

The Food and You Survey

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WAVE 5
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Northern
Ireland report



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The Food and You Survey

Wave 5

Northern Ireland report



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Authors: Elizabeth Fuller, Urszula Bankiewicz, Byron Davies, Dhriti Mandalia, Ben Stocker.

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Executive summary

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This summary presents the key findings for Northern Ireland from Wave 5 of the Food and You survey, commissioned by the Food Standards Agency (FSA). Food and You is the FSA's principal source of methodologically robust and representative evidence on consumers' self-reported food-related activities and attitudes. The survey has been running on a biennial basis since 2010.

These findings are based on 467 interviews with a representative sample of adults aged 16 and over across Northern Ireland. Fieldwork was carried out between June and November 2018.

Shopping, cooking and eating

Dietary restrictions, food allergy and intolerance

Very small proportions of respondents in Northern Ireland said they were completely vegetarian or vegan (1% each).

One in five respondents reported that they suffered an adverse reaction when they ate certain foods (14%) or avoided certain foods that might cause an adverse reaction (7%). There has been an increase in the proportions who reported these, from 12% in Wave 4 (2016) to 21% in Wave 5. This is largely accounted for by those who avoided certain foods rather than those who reported an adverse reaction.

The most common food groups that people reported having an adverse reaction to were cows' milk and cows' milk products (25% of affected respondents), cereals containing gluten (11%), fruit (9%) and vegetables (9%).

Among those who reported an adverse reaction to one or more types of food, 40% said they suffered from a food intolerance, and 11% said they suffered from a food allergy.

Frequency of eating certain foods

Respondents were asked about consumption of certain types of foods that pose, or are perceived to pose, greater food safety risks.

Chicken and turkey were the most frequently eaten types of meat; 88% of respondents ate these at least once a week. This compares with 66% who ate cuts of beef, lamb or pork at least once a week, 59% who ate pre-cooked meats, 40% who ate cured or dried meats, 50% who ate sausages and 25% who ate burgers at least once a week.

Over time, the consumption of red meat and pre-cooked meat has fallen. In Wave 2 (2012) of Food and You, 85% of adults in Northern Ireland ate cuts of beef, lamb or pork at least once a week, compared with 66% in the current wave (2018). Similarly, 75% ate pre-cooked meats at least once a week in Wave 2, but this has declined to 59%. Consumption of chicken has remained relatively stable, from 92% in 2012 to 88% in 2018.

One in five (19%) respondents ate ready meals at least once a week, and a smaller proportion (16%) ate pre-packaged sandwiches at least once a week.

Cooking

The majority of respondents (88%) reported having at least some responsibility for cooking or preparing food in the home, with 45% saying they were responsible for all or most of this. Women were more likely than men to have all or most of the responsibility for cooking or preparing food (62% compared with 27%).

Attitudes towards cooking and eating

In general, respondents expressed positive attitudes to food and cooking. The majority agreed with the statements 'I like trying new things to eat' (63%) and 'I enjoy cooking and preparing food' (61%), and around three quarters of

respondents (76%) disagreed with the statement 'I'm not generally interested in food'. Most respondents (87%) agreed that there is too much plastic used in food packaging.

Shopping

The majority of respondents (83%) reported having at least some responsibility for household food shopping with 46% saying they were responsible for all or most of this. As with cooking and preparing food, women were more likely than men to report having all or most of the responsibility for food shopping (66% compared with 24%).

Almost all respondents shopped for food in large supermarkets (94%). In addition, more than half shopped at independent butchers (56%). Other types of retailer were used by a minority of respondents, most commonly mini supermarkets (40%) and local or corner shops (40%).

Respondents in Northern Ireland differed from those in Wales and England in the types of shops they used; for example, respondents in Northern Ireland were more likely than those elsewhere to use independent butchers and garage forecourts, and less likely to use supermarket home delivery services.

Food security

'Food security' means having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life. In Northern Ireland, 80% of respondents lived in households with high food security, 12% in households classified as marginally food secure, and 8% reported living in household with low or very low food security. These proportions have remained at similar levels since Wave 4 (2016).

About one in six (16%) respondents reported that their household had worried in the last 12 months about running out of food before there was money to buy more. Similar proportions said that in the last 12 months they had experienced food

running out when they did not have money to get more (10%) or that their household had experienced not being able to afford to eat balanced meals (11%).

Just under half of all respondents (45%) reported making at least one change in their buying or eating arrangements in the last 12 months for financial reasons.

Food safety in the home

The Index of Recommended Practice

The Index of Recommended Practice (IRP) is a composite measure of food hygiene knowledge and behaviours within the home, which includes questions on five 'domains' of food safety: cleanliness, cooking, chilling, avoiding cross contamination and use-by dates. A higher IRP score indicates more reported behaviours that are in line with recommended food safety practice.

In Northern Ireland, the mean IRP score increased from 66 in Wave 1 (2010) to 72 in Wave 4 (2016) and stayed at this level in Wave 5 (2018).

Adults in Northern Ireland had a higher mean IRP score (72) than those in England (67) and Wales (69).

Cleanliness

More than eight out of ten respondents reported cleaning behaviours in line with recommended practices, saying they always washed their hands before starting to prepare or cook food (82%), and immediately after handling raw meat, poultry or fish (86%).

Cooking

Most respondents (83%) said they always cooked food until it is steaming hot throughout, in line with recommended practice. The proportions of respondents who reported that they never ate meat or meat products if the meat was pink or had pink or red juices, in line with recommended practice, was 94% for chicken or turkey, 91% for sausages, 85% for pork and 74% for burgers.

The majority of respondents said that they would reheat food no more than once (83%), in line with recommended reheating practice. A small proportion (6%) reported that they would reheat food twice or more.

Chilling

When asked what respondents thought the temperature inside the fridge should be, more than half (57%) said it should be between 0°C and 5°C (the recommended temperature).

Of respondents who had a fridge, half (50%) reported that they or someone else checked the temperature. The majority of these (81%) said they did this at least once a month, which is in line with recommended practice.

Respondents were asked which methods they used to defrost meat or fish. The most common method was leaving meat or fish at room temperature (60%), which is not in line with recommended practice.

Cross contamination

More than half of respondents (54%) said that they always used different chopping boards for different foods, in line with practices recommended to avoid cross contamination, while 17% never did. Recommendations on storing food in the fridge were followed by 68% who stored raw meat and poultry on the bottom shelf of the fridge, and 76% who never stored food in open tins in the fridge.

The majority (62%) of respondents said they never washed raw chicken, and a similar proportion (66%) never washed raw meat (excluding chicken), both of which are in line with recommended practice. Less than one in five said they always washed raw chicken (18%) or raw meat and poultry other than chicken (12%).

The proportions who said they never washed raw chicken rose from 45% in Wave 3 (2014) to 62% in Wave 5. Similarly there was an increase in the proportions who never washed raw meat and poultry other than chicken, from 36% in Wave 1 (2010) to 66% in Wave 5. Conversely, the proportions who said they always washed raw chicken fell from 27% in Wave 3 (2014) to 18% in Wave 5, and the proportions who always washed other types of raw meat fell from 25% in Wave 1 (2010) to 12% in Wave 5.

More than half (58%) of respondents reported that they always washed fruit and vegetables that were going to be eaten raw, and 11% said they never did this.

Respondents were asked whether they used any antibacterial surface sanitising spray or wipes to clean kitchen work surfaces. More than half (59%) reported always using antibacterial surface sanitising spray or wipes to clean kitchen work surfaces, while 13% said that they never did that. When asked how they normally use surface sanitising spray, 40% followed the recommended action and sprayed it, leaving it for a few minutes before wiping it off, and the same proportion reported that they sprayed it and immediately wiped it off (40%), which is not recommended by the FSA.

Assessing if food is safe to eat

Respondents were asked how they would tell whether different types of foods were safe to eat or use in cooking. Respondents were most likely to say that they assessed the safety of foods by how they smelt; specifically milk and yoghurt (66%), raw meat (64%) and fish, excluding shellfish (46%). The exceptions were

cheese (respondents were most likely to rely on how it looked) and eggs (in Northern Ireland, unlike elsewhere, respondents were most likely to rely on the best-before date).

The use-by date was mentioned by a minority of respondents as a way to assess the safety of milk and yoghurt (49%), raw meat (45%), cheese (36%), fish, excluding shellfish (28%) and eggs (27%).

The FSA recommends that the use-by date is the best label to indicate whether food is safe to eat. Respondents were most likely to say that the use-by date was the label that best indicated food safety (71%).

Respondents were asked whether they checked use-by dates when they are about to cook or prepare food. More than three quarters (78%) of respondents reported that they always did.

Just under a quarter (23%) of respondents reported that they found it quite difficult to read labelling on food products due to the size of the print.

More than three quarters (79%) of respondents reported that they would eat leftover food within two days of cooking it, in line with recommended practice.

Sources of information about food safety

The most common sources of information about food safety were family and friends (48%), product packaging (37%) and food TV shows and cooking programmes (36%).

Eating outside the home

Frequency of eating out

The definition of eating out in the Food and You survey encompasses eating or buying food from a wide range of establishments including restaurants, pubs, bars, nightclubs, cafés and coffee shops, sandwich bars, fast food outlets, canteens, hotels, and stalls as well as takeaway food.

Most respondents in Northern Ireland ate out, at least occasionally. They were most likely to eat dinner out; 87% did so, including 32% who ate or bought dinner away from home at least once a week. Around two thirds (67%) ate lunch out, including 27% who did so at least once a week. A minority ate or bought breakfast away from home; 37%, including 14% who ate breakfast out at least once a week.

Deciding where to eat out

When deciding where to eat out, respondents most commonly used their own experience of the place (54%), recommendations from family and friends (53%) or word of mouth (49%).

When shown a list of factors which might influence their decision on where to eat out, respondents were most likely to mention a good hygiene rating score (70%), good service (63%), and the price of food (52%) as important.

Awareness of hygiene standards when eating out

The majority of respondents (83%) were very or fairly aware of hygiene standards when eating out or buying takeaway food. Those who said they were aware or neither aware nor unaware of hygiene standards, were most likely to judge them by the hygiene rating score (78%) and the general appearance of the premises (59%).

The food hygiene rating scheme (FHRS) was formally introduced in 2010. Since 2016, it has been a legal requirement for businesses in Northern Ireland to display their FHRS rating. Most respondents (94%) reported having seen the sticker belonging to the FHRS. There have been increasing levels of recognition of the scheme stickers since they were introduced in 2010, from 66% in Wave 2 (2012) to 86% in Wave 3 (2014), 89% in Wave 4 (2016) and 94% in Wave 5 (2018).

Food poisoning

Experience of food poisoning

In Wave 5, one third (34%) of respondents in Northern Ireland reported that they had experienced food poisoning at some time in their lives.

Respondents who had experienced food poisoning were asked what action they took as a result. As in previous waves, 41% of this group said that they took no action. Of those who did take some action, the most common actions were stopping eating at certain eating establishments (37%), stopping eating certain foods (21%), and trying to get more information about the issue (8%).

Attitudes towards food safety and food poisoning

Nearly three quarters (71%) of respondents agreed with the statement that they were unlikely 'to get food poisoning from food prepared in my own home'. More than three fifths (63%) agreed with the statement 'I always avoid throwing food away'.

Trust

Awareness of the FSA

Most respondents in Northern Ireland (91%) had heard of the FSA before they were contacted about Food and You. This included 62% of respondents who said that they had heard of the FSA but didn't know much about them or their responsibilities, and 28% who said they had previously heard of the FSA and knew about their responsibilities (the question took into account that Food and You is sponsored by the FSA and that this is strongly reflected in the survey materials).

Trust in the FSA

Trust in the FSA was measured by asking respondents to consider how they thought the FSA would respond to seven food-related scenarios. Overall there was a high degree of confidence in the FSA.

Respondents' confidence was greatest when asked about the FSA's likely response in case of a food poisoning outbreak. Most respondents (86%) thought that there was a high likelihood that the FSA would take action to protect the public if there was a food poisoning outbreak.

More than three quarters of respondents (77%) thought that there was a high likelihood that the FSA would respond as soon as possible to new evidence about food safety, and the same proportion thought that there was a high likelihood that the FSA puts the public first (77%).

A slightly smaller proportion (74%) thought that there was a high likelihood that the FSA would inform the public if there was new evidence about food safety, and 71% of respondents thought that there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety.

Over two thirds of respondents (68%) thought that it was highly likely that the problem would be looked into if they wanted to report a food-related issue to the FSA. As in England and Wales,

there was least confidence in the FSA's impartiality; 66% of respondents thought that there was a high likelihood that the FSA was impartial, acting independently of external sources.

Trust in the food supply chain

Food and You Wave 5 included five questions about consumers' trust in the food they buy and eat, covering provenance, quality, the food supply chain and safety.

More than three in five (63%) respondents said they would be very or quite sure that they knew where the food they bought had come from, compared with 14% who said they would be very or quite unsure.

Two thirds (67%) were very or quite sure that the food they bought from the UK and Ireland had been prepared to the highest quality standards, compared with 9% who were unsure. There was less trust in food from abroad; less than a quarter (22%) said that they were very or quite sure that food and groceries from abroad were prepared to the highest quality standards, compared with more than a third (36%) who were very or quite unsure.

Over half (58%) of respondents were very or quite sure that all the guidelines had been properly followed at all stages in bringing the food they bought from the farm to their home, compared with 18% who were very or quite unsure.

There was a high level of confidence in the safety of food; 86% of respondents were very or quite sure that the food they bought for their households was safe to eat, compared with 4% who were very or quite unsure of this.

Food authenticity

Most respondents said that they were confident when buying or eating food that it was what it said it is on the label or the menu. Just over a quarter (28%) were confident all of the time, a decrease from 36% in Wave 4 (2016). A further 57% were confident most of the time that food was what it was said to be.

Healthy eating

Knowledge of healthy eating guidelines

There was a high level of awareness in Northern Ireland of the government recommendations to eat five or more portions of fruit and vegetables every day. When asked how many portions they should eat each day, 81% of respondents gave 'five' as their answer.

There were also high levels of awareness of what counted towards the five a day – frozen vegetables (88%), dried fruit (75%), pure fruit juice (75%), pulses (74%), fruit smoothies (71%), tinned fruit and vegetables (70%) and baked beans (68%). But more than two thirds (69%) thought, incorrectly, that jacket potatoes also counted. Rice and jam, also not counted towards the five a day, were identified as doing so by smaller proportions of people; 31% for rice and 16% for jam.

The government recommends that the average woman should consume around 2,000 calories a day and the average man 2,500 a day.

A quarter (24%) of respondents gave the correct answer of 2,000 calories for a woman, although a slightly higher proportion (29%) did not know. Although similar proportions of men and women answered correctly (21% and 26% respectively), men were more likely than women to say that they did not know (38%, compared with 21%).

A slightly lower proportion (22%) knew that the recommended daily intake was 2,500 calories for a man. Again, 29% did not know. Similar proportions of men and women answered correctly (24% and 21% respectively), however women were more likely than men to say that they did not know (36% and 23%).

The government recommends that the average daily intake of all types of fat should not exceed 70g for a woman and 95g for a man, and this should include no more than 20g of saturated fat for a woman and 30g for a man.

Men and women were asked separately how much fat and saturated fat they thought someone of their gender should eat per day. Around half of women (52%) did not know the recommended maximum total daily fat intake for women, and 40% did not know the recommended maximum daily intake of saturated fats. Men were less likely to know both the recommended maximum total daily fat intake for men (58% did not know), and 45% did not know the recommended maximum daily intake of saturated fats.

The government recommends that adults should consume no more than 6g of salt a day, equivalent to about a teaspoon. Three in ten respondents (29%) did not know what the maximum daily intake of salt should be. Only 5% correctly identified 6g as the recommended maximum, and nearly half (47%) thought it was lower than 6g.

The Eatwell Guide

The Eatwell Guide illustrates the different types of food and the portions necessary for a healthy balanced diet. Respondents were shown a blank Eatwell Guide with its sections marked but not labelled, and were asked to place cards showing each of the food groups in the appropriate sections.

Most respondents (85%) correctly placed fruit and vegetables. The majority also correctly placed foods high in fat, salt and sugars (71%), oils and spreads (62%), and dairy and alternatives (56%). There was less certainty about starchy carbohydrates (correctly placed by 42% of respondents) and least about proteins (25%).

Diet and a healthy lifestyle

Almost all respondents thought that it was important to eat fruit and vegetables (99%) and drink plenty of water (98%). Almost as many respondents thought it was important to eat less salt (95%) and limit food and drinks high in sugar (94%). Around nine tenths thought that it was important to limit foods high in saturated fat (90%) and eat the right amount of calories each day (88%).

More than four fifths thought it was important to limit foods high in total fat (85%) and to eat fish, including oily fish (83%). Around three quarters thought it was important to eat dairy products such as cheese, milk or yoghurt (75%) and to eat food such as bread, rice, pasta and potatoes (73%). Fewer respondents thought that it was important to eat pulses such as soya beans, lentils or chickpeas (67%).

Eating habits

Four fifths (80%) of respondents felt that they ate a healthy diet, with a further 13% saying that their diet was neither healthy nor unhealthy. Less than one in ten (7%) thought that their diet was unhealthy.

Most respondents (85%) said they ate biscuits, pastries or cakes at least once a week, including 32% who ate them every day. Additionally, three quarters (75%) of respondents said that they ate sweets or chocolate at least once a week, including 21% who ate them every day.

Almost all respondents (97%) ate bread, rice, pasta, potatoes or other starchy food at least once a week, including 65% who ate them every day. This included two thirds (66%) of respondents who ate fried chips or roast potatoes at least once a week, although just 1% said they ate them every day.

Just over a third (35%) of respondents said that they ate oily fish, such as salmon, sardines, mackerel or fresh tuna, at least once a week, including 1% who ate it every day.

Almost all respondents (98%) ate fruit and vegetables at least once a week, including 68% who ate them every day. Less than 1% of respondents said they never ate fruit and vegetables. Around two thirds (69%) reported that they had eaten five or more portions on the previous day.

Healthy eating outside the home

Respondents were asked how healthy the food they ate when out was, compared with the food they ate at home. The majority said that the food they ate when they were out was less healthy than the food they ate at home. More than three fifths (62%) said this, compared with just 6% who said that the food they ate out was more healthy than the food they ate at home.

Respondents were asked where they would like to see more information displayed about how healthy different options are when eating away from home. Around a half mentioned restaurants (51%), takeaway outlets (50%) and fast food restaurants (45%). About a quarter (24%) did not mention any places.

Introduction

The UK's food system is complex. It is essential that food continues to remain safe, authentic, affordable and sustainable in a future affected by climate change, global population growth and innovations in the way food is produced, distributed and consumed, both nationally and globally.

The Food Standards Agency (FSA) is set up to protect the interests of the consumer through a range of activities, including regulation of food businesses and developing and targeting messages and initiatives for the public. The FSA's strategy for 2015 to 2020, *Food We Can Trust*,¹ renews its commitment to put consumers first.

The Food and You Survey is the FSA's principal source of methodologically robust and representative evidence on consumers' food-related activities and attitudes. Understanding the UK population's reported behaviour, attitudes and knowledge in relation to food issues is key to measuring the FSA's progress towards its strategic objectives, providing evidence that supports the FSA's campaigns and other activities, and identifying topics for further research or action.

About the FSA

The FSA was formed in 2000 as an independent non-ministerial government department, governed by a Board whose members have extensive knowledge and experience in a wide range of sectors relevant to the FSA. The FSA was set up to protect public health from risks which may arise in connection with the consumption of food (including risks caused by the way in which it is produced or supplied), and otherwise to protect the interests of consumers in relation to food.

The FSA is responsible for food safety and hygiene in England, Wales and Northern Ireland, and is committed to ensuring the general public can have trust and confidence

1 www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf

in the food they buy and eat.² The FSA also enforces standards through its regulatory responsibilities. In 2010 the FSA launched the national food hygiene rating scheme (FHRS)³ in order to provide the public with information about the hygiene standards in food premises, helping them to make informed decisions when eating out (see Chapter 3 for more information).

The FSA also provides guidance to consumers on best practices for food safety and hygiene in order to minimise the risk of food poisoning. This includes advice on cleaning, cooking, cross contamination and chilling (collectively known as the '4 Cs'). Guidance is also given on the use of date labels (such as 'use-by' and 'best before' dates) and storage instructions on foods to help ensure safety of food eaten at home.

In Northern Ireland the FSA is additionally responsible for nutrition and healthy eating practices.

Since its inception in 2000, the FSA has commissioned surveys to collect quantitative data on the public's reported behaviour, attitudes and knowledge relating to food and food safety. Between 2000 and 2007 the FSA ran the Consumer Attitudes Survey (CAS). In 2008 the FSA's Social Science Research Committee (SSRC) recommended that a new survey – Food and You – be developed.

The Food and You survey

Background

Food and You is a biennial, cross-sectional survey of adults aged 16 years and over living in private households in England, Wales and Northern Ireland. Random probability sampling

² In 2010 responsibility for nutrition in England transferred from the FSA to the Department of Health, and subsequently, in 2013, to Public Health England (PHE). Responsibility for nutrition in Wales transferred to the Welsh Government in 2010. Responsibility for nutrition and healthy eating practices remains the responsibility of the FSA in NI. Food safety and nutrition in Scotland is the responsibility of Food Standards Scotland (FSS), a non-ministerial government department of the Scottish Government, established by the Food Act 2015.

³ www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme

ensures that everyone in these countries has a known chance of being selected to take part, so the results are statistically representative of the population.

The first three waves of the survey were carried out by TNS BMRB (in 2010, 2012 and 2014 respectively). The National Centre for Social Research (NatCen), in collaboration with the Northern Ireland Statistics and Research Agency (NISRA), have been contracted to carry out Waves 4, 5 and 6 of the survey.

Food and You has been an important means of measuring progress against the FSA's strategic objectives⁴ and topics have reflected the changing priorities and interests of the FSA, summarised below:

- Wave 1 (2010) assessed consumer attitudes and behaviour to food-related issues falling under the FSA's remit. Following Wave 1, the questionnaire was reviewed extensively in light of responsibility for nutrition in England and Wales being transferred from FSA to the Department of Health (England) and Welsh Government in 2010.
- Wave 2 (2012) focused on food safety and hygiene issues.
- Wave 3 (2014) was designed to monitor changes since the previous two waves in attitudes and reported behaviour about food issues, to identify at-risk groups for food safety issues, and to explore public understanding of issues regarding the FSA's targets. For the first time at Wave 3, results from Food and You were published as an official statistic, reflecting the robust methodology of the survey and the development of a regular time series of data.
- Wave 4 (2016) included new questions to cover affordability of food, choice, security and sustainability.
- Wave 5 (2018) continued this focus and additionally included questions about public awareness of and trust in the FSA.

