

Exploring food attitudes and behaviours in Northern Ireland: Findings from the Food and You Survey 2010

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Exploring food attitudes and behaviours in Northern Ireland: Findings from the Food and You Survey 2010

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Summary

This report presents the first findings for Northern Ireland from a new survey – Food and You – commissioned by the Food Standards Agency (FSA or Agency) in 2009. The survey collects robust information on people's attitudes towards and knowledge of food issues such as food safety and healthy eating, as well as their behaviour. The survey is intended to be a time series with future waves being carried out on an annual or biennial basis

The survey comprised 3,163 interviews with adults aged 16+ (with no upper age limit) across the UK. Within this total 506 interviews were conducted in Northern Ireland to enable reporting at the country level.

The survey was designed to be able to chart who does and who does not follow the Government's advice on food safety and healthy eating and to, over time, understand what influences those who do or do not comply with the advice. Questions were designed to measure current knowledge and awareness of government advice on food safety and healthy eating. The survey also covered topics that may be important in explaining whether the general population comply with government advice (for example, eating and shopping habits and reported cooking behaviours).

Advice on food safety

The majority of respondents in Northern Ireland reported behaviour that follows recommended practices in relation to cleaning, cross-contamination, chilling and cooking (known collectively as the '4 C's'). Reported behaviour around washing raw meat or poultry was less frequently in line with the FSA advice; for example, 25% of respondents reported always washing raw meat and poultry and 32% raw fish and seafood.

Respondents' fridges were generally organised so that certain foods are put in certain places (80% of respondents reported storing food in the fridge in this way).

Four out of ten respondents (41%) said that they check the temperature of their fridges, and a further seven per cent that another household member checks. Just under half (43%) correctly stated that the temperature of a fridge should be between 0 and 5 degrees C.

When asked how they can tell whether food is safe to eat, respondents most commonly said they would use the smell (69%) and look (54%) of food. The recommended practice of checking the 'use by' date was mentioned by almost a third (31%).

A majority of respondents agreed with the statements 'Restaurants and catering establishments should pay more attention to food safety and hygiene' (87% definitely or tended to agree), 'I am unlikely to get food poisoning from food prepared in my own home' (77%), 'A little bit of dirt won't do you any harm' (53%) and 'You are more likely to get food poisoning abroad than in this country' (59%).

The majority (69%) of respondents in Northern Ireland reported that they had not had food poisoning, which was a higher proportion than in England, Scotland and Wales.

Advice on healthy eating

Respondents were asked to indicate the proportions of different food groups recommended for a healthy diet. A quarter of respondents (25%) placed all food groups in their recommended proportions on the eatwell plate (a pictorial representation of what a healthy balanced diet should consist of). The food group most likely to be placed in line with recommendations were foods and drinks high in fat and/or sugar (87% placed this in the smallest portion of the eatwell plate); the food groups least likely to be placed in line with recommendations include sources of protein (45%) and starchy foods (45%).

Respondents in Northern Ireland (25%) were significantly more likely than those in Wales (16%) and Scotland (19%) to place all food groups correctly on the eatwell plate.

Overall, a high proportion of respondents rated a variety of factors as important (either very important or fairly important) for a healthy lifestyle. These factors included: eating fruit and vegetables (99% thought this was very or fairly important) eating less salt (97%) and limiting foods high in saturated fat (94%).

In total, 81% of respondents thought that the recommended number of portions of fruit and vegetables a day was five. When asked whether a number of different food items counted towards the daily recommended fruit and vegetable intake, 87% correctly recognised that pure fruit juice would count, 81% thought frozen vegetables would count and 76% that dried fruit would count. However, almost three-quarters (73%) incorrectly thought that a jacket potato could count.

Respondents in Northern Ireland (81%) were less likely than those in England (84%), Wales (90%) and Scotland (86%) to give the correct answer of 'five' as the number of portions of fruit and vegetables it is recommended people should eat each day.

Respondents were asked what they thought was the recommended maximum daily intake of salt that adults should eat each day: 11% of respondents stated the recommended amount of 6g, 57% said they 'didn't know'. One third (33%)

gave an incorrect answer, including suggested amounts either above (9%) or below (21%) 6g.

Respondents in Northern Ireland (89%) were more likely than those in England (84%) and Scotland (82%) to say they had eaten at least one portion of vegetables in the previous day, and those in Northern Ireland (72%) were also more likely than in Wales (62%) to have eaten at least one portion of fruit.

Overall 40% of respondents in Northern Ireland reported eating at least five portions of fruit and vegetables in the previous day, which was lower than the proportion reporting this in England (47%) and Wales (53%).

Eating, cooking and shopping

One third of 'meals' (33%) were eaten in the late afternoon, with a quarter (25%) eaten in both the early afternoon and the early evening.

Most respondents agreed with the statements 'I enjoy cooking and preparing food' (65%), and 'The price of food doesn't matter as long as I know the quality is good' (65%). The majority (73%) disagreed with the statement 'My life is so busy that I just eat when I can while I'm on the go'. Thirty eight per cent agreed that 'Cooking is like a hobby for me'.

The most commonly-eaten types of food were bread, rice, pasta, potatoes and other starchy foods; fruit and vegetables; and milk and dairy foods; more than seven out of ten respondents reported eating these at least once a day (84% for bread, rice, pasta, potatoes and other starchy foods, 78% for fruit and vegetables, and 73% for milk and dairy foods).

About two-thirds (68%) said they cooked or prepared food for themselves every day, and 46% did so for others.

The majority of respondents felt food prices had increased over the last 12 months (84%).

Respondents in Northern Ireland (57%) were less likely than those in England (66%) and Scotland (65%) to agree with the statement 'I enjoy making new things to eat'. They were also more likely in Northern Ireland (46%) than in England (37%) and Scotland (38%) to agree with 'For me, most of the time food should be as quick as possible to prepare'.

Respondents in Northern Ireland were more likely than those in the rest of the UK to report eating biscuits, pastries and cakes (at least once a day), starchy foods (at least once a day), processed meat (at least once a week) and beef, lamb or pork (at least once a week).

Respondents in Northern Ireland were more likely than those in England and Scotland to cook or prepare food for themselves at least once a day (68% in Northern Ireland, compared with 56% in England and 57% in Scotland), and to cook for others at least once a day (46% in Northern Ireland, compared with 36% in England and 38% in Scotland).

Eating outside of the home

The majority (83%) of all 'meals', 'light meals' and 'snacks' eaten by respondents in Northern Ireland were eaten at home, nine per cent were eaten at school, college or work, three per cent at someone else's house, two per cent at a food outlet (for example, a restaurant, café or pub) and two per cent somewhere else¹.

More than three quarters of respondents in Northern Ireland had eaten out (according to the definition provided in the interview) in the last seven days (78%) and the most common way in which this was done was eating take away food, which is different from the rest of the UK, where eating in a restaurant was the most frequently reported way of eating out.

Cleanliness and hygiene were important factors to most respondents in choosing where to eat out (58%).

The general appearance of places to eat and buy food was used by most respondents as a sign of standards of hygiene when eating out or buying food (73%).

Eating and health

Nearly all respondents (95%) agreed with the statement 'Even if you don't have a really healthy diet, it's worth making small changes', there was a high level of agreement with 'What you eat makes a big difference to how healthy you are' (92%) and seven out of ten disagreed with 'I don't really think about what I eat' (70%).

Opinions about experts were mixed, with more than three-quarters of respondents (77%) agreeing with the statement 'Experts contradict each other over what foods are good for you', and four out of ten (41%) agreeing with 'I am fed up with experts telling me what I should eat'.

Four-fifths (80%) felt their overall diet was healthy, and a similar proportion (86%) thought that the food they tend to eat at home was healthy.

Three-fifths (61%) felt the food they eat when out was less healthy than at home.

¹ Figures add to less than 100 due to rounding.

About half (47%) agreed they do not need to make changes to the food they eat as it is already healthy enough.

Nevertheless, half (50%) reported having made a change to their diet in the previous six months. The most common changes were eating more fruit and vegetables (22%) and eating smaller portions (19%).

The most common reason respondents gave for changing their diet was to lose or maintain weight (mentioned by 34% of respondents who had made changes to their diet) and to be more healthy (21%).

Respondents were asked what difficulties that they would have, if any, if they tried to eat more healthily. The main difficulties reported were the cost of eating more healthily (11% mentioned this) and time constraints (11%). Fifteen per cent said they would not have any difficulties.

1. Introduction

This report presents the first findings from a new survey – Food and You – commissioned by the Food Standards Agency (FSA or Agency) in 2009. The survey collected robust information on people’s attitudes towards and knowledge of food issues such as food safety and healthy eating, as well as their behaviour. The survey is intended to be the first in a time series with future waves being carried out on an annual or biennial basis. This report focuses on the results in Northern Ireland specifically and makes comparisons with the other regions of the UK.

Much of what the Agency does relates to influencing behaviours in terms of what people buy and eat and how they store and prepare it. Food and You was designed to provide the Agency with robust quantitative information about the prevalence of different views and behaviours amongst the general population. The survey will play a vital role in helping the Agency monitor its strategic priorities, as subsequent waves of data will enable the FSA to chart changes in attitudes, knowledge or behaviour over time.

This report is intended as an introduction to the survey, providing a descriptive overview of the key baseline information; findings are not discussed in relation to other data or literature. Once further waves have been completed a wealth of data will allow detailed examination of the numerous and complex influences on attitudes and behaviours in the fields of food safety and healthy eating.

The survey comprised 3,163 interviews with adults aged 16+ (with no upper age limit) across the UK. In Northern Ireland 506 interviews were completed, within this overall total.

This chapter provides background information to the survey including the research and policy context, and outlines the methodology used.

1.1 Background and objectives

In 2008, the FSA’s Social Science Research Committee (SSRC)² were asked to review the Agency’s Consumer Attitudes Survey (CAS)³, which ran for eight waves from the FSA’s inception in 2000⁴. The SSRC recommended that a new rigorous regular survey was needed to underpin the FSA’s policies.

² The SSRC is an independent Scientific Advisory Committee set up to provide advice and challenge to the Agency on social science matters; further information can be found at: <http://ssrc.food.gov.uk/>

³ Further information on CAS can be found at: <http://www.food.gov.uk/science/socsci/surveys/foodsafety-nutrition-diet/>

⁴ The SSRC’s full discussion paper can be found at: <http://www.food.gov.uk/multimedia/pdfs/ssrc0822v1.pdf>

In 2009, the FSA commissioned a consortium comprising TNS-BMRB, the Policy Studies Institute (PSI) and the University of Westminster to carry out the first wave of Food and You.

The main aim of the survey was to collect quantitative information about the UK public's attitudes, beliefs and values towards food issues (such as healthy eating and food safety), as well as their behaviour, in order to establish a sound social science evidence base to support policy making at the FSA and across relevant government departments.

The survey also collected supporting information on lifestyle, such as people's eating habits, shopping and eating outside of the home, all of which may influence food behaviours.

More specifically, the objectives were to collect quantitative information to enable the Agency to:

- Monitor public understanding of, and engagement with, the Agency's aims of promoting healthy eating and improving food safety;
- Assess public attitudes to new developments, such as emerging food technologies;
- Identify the complex influences on knowledge, attitudes and behaviour;
- Assess knowledge and response to messages and interventions aimed at raising awareness and changing behaviour;
- Identify specific target groups for future interventions (e.g. those most at risk or those where there is likely to be the greatest impact);
- Monitor changes over time in attitudes and behaviour; and,
- Broaden the evidence base and develop indicators to assess progress in fulfilling the Agency's strategic plans, aims and targets.

The first wave will form a baseline from which changes over time can be monitored in future waves.

1.2 Research and policy context

1.2.1 Role of the FSA

The FSA was created in 2000 as a non-ministerial government department governed by a Board appointed to act in the public interest, with the task of protecting consumers in relation to food. The FSA is a UK-wide body with main offices in London, Aberdeen, Cardiff, Belfast and York. The Agency was set up to:

'Protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food'

At the time Food and You was commissioned, the Agency's Strategic Plan for 2010-15⁵ set out the Agency's strategic direction and defined the FSA purpose of safe food and healthy eating for all. As part of this Strategic Plan, the Agency set out five outcomes to deliver during 2010-2015, which were to ensure:

- food produced or sold in the UK is safe to eat;
- imported food is safe to eat;
- consumers understand about safe food and healthy eating, and have the information they need to make informed choices;
- food products and catering meals are healthier; and,
- regulation is effective, risk-based and proportionate, is clear about the responsibilities of food business operators, and protects consumers and their interests from fraud and other risks.

The Agency's Strategic Plan is being reviewed following the changes outlined in section 1.2.4.

1.2.2 Government advice on food safety

The Food Standards Agency provides guidance on food safety⁶. The key purpose of the advice is to minimise the risk of food poisoning. Advice to the general population centres on four aspects of food hygiene: cleaning, cooking, cross-contamination and chilling (collectively known as the '4 Cs'), with advice given on each aspect. Advice is also given on the use of 'use by' date marks and storage instructions as a means to determine the safety of food eaten at home.

1.2.3 Government advice on nutrition and healthy eating

The Government provides advice on nutrition and healthy eating⁷. The advice centres on the eatwell plate and '8 tips for eating well', including advice on eating at least five portions of fruit and vegetables a day and the recommended maximum daily allowances of salt for adults. There are also guidelines on recommended allowances for fat and calories.

1.2.4 Changes in departmental responsibilities

On 1 October 2010, responsibility for nutrition policy (including labelling) transferred to the Department of Health (DH) in England and to the Welsh Assembly Government in Wales. Nutrition policy in Scotland and Northern Ireland remains the responsibility of the Agency. Following these changes, the Agency is in the process of reviewing its Strategic Plan.

A number of topics included in the Food and You survey are related to nutrition and the policy areas to which the findings contribute are now part of DH's remit.

⁵ The FSA's 2010-15 Strategic Plan can be found at:
<http://www.food.gov.uk/multimedia/pdfs/strategy20102015.pdf>

⁶ For more information see <http://www.eatwell.gov.uk/keepingfoodsafef/>

⁷ For more information see <http://www.nhs.uk/Pages/HomePage.aspx>

1.2.5 Other relevant surveys

There are a number of Government surveys, which also collect information on food and diet – specifically the National Diet and Nutrition Survey (NDNS)⁸ and the Health Survey for England (HSE)⁹.

Some measures have been included in Food and You to increase the explanatory power of the analyses (i.e. those on reported fruit and vegetable consumption, reported physical activity, physical measurements and consumption of different foods). Other sources, particularly on consumption of various foods, will provide more robust national estimates. Where relevant these have been highlighted throughout the report.

1.3 Methodology

In this section, key details of the survey methodology are highlighted; detailed information can be found in Annex B and in the technical report¹⁰.

1.3.1 Survey fieldwork

The survey sample was a stratified¹¹ random probability sample of private households in the UK, using the Postcode Address File (PAF)¹² as a sampling frame. In each eligible household, one adult aged 16+ (with no upper age limit) was selected for interview, using a random selection procedure in households where there was more than one eligible adult.

The survey comprised 3,163 interviews with adults across the UK, carried out face-to-face in respondents' homes. Boost samples were carried out in Scotland and Northern Ireland (increasing the sample to around 500 in each country) to enable more detailed analysis at a country level.

The fieldwork for the survey took place between March and August 2010.

Interviews took, on average, 60 minutes to complete. A response rate of 52% was achieved.

At the analysis stage, corrective weighting was applied to ensure the weighted sample was representative of the UK as a whole.

⁸ Further information on the NDNS can be found at:
<http://www.food.gov.uk/science/dietarysurveys/ndnsdocuments/>

⁹ Further information on the HSE can be found at:
<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england>

¹⁰ http://www.foodbase.org.uk/results.php?f_report_id=641

¹¹ The sample was stratified by Government Office Region (GOR), the percentage of heads of households in a non-manual occupation (NS-SEC groups 1-3), the percentage of households with no car and population density (persons per hectare)

¹² The PAF lists all known UK postcodes and addresses and is the sampling frame commonly used in general population surveys.

Tables A2 to A5 of Annex A show the profile of the achieved sample of respondents.

1.3.2 Questionnaire development

Prior to commissioning the survey, the FSA undertook a scoping study to review existing research (predominately quantitative) covering food issues to assess what could be learnt from the existing research, minimise duplication and help inform question development for Food and You¹³.

An Advisory Group was established to help advise the FSA and consortium on key aspects of the survey, including the content and structure of the final questionnaire and the survey outputs. The Advisory Group consisted of experts in the topic area of food and in survey methodology.

Extensive development work was carried out to develop the questionnaire and survey procedures. This included initial qualitative work (focus groups, depth interviews and kitchen explorations), cognitive testing of draft survey questions, and including a number of draft questions on TNS's Omnibus survey.

A dress-rehearsal pilot was conducted in February 2010 to test the questionnaire and survey procedures.

1.3.3 The final questionnaire

The survey was designed to be able to chart who does and who does not follow the Government's advice on healthy eating and food safety and to understand what influences those who do or do not comply with the advice. The development work helped shape what factors influence food behaviours (for example, people's knowledge, their attitudes and their eating patterns) and these factors have been captured in the survey as pragmatically and robustly as possible within the 60 minute interview.

The final questionnaire covered a number of topics outlined in Table 1.1. In order to cover additional topics, without over-burdening respondents, three sections of the questionnaire (eating patterns, eating out and shopping habits) were rotated, that is, each was asked of a random third of respondents.

¹³ The scoping study report can be found at <http://www.food.gov.uk/multimedia/pdfs/foodandyouscoping.pdf>

Table 1.1 Topics covered in Food and You

Food safety topics

- Frequency of self-reported behaviours relating to the 4C's (cleaning, cross-contamination, chilling and cooking)
- Food storage practices
- Knowledge of correct fridge temperature
- Understanding & use of date labelling
- Self-reported use of leftovers
- General attitudes to food safety
- Experience of food poisoning

Healthy eating topics

- Perceptions of diet
- General attitudes towards healthy eating
- Self-reported eating behaviours – patterns and consumption of different foods
- Knowledge of the eatwell plate, '5 a day', fat, salt & calories intakes
- Importance of different foods for a healthy lifestyle
- Changes to diet over the last 6 months and triggers/barriers to change

Cross-cutting topics

- Socio-demographics
- General attitudes to food
- Frequency of cooking/preparing food
- Self-reported level of physical measurements and physical activity
- Eating outside of the home*
- Shopping behaviour*
- Perceptions of food prices* and expenditure
- Recontact

* indicates a rotating module asked of a third of the sample

1.4 Information about this report

1.4.1 Use of the findings and data

The findings presented in this report provide a descriptive overview of the key baseline information, and as such, can only be used to describe food attitudes, knowledge and behaviours from the first wave. The first wave provides a rich source of data and to enable further analysis the dataset is available on the UK Data Archive¹⁴.

Once further waves have been completed a wealth of data will allow detailed examination of the numerous and complex influences on attitudes and behaviours in the fields of food safety and healthy eating.

¹⁴ <http://www.data-archive.ac.uk/>

1.4.2 Self-reported behaviours

The cost and time constraints on this survey limited the collection of data on behaviour to self-reported behaviour. One key issue, which was apparent from the questionnaire development stage, was the effect of social desirability bias when asking respondents about their behaviour. Social desirability has been described as the tendency to respond to self-report items in a manner based on the respondent's subjective perception of what they ought to say, rather than on factual accuracy.

There were a number of topics in the questionnaire, for which respondents might be particularly reluctant to report behaviour which goes against 'best practice' (for example, not washing their hands before cooking or preparing food or not eating the recommended five portions of fruit and vegetables a day). The questionnaire was designed to mitigate this by asking questions about behaviour in specific time periods (e.g. 'yesterday' rather than 'usually'), and by ensuring that behaviours asked about included neutral items as well as recommended and not recommended practices. Several amendments were made to questions during the development and piloting stage to attempt to reduce social desirability bias, including removing some items where the risk of bias was felt to be too high.

1.4.3 Reporting conventions

Only those differences found to be statistically significant at the 95% level are reported. The identification of a difference as statistically significant means that there is less than a five per cent likelihood that an observed difference is due to chance rather than as a result of a true difference in the population. This confidence level is generally seen as acceptable and is used commonly across government social surveys.

As the analysis presented in this report is largely exploratory, statistical tests have not been undertaken to account for the effect of multiple comparisons. Percentages may not add to 100% due to rounding.

Graphs and tables that are presented within the chapter text are referred to as 'Chart 1.1' or 'Table 1.1' etc.

1.4.4 Structure of the report

The report is divided into a number of chapters. Chapters 2 and 3 explore attitudes, behaviours and knowledge of government advice on food safety and healthy eating. The remaining chapters cover topics that may be important in explaining whether the general population comply with government advice.

Chapter 2 presents information about the extent to which respondents were aware of and understood government advice on food safety, including self-reported behaviours relating to the '4C's' (cleaning, cross-contamination, chilling and cooking), use of leftovers and 'use by' date marks, attitudes to food safety and experiences of food poisoning.

Chapter 3 presents information about the extent to which respondents were aware of and understood the messages included in the Government's advice on healthy eating including the eatwell plate, the '8 tips', recommended daily consumption of fruit and vegetables and recommended maximum daily intakes of salt, fat and calories.

Chapter 4 focuses on attitudes and behaviours around eating, cooking and shopping and covers general eating patterns, attitudes towards food in general, self-reported consumption of different types of foods, cooking, and shopping behaviour.

Chapter 5 presents information about eating outside of the home and covers: patterns of, and views towards, eating outside the home, eating out behaviour, characteristics associated with eating out, factors important when deciding where to eat out, views on where information should be provided on healthy food options in out of home settings, and awareness of hygiene standards.

Chapter 6 links to Chapter 3 in that it covers issues which could impact on a respondent's propensity to follow healthy eating messages, for example their attitudes to healthy eating, perceptions of their own diets, any changes made to their diets and the barriers and motivations to change, and self-reported levels of physical activity, weight and height.

Finally, Chapter 7 discusses the characteristics which were associated with lower levels of knowledge and less likelihood of following government advice in a number of food safety and healthy eating areas.

Annex A includes a more detailed description of the survey methodology.

2. Food safety – understanding and behaviour

Summary

- The majority of respondents reported behaviour that follows recommended practices in cleaning, cross-contamination, chilling and cooking; for example, 80% of respondents reported that they always wash their hands before preparing food. Reported behaviour around washing raw meat or poultry was less frequently in line with the FSA advice; for example, 25% of respondents reported always washing raw meat and poultry and 32% raw fish and seafood.
- Four out of ten respondents (41%) said that they check the temperature of their fridges, and a further seven per cent that another household member checks. Just over four out of ten (43%) correctly stated that the temperature of a fridge should be between 0 and 5 degrees C.
- When asked how they can tell whether food is safe to eat, respondents most commonly said they would use the smell (69%) and look (54%). The correct answer of the 'use by' date was mentioned by almost a third (31%).
- The majority agreed with statements 'Restaurants and catering establishments should pay more attention to food safety and hygiene' (87%), 'I am unlikely to get food poisoning from food prepared in my own home' (77%), 'A little bit of dirt won't do you any harm' (53%) and 'You are more likely to get food poisoning abroad than in this country' (59%).
- The majority (69%) of respondents reported that they had not had food poisoning.

