Eating Well

Choosing Better

Wave 7

Report prepared for the Food Standards Agency by Ipsos MORI

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Executive summary

The Eating Well Choosing Better (EWCB) tracker survey measures the progress of the Food Standard Agency's (FSA) EWCB programme in Northern Ireland (NI) through the collection of robust consumer insights and the monitoring of this data over time. The survey collects information on consumer perceptions of healthy eating, healthier options and reformulation; consumer use of traffic light labels; and consumer knowledge and understanding of the recommended daily calorie intake.

This report presents the findings from the seventh wave of the survey conducted between August and October 2021.

Key findings

- The majority of participants (69%) agreed that their personal eating habits were healthy in wave 7, significantly higher when compared to wave 6 (57%). Similarly, perceived understanding of what is healthy and what is less healthy was high (94%). This is significantly higher when compared to wave 6 (91%).

- More participants (67%) in wave 7 agreed that they actively seek out healthier options when food shopping, when compared to wave 6 (61%). However, significantly fewer (33%) stated that they actively seek out healthier options when eating outside the home. This suggests there are opportunities to encourage consumers to seek out healthier options when eating out and to further encourage and support food businesses to make healthier options appealing to consumers.

- One fifth of male (21%) and female participants (20%) could identify the correct recommended daily calorie allowance for their gender. For both male and female participants, a significantly higher proportion did not know their recommended daily calorie allowance (55% and 36%, respectively) when compared to wave 6 (46% and 22%, respectively). These findings support the need to continue promoting the recommended daily calorie allowance among both genders.

- Among those who shop for food in-store, just over half (51%) stated that they look at some form of nutritional labelling on food packaging in order to find the sugar, salt, saturated fat, or calorie content. This is significantly lower when compared to wave 6 (65%). Looking at the front of the packet (36%) and/or using the traffic light labelling system (31%) on the front of the packet were the most common methods participants used to source nutritional information.

- Awareness of the traffic light label was high. Almost nine in ten (87%) participants claimed to be aware of this label. However, this is significantly lower when compared to wave 6 (91%). Of the participants who recognised the traffic light label, over three quarters (79%) agreed that they understood what the front of

pack traffic light labels were for. Forty two percent of participants use this label when food shopping, significantly lower when compared to wave 6 (56%). As use of the label has decreased wave on wave, there is an opportunity to further improve consumer engagement with this label.

- The ability to choose healthier food and meals varies according to the setting in which food is purchased. Most participants found it easy to prepare healthier meals at home (91%) and believed it was easy to choose healthier products when purchasing food items in a supermarket store (72%, compared to 78% in wave 6). However, fewer participants found it easy to make healthier choices when eating outside the home.

- There is consumer demand for healthier food to be offered in several food settings, such as takeaways (51%), fast food restaurants (49%), restaurants and pubs (42%), leisure facilities such as cinemas and bowling alleys (41%) and vending machines (35%). Only 5% of participants did not want healthier options to be made available in any setting, which is significantly lower when compared to wave 6 (11%).

- The proportion of participants who reported not seeing calorie information on menus was significantly higher in wave 7 (69%) when compared to wave 6 (42%). Although many participants acknowledged that calories on food menus do not tend to influence their food choices very often across a range of venues, a notable proportion still recognise that they would like to see calories on food menus in a range of food settings outside of the home.

- The majority of those surveyed would be more likely to buy food reduced in sugar (64%) and at least half would be more likely to buy food reduced in saturated fat (51%) and salt (50%) compared to the regular version. Participants would be less likely to purchase reduced portion sizes of food high in sugar (44%), saturated fat (40%), and salt (39%).

Introduction

Background

The Food Standards Agency (FSA) in Northern Ireland (NI) has responsibility for the development of some nutrition policy. In addition, the FSA in NI has responsibility for leading on food product improvement with small and medium sized enterprises (SMEs) in NI and educating and informing consumers to make healthier choices.

The Eating Well Choosing Better (EWCB) programme was developed by the FSA in NI to support small and medium sized food businesses to reduce the calorie, sugar, saturated fat, and salt content of the food they produce, sell, or serve, as well as reducing portion sizes to help consumers make healthier choices. The overall aim is to improve the nutritional quality of everyday foods available to NI consumers.

The objectives of the EWCB programme include working in partnership with SMEs and appropriate stakeholders to support the NI food industry to engage with food product improvement and monitoring changes in NI consumers' attitudes towards food product improvement.

The purpose of this report is to present the findings of the seventh wave of the EWCB survey.

Objectives

The objectives of the EWCB survey are to monitor NI consumers':

- Understanding of healthy eating;
- Understanding of the daily recommended calorie intake;
- Understanding of, and use of the multiple traffic light label;
- Attitudes and behaviours towards reformulation including reduced portion sizes; and,
- Attitudes and behaviours towards healthier options outside the home.

Methodology

Survey methodology

The EWCB survey was historically a biannual online survey completed by approximately 300 representative adults from the NI population. It was first completed in November 2017 to inform the EWCB programme objectives. In May 2020, the FSA in NI made the decision to convert from a biannual survey to an annual survey.

The first five waves of the EWCB survey conducted between November 2017 and November 2019 were completed using online panels. In the 2020 survey (wave 6), interviewing was initiated via Computer Assisted Telephone Interviewing (CATI). Computer Assisted Personal Interviewing (CAPI), also referred to as 'face-to-face interviewing' was also introduced in wave 6 to improve the response rate.

In wave 7, data was collected solely using the CAPI interviewing method. The CAPI method used in the 2020 (wave 6), and 2021 (wave 7) surveys was conducted via doorstep interviewing, as opposed to traditional 'face-to-face in-home' because of the COVID-19 pandemic. As wave 6 and wave 7 both used the same interviewing methodology, results from these two waves are considered comparable, and as such, significant differences in the findings have been included throughout this report.

Survey questionnaire

The FSA in NI EWCB survey monitors the progress of the EWCB programme through collecting robust consumer insight data on the following:

- Knowledge of daily recommended calorie intake.
- Are consumers in favour of manufacturers reducing sugar, and/or saturated fat, and/or salt content of foods, and portion sizes of food high in these nutrients?
- Ease of selecting healthier choices in food for consumption inside and outside the home.
- Do consumers look at front of pack traffic light labels?
- Do consumers look for calories, sugar, saturated fat, salt, and portion size on packaged food labels?
- Would they like to see high fat, sugar, or salt snacks having a maximum number of calories?
- Does this influence consumer's choice? If so, how?

- What do consumers look for/would they like to see, and have they used calories on menus when eating outside the home?

A copy of the survey questionnaire can be found in the Appendices.

Sampling and sample size

A total of 603 interviews were completed with food shoppers in NI in wave 7. Interviewing took place from 18th August to 9th October, 2021.

To ensure representation of the population of NI, quota sampling was adopted. Quotas were based on 2011 Census data (Census Office for Northern Ireland , 2011) to key demographic variables in the sample, ensuring representation across gender, age, socio-economic group and region of NI. Quotas and the definition of each socio-economic group can be found in the Appendices.

Significant differences in wave 6 and wave 7 findings have been included throughout this report. In wave 6, a total of 601 interviews were completed with food shoppers in NI. A total of 318 interviews were completed using CATI and 283 using CAPI. Interviewing took place from 5th June to 23rd August, 2020.

Data analysis

The data file was cleaned, validated, and anonymised. In wave 7, corrective weighting to demographic variables was not required given limited deviation from quotas.

Open-ended responses were analysed using thematic analysis. Thematic analysis is a method of analysing qualitative data, where patterns or themes are identified and reported (Braun et al. 2006).

Significance testing was carried out on the data from closed questions to identify any differences in the views, attitudes, and behaviours of key sub-groups. Statistical significance testing establishes whether the variation between groups could have happened by chance or whether it is likely to reflect some 'real' differences in the population. A range of demographic information was collected during the survey, such as age, gender, socio-economic group, household income, and the presence of children in the household to enable sub-group analysis. Demographic differences have been reported where statistically significant differences occur at the 5% level. This means that if a statistical difference was found, there is less than a 5% chance that this difference has occurred by chance. Full data tables are available on request.

Research considerations

Results should be interpreted with care. Surveys are subject to errors in participants' interpretation of survey questions and response options. The data reported within this report relies on participants' self-reported behaviours. Errors could occur due to imperfect recollection, or participants' tendency to overreport behaviours which are perceived as being desirable and underreport undesirable behaviours.

Results

The ‘results’ section of this report includes findings on participants’ understanding of healthy eating, the daily recommended calorie intake, and the multiple traffic light label. It also includes findings on attitudes and behaviours towards reformulation including reduced portion sizes and healthier options outside the home.

Comparisons to wave 6 (2020 data) has been included throughout.

Views and understanding of healthy eating

The ‘views and understanding of healthy eating’ section of the report explores participants’ views of their personal eating habits and that of their children. This section also explores participants’ views on their understanding of healthy eating and the ease with which they can make healthier choices.

Views on the meaning of ‘healthy eating’ varied, although some key trends emerged from the participants’ responses. Many survey participants perceived healthy eating to simply mean eating plenty of fresh food such as fruit and vegetables, while others believed that healthy eating meant avoiding unhealthy foods such as fast food or processed foods.

> “A balanced diet, with a lot of fruit and vegetables, white meat and other healthy foods.”

> “Eat fried food less often and vegetables and fruit more often.”

There were also frequent mentions of eating a balanced diet and eating in moderation, including reducing sugar, and salt intake. Eating foods lower in fat was also frequently referred to.

> “It means a balanced diet, with a moderate consumption of the things that are bad for you.”

> “Food that provides enough nutrients, fat, sugars, salt, and proteins and vitamins without too much of anything. A balance.”

> “Eating 5 a day fruit and veg and staying away from high calorie or fatty foods as much as we can.”

Some participants chose to highlight a more health conscious approach, such as cooking more from scratch at home, or even growing or producing their own food from home.

> “We prefer to grow and cook at home now we have retired, so it's mostly our own.”

> “I like home cooked meals, it's better for you, fruits, veg, no sugar, salt.”

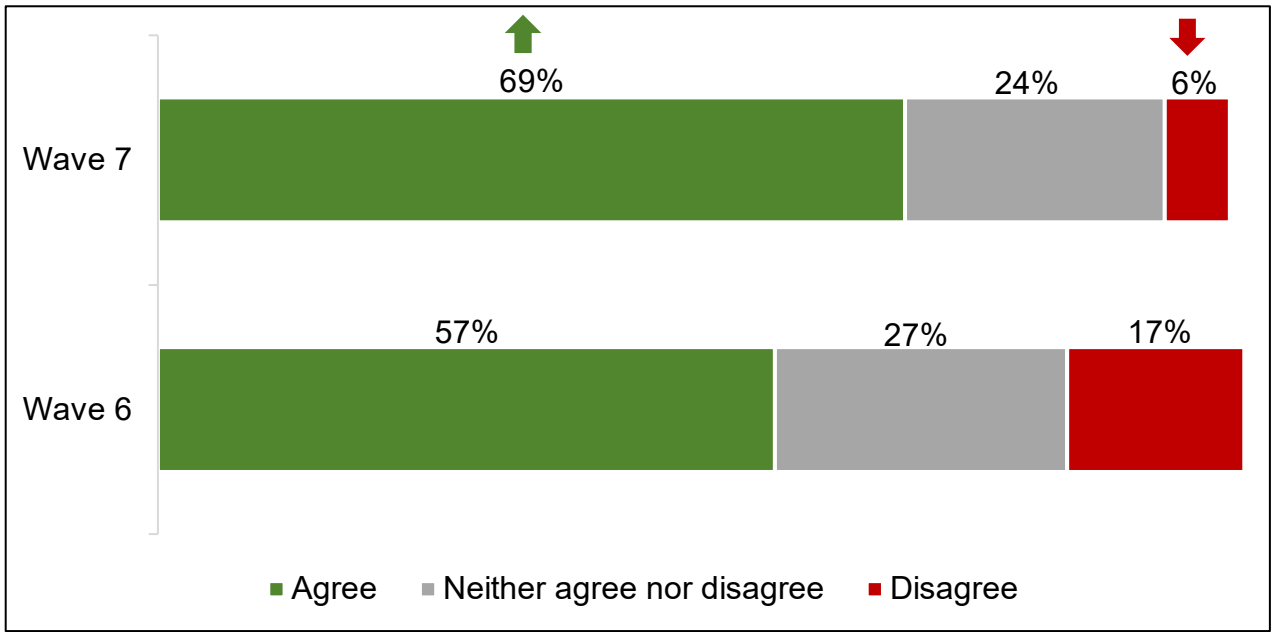
A few participants viewed ‘healthy eating’ as eating organic produce, monitoring portion sizes, reducing carbohydrates, and eating a plant-based diet.

Perceptions of healthy eating habits

Participants were asked the extent to which they agreed or disagreed that their personal eating habits are healthy.

Sixty nine percent of participants agreed that their personal eating habits were healthy in wave 7 (2021), significantly higher when compared to wave 6 (57% in 2020). In wave 7, just 6% disagreed that their personal eating habits were healthy, significantly lower when compared to wave 6 (17%). Notably, 24% neither agreed nor disagreed in wave 7 (Figure 1).

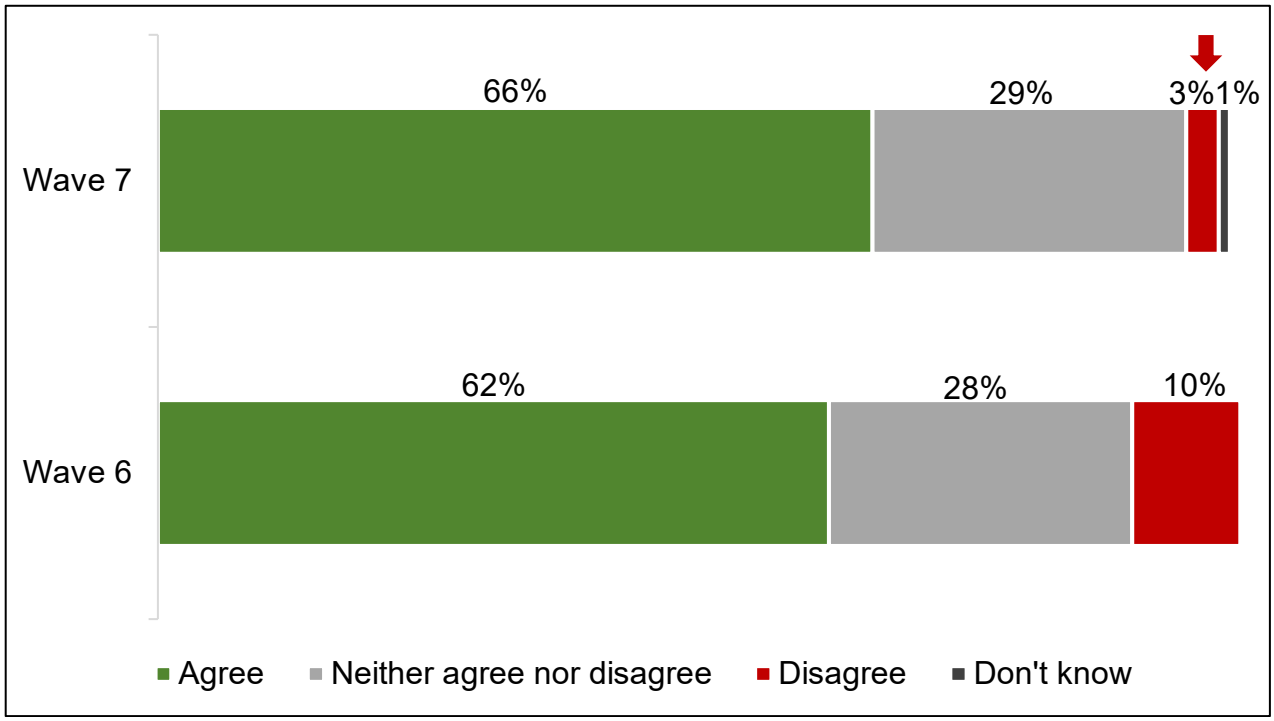
Figure 1: Participants who ‘agree’ or ‘disagree’ that their personal eating habits are healthy’



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
Note: Totals don’t add to 100% due to rounding.

