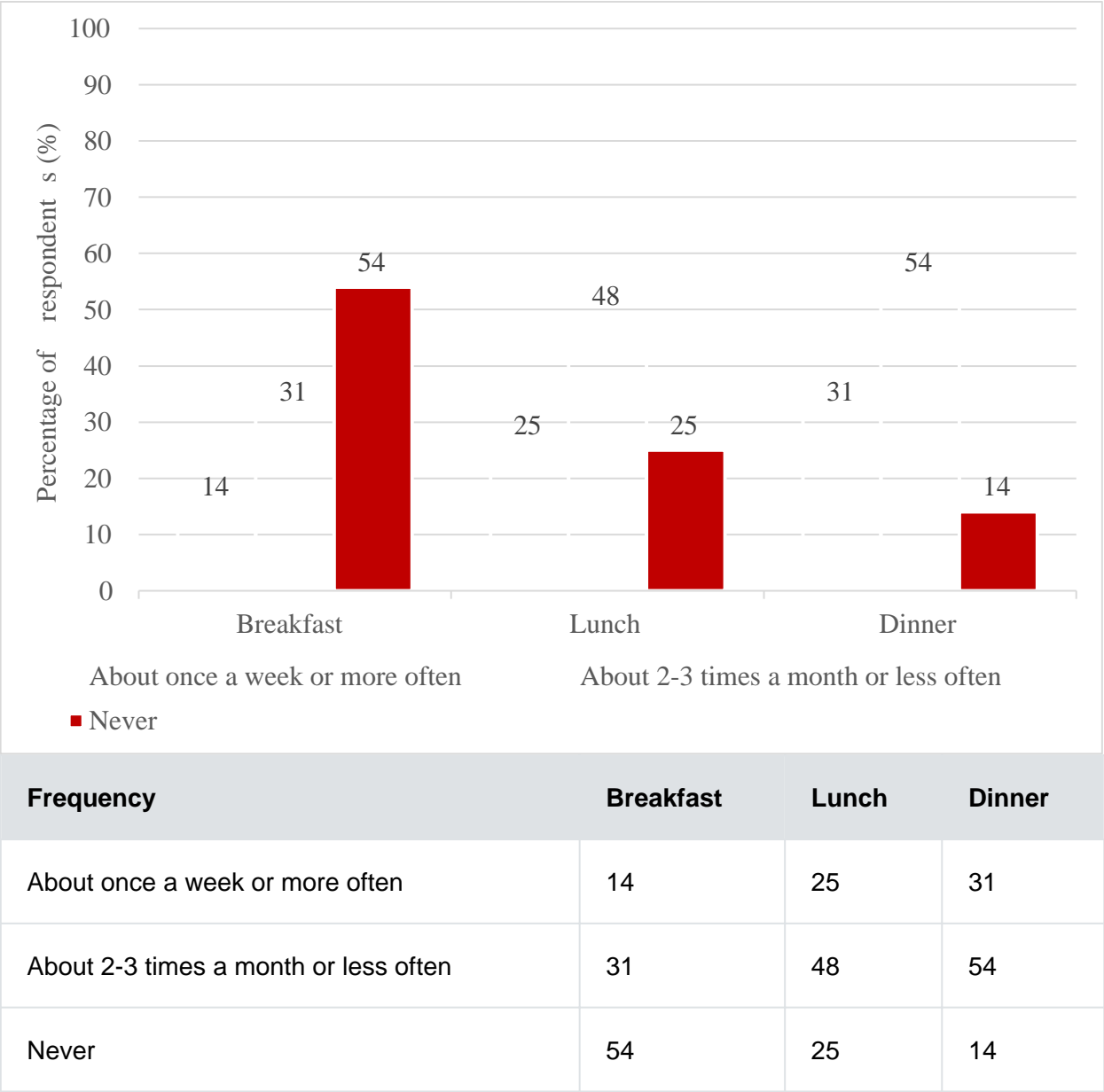
- Annual household income: Respondents with a higher household income between £19,000 and £63,999 (for example 74% of respondents with an income of £32,000-£64,999) were more likely to have eaten out in a restaurant, pub or bar, in the previous 4 weeks compared to respondents with an income below £19,000 (43%) ([footnote](#)).
- Household size: respondents who lived in larger households were more likely to have eaten food from a takeaway than those who lived in smaller households. For example, 78% of respondents living in 4-person households had eaten food from a takeaway compared to 40% of respondents living alone.
- Children under 16 years in household: respondents who had children in the household (82%) were more likely to have eaten food from a takeaway than those who did not have children aged 16 years or under in the household (60%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those with (60%) or without (62%) children aged 16 years or under in the household**.
- NS-SEC: respondents in some occupational groups (for example, 68% of those in managerial, administrative and professional occupations) were more likely to have eaten out in a restaurant, pub or bar compared to those in lower supervisory and technical occupations (54%) and semi-routine and routine occupations (44%).
- Urban/rural: respondents who lived in an urban area (70%) were more likely to have eaten food from a takeaway than those who lived in a rural area (60%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those who lived in urban (60%) or rural (63%) areas**.
- Food security: respondents with high (68%) food security were more likely to have eaten out in a restaurant, pub or bar than those with marginal (54%) or low (52%) food security ([footnote](#)).
- Long term health condition: respondents without a long-term health condition (66%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who had a long-term health condition (54%), however the prevalence of eating food from a takeaway did not differ greatly between those with (68%) or without (62%) a long-term health condition**.
- NIMDM: respondents who lived in the least deprived areas (NIMDM 5) (68%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who lived in the most deprived areas (NIMDM 1) (55%). However, respondents who lived in the most deprived areas (NIMDM 1) (76%) were more likely to have eaten food from a takeaway than those who lived in the less deprived areas, for (example NIMDM 3, 60%).

Eating out and takeaways by mealtime

Figure 10 Frequency of eating out and take away by mealtime

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Change to chart view



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[Image](#) [.csv](#)

Source: Food & You 2: Wave 4

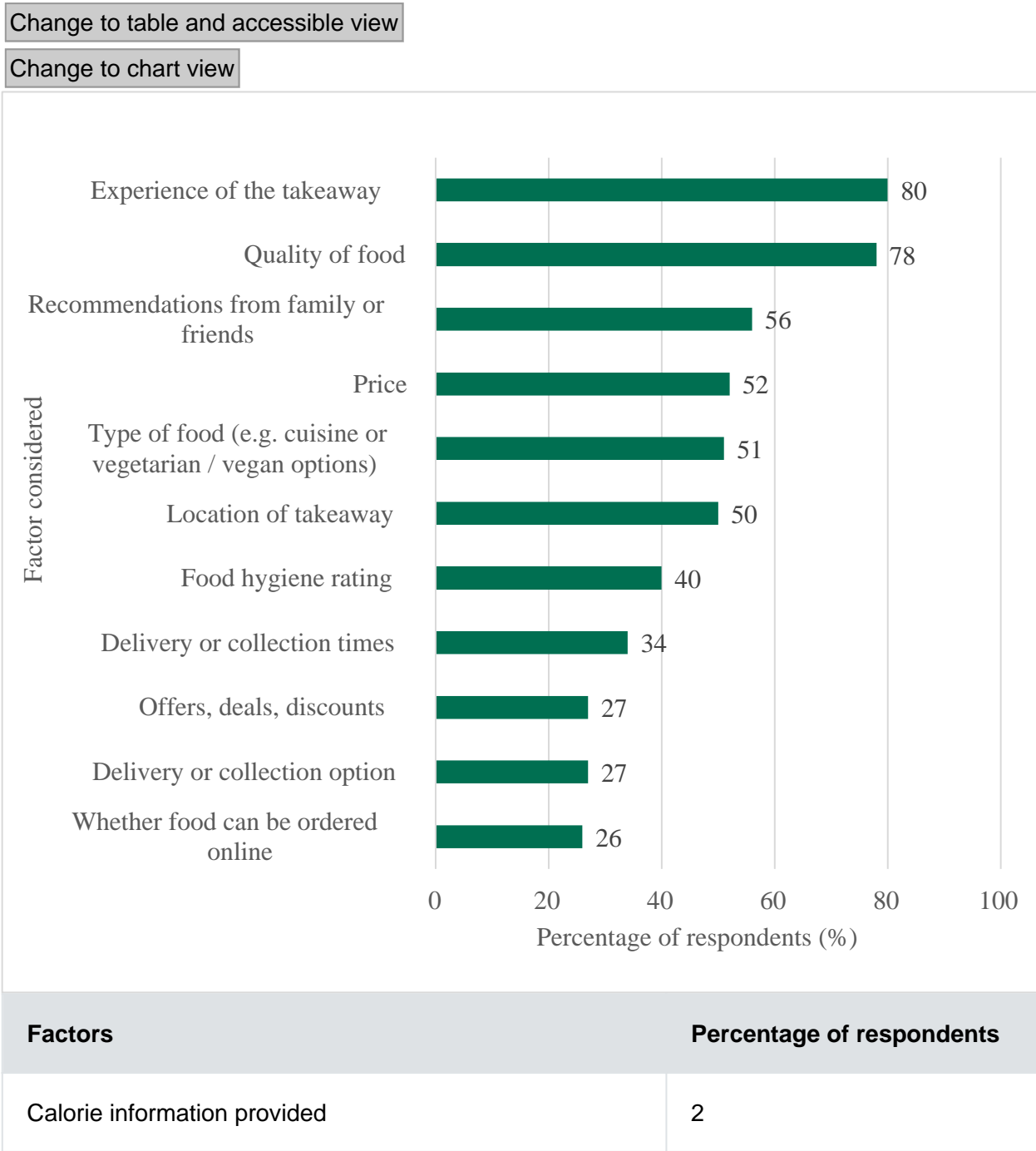
Respondents were asked how often they ate out or bought food to take out for breakfast, lunch, and dinner. Respondents were least likely to eat out or buy food to take out for breakfast, with 54% of respondents never doing this. Around half of respondents (48%) reported that they ate out

or bought take out food for lunch 2-3 times a month or less often (Figure 10) [\(footnote\)](#).

Factors considered when ordering a takeaway

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from [\(footnote\)](#).

Figure 11 Factors considered when ordering a takeaway.



Factors	Percentage of respondents
Allergen information provided	3
Healthier options provided	7
Independent business or chain	8
Reviews	20
Whether food can be ordered online	26
Delivery or collection option	27
Offers, deals, discounts	27
Delivery or collection times	34
Food hygiene rating	40
Location of takeaway	50
Type of food (e.g. cuisine or vegetarian / vegan options)	51
Price	52
Recommendations from family or friends	56
Quality of food	78
Experience of the takeaway	80

Download this chart

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Source: Food & You 2: Wave 4

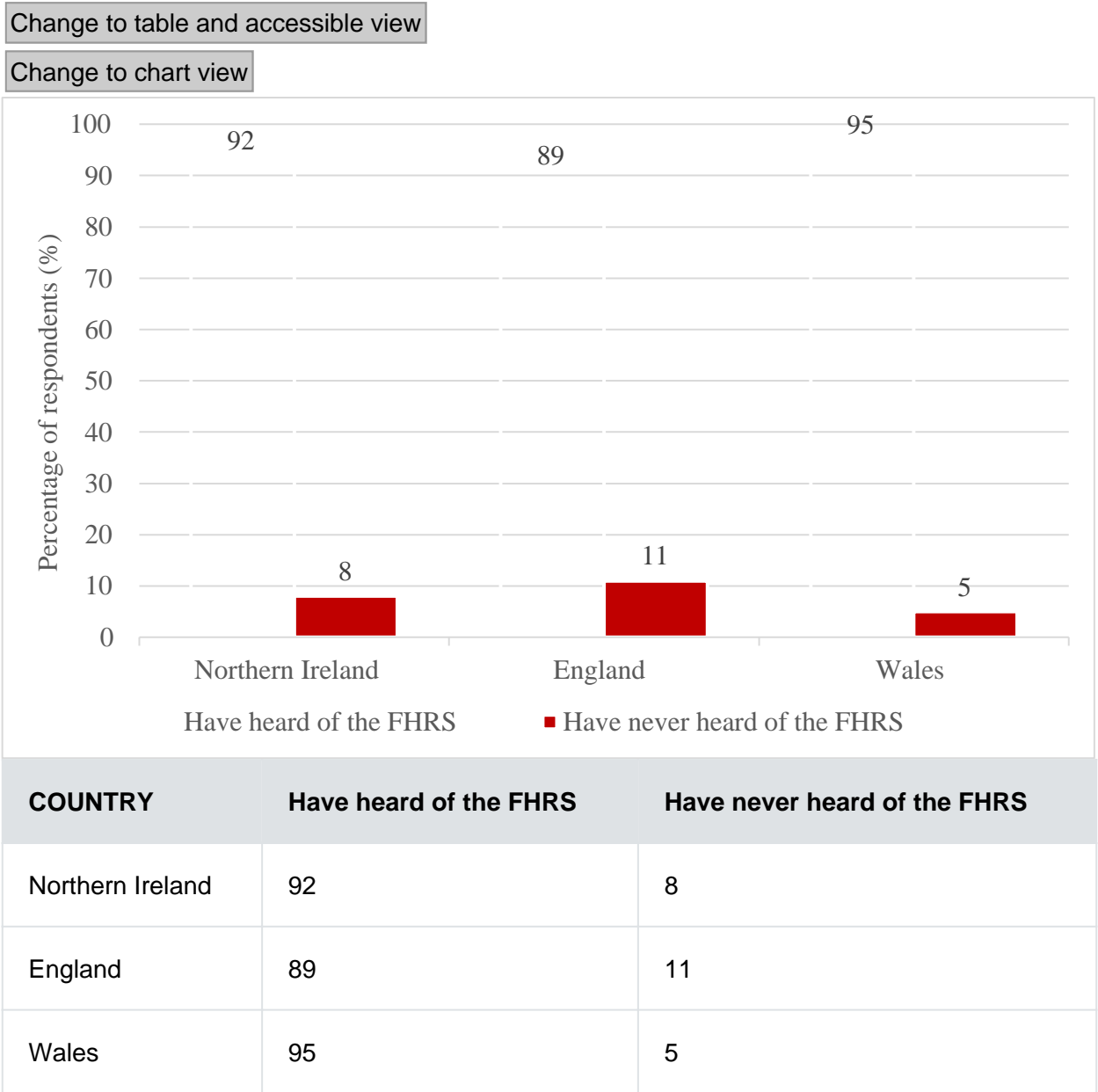
Of those who had ordered food from a takeaway, the factors most commonly considered when deciding where to place an order were the respondents' previous experience of the takeaway (80%) and the quality of food (78%). In addition, 4 in 10 (40%) respondents considered the food

hygiene rating when deciding where to order a takeaway from (Figure 11) [\(footnote\)](#).