4 The FSA Strategic Plan up to 2015 is available at <http://webarchive.nationalarchives.gov.uk/20120206100416/http://food.gov.uk/multimedia/pdfs/strategy20102015.pdf>. The 2015 to 2020 strategy is available at www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf

Aims

Food and You provides data about the prevalence of different attitudes, reported behaviour and knowledge about ways in which food is purchased, stored, prepared and eaten. The aims of Wave 5 were to provide the FSA with data on food hygiene and food safety and other food-related issues in order to:

- explore public understanding and engagement with food safety;
- assess knowledge of messages and interventions aimed at raising awareness and changing behaviour;
- describe public attitudes to food production and the food system;
- monitor trends in reported behaviour, attitudes and knowledge (compared with data from the previous four waves or from other sources);
- identify target groups for future interventions (e.g. those most at risk or those among whom FSA policies and initiatives are likely to have the greatest impact); and
- provide indicators and evidence for tracking the FSA's strategic plans.

About this report

Coverage

Fieldwork for Wave 5 in Northern Ireland was conducted between June and November 2018 and consisted of 467 interviews with a representative sample of adults aged 16 and over.

This report presents a descriptive overview of the findings for Northern Ireland. Trends across the five survey waves are reported where available, and Wave 5 results are presented by key socio-demographic factors such as gender, age group,

household size, presence of children in household, income and working status. In addition, area characteristics are analysed; the Northern Ireland Multiple Deprivation Measure⁵ and whether the respondent lives in an urban or rural area.

This report is complemented by additional reports published separately:

- Combined report – focusing on results from England, Wales and Northern Ireland combined
- Country comparison report – focusing on differences between the three nations
- Wales report – focusing on the Wales results.

Each report is accompanied by detailed tables of results in Excel format.

More detail on the Wave 5 questionnaire development and the survey methodology can be found in the following supplementary reports:

- Technical report – describing the methodology
- Development report – documenting the Wave 5 questionnaire development.

The complete data set will be available in the UK Data Service.⁶

5 The 2010 Northern Ireland Multiple Deprivation Measure (NIMDM 2010) comprises seven domains of deprivation, each developed to measure a distinct form or type of deprivation. In this report and the accompanying tables, the NIMDM has been presented in five categories or quintiles. <https://data.gov.uk/dataset/6b9e49fb-7f3c-4503-ba68-31acbf32b1c3/northern-ireland-multiple-deprivation-measure-2010>

6 <https://ukdataservice.ac.uk/>

Self-reported behaviours

Data collected through face to face interviews may not accurately reflect people's actual practices for a number of reasons. This includes inaccurate recall, difficulties recalling behaviour that has become habitual, and social desirability bias.⁷

In Food and You, self-reported behaviour is therefore used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

The questionnaire has been carefully designed with this in mind and follows best practice to minimise bias caused by self-report, for example asking questions about behaviour within specific time periods (for example, asking whether a respondent did something 'in the last seven days' rather than 'usually'), and framing questions neutrally.

Questionnaire changes between waves

While efforts are made to ensure consistency in questions asked at each wave to allow for comparisons over time, there have been a number of changes made to the questionnaire between waves, reflecting changing FSA priorities and responsibilities.

Waves 4 and 5 of the survey were carried out in England, Wales and Northern Ireland, but not in Scotland, as in Waves 1 to 3. Comparisons within this report based on previous waves are therefore based on data from these three nations only and exclude data from Scotland.⁸

⁷ Social desirability bias refers to respondent's tendency to answer questions based on what they think they ought to say, rather than reflecting what they actually do, know or think. As in previous waves, there were several topics in the questionnaire for which respondents might be reluctant to report behaviour which goes against what is possibly widely known advice (for example, not washing their hands before cooking or preparing food).

⁸ In April 2015, responsibility for food safety and nutrition in Scotland were transferred to Food Standards Scotland (FSS), a non-ministerial government department of the Scottish Government. The FSS carries out its own programme of research.

A number of other changes to individual questions and response categories have been introduced between waves. Full details of changes to the questionnaire are outlined in each of the published technical reports.

Reporting conventions: notes to text and tables

1. Tables accompanying each chapter in this report are in Excel format and can be accessed via www.food.gov.uk/research/food-and-you/food-and-you-wave-five. The chapter texts include references to the relevant tables.
2. The data used in the report have been weighted. Weighted and unweighted sample sizes are shown at the foot of each table.
3. Weights were applied to correct for the lower selection probabilities of adults aged 16 and over in multi-adult households and dwellings, as well as for the selection of one dwelling unit or household if two or more were found at the selected address.
4. Where an earlier survey year (from Waves 1 to 4) is not shown in a table, this is generally because the question(s) was not asked in that year.
5. Unless stated otherwise, where comparisons are made in the text between different population groups or variables, only those differences found to be statistically significant at the 95% level are reported. In other words, differences as large as those reported have no more than a five per cent probability of occurring by chance.
6. In this report, some apparent differences between groups have not been commented on; this is because the sample size in Northern Ireland was not sufficiently large to confirm that these differences were statistically significant.

7. The following conventions have been used in tables:

- no observations (zero value)

0 non-zero values of less than 0.5% and thus rounded to zero

[] estimates based on 30 to 49 cases are presented in square brackets.

* estimates based on fewer than 30 cases are not shown.

8. Because of rounding, column percentages may not add exactly to 100%. For questions where respondents could give more than one response, the percentages will add up to more than 100%.
9. 'Missing values' occur for several reasons, including refusal or inability to answer a particular question/section and cases where the question is not applicable to the participant.
10. The term 'significant' refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.
11. Where a table contains more than one variable, the bases may not be exactly the same. Tables will usually show the bases for the first variable in the table, and for any other variables where the bases are not of a similar magnitude.

1 Shopping, cooking and eating

1.1 Introduction

This chapter provides an overview of shopping, cooking, and eating habits within Northern Ireland. The FSA's *Food We Can Trust Strategy 2015–2020* aims to ensure that “we have access to an affordable healthy diet, and can make informed choices about what we eat, now and in the future”, within the context of guaranteeing food safety and accountability.⁹ It is important therefore that this report not only addresses food safety concerns, but also the role that food can play in people's everyday lives.

The topics covered in this chapter include:

- cooking habits, with particular attention given to understanding who is responsible for cooking in the household.
- an estimate of the proportions of people who restrict their diet in some way, including vegetarians, vegans and those affected by food allergies and food intolerances.
- the frequency of consumption of different types of food that have been linked to food poisoning.
- people's attitudes towards cooking and eating, reflecting the focus of Wave 5 which is eating out rather than eating at home.
- food shopping habits, including responsibility for shopping and types of shops used.
- food security – having access at all times to food that is sufficient, safe and nutritious to sustain an active and healthy life.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

9 www.food.gov.uk/about-us/who-we-are

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

1.2 Dietary restrictions, food allergy and intolerance

Vegetarianism, veganism and other reasons for avoiding certain foods

Very small proportions of respondents in Northern Ireland said they were completely vegetarian or vegan (1% each).

Respondents were also asked whether they avoided certain foods for other reasons, not specified but not because of allergies. In Northern Ireland, 13% of respondents said they avoided some foods for reasons other than vegetarianism, veganism or because of allergies.¹⁰

Table 1.1

Adverse reactions to foods

In Northern Ireland 14% of respondents said that they suffered adverse reactions when consuming certain foods. A smaller percentage (7%) reported that they avoided certain foods that might cause an adverse reaction. In total, 21% reported actual or potential adverse reactions, an increase from 12% in Wave 4, largely accounted for by those who avoided certain foods rather than those who reported an adverse reaction.

Table 1.2.1

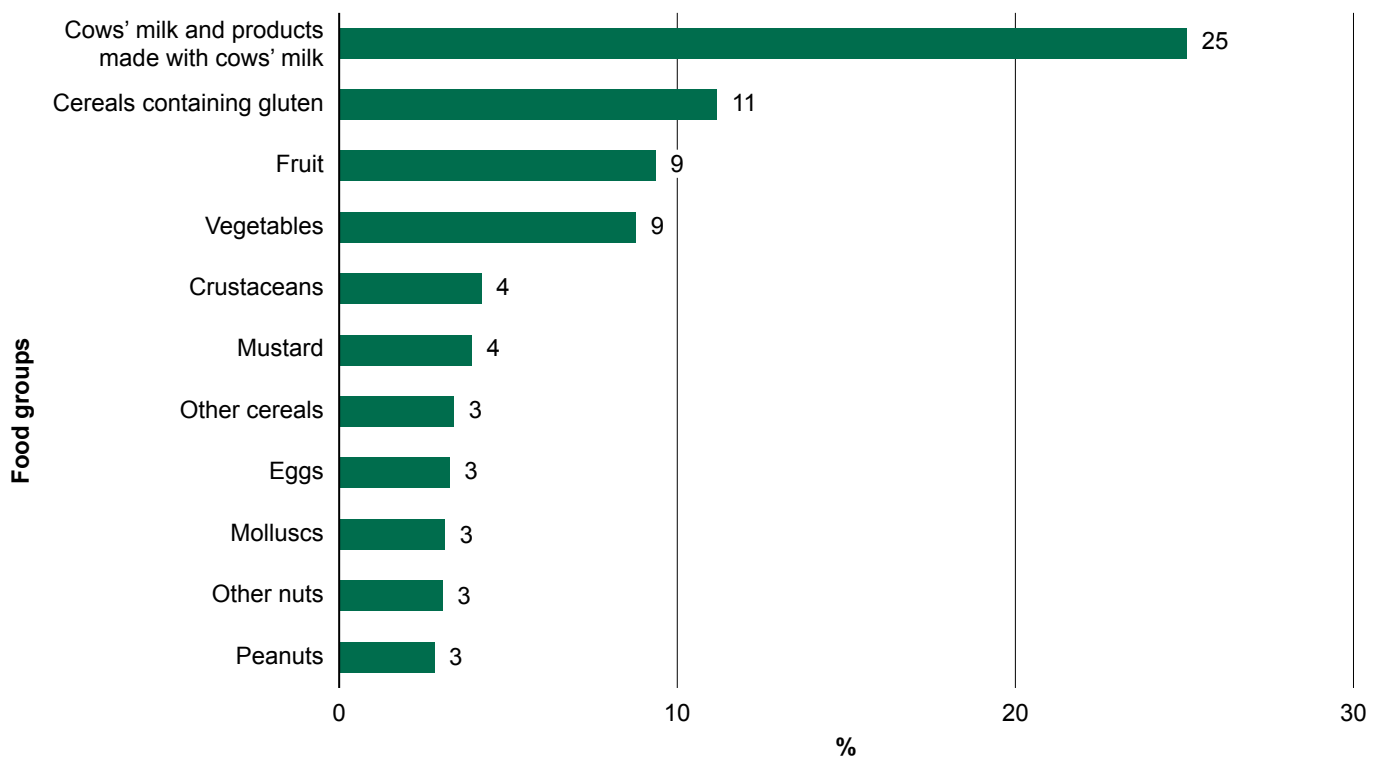
Respondents who either suffered adverse reactions or avoided certain foods that might cause an adverse reaction were asked whether they experienced any reaction to a list of 14 different

¹⁰ This was a new question; in previous waves people were asked about avoiding food for religious or cultural reasons, and relatively few people reported this (less than 1% in Northern Ireland in Wave 4).

foods.¹¹ Of those who reported an adverse reaction or avoided certain foods, cows' milk and products made with cows' milk were the most common cause of reaction (25% of affected respondents), followed by cereals containing gluten (11%), fruit (9%) and vegetables (9%). Nearly half (46%) of respondents said they suffered from an adverse reaction to another type of food not mentioned in the list.

Table 1.2.2, Figure 1.1

Figure 1.1. Foods causing (potential) adverse reactions (Northern Ireland, Wave 5)



When asked about specific reaction types, 40% of all respondents who had reported an adverse reaction to one or more types of food said they suffered from a food intolerance,

¹¹ These 14 foods are listed in Annex II of the EU Food Information for Consumers Regulation No.1169/2011 as allergy or intolerance producing products or substances. As a result, they must always be labelled on packaging when used as an ingredient or processing aid <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2011:304:FULL&from=EN>

and 11% said they suffered from a food allergy.¹² This is equivalent to 2% of the whole sample who reported a food allergy and 8% who reported food intolerance; hence the numbers were too small to permit any further analysis.¹³ Other reaction types, for example coeliac disease or intolerance of lactose or gluten, were much less common.

Table 1.2.3

1.3 Frequency of eating certain foods

This section discusses the consumption of certain types of foods that pose, or are perceived to pose, the greatest food safety risks, for example in relation to food poisoning.¹⁴

Meat and poultry

In Northern Ireland, as elsewhere, **chicken and turkey** were the most frequently eaten type of meat; 88% of respondents reported that they ate it at least once a week. Two thirds (66%) of respondents reported eating **beef, lamb or pork** once a week. More than half (59%) ate **pre-cooked meats** once a week.

Half (50%) of respondents ate **sausages** at least once a week, 40% ate **cured or dried meats**, and a quarter ate **burgers** (25%). Consumption of **duck and goose** was relatively uncommon (less than 1% of respondents ate this at least once a week, with 70% saying that they never ate duck or goose).

¹² Respondents were asked whether they suffered from a food intolerance or food allergy, and no further definitions were supplied, so these estimates are based on how respondents defined these conditions.

¹³ For example, just eleven individuals in Northern Ireland reported that they had a food allergy, so it was not possible to reliably estimate the proportion whose allergy had been clinically diagnosed.

¹⁴ www.food.gov.uk/safety-hygiene/campylobacter#foodborne-bacteria

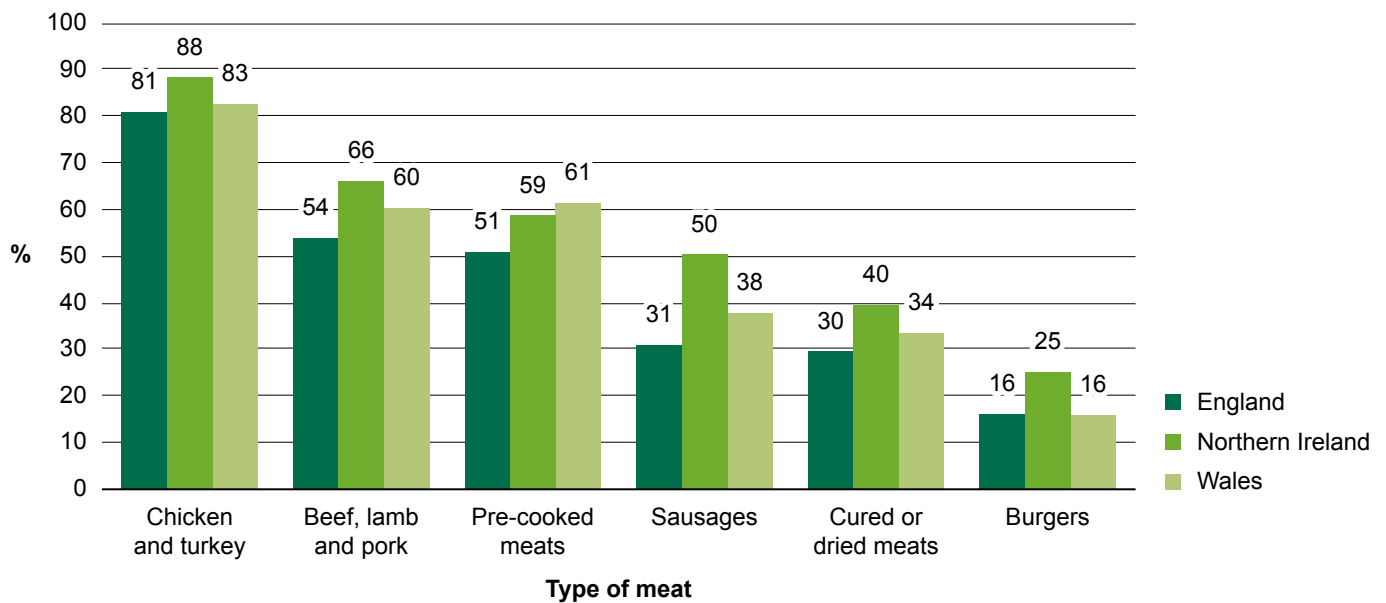
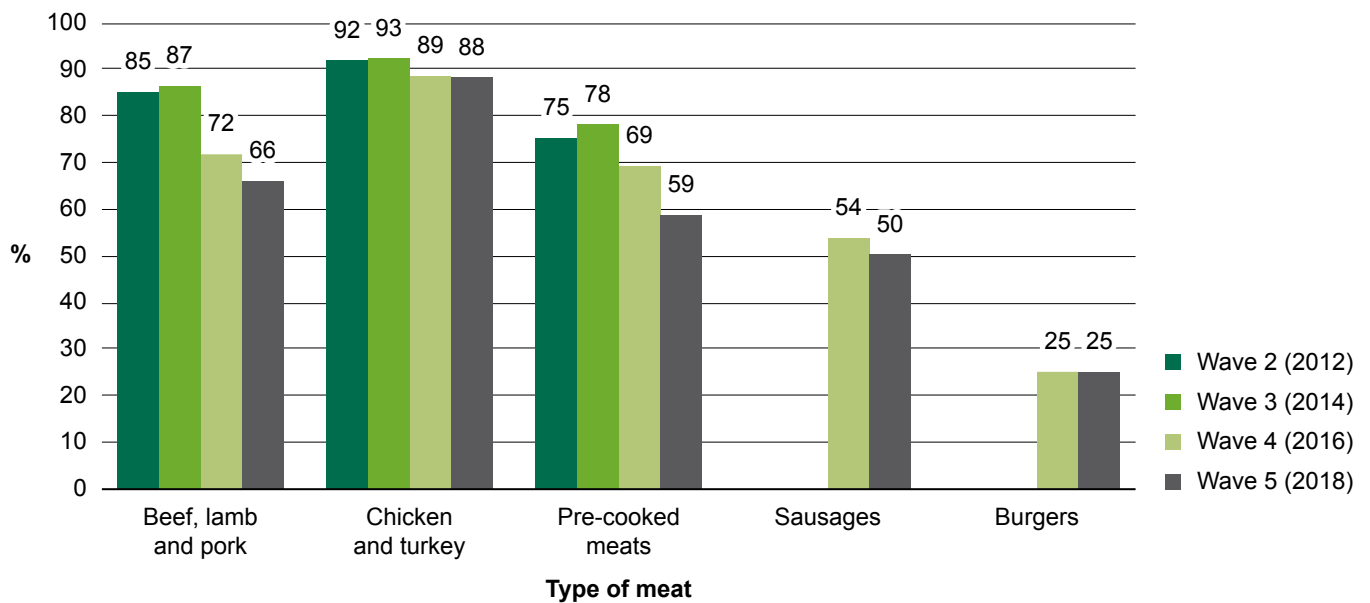
Respondents in Northern Ireland ate most types of meat and meat products more frequently than Food and You respondents in England and Wales.¹⁵

Over time, the consumption of red meat and pre-cooked meat has fallen. In Wave 2 (2012) of Food and You, 85% of adults in Northern Ireland ate cuts of beef, lamb or pork at least once a week, compared with 66% in the current wave (2018). Similarly, 75% ate pre-cooked meats at least once a week in Wave 2, but this has declined to 59%.¹⁶ Consumption of chicken has remained relatively stable, from 92% in 2012 to 88% in 2018.

Table 1.3, Figures 1.2, 1.3

¹⁵ For more detail on comparisons between countries, see www.food.gov.uk/research/food-and-you/food-and-you-wave-five

¹⁶ Until Wave 4, respondents were asked about 'Pre-cooked meats such as ham or pâté'; in Wave 5 they were asked about 'Pre-cooked meats' with no examples given.

Figure 1.2. Proportion of respondents eating different types of meat at least once a week, by country**Figure 1.3. Proportion of respondents eating different types of meat at least once a week, by survey wave (Northern Ireland)**

Milk and eggs

Nearly all respondents (92%) said they consumed **milk and dairy foods** such as cheese and yoghurt at least once a week, including 69% who reported consuming milk and dairy products every day. A small proportion, 5%, drank **raw milk**, including 2% who said they drank it at least once a week.

Four fifths (81%) of respondents ate **cooked eggs** at least once a week, including 11% who ate them every day. The majority of respondents (84%) never ate **raw or uncooked eggs**.

Table 1.4

Fish and shellfish

Fewer people reported eating fish and shellfish than meat and poultry. More respondents ate **cooked or smoked fish** (31%) at least once a week than **cooked shellfish** (9%), which 57% of respondents said they never ate. 95% of respondents never ate **raw oysters**.

Table 1.5

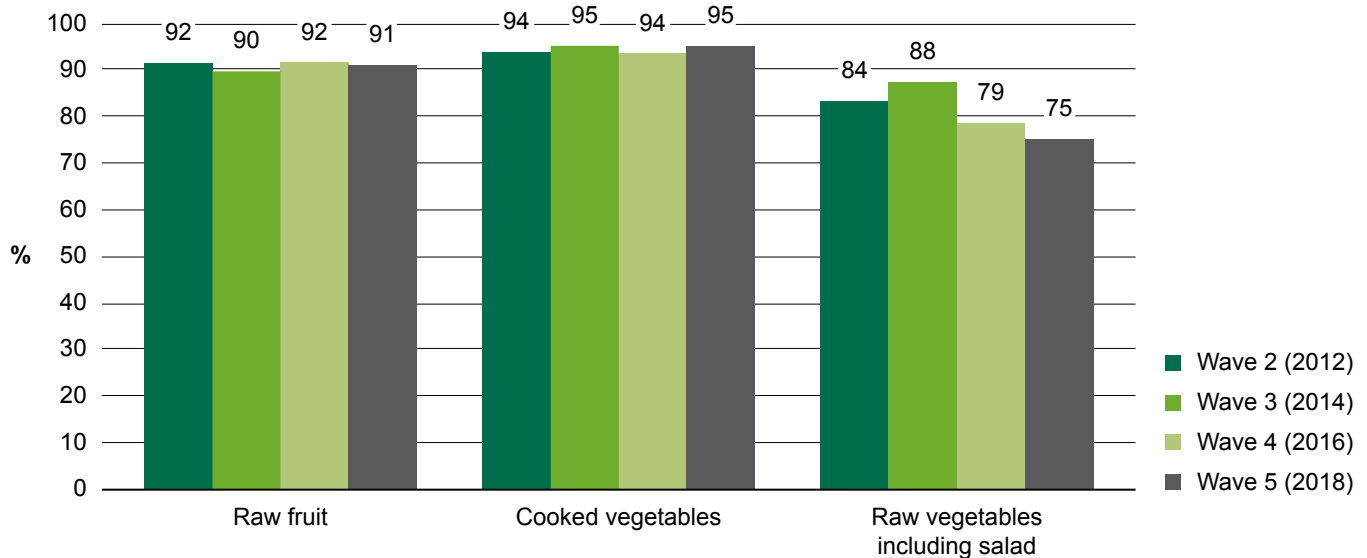
Fruit and vegetables

Most respondents (91%) reported eating **raw fruit** at least once a week, including 51% who ate it every day. A similarly high proportion (95%) said they ate **cooked vegetables** at least once a week, including 43% who ate them at least once a day. Three quarters (75%) ate **raw vegetables**, including salads at least once a week, including 12% who ate them at least once a day.

Although consumption of raw fruit and cooked vegetables have remained at similar levels in recent years, consumption of raw vegetables, including salad, at least once a week has fallen since Wave 2 (2012) from 84% to 75%.