Over three in five participants (66%) agreed that their children's eating habits were healthy in wave 7. This has not changed significantly since wave 6 (62%). However, the proportion of participants who disagreed decreased significantly from 10% in wave 6 to 3% in wave 7 (Figure 2).

Figure 2: Participants who 'agree' or 'disagree' that their children's eating habits are healthy'



Base wave 7: 134 adults with children in the household in Northern Ireland.
Base wave 6: 181 adults with children in the household in Northern Ireland.
The red arrow indicates significantly lower than wave 6.
Note: Totals don't add to 100% due to rounding.

The following demographic groups were significantly more likely to consider their personal eating habits as healthy:

- Females (76%), in comparison to males (62%);
- Those aged 55 years or over (82%), in comparison to those aged 18 to 34 years (61%) and 35 to 54 years (65%);
- Those earning £40-55,000 per year (81%), in comparison to those earning lower incomes of £19,999 or less (59%). Please note, bases are low for household income groups; and,
- Participants from a higher socio-economic group (ABC1) (78%), in comparison to those in a lower socio-economic group (C2DE) (63%).

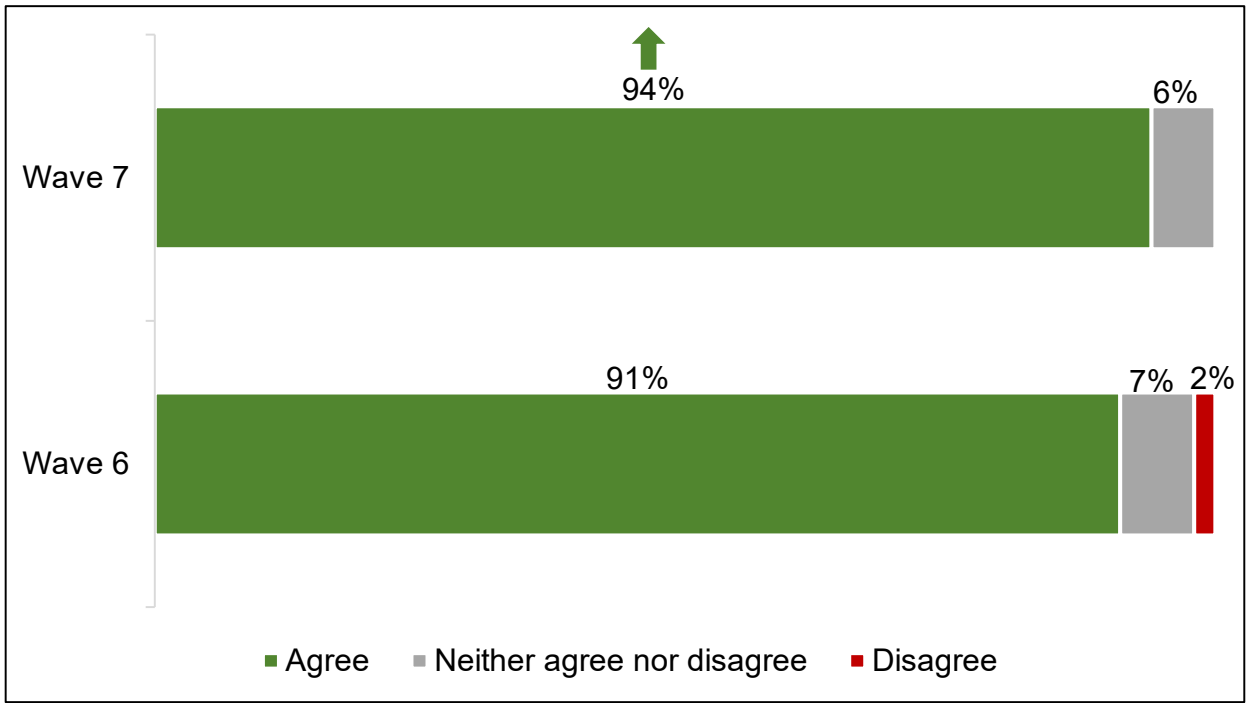
See table 6 in the appendices report for significant differences of participant perceptions of healthy eating habits.

Understanding of what is healthier and what is less healthy

Participants were asked the extent to which they agreed or disagreed that they understand what is healthier and what is less healthy.

Perceived understanding of what is considered to be healthy and what is less healthy was high. Overall, 94% of participants agreed that they understood this, significantly higher when compared to wave 6 (91%) (Figure 3).

Figure 3: Participants who 'agree' or 'disagree' that they understand what is healthier and what is less healthy



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The green arrow indicates significantly higher than wave 6.

The following demographic groups were significantly more likely to agree that they understand what is healthier and what is less healthy:

- Females (96%), in comparison to males (91%);
- Participants from a higher socio-economic group (ABC1) (96%), in comparison to those in a lower socio-economic group (C2DE) (91%); and,
- Participants who use the traffic light label to make food purchasing decisions (100%), in comparison to those who don't (93%).

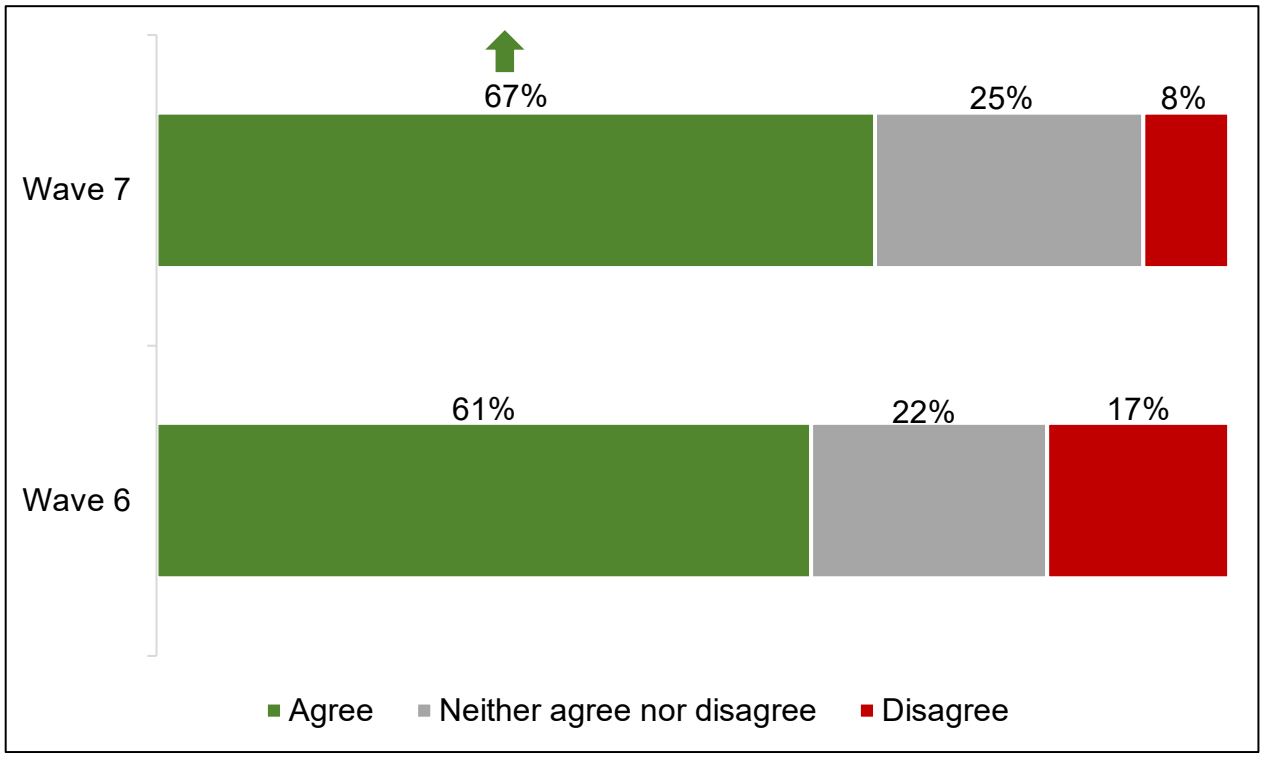
See table 7 in the appendices report for significant differences of participant understanding of what is healthier and what is less healthy.

Seeking healthier options

Participants were asked the extent to which they agreed or disagreed that they 'actively seek out healthier options when shopping'.

In wave 7, over two thirds of participants (67%) agreed that they actively seek out healthier options when shopping, significantly higher when compared to wave 6 (61%). Just 8% disagreed (Figure 4).

Figure 4: Participants who 'agree' or 'disagree' that they actively seek healthier options when shopping



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The green arrow indicates significantly higher than wave 6.

The following demographic groups were significantly more likely to agree that they actively seek out healthier options when shopping:

- Females (75%), in comparison to males (58%);
- Participants with a household income of £20,000 to £39,999 (66%) and £40,000 to £59,999 (78%), in comparison to those with a lower household income of £19,999 or below (51%). Please note, bases are low for household income groups;

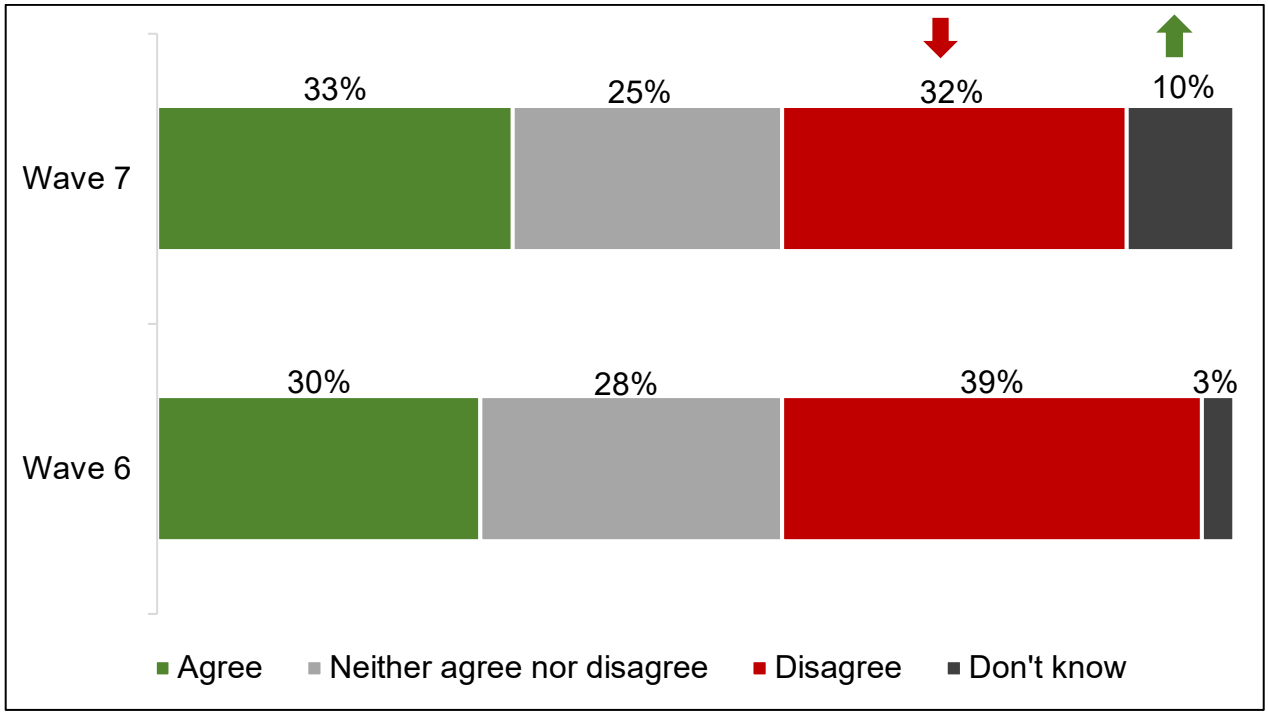
- Participants from a higher socio-economic group (ABC1) (79%), in comparison to those from a lower socio-economic group (C2DE) (57%); and,
- Participants who use the traffic light label to make food purchasing decisions (86%), in comparison to those who don't (57%).

See table 8 of appendices report for significant differences of seeking healthier options when shopping.

Participants were asked the extent to which they agreed or disagreed that they actively seek out healthier options when eating out.

While just over two thirds (67%) of participants confirmed that they actively seek out healthier options when shopping, only one third (33%) stated that they actively seek out healthier options when eating out. Almost the same proportion (32%) disagreed, a significant decrease when compared to wave 6 (39%). A significantly higher proportion stated they 'don't know' in wave 7 when compared to wave 6 (10% and 3% respectively) (Figure 5).

Figure 5: Participants who 'agree' or 'disagree' that they actively seek healthier options when eating out



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.

The following demographic groups were significantly more likely to agree that they actively seek healthier options when eating out:

- Females (39%), in comparison to males (27%);
- Participants who have no children (38%), in comparison to those who have any number of children (23%);
- Participants with a household income of £20,000 to £39,999 (36%) and £40,000 to £59,999 (26%), in comparison to those with a lower household income of £19,999 or below (13%). Please note, bases are low for household income groups;
- Participants from a higher socio-economic group (ABC1) (40%), in comparison to those from a lower socio-economic group (C2DE) (29%); and,
- Participants who use the traffic light label to make food purchasing decisions (46%), in comparison to those who don't (27%).

See table 8 in the appendices report for significant differences of seeking healthier options when eating out.

Understanding and awareness of recommended daily calorie intake

The 'understanding and awareness of recommended daily calorie intake' section of the report investigates participants' existing knowledge of the Government recommended daily calorie intake for males and females.

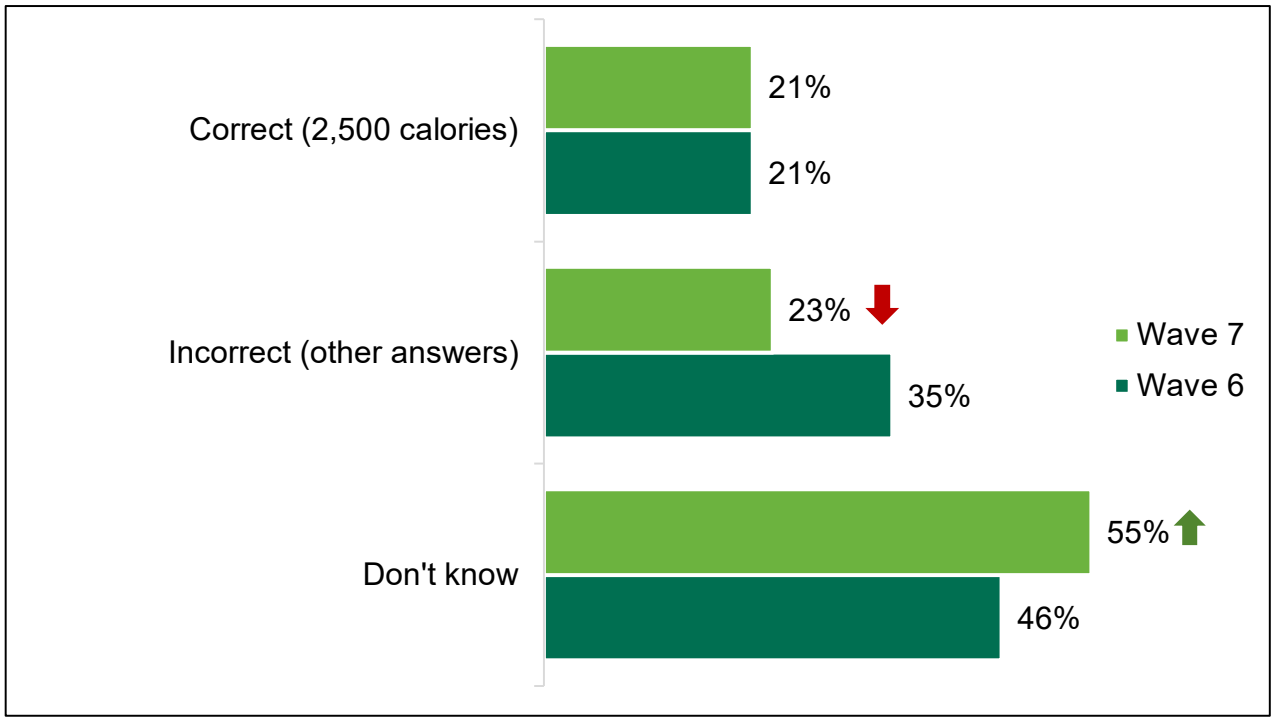
There was considerable variation in the understanding of the recommended daily calorie intake for both men and women. A large proportion of participants were not aware of the Government recommended daily calorie intake for their gender. The Government recommended daily intake of calories for males is 2,500kcal and for females is 2,000kcal (Public Health England 2016).