Awareness and recognition of the FHRs

Most respondents (92%) reported that they had heard of the FHRs. Almost three quarters (65%) of respondents reported that they had heard of the FHRs and had at least a bit of knowledge about it [\(footnote\)](#), FHRs questions not included in this report are available in the full dataset and tables. A more detailed FHRs report will be published separately. Wave 4.

Figure 12 Percentage of respondents who had heard of the FHRs by country



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[Image](#) [.csv](#)

Source: Food and You 2: Wave 4

Most respondents living in Northern Ireland (92%), England (89%), and Wales (95%), had heard of the FSA (Figure 14)**.

Respondents in Wales (74%) were more likely to report that they had heard of the FHRS and had at least some knowledge of the FHRS compared to those in England (57%) and Northern Ireland (65%)**.

When shown an image of the FHRS sticker, recognition of the FHRS sticker was comparable across Northern Ireland (94%), England (87%), and Wales (95%) (Figure 12) [\(footnote\)](#) **.

FHRS usage

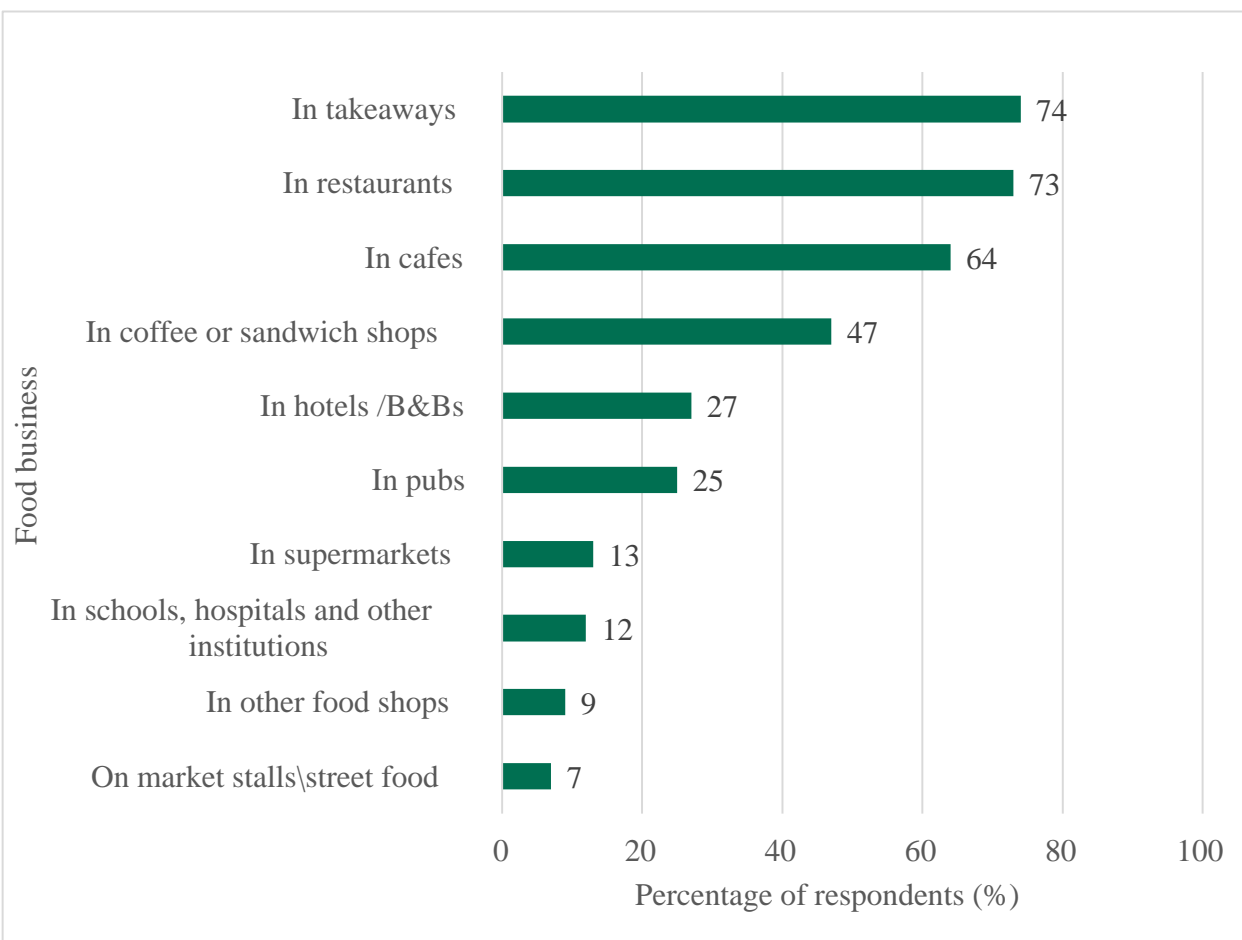
Respondents living in Wales (54%) were more likely to have checked the hygiene rating of a food business in the last 12 months compared to respondents in England (40%) and Northern Ireland (46%)** [\(footnote\)](#).

Figure 13. Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months.

Figure 13 Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months

Change to table and accessible view

Change to chart view



Outlet	Percentage of respondents
On market stalls\street food	7
In other food shops	9
In schools, hospitals and other institutions	12
In supermarkets	13
In pubs	25
In hotels /B&Bs	27
In coffee or sandwich shops	47
In cafes	64

Outlet	Percentage of respondents
In restaurants	73
In takeaways	74

Download this chart

[Image](#) [.csv](#)

Source: Food & You 2: Wave 4

Respondents who said they had checked the hygiene rating of a food business in the last 12 months were asked what types of food businesses they had checked. In Northern Ireland the most common types of food business which respondents had checked the food rating of were takeaways (74%) and restaurants (73%) (Figure 13) ([footnote](#)).

FY2 Wave 3-4 NI: Chapter 5 Food allergies, intolerances and other hypersensitivities

Introduction

‘Food hypersensitivity’ is a term that refers to a bad or unpleasant physical reaction which occurs as a result of consuming a particular food. There are different types of food hypersensitivity including a food allergy, food intolerance and coeliac disease ([footnote](#)).

A **food allergy** occurs when the immune system (the body’s defence) mistakes the proteins in food as a threat. Symptoms of a food allergy can vary from mild symptoms to very serious symptoms, and can include itching, hives, vomiting, swollen eyes and airways, or anaphylaxis which can be life threatening.

Food intolerance is difficulty in digesting specific foods which causes unpleasant reactions such as stomach pain, bloating, diarrhoea, skin rashes or itching. Food intolerance is not an immune condition and is not life threatening.

Coeliac disease is an autoimmune condition caused by gluten, a protein found in wheat, barley and rye and products using these as ingredients. The immune system attacks the small intestine which damages the gut and reduces the ability to absorb nutrients. Symptoms of coeliac disease can include diarrhoea, abdominal pain and bloating.

The FSA is responsible for allergen labelling and providing guidance to people with food hypersensitivities. [By law](#), food businesses in the UK must inform customers if they use any of the 14 most potent and prevalent allergens ([footnote](#)) in the food and drink they provide.

To help consumers make safe and informed choices, food businesses can voluntarily provide information about the unintentional presence of the 14 most potent and prevalent allergens, for example ‘may contain’ or ‘produced in a factory with’. This is called [precautionary allergen](#)

[labelling](#) (PAL). PAL information can be provided verbally or in writing but should only be provided where there is an unavoidable risk of allergen cross-contamination that cannot be sufficiently controlled through risk management actions.

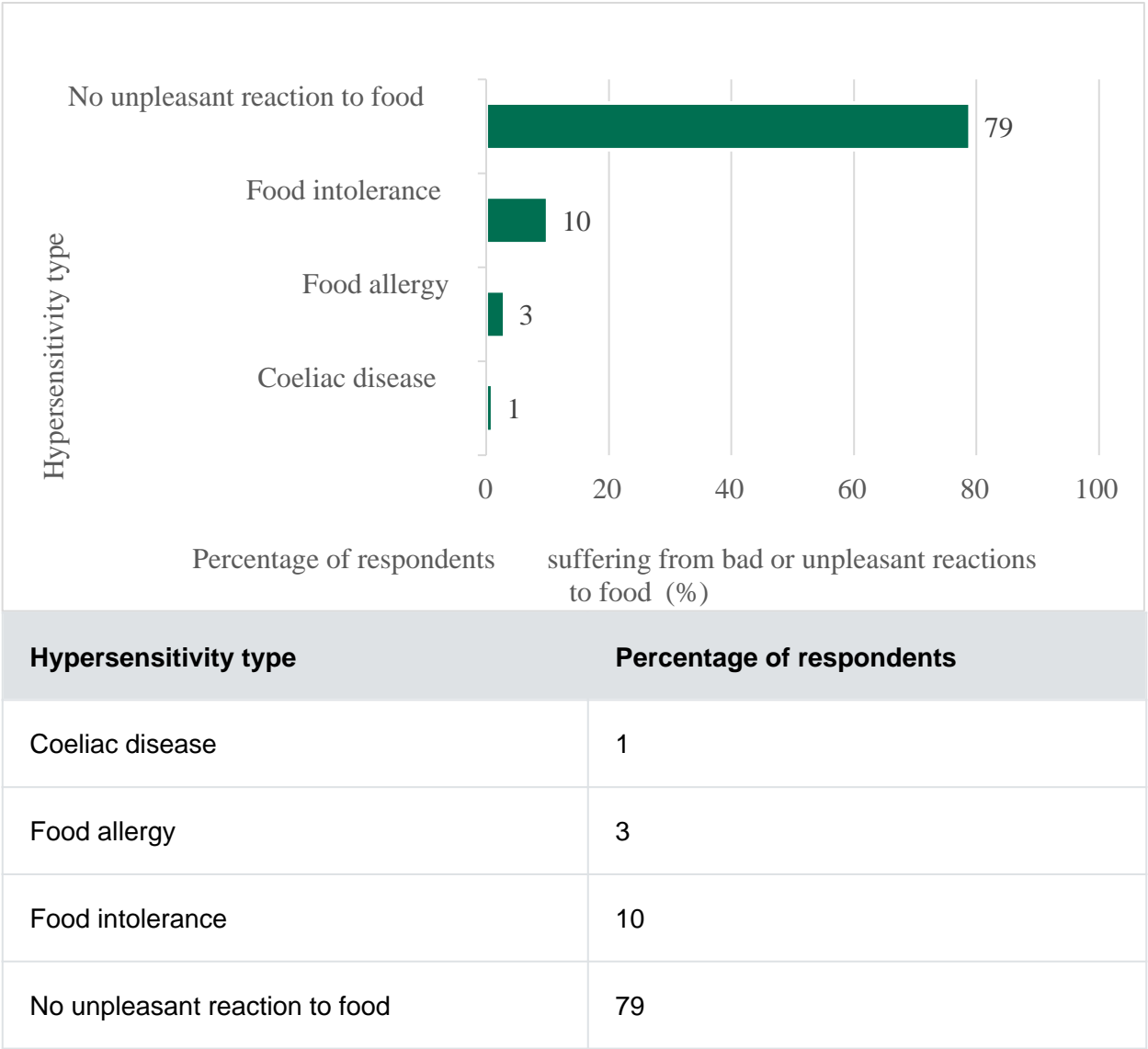
Prevalence and diagnosis of food hypersensitivities

Around 1 in 5 (21%) respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause [\(footnote\)](#).

Figure 14 Prevalence of different types of food hypersensitivity

Change to table and accessible view

Change to chart view



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Source: Food and You 2: Wave 4

Most respondents (79%) reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease (Figure 14) [\(footnote\)](#).

Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around a quarter (23%) of respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 9% had been diagnosed by an alternative or complementary therapist but not an NHS/private medical practitioner. However, 11% had used other methods and most respondents (71%) had not received any diagnosis [\(footnote\)](#).