The FSA provides guidance on food safety. The key purpose of the advice is to minimise the risk of food poisoning in the home. Advice to the general public centres on four aspects of food hygiene: cleaning, cooking, cross-contamination and chilling (collectively known as the '4 Cs'), with advice given on each aspect. For example, guidance covers the correct temperature at which fridges should be kept to ensure that food is stored safely. Advice is also given on the use of 'use by' date marks and storage instructions as a means to determine the safety of food eaten at home.

This chapter focuses on food safety, including attitudes, understanding and self-reported behaviour. This information will provide a baseline on how far

respondents' behaviour fits with the guidance. Section 2.1 covers behaviour relating to cleaning including handwashing. Section 2.2 discusses cross-contamination. Section 2.3 focuses on chilling including defrosting and checking fridge temperatures. Section 2.4 presents findings on cooking and section 2.5 on leftovers. Section 2.6 covers use of storage information and how respondents decide whether a food is safe to eat. Section 2.7 looks at attitudes to food safety, while section 2.8 covers experiences of food poisoning. Section 2.9 draws comparisons between respondents in Northern Ireland and the rest of the UK.

2.1 Reported behaviours relating to the '4 Cs' - Cleaning

2.1.1 Wiping surfaces, cleaning sinks and changing tea towels and dishcloths

The FSA advises that worktops be washed before and after preparing food, particularly after they have been touched by raw meat, including poultry or raw eggs. Dishcloths and tea towels should also be washed regularly and dried before being used again as dirty, damp cloths are the perfect place for bacteria to breed.

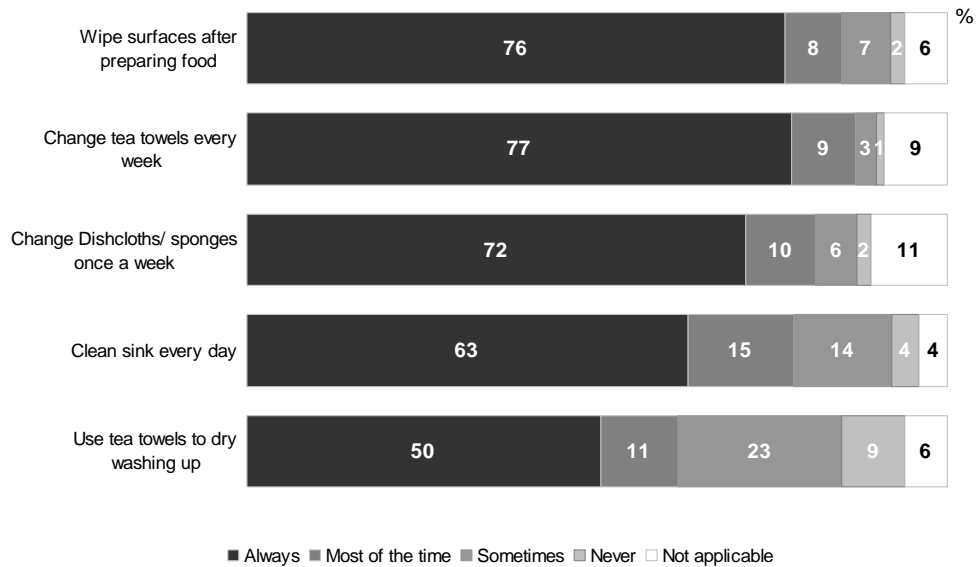
Respondents were asked to say how often (on a scale from 'Never' to 'Always') they wipe down surfaces after preparing food, change tea towels at least every week, change dishcloths/sponges at least once a week, clean sink and draining board thoroughly every day, and use tea towels to dry washing up.

As Chart 2.1 shows, the majority of respondents reported that they always wipe surfaces after preparing food (78% reported doing so), change both tea towels (77%) and dishcloths and sponges every week (72%) and clean their sinks thoroughly every day (63%).

However for each of these behaviours there was a group (of between 4% and 18% of respondents) who reported doing them either never or sometimes (although someone else in the household, other than the respondent, may do these behaviours).

Women were more likely than men to say they always undertake these activities. For example on wiping down surfaces after preparing food, 87% of women said they always do this, compared with 65% of men. Those aged 16-24 said they did these activities least frequently, compared with other age groups.

Chart 2.1 *Cleaning practices in the kitchen*



Source: Q4.1
 Base (unweighted): All respondents (506)

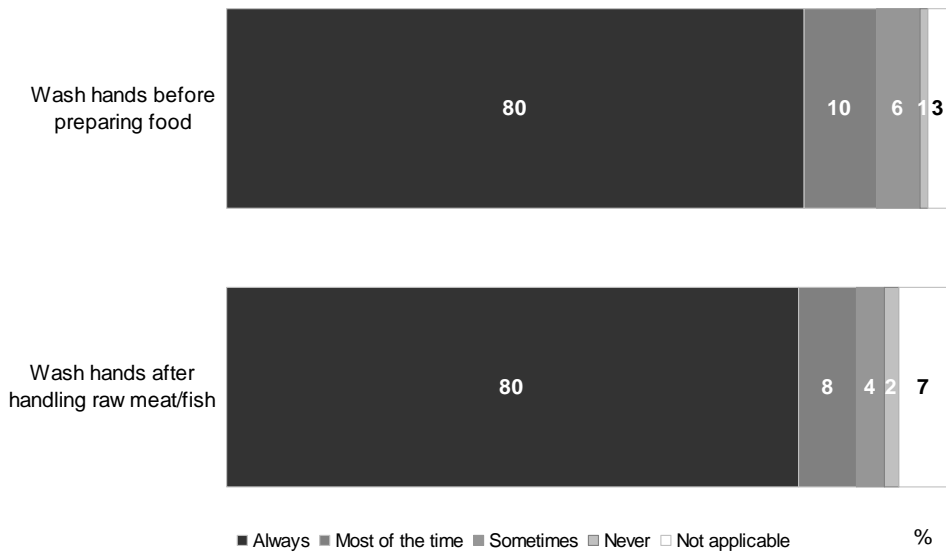
2.1.2 Hand washing

The FSA advises that hands be washed thoroughly with soap and warm water before starting to prepare food, after touching raw meat (including poultry) and after going to the toilet, touching the bin or touching pets in order to avoid spreading germs.

Respondents were asked how often they wash their hands before they start preparing or cooking food, and wash hands immediately after handling raw meat, poultry or fish.

Eighty percent of respondents reported that they always wash their hands before preparing food, and the same proportion said they do so after handling raw meat or fish. The majority of the remainder reported washing their hands most of the time (10% before preparation and 8% after handling raw meat or fish). In both cases men were less likely than women to say they always wash their hands before preparing food (Chart 2.2).

Chart 2.2 Cleaning – hand washing



Source: Q4.1, 4.6
 Base (unweighted): All respondents (506)

When asked about how hands were washed, just over eight out of ten (84%) used hot water, with 5% using cold water. Sixty two per cent mentioned a soap product.

When asked about how hands were dried after being washed, two-thirds (67%) dry their hands using a hand towel, with a further 21% using kitchen roll for this. Around one in six (15%) dry their hands using a tea towel and a further 3% leave their hands to dry naturally.

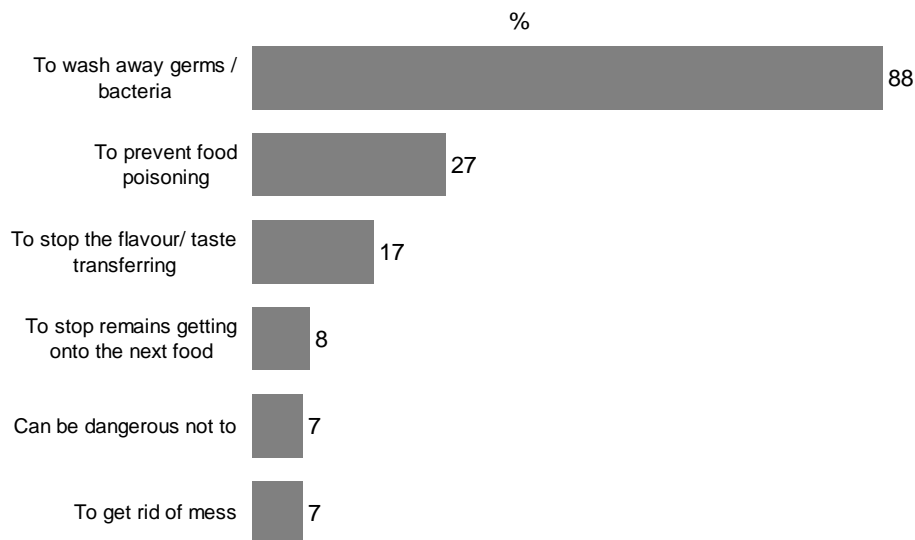
2.2 Reported behaviours relating to the 4 Cs - Cross-contamination

2.2.1 Chopping boards

The FSA advises that chopping boards be washed thoroughly with hot water and washing-up liquid before and after cooking as they are sources of germ cross-contamination.

Respondents were asked to say, in their own words, why they thought people might wash a chopping board after preparing raw meat, fish or poultry and before preparing other food. Almost nine out of ten (88%) correctly mentioned that it would be to wash away germs or bacteria, with no significant differences across demographic groups. Chart 2.3 shows the breakdown of responses.

Chart 2.3 Cross contamination – reasons for washing chopping board after preparing raw meat, poultry or fish



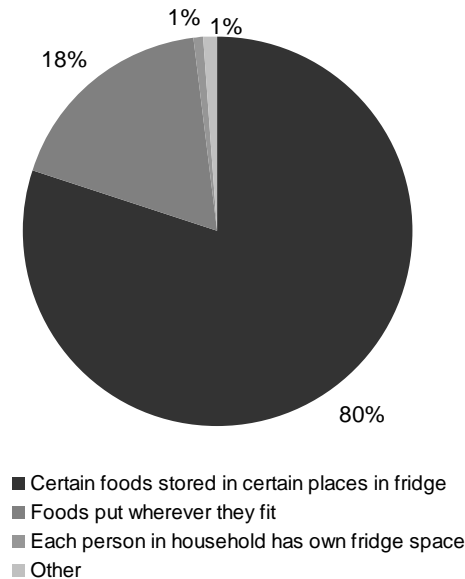
Source: Q4.3
Base (unweighted): All respondents (506)

2.2.2 Food storage in the fridge

The FSA recommends that raw meat be kept away from ready-to-eat foods such as salad, fruit and bread. This is because these foods will not be cooked before they are eaten and so any bacteria that gets on to the foods will not be killed by being cooked. The FSA advises that raw meat be covered and stored on the bottom shelf of the fridge where it can not touch other foods or drip on to them.

Eight out of ten respondents (80%) reported that their household's fridge is organised so that certain foods are stored in certain places within it. A further fifth (18%) said they do not have any system but instead put foods wherever they fit. (Chart 2.4).

Chart 2.4 Cross contamination – food storage



Source: Q4.13
Base (unweighted): All respondents (506)

Overall about six out of ten (64%) reported that they store raw meat and poultry at the bottom of the fridge, 9% keep it at the top, 5% in the middle of the fridge and 8% anywhere/wherever there is space.

In terms of how raw meat and poultry are stored, generally almost all respondents who stored it in their fridge, reported that they kept it either in its packaging (43%), or else covered with film or foil (40%) or in a covered container (31%).

Cooked meat and poultry, whether bought cooked, or cooked at home then refrigerated is stored by four out of ten (42%) on the top shelf with a further 27% keeping it on the middle shelf. Fifteen percent reported that they stored cooked meat away from raw food, but did not specify a particular location within the fridge. Again cooked meat was generally stored in foil or film (by 49%), in a covered container (38%) or in the original packaging (27%).

2.2.3 Washing raw meat and fish

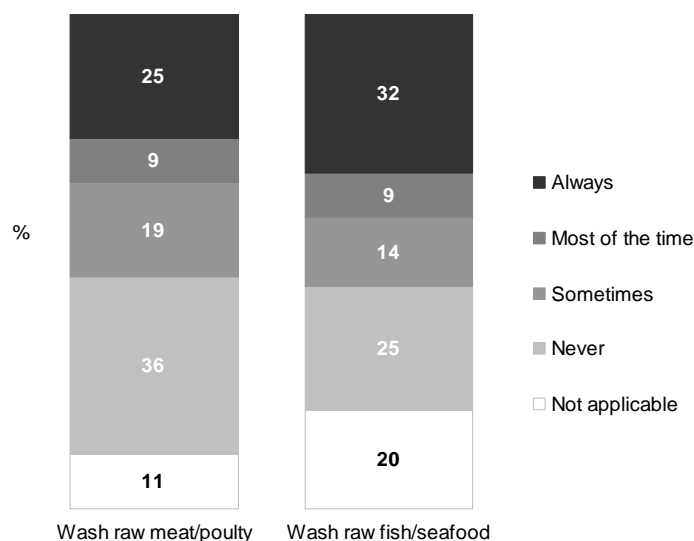
The FSA advises against washing raw meat or fish prior to cooking in order to avoid spreading germs.

Respondents were asked to say how often (on a scale from 'Never' to 'Always') they wash raw meat or poultry, or wash raw fish or seafood.

Approximately a third of respondents (32%) said they always wash raw fish or seafood, and a quarter (25%) that they always wash raw meat and poultry before

cooking, which does not reflect the FSA advice. About a third of respondents (36%) said they never wash raw meat and poultry, and 25% that they never wash raw fish or seafood. A minority said they wash meat or fish either sometimes (19% for raw meat or poultry, 14% for raw fish or seafood) or most of the time (9% for raw meat or poultry, 14% for raw fish or seafood) or most of the time (9% for raw meat or poultry, 9% for raw fish or seafood) (Chart 2.5).

Chart 2.5 Cross contamination – washing raw meat and fish



Source: Q4.1, 4.3
Base (unweighted): All respondents (506)

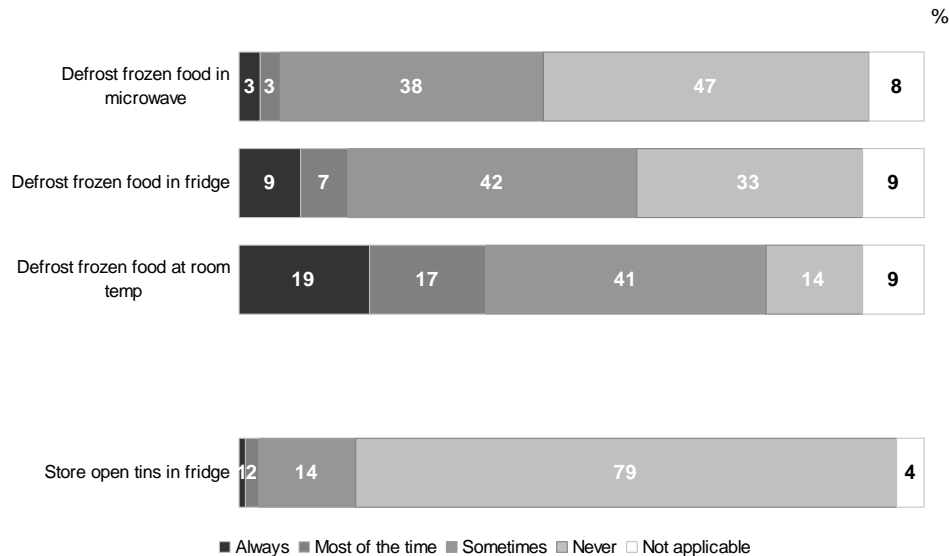
2.3 Reported behaviours relating to the 4 Cs - Chilling

2.3.1 Chilling and defrosting

The FSA advises against putting open cans in the fridge as the metal of the can may transfer to the contents; they recommend instead transferring the contents into a storage container or covered bowl. The FSA advises that frozen meat and fish should be defrosted thoroughly before cooking, either in the fridge, to thaw to avoid it getting too warm, or in a microwave if cooking straightaway.

Respondents were asked to say how often (on a scale from 'Never' to 'Always') they store open tins in the fridge, defrost frozen food at room temperature (e.g. on the worktop whether on a plate, in a container or in its packaging), defrost frozen food in the fridge, and defrost frozen food in the microwave. Responses are shown in Chart 2.6.

Chart 2.6 Chilling and defrosting behaviours



Source Q4.1
Base (unweighted): All respondents (506)

Eight out of ten respondents (79%) said they never store open tins in their fridges. Seventeen per cent of respondents said they did this either sometimes, most of the time or always.

How respondents reported defrosting food varied; defrosting food at room temperature (e.g. on the worktop whether on a plate, in a container or in its packaging) was done at least sometimes by 78% of respondents, with 19% saying they always defrost food in this way, and 14% that they never do. FSA advise that food should be defrosted in the fridge or in the microwave as opposed to at room temperature.

Defrosting food in the fridge was less common. Approximately a third of respondents (33%) said they never do this, while 58% defrost food this way at least sometimes. One in ten respondents (9%) always defrosts food in the fridge. Defrosting food in the fridge was more commonly reported by women (65%) than men (51%).

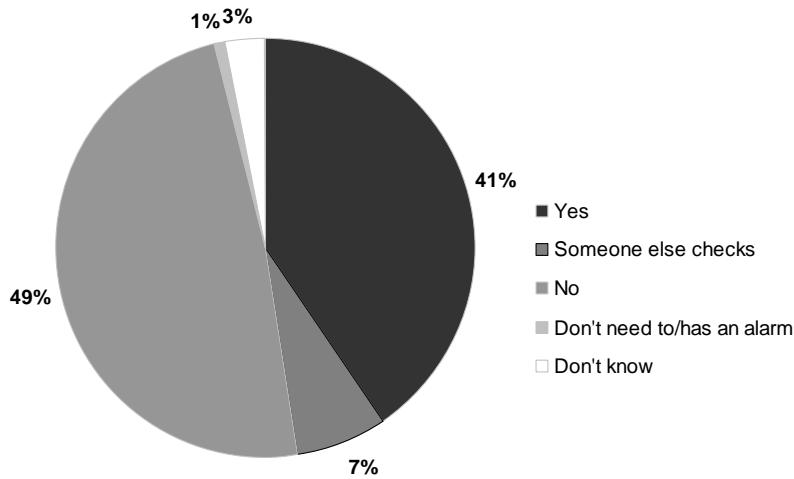
Use of the microwave was the least common method of defrosting food. Almost half of respondents (47%) said they never defrost food in the microwave, and a similar proportion (44%) that they do so at least sometimes. A small minority of 3% said they always defrost this way.

2.3.2 Checking fridge temperatures

The FSA recommends that fridge temperatures be maintained between 0C and 5C to ensure food is kept cold and to stop the growth of food poisoning germs.

Four out of ten respondents (41%) said they do check the temperature of their fridge, while 49% do not. A further 7% reported that another member of the household checks. (Chart 2.7).

Chart 2.7 Chilling – whether respondent or another household member checks fridge temperature



Source: Q4.9
Base (unweighted): All Respondents (506)

Among those households where either the respondent or another household member does check the temperature of their fridge, 13% reported that it is done on a daily basis, 5% two or three times per week, and 20% once a week. A further 26% check it monthly or several times a month. Twenty eight per cent said the temperature is checked four times a year or less.

When asked to say in their own words how fridge temperatures are checked, the most common response was checking the setting or gauge of the fridge in the fridge, which was reported by 48% of respondents who said that they, or another household member, checked the temperature. About a third (30%) said the temperature display/ built-in thermometer was checked, while 13% put a thermometer into the fridge to check the actual temperature. Other methods included feeling food to see if it is cold and looking inside and checking for ice or condensation both which was done by 5%,

All respondents were asked what they thought the temperature inside the fridge should be. Just over four out of ten (43%) correctly stated that the fridge

temperature should be between 0 and 5 degrees C. Forty two per cent said they did not know, and the remainder answered incorrectly, with 9% saying it should be lower than 0 degrees C, and 4% that it should be 5 degrees C (a further 1% gave a vague or unspecific answer).

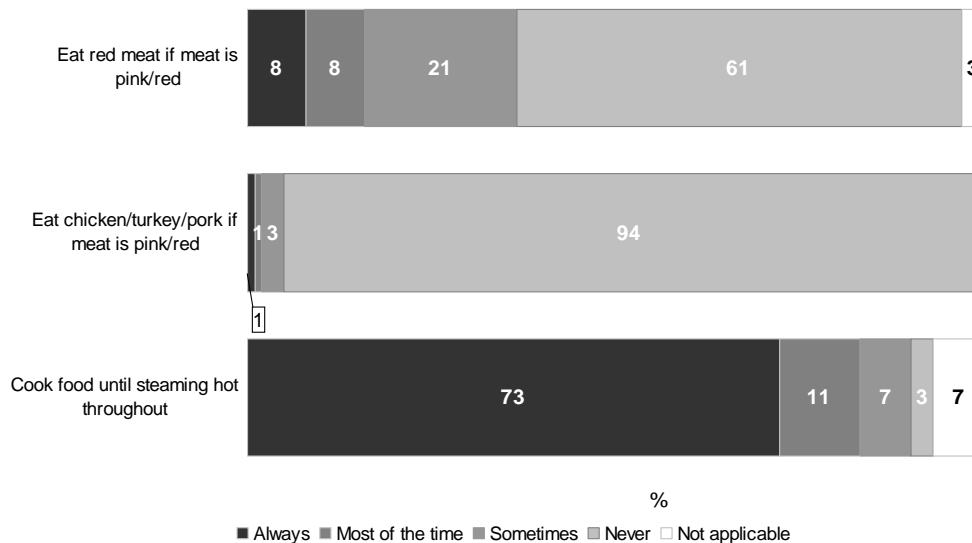
2.4 Reported behaviours relating to the 4 Cs - Cooking

The FSA advises that food be cooked thoroughly and checked before eating that it is piping hot all the way through. When cooking poultry, pork, burgers, sausages and kebabs these should be cooked until steaming hot with no pink meat inside.

Respondents were asked to say how frequently (on a scale from 'Never' to 'Always') they cook food until it is steaming hot throughout, eat chicken or turkey if the meat is pink or has pink or red juices, or eat red meat (e.g. beef or lamb, steak or roast meat, but not mince) if it is pink or has pink or red juices.

As Chart 2.8 shows, almost three quarters of respondents (73%) reported always cooking food until it is steaming hot throughout. Eleven per cent said they did this most of the time, 7% sometimes and 3% never.

Chart 2.8 Cooking behaviours



Source: Q4.1
Base (unweighted): All respondents (506)

Women (83%) were more likely than men (62%) to say that they always cook food until steaming hot.

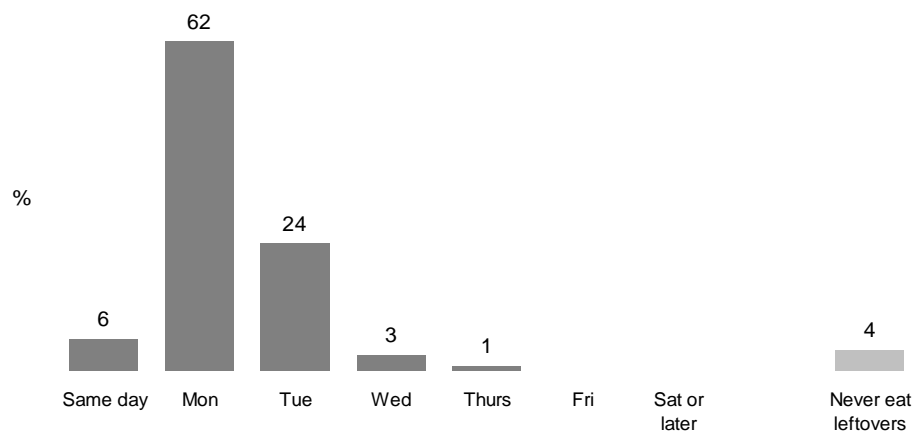
While the majority (94%) stated that they never eat poultry or pork when it is pink or has pink juices, 3% reported doing this sometimes, 1% most of the time and 1% always, which is not in line with FSA advice on cooking these types of meat.