Knowledge of recommended daily calorie intake amongst male participants

When men were asked what the recommended daily calorie intake is for their gender, the range of responses varied from 1,200 calories to 3,500 calories.

In wave 7 only one in five (21%) males were aware of the recommended daily calorie intake for their gender, a finding also reported in wave 6. In wave 7, over half (55%) reported they did not know their recommended daily calorie intake, which is significantly higher when compared to wave 6 (46%). Significantly more participants (55%) in wave 7 stated that they don't know their recommended daily calorie intake when compared to wave 6 (46%). A significantly lower proportion of participants gave incorrect answers in wave 7 when compared to wave 6 (23% and 35% respectively) (Figure 6).

Figure 6: Male participants' knowledge of recommended daily calorie intake for their gender



Base wave 6: 288 adult males in Northern Ireland.
The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
Note: Totals don't add to 100% due to rounding.

- Male participants from a higher socio-economic group (ABC1) (35%) were significantly more likely to know what the recommended daily calorie intake is for their gender, in comparison to male participants from a lower socio-economic group (C2DE) (13%).

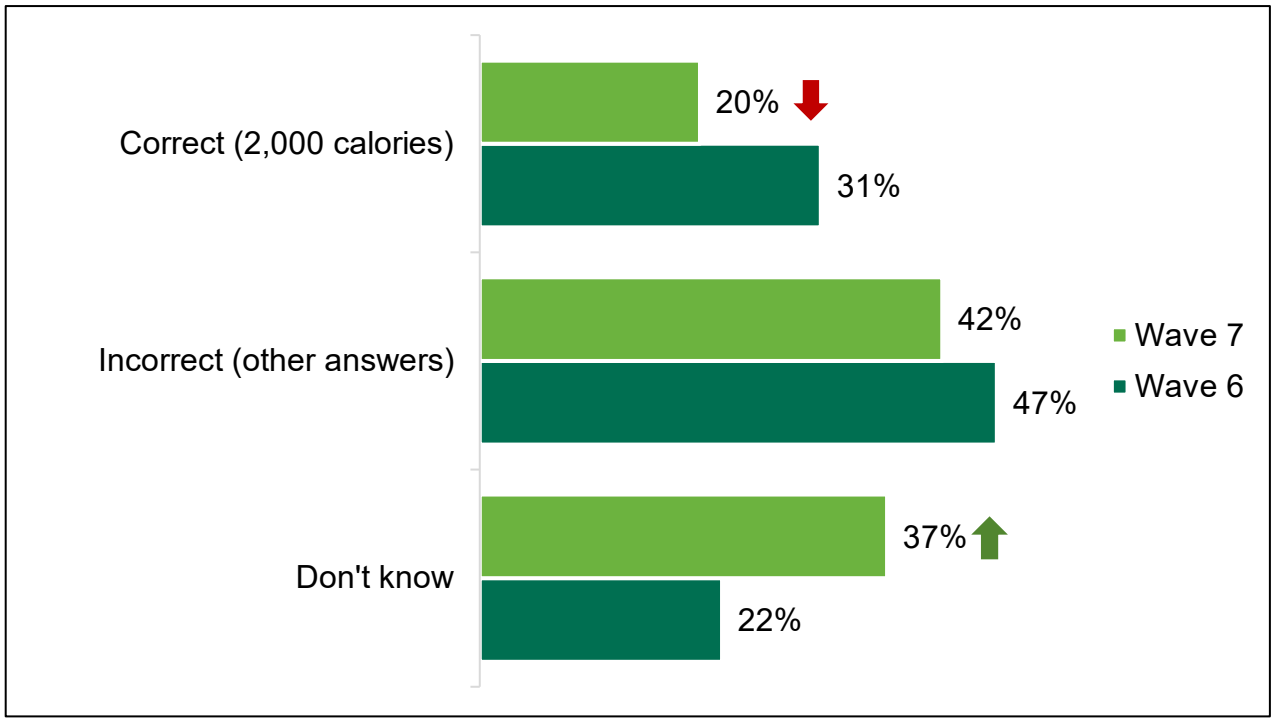
See table 9 in the appendices report for significant differences in male participants' knowledge of their recommended daily calorie intake.

Knowledge of recommended daily calorie intake amongst female participants

When female participants were asked what the recommended daily calorie intake is for their gender, the range of responses varied from 190 calories to 3,000 calories.

One fifth of females (20%) were aware of the correct recommended daily calorie intake for their gender, which is significantly lower when compared to wave 6 (31%). Over one third of females (37%) confirmed that they do not know their recommended daily calorie intake, which is significantly higher when compared to wave 6 (22%) (Figure 7).

Figure 7: Female participants' knowledge of recommended daily calorie intake for their gender



Base wave 6: 312 adult females in Northern Ireland.
The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
Note: totals don't add to 100% due to rounding.

The following demographic groups were significantly more likely to know what the recommended daily calorie intake is for their gender:

- Female participants aged 35 to 54 years (25%), in comparison to female participants aged 55 years or over (14%); and
- Female participants who use the traffic light label when making food purchasing decisions (27%), in comparison to female participants who don't (16%).

See table 10 in the appendices report for significant differences in female participants' knowledge of their recommended daily calorie intake.

Food purchasing behaviour

This section of the report explores where participants shop for food.

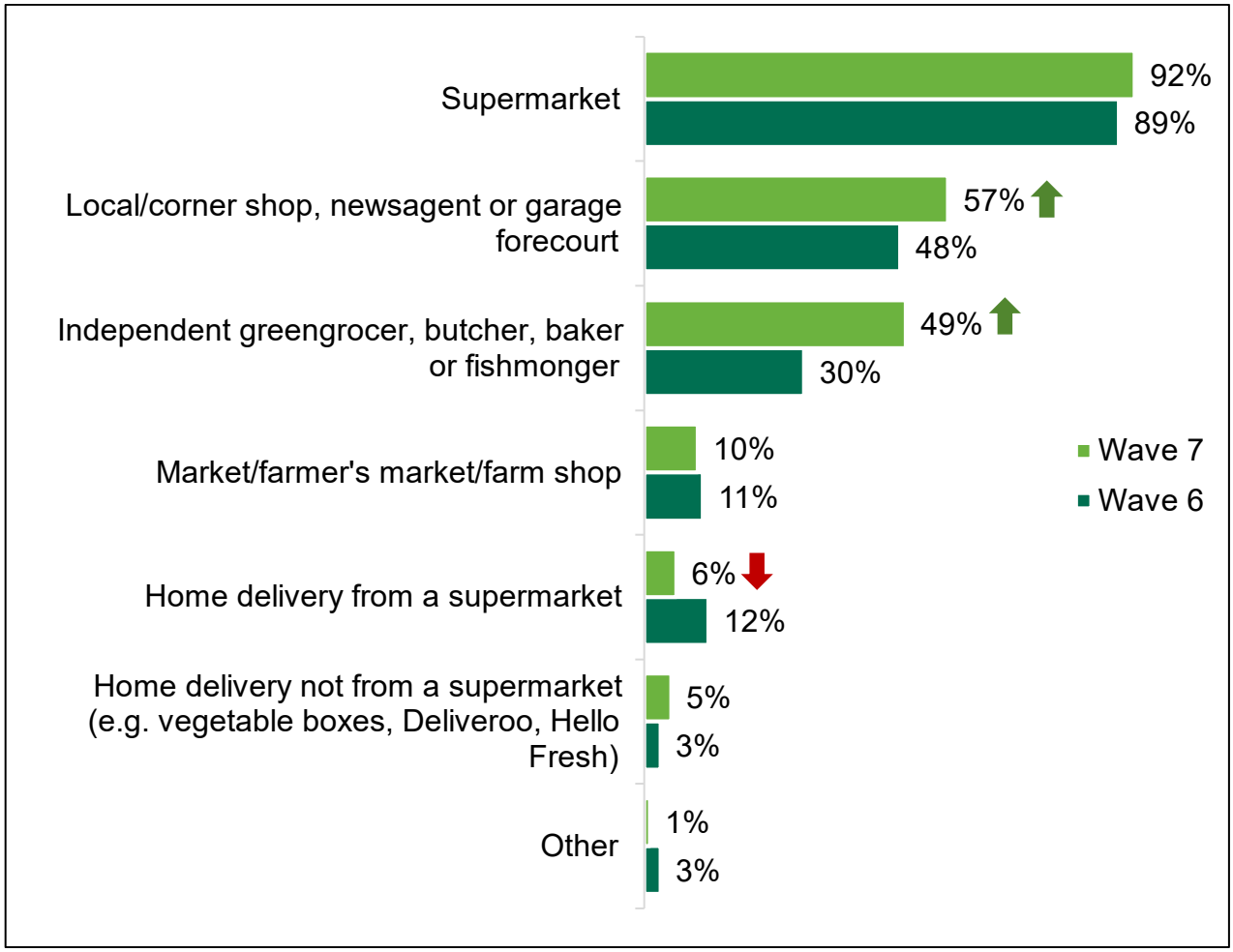
Where participants purchase food

Similar to wave 6, supermarkets were the main source of food shopping for NI consumers in wave 7. In wave 7, 92% confirmed that they shop at a supermarket in a typical month (89% in wave 6). The majority of participants also reported that they use local shops such as corner shops, newsagents, or garage forecourts (57%), compared to a significantly lower proportion (48%) in wave 6 (Figure 8).

There was also a significant increase in the proportion of participants who said they shopped at independent greengrocers, butchers, bakers, or fishmongers. In wave 6, just 30% said that they used these outlets to shop for food. This rose to 49% in wave 7 (Figure 8).

In wave 7, markets, farmers markets, and farm shops were less commonly used (10%), with home deliveries from a supermarket (6%; significantly less than 12% in wave 6) and deliveries not from a supermarket (5%) used even less often (Figure 8).

Figure 8: Locations where participants shop for food



Base wave 7: 603 adults in Northern Ireland.

The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
Note: Totals do not add to 100% as participants could select multiple responses.

The following demographic groups were significantly more likely to use particular shopping venues:

- Participants aged 18 to 34 years (94%) and 35 to 54 years (98%) were significantly more likely to use a supermarket than those aged 55 years or over (85%);
- Participants aged 35 to 54 years (51%) and 55 years or older (63%) were significantly more likely to have used an independent greengrocer, butcher, baker, or fishmonger, in comparison to those aged 18 to 34 (33%);

- Participants aged 35 to 54 years were significantly more likely to use home delivery from a supermarket (10%), in comparison to those aged 55 years or over (4%);

- Participants earning higher incomes of £20,000 to £39,999 (50%) and £40,000 to £59,999 per year (59%) were significantly more likely to have used an independent greengrocer, butcher, baker, or fishmonger than participants with a household income of £19,999 or less (36%). Furthermore, participants earning £40,000 to £59,999 were also significantly more likely to have used a supermarket (100%) or a local/corner shop, newsagents or garage forecourt than those earning £19,999 or less (89% and 55% respectively). Please note, bases are low for household income groups; and,

- Participants who have children were significantly more likely to use a supermarket (98%) than those without children (91%);

- Participants from a higher socio-economic group (ABC1) were significantly more likely to have used a supermarket (96%) or an independent greengrocer, butcher, baker, or fishmonger (60%), in comparison to participants from a lower socio-economic group (C2DE) (90% and 40% respectively); and

- Participants who use the traffic light label when making food purchasing decisions were significantly more likely to have used a supermarket (96%), an independent greengrocer, butcher, baker, or fishmonger (61%), a market, farmers' market or farm shop (15%), home delivery from a supermarket (11%), and home delivery not from a supermarket (10%) in comparison to participants who don't (90%, 44%, 7%, 5% and 2% respectively).

See table 11 in the appendices report for significant differences in where participants shop for food.

Healthy eating behaviours

The 'healthy eating behaviours' section of the report explores the extent to which participants use nutritional labelling to make informed food purchasing decisions and their awareness and understanding of the traffic light label.

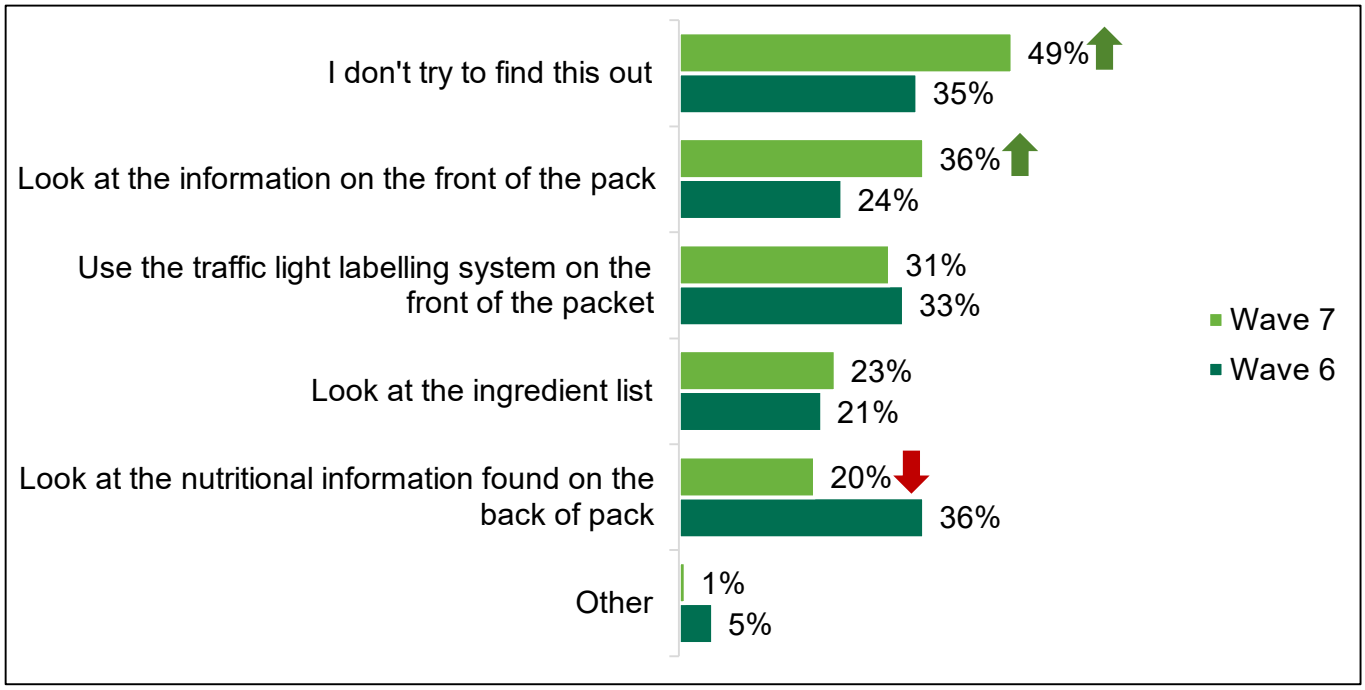
Use of nutritional labelling

Among those who shop for food in-store, just over half (51%) stated they look at some form of nutritional labelling on food packaging in order to find the sugar, salt, saturated fat, or calorie content. This is significantly lower when compared to wave 6 (65%). Simultaneously, there has been a significant increase in the proportion of participants who stated that they do not try to find this information, from 35% in wave 6, to 49% in wave 7 (Figure 9).