Eating out with a food hypersensitivity

The FSA provides guidance for food businesses on providing allergen information. Food businesses in the retail and catering sector are required by law to provide allergen information and to follow labelling rules. The type of allergen information which must be provided depends on the type of food business. However, all food business operators must provide allergen information for prepacked and non-prepacked food and drink. Foods which are pre-packed or pre-packed for direct sale (PPDS) are required to have a label with a full ingredients list with allergenic ingredients emphasised [\(footnote\)](#).

How often people checked allergen information in advance when eating somewhere new

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often, if at all, they checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction when they ate out or ordered a takeaway from somewhere new.

Around 2 in 10 (22%) respondents always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction, and 34% of respondents checked this information was available less often (i.e. most of the time or less often). However, 40% of respondents never checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction [\(footnote\)](#).

Availability and confidence in allergen information when eating out or ordering takeaways

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often information which allowed them to identify food that might cause them a bad or unpleasant reaction was readily available when eating out or buying food.

Around 1 in 6 (16%) respondents reported that this information was always readily available and 58% of respondents reported that this information was available less often (i.e. most of the time or

less often). However, 18% of respondents reported that this information was never readily available when they ate out or bought food to take away ([footnote](#)).

Respondents were asked how often they asked a member of staff for more information when it is not readily available. Around a quarter (24%) respondents reported that they always asked staff for more information, whilst 39% did this less often (i.e. most of the time or less often), and 32% never asked staff for more information ([footnote](#)).

Respondents were asked how comfortable they felt asking a member of staff for more information about food that might cause them a bad or unpleasant physical reaction. Most respondents (70%) reported that they were comfortable (i.e. very comfortable or fairly comfortable) asking staff for more information, however 20% of respondents reported they were not comfortable doing this (i.e. not very comfortable or not at all comfortable) ([footnote](#)).

FY2 Wave 3-4 NI: Chapter 6 Eating at home

The FSA is responsible for protecting the public from foodborne diseases. This involves working with farmers, food producers and processors, and the retail and hospitality sectors to ensure that the food people buy is safe.

Since people are responsible for the safe preparation and storage of food in their home, Food and You 2 asks respondents about their food-related behaviours in the home, including whether specific foods are eaten past their use-by date, and knowledge and reported behaviour in relation to five important aspects of food safety: cleaning, cooking, chilling, avoiding cross-contamination and use-by dates. The FSA gives practical guidance and recommendations to consumers on [food safety and hygiene](#) in the home. Food and You 2 also asks respondents about the frequency with which they prepare or consume certain types of food.

Two versions of the 'Eating at home' module have been created, a brief version which includes a limited number of key questions, and a full version which includes all related questions. The brief 'Eating at home' module was included in the Wave 4 survey and is reported in this chapter ([footnote](#)).

Cleaning

Handwashing in the home

The [FSA recommends](#) that everyone should wash their hands before they prepare, cook or eat food and after touching raw food, before handling ready-to-eat food.

The majority (73%) of respondents who cook reported that they always wash their hands before preparing or cooking food. However, 26% of respondents reported that they do not always (i.e., most of the time or less often) wash their hands before preparing or cooking food ([footnote](#)).

Most respondents (91%) who cook meat, poultry or fish reported that they always wash their hands immediately after handling raw meat, poultry, or fish. However, 9% of respondents reported that they do not always (i.e., most of the time or less often) wash their hands immediately after handling raw meat, poultry or fish ([footnote](#)).

Handwashing when eating out

Respondents were asked, how often, if at all, they washed their hands or used hand sanitising gel or wipes before eating when they ate outside of their home. Over half (55%) of respondents reported that they always washed their hands, used hand sanitising gel or wipes when they ate outside of their home, 41% did this less often (i.e., most of the time or less often) and 4% never did this ([footnote](#)).

Chilling

The FSA provides [guidance](#) on how to chill food properly to help stop harmful bacteria growing.

If and how respondents check fridge temperature

When asked what temperature the inside of a fridge should be, 64% of respondents reported that it should be between 0-5 degrees Celsius. Around 1 in 6 (17%) respondents reported that the temperature should be above 5 degrees, 4% reported that the temperature should be below 0 degrees, and 14% of respondents did not know what temperature the inside of their fridge should be ([footnote](#)).

Almost half of respondents who have a fridge reported that they monitored the temperature, either manually (49%) or via an internal temperature alarm (8%) ([footnote](#)). Of the respondents who manually check the temperature of their fridge, 81% reported that they check the temperature of their fridge at least once a month, [as recommended by the FSA](#) ([footnote](#)).

Cooking

The FSA [recommends](#) that cooking food at the right temperature and for the correct length of time will ensure that any harmful bacteria are killed. When cooking pork, poultry, and minced meat products the FSA [recommends](#) that the meat is steaming hot and cooked all the way through, that none of the meat is pink and that any juices run clear.

Respondents were asked to indicate how often they cook food until it is steaming hot and cooked all the way through. The majority (83%) of respondents who cook reported that they always cook food until it is steaming hot and cooked all the way through, however 17% reported that they do not always do this ([footnote](#)).

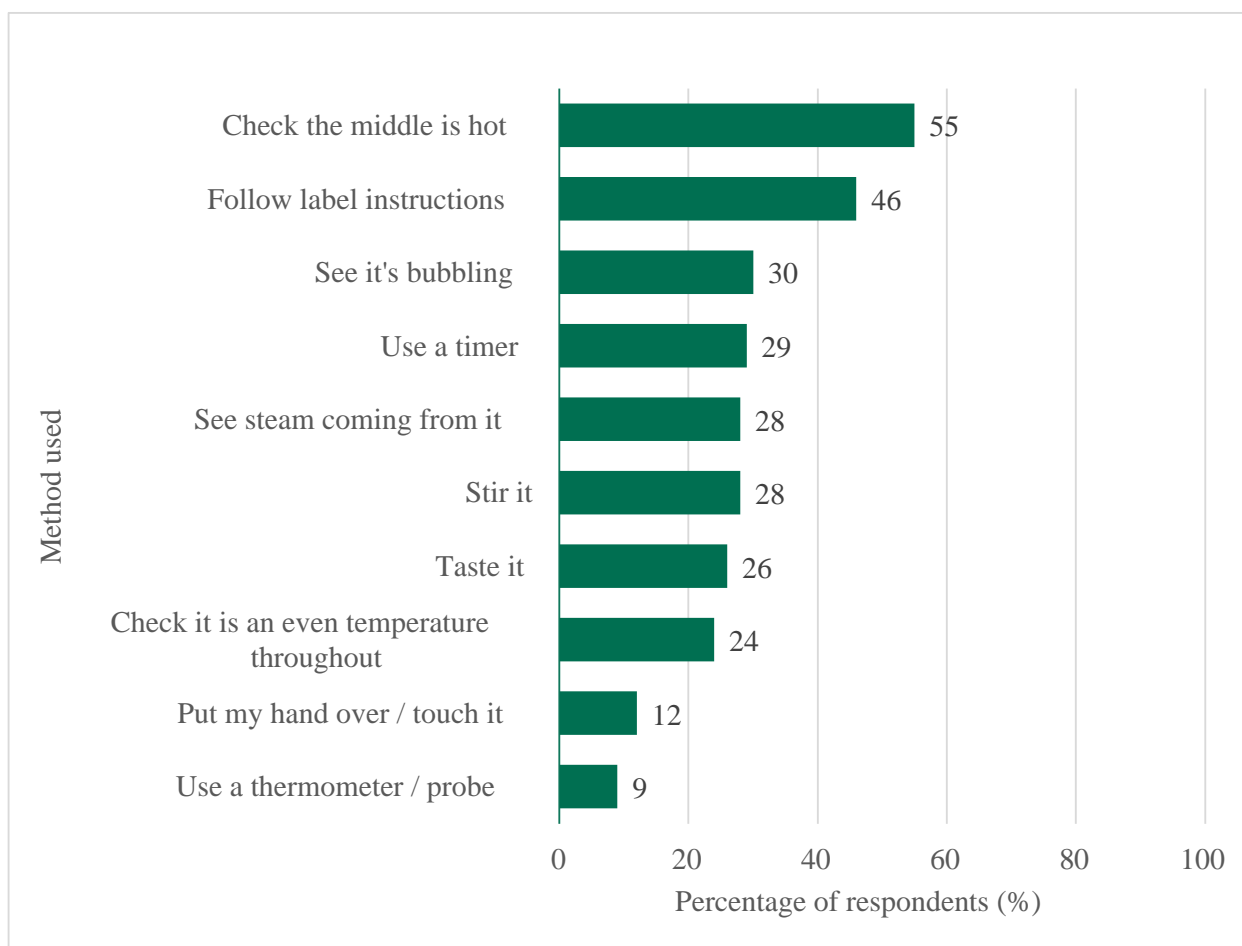
When respondents were asked to indicate how often they eat chicken or turkey when the meat is pink or has pink juices ([footnote](#)), the majority (92%) reported that they never eat chicken or turkey when it is pink or has pink juices. However, 7% of respondents reported eating chicken or turkey at least occasionally when it is pink ([footnote](#)).

Reheating

Figure 15 Methods used when reheating food to check it's ready to eat

Change to table and accessible view

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Method	Percentage of respondents
Use a thermometer / probe	9
Put my hand over / touch it	12
Check it is an even temperature throughout	24
Taste it	26
Stir it	28
See steam coming from it	28
Use a timer	29
See it's bubbling	30

Method	Percentage of respondents
Follow label instructions	46
Check the middle is hot	55

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[Image](#) [.csv](#)

Source: Food & You 2: Wave 4

Respondents were asked to indicate how they check food is ready to eat when they reheat it. The most common method was to check if the middle was hot (55%), and the least common method was to use a thermometer or probe (9%) (Figure 15) ([footnote](#))

When respondents were asked how many times they would reheat food, the majority reported that they would only reheat food once (82%), 9% would reheat food twice, and 2% would reheat food more than twice ([footnote](#)).

Leftovers

Respondents were asked how long they would keep leftovers in the fridge for. Over two-thirds (77%) of respondents reported that they would eat leftovers within 2 days, 18% of respondents reported that they would eat leftovers within 3-5 days and only 1% would eat leftovers after 5 days or longer ([footnote](#)).

Avoiding cross-contamination

The FSA provides [guidelines on how to avoid cross-contamination](#). The FSA recommends that people [do not wash raw meat](#). Washing raw meat can spread harmful bacteria onto your hands, clothes, utensils, and worktops.

Almost two-thirds (63%) of respondents reported that they never wash raw chicken, whilst 35% of respondents wash raw chicken at least occasionally (i.e. occasionally or more often) ([footnote](#)).

How and where respondents store raw meat and poultry in the fridge

The FSA [recommends](#) that refrigerated raw meat and poultry is kept covered, separately from ready-to-eat foods and stored at the bottom of the fridge to avoid cross-contamination.

Respondents were asked to indicate, from a range of responses, how they store meat and poultry in the fridge. Respondents were most likely to report storing raw meat and poultry in its original packaging (64%) or away from cooked foods (58%). Over a third of respondents reported storing raw meat and poultry in a sealed container (38%), with a lower proportion covering it with film/foil (27%) or storing it on a plate (12%) ([footnote](#)).

Over two-thirds (70%) of respondents reported storing raw meat and poultry at the bottom of the fridge, as [recommended](#) by the FSA. However, 14% of respondents reported storing raw meat and poultry wherever there is space in the fridge, 10% of respondents reported storing raw meat

and poultry in the middle of the fridge, and 7% at the top of the fridge [\(footnote\)](#).