2.5 Leftovers

The FSA advises that leftovers should be steaming hot all the way through before being eaten and that they should not be reheated more than once. The FSA also recommends that leftovers be used within 48 hours.

Respondents were asked if they made a meal on Sunday what would be the last day that they would consider eating leftovers. The most common response was Monday (one day later), which was given by 62%, followed by Tuesday (two days after), mentioned by a quarter (24%). Four per cent reported that they never eat leftovers and 6% would only eat them on the same day as the meal was made. Four per cent would consider eating the leftovers on Wednesday or later (Chart 2.9).

Chart 2.9 When respondents would eat leftover food



Source: Q4.24
Base (unweighted): All respondents (506)

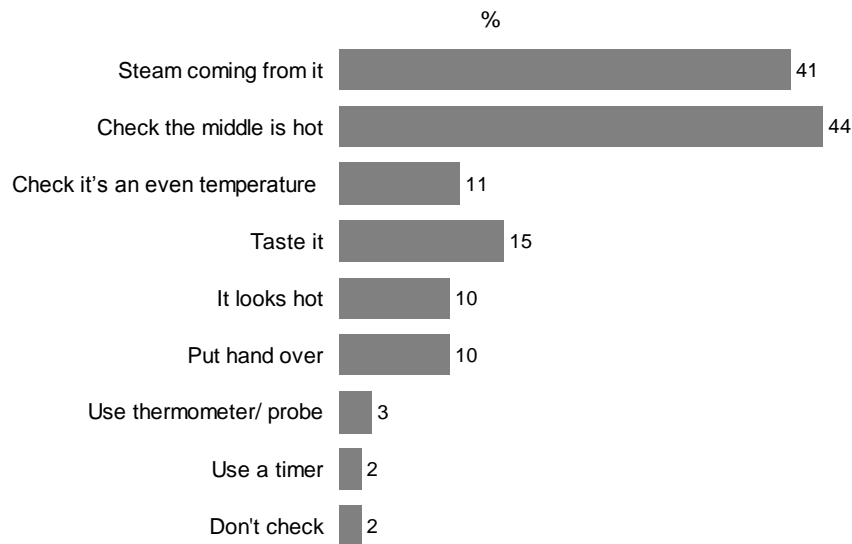
Those respondents who said they ever eat leftovers were asked how many times they would consider reheating food after it was cooked for the first time.

More than eight out of ten (85%) of those who eat leftovers said they would only reheat them once and 9% that they would not reheat at all. The remaining 6% reported that they would reheat twice or more.

Those respondents who said that they would ever reheat leftover food were asked to say in their own words how they would usually tell whether food has

been reheated properly. The most common methods given were to check that the middle is hot (44%) and that there is steam is coming off the food, which was mentioned by 41% of this group. Chart 2.10 shows the full breakdown of responses.

Chart 2.10 Methods used to check leftover food is correctly heated



Source: Q4.26
Base (unweighted): Respondents who reheat leftovers (437)

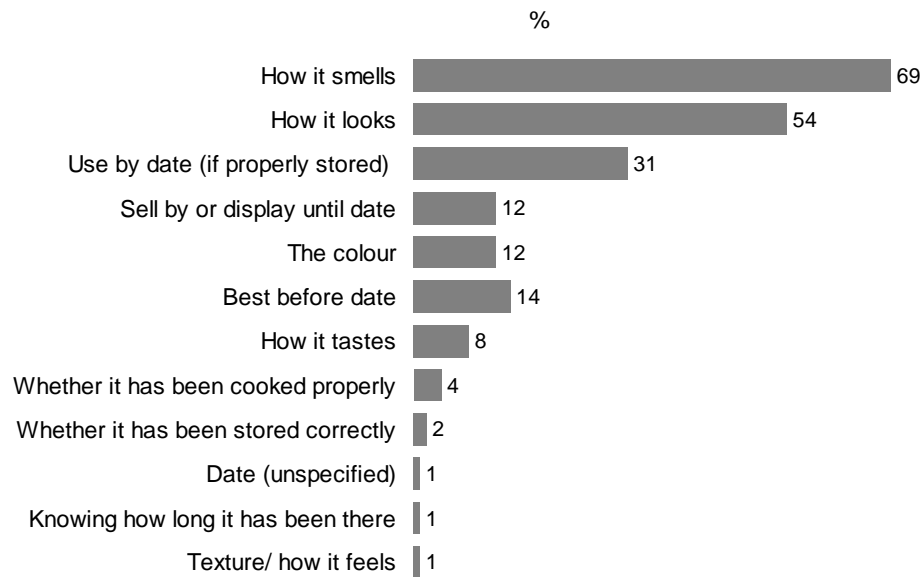
2.6 Use of storage information on food packaging

All respondents were asked whether they follow storage information provided on products. Forty five per cent reported that they always follow storage information provided on products; a further 17% said they would follow the advice depending on the food type. A further quarter (26%) said they follow the advice sometimes, and 1% when a food is bought for the first time. A small proportion (2%) reported never having noticed storage information on products and 8% said that they never follow the information.

Respondents were asked to say, in their own words, how they can tell whether food is safe to eat. Chart 2.11 shows the methods respondents reported using. The most common answers given were 'how food smells', which was mentioned by 69% and 'how it looks', given by more than half (54%).

The recommended practice of checking the 'use by' date was mentioned by almost a third of respondents (31%).

Chart 2.11 How respondents say they can tell whether food is safe to eat

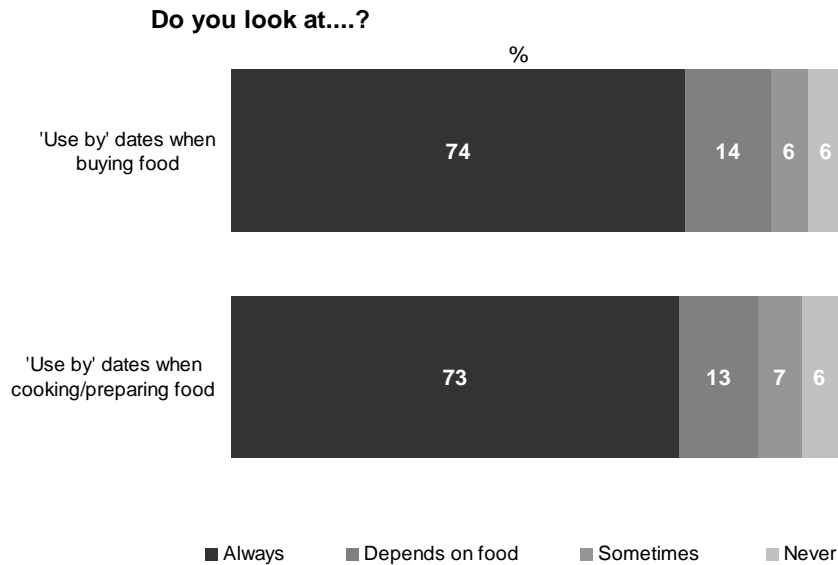


Source: Q4.18
 Base (unweighted): All respondents (506)

All respondents were then asked specifically about different types of date marks – the ‘use by’ date, ‘best before’ date, ‘sell by’ date and ‘display until’ date. They were shown the list of date mark types and asked which indicates whether food is safe to eat (respondents were able to select more than one of these types of date mark). Sixty nine per cent correctly identified the ‘use by’ date, but many selected other date mark types. Almost a third of the total (30%) chose the ‘best before’ date, 7% the ‘sell by’ date and 1% the ‘display until’ date. Respondents frequently selected more than one of the options: 54% chose only the correct answer of the ‘use by’ date.

The majority of respondents reported that they do check ‘use by’ dates both when buying food and when cooking or preparing it. Overall, 74% said they always check ‘use by’ dates when buying food, and 73% that they always check ‘use by’ dates before cooking or preparing food (see Chart 2.12).

Chart 2.12 Use of 'use by' date marks



Source: Q4.21, 4.22
 Base (unweighted): All respondents (506)

2.7 Attitudes towards food safety

All respondents were asked how much they agree or disagree with a range of statements about food safety. Responses are shown in Chart 2.13.

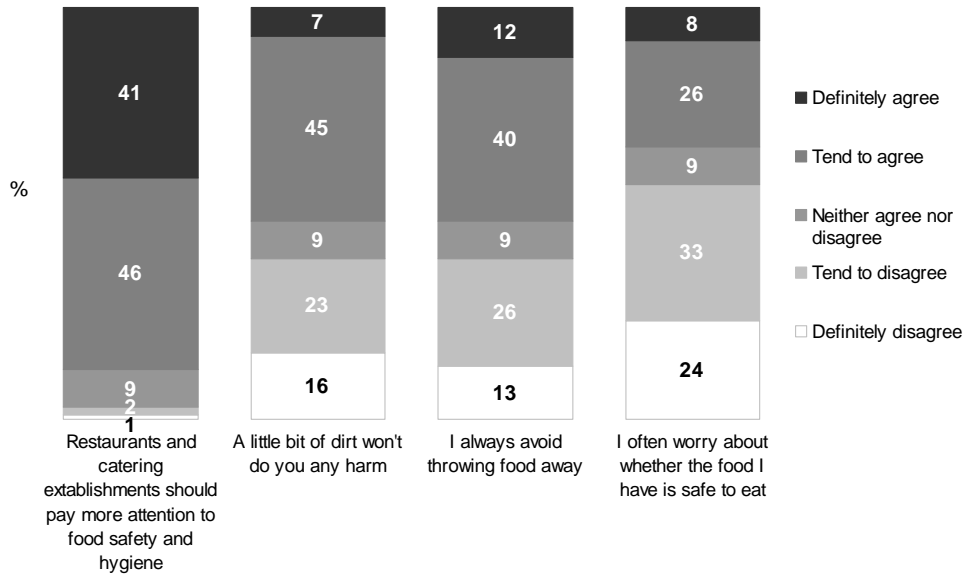
Overall there was strong agreement that 'Restaurants and catering establishments should pay more attention to food safety and hygiene' with 87% agreeing, of which 41% definitely agreed.

'A little bit of dirt won't do you any harm' was agreed with (either definitely agree or tend to agree) by 53% overall (7% definitely agree and 45% tend to agree).

About half of all respondents (52%) agreed with the statement 'I always avoid throwing food away'.

Approximately a third (34%) agreed with the statement 'I often worry about whether the food I have is safe to eat'.

Chart 2.13 Attitudes towards food safety



Source: Q4.27
 Base (unweighted): All respondents (506)

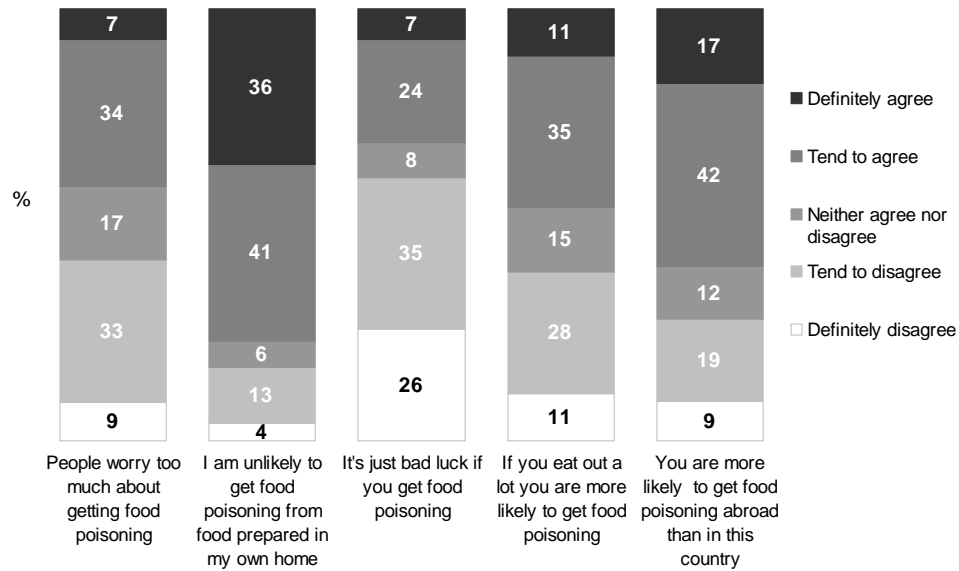
Chart 2.14 shows responses to statements about food poisoning and how respondents perceive the risks and likely source. About three-quarters (77%) agreed with the statement 'I am unlikely to get food poisoning from food prepared in my home.'

Forty five per cent agreed with the statement 'If you eat out a lot you are more likely to get food poisoning'.

Almost six out of ten respondents (59%) agreed that 'You are more likely to get food poisoning abroad than in this country'.

Forty one per cent of respondents agreed with the statement 'People worry too much about getting food poisoning' while the same proportion disagreed (42%).

Chart 2.14 Agreement with statements about food poisoning



Source: Q4.27
 Base (unweighted): All respondents (506)

2.8 Experiences of food poisoning

Respondents were asked if they personally have ever had food poisoning. The majority (69%) reported that they have not had food poisoning. Nineteen per cent said they have had it once, while 6% have had it more than once. Six per cent reported that they thought they had food poisoning but were not sure whether it actually was.

2.9 Comparisons between Northern Ireland and the rest of UK

There are some differences in behaviour around food preparation behaviours in the UK. Table 2.1 shows the breakdown by country of the proportions who do each type of behaviour at all (sometimes, most of the time or always).

Respondents in Northern Ireland were less likely than those in the other three regions to wash raw meat or poultry, and to wipe down surfaces after food preparation.

Table 2.1 Food preparation behaviour in Northern Ireland compared with the rest of the UK

	Northern Ireland	England	Scotland	Wales
	%	%	%	%
Store open tins in fridge	17	28	18	25
Defrost at room temperature	78	83	82	78
Defrost in fridge	58	64	56	64
Defrost in microwave	44	48	41	53
Wash raw meat or poultry	53	63	61	76
Wash raw fish or seafood	55	60	56	61
Wipe down surfaces after preparing food	91	97	96	97
Change dishcloths/ sponges at least once a week	88	88	90	90
Wash hands before starting food preparation	96	97	96	98
Wash hands after handling raw meat or fish	91	92	93	91
Cook food until it is steaming hot throughout	90	96	96	97
Eat chicken, turkey or pork if it has pink or red juices	5	6	4	9
Base: All respondents	506	2025	511	121

Source: Q4.1

Respondents in Northern Ireland were more likely to answer that people might wash a chopping board after using it for raw meat, poultry or fish 'to wash away germs or bacteria' than in other regions. Indeed 88% gave this reason compared with 78% in England, 83% in Wales and 84% in Scotland.

Respondents in Northern Ireland were also more likely to report that they used hot water for hand-washing (84%) than those in England (61%) and Wales (30%) and also to dry their hands with kitchen roll or paper towels (21% in Northern Ireland against 12% in England, 16% in Wales and 19% in Scotland).

There was no difference in fridge temperature checking behaviour between regions and respondents in Northern Ireland were no more or less likely to know the correct temperature for a fridge.

There were no significant differences between regions in terms of how fridges are arranged or how food is stored.

Similarly respondents' behaviour in checking use-by dates did not vary across the different regions of the UK.

On leftovers, respondents in Northern Ireland were more cautious than those in other regions. Over two thirds (68%) would only eat leftovers either the same day or one day later, compared with 44% in England, 52% in Scotland and 65% in Wales.

Respondents in Northern Ireland were the least likely to have experienced food poisoning: 31% have had it compared with 46% in Scotland, 46% in England and 38% in Wales.

Table 2.2 shows the breakdown by country of views around food safety and food poisoning. For each statement the total proportion of those who agreed ('definitely agree' plus 'tend to agree' is shown.) Respondents in Northern Ireland were more likely to agree with the statements 'I often worry whether the food I have is safe to eat', 'Restaurants and catering establishments should pay more attention to food safety and hygiene' and 'You are more likely to get food poisoning abroad than in this country.'

Table 2.2 Attitudes towards food safety and food poisoning in Northern Ireland compared with the rest of the UK

	Northern Ireland	England	Scotland	Wales
	%	%	%	%
Restaurants and catering establishments should pay more attention to food safety and hygiene	87	82	81	83
I am unlikely to get food poisoning from food prepared in my own home	77	72	72	69
You are more likely to get food poisoning abroad than in this country	59	50	50	49
A little bit of dirt won't do you any harm	53	55	50	58
I always avoid throwing food away	52	48	43	48
If you eat out a lot you are more likely to get food poisoning	45	43	39	30
People worry too much about getting food poisoning	41	41	39	41
I often worry about whether the food I have is safe to eat	34	24	27	23
It's just bad luck if you get food poisoning	31	28	28	28
Base: All respondents	506	2025	511	121

Source: Q4.27

3. Advice on healthy eating

Summary

- Respondents were asked to indicate the proportions of different food groups recommended for a healthy diet. A quarter of respondents (25%) placed all food groups in their recommended proportions on the eatwell plate (a pictorial representation of what a healthy balanced diet should consist of). The food group most likely to be placed in line with recommendations were foods and drinks high in fat and/or sugar (87% placed this in the smallest portion of the eatwell plate); the food groups least likely to be placed in line with recommendations include sources of protein (45%) and starchy foods (45%).
- Overall, a high proportion of respondents rated a variety of factors as important (either very important or fairly important) for a healthy lifestyle. These factors included: eating fruit and vegetables (99% thought this was very or fairly important for a healthy lifestyle) eating less salt (97%) and limiting foods high in saturated fat (94%).
- Respondents were asked what they thought was the recommended maximum daily intake of salt that adults should eat each day: 11% of respondents stated the recommended maximum amount of 6g, 57% said they 'didn't know'. One third (33%) gave an incorrect answer, including amounts either above (9%) or below (21%) 6g.
- Respondents in Northern Ireland (25%) were significantly more likely than those in Wales (16%) and Scotland (19%) to place all food groups correctly on the eatwell plate.
- Respondents in Northern Ireland (81%) were less likely than those in England (84%), Wales (90%) and Scotland (86%) to give the correct answer of 'five' as the number of portions of fruit and vegetables it is recommended people should eat each day.
- Respondents in Northern Ireland (89%) were more likely than those in England (84%) and Scotland (82%) to say they had eaten at least one portion of vegetables in the previous day, and those in Northern Ireland (72%) were also more likely than in Wales (62%) to have eaten at least one portion of fruit.
- Overall 40% of respondents in Northern Ireland reported eating at least five portions of fruit and vegetables in the previous day, which was lower than the proportion reporting this in England (47%) and Wales (53%).

The Government provides advice on nutrition and healthy eating via NHS Choices¹⁵. The advice centres on the eatwell plate and '8 tips for eating well', including advice on eating at least five portions of fruit and vegetables a day and the recommended maximum daily intake of salt for adults. There are also guidelines on recommended maximum intakes for fat and calories.

This chapter presents information on the extent that respondents were aware of and understood the messages included in the advice. This information will help identify what factors are associated with awareness and understanding of the messages, which will help targeting of messages.

Section 3.1 covers the eatwell plate, section 3.2 the '8 tips' and the importance of different foods for a healthy lifestyle, section 3.3 recommended daily consumption of fruit and vegetables and maximum daily intakes of salt, fat and calories. Section 3.4 presents comparisons between respondents in Northern Ireland and the rest of the UK.

3.1 The eatwell plate

The eatwell plate illustrates the types and proportions of foods needed for a healthy balanced diet. It shows how much of a recommended diet should come from each food group. This includes: plenty of fruit and vegetables; plenty of bread, rice, potatoes, pasta and other starchy foods; some milk and dairy foods; some meat, fish, eggs, beans and other non-dairy sources of protein and just a small amount of foods and drinks high in fat and/or sugar. The eatwell plate is shown in Chart 3.1.

Respondents were shown a blank plate with the eatwell plate sections marked but not labelled, and were asked to place cards showing each of the food groups in the correct place on the plate to represent what they thought was the recommended balanced diet.

¹⁵ The NHS Choices website can be found at: <http://www.nhs.uk/Pages/HomePage.aspx>

Chart 3.1 The eatwell plate

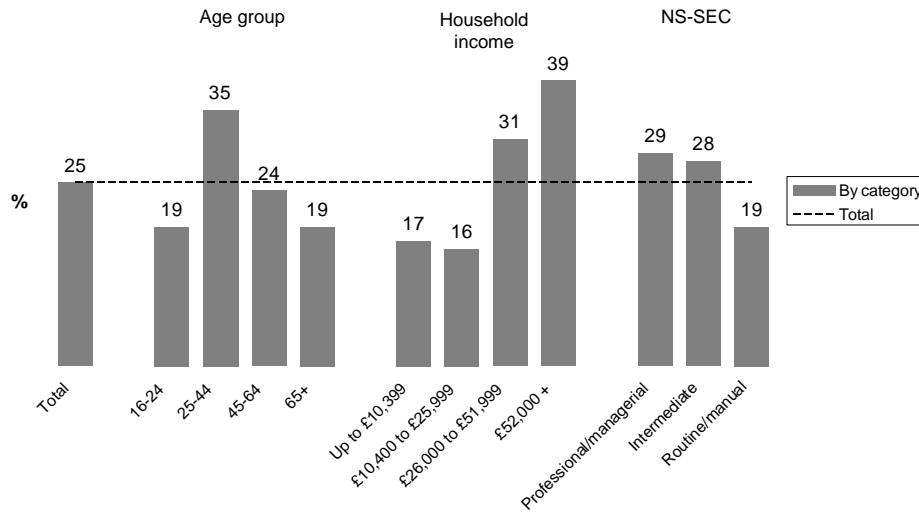


Source: Department of Health

Overall, 25% of respondents in Northern Ireland placed all the food groups in the correct proportions on the plate, 64% placed three food groups correctly, and 5% two food groups. Only one food group was placed in the correct place by 4%, and 1% were not able to place any food groups correctly.

Respondents aged 25-44 were the most likely age group to place all foods correctly (35% of those aged 25-44 did so, compared with 19% of those aged 16-24, and 24% of those aged 45-64, and 19% of those aged 65+). Respondents in households with an income of £52,000 or more (39%), were more likely than those with a household income of up to £10,399 (17%), or £10,400 to £25,999 (16%), to place all foods correctly. Respondents in routine/manual households (19%) were less likely than those in professional/managerial households (29%) to place all foods correctly (Chart 3.2).

Chart 3.2 The eatwell plate – proportion placing all food groups correctly



Source: Q 2.17
 Base (unweighted): Total (506), 16-24 (43), 25-44 (171), 45-64 (153), 65+ (139); Up to £10,399 (71), £10,400 to £25,999 (126), £26,000 to £51,999 (78), £52,000+ (58); Professional/managerial (151), Intermediate (113), Routine/manual (197)

The food group most likely to be placed correctly was foods and drinks high in fat and/or sugar, which 87% of respondents correctly placed as the smallest portion on the plate. Nearly eight out of ten also correctly placed fruit and vegetables as one of the largest sections (78%), and milk and dairy foods as one of the medium sections (79%).

The food groups least likely to be correctly placed were meat, fish and other sources of protein – 45% correctly placed this in a medium section; and starchy foods – 45% correctly placed this in a large section. The most common misconceptions were that starchy foods should be in a medium sized section, and protein sources in a large section.