Table 1.6, Figure 1.4

Figure 1.4. Proportion of respondents eating fruit and vegetables at least once a week, by survey wave (Northern Ireland)



Pre-packaged sandwiches and ready meals

One in five (19%) respondents ate **ready meals** at least once a week, and a smaller proportion (16%) ate **pre-packaged sandwiches** at least once a week. Most people who ate either of these did so no more than once or twice a week (13% and 11% respectively).

Men were more likely than women to eat ready meals; 24% of men did so at least once a week, compared with 14% of women.

Table 1.7

1.4 Cooking

The majority of respondents in Northern Ireland (88%) reported having at least some responsibility for cooking or preparing food in the home, with almost half (45%) saying they were responsible for all or most of this. More than half (58%) of respondents said they cooked or prepared food at least once a day.

Women were more likely than men to have all or most of the responsibility for cooking (62% compared with 27%), and to report cooking at least once a day (72% compared with 44%).

Around one in five men (19%) said they had no responsibility for cooking or preparing food, compared with 6% of women.

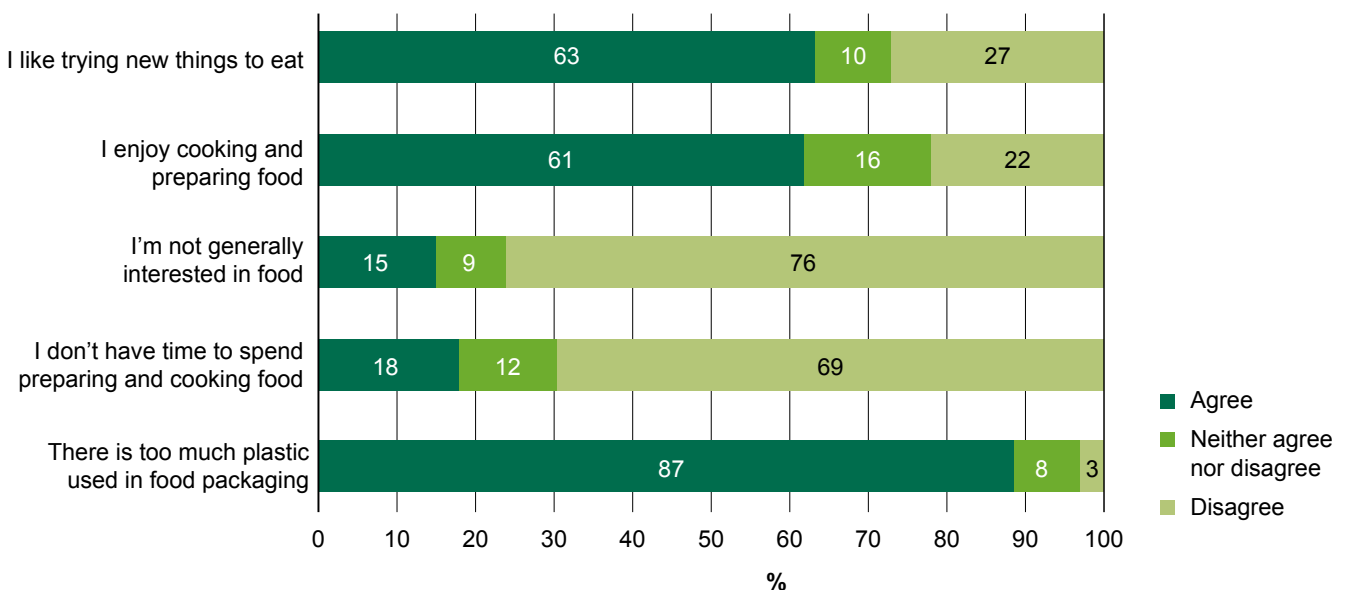
Tables 1.8, 1.9

1.5 Attitudes towards cooking and eating

Respondents were asked about their views on cooking and eating. As in previous waves, most respondents had a generally positive outlook towards cooking and eating. The majority of people agreed with the statements 'I like trying new things to eat' (63%) and 'I enjoy cooking and preparing food' (61%). Most respondents disagreed with the statements 'I'm not generally interested in food' (76%) and 'I don't have time to spend preparing and cooking food' (69%). Most respondents (87%) agreed with the statement that 'there is too much plastic used in food packaging'.

Table 1.10, Figure 1.5

Figure 1.5. Attitudes towards cooking and eating (Northern Ireland)



1.6 Shopping

Most respondents reported having at least some responsibility for household food shopping (83%), with just under half saying they had all or most of the responsibility (46%). Women were much more likely than men to report having all or most of the responsibility for household food shopping (66% compared with 24% of men).

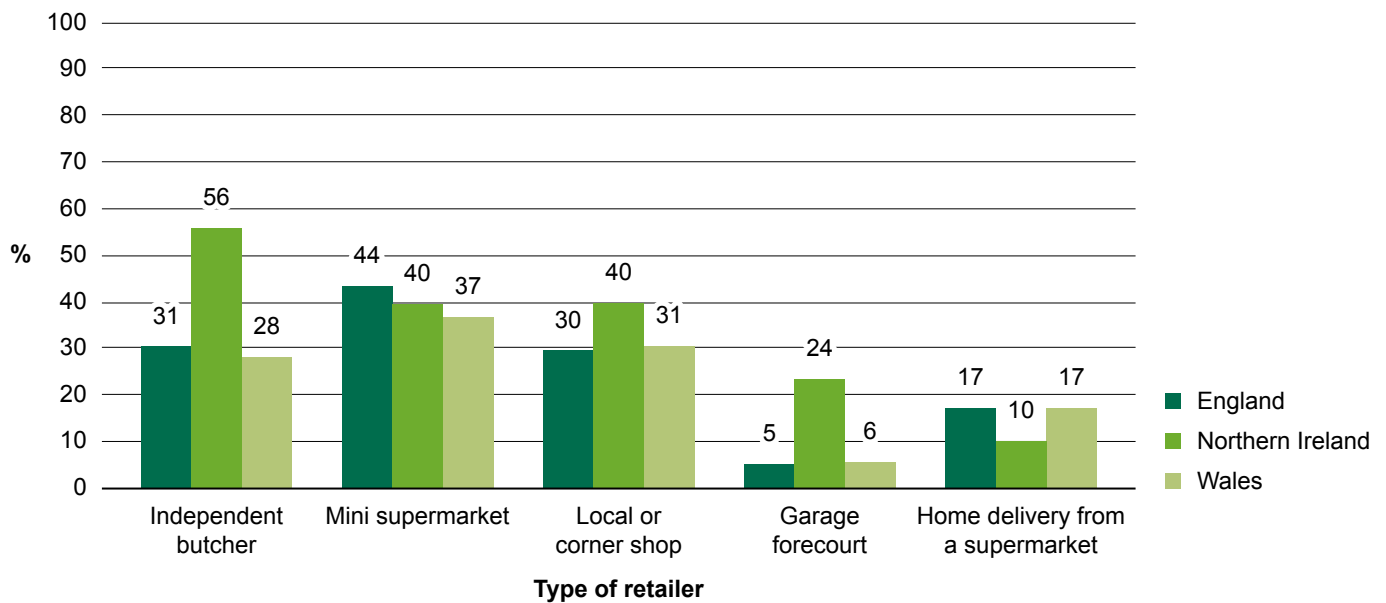
More than a quarter (27%) of men said they had no responsibility for their household's food shopping, compared with 8% of women. This proportion also varied with age. Adults in the youngest and oldest age groups were more likely to have no responsibility for food shopping: 30% of the under 35s and 34% of those aged 75 and over had no such responsibility. In other groups the proportion varied from 3% of those aged 45 to 54 to 17% of those aged 55 to 64.

Table 1.11

As in previous waves, almost all respondents shopped for food in large supermarkets (94%). Over half of respondents shopped in independent butchers (56%), whereas shopping in mini supermarkets (40%) and local or corner shops (40%) was slightly less common.

Respondents in Northern Ireland differed from those in Wales and England in the types of shops they used, for example, respondents in Northern Ireland were more likely than those elsewhere to use independent butchers and garage forecourts, and less likely to use supermarket home delivery services.¹⁷

¹⁷ A detailed comparison of Food and You Wave 5 findings by country is available at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

Figure 1.6. Proportion of respondents shopping for food at selected types of retailer, by country

While differences between demographic groups were not generally statistically significant, two trends by age were noteworthy. Independent greengrocers were used by 35% of those aged between 55 and 64 and 38% of those aged between 65 and 74, but by no more than 19% in other age groups. Supermarket home delivery was mentioned by 14% of those aged under 35 and 17% of those aged between 35 and 45, but by 7% or less in other age groups.

Table 1.12, Figure 1.6

1.7 Food Security

Definition

Food security, as defined by the United Nations' Committee on World Food Security, is the condition in which all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and preferences for an active and healthy life.¹⁸

Household food security is measured within this survey using responses to ten different questions relating to experiences with accessing and consuming food.¹⁹ Respondents are allocated a score based on these responses (see Technical Report²⁰ for more detail), and these are categorised below. Households that report three or more conditions indicating food insecurity are classified as 'food insecure'.

- **High food security (score = 0):** Households had no problems, or anxiety about, consistently accessing adequate food.
- **Marginal food security (score = 1 or 2):** Households had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced.
- **Low food security (score = 3 to 5):** Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.

¹⁸ For an account of the evolution of this definition see www.fao.org/3/y4671e/y4671e06.htm#fn31

¹⁹ These ten questions asked within the Food and You survey are used by the United States Department of Agriculture Research Service. See www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement/ for further details.

²⁰ www.food.gov.uk/research/food-and-you/food-and-you-wave-five

- **Very low food security (score = 6 to 10):** At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

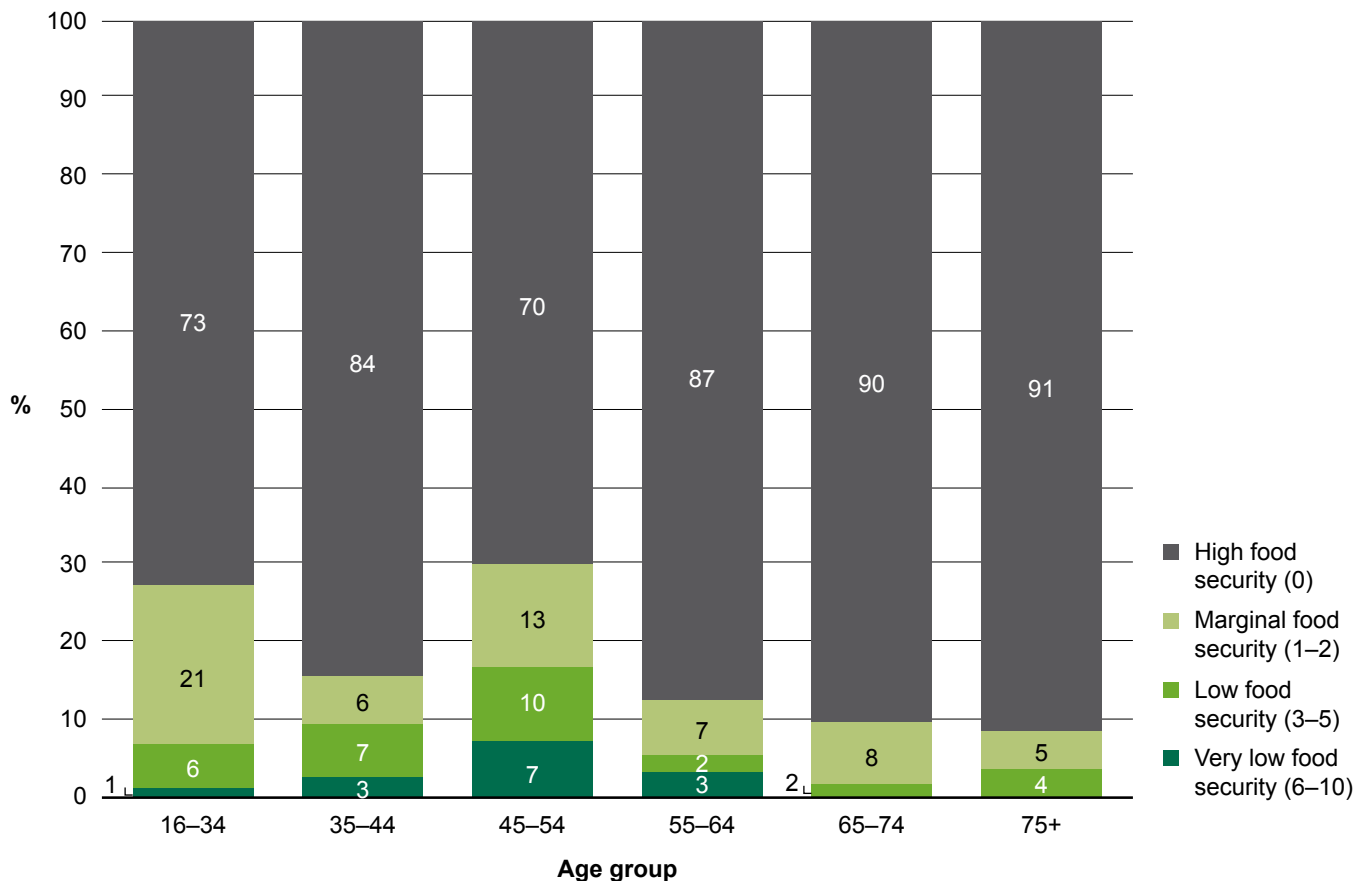
Overall levels of food security

In Northern Ireland, 80% of respondents lived in households with high food security, 12% in households classified as marginally food secure, and 8% reported living in household with low or very low food security. These proportions are similar to the levels found at Wave 4 (2016), when 78% lived in households with high food security, 12% in marginally food secure households, and 10% in low or very low food security households.

The following differences were observed between groups of respondents:

- **Age:** the proportions in households with high food security was highest among those aged 65 to 74 (90%) and over 75 (91%), with levels varying across the other age groups, with no clear pattern. This was different to the pattern found in England and Wales, where levels of high food security increased with age.
- **Household income:** around two in three adults in the lower two income groups were in households with high food security (66% and 69%), compared with nine in ten in the higher two income groups (90% and 91%).

Table 1.13, Figure 1.7

Figure 1.7. Food security, by age group (Northern Ireland, Wave 5)

Specific concerns

The majority of respondents in Northern Ireland said they had never worried about running out of food before there was money to buy more (84%); however, 16% had sometimes or often worried about this in the last 12 months.

One in ten (10%) sometimes or often felt that the food they bought didn't last and they didn't have money to get more. Similarly, 11% of respondents in Northern Ireland had felt that they couldn't afford to eat balanced meals in the last 12 months.

These proportions were similar to those in Wave 4. There were variations across groups in the proportions who had these concerns in the last 12 months:

- **Age:** the proportions who often or sometimes **couldn't afford to eat balanced meals** was highest among those aged between 45 and 54 (20%) and lowest among the over 75s (4%).
- **Households with children:** the proportion of respondents living with a child under the age of 16 who had **worried about running out of food** (26%) was more than double the proportion of respondents who did not live with children (12%).

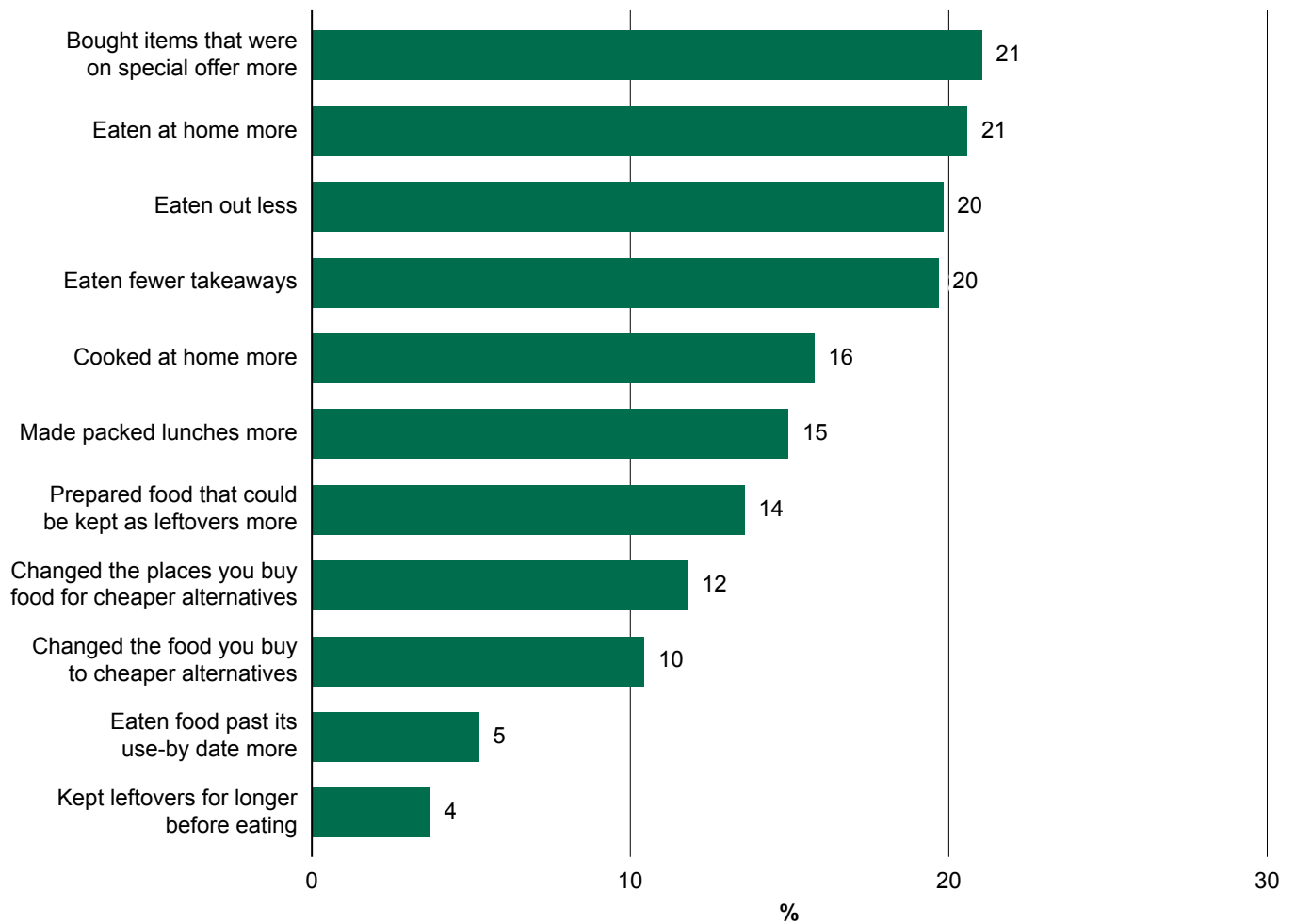
Households with children under 16 were also more likely than those without to have felt that **the food they bought didn't last, and they didn't have money to get more** (18%, compared with 8% in households with no children).

- **Household income:** in the two lower income groups 29% and 26% had **worried about running out of food**, compared with 8% and 6% in the two higher income groups. A quarter (25%) of respondents in the lowest income group had felt that **the food they bought didn't last, and they didn't have money to get more**, compared with 18% of those in the second lowest income group, but only 5% in households in the two higher income groups. A similar pattern was seen for the proportions who thought that they **couldn't afford to eat balanced meals**: 30% in the lowest income group and 18% in the next lowest, compared with 3% in the two higher income groups.

Changes in buying or eating habits

Just under half of all respondents (45%) reported making at least one change in their shopping or eating behaviour for financial reasons over the previous 12 months, a decrease from 62% in Wave 2 (2012). The most commonly reported changes were buying items on special offer more (21%), eating at home more (21%), eating out less (20%), and eating fewer takeaways (20%).

Table 1.14, Figure 1.8

Figure 1.8. Changes in buying and eating arrangements for financial reasons (Northern Ireland, Wave 5)

2 Food safety in the home

2.1 Introduction

The prevention of food-borne disease is at the heart of FSA's aims and responsibilities. The FSA's *Food We Can Trust Strategy 2015–2020*²¹ includes a focus on consumers, specifically in enabling them to store, prepare and cook food safely. Handling food in the home in line with food safety regulations and best practice is particularly important in reducing incidences of food-borne illnesses. Good practice includes taking extra precautions when cooking for vulnerable people and taking account of available information when making food decisions. An improved understanding of the population's domestic food safety activities when shopping for, storing, preparing, cooking and eating food, supports the delivery of the FSA's aims.

Food and You is a key source of information on people's reported behaviour, attitudes and knowledge relating to food safety, and whether this is in line with recommended practice. This information helps to inform FSA communications and policy making, for instance through identifying particular groups to target. It is also used in authoritative reports, the most recent example being the third Advisory Committee on the Microbiological Safety of Food Consultation (ACMSF) report on *Campylobacter*, where the draft report is currently out for consultation.²² Comparisons across waves of the survey also allow examination of trends over time and help to assess whether previous food safety campaigns and interventions (such as the 2014 Food Safety Week 'Don't wash raw chicken') have had an impact on people's behaviours.

This chapter covers knowledge and reported behaviour of respondents in Northern Ireland across five domains of food safety, described in the next section. The questions were generally the same as those included in previous waves, with

21 www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf

22 At the time of writing, this report is out for consultation. Chapter 8, 'People's attitudes and behaviours regarding risk' draws heavily on Food and You data, particularly the 4Cs. See *Third Report on Campylobacter*, Advisory Committee on the Microbiological Safety of Food Ad Hoc Group on *Campylobacter* (forthcoming).

the addition of questions about the use of sanitising spray to gain further insight into behaviours aimed at preventing cross contamination.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

2.2 Do people follow recommended food safety practices?

Food and You asks respondents a series of questions about their normal behaviour in relation to five important elements or 'domains' of food safety:

- cleaning;
- cooking;
- chilling;
- avoiding cross contamination;
- use-by dates.

These domains are reported on separately within this chapter.