Looking at the front of the packet (36%) or using the traffic light label (31%) on the front of the packet were the most common methods participants used to source nutritional information. Almost a quarter (23%) checked the ingredients list, while one fifth (20%) looked at the nutritional information on the back of the packet (Figure 9).

Overall, there has been a significant increase in the proportion of participants claiming to review the information provided on the front of the pack, increasing from 24% in wave 6 to 36% in wave 7. There has also been a significant decrease in the proportion who claim to view the back of the pack for information in wave 7 (20%) when compared to wave 6 (36%) (Figure 9).

Figure 9: How participants find nutritional information when food shopping in-store



Base wave 7: 601 adults who shopped in-store.

The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
Note: Totals do not add to 100% as participants could select multiple responses.

The following significant differences regarding likelihood to look for nutritional information on food packaging emerged:

- Female participants were significantly more likely to look at the information on the front of pack (48%), use the traffic light label on the front of the pack (39%), look at the ingredient list (29%) or look at the nutritional information found on the back of pack (25%), in comparison to males (23%, 22%, 16%, and 14% respectively);

- Participants aged 55 years or over (56%) were significantly more likely to report that they don't try to find this information, in comparison to those aged 18 to 34 years (47%) and 35 to 54 years (45%);

- Those without children were significantly more likely to report that they don't try to find this information in comparison to those with children (53% and 36% respectively);

- Participants with household incomes of £20,000 to £39,999 and £40,000 to £59,999 were significantly more likely to look at the nutritional information found on the front of the pack (42% and 53% respectively) and use the traffic light label (35% and 29% respectively) in comparison to those with an income of £19,999 or less (21% and 16% respectively). Participants with a household income of £40,000 to £59,999 were also significantly more likely to check the back of the packet (28%), in comparison to those with a household income of £19,999 or less (12%). Please note, bases are low for household income groups; and,

- Participants from a lower socio-economic group (C2DE) were significantly more likely to state that they don't try to find this information than those from a higher socio-economic group (ABC1) (59% and 35%, respectively).

See table 12 in the appendices report for significant differences in the use of nutritional labelling.

Recognition and use of the traffic light label

Participants were shown an image of a traffic light label (Figure 10). Awareness of the traffic light label was high. Almost nine in ten (87%) participants claimed to be aware of it However, this is significantly lower when compared to wave 6 (91%) (Figure 11).

Figure 10: Traffic light label example

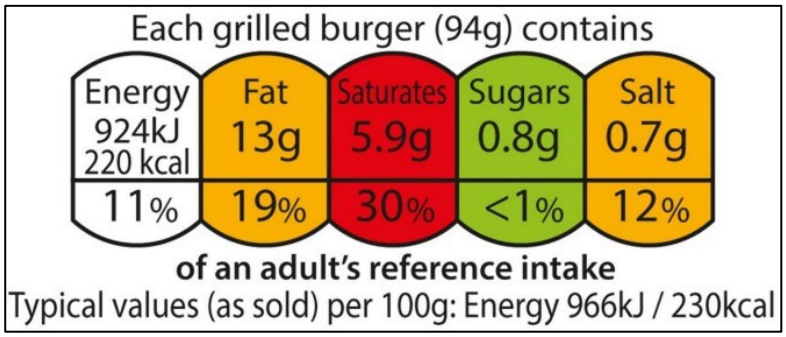
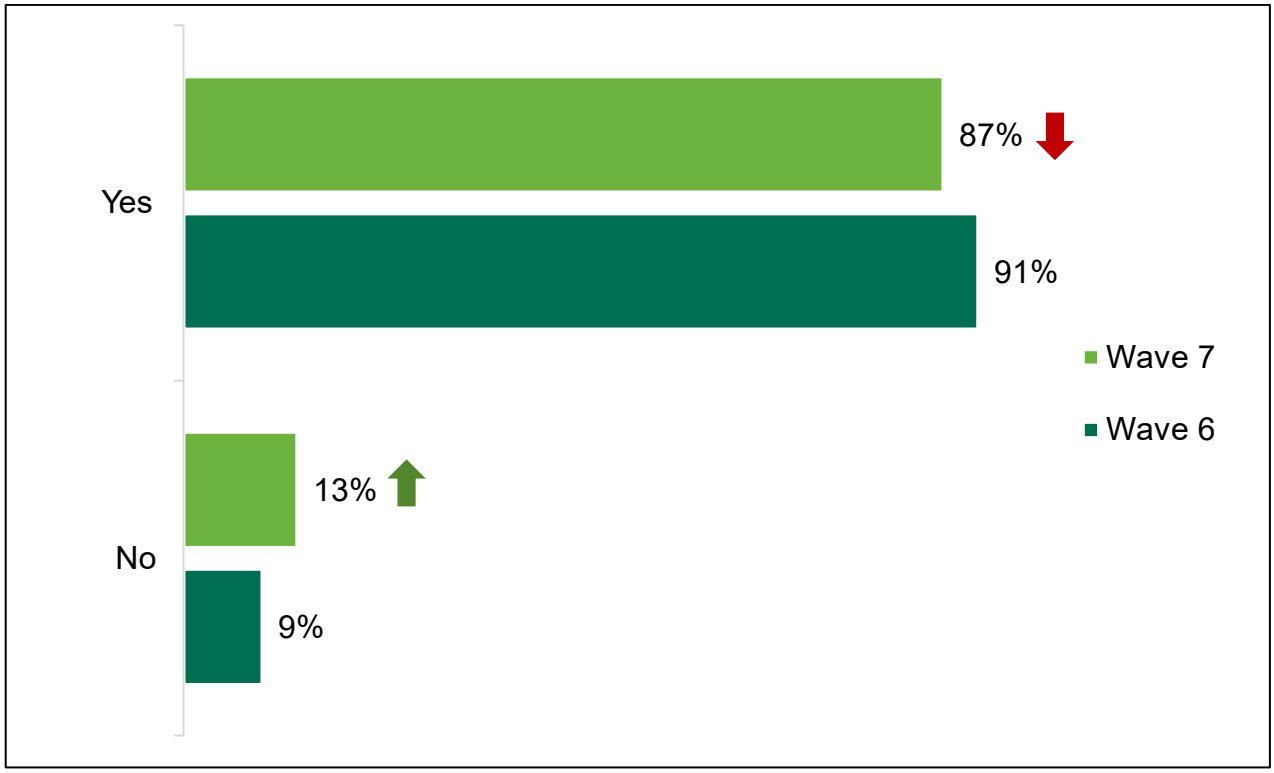


Figure 11: Participants who were, or were not, aware of the traffic light label



Base wave 7: 603 adults in Northern Ireland.

The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.

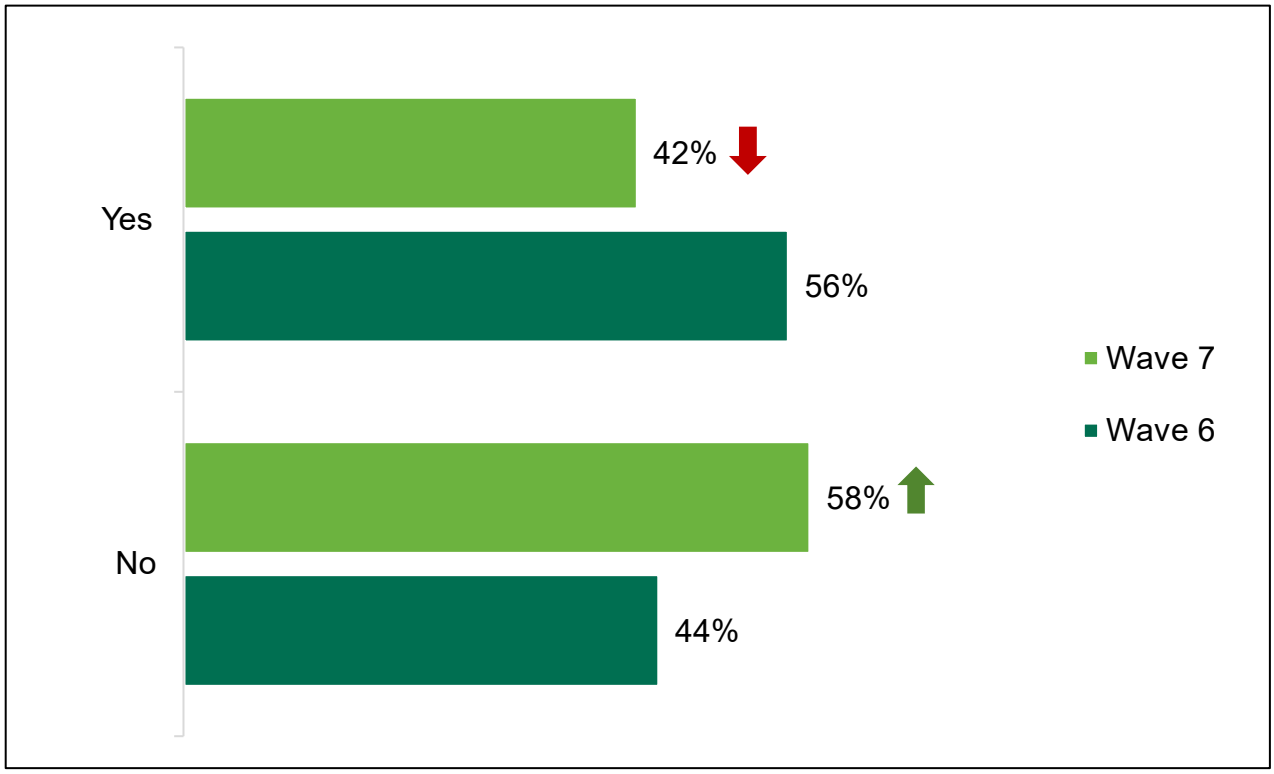
The following demographic groups were significantly more likely to recognise the traffic light label:

- Female participants (93%) were significantly more likely to recognise the traffic light label, in comparison to male participants (81%);
- Participants with household incomes of £20,000 to £39,999 (92%) and £40,000 to £59,999 (96%) were significantly more likely to recognise the traffic light label, in comparison to participants with a household income of £19,999 or less (73%). Please note, bases are low for household income groups;
- Participants with children (93%) were significantly more likely to recognise the traffic light label, in comparison to participants without children (86%); and,
- Participants from a higher socio-economic group (ABC1) (96%) were significantly more likely to recognise the traffic light label, in comparison to participants from a lower socio-economic group (C2DE) (81%).

See table 13 in the appendices report for significant differences in the recognition of the traffic light label.

Although awareness of the labelling was high, a much smaller proportion (42%) use this label when food shopping (Figure 12). This is significantly lower than in wave 6 (56%).

Figure 12: Use of the traffic light label when food shopping



Base wave 7: 525 adults in Northern Ireland who recognised the traffic light image.

The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.

The following demographic groups were significantly more likely to use the traffic light label:

- Female participants (48%) were significantly more likely to use the traffic light label, in comparison to male participants (34%);
- Younger participants aged 18 to 34 years (48%) were significantly more likely to use the traffic light label when shopping, in comparison to older participants aged 55 years or over (36%);
- Participants living in an urban area (48%) were significantly more likely to use the traffic light label when shopping, in comparison to participants from a rural area (31%); and,

- Participants from a higher socio-economic group (ABC1) (52%) were significantly more likely to use the traffic light label, in comparison to participants from a lower socio-economic group (C2DE) (34%).

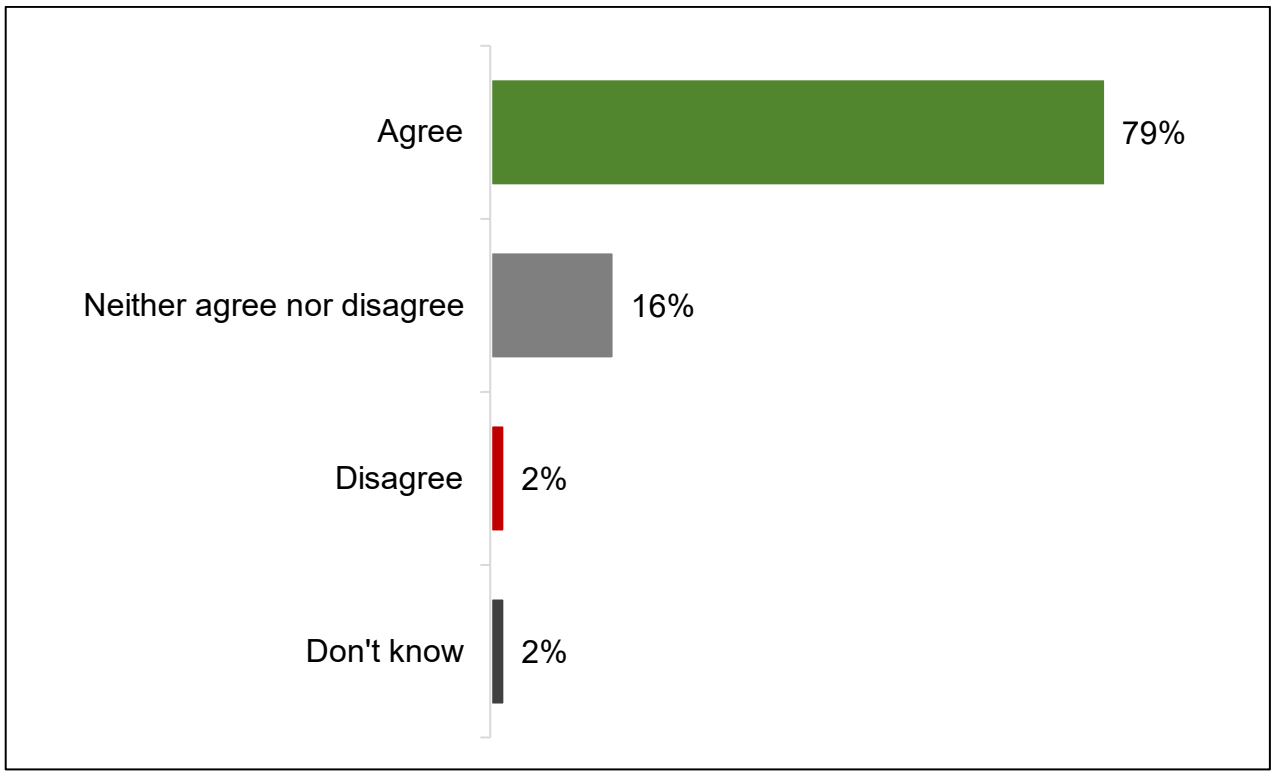
See table 14 in the appendices report for significant differences in the use of the traffic light label when making food purchasing decisions.

Understanding of the traffic light label

Participants who recognised the traffic light label were asked about the extent to which they agreed or disagreed with the statement: 'I understand what traffic light labels on the front of food packaging are for'[1].