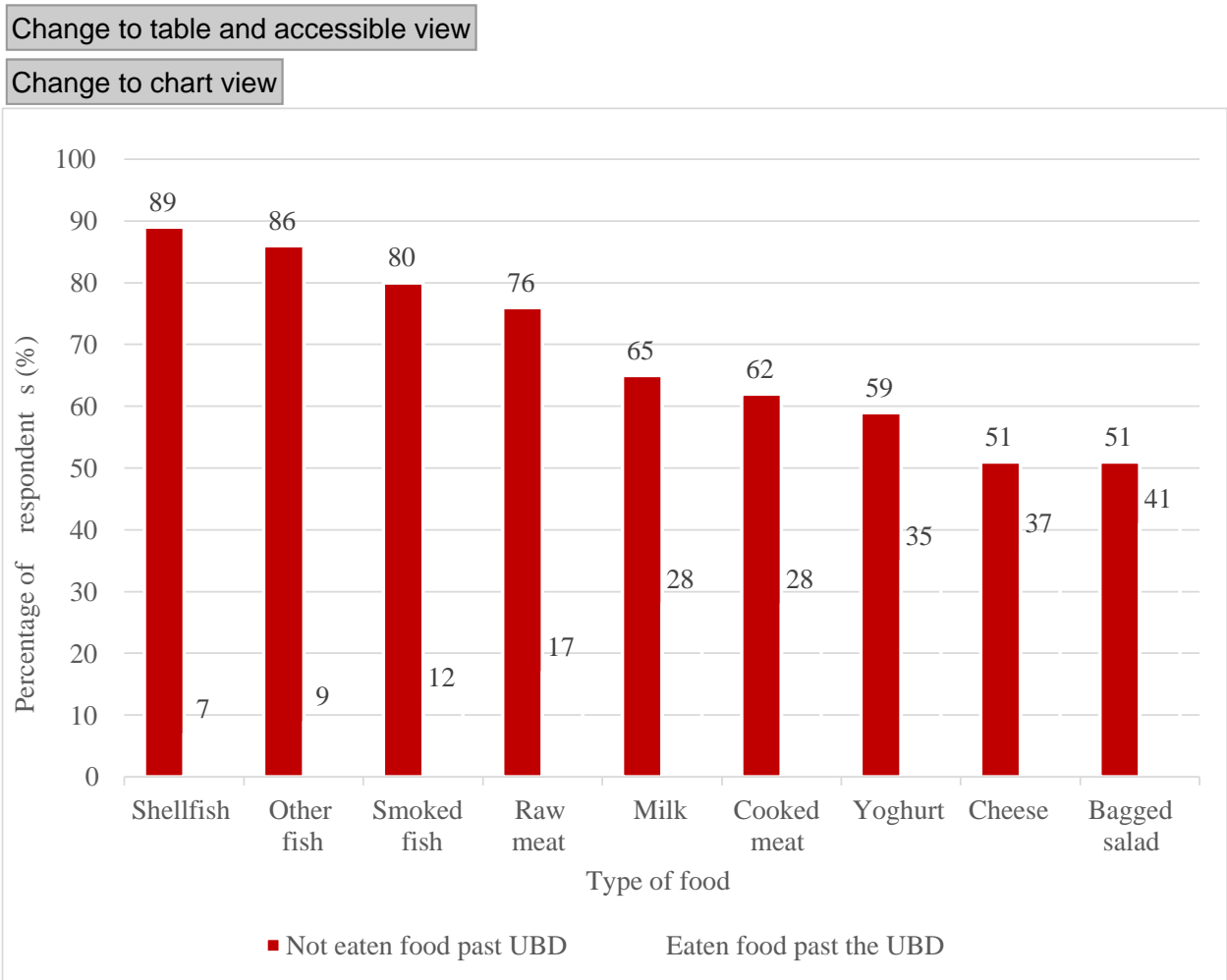
Use-by and best before dates

Respondents were asked about their understanding of the different types of [date labels](#) and instructions on food packaging, as storing food for too long or at the wrong temperature can cause food poisoning. Use-by dates relate to food safety. Best before (BBE) dates relate to food quality, not safety.

Respondents were asked to indicate which date shows that food is no longer safe to eat. In accordance with [FSA recommendations](#), over two-thirds (69%) of respondents identified the use-by date as the information which shows that food is no longer safe to eat. However, 10% of respondents identified the best before date as the date which shows food is no longer safe to eat [\(footnote\)](#).

Almost three-quarters (71%) of respondents reported that they always check use-by dates before they cook or prepare food and 22% of respondents did this 3Tmost of the time, 6% reported checking use-by less often (i.e. about half the time or occasionally), and just 1% reported never checking use-by dates [\(footnote\)](#).

Figure 16 Types of food which respondents had eaten past the use by date in the previous month



% WHO HAVE	Shellfish	Other fish	Smoked fish	Raw meat	Milk	Cooked meat	Yoghurt	Cheese	B
Not eaten food past UBD	89	86	80	76	65	62	59	51	5
Eaten food past the UBD	7	9	12	17	28	28	35	37	4

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[Image](#) [.csv](#)

Source: Food & You 2: Wave 4

Respondents who had eaten certain foods in the last month were asked to indicate if they had eaten that food past the use-by date. Of these respondents, most reported that they had not eaten shellfish (89%), other fish (86%), or smoked fish (80%) past the use-by date in the previous month (Figure 16) ([footnote](#)).

FY2 Wave 3-4 NI: Chapter 7 Food shopping and labelling

In March 2022, the FSA launched a new [5-year strategy](#) (2022-2027). Building on the previous strategy, the FSA's vision has evolved to include 'food is healthier and more sustainable', to account for the growing priorities of dietary health and sustainability for the Northern Ireland Executive, UK Government, Welsh Government, and for consumers.

Regulation of food labelling is complex, and the remit of food labelling is held by multiple bodies, that differ between [Northern Ireland, England and Wales](#).

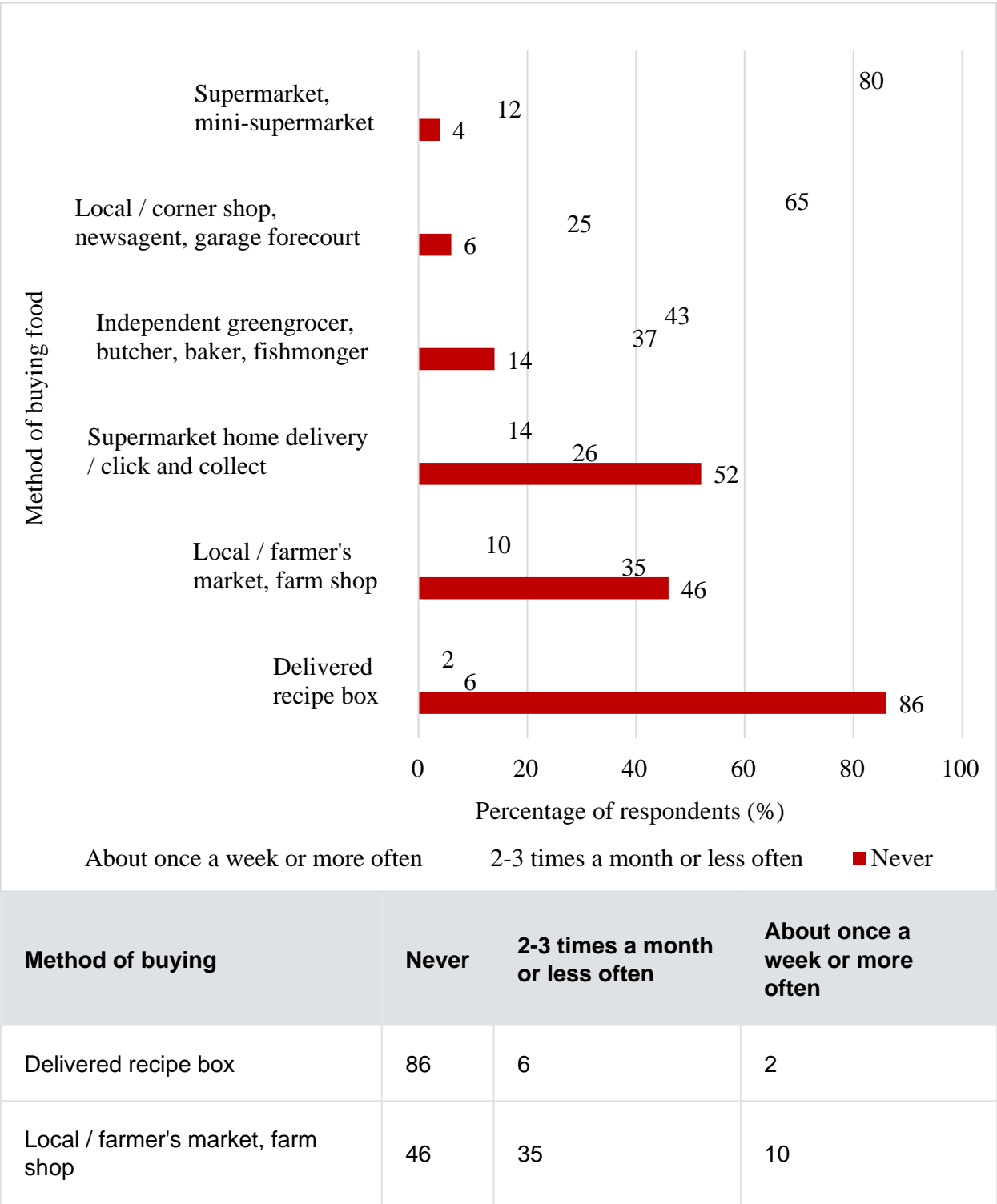
The [Department for Environment, Food and Rural Affairs \(Defra\)](#) plays a major role in food production and is responsible for aspects of food labelling such as composition and provenance. Defra only works directly in England but works closely with the devolved administrations in Northern Ireland, Wales and Scotland.

Where do respondents buy food?

Figure 17 Where respondents buy food from

Change to table and accessible view

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Method of buying	Never	2-3 times a month or less often	About once a week or more often
Supermarket home delivery / click and collect	52	26	14
Independent greengrocer, butcher, baker, fishmonger	14	37	43
Local / corner shop, newsagent, garage forecourt	6	25	65
Supermarket, mini-supermarket	4	12	80

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 3

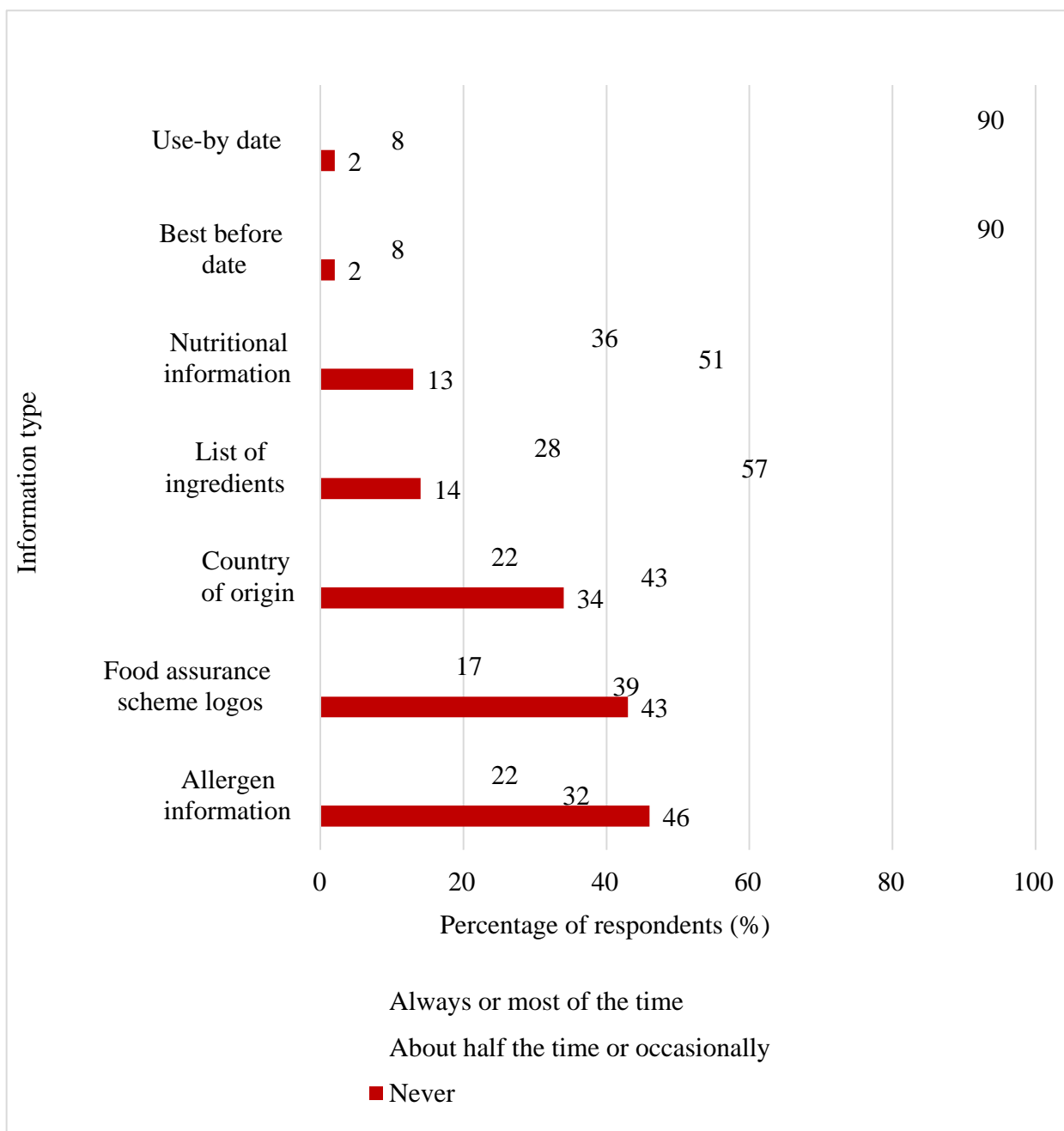
Respondents were asked to indicate where and how frequently they buy food. Most respondents reported that they bought food from a supermarket or mini supermarket (80%), or local or corner shops, newsagents or garage forecourts (65%) about once a week or more often (Figure 17) ([footnote](#)).

What do respondents look for when buying food

Figure 18 Type of information respondents check while shopping

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Change to chart view



Information type	Always or most of the time	About half the time or occasionally	Never
Allergen information	22	32	46
Food assurance scheme logos	17	39	43
Country of origin	22	43	34

Information type	Always or most of the time	About half the time or occasionally	Never
List of ingredients	28	57	14
Nutritional information	36	51	13
Best before date	90	8	2
Use-by date	90	8	2

Download this chart

[Image .csv](#)

Source: Food and You 2: Wave 3

Respondents were asked to indicate what information they check when buying food. Most respondents reported that they often (i.e. always or most of the time) check the use-by (90%) or best before (90%) date when they bought food. Respondents reported that they check the list of ingredients (57%), nutritional information (51%), and country of origin (43%) about half the time or occasionally (Figure 18) [\(footnote\)](#).