3.2 Foods for a healthy lifestyle

3.2.1 The '8 tips for eating well'

The Government's '8 tips for eating well' are shown in Table 3.1.

Table 3.1 The '8 tips for eating well'

	The tip	Detail of advice
1.	Base your meals on starchy foods	Most of us should eat more starchy foods - try to include at least one starchy food with each of your main meals
2.	Eat lots of fruit and veg	Try to eat at least 5 portions of a variety of fruit and veg every day. It might be easier than you think
3.	Eat more fish	Aim for at least two portions of fish a week, including a portion of oily fish.
4.	Cut down on saturated fat and sugar	Try to choose more foods that are low in fat and cut down on foods that are high in fat. We should all be trying to eat fewer foods with added sugars, e.g. sweets, cakes & biscuits, and drinking fewer sugary soft & fizzy drinks
5.	Try to eat less salt	No more than 6g a day for adults
6.	Get active and try to be a healthy weight	Only eat as much food as you need. Make healthy choices - it's a good idea to choose low-fat & low-sugar varieties, eat plenty of fruit & veg & whole grains. Get more active
7.	Drink plenty of water	Should be drinking about 6 to 8 glasses (1.2 litres) of water per day
8.	Don't skip breakfast	

A number of measures were included in the survey to explore whether respondents were aware of, and follow, the '8 tips' advice. The headline survey findings relating to the '8 tips' are as follows:

Base your meals on starchy foods

- 84% of respondents reported eating starchy foods at least once a day, although 4% reported eating them once or twice a week or less often
- 30% thought that eating starchy foods was very important for a healthy lifestyle, and a further 59% that it was fairly important

Eat lots of fruit and veg

- 78% of respondents reported that they ate fruit and vegetables at least once a day, although 7% said once or twice a week or less often

- 79% said that eating fruit and vegetables was very important for a healthy lifestyle
- 41% reported eating five or more portions of fruit and vegetables on the day before the interview

Eat more fish

- 55% reported eating oily fish, and 62% other fish, at least once a week
- 46% thought that eating fish was very important for a healthy lifestyle, and a further 44% that it was fairly important

Cut down on saturated fat and sugar

- 71% said limiting food and drinks high in sugar was very important for a healthy lifestyle
- 66% said limiting foods high in saturated fat was very important, and 64% said this for total fat
- 49% reported eating biscuits, pastries and cakes at least once a day, 33% reported eating processed meats at least three or four times a week, and 17% reported eating fried chips or roast potatoes at least three or four times a week
- 4% of respondents stated the correct maximum recommended daily allowance (RDA) for total fats (95g for men and 70g for women)

Try to eat less salt

- 74% said eating less salt was very important for a healthy lifestyle
- 11% stated the correct maximum daily intake of salt for adults (6g)

Get active and try to be a healthy weight

- 72% said that doing physical activities was very important for a healthy lifestyle
- 34% said they took part in physical activities of at least moderate intensity, for at least 30 minutes a time, five or more times in the last week
- 63% said keeping to a healthy weight was very important for a healthy lifestyle
- 40% said that eating the right amount of calories each day was very important for a healthy lifestyle
- 27% gave the correct RDA for calories for women (2000 calories a day), and 24% gave the correct RDA for calories for men (2500 calories a day)

Drink plenty of water

- 76% of respondents said that this was very important for a healthy lifestyle

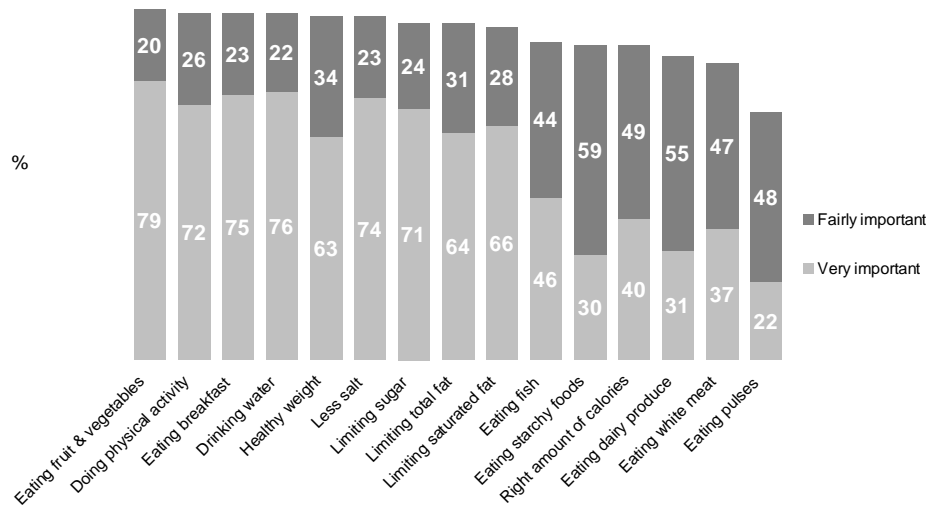
Don't skip breakfast

- 75% of respondents said that it was very important for a healthy lifestyle to eat breakfast every day.

3.2.2 Importance of different factors for a healthy lifestyle

All respondents were asked to say how important they thought a variety of factors was for a healthy lifestyle. These covered eating different foods such as fruit and vegetables, as well as other lifestyle factors like keeping to a healthy weight and taking part in physical activities such as sports, exercise and walking. The proportion of respondents rating each of the food and eating habits factors as 'very important' or 'fairly important' is shown in Chart 3.3.

Chart 3.3 Importance of factors for a healthy lifestyle



Source: Q2.18
Base (unweighted): 506

Overall, a high proportion of respondents rated these factors as important (either very important or fairly important). At least 90% thought that the following were important for a healthy lifestyle:

- Eating fruit and vegetables (99%)
- Eating less salt (97%)
- Limiting food and drinks high in sugar (96%)
- Limiting foods high in total fat (95%)
- Limiting foods high in saturated fat (94%)
- Eating fish, including oily fish (90%).

Eating fruit and vegetables was also the most likely factor to be considered very important - indeed 79% of respondents said that this was very important.

3.3 Knowledge, awareness and understanding of recommended daily amounts

3.3.1 Fruit and vegetables

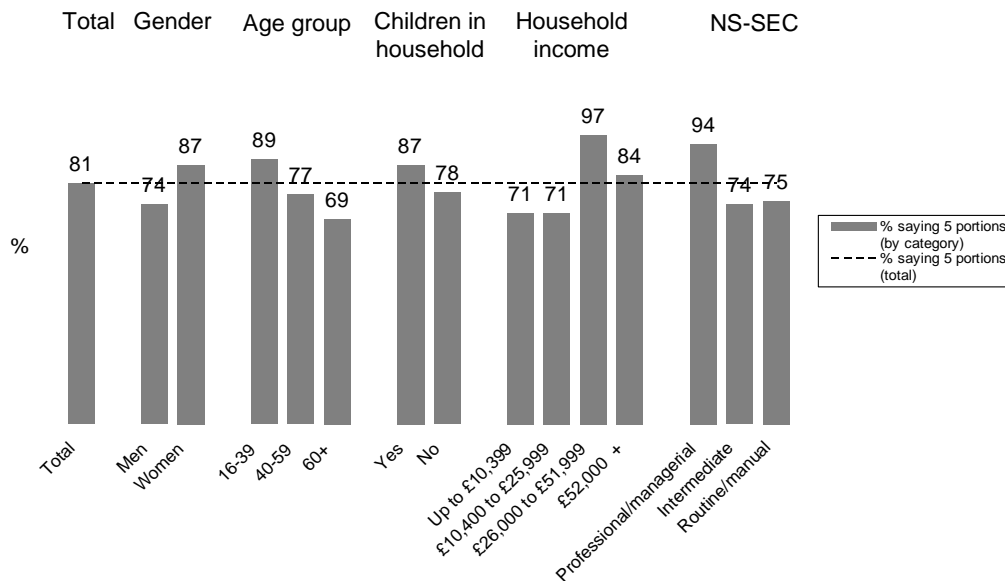
Awareness and consumption

Respondents were asked how many portions of fruit and vegetables they thought that health experts recommend people should eat every day¹⁶.

Overall, 81% of respondents gave the correct answer of five portions, with 1% thinking it was higher than this, 11% that it was lower, and 8% not able to give an answer.

The groups most likely to state that the recommended number of fruit and vegetable portions per day was five were women (87% gave the correct answer), those aged younger than 60 years (89% of 16-39s, 77% of 40-59s), those with children aged under 16 in the household (87%), those in higher income households (97% of those with a household income of £26,000 to £51,999, and 84% of those with a household income of £52,000 or more), and those from professional/managerial households (94%) (Chart 3.4).

Chart 3.4 Knowledge of recommended fruit and vegetable portions per day



Source: Q 2.9
 Base (unweighted): Total (506), Men (186), Women (320), 16-39 (176), 40-59 (162), 60+ (168), Children in household (122), No children (384), Up to £10,399 (71), £10,400 to £25,999 (126), £26,000 to £51,999 (78), £52,000+ (58), Professional (151), Intermediate (113), Routine/manual (197)

¹⁶ In the questionnaire these questions were asked *after* the questions about knowledge and consumption, in order to avoid influencing respondents' answers.

Respondents were asked, for a list of different food items, whether they thought they could be counted towards the daily recommended fruit and vegetable intake. The items asked about, whether they do in fact count towards the '5 a day' recommendation, and the proportion of respondents who thought that each would count towards the fruit and vegetable recommendation, are shown in Table 3.2.

Table 3.2 Foods that can count towards '5 a day'

Foods that count as a portion of fruit and vegetables	% who thought this could count
Pure fruit juice	87
Tinned fruit or vegetables	82
Frozen vegetables	81
Fruit smoothies	79
Dried fruit	76
Baked beans	65
Pulses	61
Foods that do not count as a portion of fruit and vegetables	
Jacket potato	73
Rice	30
Jam	17

Source: Q2.10

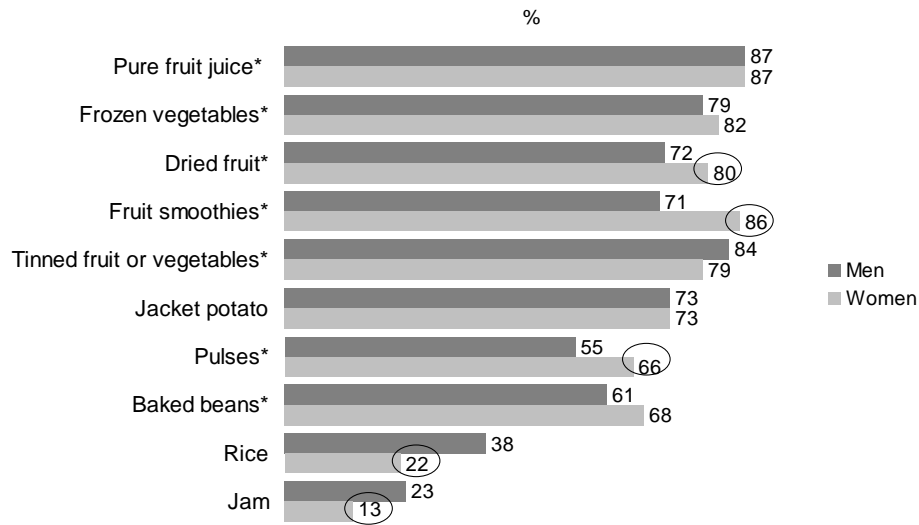
Base (unweighted): 506

More than three-quarters of respondents correctly recognised that pure fruit juice (87%), tinned fruit or vegetables (82%), frozen vegetables (81%), fruit smoothies (79%), and dried fruit (76%) could count towards '5 a day'.

There was more confusion over the other items, with 73% of respondents wrongly thinking that a jacket potato would count, higher than the proportions which recognised that baked beans (65%) or pulses (61%) would count. Significant minorities also thought that rice (30%) and jam (17%) would count towards the recommended daily intake.

Generally men were less likely than women to give the correct answer to these questions, as Chart 3.5 shows, with the significant differences by gender indicated. Types of food or drink which are actually counted as a portion of fruit or vegetables are identified by a '*' next to the item.

Chart 3.5 Proportions of men and women who thought different foods count towards '5 a day'



Source: Q2.10
 Base (unweighted): Men (185), Women (319)
 ** indicates the food or drink counts as a portion of fruit or vegetables
 Significant differences between men and women are circled

Women were more likely than men to give the correct answer for dried fruit (80% compared with 72%), fruit smoothies (86% compared with 71%), and pulses (66% compared with 55%). Men were more likely than women to think, incorrectly, that rice (38% compared with 22%) and jam (23% compared with 13%) could count.

Respondents were asked three separate questions about their consumption of fruit and vegetables in the previous day – one on vegetables, one on fruit, and one on fruit juice¹⁷.

Overall, 89% of respondents said that they had eaten at least one portion of vegetables, 72% had eaten at least one portion of fruit, and 48% had consumed a portion of fruit juice.

Combining these, 41% of respondents said they had eaten at least five portions of fruit and vegetables in the previous day¹⁸.

¹⁷ Separate questions were asked about fruit and vegetables in order to aid respondents' recall. Fruit juice was asked about separately as only one portion of this can count per day.

¹⁸ A measure of fruit and vegetable consumption in the day prior to interview was included in the survey to provide additional explanatory power to the findings rather than to produce national estimates. It is recommended that the Health Survey for England (HSE) be used for national estimates of fruit and vegetable consumption.

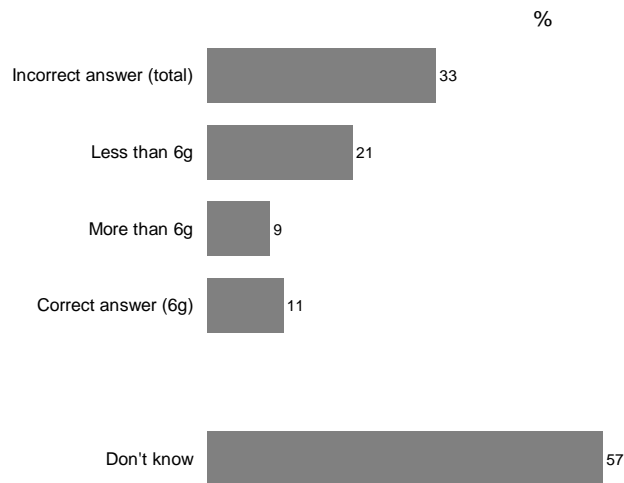
3.3.2 Salt

Recommended daily intake

Respondents were asked what they thought was the recommended maximum daily intake of salt adults should eat each day.

There was limited knowledge of the adult's daily maximum intake, with 9% of respondents stating the correct figure of 6g. One third (33%) gave an incorrect answer and 57% said they didn't know (Chart 3.6).

Chart 3.6 Knowledge of daily maximum intake for salt



Source: Q2.30, Q2.31
Base (unweighted): All respondents (506)

Respondents who gave an incorrect answer were more likely to give an answer that was lower than the daily maximum intake (21%) than higher (9%). There were no significant differences between the different demographic groups in the proportion giving the correct answer.

Understanding of the effects of salt

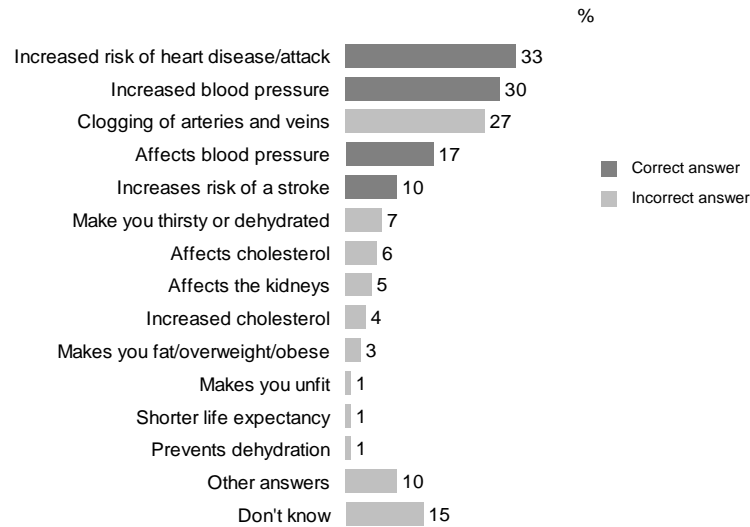
Respondents were asked what effects they thought eating too much salt could have on health. This was an open question, so respondents were not prompted with possible responses.

The main risk related to excessive salt consumption is that it increases blood pressure, and hence the risk of heart disease, heart attacks and strokes.

Thirty three per cent of respondents correctly stated that eating too much salt could increase the risk of heart disease or a heart attack, and 30% that it could increase blood pressure. Seventeen per cent said it would affect blood pressure (without specifying that blood pressure would increase) (Chart 3.7).

Some respondents gave incorrect answers such as ‘affects cholesterol’ (6%) or ‘increases cholesterol’ (4%). Around a quarter (27%) said it would cause clogging of arteries and veins. Overall nearly one in seven (15%) were not able to give an answer.

Chart 3.7 Effects of eating too much salt (% saying each)



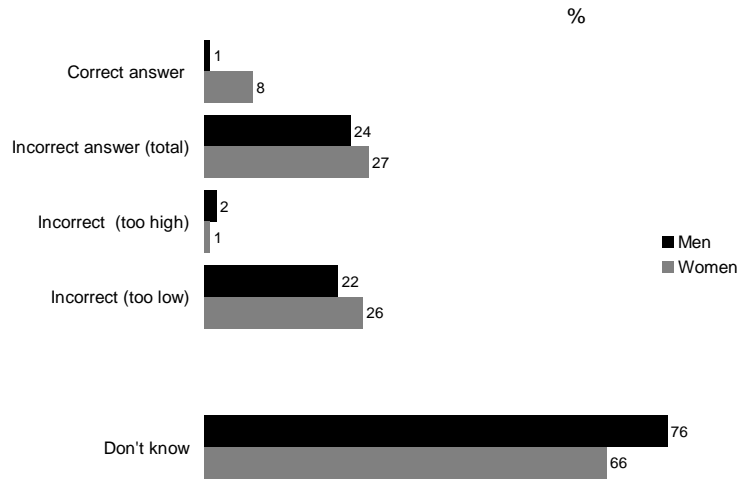
Source: Q2.32
Base (unweighted): All respondents (506)

3.3.3 Fat

Men were asked what they thought was recommended maximum daily intake of total fat that men should eat each day, and women were asked the maximum daily intake of total fat for women. Respondents were then told the appropriate maximum amount for total fat (95g for men/70g for women) and asked how much of this amount in grams they thought was made up of the recommended maximum daily intake of saturated fat (30g for men/20g for women).

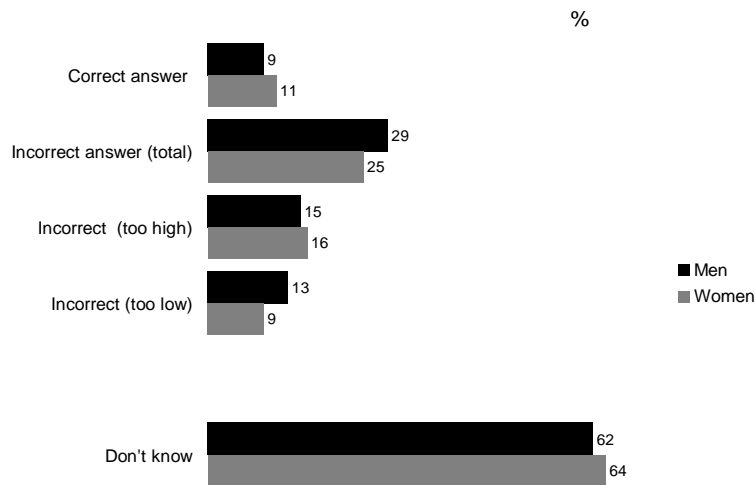
There was limited knowledge of the recommended maximum daily intakes for both total and saturated fat, with many giving incorrect answers or saying they did not know, as shown in Charts 3.8 and 3.9.

Chart 3.8 Knowledge of recommended daily allowance for total fat



Source: Q2.27
Base (unweighted): Men (186), Women (320)

Chart 3.9 Knowledge of recommended daily allowance for saturated fat



Source: Q2.28
Base (unweighted): Men (186), Women (320)

For total fat, 1% of men and 8% of women gave the correct answer for the recommended maximum daily intake. Once prompted with the recommended daily allowance for total fat, 9% of men and 11% of women then gave the correct answer for saturated fat.

Understanding of the effects of saturated fat

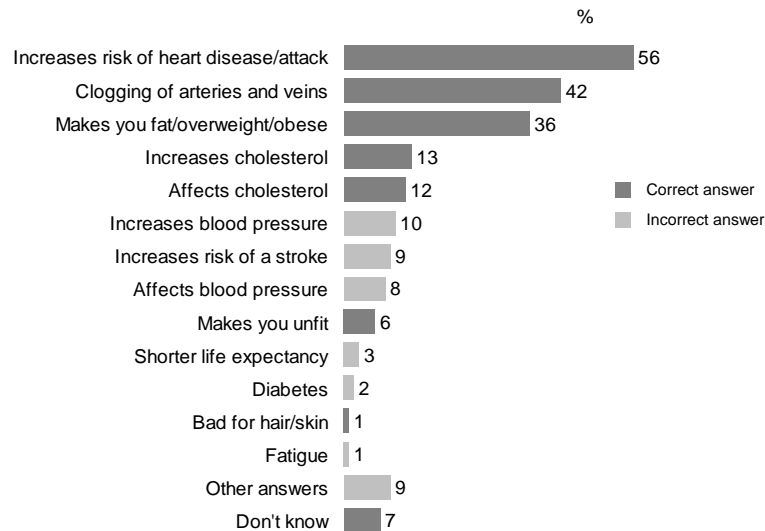
Respondents were asked what effects they think eating too much saturated fat can have on health. This was an open question, so respondents were not prompted with possible responses.

Eating too much saturated fat is one of the major risk factors for heart disease, as it causes a build up of cholesterol in the arteries. Too much fat also increases the risk of overweight and obesity which again is a risk factor for heart disease, as well as for some types of cancer. High saturated fat consumption has also been linked with an increased risk of diabetes.

Although (as described above) awareness of the recommended level of saturated fat was low, there was higher awareness of the possible adverse impacts of eating too much. Over half of respondents thought it would increase the risk of heart disease (56%), and that it would cause clogging of arteries and veins (42%). Thirty six per cent mentioned it would cause overweight/obesity. Although some respondents gave vague or incorrect responses (e.g. makes you unfit, fatigue), 7% said that they did not know what the effects of eating too much saturated fat were (Chart 3.10).

Those aged 75+ were the age group most likely to answer 'don't know' (14%), and those aged 35-44 least likely (2%). Men were more likely to answer 'don't know' (10%) than women (4%).