Of the participants who recognised the traffic light label, 79% agreed they understood the purpose of this label. Over one third (36%) strongly agreed with this statement. Only 2% disagreed (Figure 13).

Figure 13: Participant understanding of the traffic light label



Base: 525 adults in Northern Ireland who recognise the traffic light image.

[1] Please note that this question was added in wave 7, and wave 6 comparisons are not available.

The following demographic groups were significantly more likely to agree that they understand what traffic light labels on the front of food packaging are for:

- Female participants (85%) were significantly more likely to agree in comparison to male participants (72%);
- Participants from an urban area (82%) were significantly more likely to agree, in comparison to those from a rural area (73%);
- Participants with household incomes of £20,000 to £39,999 (75%) and £40,000 to £59,999 (85%) were significantly more likely to agree, in comparison to participants with a household income of £19,999 or less (61%). Please note, bases are low for household income groups; and,
- Participants from a higher socio-economic group (ABC1) (91%) were significantly more likely to agree, in comparison to participants from a lower socio-economic group (C2DE) (69%).

See table 15 in the appendices report for significant differences in the undertanding of the traffic light label.

When probed further about the purpose of traffic light labels, understanding of the label varied. Some participants were able to provide a general overview of the purpose of this label, while others were able to offer a more detailed understanding of its purpose. Most participants correctly highlighted that the label is designed to provide information on calories, fat, sugar, and salt. Some participants provided detailed and comprehensive responses which indicated they had a clear understanding of the label and its use.

> “It is the information about contents such as saturated fats, salts and sugars that are in this product and if they are high, medium, or low quantities.”

> “For guidance only; a speedy alert to products with good levels of certain elements, such as fats and sugars.”

While some others did not explicitly comment on the use of the label to identify information on calories, fat, sugar, or salt specifically, a minority of participants did show some understanding of its use, particularly using the colours for guidance.

> “A quick glance it tells you to go ahead if it is any other colour than red, and if it is red, you must look more carefully.”

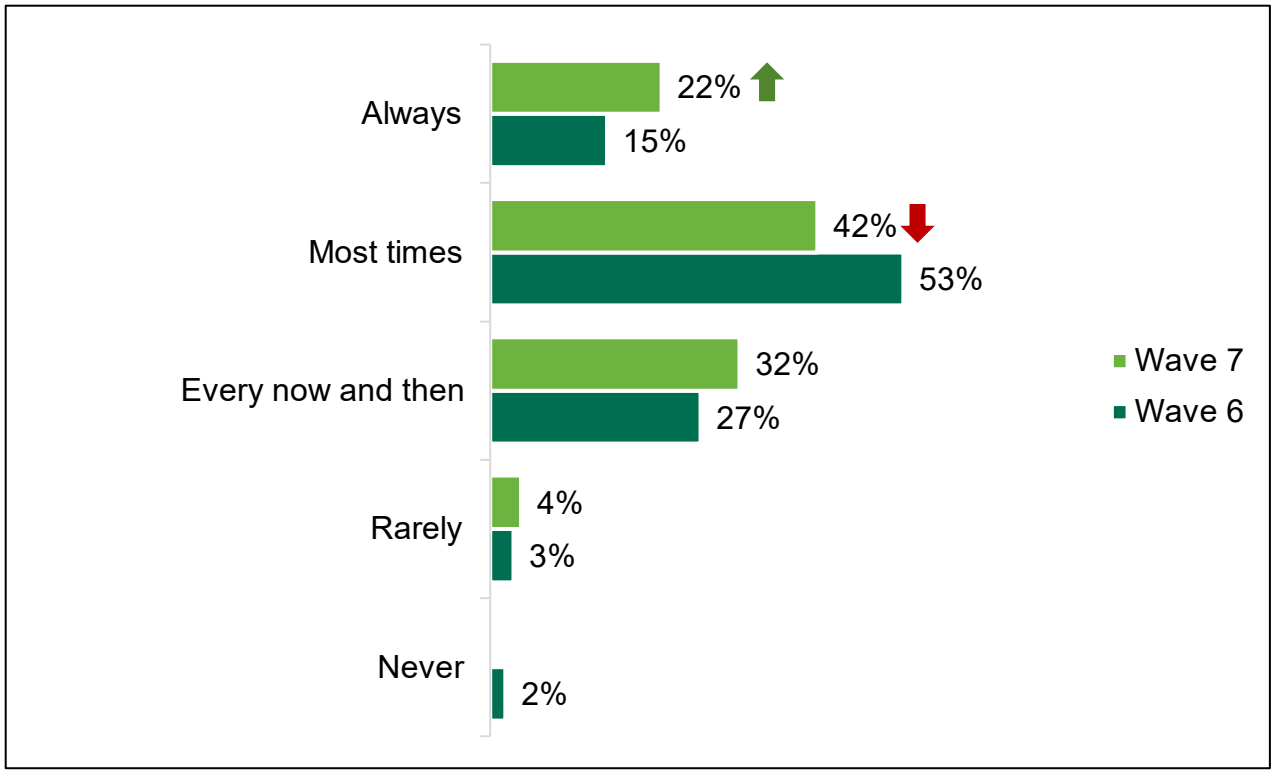
> “The range of colours matches the level of healthiness.”

A minority of participants also reported other more general uses of the labels, such as telling you what is in the food, informing a consumer about how healthy or unhealthy a food is, confirming that they find the labelling useful, or providing information on calories or daily allowances.

Frequency of using traffic light labelling to make healthier choices

Those who use the traffic light label when shopping for food were asked how often they choose foods with 'healthier' traffic light colours or foods with a lower percentage of the recommended daily calorie intake. Over one fifth (22%) said that they 'always' use the traffic light label to select foods with 'healthier' traffic light colours, which is significantly higher than in wave 6 (15%). A further two fifths (42%) use it for this reason 'most times', which is significantly lower than wave 6 (53%) (Figure 14).

Figure 14: Frequency of use of the traffic light label to choose foods with 'healthier' traffic light colours



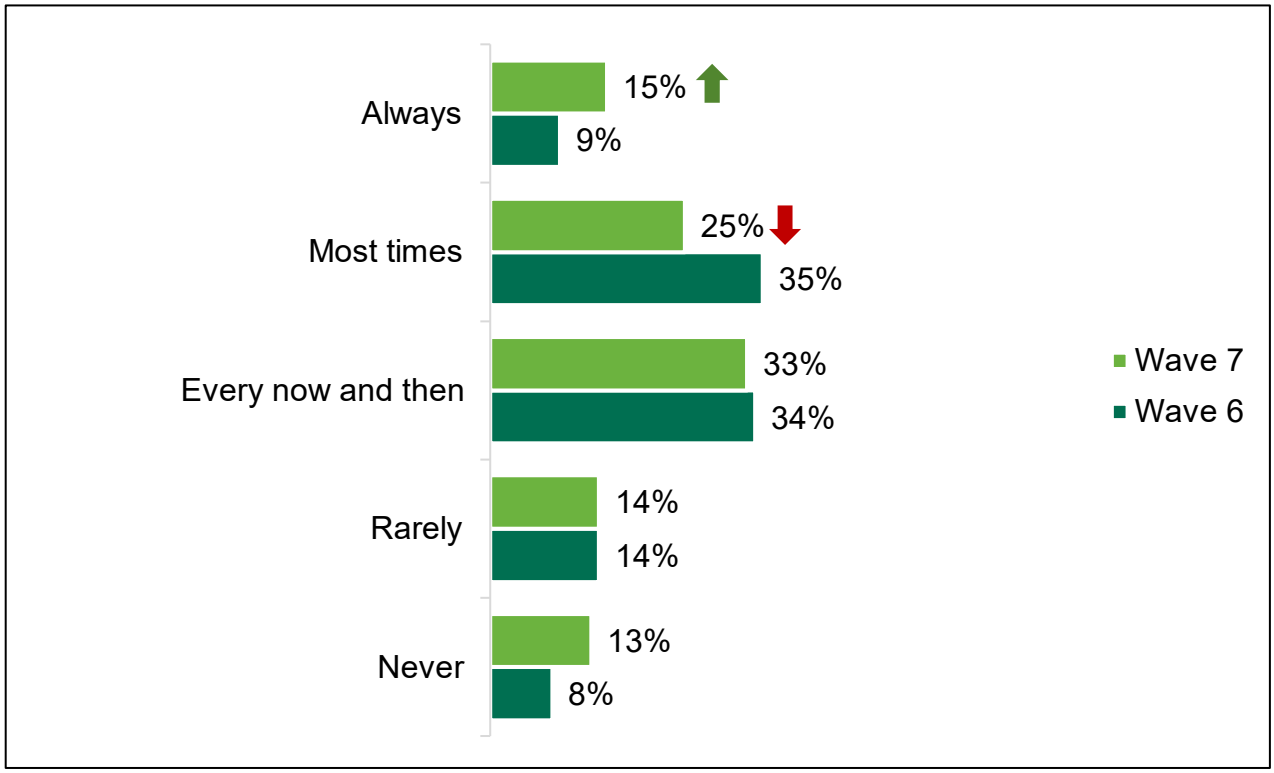
Base wave 7: 222 adults in Northern Ireland who use traffic light labelling.

The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.

Fewer participants use the traffic light label to select foods with a lower percentage of their recommended daily calorie intake, however, 15% 'always' use it for this reason, and a further quarter (25%) use it 'most of the time'. A significantly higher proportion of participants always use the label for this reason in wave 7 (15%) when compared to

wave 6 (9%), while a significantly lower proportion (25%) use it 'most times' when compared to wave 6 (35%) (Figure 15).

Figure 15: Frequency of use of the traffic light label to choose foods with a lower recommended daily calorie allowance



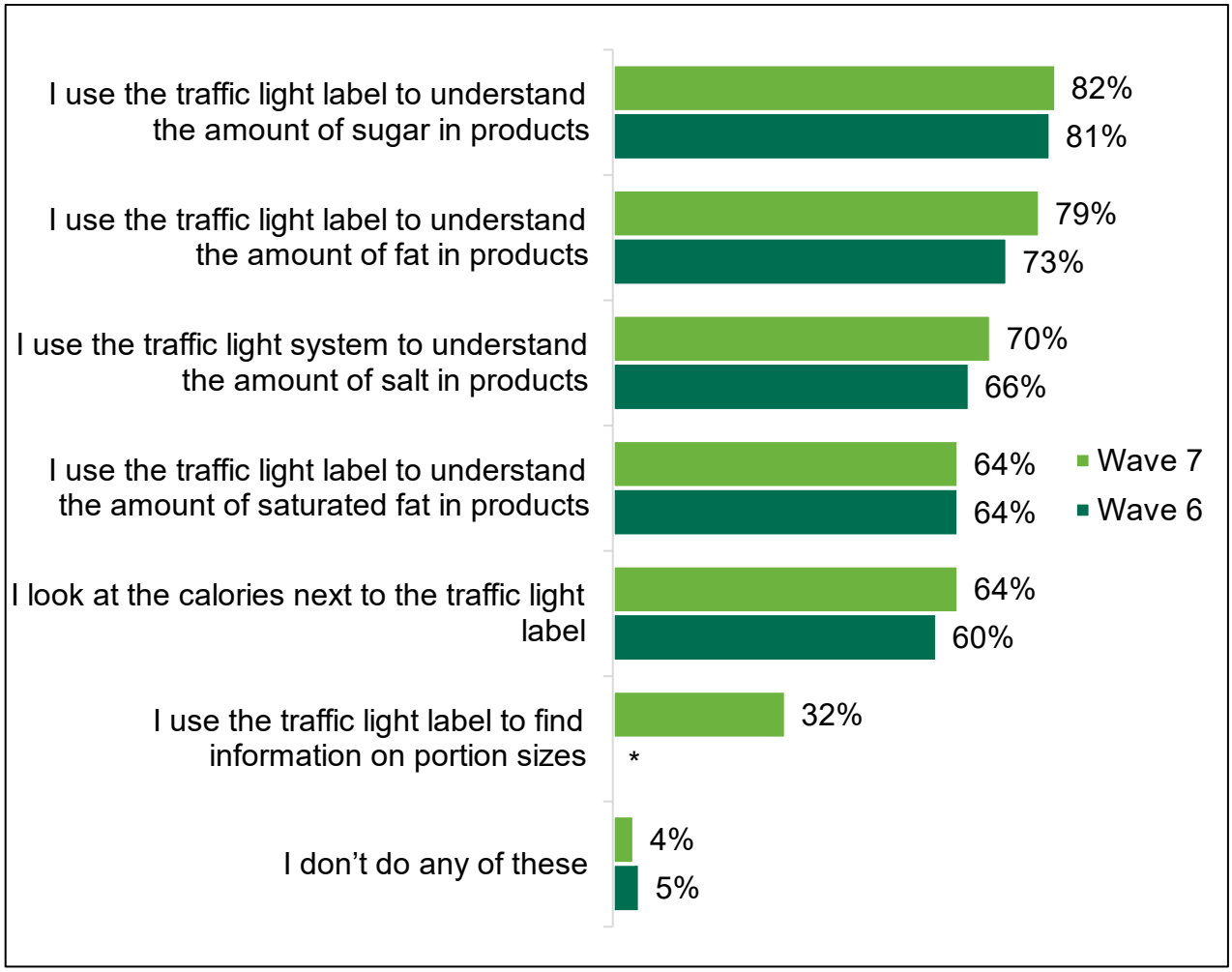
Base wave 6: 306 adults in Northern Ireland who use traffic light labelling.
Significantly higher than wave 6.
Significantly lower than wave 6.

Use of the traffic light label when making food purchasing decisions

Participants were asked whether they look at certain information when purchasing food for themselves and their children. Findings demonstrate that the information participants consulted on the traffic light label is dependent on whether they are purchasing food for themselves or their children.

The majority used the traffic light label to understand the amount of sugar (82%) and fat (79%) in products when choosing food for themselves. A significantly greater proportion use the label to check for fat (79%), than for saturated fat (64%). Over two thirds (70%) of participants use the traffic light label to help them understand the amount of salt in products but fewer participants use the traffic light label to find information on portion sizes (32%). There were no significant differences in these findings when compared to wave 6 (Figure 16).

Figure 16: Personal use of traffic light labelling



Base wave 6: 306 adults in Northern Ireland who use traffic light labelling.
Note: Totals do not add to 100% as participants could select multiple responses.
* Not asked in Wave 6.

When it comes to purchasing food for their children, 82% of participants used the traffic light label to understand the amount of sugar in food, but significantly fewer used the label to understand the amount of fat, saturated fat and salt in products (64%, 49% and 54%, respectively). Just 18% of participants consulted the traffic light label to find information on portion sizes when food shopping for their children (Table 1).

Table 1: Use of traffic light label when food shopping for self and for children

Use of traffic light label when food shopping	Personal food shopping	Food shopping for children
I look at the calories next to the traffic light label	64%	21%
I use the traffic light label to understand the amount of fat in products	79%	64%
I use the traffic light label to understand the amount of saturated fat in products	64%	49%
I use the traffic light label to understand the amount of sugar in products	82%	82%
I use the traffic light system to understand the amount of salt in products	70%	54%
I use the traffic light label to find information on portion sizes	32%	18%
I don't do any of these	4%	11%

Base personal food shopping: 222 adults in Northern Ireland who use the traffic light label when food shopping.

Base food shopping for children: 61 adults with children in the household who use the traffic light label when food shopping.

Ease of choosing healthier food and meals

Participants were asked about how easy or difficult they find it to choose healthier food and meals in various settings.