To get an overall picture of people's food safety behaviour, the Index of Recommended Practice (IRP) can be used. The IRP is a composite measure of food hygiene knowledge and behaviours within the home, which includes questions from each of the five food safety domains.²³ Questions were

²³ www.food.gov.uk/sites/default/files/media/document/fs409012-2finalreport.pdf

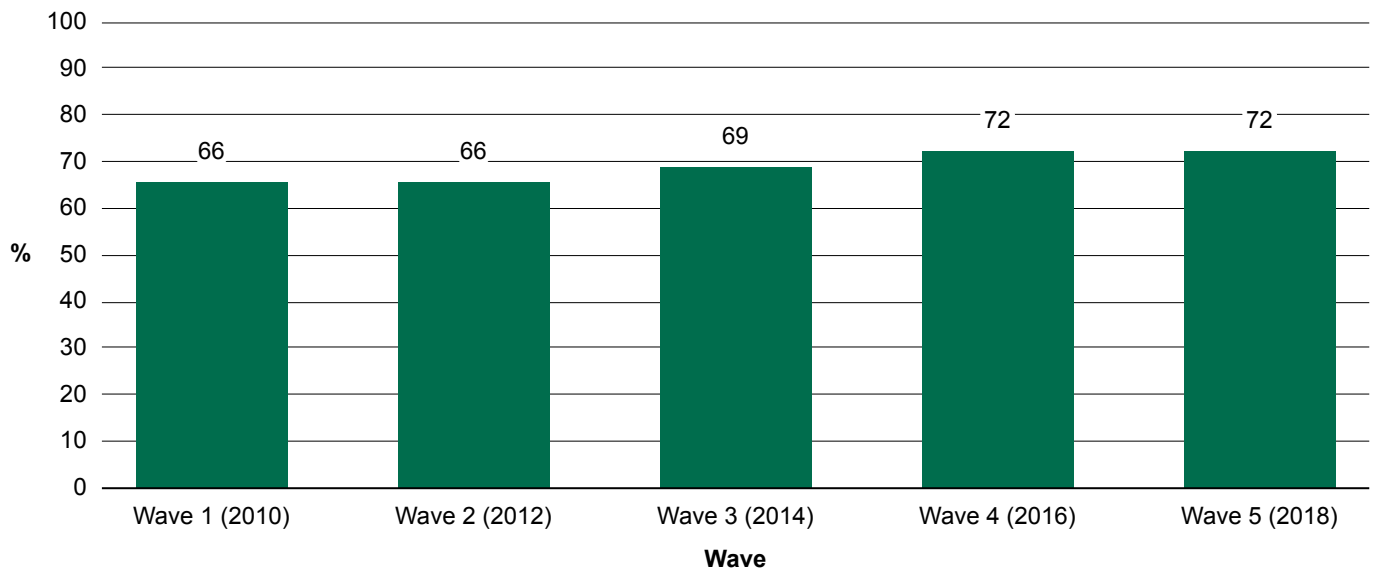
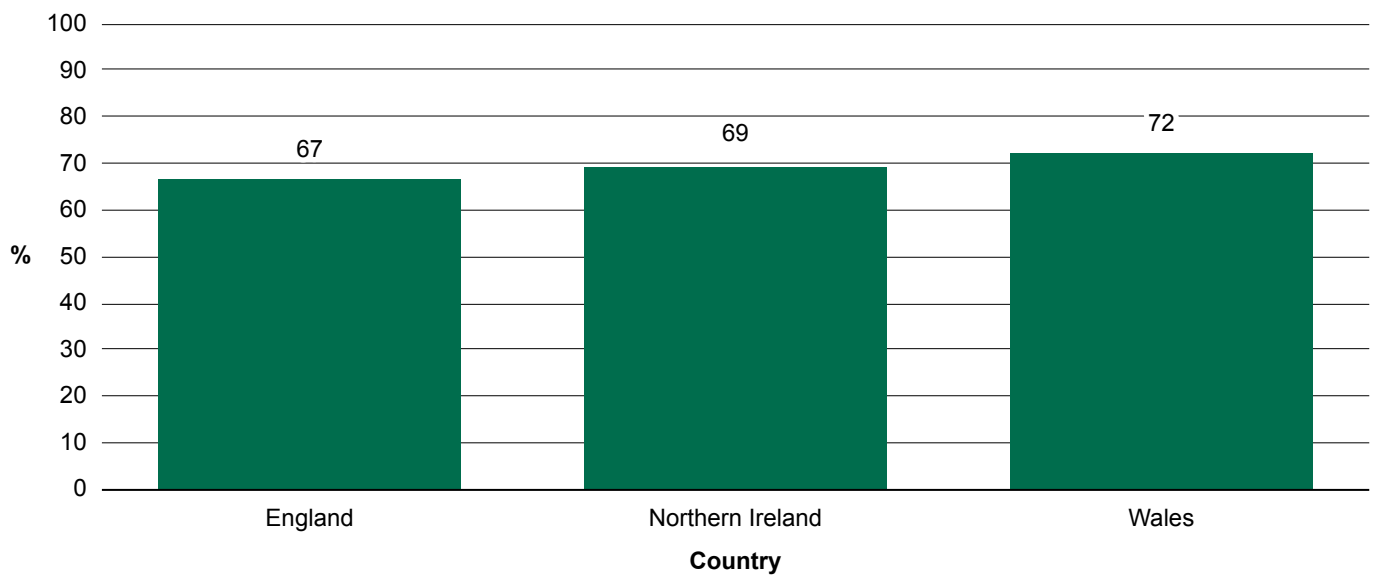
selected for the IRP because they mapped onto practices that, if not followed, were more likely to increase the risk of food-borne disease. Each item scores 1 for responses in line with recommended practice or 0 for responses not in line with recommended practice. The overall score is then converted to a score out of 100 with a higher score indicating more reported behaviours that are in line with recommended food safety practice. It is important to note that IRP gives an overall indication of whether recommended practices are being followed and this is useful for comparing across subgroups, but it does not inform about individual behaviours. The findings are used by the FSA to track progress towards its strategic aims and to identify groups within the population who are less likely to report behaviour in line with recommended practice.

In Northern Ireland, the mean IRP score increased from 66 in Wave 1 (2010) to 72 in Wave 4 (2016) and stayed at this level in Wave 5 (2018). The mean score varied across areas. Respondents who lived in the most deprived areas, as measured by the Northern Ireland Measure of Multiple Deprivation²⁴ had a lower mean score (66) than those living in less deprived areas, where the mean score varied between 71 and 76. In addition, people who lived in rural areas had a higher mean score than those in urban areas (75 and 70 respectively).

Adults in Northern Ireland had a higher mean IRP score (72) than those in England (67) and Wales (69).

Table 2.1, Figures 2.1, 2.2

²⁴ The 2010 Northern Ireland Multiple Deprivation Measure (2017 NIMDM) comprises seven domains of deprivation, each developed to measure a distinct form or type of deprivation. In this report and the accompanying tables, the NIMDM has been presented in five categories or quintiles. <https://data.gov.uk/dataset/e202fde9-7f0b-4d88-8711-e18a8817cff8/northern-ireland-multiple-deprivation-measures-2017>

Figure 2.1. IRP scores by survey wave (Northern Ireland)**Figure 2.2. IRP scores by country (Wave 5)**

2.3 Cleanliness

The FSA recommendation is always to wash hands with warm soapy water before preparing, cooking and eating food as well as after touching raw meat, poultry or fish.

In Northern Ireland, 82% of respondents reported always washing their hands before starting to prepare or cook food. A similar proportion, 86%, reported always washing their hands immediately after handling raw meat, poultry or fish.

The proportions of those who reported always washing their hands before starting to prepare or cook food were similar across survey waves. There was an increase in the proportions who washed their hands immediately after handling raw meat, poultry or fish from 80% in Wave 1 (2010) to 87% in Wave 4 (2016).

Women were more likely to report always washing their hands immediately after handling raw meat, poultry or fish than men (92% and 81% respectively).

Table 2.2

2.4 Cooking

Ensuring food is properly cooked

The FSA stresses the importance of cooking food at the right temperature and length of time to ensure all harmful bacteria are killed and food is safe to eat.

The FSA recommends that most meat and meat products such as turkey, chicken, duck, goose, pork, minced meat products such as kebabs, sausages and burgers need to be steaming hot and cooked all the way through before eating.

In addition, most frozen vegetables also should be cooked and steaming hot before consumption.

Respondents were asked whether they cooked food until it is steaming hot throughout. In Northern Ireland, 83% of respondents reported that they always did, while 1% of respondents reported that they never did. In Northern Ireland this proportion increased from 73% in Wave 1 (2010) to 84% in Wave 4 (2016), and remained at a similar level in Wave 5.

Women were more likely than men to always cook food until it was steaming hot throughout (90% and 76% respectively).

Respondents in Northern Ireland and Wales were more likely than those in England to cook food until it was steaming hot throughout (83% and 84%, compared with 76% respectively).

Meat and meat products

The FSA recommends that most meat and meat products such as turkey, chicken, duck, goose, pork, minced meat products such as kebabs, sausages and burgers should not be eaten if the meat is pink or has pink or red juices.

More than nine in ten respondents in Northern Ireland (94%) reported that they never ate **chicken or turkey** if the meat was pink or had pink or red juices. Two in five respondents (45%)

reported that they never ate **duck** if the meat was pink or had pink or red juices, although 43% said that this question was not applicable to them.

It is safe to eat steak or other whole cuts of red meat rare as long as they have been properly cooked and sealed on the outside, as this is where harmful bacteria are normally found in this type of meat.

Under half (45%) of respondents reported that they never ate **red meat** if the meat was pink or had pink or red juices, although 50% said they did at least sometimes. The proportion who never ate red meat that was pink or had red or pink juices was between 60% and 61% in Waves 1 to 3; since then it has decreased to 53% in Wave 4 (2016) and 45% in Wave 5.

Women were more likely to report that they never ate red meat if the meat was pink or had pink or red juices compared with men (53% and 37% respectively). The proportion who never ate red meat like this increased broadly with age, from 31% of those aged under 35 to 67% of those aged 75 and over.

The FSA recommends always to cook burgers thoroughly, as rare or undercooked burgers may contain harmful bacteria and cause food poisoning.

Three quarters (74%) of respondents reported that they never ate **burgers** if the meat was pink or had pink or red juices. Just under a fifth (18%) said that they did sometimes eat burgers like this. This proportion varied with age, declining from 36% of respondents aged under 35 to 4% of those aged 65 and over. (17% of respondents aged between 65 and 74 and 31% of those aged 75 and over said they never ate burgers.)

Nine in ten (91%) respondents reported that they never ate **sausages** if the meat was pink or had pink or red juices. This proportion was higher in Northern Ireland than in England (78%) or Wales (86%).

The FSA recommends that pork should not be eaten pink or rare.

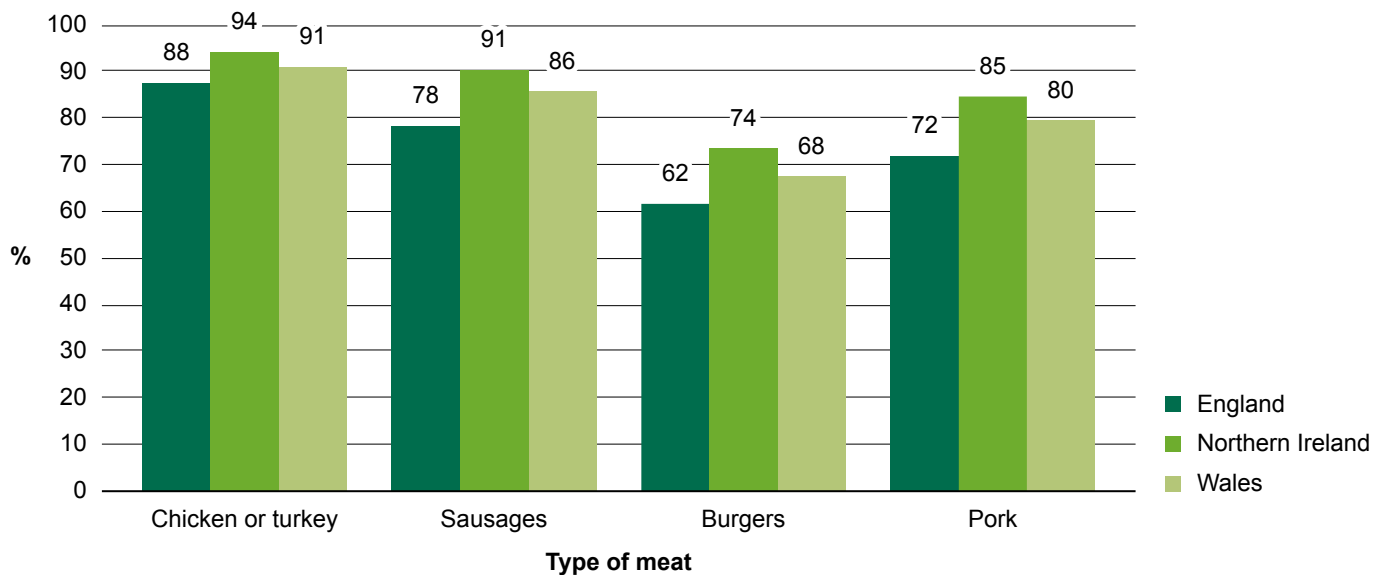
More than four fifths of respondents in Northern Ireland (85%) reported that they never ate whole cuts of **pork** or pork chops if the meat was pink or had pink or red juices.

Table 2.3

There was a consistent pattern across the three countries in the proportions who said that they never ate meat products, such as chicken, turkey, pork, sausages and burgers, if the meat was pink or had pink or red juices.

The exception was for **red meat**, where the recommendation is less straightforward than for other meats. The proportions of respondents in each country who reported that they never ate red meat if the meat was pink or had pink or red juices were similar across countries, as were the proportions who did this at least sometimes.

Figure 2.3

Figure 2.3. Never eats meat if pink or has pink or red juices, by country

Reheating food

The FSA recommends not to reheat food more than once and always to ensure it is heated throughout and steaming hot before eating.

Around one in twenty respondents (6%) reported reheating food twice or more, compared with 83% of respondents who reported reheating leftovers once and 11% who said they did not reheat food at all. This was similar in previous waves.

Respondents were asked how they usually assess whether food has been reheated properly. The most frequent responses were seeing that steam is coming from it (52%) and checking if the middle is hot (46%).

Tables 2.4.1, 2.4.2

2.5 Chilling

Checking fridge temperature

The temperature in the fridge should be checked using a fridge thermometer, rather than the dials on the fridge as the latter may be inaccurate.

Of those who have a fridge, 50% of respondents said that they (or someone else in the household) checked the fridge temperature, while 47% said they did not. This was similar in previous waves. The majority of respondents who did check the temperature, said they did so at least once a month (81%), in line with the FSA recommendations.

Table 2.5

The most common methods used to check fridge temperature reported by the respondents were checking the setting or gauge on the fridge (51%) and checking the temperature display or thermometer built into the fridge (36%).

Table 2.6

Knowledge of the recommended fridge temperature

The FSA recommends that the fridge temperature should be kept below 5°C to stop harmful bacteria from growing and to avoid food poisoning.

Respondents were asked about their knowledge of recommended fridge temperature. More than half (57%) responded that the fridge temperature should be between 0° and 5° Celsius (32 to 41° Fahrenheit), which is the recommended temperature. Three in ten (29%) did not know what the fridge temperature should be. Respondents aged

between 35 and 54 were more likely to know this than other age groups; 68% of 35 to 44 year olds and 69% of 45 to 54 year olds, compared with 45% to 54% in other age groups. Older respondents, aged 75 and over, were least likely to know the correct temperature (45%) and also most likely to report not knowing (48%).

Knowledge about the recommended fridge temperature also varied by household income. Those in the highest household income group were the most likely to know the recommended temperature (72%); this proportion otherwise varied with income with no clear pattern.

Table 2.7

Compared with respondents in England and Wales, those in Northern Ireland were most likely to know that the fridge temperature should be between 0° and 5° Celsius (57%, compared with 50% in England and 46% in Wales).

Defrosting food

When defrosting food, it should be placed in the fridge, or if this is not possible, food should be defrosted in a microwave. It is unsafe to defrost food at room temperature.

Respondents were asked which methods they used to defrost frozen meat or fish. The most common response was leaving the meat or fish at room temperature (60%), which is not recommended by the FSA. The second most common response was leaving the meat or fish in the fridge, the recommended method (41%).

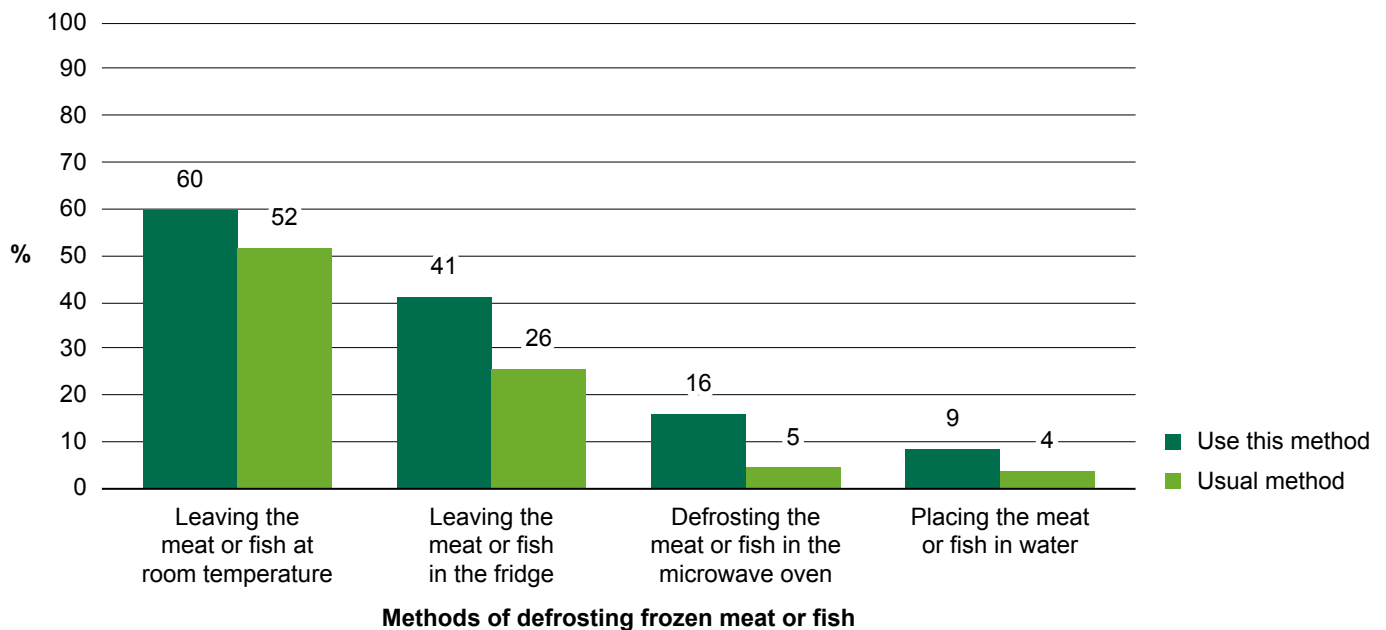
Table 2.8.1

When asked which single method they usually use to defrost frozen meat or fish, 52% said that they usually left the meat or fish at room temperature and 26% that they usually left the meat or fish in the fridge.

Table 2.8.2, Figure 2.4

Respondents in Northern Ireland were less likely than those in England and Wales to use the recommended method; 26% of respondents in Northern Ireland generally left meat or fish to defrost in the fridge, compared with 37% in Wales and 32% in England. Conversely, 52% of respondents in Northern Ireland said they defrosted meat or fish by leaving it at room temperature, compared with 41% in Wales and 40% in England.

Figure 2.4. Methods used to defrost frozen meat or fish (Northern Ireland, Wave 5)



2.6 Cross contamination

Cross contamination occurs when harmful bacteria or other microorganisms are transferred between objects, for example bacteria can be transferred between raw and cooked food. Cross contamination can cause food poisoning.

To avoid cross contamination and its risks, the FSA recommends never washing raw meat, always storing covered raw meat, poultry, fish and shellfish on the bottom shelf of your fridge and using different utensils, plates and chopping boards for raw and cooked food.

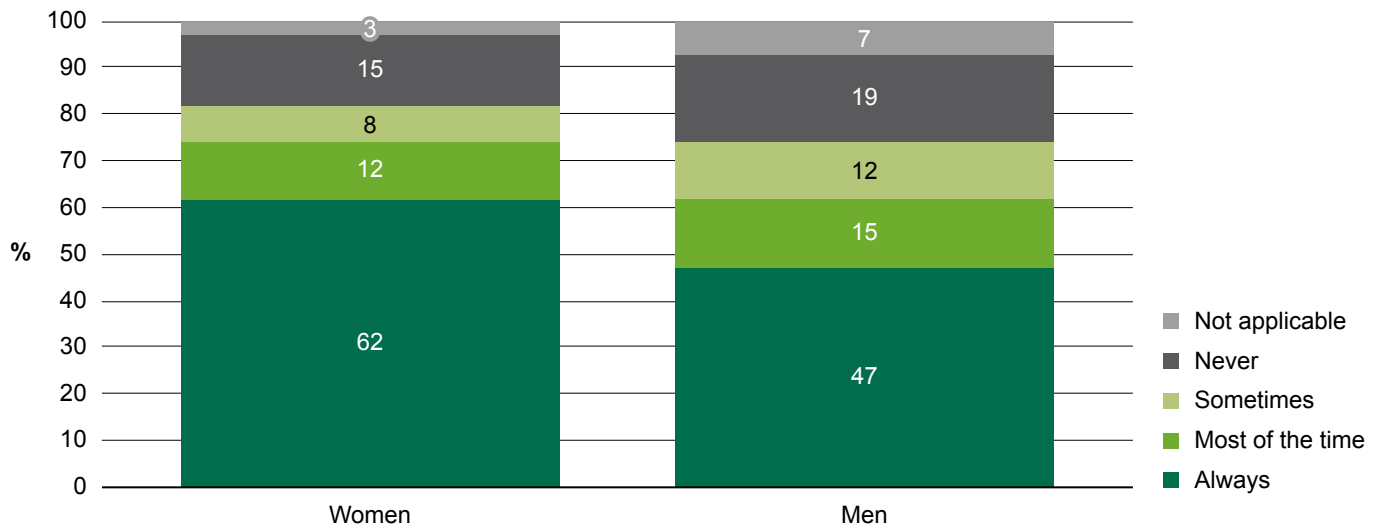
Chopping boards

When asked whether they use different chopping boards for different foods, 54% of respondents said that they always did, while 17% said that they never did. This was similar to previous waves. Women were more likely than men to always use different chopping boards for different foods (62% and 47% respectively).

Respondents who lived alone were less likely to always use different chopping boards for different foods than respondents in larger households (41% compared with 55% or more).

Respondents in Northern Ireland (54%) were more likely to use different chopping boards for different foods than those in England (45%) and Wales (46%).

Table 2.9.1, Figure 2.6

Figure 2.5. Whether uses different chopping boards for different foods by gender (Northern Ireland, Wave 5)

When respondents were asked why they think they should wash chopping boards after preparing raw meat, poultry or fish, the most commonly reported reasons were to prevent cross contamination (71%) and to wash away germs or bacteria (52%). The proportion of respondents who said that the reason for washing chopping boards after preparing raw meat, poultry or fish was to prevent cross contamination was no more than 2% in Waves 1 to 3 (2010 to 2014), then increased to 62% in Wave 4 (2016) and has increased further in Wave 5 (71%). The proportion of respondents who said the reason for washing chopping boards was to wash away germs and bacteria was similar to Wave 4 and lower than in Waves 1 to 3, when this response was given by 76% to 88% of respondents.

Table 2.9.2

Storing food in the fridge

Respondents were asked where in the fridge they stored **raw meat and poultry**. Just over two thirds (68%) of respondents reported storing raw meat and poultry on the bottom shelf of the fridge in line with recommended practice. This was similar to previous waves.

Table 2.10.1

When asked how they stored raw meat and poultry in the fridge, the most common response was storing it in its packaging (65%) which is the recommended practice (as long as the packaging is unopened). The proportion of respondents who did this in Northern Ireland increased from 43% in Wave 1 (2010) to 58% in Wave 2 (2012) and 63% in Wave 3 (2014). In Waves 4 and 5 it remained at similar levels (66% and 65% respectively). Otherwise, 36% of respondents reported storing raw meat and poultry in the fridge in a covered container, 28% covered it with film or foil and 21% stored it on a plate.