Chart 3.10 Effects of eating too much saturated fat (% saying each)

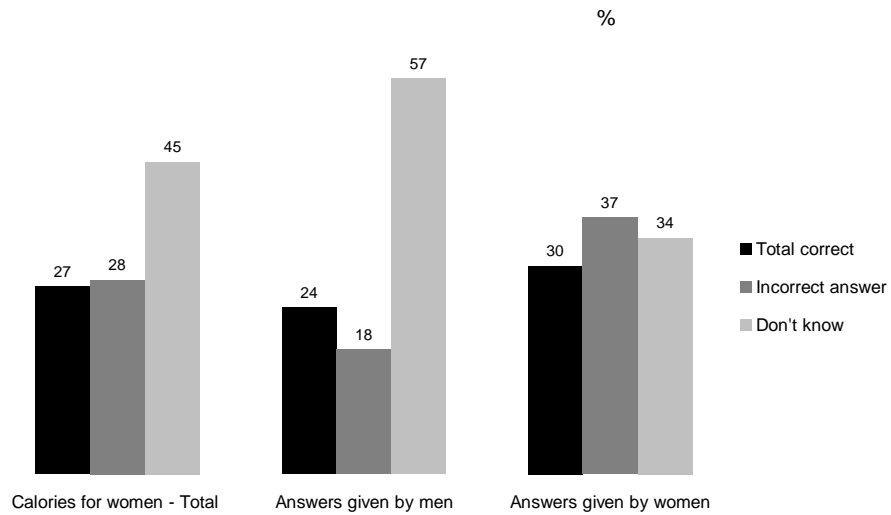


Source: Q2.29
Base (unweighted): All respondents (506)

3.3.4 Calories

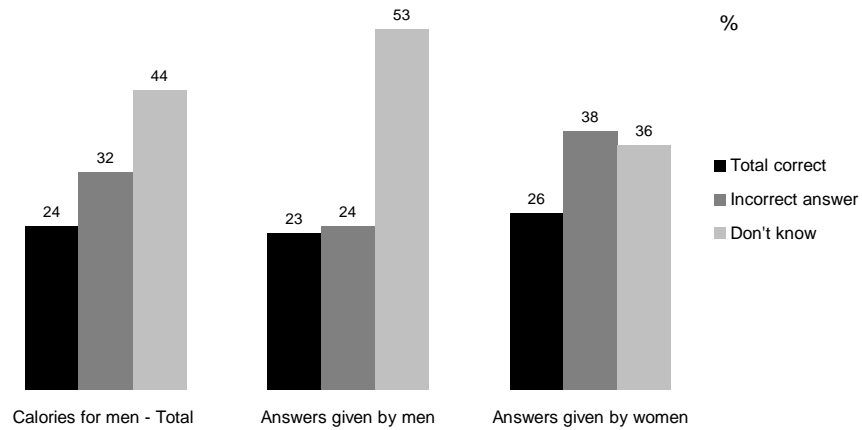
Respondents were asked what they thought was the recommended number of daily calories for women and men. Knowledge of the recommended calories was higher than for the other nutrients asked about. About a quarter of respondents answered each of these questions correctly - 27% for women (2,000 calories a day) and 24% for men (2,500 calories a day) (Chart 3.11, 3.12). Where an incorrect answer was given, it was more usually a lower value than the correct response: 15% gave an answer of between 1,000 and 1,500 for women (the mean was 1,728) and 13% thought the correct value for men was 2,000 calories (mean value of 2,274).

Chart 3.11 Knowledge of recommended daily calories for women



Source: Q2.25
Base (unweighted): Total (506), Men (186), Women (320)

Chart 3.12 Knowledge of recommended daily calories for men



Source: Q2.26
 Base (unweighted): Total (506), Men (186), Women (320)

3.4 Comparisons between Northern Ireland and the rest of the UK

Table 3.3 summarises comparisons between respondents in Northern Ireland and the rest of the UK in understanding of a balanced diet and the importance of factors for a healthy lifestyle.

Table 3.3 Understanding of a balanced diet and the importance of factors for a healthy lifestyle in Northern Ireland compared with the rest of the UK

	Northern Ireland	England	Wales	Scotland
Eatwell plate – all food groups correctly placed	25	21	16	19
Importance of factors for a healthy lifestyle (% saying each was ‘important’ or ‘very important’)				
- Eating fruit and vegetables	99	99	98	97
- Eating less salt	97	92	94	97
- Limiting food and drinks high in sugar	96	93	93	91
- Limiting foods high in total fat	95	91	89	91
- Limiting foods high in saturated fat	94	92	93	88
- Eating fish, including oily fish	90	88	88	88
Base (unweighted)	506	2025	121	511

Source: Q2.17, 2.18

Respondents in Northern Ireland (25%) were significantly more likely than those in Wales (16%) and Scotland (19%) to place all food groups correctly on the eatwell plate. Although 25% placed all food groups correctly in Northern Ireland, compared with 21% in England, this apparent difference was not statistically significant.

Looking at the importance of factors for a healthy lifestyle, the following differences were significant, as shown in Table 3.3:

- Respondents in Northern Ireland (97%) were more likely than those in England (92%) to say that eating less salt was important
- Respondents in Northern Ireland (96%) were more likely than those in England (93%) and Scotland (91%) to say that limiting food and drinks high in sugar was important
- Respondents in Northern Ireland (95%) were more likely than those in England (91%), Wales (89%) and Scotland (91%) to say that limiting foods high in total fat was important
- Respondents in Northern Ireland (94%) were more likely than those in Scotland (88%) to say that limiting foods high in saturated fat was important.

Table 3.4 shows comparisons between Northern Ireland and the rest of the UK on awareness of recommended consumption of fruit and vegetables, and reported consumption.

As Table 3.4 shows, respondents in Northern Ireland (81%) were less likely than those in England (84%), Wales (90%) and Scotland (86%) to give the correct answer of 'five' as the number of portions of fruit and vegetables it is recommended people should eat each day.

Table 3.4 Awareness and consumption of fruit and vegetables

	Northern Ireland	England	Wales	Scotland
Recommended fruit and vegetable portions – 5 a day (% giving correct response)	81	84	90	86
Foods that count as a portion of fruit and vegetables (% who thought each could count)				
- Pure fruit juice	87	90	93	92
- Tinned fruit or vegetables	81	76	74	75
- Frozen vegetables	81	82	90	82
- Fruit smoothies	79	78	80	77
- Dried fruit	76	82	84	77
- Baked beans	64	52	52	53
- Pulses	60	60	58	54
Foods that do not count as a portion of fruit and vegetables (% who thought each could count)				
- Jacket potato	73	63	77	68
- Rice	30	23	36	25
- Jam	17	17	26	16
Consumption of fruit and vegetables in previous day:				
- Ate at least one portion of vegetables	89	84	85	82
- Ate at least one portion of fruit	72	72	62	68
- Had a portion of fruit juice	48	46	45	47
- Had at least five portions of fruit and vegetables	40	47	53	43
Base (unweighted)	506	2025	121	511

Source: Q2.9, 2.10, 2.11, 2.12, 2.13

There were some differences between respondents in Northern Ireland and the rest of the UK in what respondents thought could count towards the recommended fruit and vegetable portions:

- Respondents in Northern Ireland (87%) were less likely than those in England (90%) and Scotland (92%) to think that pure fruit juice would count
- Respondents in Northern Ireland (81%) were less likely than those in Wales (90%) to think that frozen vegetables would count

- Respondents in Northern Ireland (76%) were less likely than those in England (82%) to think that dried fruit would count
- Respondents in Northern Ireland (81%) were more likely than those in England (76%) and Scotland (75%) to think that tinned fruit or vegetables would count
- Respondents in Northern Ireland (64%) were more likely than those in England (52%), Wales (52%) and Scotland (53%) to think that baked beans would count.

Respondents in Northern Ireland were also more likely than those in England to think (incorrectly) that jacket potatoes (73% Northern Ireland, 63% England) and rice (30% Northern Ireland, 23% England) would count, and less likely than those in Wales (17% Northern Ireland, 26% Wales) to think that jam could count.

Looking at consumption of fruit and vegetables, respondents in Northern Ireland (89%) were more likely than those in England (84%) and Scotland (82%) to say they had eaten at least one portion of vegetables in the previous day. Respondents in Northern Ireland (72%) were also more likely than those in Wales (62%) to have eaten at least one portion of fruit.

Overall 40% of respondents in Northern Ireland reported eating at least five portions of fruit and vegetables in the previous day, which was lower than the proportion reporting this in England (47%) and Wales (53%), but not significantly different from the proportion in Scotland (43%).

Tables 3.5 and 3.6 show the comparisons between Northern Ireland and the rest of the UK on knowledge of recommended daily intakes for salt, calories, fat and saturated fat.

Table 3.5 Knowledge of recommended daily intakes – salt and calories

	Northern Ireland	England	Wales	Scotland
Recommended daily intake of salt - % giving correct answer (6g)	11	9	12	12
Recommended daily calories for women - % giving correct answer (2000)	27	27	29	31
Recommended daily calories for men - % giving correct answer (2500)	24	26	28	30
Base (unweighted)	506	2025	121	511

Source: Q2.30, 2.31, 2.25, 2.26

Respondents in Northern Ireland (24%) were less likely than those in Scotland (30%) to give the correct answer of 2500 as the recommended daily calories for men (Table 3.5).

Table 3.6 Knowledge of maximum daily intakes – fat and saturated fat

	Northern Ireland	England	Wales	Scotland
Maximum daily intake of fat for men - % giving correct answer (95g) ¹	1	*	5	*
Maximum daily intake of fat for women - % giving correct answer (70g) ²	8	4	4	3
Maximum daily saturated fat for men - % giving correct answer (30g) ¹	9	8	-	8
Maximum daily saturated fat for women - % giving correct answer (20g) ²	11	13	4	6
¹ Base (unweighted) - men	186	861	46	206
² Base (unweighted) - women	320	1164	75	305

Source: Q2.27, 2.28

Note: **=less than 0.5%

Respondents in Northern Ireland (8%) were more likely than those in England (4%) and Scotland (3%) to give the correct answer of 70g for the recommended maximum daily intake of fat for women. Respondents in Northern Ireland (11%) were also more likely than those in Scotland (6%) to give the correct answer for the maximum intake of saturated fat for women (Table 3.6).

4. Eating, cooking and shopping

Summary

- One third of 'meals' (33%) were eaten in the late afternoon, with a quarter (25%) eaten in both the early afternoon and the early evening.
- Most respondents agreed with the statements 'I enjoy cooking and preparing food' (65%), and 'The price of food doesn't matter as long as I know the quality is good' (65%). The majority (73%) disagreed with the statement 'My life is so busy that I just eat when I can while I'm on the go'. Thirty eight per cent agreed that 'Cooking is like a hobby for me'.
- The most commonly-eaten types of food were bread, rice, pasta, potatoes and other starchy foods; fruit and vegetables; and milk and dairy foods; more than seven out of ten respondents reported eating these at least once a day (84% for bread, rice, pasta, potatoes and other starchy foods, 78% for fruit and vegetables, and 73% for milk and dairy foods).
- About two-thirds (68%) said they cooked or prepared food for themselves every day, and 46% did so for others.
- The majority of respondents felt food prices had increased over the last 12 months (84%).
- Respondents in Northern Ireland (57%) were less likely than those in England (66%) and Scotland (65%) to agree with the statement 'I enjoy making new things to eat'. They were also more likely in Northern Ireland (46%) than in England (37%) and Scotland (38%) to agree with 'For me, most of the time food should be as quick as possible to prepare'.
- Respondents in Northern Ireland were more likely than those in the rest of the UK to report eating biscuits, pastries and cakes (at least once a day), starchy foods (at least once a day), processed meat (at least once a week) and beef, lamb or pork (at least once a week).
- Respondents in Northern Ireland were more likely than those in England and Scotland to cook or prepare food for themselves at least once a day (68% in Northern Ireland, compared with 56% in England and 57% in Scotland), and to cook for others at least once a day (46% in Northern Ireland, compared with 36% in England and 38% in Scotland).

This chapter presents information on attitudes and behaviour around eating, cooking and shopping. This information will help to build an understanding of the role food plays within people's lives and the extent of their involvement with food.

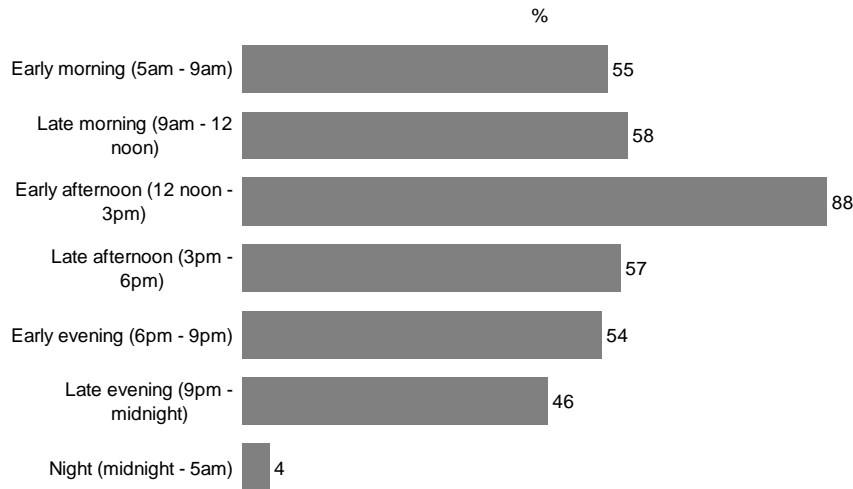
Section 4.1 covers general eating patterns to help build up a picture of when and where respondents ate in the previous 24 hours. Section 4.2 looks at attitudes towards food in general. Section 4.3 presents findings on self-reported consumption of different types of foods. Section 4.4 reports on cooking behaviours to assess the extent that respondents are involved in food preparation for themselves and others. Section 4.5 covers shopping, including responsibility for shopping, the extent of in-store and internet shopping and attitudes towards food prices. Section 4.6 covers attitudes towards food prices, and section 4.7 draws comparisons between respondents in Northern Ireland and the rest of the UK.

4.1 General eating patterns

A third of the sample (selected at random) was asked about their eating patterns (172).

Respondents were asked to report all of the occasions on which they had something to eat, from the time they got up on the day before the interview, until the time they got up on the day of the interview. Respondents were most commonly found to eat in the early afternoon (88% of respondents reported eating during this time). In contrast, very few respondents ate at night (4%) (Chart 4.1).

Chart 4.1 Times eaten from getting up yesterday to getting up today



Source: Q2.5
Base (unweighted): All respondents asked this section (172)

Respondents were asked to classify what they had eaten on each occasion as a 'meal', 'light meal' or 'snack'. No further definitions were given, so this was purely based on the respondent's interpretation.

One third of 'meals' (33%) were eaten in the late afternoon, with a quarter (25%) eaten in both the early afternoon and the early evening. About a third of 'light meals' (34%) were eaten in the early afternoon, and 28% in the early morning. 'Snacks' were most likely to be eaten in the late evening (31%) and the late morning (24%) (Table 4.1).

Table 4.1 When meals, light meals and snacks were eaten

	Meals	Light meals	Snacks
	%	%	%
Early morning (5am – 9am)	9	28	7
Late morning (9am – 12 noon)	6	19	24
Early afternoon (12 noon – 3pm)	25	34	14
Late afternoon (3pm – 6pm)	33	5	8
Early evening (6pm – 9pm)	25	8	13
Late evening (9pm – midnight)	2	6	31
Night (midnight – 5am)	-	-	3
Source: Q2.5, Q2.6			
Base (unweighted): Occasions	234	213	205

About three-quarters (73%) of ‘meals’ were eaten with family or a partner. Over half of ‘light meals’ (56%) were eaten with family or a partner, as were nearly half of ‘snacks’ (47%). ‘Snacks’ were more likely than ‘meals’ or ‘light meals’ to be eaten alone – 38% of them were, compared with 29% of ‘light meals’ and 17% of ‘snacks’ (Table 4.2).

Table 4.2 Who meals, light meals and snacks were eaten with

	Meals	Light meals	Snacks
	%	%	%
Family/partner	73	56	47
Work colleagues	2	10	9
Friends	9	5	6
Someone else	1	1	1
No-one else	17	29	38
Source: Q2.6, Q2.8			
Base (unweighted): Occasions	234	213	205

4.2 Attitudes towards food

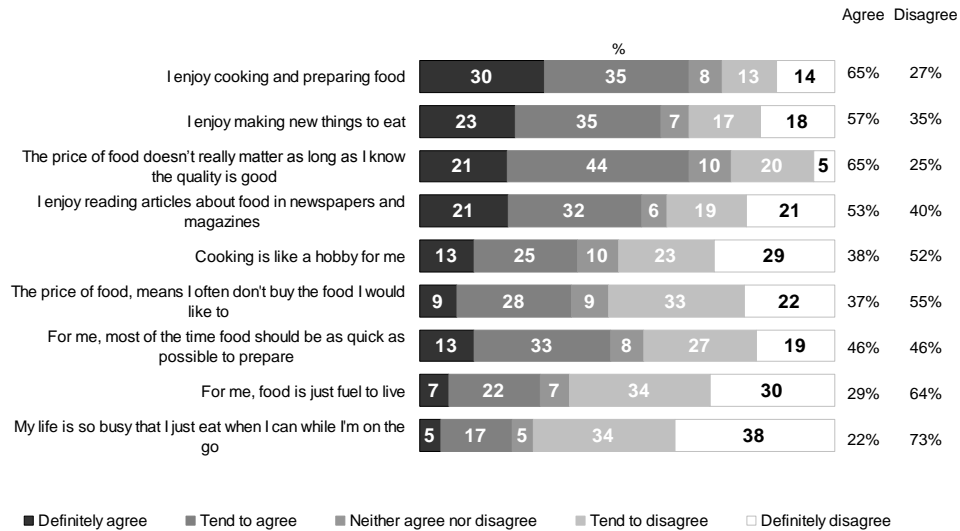
Respondents were asked the extent to which they agreed or disagreed with a range of statements regarding their attitudes towards food. Results are shown in Chart 4.2.

Generally respondents felt that food is not just a fuel to live (64% disagreed with the statement ‘For me, food is just fuel to live’). Instead, the general consensus was that eating food and cooking are pleasant experiences. Two-thirds (66%) agreed with the statement ‘I enjoy cooking and preparing food’ and 57% agreed with ‘I enjoy making new things to eat’. About half (53%) of respondents agreed with the statement ‘I enjoy reading articles about food in newspapers or magazines’ and two-fifths (38%) agreed that ‘Cooking is like a hobby for me’.

Over half (55%) of respondents disagreed with the statement ‘The price of food means that I often don’t buy the food I would like to’, and 65% agreed with the statement ‘The price of food doesn’t matter as long as I know the quality is good’.

When asked whether they agreed or disagreed with the statement ‘For me, most of the time food should be as quick as possible to prepare’, 46% agreed and 46% disagreed. One fifth (22%) agreed that ‘My life is so busy that I just eat when I can while I’m on the go’, whilst 73% disagreed with this statement.

Chart 4.2 Attitudes towards food



Source: Q2.2
Base (unweighted): All respondents (506)

Some differences were observed by age and gender. Women were more likely than men to agree that they enjoy cooking and preparing food (76% compared with 52%), they enjoy making new things to eat (70% compared with 45%) and to enjoy reading articles about food (68% compared with 37%).

4.3 Consumption of different types of food

In order to get an indication of their diets, respondents were asked how often they eat a range of types of food¹⁹:

- Processed meat like sausages, ham or tinned meat
- Milk and dairy foods like cheese and yoghurt
- Biscuits, pastries and cakes
- Bread, rice, pasta, potatoes and other starchy foods
- Fried chips or roast potatoes
- Oily fish like salmon, sardines, mackerel or fresh tuna
- Other fish like cod, haddock, plaice or tinned tuna
- Beef, lamb or pork
- Fruit and vegetables
- Microwave meals and oven ready foods.

¹⁹ Measures of the consumption of different types of food were included in the survey to provide additional explanatory power to the findings rather than to produce national estimates. It is recommended that the National Diet and Nutrition Survey (NDNS) be used for national estimates of consumption.

As Table 4.3 shows, the types of food respondents reported eating most often were bread, rice, pasta, potatoes and other starchy foods; fruit and vegetables; and milk and dairy foods, each of which more than seven out of ten respondents (84% for bread, rice, pasta, potatoes and other starchy foods, 78% for fruit and vegetables, and 73% for milk and dairy foods) said they had eaten at least once a day (Table 4.3).

Seven out of ten (70%) respondents said they ate biscuits, pastries and cakes three or four times a week or more often. Eighty five per cent reported eating beef, lamb or pork at least once a week, while 80% said they ate processed meats at least once a week. Nearly seven out of ten respondents (69%) ate fried chips or roast potatoes at least once a week.

Consumption of oily fish and other fish was similar, with over half of respondents (55% for oily fish, 62% for other fish) saying that they ate these at least once a week.

Looking at microwave meals and oven ready foods, nearly half of respondents (46%) said they never ate these, while 32% ate them less than once a week, and 22% once a week or more often.

Table 4.3 Frequency of eating different types of food

	At least once a day	5-6 times a week	3-4 times a week	Once or twice a week	Less than once a week	Never
Starchy foods	84	6	6	3	1	*
Fruit and vegetables	78	6	9	5	1	*
Milk and dairy	73	4	10	7	4	2
Biscuits, pastries and cakes	49	5	16	18	6	5
Processed meat	7	2	24	46	14	6
Beef, lamb or pork	5	4	32	45	8	6
Fried chips or roast potatoes	2	3	12	52	25	6
Microwave meals	2	*	5	14	32	46
Oily fish	1	1	5	48	23	21
Other fish	1	1	5	55	25	12

Source: Q2.14

Base (unweighted): 506

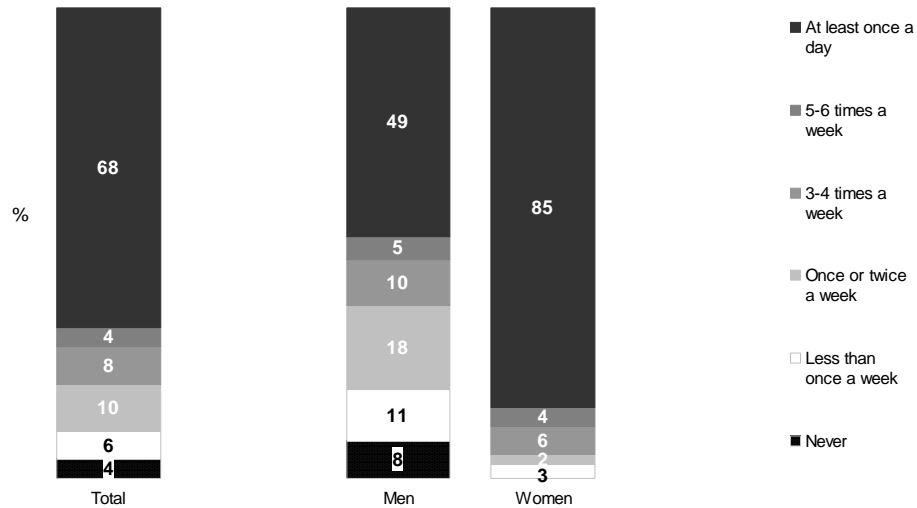
Note: **=less than 0.5%

4.4 Cooking behaviour

Respondents were asked how often they cook or prepare food for themselves. About two-thirds (68%) said that they cooked or prepared food for themselves at least once a day. More than a quarter prepared or cooked food for themselves

between once and six times a week (28%) and 4% did so less frequently or never (Chart 4.3).

