

# Development work for wave 2 of Food and You survey

## Executive Summary

Policy Studies Institute

Social Science Research Unit

Food Standards Agency

March 2011

Unit Summary 16





# **Development Work for Wave 2 of the Food Issues Survey - Summary**

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October, 2010

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## **Executive Summary**

### **Background**

Food remains a public policy priority, with ongoing concern with a range of issues including; obesity, salt, sugar and fat intakes, food safety, security and sustainability. A key strategy of the Food Standards Agency is to promote 'safe food and healthy eating for all'. To improve understanding of the attitudes and practices of individuals in relation to these themes the need was identified for a major new survey, which will help measure progress towards some of the FSA's strategic objectives<sup>1</sup>. The first wave of the survey was conducted in 2010. A second wave of the survey is expected to include questionnaire items within two new broad topic areas:

- Influences on food choice
- Perceptions of risk associated with food safety and diet

This study was therefore designed to identify which issues can be addressed effectively by means of survey data and the best approaches to use given the potential complexity of some aspects of food choice and perceptions of risk.

### **Methods**

In order to meet the aims and objectives of the study, a four stage methodology was used, including; a literature review, key informant interviews, exploratory focus group interviews and the design of 2 modules for the second wave of the Food and You survey.

The literature search took a 'scoping review' approach and set out to explore not only substantive findings but also the methodological approaches used to explore the issues of interest.

The informant interviews were conducted with experts in the field of health and nutrition to gather their views on gaps in the literature and key methodological issues.

Four focus groups were conducted in urban and rural areas with a broad range of respondents in terms of age, ethnicity, gender and socio-economic class.

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<sup>1</sup> Due to machinery of government changes, resulting in the transfer of nutrition policy from the FSA to the Department of Health and the FSA's renewed focus on food safety (as of 1<sup>st</sup> October 2010), the FSA Strategic Plan is currently under review..

Drawing on this evidence base, combined with a review of questions in previous surveys which have examined food and eating related issues, a new set of questions were developed for the Food and You survey wave 2.

## **Findings**

The literature review and focus groups were used to shed light on the key influences on food choices, triggers for change in behaviour and obstacles to dietary change. Also of interest was whether individuals regard some eating practices as risky and how they respond to those perceived risks, for example by means of trade-offs. Food safety was also a focus – how knowledgeable are consumers and to what extent do they adhere to safe practices in terms of cooking, storing and preparing food. A final issue of interest are the expectations of individuals in relation to the role of government and health promotion campaigns.

### ***Food choices***

The literature review highlighted the extent to which human food choice is a complex phenomenon, hard to predict and manipulate, and consequently a challenge to measure and analyse. A large range of factors influence our food choices and these range from biological, psychological, affective and economic through to social and cultural influences that all operate on different aspects of food choice and vary in terms of their relative strength and influence from person to person and context to context.

Given the context dependence of food choices, the main concern in developing the survey instruments was that individuals would need to be asked about what influences their choices in such a wide variety of circumstances that the questionnaire would become prohibitively long. A further challenge in assessing food related choices is the habitual non-reflexive nature of eating practices and hence the low salience of food choice. The focus groups, however, revealed that individuals were quite comfortable discussing the broad influences on their choices in a generalised way. Perspectives adopted considered eating behaviour over several days or weeks and many individuals therefore perceived themselves as achieving a healthy balance over the longer term. Less healthy foods were deemed acceptable 'in moderation' or if 'offset' by physical activity. Individuals did acknowledge that much of their behaviour was habitual, but were clear also of the range of factors that were taken into account at each mealtime, including; cost, convenience, health, ethical concerns and, above all, taste. How individuals prioritised these different influences and the trade-offs they made, were then context dependent.

Family members are a key influence on food choices and as family structures alter over the life time so do eating habits. Associations between age and consumption behaviour therefore have both a cohort and ageing dimension. A range of studies have highlighted patterns of food choice and fruit and vegetable consumption associated with socio-economic status, age, gender, education and ethnicity.

### ***Constraints on healthy eating***

Significant constraints on eating more healthily include cost - dietary surveys, such as NDNS and LIDNS, show a clear patterning of food and nutrient intakes by socio-economic status and in LIDNS price/value/money was cited as one of the most important influences on food choice. Higher income or lower price of healthier foods was also given by both men and women as the main factor that would facilitate change to a healthier diet. On the other hand, increasing affluence is also associated with eating out more which need not entail healthy choices and indeed during the focus groups some participants suggested that if they won the lottery and cost was no longer an issue, the consequences would not be good in terms of health as they would eat out more, in more expensive restaurants, and eat much richer food.

The lack of availability of healthy food options is also an important factor, particularly for those with non-regular working hours or for those who rely on institutional canteens for meals.