Table 2.10.2

When asked whether they stored **open tins** in the fridge, around three quarters of respondents (76%) reported that they never did, in line with FSA recommended practice. A fifth (20%) of respondents reported storing open tins in the fridge at least some of the time.

The proportion of those who never store open tins in the fridge has remained at similar levels across survey waves. Women were more likely than men to say that they never stored open tins in the fridge (83% and 68% respectively). This proportion was greater in Northern Ireland (76%) than in Wales (68%) or England (64%).

Table 2.11

Washing food

The FSA recommends never to wash raw meat, poultry and fish as splashing water transfers harmful bacteria to surrounding surfaces which then can come in contact with ready-to-eat food.

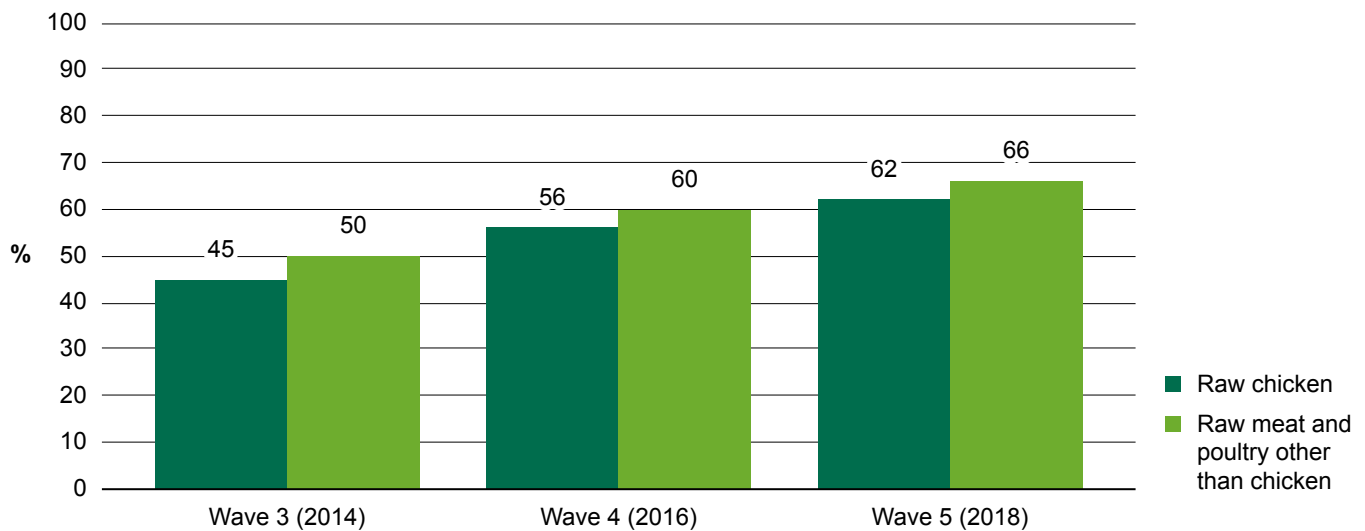
Respondents were asked whether they washed chicken, raw meat and poultry other than chicken, and fish or seafood. In Northern Ireland 62% of respondents reported never washing **raw chicken** and slightly more (66%) never washed **raw meat and poultry other than chicken**. Fewer than one in five said they always washed raw chicken (18%), or raw meat and poultry other than chicken (12%).

The proportions who said they never washed raw chicken rose from 45% in Wave 3 (2014) to 56% in Wave 4 (2016) and 62% in Wave 5. There was a similar increase in the proportions who never washed raw meat and poultry other than chicken, from 36% in Wave 1 (2010) to 66% in Wave 5. Conversely the proportions who said they always washed raw chicken fell from 27% in Wave 3 (2014) to 22% in Wave 4 (2016) and 18% in Wave 5, and the proportions who always washed other types of raw meat fell from 25% in Wave 1 (2010) to 12% in Wave 5.

Respondents in Northern Ireland were most likely to say that they never washed raw chicken; 62% compared with 58% in Wales and 49% in England. Respondents in Northern Ireland were also more likely to say that they never washed raw meat and poultry other than chicken; 66% never did this, compared with 54% in Wales and 48% in England.

More than a third of respondents (37%) never washed raw **fish or seafood**, while less than a fifth (16%) said that they always did.

Table 2.12, Figure 2.6

Figure 2.6. Never washes raw meat or poultry by survey wave (Northern Ireland)

The FSA recommends that unless the packaging says ‘ready-to-eat’, fruit and vegetables should be washed before consumption.

More than half (58%) of respondents reported always washing **fruit and vegetables** to be eaten raw, and 58% of respondents always washed fruit and vegetables to be eaten cooked. Conversely, 11% said that they never washed fruit and vegetables to be eaten raw, while 10% said that they never washed fruit and vegetables to be eaten cooked.

Table 2.13

Over half of respondents in Northern Ireland (58%) and England (55%) reported always washing fruit and vegetables to be eaten raw, compared with 44% in Wales. Respondents in Northern Ireland were most likely to always wash fruit and vegetables to be eaten cooked (58%, compared with 47% in England and 34% in Wales).

Sanitising spray

The FSA recommends cleaning and disinfecting kitchen work surfaces to kill harmful bacteria and prevent them from spreading into food. It is recommended to use a sanitising spray and leave it on the surface for the time specified on the bottle before wiping it off.

Respondents were asked whether they used any antibacterial surface sanitising spray or wipes to clean kitchen work surfaces. More than half (59%) reported always using antibacterial surface sanitising spray or wipes to clean kitchen work surfaces, while 13% said that they never did that. Women (66%) were more likely than men (51%) to report that they always did this. There was also variation across age groups. Those aged between 35 and 44 (76%) were most likely to report that they always did this, and this proportion declined with age to 35% of those aged 75 and over.

When asked how they normally use surface sanitising spray, 40% followed the recommended action and sprayed it, leaving it for a few minutes before wiping it off, and the same proportion reported that they sprayed it and immediately wiped it off (40%), not as recommended by the FSA.

Table 2.14, Figures 2.7, 2.8

Figure 2.7. Always uses sanitising spray or wipes to clean kitchen surfaces, by age (Northern Ireland, Wave 5)

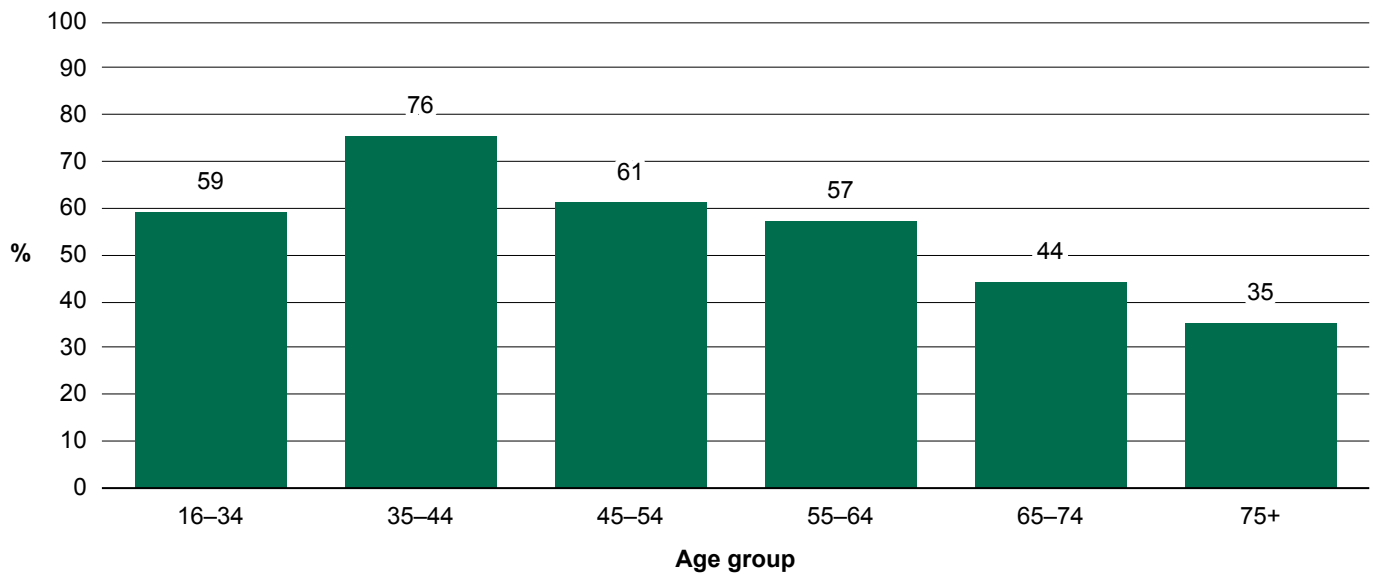
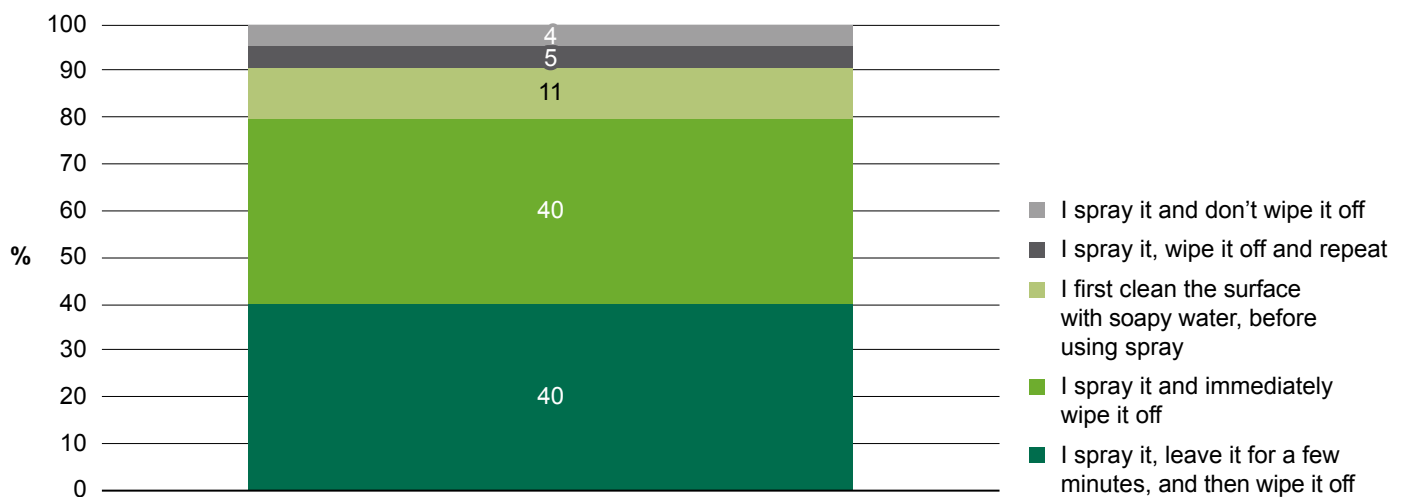


Figure 2.8. How uses sanitising spray or wipes (Northern Ireland, Wave 5)



2.7 Assessing if food is safe to eat

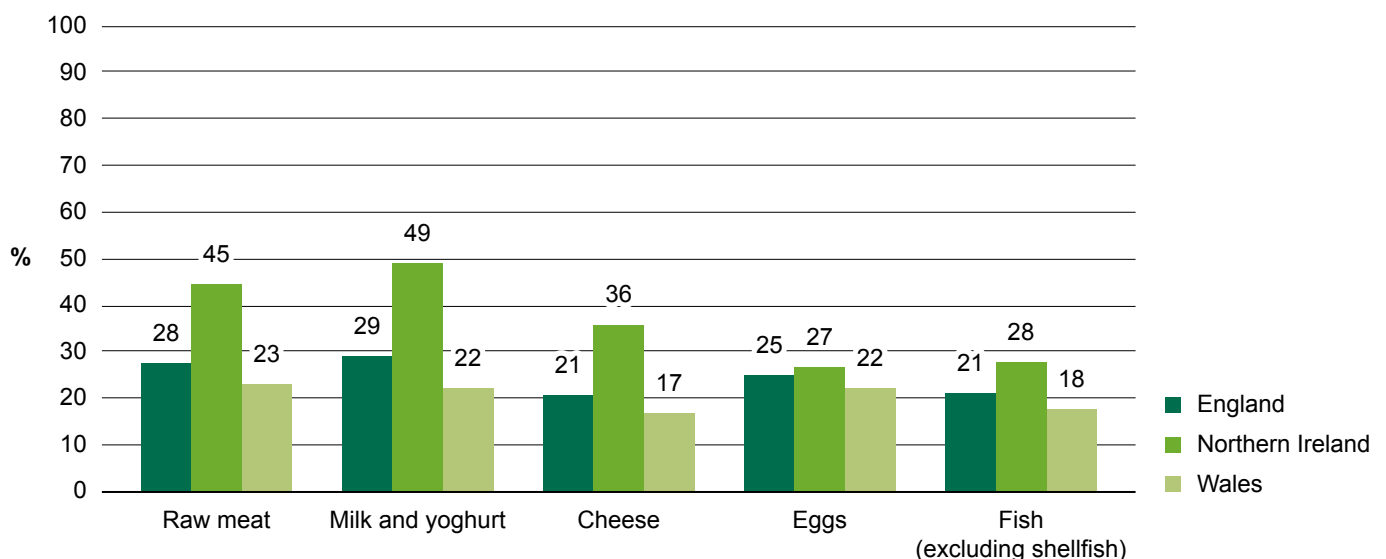
Respondents were asked how they would assess whether different types of foods were safe to eat or use in cooking. Respondents in Northern Ireland were most likely to say that they assessed the safety of these foods by how they smelt; specifically milk and yoghurt (66%), raw meat (64%) and fish, excluding shellfish (46%). The exceptions were cheese (respondents were most likely to rely on how it looked) and eggs (in Northern Ireland, unlike England and Wales, respondents were most likely to rely on the best-before date).

The recommended way of telling whether food is safe to eat or use in cooking is the use-by date.

The use-by date was mentioned by less than half of respondents as an indicator of whether food is safe to eat: milk and yoghurt (49%), raw meat (45%), cheese (36%), fish, excluding shellfish (28%), and eggs (27%). Respondents in Northern Ireland were more likely than those in England and Wales to check the use-by date to tell whether these foods were safe to eat.

Tables 2.15 to 2.19, Figure 2.9

Figure 2.9. Proportions who check use-by dates to tell whether food is safe to eat or cook, by country



Product labelling

When asked which date labels indicate whether food is safe to eat or use, 81% of respondents in Northern Ireland mentioned the use-by date. The majority (71%) of respondents also said that the use-by date was the best indicator of food safety.

Tables 2.20.1, 2.20.2

Respondents were asked whether they checked use-by dates when they are about to cook or prepare food; 78% of respondents reported that they always did, while just 2% said that they never did. Respondents in Northern Ireland were most likely to say that they consulted use-by dates when they were about to cook or prepare food; 78% always did so, compared with 64% in Wales and 62% in England.

Table 2.21

Just under a quarter (23%) of respondents reported that they found it quite difficult to read labelling on food products due to the size of the print and a further 8% found it very difficult. This was similar in previous waves.

Tables 2.22

Using leftovers

The FSA recommends eating leftover food no more than two days from cooking (that is, up to Tuesday if cooked on Sunday). After that the food may be unsafe to eat.

In Northern Ireland, 79% of respondents followed this recommendation, which was at a similar level to England and Wales. In Wave 1 of the survey (2010) 92% reported that they followed this recommendation. This fell to 84% in Wave 2 (2012) and stayed at a similar level until Wave 4 (2016); since then it has declined further, to 79%.

Table 2.23

2.8 Sources of information about food safety

Respondents were most likely to say that they obtained information about how to prepare and cook food safely at home from family and friends (48%), product packaging (37%) and food TV shows and cooking programmes (36%). There were some variations with age; for example, the proportions who mentioned family and friends declined from 61% of those aged under 34 to 25% of those aged 75 and over.

Around one in six (16%) respondents said that they did not look for information on food safety. This was least common among those aged between 35 and 44, only 4% of whom said that they did not look for such information. Half (50%) of those aged 75 and over, said that they did not look for information about food safety, compared with 23% or less in other age groups.

Table 2.24

3 Eating outside the home

3.1 Introduction

This chapter focuses on food bought from outside the home. Changes in consumer behaviour and greater flexibility in personal budgets has led to an increasing shift towards substituting home cooking with eating out. The consumption of food and beverages from outside the home has undergone considerable growth over the last decade, with UK households in the financial year 2017/18 spending an average of £18.60 per week on restaurant and café meals, £5.10 on takeaways and snack food eaten outside the home, and £5.10 on takeaways eaten at home.²⁵

The FSA's Strategy for 2015 to 2020²⁶ highlights its commitment to protect public health from the risks which may arise in connection with the consumption of food, and outlines a number of consumer rights which underpin this, including the right to be protected from unacceptable levels of risk, and the right to make choices knowing the facts.

These rights also apply to obtaining and eating food outside the home. Therefore, helping consumers to make informed choices about where they eat out and purchase their food is an important part of the FSA's commitment. As part of this commitment, in 2010 the FSA launched the national Food Hygiene Rating Scheme (FHRS)²⁷ in partnership with Local Authorities and businesses across Northern Ireland, England and Wales.

The FHRS provides the public with information about the hygiene standards in food premises at the time they are inspected for compliance with legal requirements. This helps people to make an informed decision when eating out or buying food. By recognising businesses with good standards, it also acts as an incentive for businesses with lower standards

25 www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/financialyearending2018#which-households-spent-the-most-on-takeaway-meals-eaten-at-home

26 www.food.gov.uk/sites/default/files/media/document/scistrat%20%282%29.pdf

27 www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme

to make improvements. The overall aim of the scheme is to improve hygiene standards of food establishments and reduce the incidence of food-borne illness.

Local authorities are responsible for carrying out inspections of food businesses to check that they comply with legal requirements and for awarding food hygiene ratings based on the findings of inspections.²⁸ Since 2016 it has been a legal requirement for businesses in Northern Ireland to display their FHRs ratings.^{29, 30}

In 2014, the FSA introduced a consumer attitudes survey to focus specifically and in detail on consumer awareness, recognition and use of FHRs more extensively.³¹ Food and You, on the other hand, has a broader focus on exploring respondents' attitudes and behaviours when eating out or purchasing takeaway food more broadly, and covers:

- where and how often respondents eat out or buy takeaways
- the types of information respondents use to decide where to eat out and which factors they consider important when making these decisions
- respondents' awareness of hygiene standards and recognition of the Food Hygiene Rating Scheme (FHRs).

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

28 Food businesses are issued with a sticker and the rating is uploaded to www.food.gov.uk/ratings for public use.

29 Under the Food Hygiene Rating Act (Northern Ireland) 2016.

30 Since 2011, the FSA has commissioned independent research to track the proportion of businesses who display their FHRs ratings by audit and telephone survey. Latest figures found that in 2017, 55% of businesses in England, 85% in Northern Ireland and 86% in Wales were displaying their rating www.food.gov.uk/research/research-projects/display-of-food-hygiene-ratings-in-england-wales-and-northern-ireland-2017-wave-of-research

31 www.food.gov.uk/research/research-projects/food-hygiene-rating-scheme-consumer-attitudes-tracker-wave-1

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

3.2 Frequency of eating out

The definition of eating out in Food and You includes eating away from home and also buying takeaway food from different types of establishments including restaurants, fast food outlets, pubs, bars, nightclubs, cafés, and coffee shops, sandwich bars, canteens, hotels and B&Bs, and mobile vans and stalls. Respondents were not asked where they ate the takeaways they bought. Breakfast, lunch or dinner were asked about separately, unlike in Wave 4 (2016), when respondents were asked about how often they ate out or bought takeaway food in general. Consequently it is not possible to compare these findings with previous waves of the survey.

Breakfast

More than a third (37%) of respondents in Northern Ireland reported that they ate breakfast out or bought a takeaway for breakfast. This included 14% who ate breakfast out at least once a week, 10% who did so less often than that but at least once a month, and 13% who ate breakfast out less than once a month.

Younger respondents (16 to 34 year olds) were more likely to eat breakfast out at least once a week compared to other age groups (23% of 16 to 34 year olds, compared with 6% and 13% in other age groups).

Table 3.1, Figure 3.1

Lunch

Two thirds of respondents in Northern Ireland (67%) ate or bought lunch outside the home. This included 27% who ate lunch out at least once a week, 24% who did so less often than that but at least once a month, and 16% who ate lunch out less

than once a month. Similar proportions of respondents across different socio-demographic groups ate or bought lunch away from home at least once a week.

Table 3.2, Figure 3.1

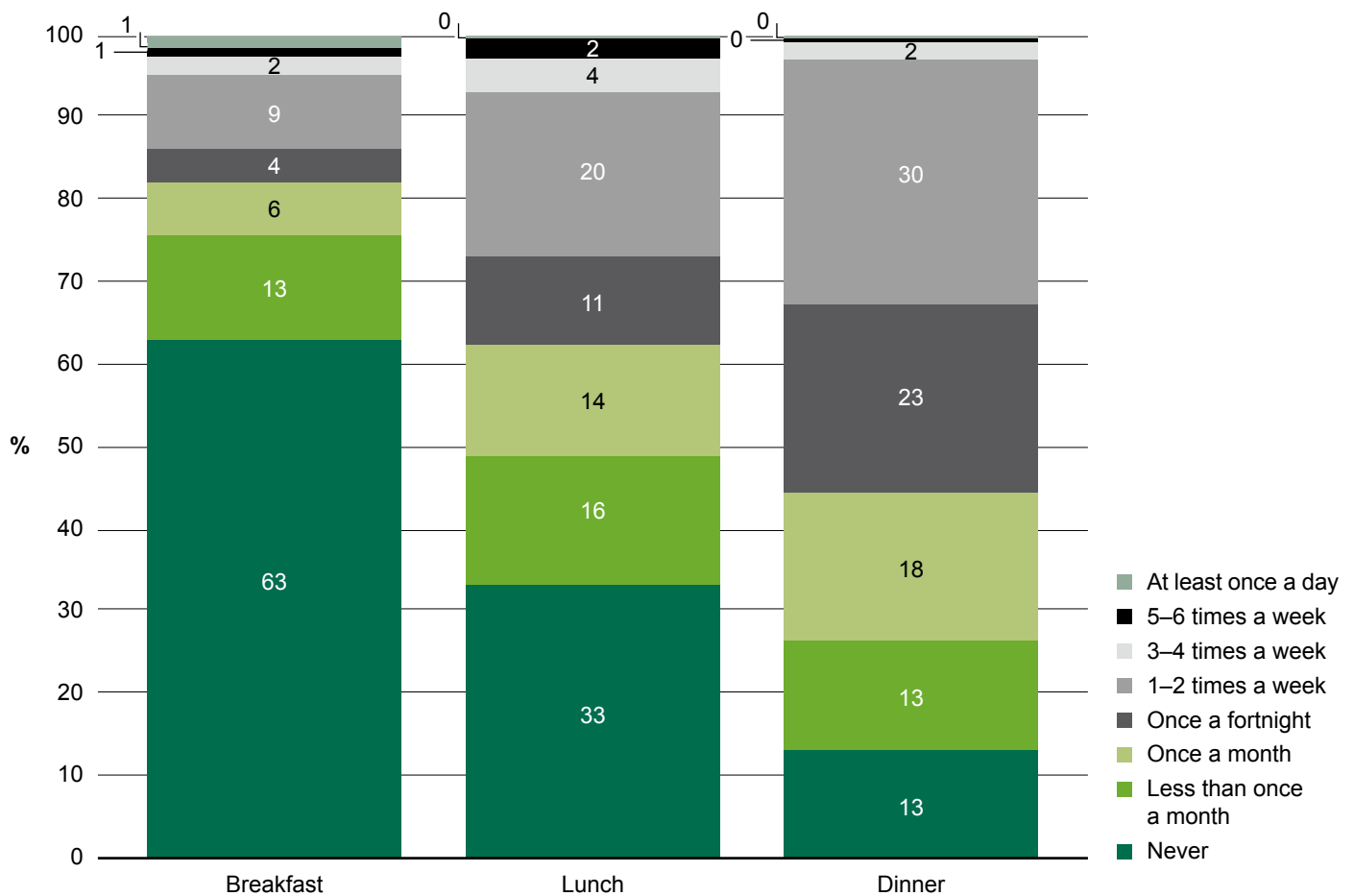
Dinner

Dinner was the meal most likely to be eaten or bought away from home; 87% of respondents in Northern Ireland said they ate dinner out, including 32% who did so once a week or more, 41% who did so less often than that but at least once a month, and 13% who ate dinner out less than once a month.