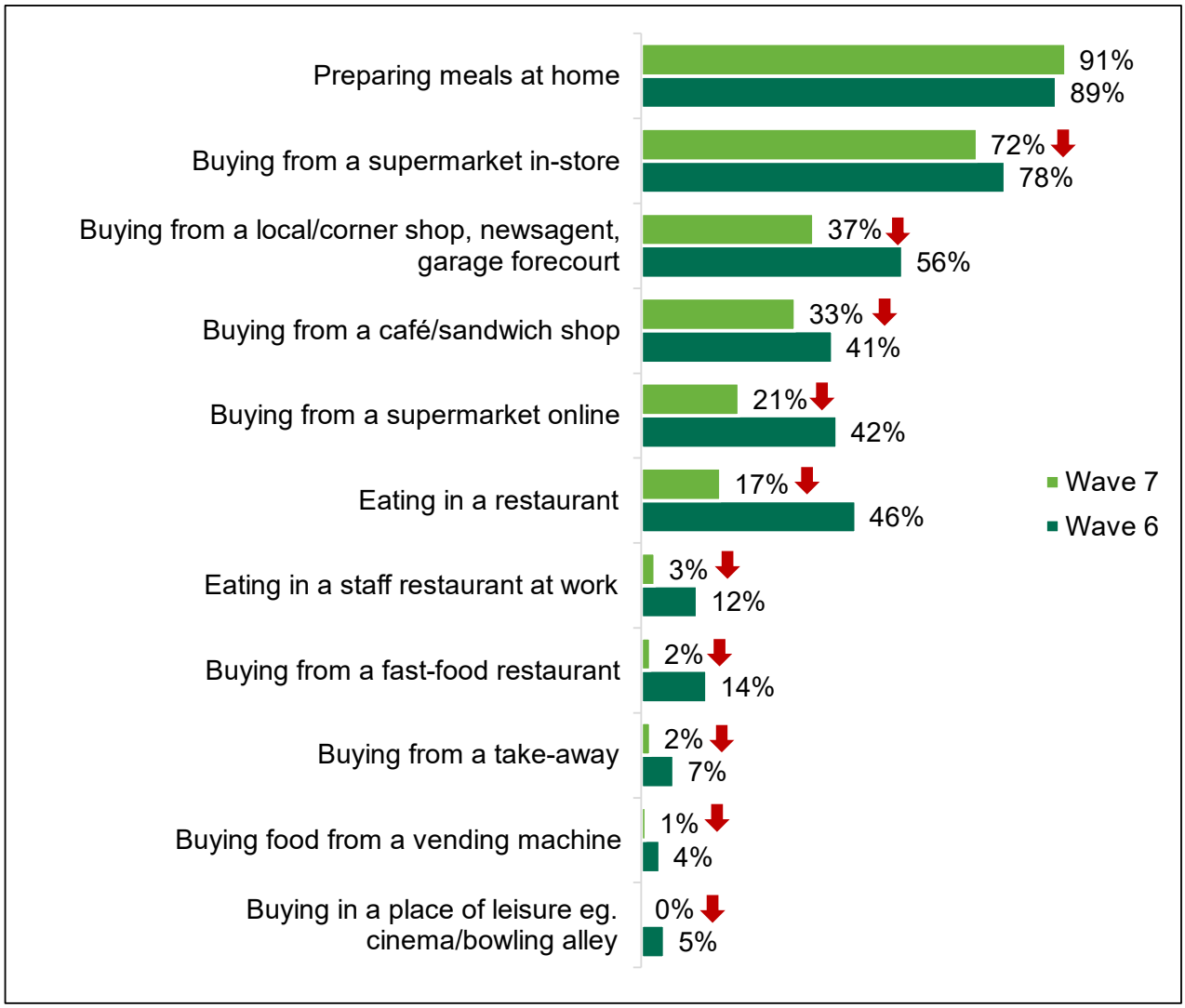
The ability to choose healthier food and meals is very often impacted by the setting in which food is purchased. Similar to wave 6, the majority of participants found it easy to prepare healthier meals at home (91%, compared to 89% in wave 6) and to choose healthier products when purchasing food items in a supermarket store (72%, significantly lower than 78% in wave 6). This decreased to 21% when purchasing food items from a supermarket online, which is also significantly lower than in wave 6 (42%) (Figure 17).

A significantly lower proportion of participants believed it to be easy to choose healthier food and meals from a local corner shop, newsagent, or garage forecourt in wave 7

(37%) when compared to wave 6 (56%). In wave 7, a similar proportion (33%) found it easy to choose healthier food and meals when buying from a café or sandwich shop, which is also significantly lower when compared to wave 6 (41%). Just 17% of participants found it easy to choose healthier food when eating in a restaurant, which is significantly lower when compared to wave 6 (46%).

Fewer participants found it easy to make healthier choices when eating at a staff restaurant at work (3%, significantly lower than 12% in wave 6), when buying from a take-away or eating in a fast food restaurant (both 2%, significantly lower than 7% and 14% respectively in wave 6) or when purchasing food from a vending machine (1%, significantly lower than 4% in wave 6). No participants found it easy to make healthier food decisions when buying food at a leisure facility, which is significantly lower than wave 6 (5%).

Figure 17: The proportion of participants who find it easy to choose healthier food in food settings outside the home



Base wave 7: 603 adults in Northern Ireland.

Base wave 6: 601 adults in Northern Ireland.

The red arrow indicates significantly lower than wave 6.

Note: Participants who stated 'quite easy' or 'very easy' have been combined and classed as 'participants who find it easy' in Figure 17.

The following demographic differences were noted regarding the proportion of participants who find it easy or difficult to choose healthier food and meals at various locations:

- Female participants were significantly more likely to find it easy to prepare healthier meals at home (96%) or when buying from cafés or sandwich shop (38%), in comparison to male participants (85% and 28% respectively);

- Male participants were significantly more likely to find it difficult to make healthier food choices when buying from a takeaway (84%) or when buying from or eating in a fast food restaurant (76%), in comparison to female participants (73% and 68% respectively);

- Participants from a higher socio-economic group (ABC1) found it significantly easier to make healthier food choices across multiple locations than participants from a lower socio-economic group (C2DE) including; when preparing meals from home, in supermarkets, when using an online supermarket, in pubs or restaurants, in staff restaurants at work, when buying food from a vending machine and when purchasing food from takeaways.

- Younger participants (aged 18-34) were significantly more likely to find it difficult to make healthier choices when purchasing food from a range of settings compared to those in an older age group (55 years old or over). This included settings such as supermarkets, takeaways, vending machines, restaurants/pubs and local shops/corner shops, newsagents and garage forecourts; and,

- In contrast, those aged 35 to 54 years (94%) or 55 years and older (96%) were significantly more likely to find it easy to prepare healthier meals at home, in comparison to participants aged 18 to -34 years old (84%).

For further details, please see tables 16-26 in the appendices report for significant differences in the ease of choosing healthier food and meals.

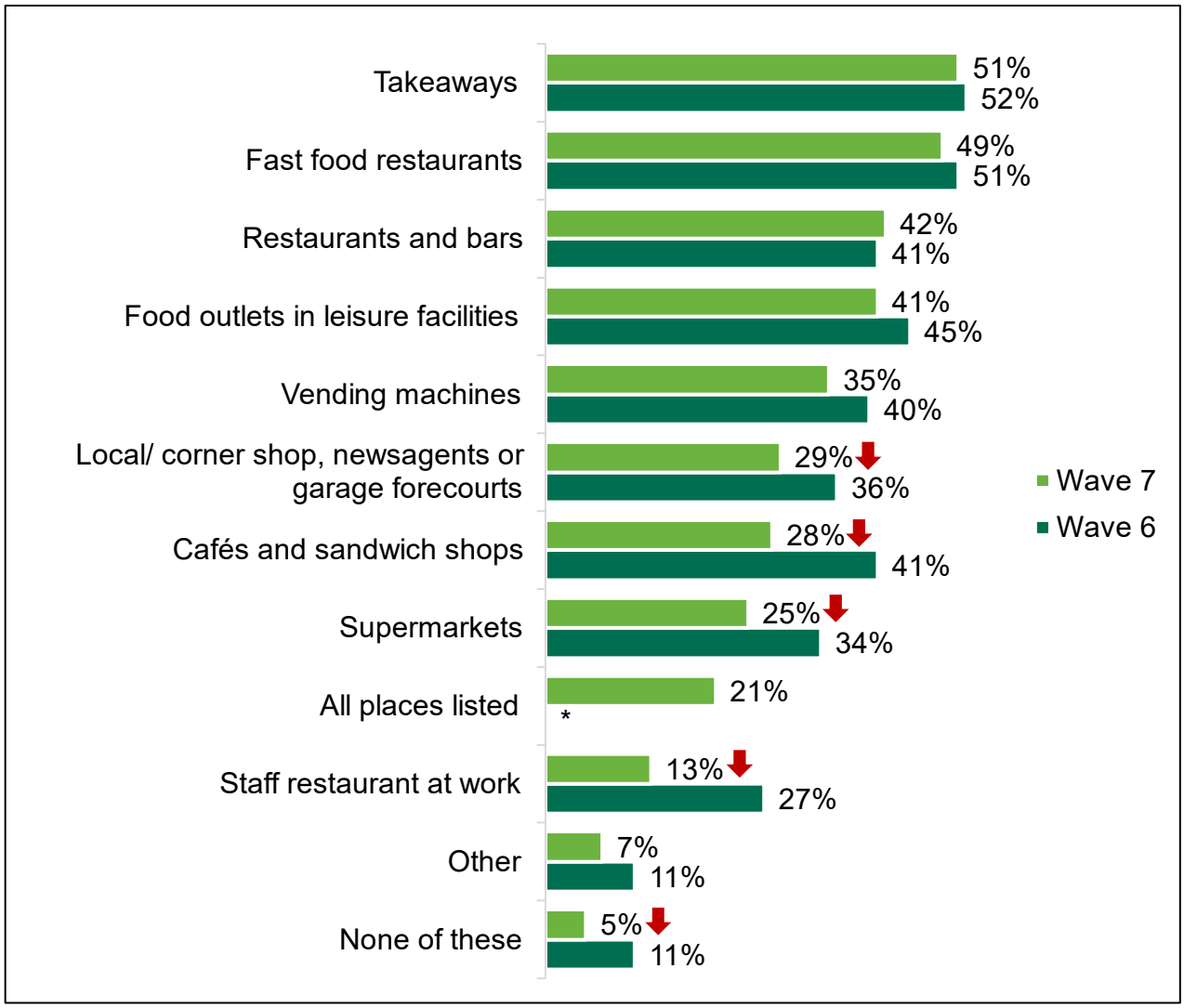
Preferred settings for increased availability of healthier options

Participants were asked where, if in any setting, they would like to see healthier products.

In wave 7, at least a third of participants would like healthier options made available in takeaways (51%), fast food restaurants (49%), restaurants and pubs (42%), food outlets in cinemas and leisure settings (41%), and vending machines (35%). Despite declining significantly since wave 6, in wave 7 a notable proportion would still like healthier options made available in local corner shops, newsagents, or garage forecourts (29% versus 36% in wave 6), cafés/sandwich shops (28% versus 41% in wave 6), and supermarkets (25% versus 34% in wave 6). Just 13% of participants want to see healthier options made available in their staff restaurant at work (27% in wave 6) (Figure 18).

Only 5% of participants did not want healthier options to be made available in any setting which is significantly lower than wave 6 (11%) (Figure 18).

Figure 18: Food settings participants would like to see increased availability of healthier food



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
Not included in Wave 6 represented by *.
Note: Totals do not add to 100% as participants could select multiple responses.
Significantly lower than wave 6.

The following demographic differences were noted regarding the food settings participants would like to see increased availability of healthier food:

- Female participants were significantly more likely to want to see healthier options at various food settings outside the home, in comparison to males, including restaurants and pubs (47% versus 36% of males), food outlets in leisure facilities (45% versus 36% of males), local shops, newsagents or garage forecourts (32% versus 25% of males), cafés and sandwich shops (31% versus 24% of males), and the staff restaurant at work (16% versus 10% of males);

- Participants aged 18 to 34 years were significantly more likely to want to see healthier options at fast food restaurants (55%), in comparison to those aged 55 years or over (43%);

- Participants aged 18 to 34 years and 35 to 54 years were significantly more likely to want to see healthier options at food outlets in leisure facilities (46% and 45% respectively) and in vending machines (40% and 39% respectively), in comparison to participants aged 55 or over (32% and 27% respectively);

- Participants living in a rural area (26%) were significantly more likely to state that they would want healthier options to be made available in all places listed, compared to those living in an urban area (18%);

- Participants with children were significantly more likely to state that they would like to see healthier options made available at takeaways (59%), fast food restaurants (59%) and at food outlets at leisure facilities (53%), in comparison to those without children (46%, 45%, and 36% respectively).

- Participants from a higher socio-economic group (ABC1) were significantly more likely to want to see healthier options in various food settings, in comparison to participants from a lower socio-economic group (C2DE). This includes restaurants and pubs (55% versus 33%), food outlets in leisure facilities (51% versus 34%), vending machines (42% versus 29%), local shops, newsagents or garage forecourts (34%), cafés and sandwich shops (34% versus 23%), supermarkets (30% versus 21%), and their staff restaurant at work (20% versus 8%).

See table 27 in the appendices report for significant differences in preferred settings for increased availability of healthier options.

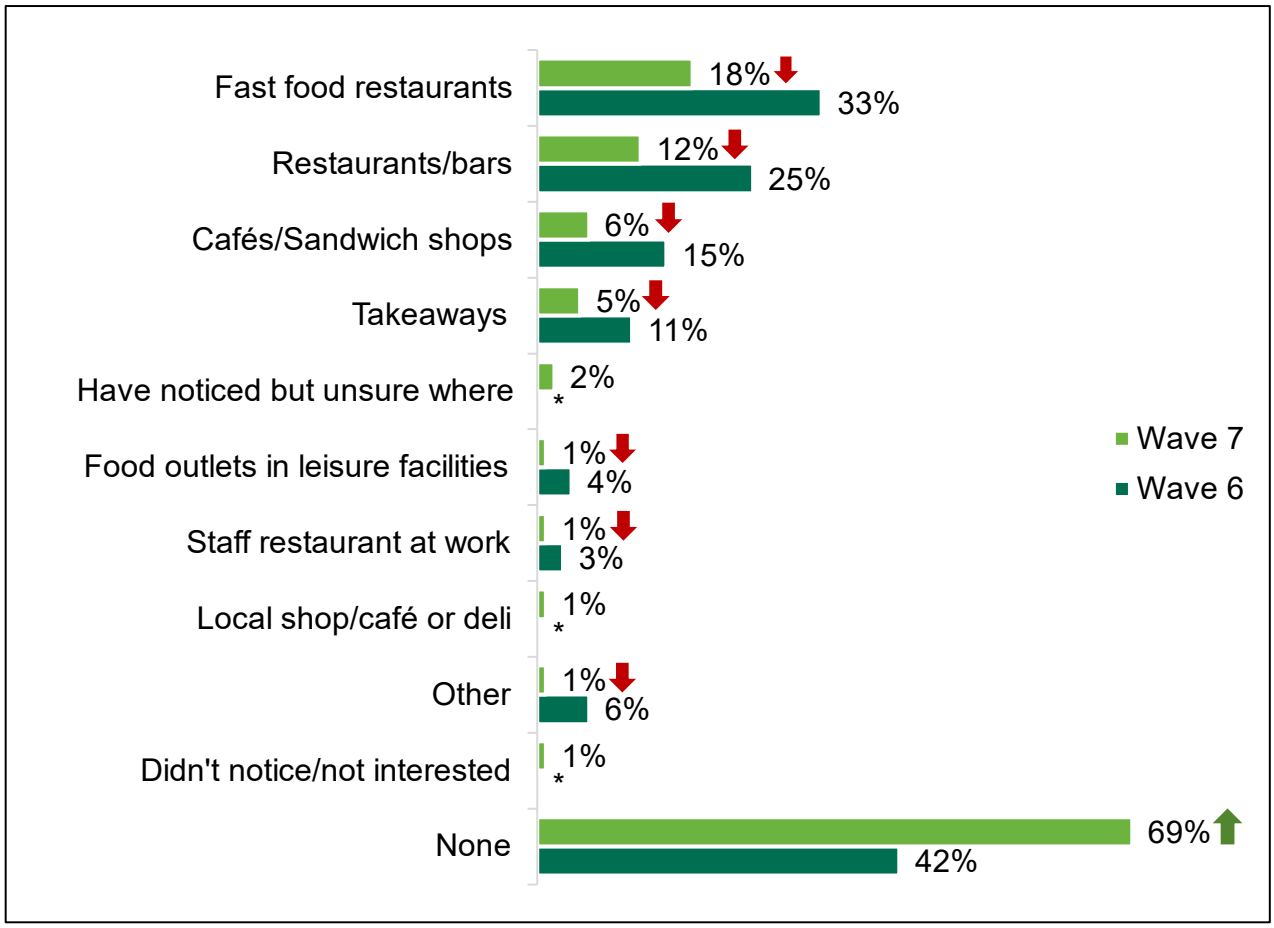
The use of calories on menus

‘The use of calories on menus’ section of the report explores participants awareness of having seen calories on menus, the frequency of seeing calories on menus, and participants’ preferred settings for the display of calories on menus.