When asked what information is used to judge the quality of food from a list of options, respondents reported that they most often used freshness (57%), taste (40%), and appearance (39%) to judge food quality. Fewer respondents reported that they used the price (27%), ingredients (26%), brand (25%), and country of origin (17%) to judge food quality. Assurance schemes (13%), animal welfare (13%) environmental impact (7%) and convenience (1%) were reported to be least used by respondents when judging food quality [\(footnote\)](#).

Around a third (31%) of respondents thought that meat, eggs, and dairy products show enough information about animal welfare, and 21% thought that food products show enough information about their environmental impact [\(footnote\)](#).

Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were asked how confident they were that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction. Overall, 84% of respondents stated that they were confident in the information provided on food labels [\(footnote\)](#).

Respondents were asked how confident they were in identifying foods that will cause a bad or unpleasant physical reaction when buying foods which are sold loose, such as at a bakery or deli-counter. Respondents were more confident in identifying these foods at independent food shops (68%), in-store at a supermarket (67%), when buying food from a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (51%) [\(footnote\)](#).

The importance of buying foods with a low environmental impact

Respondents were asked how important it was to buy food which has a low environmental impact. Around three-quarters (73%) of respondents reported that it was important (i.e. very important or somewhat important) to them to buy food which has a low environmental impact. Around 2 in 10 (22%) respondents did not consider it important (i.e. not very important or not at all important) to buy food which has a low environmental impact [\(footnote\)](#).

How often respondents check for information about the environmental impact of food

Respondents were asked how frequently they check for information about the environmental impact of food when purchasing food. A fifth (20%) of respondents reported that they often checked (i.e. always or most of the time) for information about the environmental impact when purchasing food, 41% did this less often (i.e. about half of the time, or occasionally) and 33% of respondents reported that they never checked for information about the environmental impact when purchasing food [\(footnote\)](#).

How often respondents buy foods with a low environmental impact

Respondents were asked to indicate how often, where possible, they buy food which has a low environmental impact. Almost a third (28%) of respondents often (i.e. always or most of the time) buy food which has a low environmental impact, 42% do this less often (i.e., about half of the time, or occasionally) and 8% of respondents reported that they never buy food which has a low environmental impact. However around 2 in 10 (22%) respondents do not know how often they buy food which has a low environmental impact [\(footnote\)](#).

Attitudes toward information about a products environmental impact

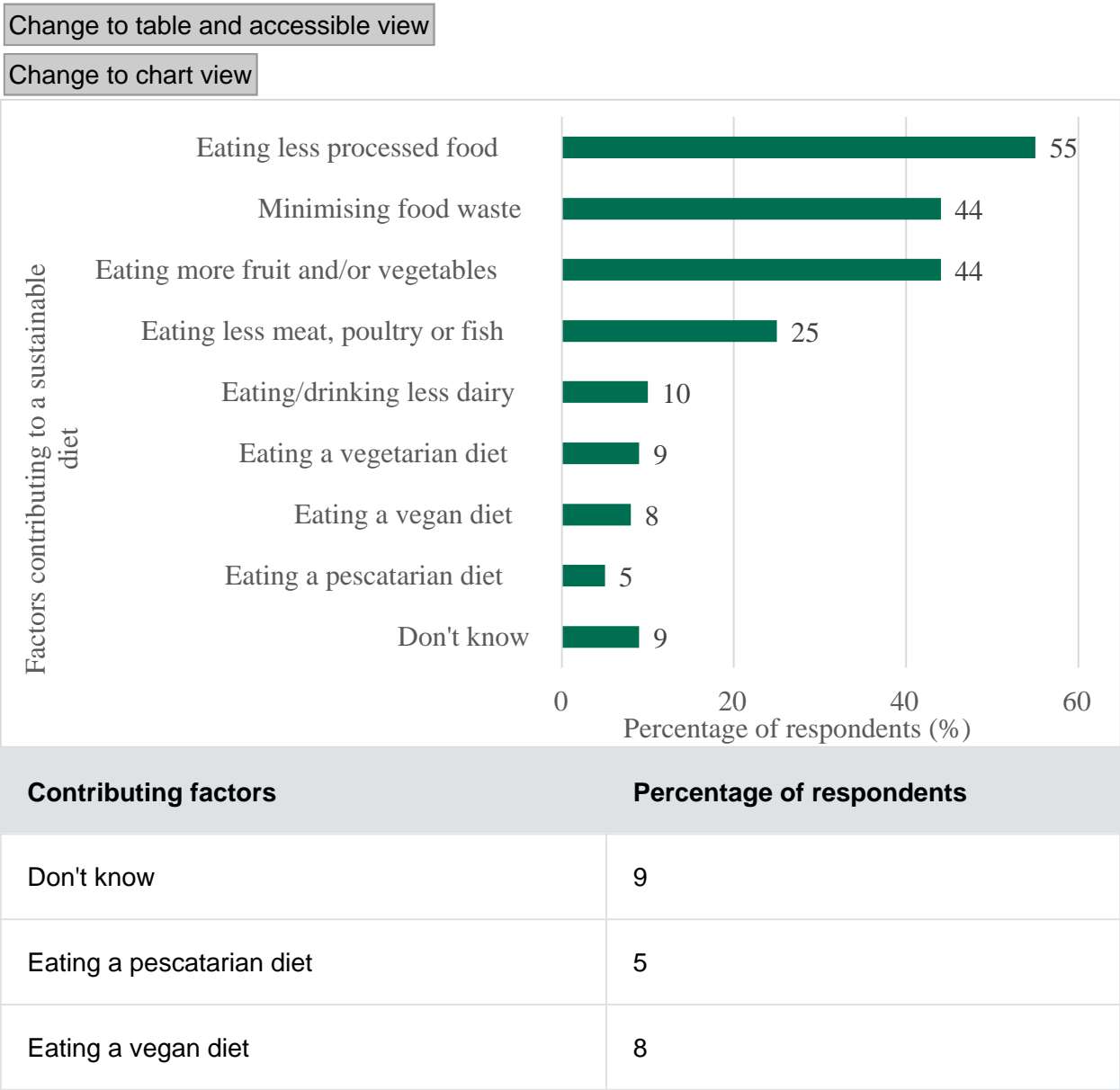
Respondents were asked to indicate to what extent they agree or disagree that food products show enough information about their environmental impact. Over a quarter (28%) of respondents

agreed (i.e. strongly agree or agree) that products show enough information about their environmental impact, however around a quarter (24%) of respondents disagreed (i.e. strongly disagree or disagree). Around 1 in 10 (12%) respondents reported that they do not know whether products show enough information about their environmental impact [\(footnote\)](#).

Perceptions of factors which contribute to sustainable diets and shopping choices

Perceptions of what contributes to a sustainable diet

Figure 19 Factors which respondents thought contribute most to a sustainable diet.



Contributing factors	Percentage of respondents
Eating a vegetarian diet	9
Eating/drinking less dairy	10
Eating less meat, poultry or fish	25
Eating more fruit and/or vegetables	44
Minimising food waste	44
Eating less processed food	55

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Source: Food and You 2: Wave 4

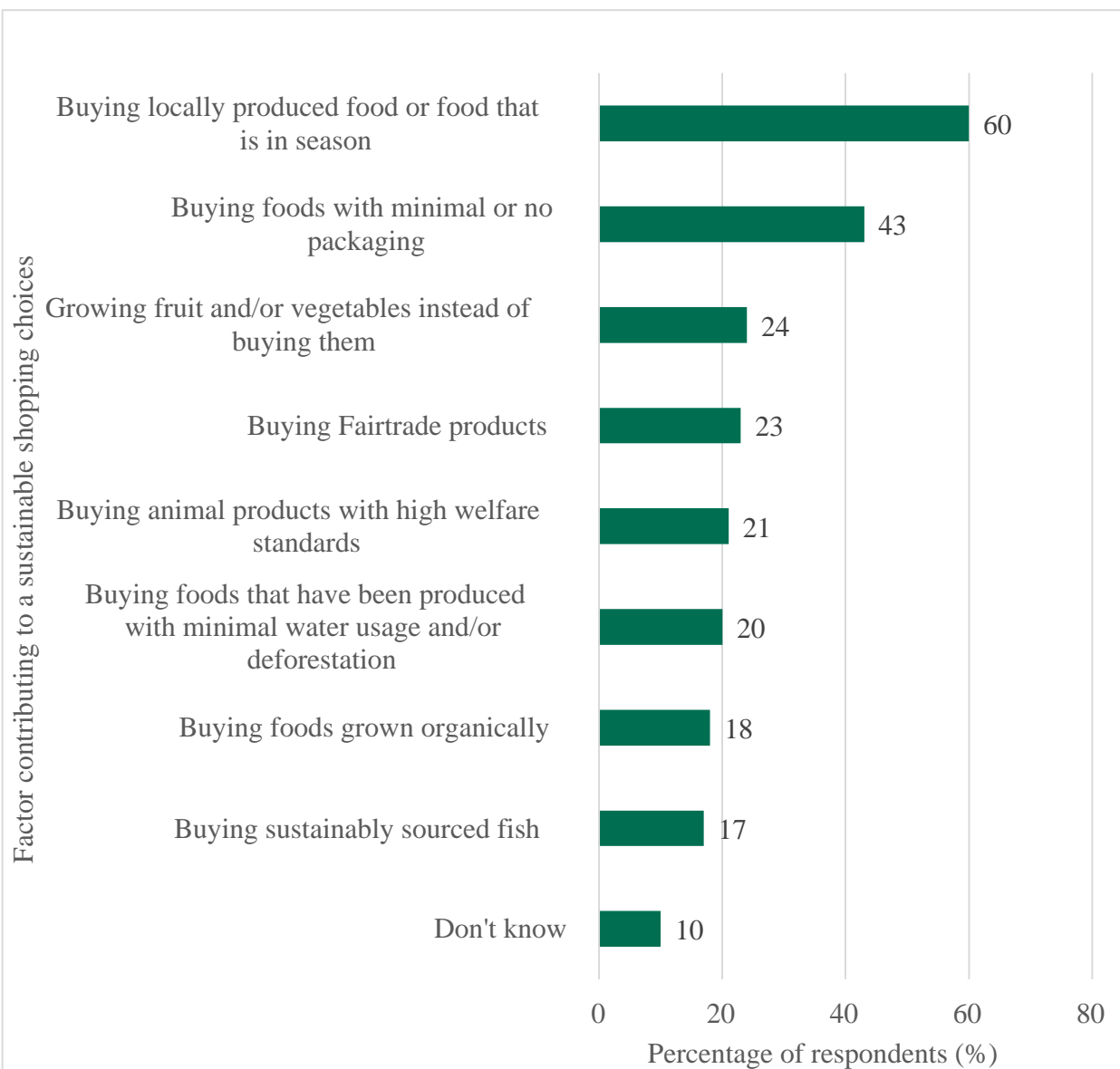
Respondents were asked, from a list of options, what they thought contributes most to someone having a sustainable diet. Over half of respondents thought that eating less processed food (55%) contributed most to a sustainable diet. Around 4 in 10 respondents thought that minimising food waste (44%) and eating more fruit and/or vegetables (44%) contributed most to a sustainable diet. A quarter (25%) of respondents thought that eating less meat, poultry, or fish (25%) contributed most to a sustainable diet. Fewer respondents thought that consuming less dairy (10%), eating a vegetarian (9%) or vegan (8%) diet or contributed most to a sustainable diet. Almost 1 in 10 (9%) respondents reported that they did not know what contributed most to someone having a sustainable diet (Figure 19) [\(footnote\)](#).

Perceptions of what contributes to sustainable shopping choices

Figure 20 What respondents think contributes most to sustainable shopping choices

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Contributing factor	Percentage of respondents
Don't know	10
Buying sustainably sourced fish	17
Buying foods grown organically	18
Buying foods that have been produced with minimal water usage and/or deforestation	20
Buying animal products with high welfare standards	21

Contributing factor	Percentage of respondents
Buying Fairtrade products	23
Growing fruit and/or vegetables instead of buying them	24
Buying foods with minimal or no packaging	43
Buying locally produced food or food that is in season	60

Download this chart

[Image](#) [.csv](#)

Source: Food and You 2: Wave 4

Respondents were asked, from a list of options, what they thought contributed most to someone making sustainable food shopping choices. Most (60%) respondents thought that buying locally produced food or food that is in season or buying foods with minimal or no packaging (43%) contributed most to someone making sustainable food shopping choices. However, 10% of respondents reported that they did not know what contributed most to someone making sustainable food shopping choices (Figure 20) ([footnote](#)).

FY2 Wave 3-4 NI: Chapter 8 Healthy eating

The FSA is responsible for some areas of [nutrition policy in Northern Ireland](#) along with the [Department of Health](#). The FSA provides information to consumers in Northern Ireland on how to achieve a healthier diet and supports food businesses to provide and promote healthier food and drink. The [Eatwell Guide](#) ([footnote](#)) provides information to consumers on how they can get a balanced, healthier and more sustainable diet. The Eatwell Guide does this by providing a summary of the five main food groups, the proportions of different types of food consumers are recommended to eat, and information on fluid intake.