The proportions who ate or bought dinner away from home varied across groups:

- **Age:** eating or buying dinner away from home at least once a week was most common among respondents aged under 35 (42%) and those aged between 35 and 44 (40%), and least common among those aged between 65 and 74 (15%). In other age groups between 26% and 31% ate out at least once a week.
- **Children within the household:** households with children aged under 16 were more likely to eat or buy dinner outside the home at least once a week than those with no children (45%, compared with 28%).
- **Work status:** respondents in employment were more likely than retired respondents to eat or buy dinner away from home at least once a week (39%, compared with 19%).

Table 3.3, Figure 3.1

Figure 3.1. Frequency of eating or buying breakfast, lunch or dinner away from home (Northern Ireland, Wave 5)

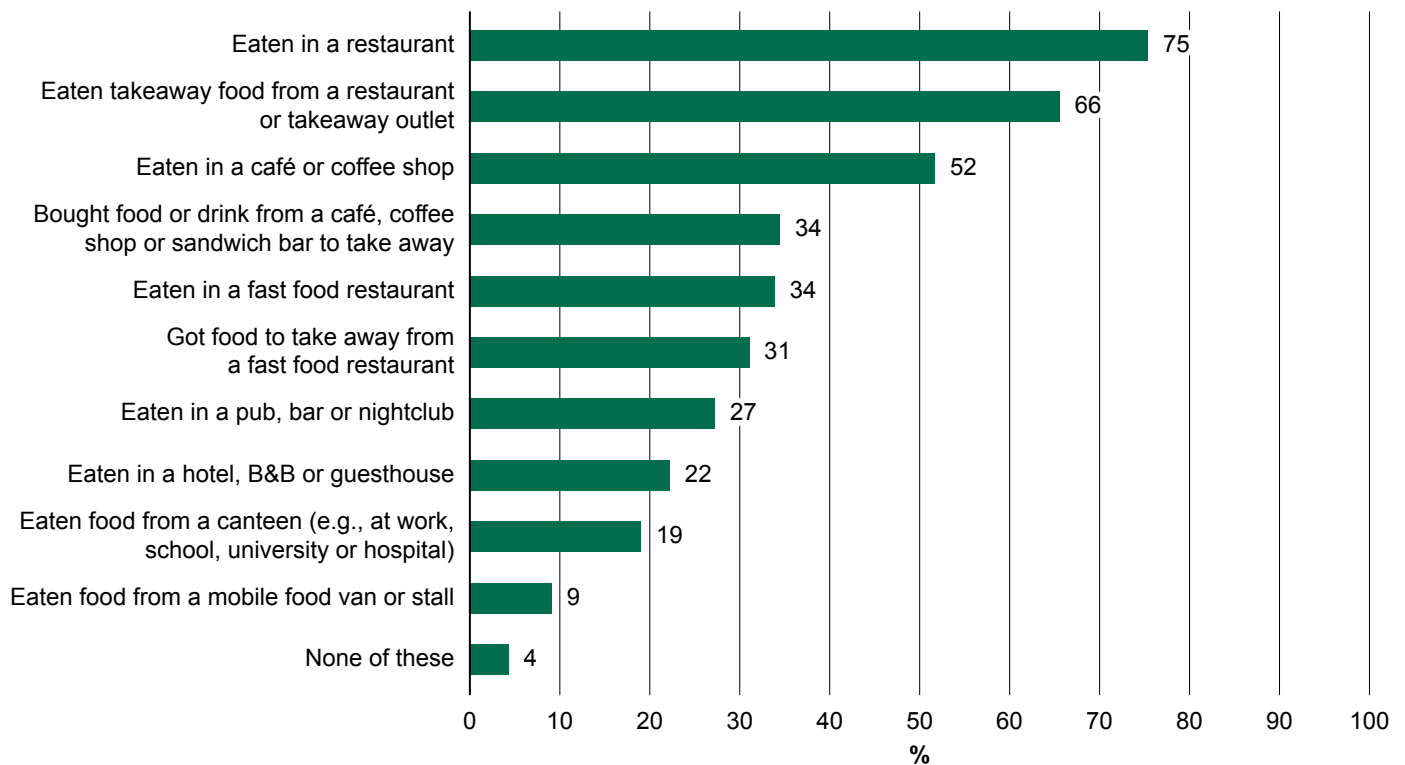
3.3 Where people eat out or buy takeaway food

Almost all the respondents in Northern Ireland (96%) had eaten or bought takeaway food away from home in the last month in at least one of the outlets asked about, most frequently a restaurant (75%), a takeaway restaurant or outlet (66%) or a café or coffee shop (52%).

There were some differences across groups:

- **Gender:** women were more likely than men to have eaten in a café or coffee shop in the last month (58%, compared with 45% respectively).
- **Age:** almost all of those aged 16 to 34 had eaten or bought food in the last month away from home, but this proportion was lower among older age groups and lowest among adults aged 75 and over (84%). There were several types of outlet from which respondents aged under 35 were more likely than older respondents to have eaten or bought food in the last month, including takeaway restaurants or outlets and fast food restaurants, either to eat in or buy takeaway food.
- **Household composition:** respondents who lived alone were less likely than those who lived with others to have eaten or bought food in any of these outlets in the last month; 15% had not, compared with 5% or less of those who lived with at least one other person. This was reflected in the proportions who had eaten or bought food in different types of outlet, for example eating in restaurants or buying food from takeaway restaurants or outlets.
- **Household income:** those in the lowest income group were less likely than those in higher income groups to have eaten or bought food away from home in the last month (86%, compared with 94% or more in other groups).

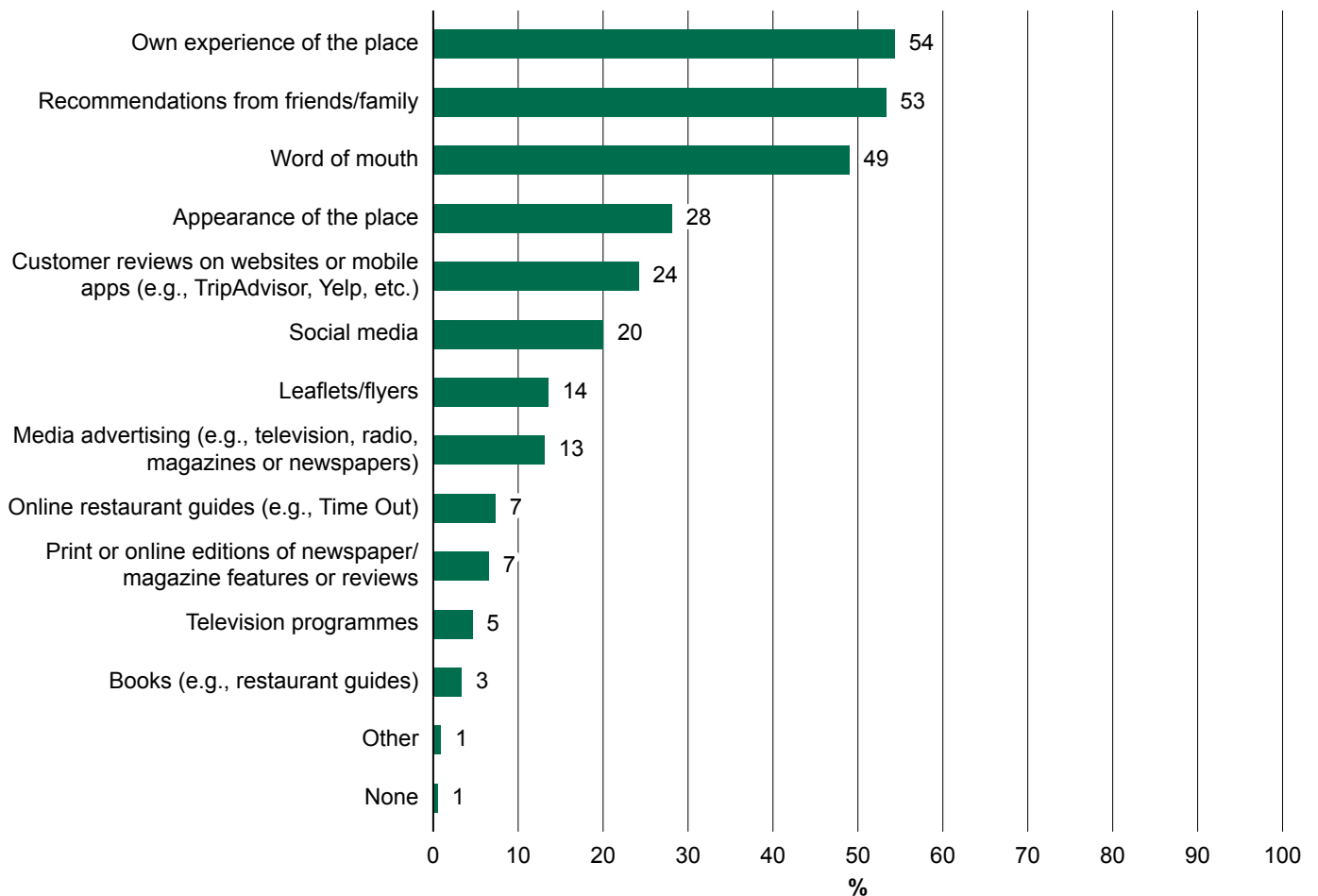
Table 3.4, Figure 3.2

Figure 3.2. Where ate out or bought takeaway food in the last month (Northern Ireland, Wave 5)

3.4 Deciding where to eat out

When deciding where they ate out in the last twelve months, respondents in Northern Ireland were most likely to rely on their own experience of the place (54%), recommendations from family and friends (53%) or word of mouth (49%).

Table 3.5.1, Figure 3.3

Figure 3.3. Information sources considered when deciding where to eat out (Northern Ireland, Wave 5)

Priorities were broadly similar across countries, although respondents in Northern Ireland were less likely than those in England and Wales to rely on their own experience (54%, compared with 65% and 67% respectively).³²

Around three in five respondents mentioned a good hygiene rating score (70%), good service (63%), and the price of food (52%) as important influences on their decisions about where to eat out.

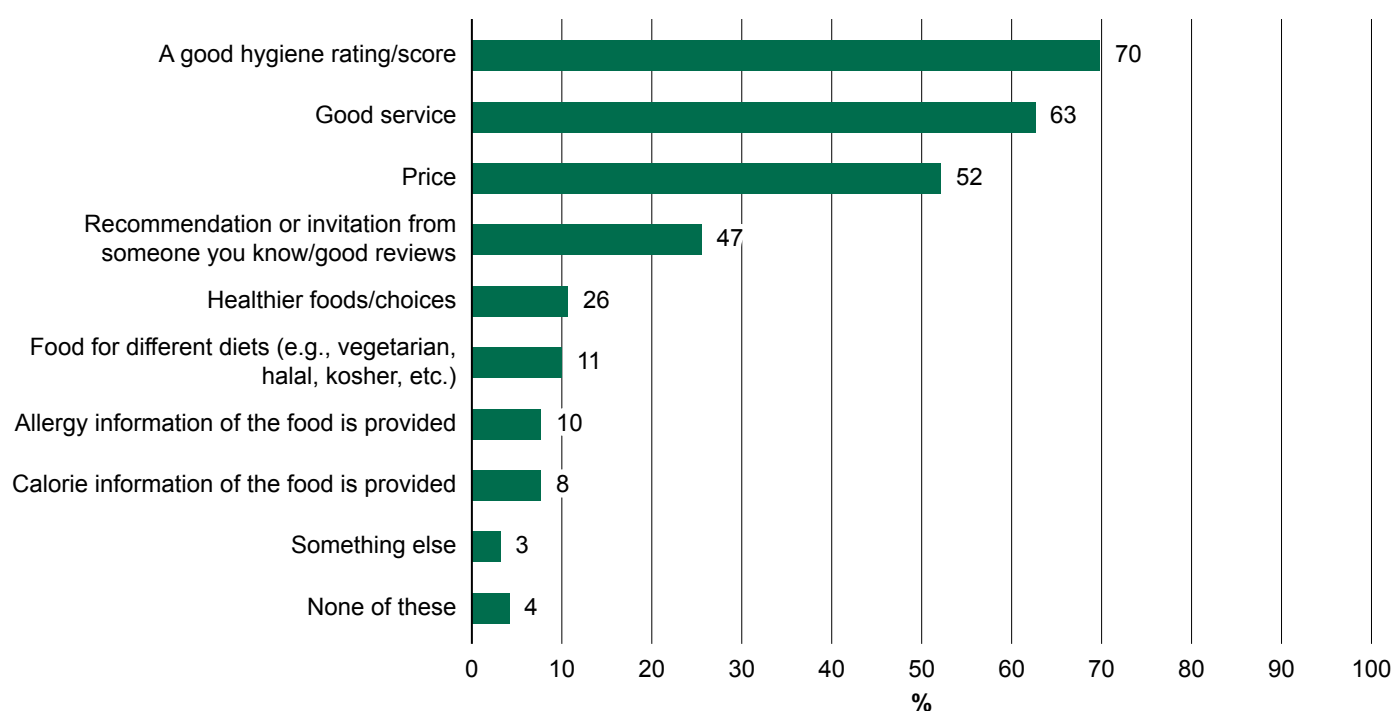
³² A detailed comparison of Food and You Wave 5 findings by country is available from www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

There was some variation by age in the importance of good service; this was most likely to be mentioned by respondents aged between 55 and 64 (76%), and least likely to be mentioned by those aged under 35 (52%).

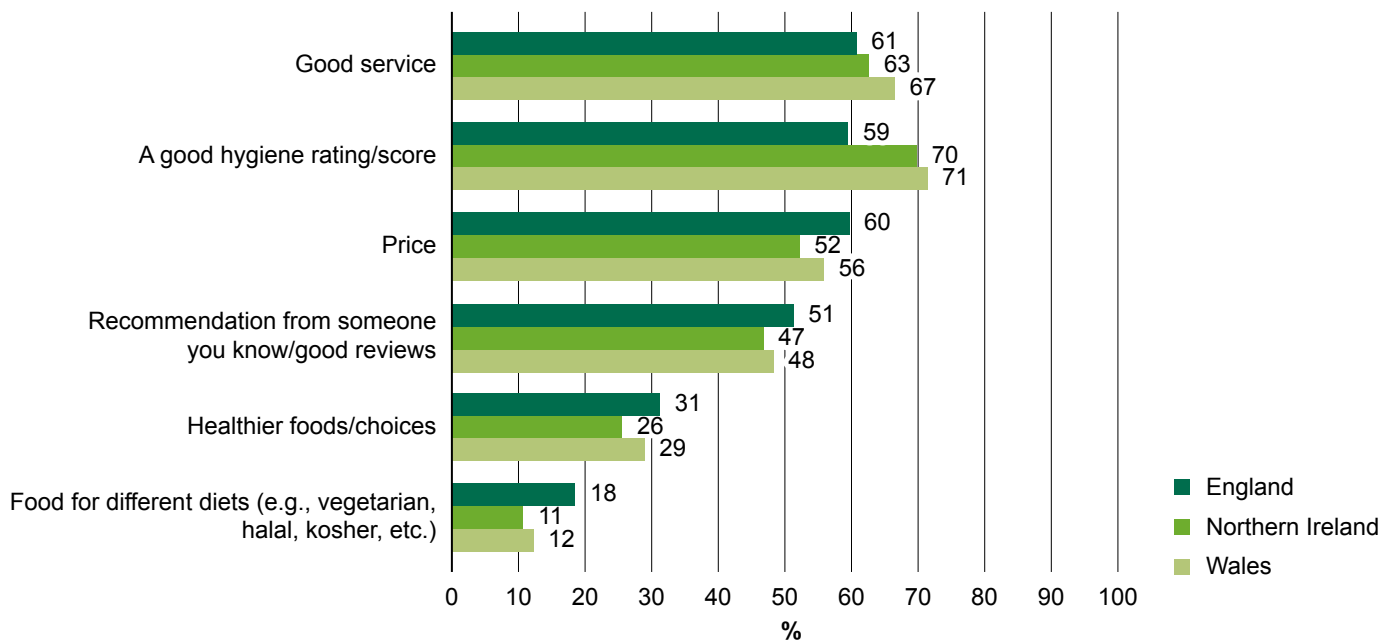
There were also differences between countries. The hygiene rating was more important to respondents in Northern Ireland (70%) and in Wales (71%) compared to those in England (59%); whereas price was less important to respondents in Northern Ireland (52%) and in Wales (56%) compared to those in England (60%).³³

Table 3.5.2, Figures 3.4, 3.5

Figure 3.4. Factors considered important in deciding where to eat out (Northern Ireland, Wave 5)



³³ A detailed comparison of Food and You Wave 5 findings by country is available from www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

Figure 3.5. Main factors considered important when deciding where to eat out, by country

3.5 Awareness of hygiene standards when eating out

The majority of respondents in Northern Ireland (83%) were very or fairly aware of hygiene standards when eating out or buying takeaway food. One in ten (10%) said they were very or fairly unaware of hygiene standards.

Respondents in Northern Ireland were more likely than those in England or Wales to be aware of hygiene standards when eating out or buying takeaway food (83%, compared with 74% in Wales and 69% in England).³⁴

Table 3.6

³⁴ A detailed comparison of Food and You Wave 5 findings by country is available from www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

Those who said they were aware of hygiene standards and those who described themselves as neither aware or unaware were asked how they assessed hygiene standards when eating out. The hygiene rating score (78%) and the general appearance of the premises (59%) were most commonly mentioned.

Younger respondents were most likely to mention the hygiene rating (89% of under 35s and 88% of those aged between 35 and 44), and the proportion who did declined with age to 32% of those aged 75 or over.

Respondents in Northern Ireland (78%) and in Wales (79%) were more likely than those in England (60%) to mention the hygiene rating.

Table 3.7

3.6 Recognition of the Food Hygiene Rating Scheme (FHRS)



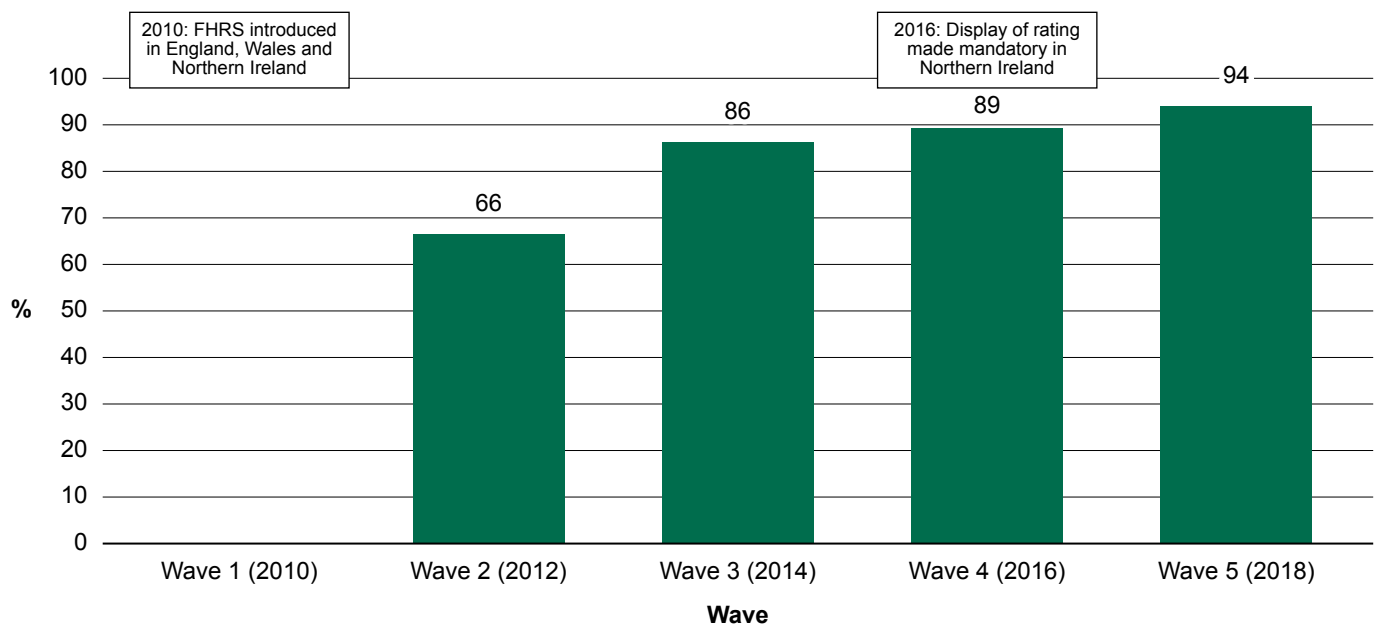
Respondents were shown images of the stickers for the FHRS in their respective countries (shown above) and were asked whether they had seen these images before. The FHRS was formally introduced in 2010. Since 2016, it has been a legal requirement for businesses in Northern Ireland to display their FHRS rating. (It is also mandatory to display the rating in Wales, but not in England.)

In Northern Ireland recognition of the scheme stickers has increased since it was first asked about in Wave 2 (2012), from 66% to 86% in Wave 3 (2014) and 89% in Wave 4 (2016). In Wave 5 (2018), after two years in which displaying the rating has been a legal requirement, recognition continued to increase to 94%.

Recognition of the scheme stickers was higher in Northern Ireland and in Wales (both 94%) than in England (86%).