Chart 4.3 How often respondents cook or prepare food for themselves

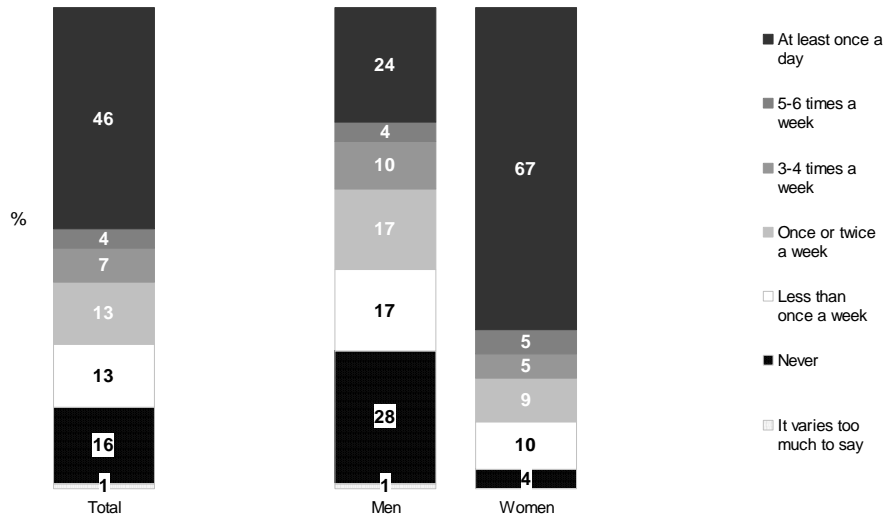


Source: Q2.3
Base (unweighted): Total (506), Men (186), Women (320)

As Chart 4.3 shows, men were less likely than women to cook or prepare food for themselves on a regular basis. For example, 49% of men cooked or prepared food for themselves at least once a day, compared with 85% of women.

Respondents were also asked about cooking or preparing food for other people. Nearly half (46%) reported cooking or preparing food for others at least once a day (Chart 4.4).

Chart 4.4 How often respondents cook or prepare food for others



Source: Q2.4
 Base (unweighted): Total (506), Men (186), Women (320)

Women were much more likely than men to cook or prepare food for others on a regular basis; for example, 67% of women did this at least once a day, compared with 24% of men.

The following sub-groups were more likely to prepare food for others on a daily basis:

- Those with children under 16 in the household (65%, compared with 39% of those with no children)
- Those who were married/living as married (60%, compared with 24% of those who were single/widowed/divorced).

4.5 Shopping behaviour

A third of the sample (selected at random) was asked about their food shopping behaviour (165). These respondents were first asked their level of responsibility for the food shopping in their household and were then asked how, where and when they did their food shopping.

4.5.1 Responsibility for household shopping

Of the third of the sample who answered the shopping behaviour section, 63% were responsible for all or half of the food shopping in their household. Women were more likely to be fully, or half, responsible for the food shopping (82%) than men (44%).

4.5.2 How respondents do their household shopping –in shops or on-line

The vast majority of respondents (98%) usually did all of their food shopping solely by visiting shops. A further 2% both visited shops and used the internet to do their food shopping.

4.5.3 Where respondents do their household shopping

Ninety six per cent of respondents said that most of their household's food shopping was done in supermarkets. Specialist shops such as butchers and green grocers were used by 6% of all respondents who only used shops.

4.6 Attitudes to food prices

A random third of the sample were asked questions about attitudes to food prices. The majority of these respondents felt food prices had gone up in the last 12 months (84%). Fifty five per cent thought they had increased a lot, 28% thought they had increased a little, 11% thought they had stayed the same and 3% thought they had decreased a little.

4.7 Comparisons between Northern Ireland and the rest of the UK

There were some differences in eating patterns between respondents in Northern Ireland and the rest of the UK, as shown in Table 4.4.

Table 4.4 Times eaten from getting up yesterday to getting up today

	Northern Ireland	England	Wales	Scotland
Early morning (5am – 9am)	55	56	43	51
Late morning (9am – 12 noon)	58	48	55	53
Early afternoon (12 noon – 3pm)	88	73	80	79
Late afternoon (3pm – 6pm)	57	44	35	54
Early evening (6pm – 9pm)	54	70	73	63
Late evening (9pm – midnight)	46	26	33	33
Night (midnight – 5am)	4	2	-	1
Base (unweighted)	172	687	40	174

Source: Q2.5, 2.6

Respondents in Northern Ireland were more likely than those in England and Scotland to eat in the early afternoon (88% in Northern Ireland, compared with 73% in England and 79% in Scotland), and the late evening (46% in Northern Ireland, compared with 26% in England and 33% in Scotland). Respondents in Northern Ireland were more likely than those in England and Wales to eat in the

late afternoon (57% in Northern Ireland, compared with 44% in England and 35% in Wales), and more likely than those in England to eat in the late morning (58% in Northern Ireland, compared with 48% in England).

Respondents in Northern Ireland (46%) were less likely than those in England (26%) and Scotland (33%) to eat in the late evening (Table 4.4).

Comparisons between respondents in Northern Ireland and the rest of the UK in attitudes towards food are shown in Table 4.5.

% Agree	Northern Ireland	England	Wales	Scotland
I enjoy cooking and preparing food	65	68	69	68
The price of food doesn't really matter as long as I know the quality is good	65	60	59	61
I enjoy making new things to eat	57	66	61	65
I enjoy reading articles about food in newspapers and magazines	53	48	47	48
For me, most of the time food should be as quick as possible to prepare	46	37	46	38
Cooking is like a hobby for me	38	40	40	39
The price of food means I often don't buy the food I would like to	37	39	33	36
For me, food is just fuel to live	29	26	35	27
My life is so busy that I just eat what I can while I'm on the go	22	21	27	23
Base (unweighted)	506	2025	121	511

Source: Q2.2

Respondents in Northern Ireland (57%) were less likely than those in England (66%) and Scotland (65%) to agree with the statement 'I enjoy making new things to eat'. Those in Northern Ireland (53%) were more likely than those in England (48%) to agree with the statement 'I enjoy reading about food in newspapers and magazines'.

Respondents in Northern Ireland (65%) were more likely than those in England (60%) to agree that 'The price of food doesn't really matter as long as I know the quality is good'. They were also more likely in Northern Ireland (46%) than in England (37%) and Scotland (38%) to agree with 'For me, most of the time food should be as quick as possible to prepare' (Table 4.5).

Table 4.6 shows comparisons between Northern Ireland and the rest of the UK in the frequency of eating different types of food.

Table 4.6 Frequency of eating different types of food

	Northern Ireland	England	Wales	Scotland
At least once a day:				
Starchy foods	84	71	73	69
Fruit and vegetables	78	72	75	70
Milk and dairy	73	69	72	72
Biscuits, pastries and cakes	49	27	32	31
At least once a week:				
Processed meat	80	63	65	62
Beef, lamb or pork	85	77	76	78
Fried chips or roast potatoes	69	66	71	56
Microwave meals	22	31	35	31
Oily fish	55	53	49	53
Other fish	62	58	63	56
Base (unweighted)	506	2025	121	511

Source: Q2.14

Respondents in Northern Ireland were more likely than those in the rest of the UK to report eating biscuits, pastries and cakes at least once a day – 49% of them did, compared with 27% in England, 32% in Wales and 31% in Scotland. Daily consumption of starchy foods was also higher in Northern Ireland (84%) than in England (71%), Wales (73%) and Scotland (69%). Respondents in Northern Ireland (78%) were more likely than those in England (72%) and Scotland (70%) to report eating fruit and vegetables at least once a day.

Respondents in Northern Ireland reported higher rates of consumption at least once a week than in the rest of the UK for processed meat (80% said they ate this at least once a week in Northern Ireland, compared with 63% in England, 65% in Wales and 62% in Scotland), beef, lamb or pork (85% in Northern Ireland, compared with 77% in England, 76% in Wales and 78% in Scotland). Respondents were more likely in Northern Ireland to eat fried chips or roast potatoes at least once a week (69%) than in Scotland (56%).

Respondents in Northern Ireland were the least likely to eat microwave meals at least once a week – 21% of them did compared with 31% in England, 35% in Wales and 31% in Scotland (Table 4.6).

Table 4.7 How often respondents cook or prepare food for themselves and others

	Northern Ireland	England	Wales	Scotland
Cook or prepare food for self at least once a day	68	56	64	57
Cook or prepare food for others at least once a day	46	36	45	38
Base (unweighted)	506	2025	121	511

Source: Q2.3, 2.4

As Table 4.7 shows, respondents in Northern Ireland were more likely than those in England and Scotland to cook or prepare food for themselves at least once a day (68% in Northern Ireland, compared with 56% in England and 57% in Scotland), and to cook for others at least once a day (46% in Northern Ireland, compared with 36% in England and 38% in Scotland).

5. Eating outside of the home

Summary

- The majority (83%) of all 'meals', 'light meals' and 'snacks' were eaten at home, nine per cent were eaten at school, college or work, three per cent at someone else's house, two per cent at a food outlet (for example, a restaurant, café or pub) and two per cent somewhere else.
- Almost eight out of ten respondents had eaten out in the last seven days (78%) and the most common way this was done was eating take away food (35%).
- Cleanliness and hygiene were important factors to most respondents in choosing where to eat out (58%).
- The general appearance of places to eat and buy food was used by most respondents as a sign of standards of hygiene when eating out or buying food (73%).

People are increasingly eating in out-of-home settings. This will impact on the proportion of diets which are consumed inside and outside the home and the extent that people are exposed to food hygiene practices in catering establishments. Information on patterns of and views on eating outside the home will help inform messages about healthy eating and food safety. For the purpose of the survey, 'eating out' was defined as eating out or while on the go.

Section 5.1 looks at eating out behaviour in the last 24 hours with section 5.2 covering eating out in the last seven days to build up a picture of where respondents are eating outside of the home. Section 5.3 considers the frequency of eating outside the home with section 5.4 looking at the factors which are important when deciding where to eat out. Section 5.5 covers views on where information should be provided on healthy food options in out of home settings while section 5.6 discusses awareness of hygiene standards, including how respondents judge standards of hygiene. Section 5.7 draws comparisons between respondents in Northern Ireland and the rest of the UK.

5.1 Eating occasions in the last 24 hours

A third of the sample (selected at random) was asked about eating out behaviours (172).

Respondents were asked to recall what they had eaten in the last 24 hours, and where, when and with whom they had eaten it. They were then asked to define what they had eaten as a 'meal', a 'light meal' or a 'snack'. General eating

patterns are discussed in Section 3.1. Table 5.1 shows where ‘meals’, ‘light meals’ and ‘snacks’ were eaten.

Table 5.1 Where respondents ate in the last 24 hours

	Total	When eating a meal	When eating a light meal	When eating a snack
Where respondents ate:				
At home	83	84	85	79
Outside of the home:				
- At school/ college/ work	9	5	11	14
- At someone else's house	3	4	1	4
- A food outlet (restaurant/ café/ pub)	2	4	1	1
- Other	2	3	2	2
Base (unweighted): All eating occasions	660	234	213	205

Source: Q2.5

The vast majority of ‘meals’ (84%), ‘light meals’ (85%) and snacks (79%) in Northern Ireland were eaten at home. Seven per cent of ‘meals’ were eaten in a restaurant or other food outlet. This was less common for ‘light meals’ (3%) and ‘snacks’ (3%). Fourteen per cent of ‘snacks’ were eaten whilst at work, school or college, as was a similar proportion of ‘light meals’ (11%). The proportion of ‘meals’ eaten at work, school or college was lower at 5%.

5.2 Eating out in the last seven days

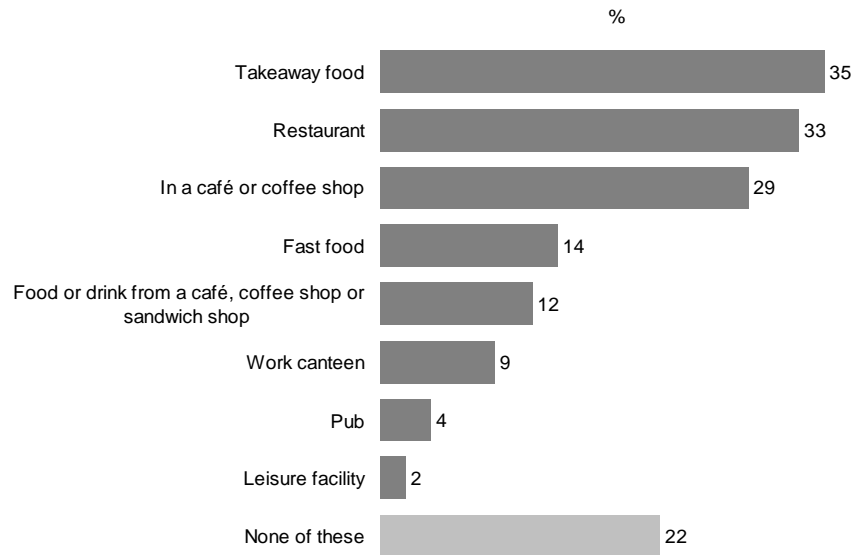
The ‘Eating Out’ section of the questionnaire was one of the rotating sections, therefore these questions were asked of a random third of respondents (169). For the purposes of the survey, eating out was defined as doing one of the following:

- Eating in a restaurant
- Eating in a pub
- Eating in a café or coffee shop
- Buying food or drink from a café, coffee shop or sandwich bar to take away
- Eating fast food e.g. McDonald’s, KFC, kebab shops
- Eating food from a work canteen
- Eating food from a cinema, bowling alley, theme park or other leisure facility
- Eating takeaway food (e.g. Indian/Chinese/Pizza/Fish and chips).

Respondents were asked first whether they had done any of the above in the last seven days, and then, for those that they had done, how many times.

Of all respondents asked this section, 78% had eaten out at some point in the last seven days (Chart 5.1).

Chart 5.1 Where respondents had eaten in the last seven days



Source: Q2.33
Base (unweighted): Respondents asked this section (169)

42

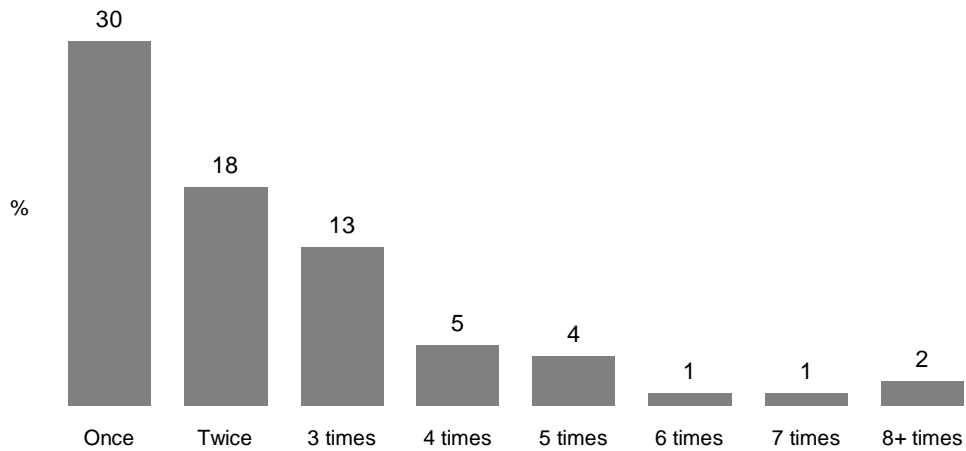
The food outlets that had been visited by the highest proportion of respondents in Northern Ireland were take aways - 35% had eaten take away food in the previous seven days. Almost the same proportion (33%) had been to a restaurant in the last seven days.

Men (41%) were more likely than women (31%) to have eaten take away food in the last seven days.

5.3 Frequency of eating out

About a fifth of respondents had not eaten out at all in the week prior to interview (22%). Almost a third had eaten outside of the home once (30%), 18% had eaten out twice and 13% had eaten out three times (Chart 5.2).

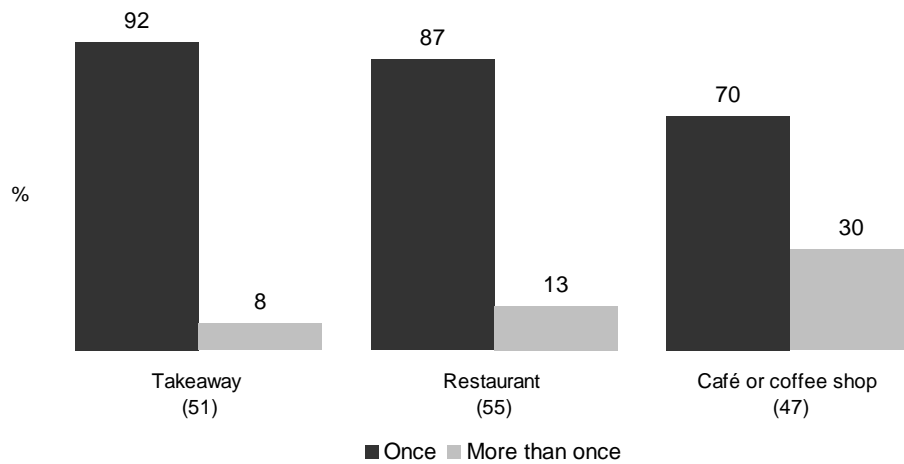
Chart 5.2 Number of times respondents had eaten out in the last seven days



Source: Q2.33
 Base (unweighted): Respondents asked this section (169)

When respondents were asked how frequently they had been to each of the food outlets they had visited in the last seven days, most had only been once. Around nine out of ten respondents who had visited a restaurant (87%) or eaten takeaways (92%) had done so only once. Similarly the majority of those who had eaten in a café or coffee shop (70%) had done this in the preceding seven days to the interview. (Chart 5.3).

Chart 5.3 Number of times respondents had eaten out in each place in the last seven days

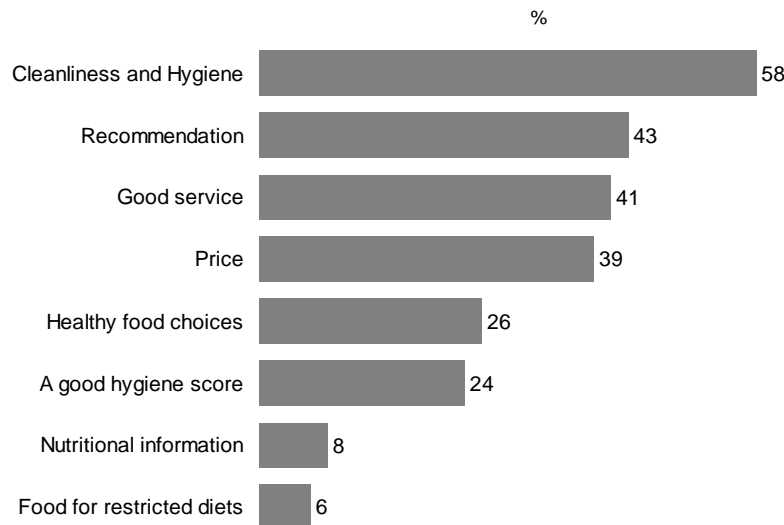


Source: Q2.33
 Base (unweighted): Respondents who had eaten in each place in the last 7 days (shown in brackets)

5.4 Factors that are important when eating outside of the home

Respondents were asked to say, from a list of possible items, what factors were important to them in deciding where to eat outside of the home. Results are shown in Chart 5.4.

Chart 5.4 Importance of factors in deciding where to eat out



Source: Q2.35
Base (unweighted): Respondents asked this section (169)

The factor that was most commonly mentioned by respondents as important when deciding where to eat out was cleanliness and hygiene, chosen by almost six out of ten (58%). Women were more likely than men to select cleanliness and hygiene as an important factor (66% compared with 46%).

Women were also more likely than men to say that having healthy food choices was an important factor when choosing where to eat out (36% compared with 11%).

A quarter of respondents (24%) considered a good hygiene score as an important factor when choosing somewhere to eat or buy food and again women (31%) were more likely than men (15%) to choose this response from the list.

Eight per cent of respondents in Northern Ireland reported that choosing a place to eat or buy food from which had nutritional information available was important to them when eating outside of the home.

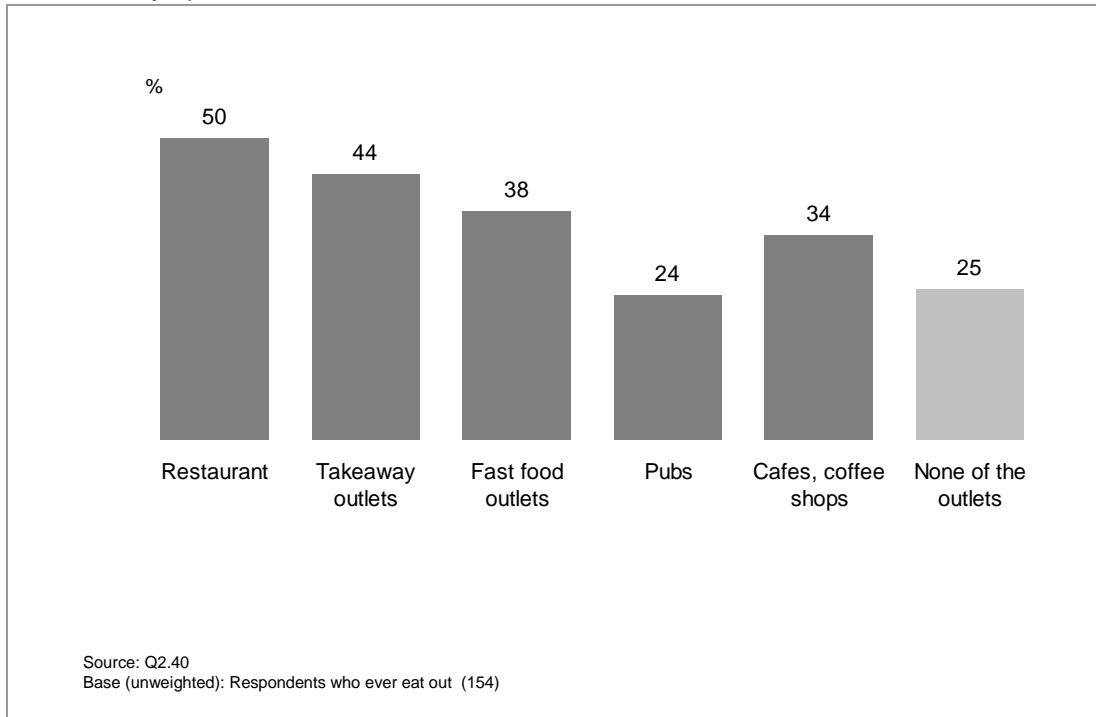
5.5 Information about healthy food options

When specifically asked, in a separate question, where they would like to see more information displayed about how healthy different options are, three-quarters of respondents felt further nutritional information was needed (75%) while 25% would not like to see this information in any of the catering outlets asked about.

Respondents aged 60+ were less likely than other age groups to report that they would like to see this nutritional information displayed, indeed only about half (52%) of those in this age group would like to see it in any of the locations .