In both the literature review and the focus groups, food choice emerged as a site of psychological tension for some individuals, where resisting some foods is equated with a 'battle'. Food choices cannot be understood purely in terms of cognition and rational decision making processes, as emotional and affective systems, which do not consider longer term consequences, are also critical determinants. 'Pigging out' with a DVD and chocolates is perceived as a pleasurable experience. Furthermore, as noted by Ruhm (2010), the profit motive is a potentially important reason for rising obesity with food producers engineering products 'to stimulate the affective system so as to encourage overeating'. Below average profit margins of 3 to 6 per cent are associated with healthy non-processed foods, compared with margins of 15 per cent associated with highly processed, less healthy foods (Lawrence, 2010). These powerful external incentives, including products and their advertisement, should not be underestimated.

### ***Perceptions of risk***

Potential food related risks have a time dimension. Food can have an immediate impact on health due to improper cooking, hygiene or storage, while other risks have a cumulative effect, arising from poorly balanced nutritional choices with longer term consequences on health. A further set of risks are beyond the control of consumers, apart from at the point of purchase, these include food additives, pesticides and other contaminants, which may have an adverse effect on health. Considerable debate has also surrounded Genetically Modified (GM) foods, with concerns over the impact of genetic modification on the long-term health of both individuals and the environment. While consumer concern over food safety has steadily increased since the 1970s, in general food is still thought of in positive terms, associated primarily with taste or pleasure.

Of particular interest for many studies is the 'gap' between supposedly objective, measurable risk and individual perceptions of risk. In psychometric approaches perceptions are explained as a function of risk attributes. In summary, the following dimensions of risk have been identified as critical in explaining how hazards are rated or ranked and why a 'gap' in perceived compared with 'objective' risk is likely to persist; the extent of individual control over a risk, optimistic bias ('it won't happen to me'), dread related to the severity of consequences associated with a risk, natural vs manmade risks (people tend to worry more about mobile phone masts than the sun) and values / ideology (eg if an individual approves of nuclear technology as a solution to national power needs, this will be perceived as less of a risk). Nevertheless, during focus group discussions, individuals were asked to list everything that comes to mind when they consider the term 'food risks' and for each of the groups food poisoning was one of the first risks to be recalled and emphasised – consistent with an objective ranking of risk.

Key challenges in addressing issues of risk in a survey context relate to the potential overestimation of the salience of the risk perspective within broader processes of choice. By asking individuals whether they consider particular aspects of food as risky generates a focus on issues that might otherwise be absent from day-to-day eating decisions.

A second challenge relates to determining food safety in the home (preparation, contamination, storage etc). Such practices are hard to assess by means of surveys as there is a large gap between self-reported behaviour and observed behaviour in the home. To some extent this reflects social desirability bias – respondents are often reluctant to admit to behaviour or attitudes they feel may be judged as wrong or foolhardy. An alternative approach used in some studies is to assess knowledge among the general

public. Knowledge does not equate directly with good practice however. The survey based findings will consequently need to be treated with caution in this area.

### ***Health campaigns***

The literature review identified fairly widespread trust in the government and other agencies in relation to food safety and providing information about food-related risks.

The focus groups highlighted gaps in knowledge and scepticism in relation to some health messages. Humorous food poisoning adverts were well received regardless of age, gender or background. Health campaigns relating to salt and fat, by contrast, evoked a more negative response - focus group participants expressed concern that while they advertised the dangers well, they did little to help people change their behaviour and failed to adequately instruct or advise on how diets might be improved. There remains considerable scope therefore to improve some health campaigns. Consumers were also sceptical about food safety recommendations such as 'use by' and 'use within' dates with few respondents abiding by these guidelines.

Some experts and many of the focus group participants felt that the government has an important role to play in relation to food safety and longer term food risks. The view most commonly expressed was that government should go much further than hitherto, with a need for bolder interventions, such as changes in school meals, changes in planning, controlled licensing of food outlets in high streets and tighter regulation of food content.

### ***Methodological considerations***

Individuals are influenced by a wide array of psychological, cognitive, affective, social, institutional, economic and cultural factors, many of which may not be stable and which will also be context dependent. Given this complexity and the fact that many influences on behaviour are habitual, non-reflexive and of low salience, the scope for surveys to explore food related attitudes, perceptions and behaviours is circumscribed. Surveys continue to shed light on important aspects of behaviour but it must be acknowledged that they are unlikely to reflect the full complexity of the attitude/behaviour interface and may be prone to errors of measurement. A number of particular problems arise in designing questions for surveys about food choice and food risk. Consideration must therefore be given to the following issues, which may have implications for either methodological approach, question wording, question preambles or question layout/approach;

- Conditioning

- Social desirability bias
- Measurement of low salience behaviours
- Telescoping
- Response bias
- Knowledge questions
- Question location, order effects

Interviews with experts indicated that there is a role for surveys but that different research methods should be combined. Experts suggested that eating patterns were best investigated by means of “observational” or “ethnographic” approaches in order to get behind non-reflexive behaviours and understand how attitudes, motivations and behaviour interact in highly context-dependant circumstances.