Table 3.8, Figure 3.6

Figure 3.6. Recognition of Food Hygiene Rating Scheme by survey wave (Northern Ireland)



4 Food poisoning

4.1 Introduction

The current incidence of food poisoning within the UK is difficult to quantify. Although food poisoning is classed as a legally notifiable infection under the Health Protection Regulations 2010, the second study of Infectious Intestinal Diseases in the Community (IID2) estimated that for every case notified to the authorities, there were around ten GP consultations and 147 cases in the community. The same study estimated that in 2008–9 around a quarter of the population suffered from symptoms of food poisoning during the course of a year.³⁵

In Northern Ireland, campylobacter is the most commonly identified foodborne pathogen. In 2017, 1,421 cases were identified by the Public Health Agency, the highest number of cases for a decade. By comparison, the next most common foodborne infection in Northern Ireland was norovirus, with 299 cases identified in 2017. The impact of food poisoning can vary, with potentially serious effects from less common pathogens, particularly among vulnerable groups, such as pregnant women, people with reduced immunity, newborn babies and people aged over 60.³⁶

In the FSA's Strategic Plan 2015 to 2020,³⁷ the FSA set out its commitment to ensuring 'Food is safe' and 'Empowering consumers' to make informed decisions about the food they buy, prepare and eat.

This chapter covers the experience of food poisoning reported by respondents in Northern Ireland, their actions as a result of having food poisoning and their attitudes towards food poisoning and food safety.

35 www.food.gov.uk/research/research-projects/the-second-study-of-infectious-intestinal-disease-in-the-community-iid2-study

36 www.publichealth.hscni.net/sites/default/files/2019-03/N%20Ireland%20Gastrointestinal%20Surveillance%20Report%202017.pdf

37 www.food.gov.uk/sites/default/files/media/document/FSA-Strategic-plan-2015-2020.pdf

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

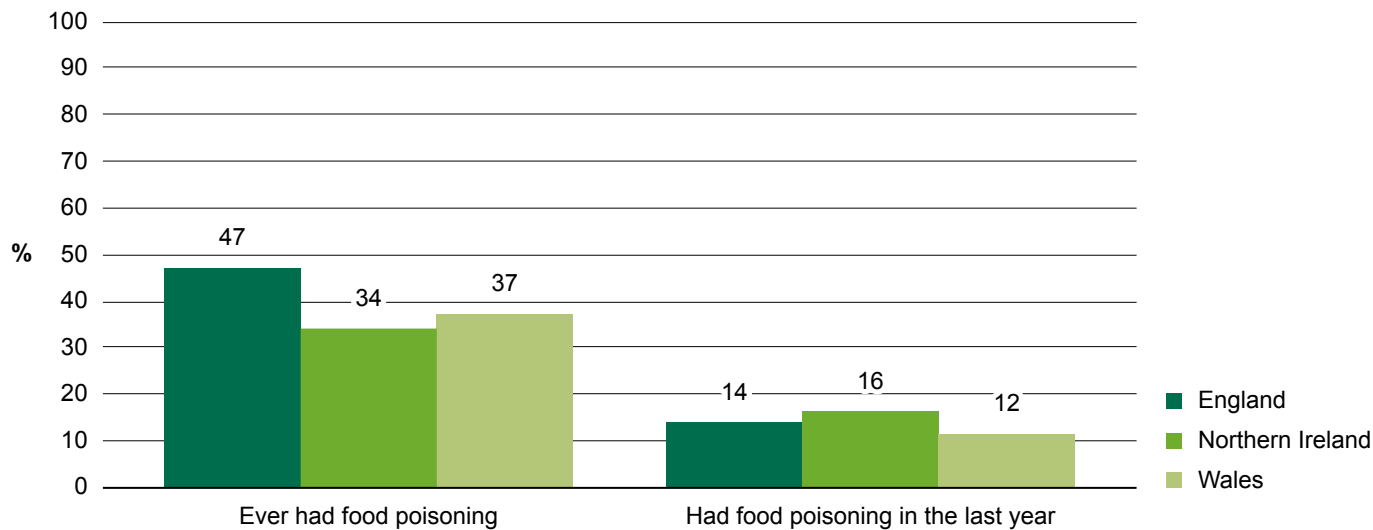
Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

4.2 Experience of food poisoning

In Wave 5, one third (34%) of respondents in Northern Ireland said that they had experienced food poisoning at some time in their lives. This proportion has remained at broadly similar levels across all five waves of Food and You. Less than a quarter of the youngest and oldest age groups reported that they had ever had food poisoning (23% of those aged between 16 and 34 and the same proportion of those aged 75 and over). The highest proportion was among those aged between 55 and 64, almost half (49%) of whom reported that they had experienced food poisoning. There was also some variation by income, with those in the lowest household income group least likely to say they had experienced food poisoning (15%, compared with between 38% and 44% in higher income groups).

One in five (19%) respondents reported that they had experienced food poisoning in the last year. This comprises 14% who had it once, 3% who had it more than once and 2% who thought they had experienced food poisoning but were not sure. These proportions are similar to previous waves and did not vary between different socio-demographic groups.

Figure 4.1. Experience of food poisoning, by country (Wave 5)



Respondents in Northern Ireland (34%) and Wales (37%) were less likely to report that they had experienced food poisoning at some time in their lives compared with those in England (47%). Similar proportions in each country reported having experienced food poisoning in the last year.

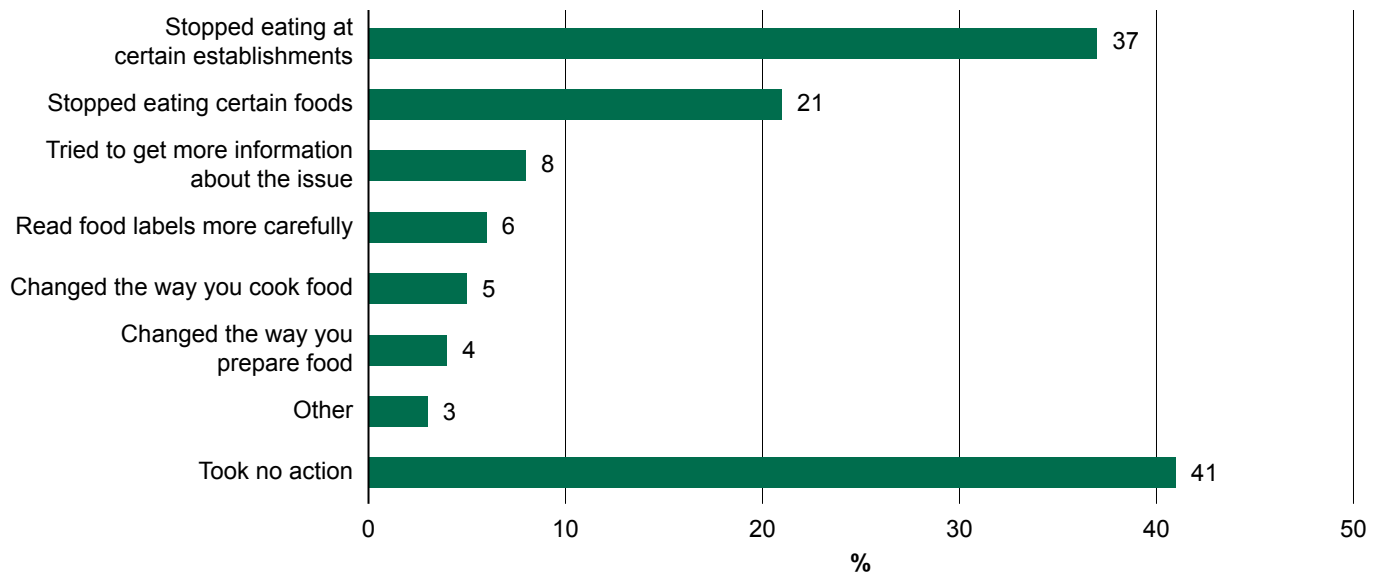
Table 4.1, Figure 4.1

Respondents who had experienced food poisoning were asked what action they took as a result. Two fifths (41%) said that they took no action.

Of those who did take some action, the most common actions were stopping eating at certain eating establishments (37%), stopping eating certain foods (21%), and trying to get more information about the issue (8%). Between 3% and 6% of respondents read food labels more carefully, changed the way they prepared food or cooked food or did something else.

Table 4.2, Figure 4.2

Figure 4.2. Actions taken as a result of having had food poisoning on most recent occasion (Northern Ireland, Wave 5)



4.3 Attitudes towards food safety and food poisoning

More than three fifths (63%) of respondents in Northern Ireland agreed that **'I always avoid throwing food away'**. This proportion increased steadily from 52% in Wave 1 (2010) to a peak of 73% in Wave 4 (2016), but declined again to 63% in Wave 5 (2018). Similar proportions across different socio-economic groups agreed with this statement.

Around three quarters (71%) of respondents agreed that **'I am unlikely to get food poisoning from food prepared in my own home'**. This proportion has varied between 71% and 80% since Wave 1 (2010), with no clear pattern.

One third (33%) of respondents agreed that **'If you eat out a lot you are more likely to get food poisoning'**. This proportion has varied across survey waves, being highest in Wave 3 (2014) when it was 53%, then declining to 36% in Wave 4 (2016) and 33% in Wave 5 (2018).

Unlike the other statements, there was some variation across groups in the proportions who agreed with this statement. One in five (20%) of 16 to 34 year olds agreed, and this proportion increased broadly in line with age to 55% of those aged 75 and over. In addition, those who lived in households with children under the age of 16 were less likely to agree (20%) than those who did not live with children (37%).

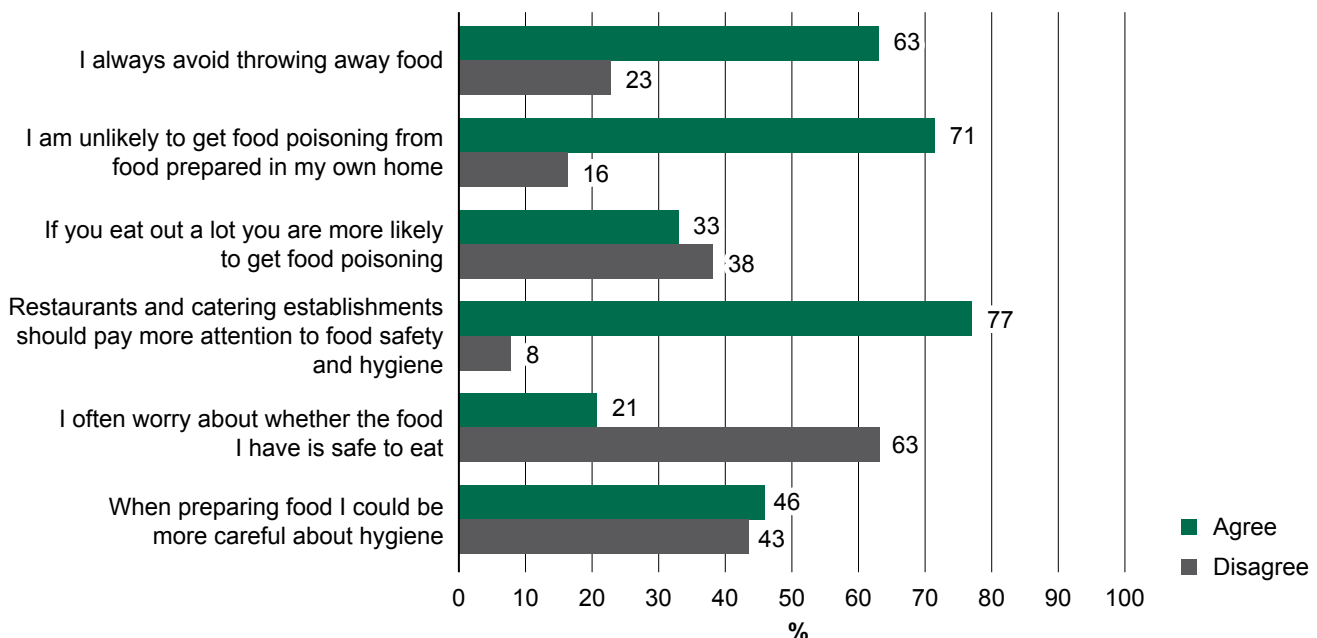
Respondents in Northern Ireland (33%) were less likely to agree with this statement than those in England (42%) and Wales (39%).

Around three quarters (77%) of respondents agreed that **‘Restaurants and food establishments should pay more attention to food hygiene’**. There has been a decline in this measure from 87% in Wave 1 (2010) and Wave 2 (2012) to 78% in Wave 5 (2018).

One fifth (21%) of respondents agreed that **‘I often worry about whether the food I have is safe to eat’**. As with the previous statement, the proportion of respondents agreeing with this statement has declined over time from 34% in Wave 1 (2010) to 21% in Wave 5 (2018). Around half (46%) of respondents agreed that **‘When preparing food I could be more careful about hygiene’**.

Table 4.3, Figure 4.3

Figure 4.3. Attitudes to food safety (Wave 5)



5.1 Introduction

The FSA published its 2015–2020 Strategic Plan under the title *Food We Can Trust*.³⁸ The strategy identifies the importance of ensuring “Food is safe and what it says it is”. Achieving this entails trust in all elements of the food chain as well as trust in the FSA and its role in ensuring the integrity of the food we eat.

In order to understand and monitor consumer trust in food and the FSA, the FSA has commissioned research into trust, including an evidence review and deliberative forums,³⁹ and questions on the bi-annual Public Attitudes Tracker Survey.⁴⁰ As part of this investigation, new questions exploring trust in the FSA were also added in Wave 5 of Food and You, building on areas explored in Wave 4 of the survey that looked at knowledge and attitudes regarding the food production system and authenticity of food.

Guidelines produced by the Organisation for Economic Co-operation and Development (OECD)⁴¹ recommend an approach to measuring trust that comprises a core bank of five questions that measure a respondent’s general levels of trust, alongside three other types of trust questions (evaluative, expectational and experiential) each focusing on trust through a different lens. Each set of questions can be further divided into interpersonal (e.g. trust in neighbours, trust in other people in general) and institutional trust (e.g. trust in the NHS or the police).

The trust questions asked in Food and You broadly follow the OECD guidelines, focusing on institutional trust as opposed to interpersonal trust. The questions were also guided by the OECD’s five dimensions of trust specific to trust in the institutions of government: integrity, responsiveness, reliability, openness, and fairness.

38 www.food.gov.uk/sites/default/files/media/document/FSA-Strategic-plan-2015-2020.pdf

39 www.food.gov.uk/research/research-projects/trust-in-a-changing-world

40 www.food.gov.uk/about-us/biannual-public-attitudes-tracker

41 www.oecd.org/governance/oecd-guidelines-on-measuring-trust-9789264278219-en.htm

Questions focused specifically on:

- authenticity (that food is what it says it is)
- trust in the food system (the production, distribution and sale of food)
- trust in food regulation (that food is regulated effectively to protect consumers)
- trust in the FSA itself as a department (that the department meets the five dimensions of trust).

These categories cover individual, structural and relational trust, which are the three types of trust identified by the Trust in a Changing World project.²

This chapter focuses on awareness of and confidence in the FSA, as well as questions on trust in food and the food supply chain, and food authenticity.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

5.2 Awareness of the FSA

In measuring awareness of the FSA, the questionnaire took account of the fact that participants had been introduced to the survey with letters carrying the FSA logo and signed by an FSA research officer, and the survey leaflets similarly referred

extensively to the FSA.⁴² Respondents were therefore asked whether they had heard of the FSA before they were contacted to take part in the interview.⁴³

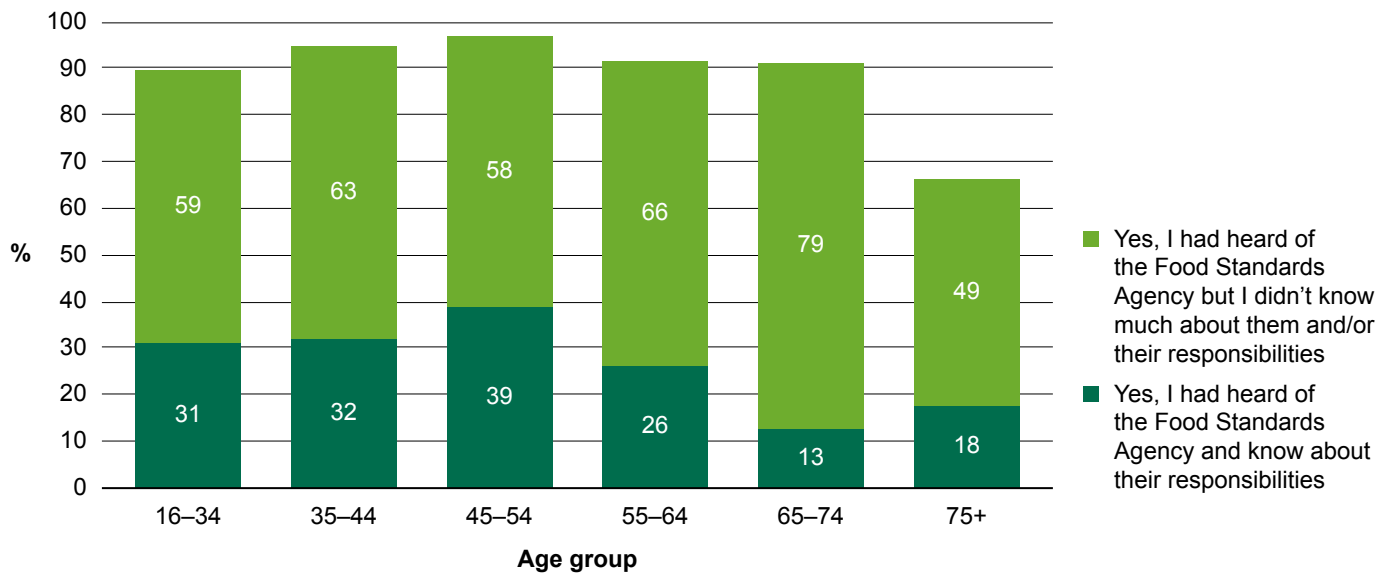
Most respondents in Northern Ireland (91%) had heard of the FSA before they were contacted about Food and You. This included 62% of respondents who said that they had heard of the FSA but didn't know much about it or its responsibilities and 28% who said they had previously heard of the FSA and knew about its responsibilities. There were some differences between groups within Northern Ireland:

- **Age:** a smaller proportion of those aged 75 and over said they were aware of the FSA before taking part in the survey; 66%, compared with at least 90% in younger age groups. Older people were also less likely to know about the FSA's responsibilities; 13% of those aged between 65 and 74 and 18% of those aged 75 and over said that they knew about the FSA's responsibilities, compared with between 26% and 39% in younger age groups.
- **Income:** 84% of those in the group with the lowest household incomes, and 88% of those in the second lowest income group had heard of the FSA. In households with higher incomes, 99% in the second highest group and 95% in the highest income group had heard of the FSA before taking part in the survey. There was no such difference by income in the proportions who said they knew about the FSA's responsibilities.

Table 5.1, Figure 5.1

42 The introductory letter and survey leaflets can be found in the Food and You Wave 5 Technical Report www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

43 Despite this qualification, it is possible that some respondents may not have accurately recalled their prior awareness of the FSA, so this estimate should be treated with caution.

Figure 5.1. Prior knowledge of the FSA, by age (Northern Ireland, Wave 5)

5.3 Trust in the FSA

Trust in the FSA was measured by asking respondents to consider how they thought the FSA would respond to seven food-related scenarios (e.g. an outbreak of food poisoning). Each item was scored on how likely the FSA was to respond in a certain way from 0 (very unlikely) to 10 (very likely) and have been grouped as follows:

- low likelihood (0 to 3)
- medium likelihood (4 to 6)
- high likelihood (7 to 10)

For these ratings, 'don't know' responses are also shown.

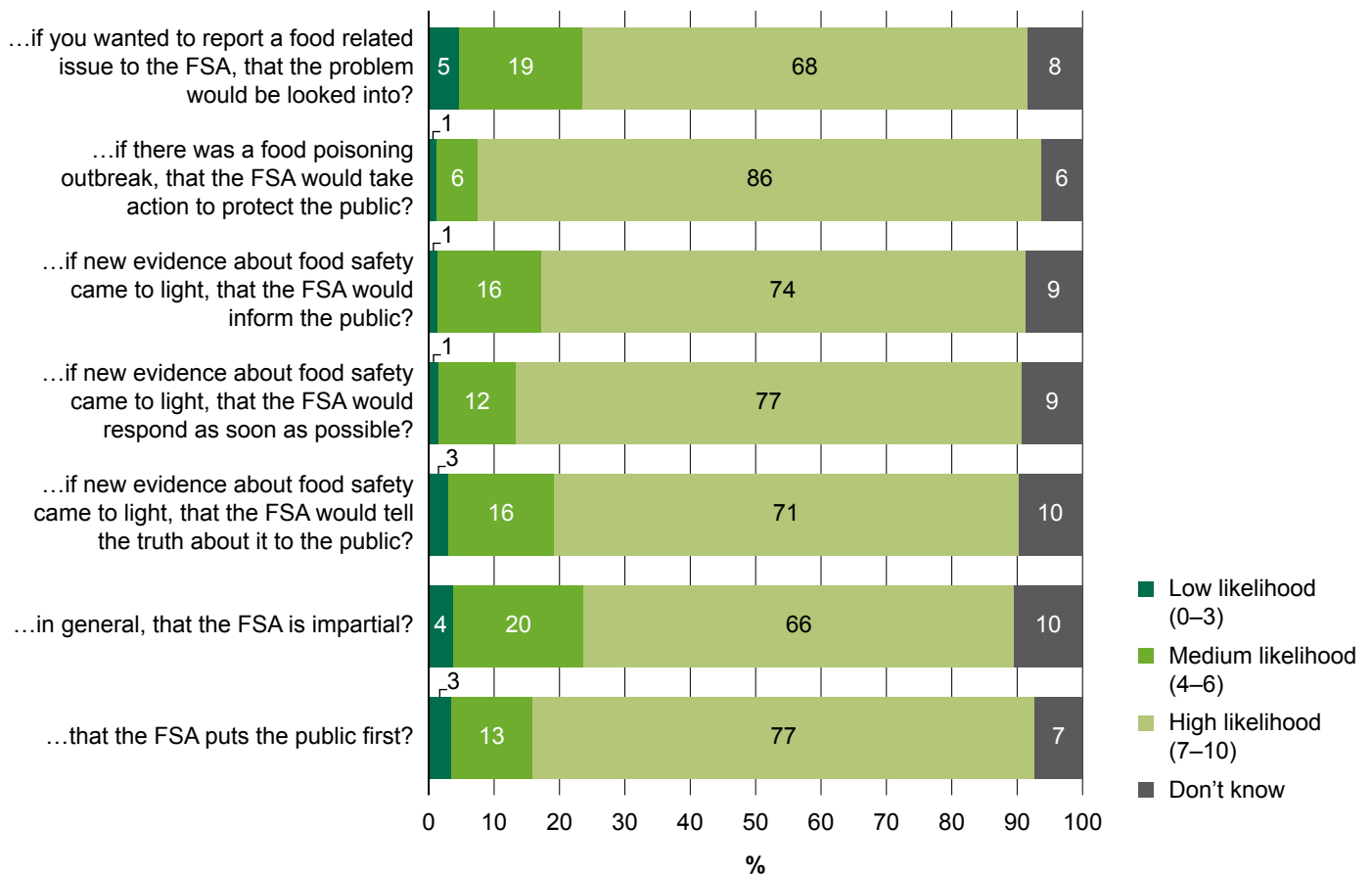
Overall there was a high degree of confidence in the FSA in Northern Ireland, particularly that it would take action if there were a food poisoning outbreak (86% thought there was a high

likelihood of this). There was least certainty about the FSA's impartiality, with 66% of respondents saying that there was a high degree of likelihood that the FSA is impartial.