How healthy respondents think their diet is

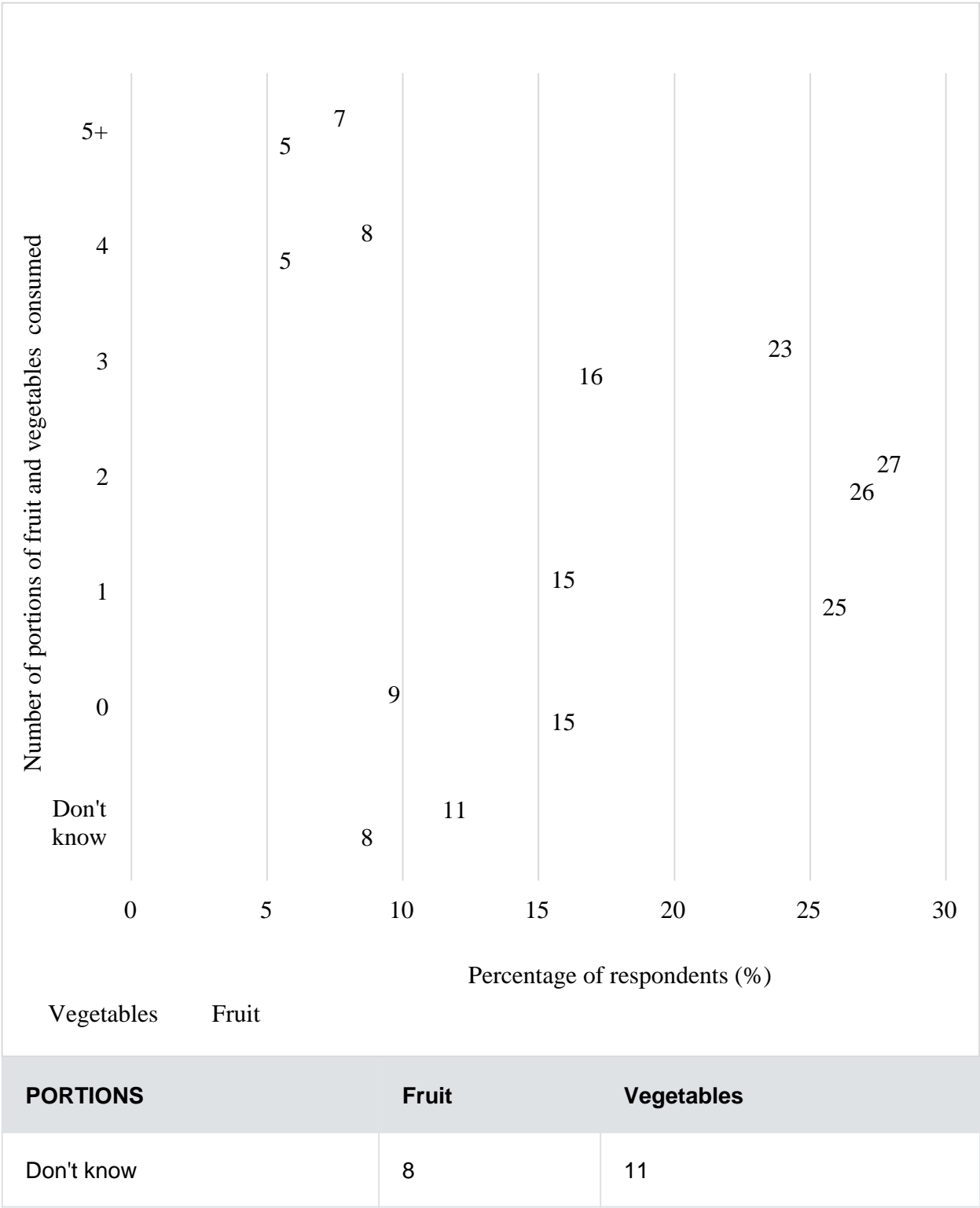
When asked how healthy they thought their usual diet was, most respondents reported that what they usually eat is fairly healthy (67%), with a further 20% reporting that what they eat is neither healthy or unhealthy. A minority reported that their diet was very healthy (8%), fairly unhealthy (5%), or very unhealthy (1%) ([footnote](#)).

What types of foods do respondents eat?

Figure 21 Number of portions of fruit and vegetables consumed during the previous day.

Change to table and accessible view

Change to chart view



PORTIONS	Fruit	Vegetables
0	15	9
1	25	15
2	26	27
3	16	23
4	5	8
5+	5	7

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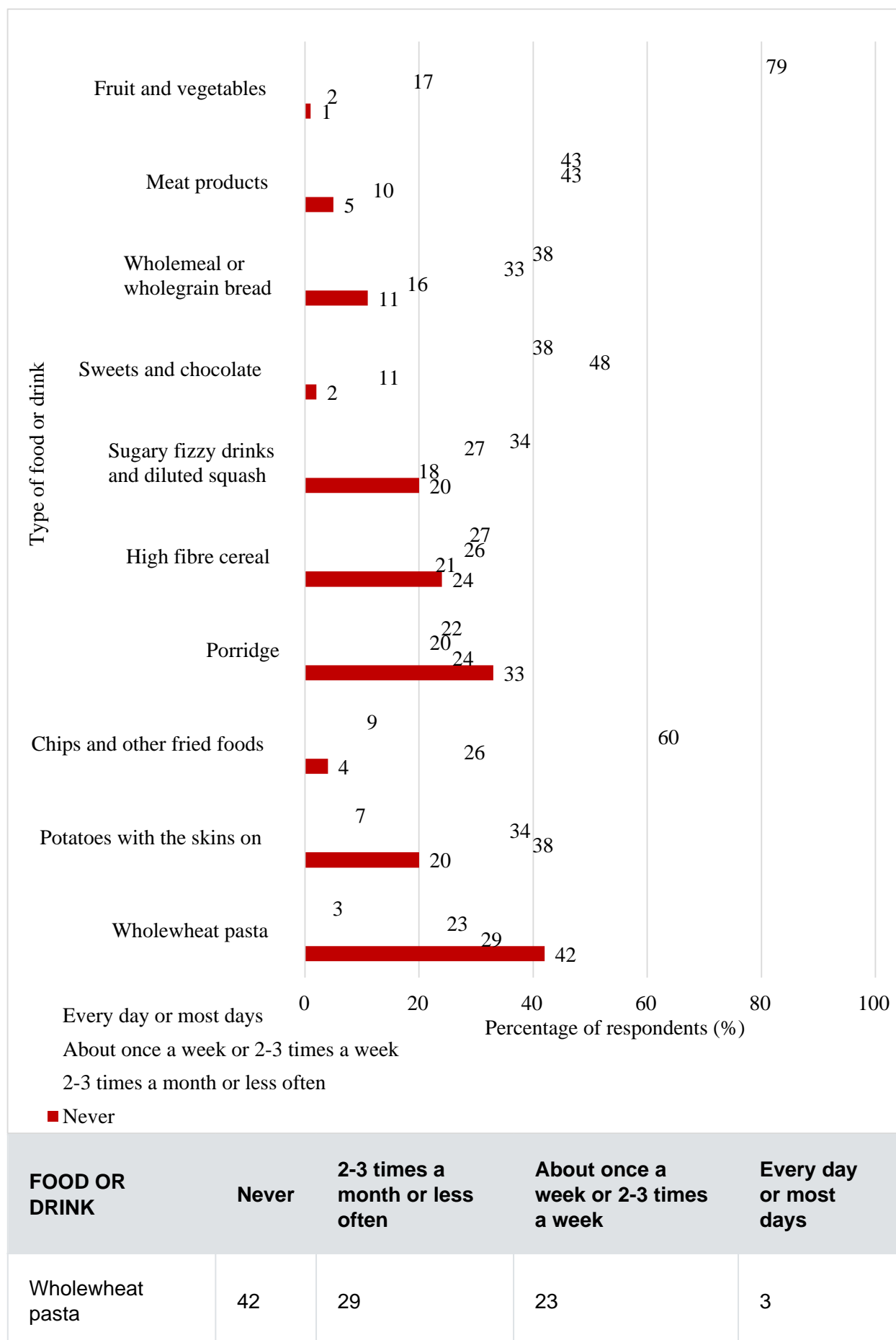
Source: Food and You 2: Wave 3

Respondents were asked how many portions of vegetables and fruit, not including fruit juice or smoothies, they had eaten or drunk the previous day. The majority of respondents had eaten either one (25%) or two (26%) portions of fruit the previous day, whilst 15% of respondents had not eaten any. Approximately a quarter of respondents had eaten two (27%) or three (23%) portions of vegetables, whereas 9% respondents had not eaten any portions of vegetables the previous day. Around 1 in 10 respondents reported that they did not know how many portions of fruit (8%) and vegetables (8%) they had eaten (Figure 21) [\(footnote\)](#). In addition, respondents were asked if they had drunk some fruit juice or smoothie the previous day, around a third (34%) of respondents had drunk at least a small sized glass of fruit juice or smoothie [\(footnote\)](#).

Figure 22 How often respondents consumed certain types of food and drink.

Change to table and accessible view

Change to chart view



FOOD OR DRINK	Never	2-3 times a month or less often	About once a week or 2-3 times a week	Every day or most days
Potatoes with the skins on	20	38	34	7
Chips and other fried foods	4	26	60	9
Porridge	33	24	20	22
High fibre cereal	24	21	26	27
Sugary fizzy drinks				
and diluted squash"	20	18	27	34
Sweets and chocolate	2	11	48	38
Wholemeal or				
wholegrain bread"	11	16	33	38
Meat products	5	10	43	43
Fruit and vegetables	1	2	17	79

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Source: Food and You 2: Wave 3

Respondents were asked how often they consumed certain types of food or drink. Most respondents (79%) reported that they ate fruit and vegetables every day or most days. Around 4 in 10 respondents reported that they ate meat products (43%), wholemeal or wholegrain bread

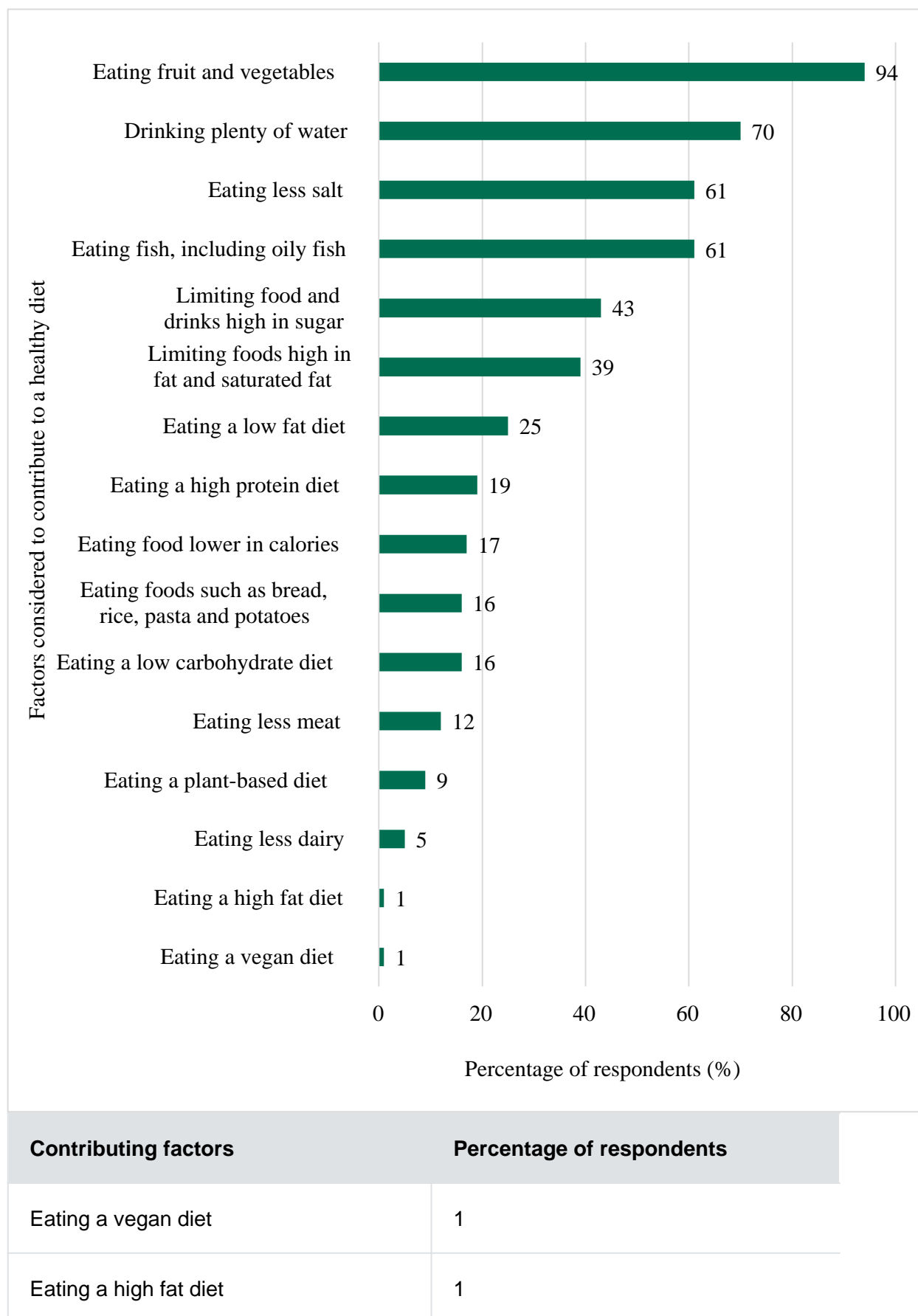
(38%) or sweets and chocolate (38%) every day or most days. Of the listed foods, respondents were least like to report eating wholewheat pasta (42%) and porridge (33%) (Figure 22) [\(footnote\)](#).