Responses to this question for the different food outlets asked about are shown in Chart 5.5. Half (50%) of the sample reported that they wanted to see more information on how healthy food options were in restaurants. The proportion of respondents who wanted this in takeaway outlets was 44%. Other locations where a sizeable proportion of respondents wanted to see more information about healthy food options were in fast food outlets (38%), in pubs (24%) and in cafes and coffee shops (34%). (Chart 5.5)

Chart 5.5 *Places where respondents would like to see more information displayed about healthy options*



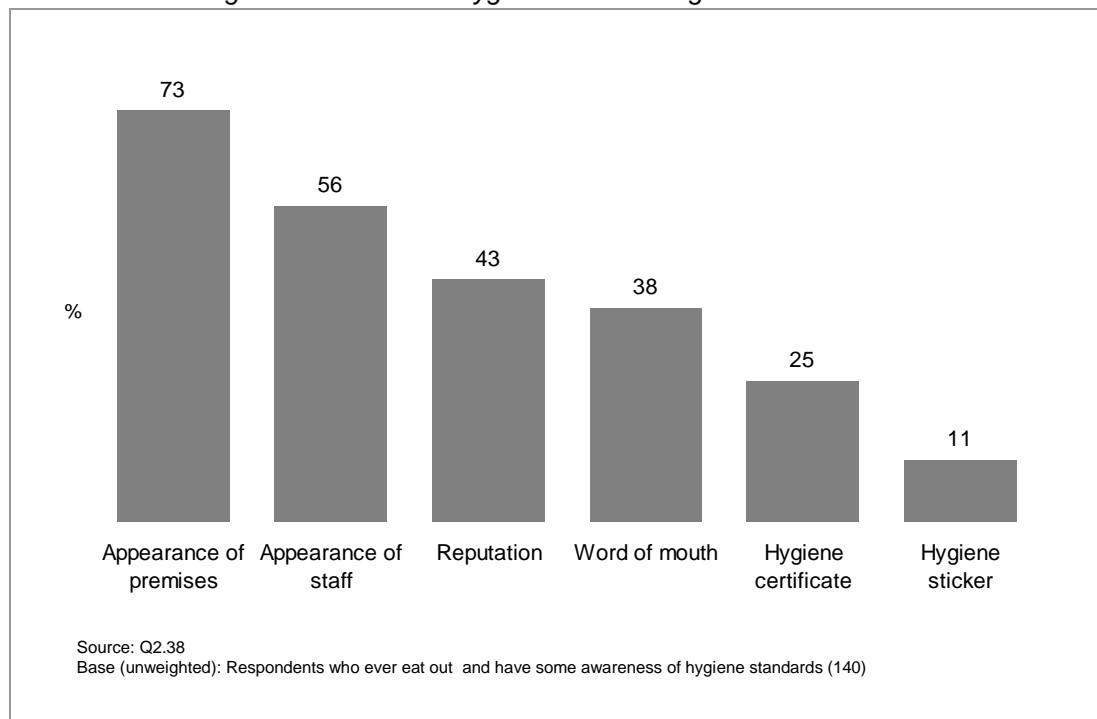
5.6 Awareness of hygiene standards

Respondents were asked how aware they would say they generally were about standards of hygiene when eating out in places such as restaurants, cafes, pubs and takeaways, or buying food to take home to eat from supermarkets or shops.

Overall, seven in ten respondents (74%) said they were 'very aware' or 'fairly aware' of standards of hygiene when eating out or buying food from supermarkets. Women were more likely than men to say they were aware of hygiene standards (81% compared with 65%).

Respondents who said they were 'very aware', 'fairly aware' or 'neither aware nor unaware' of hygiene were next asked to select, from a list of options presented, how they know about the hygiene standards of the places they eat out at or buy food from. Results are shown in Chart 5.6.

Chart 5.6 Signs of standards of hygiene when eating out



General appearance

Most respondents said they used the general appearance of the premises as a sign of standards of hygiene when eating out or buying food (73%).

Appearance of staff

Just over half of all respondents took the appearance of staff as a measure of hygiene (56%); women in Northern Ireland (65%) were more likely to choose this response than men (43%).

Reputation

Reputation was seen by 43% of respondents as an indicator of standards of hygiene. Men (51%) were more likely than women (38%) to give this response.

Word of mouth

Just over a third of respondents said they knew about hygiene standards from word of mouth (38%).

Hygiene certificate

Twenty five per cent of respondents said that they knew about hygiene standards from a hygiene certificate. Women (36%) were more likely than men (10%) to say they used hygiene certificates.

Hygiene sticker

About one in ten respondents said they knew about hygiene standards from a hygiene sticker (11%).

5.7 Comparisons between Northern Ireland and the rest of the UK

A slightly higher proportion of eating occasions were reported by respondents in Northern Ireland as being eaten at home than in other regions of the UK: 84% of the total eating occasions here were at home, compared with 78% in England and Wales and 80% in Scotland.

Along with respondents in Wales, those in Northern Ireland were more likely to have eaten out in the last seven days. In both these regions, 78% had eaten out (according to the definition provided) compared with 68% of respondents in England and 73% in Scotland. Northern Ireland was the only region where take away was the most common type of eating out that was reported (by 35%). In the other three regions, a restaurant was the most frequently reported type of eating out (26% in England, 31% in Wales and 36% in Scotland).

In all regions 'cleanliness and hygiene' was most commonly mentioned by respondents as important when deciding where to eat out, but there was some difference by region: respondents in England (64%) and Wales (65%) were more likely to choose this response than those in Scotland (52%) and Northern Ireland (52%). A good hygiene rating or score was less likely to be mentioned in Scotland than in the other regions, including Northern Ireland.

When asked about whether they would like more information to be displayed about how healthy options are when eating out, respondents in Northern Ireland gave answers in line with those in England and Wales, whereas those in Scotland were somewhat different, as table 5.2 shows.

Table 5.2 Where respondents would like to see more information displayed about how healthy different options are

	Northern Ireland	England & Wales	Scotland
	%	%	%
Any of the options chosen	75	76	81
Restaurants	50	51	62
Take away outlets	44	47	44
Fast food restaurants	40	40	47
Cafes, coffee shops and sandwich shops	34	37	39
Pubs	24	39	40
Food outlets at cinemas etc.	17	22	23
Workplace canteens	13	22	30
None	25	24	30
Base (unweighted): one third of the sample	159	678	146

Source: Q2.40

Respondents in Northern Ireland were more likely to say they were 'very aware' or 'fairly aware' aware of standards of hygiene when eating out or buying food from supermarkets than those in the other regions. In Northern Ireland 74% were aware, compared with 68% in England, 72% in Scotland and 79% in Wales.

In all regions, general appearance of premises was the most common response when asked how people tell about hygiene standards. Respondents in Northern Ireland were less likely (25%) than those in England and Wales (36%) to say that they used hygiene certificates to inform themselves about hygiene standards. However, respondents in Scotland were the least likely to choose this option (16%). Table 5.3 gives the full breakdown.

Table 5.3 How respondents know about the hygiene standards of places they eat out at or buy food from

	Northern Ireland	England & Wales	Scotland
	%	%	%
General appearance of premises	73	71	61
Appearance of staff	56	55	48
Reputation	43	38	40
Word of mouth	38	31	38
Hygiene certificate	25	36	16
Hygiene sticker	11	11	9
Base (unweighted): Aware of hygiene standards	140	569	118

Source: Q2.38

6. Eating and health

Summary

- Nearly all respondents (95%) agreed with the statement 'Even if you don't have a really healthy diet, it's worth making small changes', there was a high level of agreement with 'What you eat makes a big difference to how healthy you are' (92%) and seven out of ten disagreed with 'I don't really think about what I eat' (70%).
- Opinions about experts were mixed, with more than three-quarters (77%) agreeing with the statement 'Experts contradict each other over what foods are good for you', and four out of ten (41%) agreeing with 'I am fed up with experts telling me what I should eat'.
- Four-fifths (80%) felt their overall diet was healthy, and a similar proportion (86%) thought that the food they tend to eat at home was healthy.
- Three-fifths (61%) felt the food they eat when out was less healthy than at home.
- About half (47%) agreed they do not need to make changes to the food they eat as it is already healthy enough.
- Half (50%) reported having made a change to their diet in the previous six months. The most common changes were eating more fruit and vegetables (22%) and eating smaller portions (19%).
- The most common reason respondents gave for changing their diet was to lose or maintain weight (mentioned by 34% of respondents who had made changes to their diet) and to be more healthy (21%).
- Respondents were asked what difficulties that they would have, if any, if they tried to eat more healthily. The main difficulties reported were the cost of eating more healthily (11%) and time constraints (11%). Fifteen per cent said they would not have any difficulties.

This chapter supports information presented in Chapter 3 on healthy eating messages, covering issues, which could be relevant to people's propensity to follow healthy eating messages.

Section 6.1 covers attitudes to healthy eating. Section 6.2 looks at perceptions of diets to assess how far respondents see their diets as healthy or unhealthy

overall, when eating at home and when eating away from home. Section 6.3 presents information on changes to diet made in the last six months, what the changes were and barriers and motivations to change to help identify what prevents and triggers improvements to diet. Section 6.4 considers self-reported levels of physical activity, and self-reported weight and height which has been used to estimate body mass index (BMI). Section 6.5 draws comparisons between respondents in Northern Ireland and the rest of the UK.

6.1 Attitudes towards healthy eating

Respondents were asked to say, on a five-point scale from 'definitely agree' to 'definitely disagree', how much they agreed or disagreed with a range of statements about healthy eating. Results are shown in summary in Table 6.1.

Table 6.1 Attitudes towards healthy eating

	Agree %	Neither %	Disagree %
Even if you don't have a really healthy diet, it's worth making small changes	95	2	3
What you eat makes a big difference to how healthy you are	92	2	6
People think more about their weight than about how healthy they are	87	6	7
I enjoy eating healthy foods	85	9	7
Experts contradict each other over what foods are good for you	79	10	10
The tastiest foods are the ones that are bad for you	69	8	24
The main reason for people to eat a more healthy diet is to lose weight	62	5	33
I get confused over what's supposed to be healthy	41	6	52
I am fed up with experts telling me what I should eat	41	17	43
As long as you take enough exercise you can eat whatever you want	31	6	63
I don't really think about what I eat	26	4	70
Good health is just a matter of good luck	22	5	71
If you are not overweight you can eat whatever you like	20	6	74

Source: Q2.16
Base (unweighted): 506

Over nine out of ten respondents agreed with the statements 'What you eat makes a big difference to how healthy you are' (92%), and 'Even if you don't have a really healthy diet, it's worth making small changes' (95%). One in four (26%) agreed with the statement 'I don't really think about what I eat'. One in five (22%) agreed that 'Good health is just a matter of good luck'.

Most respondents disagreed with the statements 'If you are not overweight you can eat whatever you like' (74%), and 'As long as you take enough exercise you can eat whatever you want' (63% disagreed), although sizeable minorities agreed with both of these statements (20% and 31% respectively).

Over eight out of ten respondents (85%) agreed with the statement 'I enjoy eating healthy foods', and 7% disagreed. However, 69% agreed with the statement 'The tastiest foods are the ones that are bad for you', and 24% disagreed.

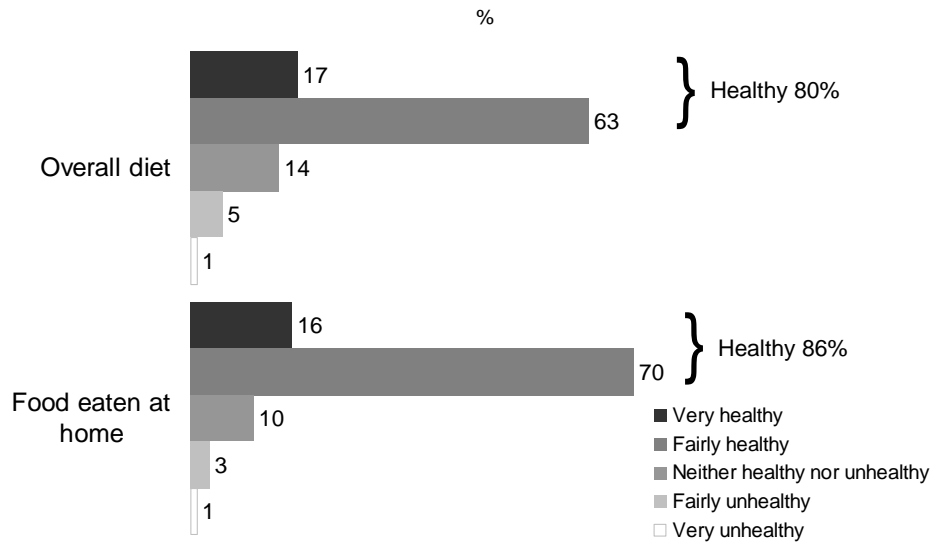
There was some evidence of confusion over messages about healthy eating. Opinions about experts were mixed, with about four out of ten of respondents (41%) agreeing that 'I am fed up with experts telling me what I should eat', although a similar proportion (43%) disagreed with this statement. Over three-quarters of respondents (79%) agreed with the statement 'Experts contradict each other over what foods are good or bad for you', and four out of ten (41%) agreed with 'I get confused over what's supposed to be healthy'.

The majority of respondents (87%) agreed with 'People think more about their weight than about how healthy they are'. About six out of ten (62%) agreed with the statement 'The main reason for people to eat a more healthy diet is to lose weight', while 33% disagreed with this statement.

6.2 Perceptions of diet

Respondents were asked to say, in their opinion, whether what they usually eat was healthy or unhealthy (on a five point scale from 'very healthy' to 'very unhealthy'). They were later asked, using the same scale, how healthy is the food they usually eat *at home*. Results are shown in Chart 6.1.

Chart 6.1 Perceptions of food usually eaten



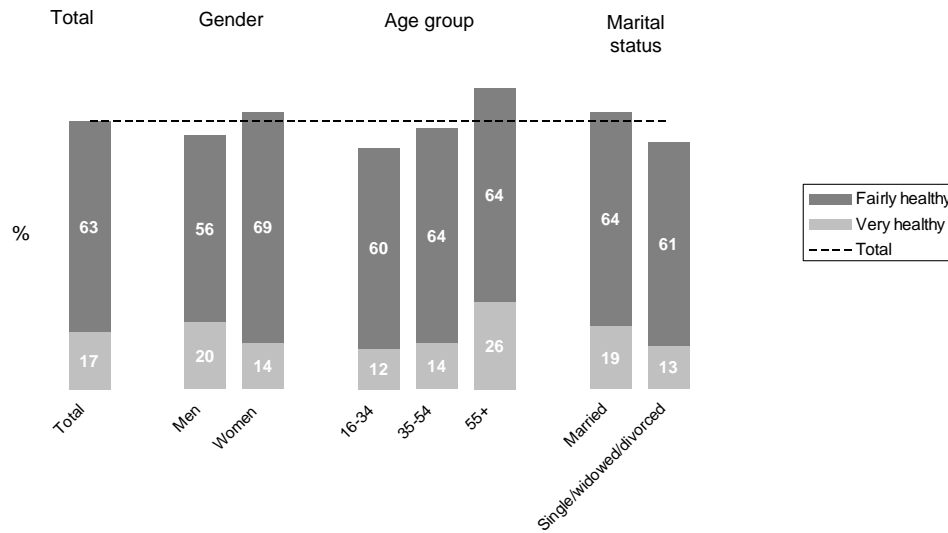
Source: Q2.1, Q2.15
 Base (unweighted): All respondents (506)

Eight out of ten respondents (80%) felt that their overall diet was healthy – about one in six (17%) that it was ‘very healthy’, and a further 63% ‘fairly healthy’.

Respondents were slightly more likely to say that the food they ate at home was healthy (86%) compared with their overall diet. One in six (16%) said that the food eaten at home was ‘very healthy’, with a further 70% saying it was ‘fairly healthy’.

There were some significant differences between different demographic groups in their rating of their overall diet, shown in Chart 6.2.

Chart 6.2 Perceptions of food usually eaten, by demographic variables

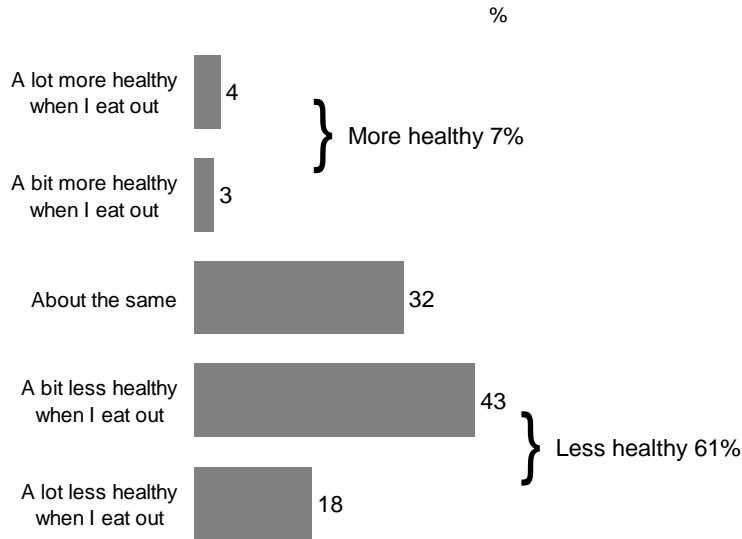


Source: Q2.1
 Base (unweighted): Total (506), Men (186), Women (320), 16-34 (136), 35-54 (161), 55+ (209), Married/living as married (277), Single/widowed/divorced (228)

Women (83%) were more likely than men (76%) to say that the food they usually eat is healthy. Older respondents were more likely than younger ones to say they eat healthily – 90% of respondents aged 55+ said that what they usually eat is healthy, compared with 72% of those aged 16-34. Respondents who were married/living as married (83%) were more likely than those who were single/widowed/divorced (74%) to say they eat healthily. Similar patterns were found for ratings of food eaten at home.

Respondents were also asked how healthy they would say that the food they eat outside of the home is, compared with when they eat at home. This question was asked of one third of the sample only, and was not asked of the 5% of this group who said that they never eat out. As Chart 6.3 shows, the majority of these respondents (61%) said that the food they eat outside of the home is less healthy than the food they eat when at home. About a third of these respondents (32%) said it was about the same, with fewer than one in ten (7%) saying that they ate more healthily when they eat out.

Chart 6.3 *Healthiness of food when eating outside of the home, compared with eating at home*



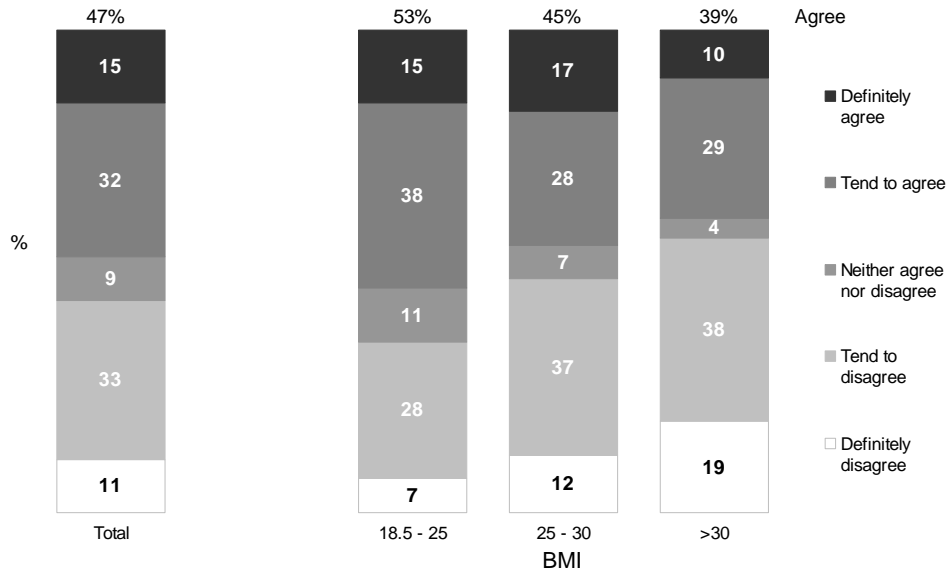
Source: Q2.39
 Base (unweighted): Respondents asked this section who ever eat out (159)

6.3 Dietary change

6.3.1 Changes to food eaten

Respondents were asked how much they agreed or disagreed with the following statement 'I do not need to make any changes to the food I eat, as it is already healthy enough'. Forty seven per cent agreed and 44% disagreed (Chart 6.4).

Chart 6.4 Agreement that there is no need to make changes to food eaten as it is already healthy enough



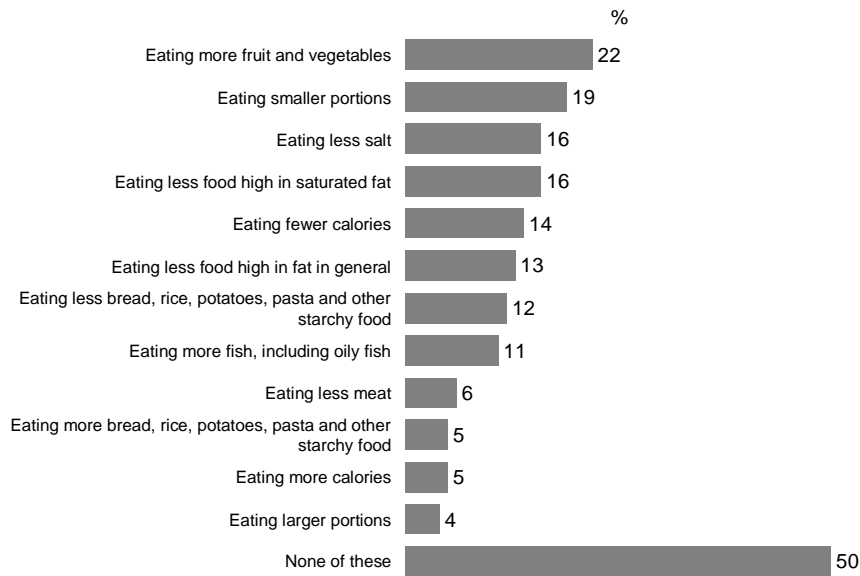
Source: Q2.24
 Base (unweighted): Total (506), 18.5-25 (201), 25-30 (190), >30 (93)
 Note: BMI <18.5 not shown due to small base size

Those most likely to say that they did not need to make changes to the food they eat were:

- Aged 65+ (72% agreed with this statement)
- No children aged under 16 in the household (52%)
- Had a healthy (between 18.5 and 25) BMI (53%).

Respondents were also asked whether they had made any changes to the food they eat over the last six months. About a fifth said they were eating more fruit and vegetables and eating smaller portions (22% and 19% respectively). About one in seven were eating less salt, less food high in saturated fats, and eating fewer calories (16%, 16% and 14% respectively). Half (50%) had not made any of these changes to their diet, while 50% had made at least one of these changes (Chart 6.5).

Chart 6.5 Changes made to food eaten in the last six months



Source: Q2.19
Base (unweighted): All respondents (506)

Younger respondents were more likely than older respondents to have made a change to the food they eat in the last six months; 73% of those aged 65+ answered 'none of these' compared with 38% of those aged 16-34.

Respondents with no dietary restrictions were less likely to have made any changes than those with restrictions (45% compared with 63%).

Those who perceived themselves to be overweight and those with an overweight or obese BMI were more likely to have started:

- Eating less food high in saturated fat (22%, 19% and 27% respectively)
- Eating less fat in general (16%, 18% and 18%)
- Eating smaller portions (25%, 24% and 27%)
- Eating fewer calories (21%, 22% and 18%)
- Eating more fruit and vegetables (29%, 28% and 23%).