Significantly fewer participants reported seeing calorie information on menus overall in wave 7 (69%) when compared to wave 6 (42%) across most food settings outside the home.

In wave 7, only 18% of participants noticed calories on menus in fast food restaurants, which was significantly lower than in wave 6 (33%). Similarly, just 12% noticed calories on menus in restaurants and bars, a significant decrease when compared to wave 6 (25%) (Figure 19).

Figure 19: Participants who noticed calorie information displayed on menus in food settings outside the home



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
* Options not included in Wave 6.
Note: Totals do not add to 100% as participants could select multiple responses.

The following demographic differences were found among participant sub groups who noticed calorie information on menus:

- Participants aged 55 years or over (79%) were significantly more likely to not have noticed calories in any setting, in comparison to those aged 18 to 34 years (60%) and 35 to 54 years (69%);

- Participants living in an urban area were more likely to have noticed calorie information on menus in restaurants and pubs (14%), in comparison to those living in a rural area (8%);

- Participants from rural areas were significantly more likely to have noticed calories on takeaway menus (8%), in comparison to those living in an urban area (3%);
- Participants from a lower socio-economic group (C2DE) were significantly less likely to have noticed calorie information on menus in any setting (77%), compared to participants from a higher socio-economic group (ABC1) (58%);
- Those who have children were significantly more likely to have noticed calories on menus at fast food restaurants (29%), in comparison to those with no children (15%);
- Participants who do not use the traffic light label were significantly more likely to not notice calories at any listed venue (77%), compared to those who use the label (51%).

See table 28 in the appendices report for significant differences in noticing calories on menus.

Influence of calorie information on food decisions when eating out

Displaying calories on food menus impacts the decision on what to eat in some settings more than others. In comparison to other food settings outside the home, participants were significantly more likely to use calorie information to make food decisions, in cinemas, bowling alleys and leisure facilities in wave 7 (67% reported it ‘always’ or ‘often’ influenced their decision) compared to just 39% in wave 6. Over a third of participants (35%) reported ‘always’ or ‘often’ using calorie information in cafés and sandwich shops (compared to 42% in wave 6).

Over three quarters (76%) of participants reported calorie information ‘never’ or ‘not very’ often influenced their food choices in fast food restaurants. Over two thirds (68%) of participants reported calorie information ‘never’ or ‘not very’ often influenced their food choices in takeaways. In addition, large proportions of participants said that the calorie information in restaurants or bars (53%) ‘never’ or ‘not very often’ influenced their decision on what to eat (Table 1).

Table 2: Influence of calorie information on food decisions when eating outside the home

Settings	Always influences/ Most times	Every now and then	It never influences my decision/Not very often
Restaurants and bars	16%	32%	53%
Staff restaurant at work	51%	25%	26%
Cafés/sandwich shops	35%	29%	36%
Fast food restaurants	16%	8%	76%
Takeaways	22%	11%	68%
Food outlets in leisure facilities e.g., cinemas, bowling alleys, entertainment centres	67%	0%	33%

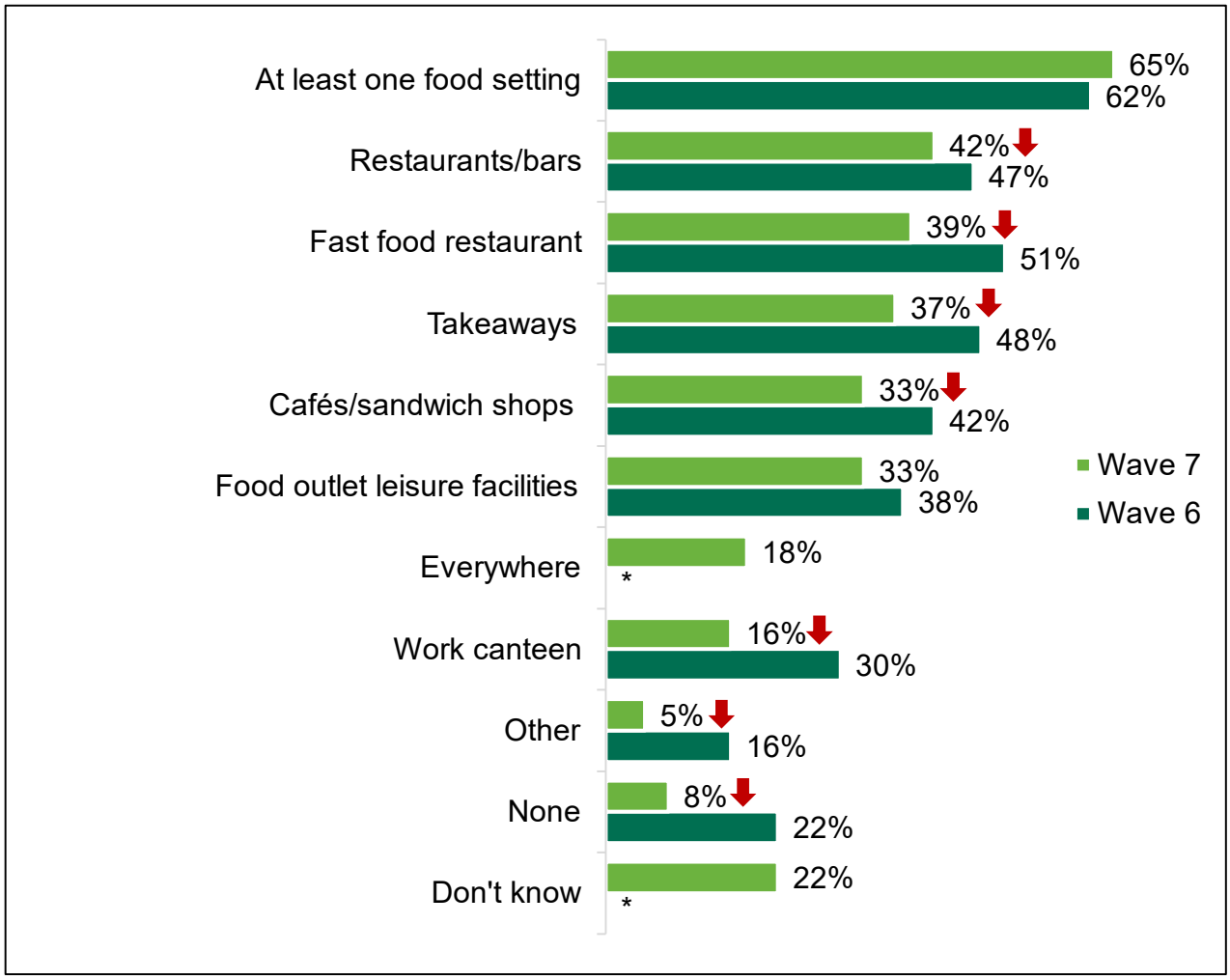
Base: 237 adults in Northern Ireland who noticed calorie information displayed.
Note: Row totals do not add to 100% due to rounding.

Preferred settings for the display of calories on menus

Although in many cases participants acknowledged that calories on food menus do not tend to influence their food decisions, a notable proportion still recognise that they would like to see calorie information on food menus in a range of food settings outside the home. In wave 7, over two fifths (42%) of participants would like to see calories information on menus in restaurants and pubs (statistically similar to wave 6, 47%). A further 39% would like to see calories on menus in fast food restaurants (significantly less than wave 6, 51%) and 37% would like to see calories on menus in takeaways (significantly less than wave 6, 48%). One third (33%) of participants would like to see calories on menus in both cafés/sandwich shops (significantly less than wave 6, 42%) or at food outlets in leisure facilities (statistically similar to wave 6, 38%). Only 16% in wave 7 would like to see calories on menus in staff restaurant at work (significantly less than wave 6, 30%). A significantly lower proportion in wave 7 stated that calories shouldn't be shown on menus at any food setting outside the home compared to wave 6 (8% and 22%, respectively).

Overall, 65% of participants selected at least one food setting outside the home at which they would like to see calorie information on food menus. However, over one fifth (22%) of participants in wave 7 stated that they don't know if calorie labelling should be provided (Figure 20).

Figure 20: Food settings outside the home that participants would like to see calories shown on a food menu



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The red arrow indicates significantly lower than wave 6.
Note: Totals do not add to 100% as participants could select multiple responses.
*Options not included in wave 6.

The following demographic differences were noted regarding the food settings outside the home that participants would like to see calories shown on a food menu:

- Females were significantly more likely to support the addition of calories on menus across multiple food settings outside the home, in comparison to males. This included restaurants and pubs (50% versus 32%), at fast food restaurants (47%

versus 30%), takeaways (44% versus 29%), cafés and sandwich shops (41% versus 25%), at food outlets in leisure facilities (40% versus 24%) and at staff restaurants at work (19% versus 13%);

- Male participants were significantly more likely to report that calories shouldn't be displayed in any of these food settings outside the home (11%) or that they 'don't know' (28%), compared to females (5% and 16% respectively);

- Younger participants aged 18 to 34 years were significantly more likely to want calorie labelling included on menus across a range of food settings outside the home, compared to older participants aged 55 or over. This included restaurants and pubs (48% versus 36%), fast food restaurants (44% versus 32%), takeaways (42% versus 31%), food outlets in leisure facilities (38% versus 26%) and their staff restaurant at work (20% versus 12%);

- Those with higher household incomes, particularly those earning between £40,000 and £59,999 were significantly more likely to want calories displayed on menus at food settings outside the home, compared to those with household incomes of £19,999 or less. This includes restaurants and pubs (68% versus 37%), food outlets in leisure facilities (65% versus 37%), vending machines (56% versus 34%) and staff restaurants at work (25% versus 13%). Participants earning £40,000 to £59,999 were also significantly more likely to want to see calories displayed on menus at fast food restaurants (69%), restaurants and pubs (68%) and food outlets at leisure facilities (65%) than those with a household income of £20,000 to £39,999 (54%, 48% and 48% respectively). Please note, bases are low for household income groups;

- Participants with children were significantly more likely to want to see calories on menus at fast food restaurants (51%), takeaways (47%), cafés and sandwich shops (40%), and food outlets in leisure facilities (43%), in comparison to those without children (36%, 35%, 33% and 30% respectively);

- Participants from a higher socio-economic group (ABC1) were significantly more likely to want to see calories on menus across a range of food settings outside the home, compared to participants from a lower socio-economic group (C2DE). This included restaurants and pubs (55% versus 32%), fast food restaurants (50% versus 31%), takeaways (50% versus 28%), cafés and sandwich shops (43% versus 26%), food outlets in leisure facilities (44% versus 24%) and their staff restaurant at work (27% versus 9%); and

- Participants that have used the traffic light label were significantly more likely to support calorie information being shown on food menus across a range of food settings outside the home, in comparison to those who do not use the traffic light label. This included in restaurants and pubs (58% versus 37%), fast food restaurants (51% versus 34%), takeaways (48% versus 34%), cafés and sandwich

shops (46% versus 29%), food outlets in leisure facilities (41% versus 31%) and at staff restaurants at work (23% versus 14%).

See table 29 in the appendices report for significant differences in preferred out of home settings for the display of calories on menus.

Attitudes to reformulating food

The ‘attitudes to reformulating food’ section of the report explores participants’ views on the reformulation of food to reduce sugar, saturated fat, and salt, and the reduction of portion sizes.

Likelihood to purchase reformulated food or reduced portion sizes

Participants were asked how likely or unlikely they would be to buy reformulated food or reduced portion sizes compared to a regular version of products.

Almost two thirds (64%) of participants would be more likely to purchase food reduced in sugar, which is significantly higher than wave 6 (58%). Furthermore, around half of participants would be more likely to purchase foods reduced in saturated fat[2] (51%) or salt (50%, was 53% in wave 6) compared to the regular version (Table 2).

Participants would be less likely to purchase reduced portion sizes of food high in sugar (44%), saturated fat (40%), and salt (39%). At least 50% reported reducing the portion size of food high in these nutrients would have no impact on the likelihood to buy such products. The proportion of participants who would be more likely to purchase smaller portions of foods high in sugar and saturated fat were similar to those in wave 6 (42% and 38% respectively), although, significantly more participants said that they would purchase reduced portion sizes of food high in salt in wave 7 (39%) than in wave 6 (33%).

[2] Please note that a direct comparison to wave 6 is not possible. Wave 6 asked participants about reduced fat products while wave 7 asked participants about reduced saturated fat products.

Table 3: Likelihood to purchase reformulated or smaller portion sizes of food

Reformulated and portion size options	More likely to buy	Would not change	Less likely to buy
Reduced sugar products	64%	33%	4%
Reduced saturated fat products	51%	48%	1%
Reduced salt products	50%	49%	1%
Smaller portion sizes of sugary snacks/meals	44%	50%	6%
Smaller portion sizes of snacks/meals high in saturated fat	40%	56%	4%
Smaller portion sizes of snacks/meals high in salt	39%	57%	3%

Base: 603 adults in Northern Ireland.
Note: Row totals do not add to 100% due to rounding.

The following demographic differences were noted regarding the likelihood to purchase reformulated food (products with reduced sugar, saturated fat or salt) or smaller portion sizes of food:

- Female participants were significantly more likely to purchase reformulated food or reduced portion sizes, in comparison to male participants.
- Participants with a household income of £20,000 to £39,999 and £40,000 to £59,999 were significantly more likely to state that they would purchase reformulated food or reduced portion sizes, in comparison to those with lower household incomes of £19,999 or less.
- Participants from a higher socio-economic group (ABC1) were significantly more likely to purchase reformulated food or reduced portion sizes than participants from a lower socio-economic group (C2DE) across all reformulated options.
- Participants who tend to use the traffic light label when making food purchasing decisions were significantly more likely to purchase reformulated food or reduced portion sizes, in comparison to those who would not use the label across all reformulated options.

For further details, please see table 30 in the appendices report for significant differences in participant likelihood to purchase reformulated food or reduced portion sizes.