Perceptions of what contributes to a healthy diet

Figure 23 Factors which respondents considered as most important for a healthy diet.

Change to table and accessible view

Change to chart view



Contributing factors		Percentage of respondents
Eating less dairy	5	
Eating a plant-based diet	9	
Eating less meat	12	
Eating a low carbohydrate diet	16	
Eating foods such as bread,		
rice	pasta and potatoes"	16
Eating food lower in calories	17	
Eating a high protein diet	19	
Eating a low fat diet	25	
Limiting foods high in		
fat and saturated fat"	39	
Limiting food and		
drinks high in sugar"	43	
Eating fish, including oily fish	61	
Eating less salt	61	
Drinking plenty of water	70	
Eating fruit and vegetables	94	

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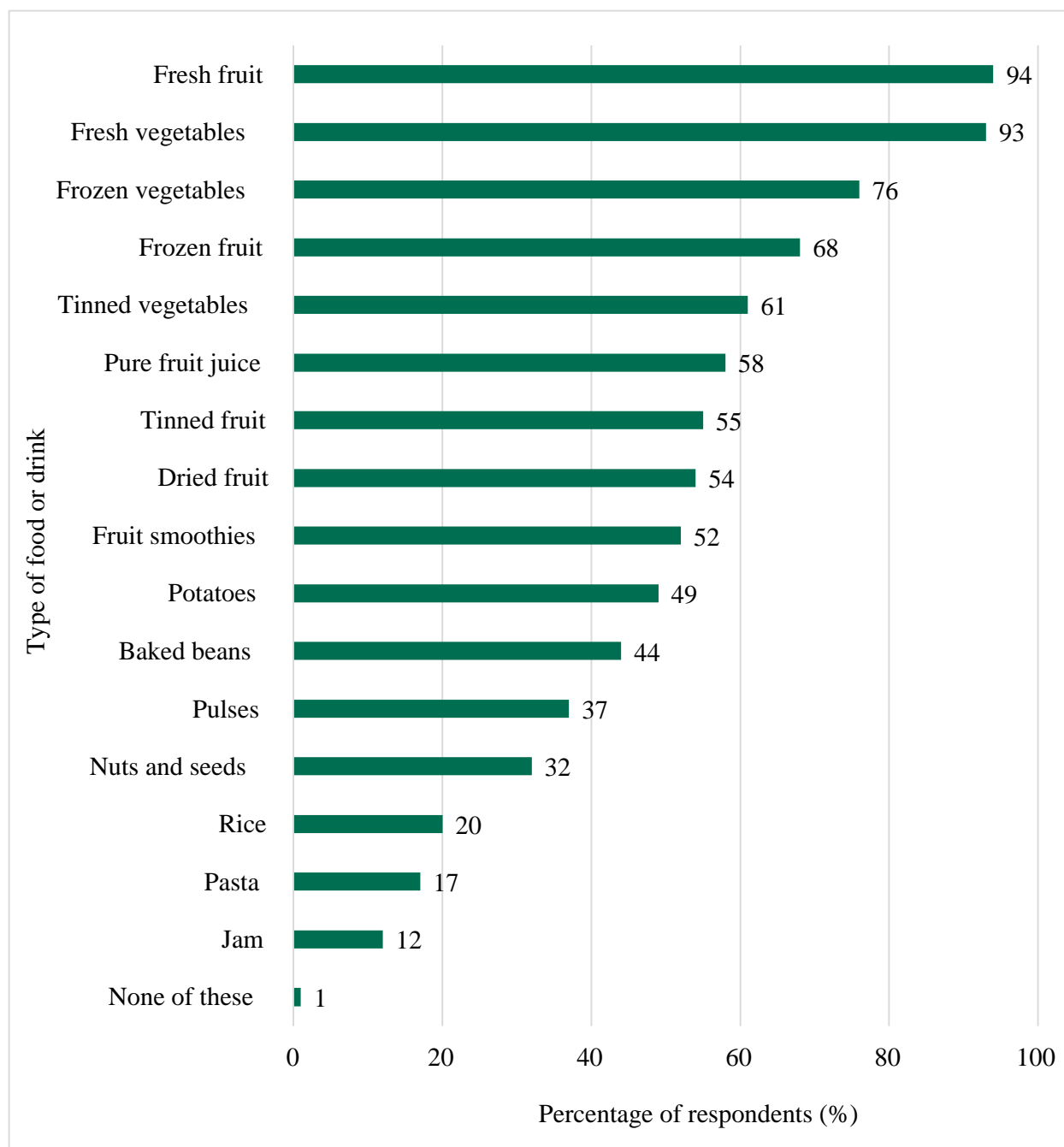
Source: Food and You 2: Wave 3

Respondents were asked what factors, from a given list, are the most important for people to do to have a healthy diet. Eating fruit and vegetables (94%), drinking plenty of water (70%), eating less salt (61%) and eating fish (61%) were considered the most important factors for people to have a healthy diet. Eating a vegan diet (1%), high fat diet (1%) and eating less dairy (5%) were considered the least important factors for people to have a healthy diet (Figure 23) [\(footnote\)](#).

Figure 24 Types of food or drink thought to count towards daily fruit and vegetable intake.

Change to table and accessible view

Change to chart view



Type of food or drink	Percentage of respondents
None of these	1
Jam	12
Pasta	17
Rice	20

Type of food or drink	Percentage of respondents
Nuts and seeds	32
Pulses	37
Baked beans	44
Potatoes	49
Fruit smoothies	52
Dried fruit	54
Tinned fruit	55
Pure fruit juice	58
Tinned vegetables	61
Frozen fruit	68
Frozen vegetables	76
Fresh vegetables	93
Fresh fruit	94

Download this chart

[Image](#) [.csv](#)

Source: Food and You 2: Wave 3

Respondents were asked which types of food or drink, from a given list, can count toward someone's daily fruit and vegetable intake. In line with advice, most respondents reported that fresh fruit (94%), fresh vegetables (93%), frozen vegetables (76%), and frozen fruit (68%) count towards someone's daily fruit and vegetable intake. Many respondents reported that tinned vegetables (61%), pure fruit juice (58%), tinned fruit (55%), dried fruit (54%), fruit smoothies (52%), baked beans (44%) and pulses (37%) count towards someone's daily fruit and vegetable intake. However, some respondents reported some types of food can count towards someone's daily fruit and vegetable intake which do not, such as, potatoes (49%), nuts and seeds (32%), rice (20%), pasta (17%) and jam (12%) (Figure 24) ([footnote](#)).

Knowledge of UK Government recommendations

Proportions of different types of foods

The [UK Government recommends](#) that potatoes, bread, rice, pasta and other starchy carbohydrates, and fruit and vegetables should make up the largest parts of a diet. It is recommended that foods high in fat, sugar and salt, and oils and spreads should make up the smallest parts of a diet.

Respondents were asked which two food groups they thought the UK Government recommends should make up the largest part and smallest part of a diet. Most respondents reported that fruit and vegetables (85%) or meat, fish, eggs, beans, pulses and other proteins (72%) should make up the largest part of a diet. However, fewer respondents (17%) identified both food groups correctly ([footnote](#)). Most respondents reported that foods high in fat, sugar and salt (84%) or oils and spreads (55%) should make up the smallest part of a diet. However, fewer respondents (3%) identified both food groups correctly ([footnote](#)).

Fruit and vegetables

The [UK Government recommends](#) that people should eat at least five portions of a variety of fruit and vegetables every day.

Respondents were asked how many portions of fruit and vegetables they thought the UK Government recommend that people should eat every day. Most respondents (80%) reported that the UK Government recommend that people should eat 5 portions of fruit and vegetables every day and 5% of respondents reported 6 portions, however 13% of respondents reported that people should eat between 1 and 4 portions ([footnote](#)).

Calories

The [UK Government recommends](#) that most adult females require on average 2000 calories a day and that most adult males require on average 2500 calories a day.

Respondents were asked how many calories they thought the UK Government recommend that an average adult female and average adult male should eat every day. In line with recommendations, 45% of respondents reported that an adult female should eat 2000 calories every day. However, 1% reported that an adult female should eat 500 calories a day, 6% reported 1000 calories a day, 35% reported 1500 calories a day, 3% reported 2500 calories a day, and 10% reported that they did not know ([footnote](#)). In line with UK Government recommendations, 48% of respondents reported that an adult male should eat 2500 calories. However, 1% reported that an adult male should eat 500 calories a day, 1% reported 1000 calories a day, 29% reported 2000 calories, 6% reported 3000 calories a day and 10% reported that they did not know ([footnote](#)).

Salt

The [UK government recommends](#) that adults should have no more than 6 grams of salt per day. Respondents were asked how much salt they thought the UK Government recommend that an adult should not exceed each day. In line with recommendations, 16% of respondents reported that adults should not exceed 6 grams of salt a day. However, 35% of respondents reported that adults should not exceed 2 grams of salt a day, 24% of respondents reported that adults should not exceed 4 grams of salt a day, 1% of respondents reported that adults should not exceed 8 grams of salt a day, and 24% of respondents reported that they did not know ([footnote](#)).

Fibre

The UK Government recommend that an adult should eat 30 grams of fibre each day.

Respondents were asked how much fibre they thought the UK Government recommend that an adult should eat each day. In line with recommendations, 29% of respondents reported that adults should eat 30 grams of fibre each day. However, 36% reported other levels of fibre, and 35% of respondents reported that they did not know [\(footnote\)](#).

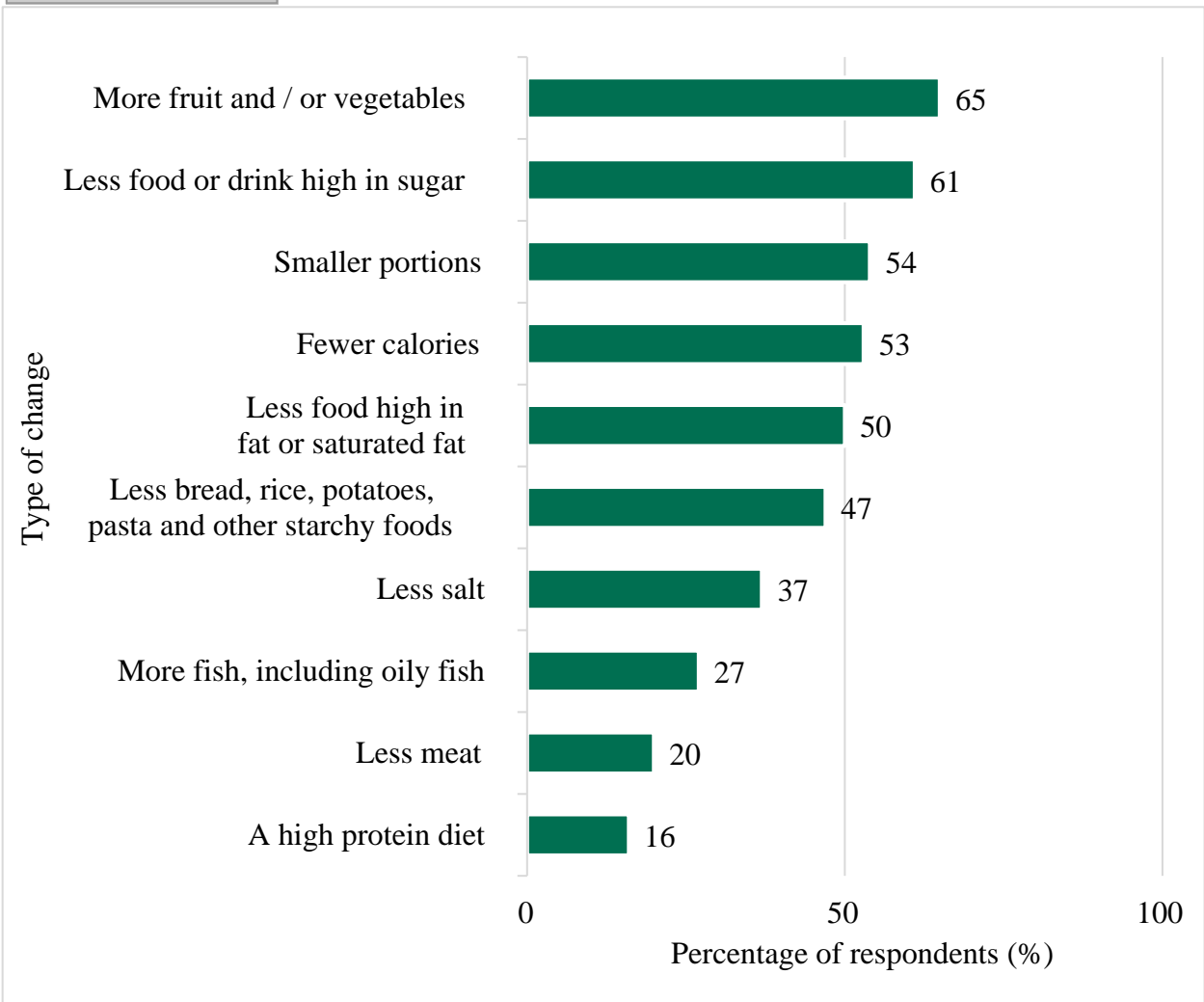
Changes in eating habits

Respondents were asked if they had made (or attempted to make) any changes to what they ate or drank in the previous 12 months. Over half (57%) of respondents reported that they had done this [\(footnote\)](#).