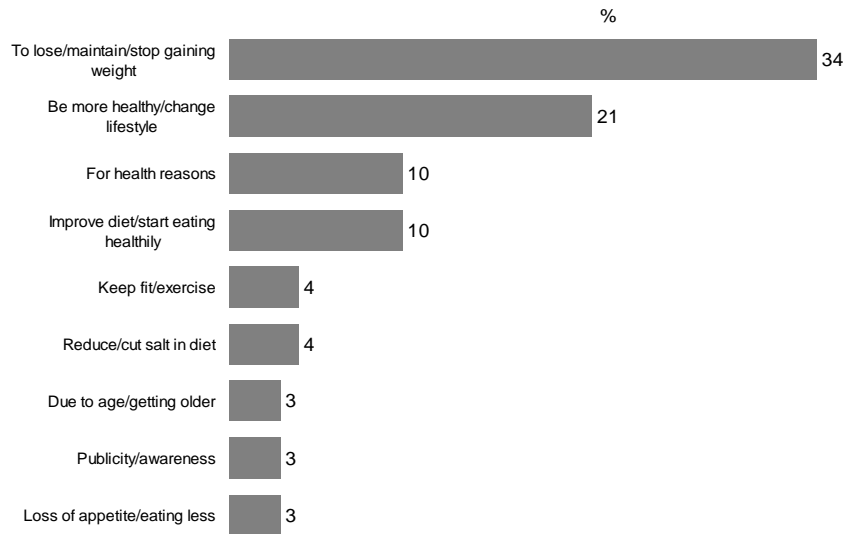
6.3.2 Barriers and motivations to change

Respondents who had made a change to their diet in the last six months were asked to say, in an open question, what the reasons for this change were.

A wide range of reasons was given by respondents. The most common reason (given by 34%) was to lose, maintain or stop gaining weight. Other common reasons given were to be more healthy (mentioned by 21%), health reasons in general (10%) and to improve diet/start eating healthily (10%). Three per cent of

respondents said they had made a change as a result of publicity/awareness from media such as television, radio and newspapers (this includes information from experts and from government campaigns such as Change4Life). (Chart 6.6).

Chart 6.6 Reasons for making changes to food eaten in the last six months



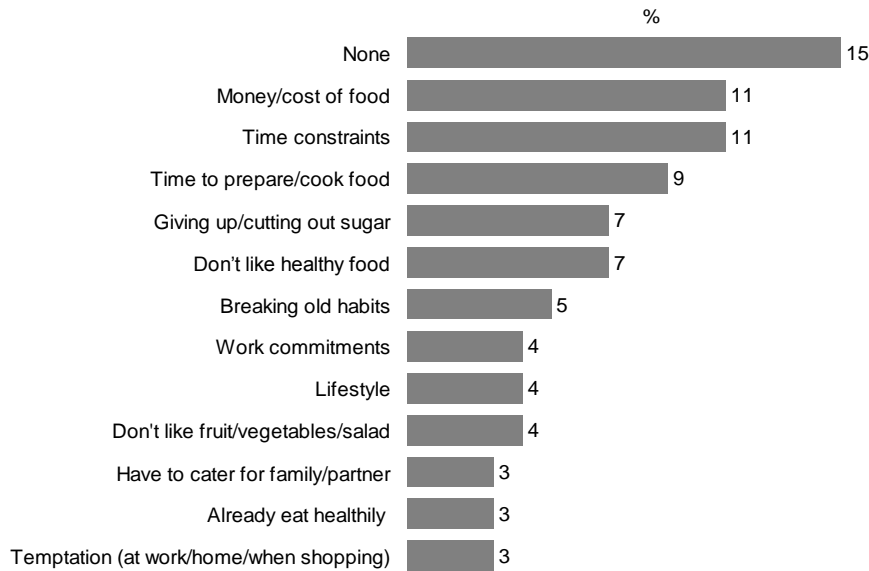
Source: Q2.21 – responses mentioned by 3% or over
 Base (unweighted): Respondents who have made changes to the food they eat over the last 6 months (244)

Women were more likely than men to have made changes to lose weight (45% compared with 21%). Respondents aged 55+ were more likely than younger groups to have made a change for health reasons (28%) and were less likely to have made a change to have a healthier lifestyle (11%).

Respondents were asked to say, in an open question, what difficulties that they would have, if any, if they tried to eat more healthily. Answers are shown in Chart 6.7.

The main difficulties respondents envisaged were the cost of eating more healthily (11%) and time constraints (11%). Fifteen per cent said that they would not have any difficulties.

Chart 6.7 Difficulties in trying to eat more healthily



Source: Q2.22 – responses mentioned by 3% or over
 Base (unweighted): All respondents (506)

Older respondents were more likely than younger respondents to say that they would not have any difficulties trying to eat more healthily (28% of those 65+ compared with 8% of those aged 16-44).

6.4 Diet, physical activity and physical measurements

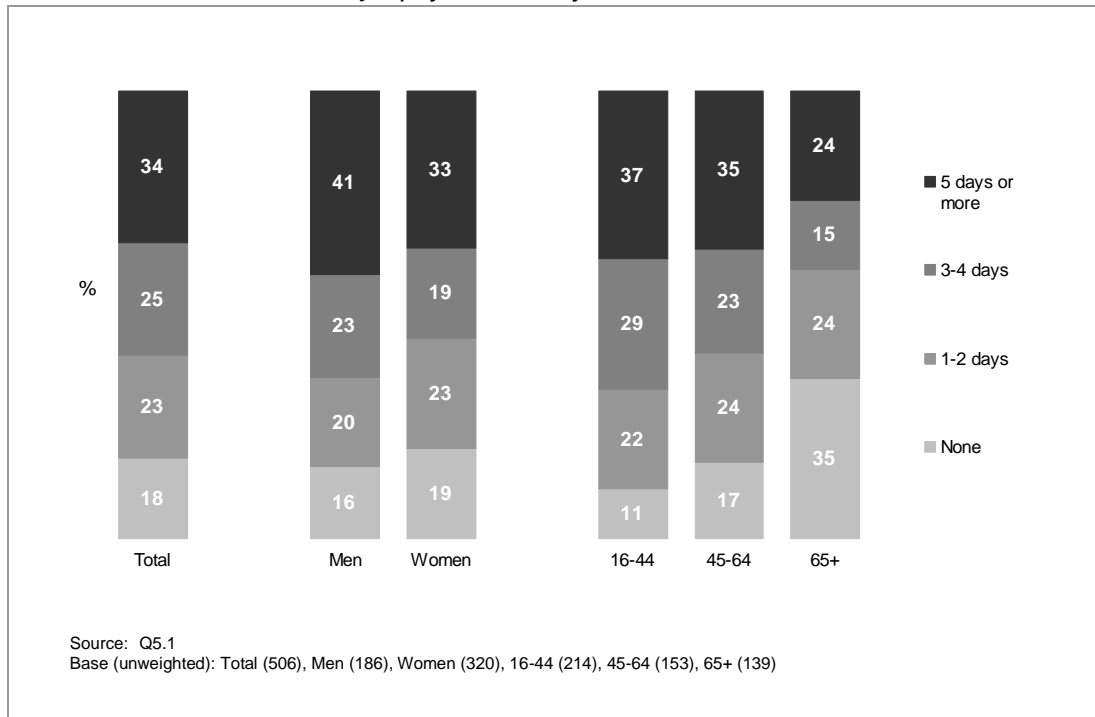
Respondents were asked about a range of other factors related to a healthy lifestyle, including:

- Participation in physical activity – self-reported number of days of moderate activity for at least 30 minutes in the last seven days
- Body mass index (BMI)²⁰ – calculated from self-reported height and weight
- Respondents' assessment of their own weight
- Respondents' assessment of their own health

Overall, 82% of respondents said they had taken part in physical activity of at least moderate intensity, for at least 30 minutes a time, in the last week. This was higher among men (84%) than women (75%). Physical activity participation was lowest among those aged 65 and over (65%). (Chart 6.8).

²⁰ BMI is calculated from the individual's body weight divided by the square of his or her height. The recommended healthy BMI is between 18.5 and 25.

Chart 6.8 Number of days' physical activity in the last week



For general health benefit, it is recommended that adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity on 5 or more days of the week²¹. Thirty four per cent of respondents reported that they had taken part in 30 minutes or more moderate physical activity on five or more days in the last week²². This was higher among men (41%) than women (33%), and lower among those aged 65+ (24%) than among all other age groups.

Respondents were asked for their height and weight measurements (self-reported), and a body mass index (BMI) was calculated where both height and weight were provided. All respondents provided a height measurement, and 99% gave a weight measurement, so BMI was calculated for 99% of respondents. Where BMI was calculated, 3% of respondents had a BMI of less than 18.5 (underweight), 41% had a BMI between 18.5 and 25 (healthy weight), 38% had a BMI of 25-30 (overweight), and 17% had a BMI over 30 (obese).

²¹ Source: Department of Health (2004). At least five a week: Evidence on the impact of physical activity and its relationship to health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994

²² Measures of physical activity were included in the survey to provide additional explanatory power to the findings rather than to produce national estimates. It is recommended that the Health Survey for England (HSE) be used for national estimates of physical activity.

6.5 Comparisons between Northern Ireland and the rest of the UK

Levels of agreement with statements about healthy eating were similar across the UK, with a few key exceptions in Northern Ireland. Here respondents were more likely than elsewhere to agree with the statements 'The main reason for people to eat a more healthy diet is to lose weight' and 'Good health is just a matter of good luck' 'The tastiest foods are the ones that are bad for you' and less likely to agree with 'I am fed up with experts telling me what I should eat.' Table 6.2 gives the summary of the percentages agreeing (either 'definitely agree' or 'tend to agree') across the four regions.

Table 6.2 *Attitudes towards healthy eating in Northern Ireland and the rest of the UK*

% agreeing	Northern Ireland	England	Wales	Scotland
	%	%	%	%
Even if you don't have a really healthy diet, it's worth making small changes	95	94	92	93
What you eat makes a big difference to how healthy you are	92	92	89	89
People think more about their weight than about how healthy they are	87	85	83	84
I enjoy eating healthy foods	85	83	87	83
Experts contradict each other over what foods are good for you	79	72	84	74
The tastiest foods are the ones that are bad for you	69	48	56	50
The main reason for people to eat a more healthy diet is to lose weight	62	44	49	44
I get confused over what's supposed to be healthy	41	30	38	33
I am fed up with experts telling me what I should eat	41	47	56	50
As long as you take enough exercise you can eat whatever you want	31	27	27	28
I don't really think about what I eat	26	21	22	24
Good health is just a matter of good luck	22	15	17	16
If you are not overweight you can eat whatever you like	20	18	23	16
Base (unweighted):	506	2025	121	511

Source: Q2.16

When it comes to the perception of the diet eaten at home, 86% of respondents in both Northern Ireland and England said that the food they usually eat at home was either very or fairly healthy. A slightly smaller proportion in Scotland (83%) and Wales (82%) described it as healthy.

Respondents in Northern Ireland were least likely to have made any changes to the food they eat in the six months prior to the interview. Half (50%) the respondents in Northern Ireland had made any change, compared with 57% in England, 61% in Scotland and 64% in Wales.

Annex A – Methodology

Introduction

The Food and You survey comprised a total of 3163 interviews with adults (aged 16+, with no upper age limit) across the UK. Boost samples were carried out in Scotland and Northern Ireland, to enable more detailed in-house analysis at a country level.

The total number of interviews achieved was:

- 2025 in England,
- 121 in Wales,
- 511 in Scotland and
- 506 in Northern Ireland.

At the analysis stage, corrective weighting was applied so that the weighted sample was representative of the UK as a whole.

The sample

The survey sample was a stratified random probability sample of private households in the UK. The sample was stratified by Government Office Region (GOR), the percentage of heads of households in a non-manual occupation (NS-SEC groups 1-3), the percentage of households with no car and population density (persons per hectare). The Postcode Address File (PAF) was used as a sampling frame. The PAF lists all known UK postcodes and addresses and is the sampling frame commonly used in general population surveys. In each eligible household, one adult aged 16+ (with no upper age limit) was selected for interview, using a random selection procedure in households where there was more than one eligible adult.

The Primary Sample Units (PSUs) were postcode sectors. Sectors with fewer than 500 addresses were grouped with neighbouring sectors prior to stratification.

An initial sample was drawn of 170 PSUs in England and Wales, 39 in Scotland and 39 in Northern Ireland. 25 addresses were sampled per PSU. As survey response rates were lower than anticipated, an additional 16 PSUs in England and Wales, and 7 in Scotland, was subsequently selected. The final number of PSUs was therefore 186 in England and Wales, 46 in Scotland and 39 in Northern Ireland.

A total of 6775 addresses was issued to interviewers (4650 in England and Wales, 1150 in Scotland and 975 in Northern Ireland).

Questionnaire development

Extensive development work was carried out to develop the questionnaire and survey procedures.

Prior to commissioning the survey, the FSA undertook a scoping study to review existing research (predominately quantitative) covering food issues to assess what could be learnt from the existing research, minimise duplication and help inform question development for Food and You²³.

An Advisory Group was established to help advice the FSA and consortium on key aspects of the survey, including the content and structure of the final questionnaire and the survey outputs. The Advisory Group consisted of experts in the topic area of food and in survey methodology.

Initial qualitative work was conducted by the consortium to fill gaps in existing research around some of the subject areas to be covered in the survey (in particular, the food safety topics) and to ensure that the questionnaire would be drafted at the correct level for respondents in terms of knowledge and language. The qualitative research included eight focus groups and a depth interview and kitchen exploration with one participant from each of the focus groups.

Draft survey questions were cognitively tested to ascertain whether the questions were working as intended, and to ensure respondents were able to answer them accurately. The cognitive testing also highlighted any ambiguous question wording, which was subsequently amended. Cognitive testing was carried out with 60 respondents in two locations.

A sample of draft questions were also included on TNS's Omnibus survey to check whether measures designed to test attitudes were able to discriminate appropriately and that they produce quantitatively credible results. This led to a number of attitudinal statements being removed from the survey.

A dress-rehearsal pilot was conducted among 49 respondents in February 2010 to fully test the questionnaire and survey procedures.

Questionnaire content

In order to cover more topics within the questionnaire, three sections were rotated, that is, each asked of a random third of respondents.

The topics included in the questionnaire were as follows:

- Information about household members
- Healthy eating attitudes and behaviour

²³ The scoping study report can be found at <http://www.food.gov.uk/multimedia/pdfs/foodandyouscoping.pdf>

- Knowledge of dietary recommendations
- Eating patterns (asked of random third of respondents)
- Eating out (asked of random third of respondents)
- Shopping expenditure
- Shopping habits (asked of random third of respondents)
- Food safety attitudes and behaviour
- Self-reported health, physical activity, height and weight
- Demographics

Full details of the survey methodology, and a copy of the questionnaire, are included in the Technical Report²⁴.

Fieldwork

Interviews were carried out face-to-face, using computer-assisted personal interviewing (CAPI). All interviewers were personally briefed by the research team in a half day face to face briefing meeting.

All sampled addresses were sent a letter in advance of the interviewer's visit. The letter gave a brief introduction to the survey and stressed the importance of taking part. The letter also stressed that all information would be kept confidential.

For addresses in Wales, the advance letter was provided in English and Welsh.

Respondents were offered a £10 incentive to encourage participation.

Interviews took, on average, 60 minutes to complete.

Interviews were carried out between March and August 2010.

Survey helpline

A freephone survey helpline was set up at TNS-BMRB; the advance letter included the freephone number, which respondents could ring if they had any queries about the research. The helpline was answered during office hours by a member of the TNS-BMRB research team, with an answer phone operating out of hours.

An email address was also set up, allowing respondents to get in touch with the survey team with any queries.

Response rate

The response rate obtained was 52% of eligible households.

²⁴ Available at: http://www.foodbase.org.uk/results.php?f_category_id=&f_report_id=641

Table A1 shows the full breakdown of responses obtained.

Table A1 Breakdown of survey responses

	n	UK total
		% of in scope
Addresses sampled	6775	
Ineligible addresses		
Not yet built/under construction	11	
Derelict/demolished	34	
Vacant/empty housing unit	394	
Non-residential address	90	
Communal establishment/institution	16	
Not main residence	54	
Other ineligible	29	
Nobody aged 16 or above at address	3	
Total ineligible	631	
Unknown Eligibility		
Inaccessible/not attempted	19	
Unable to locate address	29	
Total unknown eligibility	48	
In scope addresses	6095	100%
No contact		
No contact with anyone at the address	200	
Contact made but not with responsible adult	3	
No contact with selected respondent	49	
Needed parental permission but no contact with parent	1	
Total no contact	253	4%
Refusal		
Parental permission refused	2	
Office refusal	152	
Info about dwellings or occupants refused	832	
Refusal before interview	1032	
Proxy refusal	155	
Total refusal	2173	36%
Other unproductive		
Broken appointment	108	
Person ill at home during survey period	49	
Selected person away or in hospital	102	
Physically or mentally unable	89	
Inadequate English	58	
Other unproductive	93	
Total other unproductive	483	8%
Interview completed	3164	52%

Data preparation and outputs

As the main interviews were conducted via computer assisted personal interviewing (CAPI), there was no need for data entry. Routine data editing was also not required, since the electronic script automatically guides the interviewer to the correct questions.

Where questions allowed interviewers to enter an “other” answer, these answers were examined to determine whether they could be back-coded into one of the pre-codes. If these answers did not fit into any of the existing codes and similar themes were coming up, then new codes were raised; otherwise the answers were kept as “others”.

Respondents were asked about the industry they worked in and their occupation. For those not currently working this was asked about their most recent job. For those with more than one job, details were collected about their main job .

The occupations of respondents were coded to sub-major groups using the Standard Occupational Classification (SOC 2000).

Occupation coding was carried out using the automated coding program CASCOT²⁵, developed by the Institute for Employment Research at the University of Warwick.

The National Statistics Socio-Economic Classification (NS-SEC) was derived and added to the dataset.

Further details of the coding system and codes can be obtained from the Office for National Statistics²⁶.

An SPSS data file has been provided to the FSA. The datasets are archived at the UK Data Archive.

Weighting

Weighting was necessary to correct for unequal probabilities of selection and also to compensate differential non-response across survey sub-groups.

Weights were calculated separately for Scotland, Northern Ireland and England and Wales.

Design weights were applied to correct for the unequal probabilities of selection introduced by selecting one adult for interview from all adults in the household.

²⁵ For more information on CASCOT see <http://www2.warwick.ac.uk/fac/soc/ier/publications/software/cascot/>

²⁶ <http://www.statistics.gov.uk/default.asp>

For the UK weight, the design weight corrected the over-representation of Scotland and Northern Ireland relative to England and Wales (as boost samples were drawn in those countries).

The achieved sample profile was compared within country with Labour Force Survey (LFS) data for working status by sex, age group and sex. In England and Wales, Government Office Region was also compared.

Rim weighting was applied with targets for working status by sex, age group and sex within Northern Ireland and Scotland; in England and Wales, there was an additional target for Government Office Region.

Finally the countries were scaled to their due proportion to calculate a combined UK weight.

Tables A2-A5 show the profile of the unweighted and weighted survey samples by country and in total compared with the LFS, for a range of variables.

Table A2 LFS targets, weighted and unweighted samples – England and Wales

	LFS data		Food and You unweighted sample		Food and You sample, weighted by Country weight	
	%	n	%	n	%	
England and Wales	100.0	2146	100.0	2146	100.0	
Working status by sex						
Men in full time work	22.7	429	20.0	486	22.7	
Men not full time in work	26.2	478	22.3	561	26.2	
Women in work	24.7	579	27.0	529	24.7	
Women not in work	26.5	660	30.8	569	26.5	
Age by sex						
Men aged 16-24	7.6	82	3.8	163	7.6	
Men aged 25-44	17.1	290	13.5	368	17.1	
Men aged 45-59	11.8	203	9.5	252	11.7	
Men aged 60+	12.4	332	15.5	265	12.4	
Women aged 16-24	7.3	113	5.3	156	7.3	
Women aged 25-44	17.3	424	19.8	371	17.3	
Women aged 45-59	12.1	272	12.7	259	12.1	
Women aged 60+	14.6	430	20.0	313	14.6	
GOR						
1.00 North East	4.8	111	5.2	103	4.8	
2.00 North West	12.6	264	12.3	271	12.6	
3.00 Yorkshire & Humberside	9.6	236	11.0	206	9.6	
4.00 East Midlands	8.2	185	8.6	176	8.2	
5.00 West Midlands	9.9	230	10.7	212	9.9	
6.00 East of England	10.5	204	9.5	224	10.5	
7.00 London	14.1	257	12.0	302	14.1	
8.00 South East	15.3	321	15.0	328	15.3	
9.00 South West	9.7	217	10.1	207	9.7	
10.00 Wales	5.5	121	5.6	118	5.5	

Table A3 LFS targets, weighted and unweighted samples – Scotland

	LFS data	Food and You unweighted sample		Food and You sample, weighted by Country weight	
	%	n	%	n	%
Scotland	100.0	511	100.0	511	100.0
Working status by sex					
Men in full time work	23.3	100	19.6	119	23.3
Men not full time in work	24.5	106	20.7	125	24.5
Women in work	26.3	141	27.6	134	26.3
Women not in work	25.9	164	32.1	132	25.9
Age					
16 - 24	14.6	46	9.0	74	14.6
25 - 44	32.7	162	31.7	167	32.7
45 - 59	25.5	140	27.4	130	25.5
60+	27.2	163	31.9	139	27.2
Sex					
Male	47.8	206	40.3	244	47.8
Female	52.2	305	59.7	267	52.2

Table A4 LFS targets, weighted and unweighted samples – Northern Ireland

	LFS data	Food and You unweighted sample		Food and You sample, weighted by Country weight	
	%	n	%	n	%
Northern Ireland	100.0	506	100.0	506	100.0
Working status by sex					
Male full time working	19.9	80	15.8	101	19.9
Male not full time	28.6	106	20.9	145	28.6
Female working	23.6	140	27.7	119	23.6
Female not working	27.9	180	35.6	141	27.9
Age					
16 - 24	16.8	43	8.5	85	16.8
25 - 44	35.4	171	33.8	179	35.4
45 - 59	23.8	124	24.5	121	23.8
60+	24.0	168	33.2	121	24.0
Sex					
Male	48.5	186	36.8	245	48.5
Female	51.5	320	63.2	261	51.5

Table A5 LFS targets, weighted and unweighted samples – UK

	LFS data		Food and You unweighted sample		Food and You sample, weighted by UK weight	
	%	n	%	n	%	
England and Wales	88.7	2146	67.8	2806	88.7	
1.00 North East	4.2	111	3.5	134	4.2	
2.00 North West	11.2	264	8.3	355	11.2	
3.00 Yorkshire and Humberside	8.5	236	7.5	269	8.5	
4.00 East Midlands	7.3	185	5.8	230	7.3	
5.00 West Midlands	8.8	230	7.3	277	8.8	
6.00 East of England	9.3	204	6.4	293	9.3	
7.00 London	12.5	257	8.1	394	12.5	
8.00 South East	13.6	321	10.1	429	13.6	
9.00 South West	8.6	217	6.9	271	8.6	
10.00 Wales	4.9	121	3.8	154	4.9	
Scotland	8.5	511	16.2	269	8.5	
Northern Ireland	2.8	506	16.0	89	2.8	
Working status by sex						
Male full time working	22.6	609	19.3	716	22.6	
Male not full time	26.1	690	21.8	825	26.1	
Female working	24.8	860	27.2	784	24.8	
Female not working	26.5	1004	31.7	838	26.5	
Age						
16 - 24	14.9	284	9.0	470	14.9	
25 - 44	34.3	1047	33.1	1085	34.3	
45 - 59	24.0	739	23.4	758	24.0	
60+	26.9	1093	34.6	850	26.9	
Sex						
Male	48.7	1299	41.1	1541	48.7	
Female	51.3	1864	58.9	1622	51.3	
Total	100.0	3163	100.0	3163	100.0	