Interest in reformulated and reduced portion size options

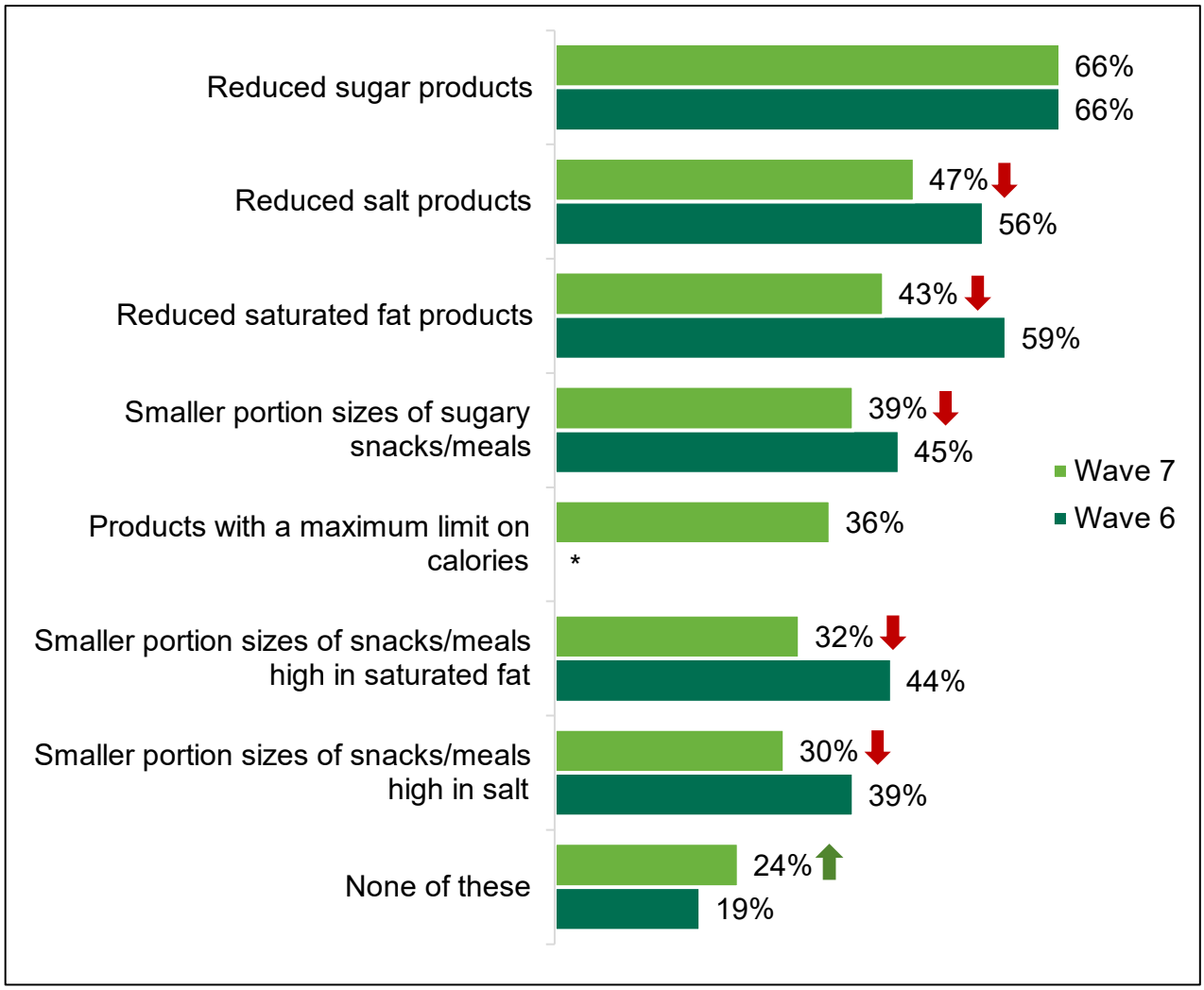
Participants were asked which reformulated or reduced portion size options they would like to see more of when buying food.

Overall, just over three quarters (76%) would like to see at least one of the reformulated and/or smaller portion size options when purchasing food.

Participants would generally prefer to see increased availability of food reduced in sugar, saturated fat, and salt in comparison to smaller portion sizes of food high in these nutrients. Just under one quarter (24%) do not wish to see any of these options when purchasing food, which is significantly higher when compared to wave 6 (19%) (Figure 21).

Wave on wave, there has been a significant decrease in those who would like to see reduced salt (47% versus 56%% in wave 6) and reduced saturated fat (43%, versus 59% in wave 6) products when buying food. In addition, significantly fewer participants would like to see smaller portion sizes of sugary snacks and meals (39% versus 45% in wave 6), foods high in saturated fat (32% versus 44% in wave 6), and foods high in salt (30% versus 39% in wave 6).

Figure 21: Proportion of participants who would like to see increased availability of healthier alternatives when shopping for food



Base wave 7: 603 adults in Northern Ireland.
Base wave 6: 601 adults in Northern Ireland.
The green arrow indicates significantly higher than wave 6.
The red arrow indicates significantly lower than wave 6.
* Not included in wave 6.
Note: Totals do not add to 100% as participants could select multiple responses.

The following demographic differences were noted regarding interest in reformulated or reduced portion size options:

- Female participants were significantly more likely to want to see more reformulated and/or smaller portion size options, in comparison to male participants. This included reduced sugar products (75% versus 56%), reduced salt products (53% versus 41%), reduced saturated fat products (50% versus 36%), smaller portion sizes of sugary snacks or meals (44% versus 33%), products with a maximum limit on calories (45% versus 27%), and smaller portion sizes of snacks or meals high in saturated fat (36% versus 27%);

- Participants aged 55 years or older were significantly more likely to want to see reduced salt products (55%), in comparison to those aged 18 to 34 years (44%) or 35 to 54 years (43%);

- Participants aged 35 to 54 years were significantly more likely to want to see products with a maximum limit on calories (40%), in comparison to participants aged 55 years or older (34%);

- Participants with a household income of £19,999 or less (52%) were significantly more likely to state that they do not want to see any of the reformulated or reduced portion size options, in comparison to those with a household income of £20,000 to £39,999 (22%) or £40,000 to £59,999 (15%). Please note, bases are low for household income groups;

- Participants from a higher socio-economic group (ABC1) were significantly more likely to want to see the reformulated and/or smaller portion size options, in comparison to participants from a lower socio-economic group (C2DE). This included reduced sugar products (75% versus 60%), reduced salt products (52% versus 44%), reduced saturated fat products (52% versus 37%), smaller portion sizes of sugary snacks or meals (43% versus 35%) and products with a maximum limit on calories (46% versus 29%); and,

- Participants who use the traffic light label were significantly more likely to want to see more reformulated and/or smaller portion size options, in comparison to those who would not use the label. This included reduced sugar products (84% versus 58%), reduced salt products (68% versus 37%), reduced saturated fat products (66% versus 32%), smaller portion sizes of sugary snacks or meals (52% versus 33%), products with a maximum limit on calories (52% versus 29%), smaller portion sizes of snacks or meals high in saturated fat (45% versus 25%), and smaller portion sizes of snacks or meals high in salt (44% versus 23%).

See table 31 in the appendices report for significant differences in participant interest in reformulated and reduced portion size options.

Discussion

This wave of the EWCB survey demonstrates several positive findings in relation to NI consumers' attitudes, decisions, and behaviours towards healthier food at home, when food shopping and eating outside the home.

Most participants claim to understand 'what is healthier', and recognise the important role fruit and vegetables, and reducing intakes of fat, sugar, salt, processed and 'fast' foods play in consuming a healthy balanced diet. In this wave, significantly more (94%) participants self-report that they understand what is healthy and less healthy than in wave 6 (91%). It is also positive to note that the majority of participants agreed that their personal eating habits (69%) are healthy, a significant increase when compared to wave 6 (57%).

Significantly more participants also report they are likely to seek healthier options when food shopping in this wave (67%) when compared to wave 6 (61%). However, similar to wave 6, only one third of participants report they actively seek healthier options when eating outside the home. Although half (51%) of the survey sample stated that they look at some form of nutritional labelling on food packaging to find the calorie, saturated fat, sugar, or salt content, this is significantly less than that reported in wave 6 (65%). Despite this, interest in food reduced in sugar and salt has remained consistent between waves 6 and 7. There is also strong awareness of the UK's recommended traffic light labelling system. However, less than half (42%) of the survey sample report using this label to make food purchasing decisions. Similar to wave 6 the majority of participants find it difficult to make heathier choices in a range of food settings outside the home and approximately one fifth would like to see calorie labelling in settings such as restaurants and pubs, fast food restaurants, takeaways, food outlets in leisure facilities, cafés and sandwich shops.

Only one fifth of male and female participants could identify the correct recommended daily calorie intake for their gender, and a significantly higher proportion of both genders did not know their recommended daily calorie intake or provided an incorrect response when compared to wave 6. Given the significant decrease in the proportion of participants who report using nutritional information to make food purchasing decisions, as well as the high proportion of participants who do not know the recommended daily calorie intake for their gender, the findings in this wave of the EWCB survey demonstrate that several opportunities exist to further encourage and enable consumers to make healthier choices both inside and outside the home.

Supporting consumers to make healthier choices in the shopping environment

Despite recognition (87%) and understanding (79%) of the traffic label being very high, significantly fewer participants use this label when making food decisions when

compared to wave 6. Decreased use of front of pack nutrition labels has also been reported by the Institute of Grocery Distribution (IGD 2020). A potential reason for this includes the impact of COVID-19 on how consumers' shop for food. Consumers prioritise time and due to intermittent lockdowns resulting in shortages of supply, choice and availability also became more important determinants of food choice than nutritional profile (IGD 2020). As front of pack nutritional labelling is recommended by the World Health Organisation as a strategy to improve dietary intake by supporting consumers to make informed healthier choices and motivating food manufacturers to undertake reformulation to produce healthier food (WHO 2014), it will be important to continue monitoring NI consumer engagement with this label as the UK emerges from the COVID-19 pandemic.

In a recent study carried out to examine the effectiveness of front of pack nutrition labels in improving participants' ability to identify the healthiness of food and drinks, the UK's traffic light label compared to other front of pack nutrition labels had the highest proportion of participants who reported having enough information to select healthier food choices (Packer et al. 2021). The proportion of consumers using the traffic light label to consult information on sugar, fat, saturated fat and salt has remained consistent between waves 6 and 7. Sugar (82%) and fat (79%) remain the most commonly consulted nutrients on this label. However, in this wave 70% of consumers also use this label to source information on salt. The traffic light label is also an important source of information on portion size for consumers. Almost one third (32%) of consumers consult this label for this information. Similar to wave 6, a greater proportion (64%) of participants are likely to purchase 'healthier' food as characterized by the traffic light colours 'green' and 'amber' than food with lower calories (40%). Of those who use it to purchase 'healthier' food, over one fifth (22%) said that they 'always' use the traffic light label to select foods with 'healthier' traffic light colours, which is significantly higher than in wave 6 (15%). Promoting these findings with food manufacturers may encourage those who do not currently display traffic light labelling to do so and encourage food manufacturers to engage with reformulation.

Reformulating food to reduce saturated fat, sugar, and salt, as well as reducing portion size of food high in these nutrients is recognised as an important public health strategy to tackle obesity and to support consumers to make healthier choices when food shopping (UK Parliament Post 2021). The results of the EWCB survey demonstrate that the majority (76%) of NI consumers are receptive to food reduced in either sugar, saturated fat, or salt or smaller portions of foods containing these nutrients and would like to see increased availability of at least one of these options when buying food. In this wave significantly more consumers report being likely to purchase foods reduced in sugar than in wave 6, while the proportion of consumers willing to purchase food reduced in saturated fat and salt has remained consistent between both survey waves. However, similar to wave 6, consumers are more receptive to foods reduced in these nutrients than smaller portion sizes. These findings highlight the need to continue supporting the food industry to make smaller portions of food appealing to consumers.

Supporting consumers to make healthier choices when eating out of home

NI consumers report finding it easier to prepare healthier meals at home and to choose healthier products when purchasing food items in a supermarket store than making heathier choices when eating outside the home. Overall, significantly less participants report finding it easy to make healthier food choices in a range of food settings outside the home in wave 7 when compared to wave 6. For example, very few participants found it easy to make healthier choices when eating at a staff restaurant at work (3%), when buying from a take-away or eating in a fast food restaurant (both 2%), when purchasing food from a vending machine (1%) or when eating at outlets at leisure facilities (0%).

In response, there is a demand for healthier food to be offered in a number of food settings, as a sizeable proportion of consumers wanted to see healthier options in settings such as takeaways (51%), fast food restaurants (49%), restaurants and pubs (42%), leisure facilities such as cinemas and bowling alleys (41%) and vending machines (35%). Only 5% of participants did not want healthier options to be made available in any setting, which is significantly lower than wave 6 (11%). These findings would suggest there is a need to continue supporting and encouraging food establishments to provide healthier options and to make these options appealing to consumers.

Significantly fewer participants reported seeing calorie information on menus overall in wave 7 when compared to wave 6 across most food settings outside the home. The results of this wave also demonstrate calorie information on food menus impacts the decision on what to eat in some settings more than others. Although many participants acknowledged that calories on menus only influences food decisions in some settings outside the home, at least one third of participants reported they would like to see calorie labelling on menus in a range of food settings including restaurants and pubs (42%), fast food restaurants (39%) and takeaways (37%), cafés/sandwich shops (33%) and food outlets at leisure facilities (33%). Providing calorie information on menus would support consumers to make healthier informed choices, particularly consumers who also want to see increased availability of healthier options outside the home.

Continued delivery and promotion of the FSA and district council led Calorie Wise Scheme would help support food businesses to display calories on their menus and provide healthier choices for consumers. To support businesses in calculating the calories in their food and drink and managing allergens, the FSA provides a free online tool known as 'Menucal'. NI food businesses can also avail of funding and support from the local regional colleges and Invest NI for food product development which includes the production of healthier food.

Consumer trends

Findings from this survey demonstrate there are differences in consumers' knowledge, attitudes and behaviours towards healthier food between genders, income and socio-economic group. Males, those with a household income of £19,999 or less and those in a

lower socioeconomic group are significantly less likely to actively seek healthier options when food shopping and eating out; find or use nutritional information on food packets; recognise, use, and understand the traffic light label. They are also less likely to report wanting to see calorie labelling on menus and increased availability of food lower in saturated fat, sugar and salt.

The World Health Organisation (WHO) recognises the impact of socio-economic inequalities on health, particularly obesity and nutrient deficiencies (WHO 2014). Dietary intake in socially disadvantaged groups is driven by complex interactions between behaviours and exposure to daily social, economic and physical environments resulting in dietary intakes less likely to meet government healthy eating guidelines (Gillies et al. 2021). Socially disadvantaged groups also tend to have a higher incidence, morbidity and mortality for diet related non communicable diseases including cardiovascular disease, cancers, and type 2 diabetes (Gillies et al. 2021). As the findings in this wave indicate socially disadvantaged groups are less likely to seek out healthier options, the importance of continuing to prioritise this population group when developing policy to improve dietary intake is of paramount importance.

Differences in food choice between males and females has also been documented in the literature (Arganini et al. 2012). Women are consistently reported to have a higher intake of fruit and vegetables, dietary fibre and lower intake of fat (Arganini et al. 2012). Women are also known to place greater importance on healthy eating than men (Bärebring et al. 2020) and are reported to be more interested in and actively seek health related information. These findings are consistent with results reported in this wave of the EWCB survey. Such findings highlight the need to further consider the most effective public health strategies to engage males with healthier eating.

Conclusion

Overall, NI consumers held positive attitudes towards healthier food but need further support to make healthier informed choices when food shopping and eating outside the home. In particular, male participants from a lower socio-economic group (C2DE) and those with household incomes of £19,999 or less require additional support to make healthier food choices.

Consumer's demand for healthier food should provide food businesses with the confidence to improve the nutritional profile of food made available inside and outside the home. Continuing to support food manufacturers to display front of pack nutritional labelling alongside action to motivate consumers to use this labelling will help support healthier food purchases. Further support for the out of home sector to display calorie information will help to increase consumer awareness of the energy content of food and drink and meet the needs of consumers who want to make informed healthier food choices.

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