Figure 25 Ten most common changes or attempted changes to what respondents ate or drank in the previous 12 months.

Change to table and accessible view

Change to chart view



Changes	Percentage of respondents
A high protein diet	16
Less meat	20
More fish, including oily fish	27
Less salt	37
Less bread, rice, potatoes, pasta and other starchy foods	47
Less food high in	
fat or saturated fat "	50
Fewer calories	53
Smaller portions	54
Less food or drink high in sugar	61
More fruit and / or vegetables	65

Download this chart

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Source: Food and You 2: Wave 3

Respondents who had made or attempted to make any changes, from a given list, to what they ate or drank in the previous 12 months, were asked what changes they had made or attempted to make. The most common changes respondents reported were consuming: more fruit and / or vegetables (65%); less food or drink high in sugar (61%); smaller portions (54%); and fewer calories (53%) (Figure 25) ([footnote](#)).

Respondents who had made or attempted to make any changes to what they ate or drank in the previous 12 months were asked why they had made or attempted to make these changes. The most common reasons given were to be more healthy or to have a healthier lifestyle (83%) and to lose weight (75%) ([footnote](#)).

Eating healthy outside the home

Respondents were asked how healthy they thought that the food they eat out or take out is compared to the food they eat at home. The majority (84%) of respondents thought that the food they eat outside the home is less healthy (i.e. a bit less healthy or a lot less healthy). Only 3% stated that the food they eat out or take out is healthier than the food they eat at home ([footnote](#)).

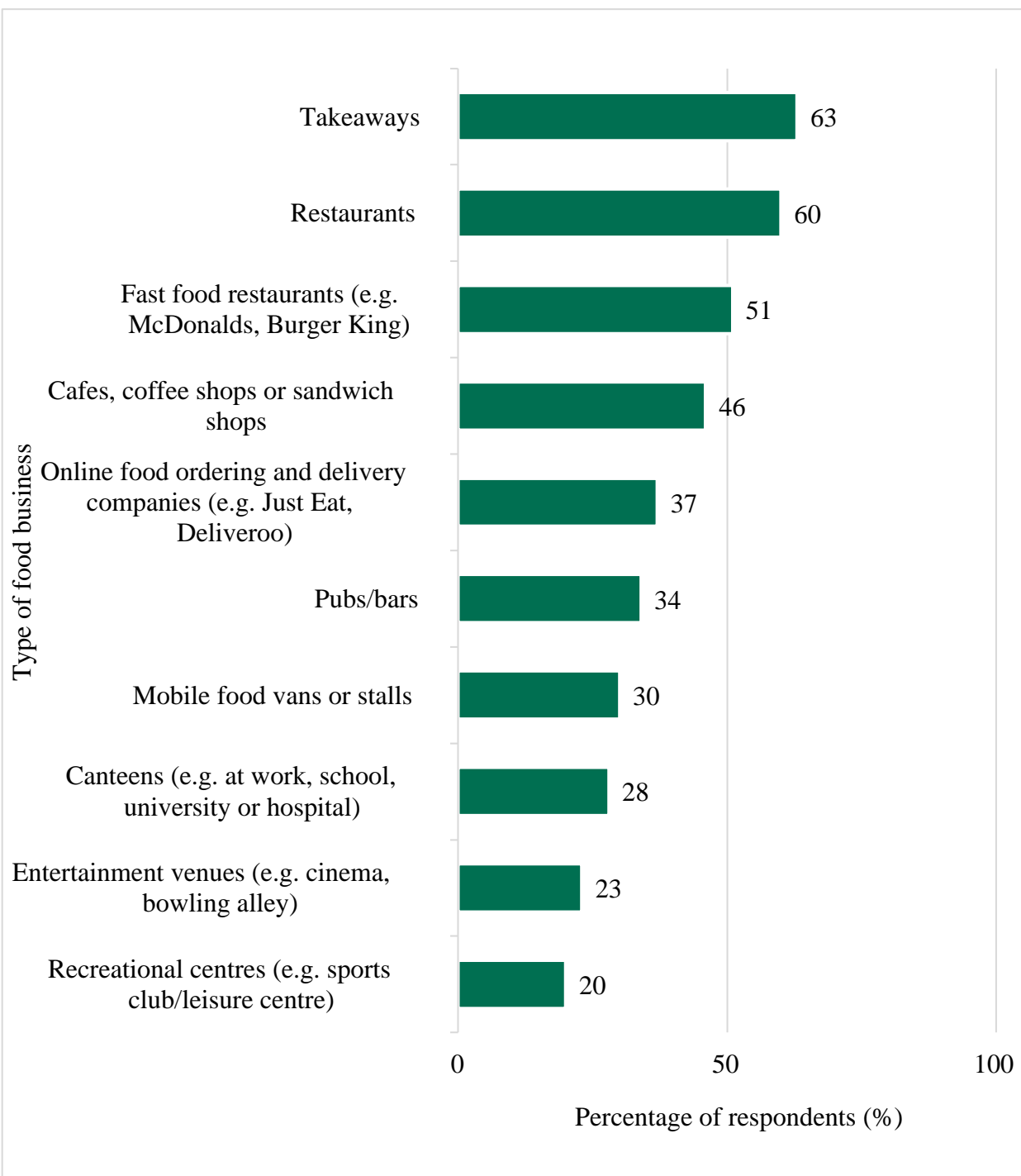
The prevalence of respondents reporting that the food they eat out or take out is less healthy compared to the food they eat at home varied in the following ways:

- Gender: Women (89%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to men (79%).
- Annual household income: Respondents with a household income of £32,000-£63,999 (90%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to respondents with an income below £19,000 (77%).
- NS-SEC: respondents in managerial, administrative and professional occupations (87%) and intermediate occupations (87%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to those in semi-routine and routine occupations (74%).
- Responsibility for cooking: respondents who were responsible for cooking (85%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to those who do not cook (75%).
- NIMDM: respondents who lived in the least deprived areas (NIMDM 5) (89%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to respondents who lived in the most deprived areas (NIMDM 1) (78%).

Figure 26 Where respondents would like to see more information about how healthy different food and drink options are.

Change to table and accessible view

Change to chart view



Business Type	Percentage of respondents
Recreational centres (e.g. sports club/leisure centre)	20
Entertainment venues (e.g. cinema, bowling alley)	23
Canteens (e.g. at work, school, university or hospital)	28

Business Type	Percentage of respondents
Mobile food vans or stalls	30
Pubs/bars	34
Online food ordering and delivery companies (e.g. Just Eat, Deliveroo)	37
Cafes, coffee shops or sandwich shops	46
Fast food restaurants (e.g. McDonalds, Burger King)	51
Restaurants	60
Takeaways	63

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Respondents were asked to select from a given list in which places they would like to see more information displayed about how healthy different food and drink options are. Most commonly, respondents reported that they would like takeaways (63%) and restaurants (60%) to display more information about how healthy different options are. Around half (51%) reported that they would like fast food restaurants (e.g. McDonalds, Burger King) to display this information ([footnote](#)).

Respondents were asked what nutritional information they would find useful on the menu to help inform their choices when eating out. Over half (55%) of respondents reported that they would find it useful if menus showed calorie information, 49% of respondents reported information about fat content would be useful, 46% reported information about sugar content would be useful and 43% reported information about salt content would be useful. Only 16% reported that none of these would be useful.

Annex A Food and You 2 Wave 4 Northern Ireland

Background

In 2018 the [Advisory Committee for Social Science](#) (ACSS) established a new Food and You Working Group to review the methodology, scope and focus of the Food and You survey. The

Food and You Working Group provided [a series of recommendations](#) on the future direction of the Food and You survey to the FSA and ACSS in April 2019. Food and You 2 was developed from the recommendations.

The Food and You 2 survey has replaced the biennial Food and You survey (2010-2018), biannual Public Attitudes Tracker (2010-2019) and annual Food Hygiene Rating Scheme (FHRS) Consumer Attitudes Tracker (2014-2019). The Food and You survey has been an Official Statistic since 2014.

Previous publications in this series include:

- [Food and You 2: Wave 1 Key Findings](#) (March 2021)
- [Food and You 2: Wave 2 Key Findings](#) (July 2021)
- [Food and You 2: Wave 3 Key Findings](#) (January 2022)
- [Food and You 2: Wave 4 Key Findings](#) (July 2022)

Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted by Ipsos. Food and You 2 is a biannual survey. Fieldwork for Wave 3 data were collected between 28th April and 25th June 2021 and fieldwork for Wave 4 was conducted from 18th October 2021 and 10th January 2022.

Food and You 2 is a sequential mixed-mode 'push-to-web' survey. A random sample of addresses (selected from the Royal Mail's Postcode Address File) received a letter inviting up to two adults (aged 16 or over) in the household to complete the online survey. A first reminder letter was sent to households that had not responded to the initial invitation. A postal version of the survey accompanied the second reminder letter for those who did not have access to the internet or preferred to complete a postal version of the survey. This helps to reduce the response bias that otherwise occurs with online-only surveys. This method is accepted for government surveys and national statistics, including the 2021 Census and [2019/2020 Community Life Survey](#). A third and final reminder was sent to households if the survey had not been completed. Respondents were given a gift voucher for completing the survey. Further details about the methodology are available in the Technical Report. Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of [Food and You 2](#).

The sample of main and reserve addresses ([footnote](#)) was stratified by region (with Northern Ireland and Wales being treated as separate regions), and within region (or country) by local authority (district council in Northern Ireland) to ensure that the issued sample was spread proportionately across the local authorities. National deprivation scores were used as the final level of stratification within the local authorities - in England the [Index of Multiple Deprivation \(IMD\)](#), in Wales the [Welsh Index of Multiple Deprivation \(WIMD\)](#) and in Northern Ireland, the [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#).

Due to the length and complexity of the online questionnaire it was not possible to include all questions in the postal version of the questionnaire. The postal version of the questionnaire needed to be shorter and less complex to encourage a high response rate. To make the postal version of the questionnaire shorter and less complex, two versions were produced. All data collected by Food and You 2 are self-reported. The data are the respondents own reported attitudes, knowledge and behaviour relating to food safety and food issues. As a social research survey, Food and You 2 cannot report observed behaviours. Observed behaviour in kitchens has been reported in [Kitchen Life](#), an ethnographic study which used a combination of observation,

video observation and interviews to gain insight into domestic kitchen practices. This study will be updated through Kitchen Life 2, which is in progress now and due to report in 2023.

The minimum target sample size for the survey is 4,000 households (2,000 in England, 1,000 in Wales, 1,000 in Northern Ireland), with up to two adults in each household invited to take part as mentioned above. For Wave 3 a total of 6,271 adults from 4,338 households across Northern Ireland (1,626 adults), England (3,190 adults), and Wales (1,455 adults), completed the survey. An overall response rate of 31% was achieved (Northern Ireland 27%, England 32%, Wales 32%). Sixty-nine per cent of respondents completed the survey online and 31% completed the postal version of the survey. The postal responses from 68 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Wave 3 Technical Report. For Wave 4 a total of 5,796 adults from 4,026 households across Northern Ireland (1,575 adults), England (2,940 adults), and Wales (1,281 adults), completed the survey. An overall response rate of 28.5% was achieved (Northern Ireland 26%, England 30%, Wales 29%). Sixty-five per cent of respondents completed the survey online and 28.5% completed the postal version of the survey. The postal responses from 51 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Wave 4 Technical Report.

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys. Further details about weighting approach used and the weights applied to the Food and You 2: Wave 4 data are available in the Technical Report^{12T}.

The data have been checked and verified by six members of Ipsos and two members of the FSA Statistics branch. Descriptive analysis and statistical tests have been performed by Ipsos. Quantum (statistical software) was used by Ipsos to calculate the descriptive analysis and statistical tests (t-tests).

The p-values that test for statistical significance are based on t-tests comparing the weighted proportions for a given response within that socio-demographic and sub-group breakdown. An adjustment has been made for the effective sample size after weighting, but no correction is made for multiple comparisons.

Reported differences between socio-demographic and sub-groups typically have a minimum difference of 10 percentage points between groups and are statistically significant at the 5% level ($p < 0.05$). However, some differences between respondent groups are included where the difference is fewer than 10 percentage points when the finding is notable or of interest. Percentage calculations are based only on respondents who provided a response. Reported values and calculations are based on weighted totals.

Technical terms and definitions

1. Statistical significance is indicated at the 5% level ($p < 0.05$). This means that where a significant difference is reported, there is reasonable confidence that the reported difference is reflective of a real difference at the population level.
2. Food security means that all people always have access to enough food for a healthy and active lifestyle ([World Food Summit, 1996](#)). The [United States Department of Agriculture](#) (USDA) has created a series of questions which indicate a respondent's level of food security. Food and You 2 incorporates the [10 item U.S. Adult Food Security Survey Module](#) and uses a 12 month time reference period. Respondents are classified as having high

- food security, marginal food security, low food security and very low food security.
3. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
 4. [Northern Ireland Multiple Deprivation Measure](#) (NIMDM) is the official measure of relative deprivation of a geographical area. WIMD classification is assigned by postcode or place name. WIMD is a multidimensional calculation which is intended to represent the living conditions in the area, including income, employment, health, education, access to services, housing, community safety and physical environment. Small areas are ranked by IMD/WIMD/NIMDM; this is done separately for [England](#), [Wales](#) and [Northern Ireland](#).

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