The pattern of confidence in the FSA was generally consistent across groups within Northern Ireland, although for all seven scenarios respondents aged over 75 were considerably more likely to say that they did not know (from 21% who did not know how likely it was that the FSA would take action if there were a food poisoning outbreak to 34% who did not know how likely it was that the FSA would inform the public if new evidence about food safety came to light).

Tables 5.2 to 5.8, Figure 5.2

Figure 5.2. How likely (Northern Ireland, Wave 5)



If you wanted to report a food related issue to the FSA, how likely do you think it would be that the problem would be looked into?

Two thirds of respondents (68%) thought that it was highly likely that the problem would be looked into if they wanted to report a food related issue to the FSA; 19% thought there would be a medium likelihood that it would be looked into, 5% thought there was a low likelihood and 8% didn't know.

Table 5.2

If there was a food poisoning outbreak, how likely or unlikely do you think it would be that the FSA would take action to protect the public?

In Northern Ireland, 86% of respondents thought that there was a high likelihood that the FSA would take action to protect the public if there was a food poisoning outbreak; 6% thought there was a medium likelihood, 1% a low likelihood and 6% didn't know. A higher proportion of women than men thought there was a high likelihood that the FSA would take action (91%, compared with 81% respectively). There were some differences across age groups in the proportion who thought this, but with no clear pattern.

Table 5.3

If new evidence about food safety came to light, how likely or unlikely do you think it would be that the FSA would inform the public?

Almost three quarters of respondents in Northern Ireland (74%) thought that there was a high likelihood that the FSA would inform the public if new evidence about food safety came to light; 16% thought there was a medium likelihood, 1% a low likelihood, and 9% didn't know.

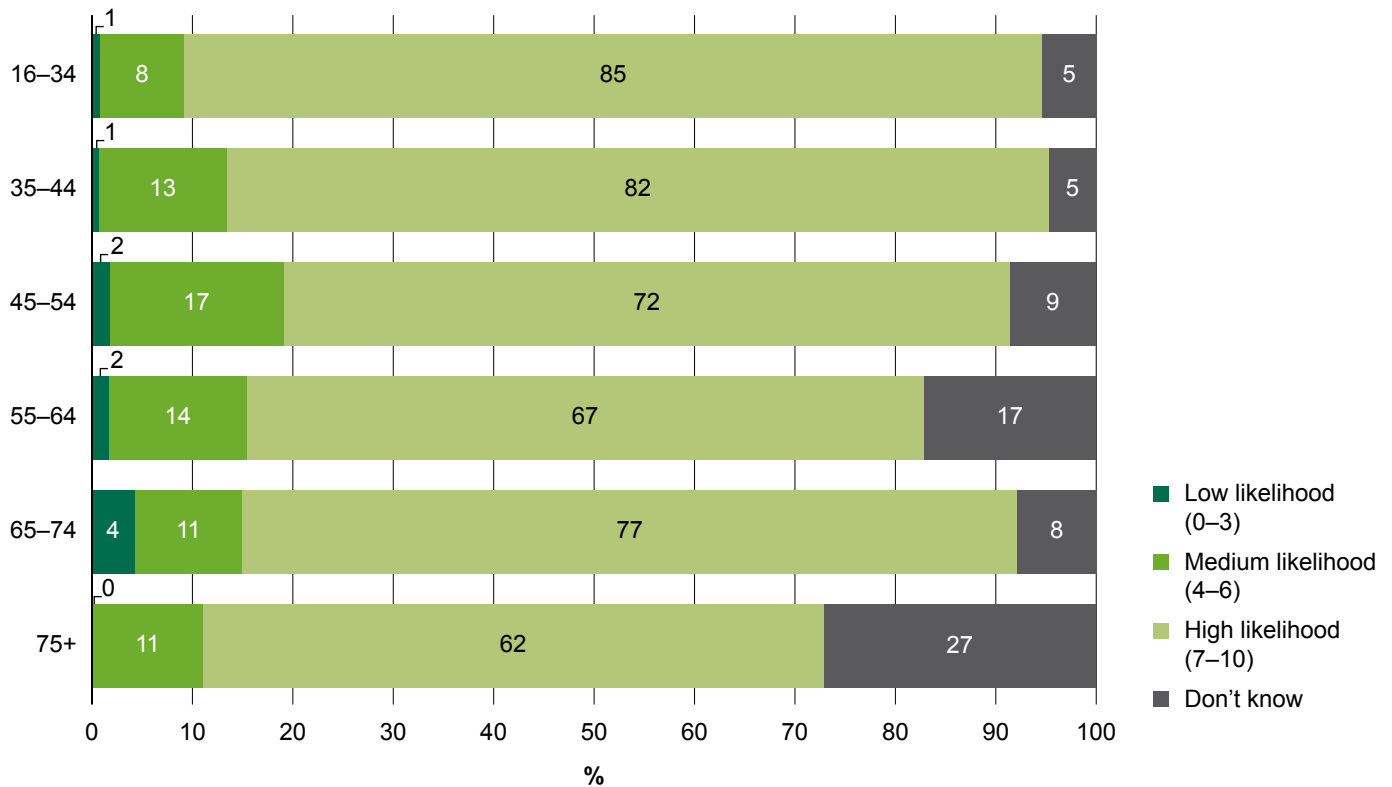
Table 5.4

If new evidence about food safety came to light, how likely or unlikely do you think it would be that the FSA would respond as soon as possible?

More than three quarters (77%) of respondents in Northern Ireland thought that there was a high likelihood that the FSA would respond as soon as possible to new evidence about food safety; 12% thought there was a medium likelihood, 1% a low likelihood and 9% didn't know. Younger respondents were more likely to think that there was a high likelihood that the FSA would respond as soon as possible to new evidence about food safety. This proportion declined broadly in line with age, from 85% of 16 to 34 year olds to 62% of 75 year olds and over.

Table 5.5, Figure 5.3

Figure 5.3. How likely is it that the FSA would respond to new evidence about food safety as soon as possible, by age (Northern Ireland, Wave 5)



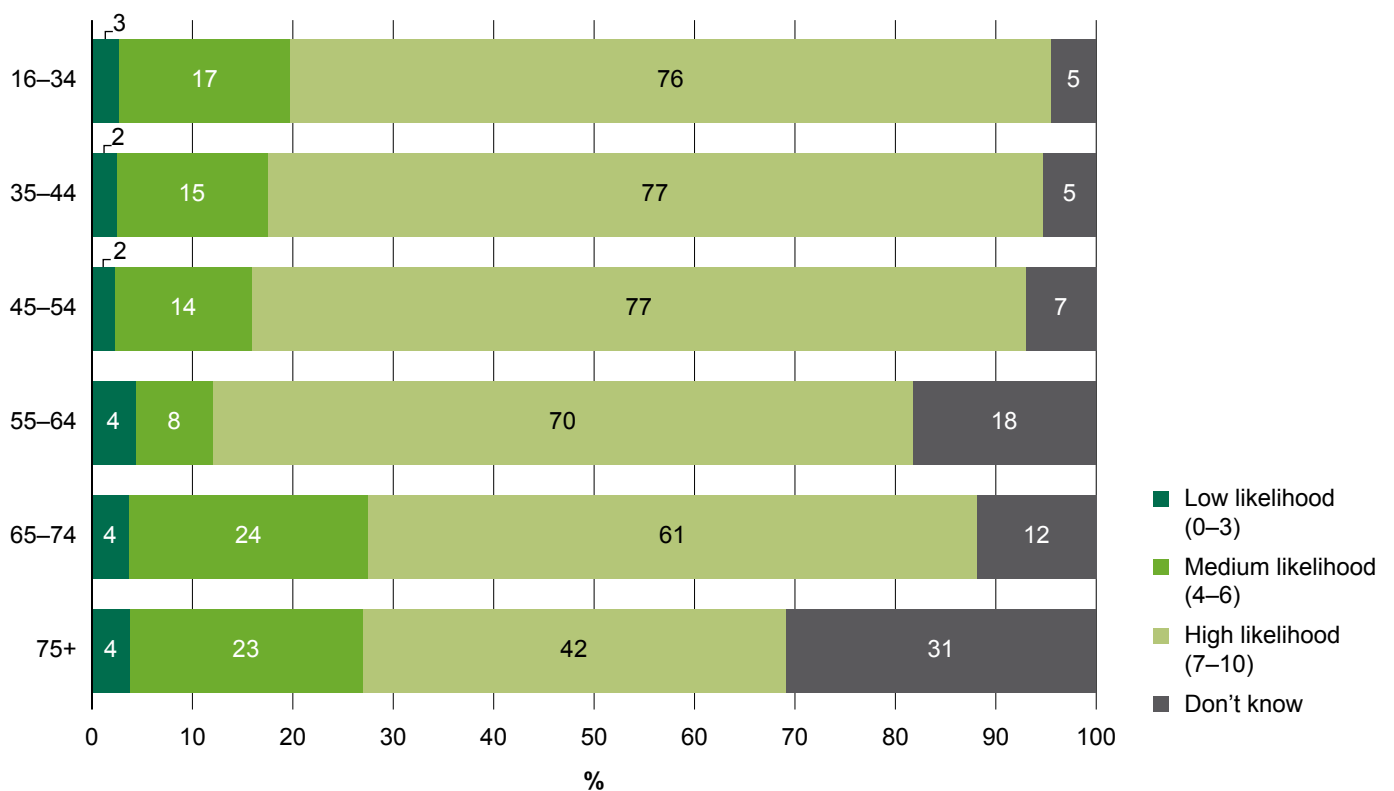
If new evidence about food safety came to light, how likely do you think it would be that the FSA would tell the truth about it to the public?

In Northern Ireland, 71% of respondents thought that there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety; 16% thought this was a medium likelihood, 3% thought it was a low likelihood and 10% didn't know. There was some variation across demographic groups:

- **Age:** the proportion who thought there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety was similar across age groups under 55 (76% to 77%) and then declined among older age groups to 42% of 75 years and over.
- **Household income:** people in the lowest income group were least likely to think that there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety, and this increased with income (from 64% to 88% in the highest income group).

Table 5.6, Figure 5.4

Figure 5.4. How likely is it that the FSA would tell the truth about new evidence about food safety, by age (Northern Ireland, Wave 5)



In general, how likely or unlikely do you think it is that the FSA is impartial? By this we mean that the FSA acts independently of external sources?

Two thirds (66%) of respondents in Northern Ireland thought that there was a high likelihood that the FSA was impartial; 20% thought this was a medium likelihood, 4% thought it was a low likelihood and 10% didn't know.

In Northern Ireland, confidence in the FSA's impartiality was lower than in other scenarios asked about, although respondents in Northern Ireland were more likely than those in Wales or England to believe that there was a high likelihood that the FSA was impartial (66% in Northern Ireland, compared with 61% in Wales and 57% in England).

Table 5.7

In general, how likely or unlikely do you think it is that the FSA puts the public first?

In Northern Ireland, 77% of respondents thought there was a high likelihood that the FSA puts the public first; 13% thought there was a medium likelihood, 3% thought there was a low likelihood and 7% didn't know.

Table 5.8

5.4 Trust in the food supply chain

Food and You Wave 5 included five questions about consumers' trust in the food they buy and eat in the UK and Ireland, covering provenance, quality, the food supply chain and safety.⁴⁴

⁴⁴ In England and Wales respondents were asked about the food they bought and ate in Britain.

Provenance

Around three in five (63%) respondents in Northern Ireland said they would be very or quite sure that they knew where the food they bought had come from, compared with 14% who said they would be very or quite unsure. There was very little difference across socio-demographic groups.

Quality

Respondents in Northern Ireland were asked separately about food from the UK and Ireland and food from abroad. Two thirds (67%) were very or quite sure that the food they bought that came from the UK and Ireland had been prepared to the highest quality standards, compared with 9% who were very or quite unsure. There was little variation across groups within Northern Ireland.

In England and Wales, the question was asked about food from 'Britain' rather than 'UK and Ireland'. Smaller proportions, 58% in England and 59% in Wales, said they were very or quite sure that the food they bought that came from Britain had been prepared to the highest quality standards.

There was less trust in food from abroad. More than two in five respondents in Northern Ireland (22%) said that they were very or quite sure that food and groceries from abroad were prepared to the highest quality standards, compared with more than a third (36%) who were very or quite unsure.⁴⁵ Older respondents were most likely to be unsure about the quality of food from abroad; around half of those aged 65 and over were very or quite unsure about food from abroad (53% of those aged 65 to 74, 49% of those aged 75 years and over), compared with 38% or less in age groups under 65.

⁴⁵ Responses to this question followed a similar pattern in England and Wales (see the Country Comparison report www.food.gov.uk/research/food-and-you/food-and-you-wave-five).

The food supply chain

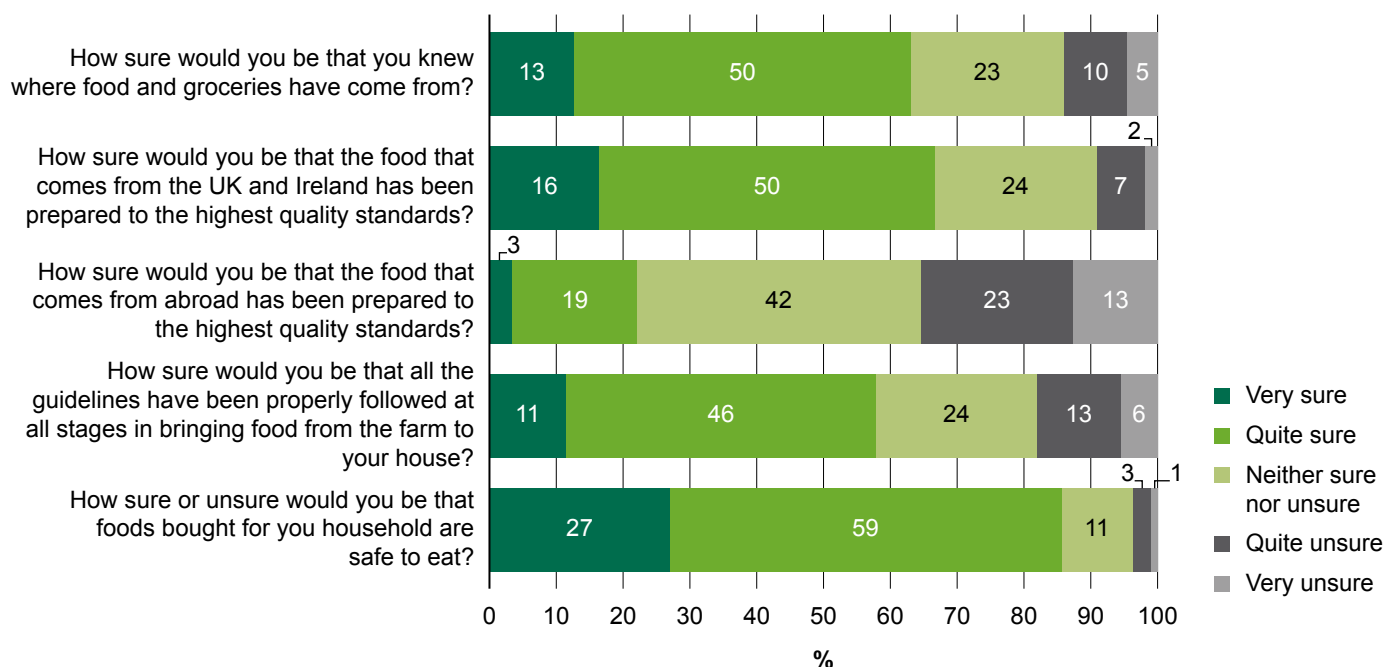
In Northern Ireland, 58% of respondents were very or quite sure that all the guidelines had been properly followed at all stages in bringing the food they bought from the farm to their home, compared with 18% who were very or quite unsure.

Food safety

There was a high level of confidence in the safety of food; 86% of respondents in Northern Ireland were very or quite sure that the food they bought for their households was safe to eat, compared with 4% who were very or quite unsure of this.

Table 5.9, Figure 5.5

Figure 5.5. Trust in the food supply: confidence when buying food or groceries (Northern Ireland, Wave 5)



5.5 Food authenticity

When asked how confident they were when buying or eating food that it was what it said it was on the label or the menu, 28% of respondents were confident all of the time, a decrease from 36% in Wave 4 in 2016. Over the same period the proportion who were confident that food was what it said it was most of the time increased from 51% to 57%.

Table 5.10

6 Healthy eating

6.1 Introduction

In Northern Ireland the FSA is responsible for nutrition policy, in addition to its oversight of food safety and hygiene as in England and Wales. Previous chapters in this report have focused on the latter areas. This chapter looks at nutrition, specifically knowledge of government recommendations for a healthy diet, as well as patterns of consumption of different types of food.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

6.2 Knowledge of healthy eating guidelines

6.2.1 Fruit and vegetable consumption

There was a high level of awareness of the government recommendations to eat five or more portions of fruit and vegetables every day.⁴⁶ Respondents were asked how many portions they should eat each day, and 81% of respondents gave 'five' as their answer.⁴⁷ The remainder were almost evenly split between those who thought the recommendation was to eat more (9%) and those who thought it was to eat less (7%),

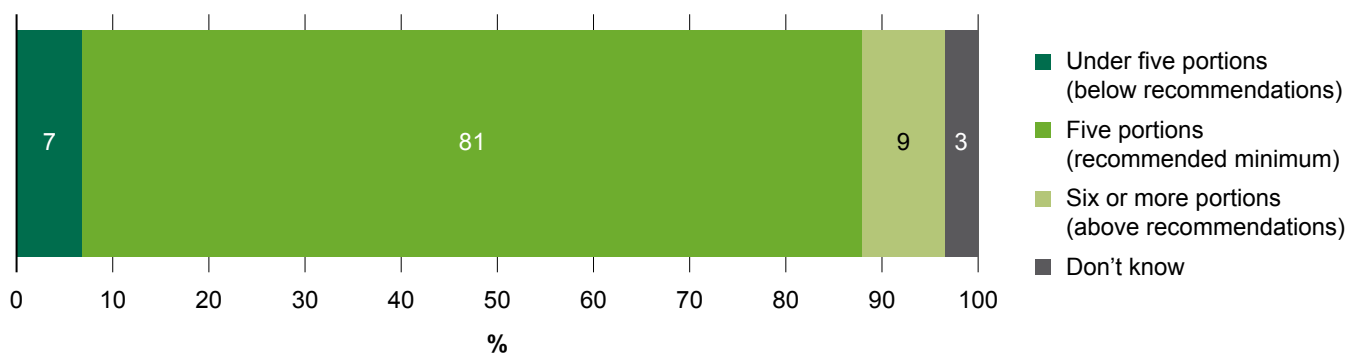
⁴⁶ www.nidirect.gov.uk/articles/healthy-balanced-diet

⁴⁷ Answers were recorded as numbers and so it was not possible to answer 'at least five' as recommended.

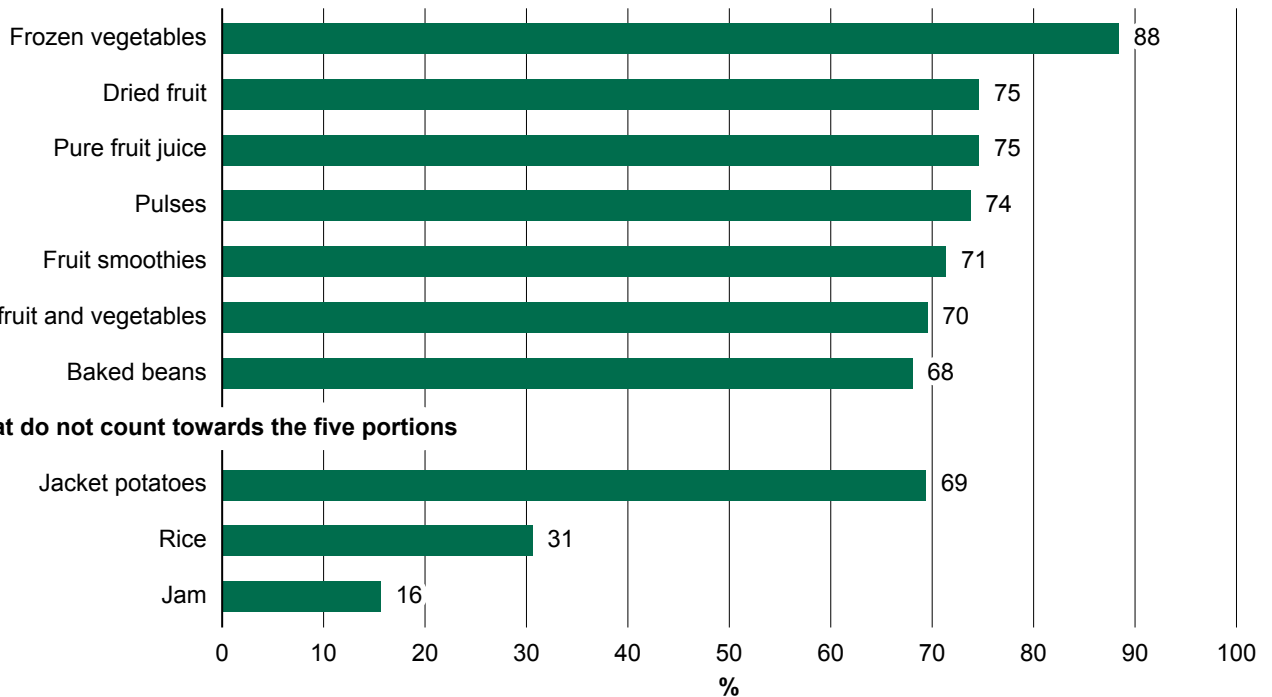
with 3% saying they didn't know. The proportion who answered 'five' was also 81% in Wave 1 (2010). In intervening years it has varied between 75% and 90% with no clear pattern.

Table 6.1, Figure 6.1

Figure 6.1. Knowledge of recommended daily intake of fruit and vegetables (Northern Ireland, Wave 5)



Respondents were asked whether different types of fruit and vegetables counted towards the recommended minimum of five portions a day. There were high levels of awareness of what counted towards the five a day – frozen vegetables (88%), dried fruit (75%), pure fruit juice (75%), pulses (74%), fruit smoothies (71%), tinned fruit and vegetables (70%) and baked beans (68%). However, more than two thirds (69%) thought, incorrectly, that jacket potatoes also counted. Rice and jam, also not counted towards the five a day, were identified as doing so by 31% and 16% of respondents respectively.

Figure 6.2. What counts towards five portions of fruit and vegetables a day? (Northern Ireland, Wave 5)**Foods that do count towards the five portions**

The proportions who correctly identified some types of fruit and vegetables as counting towards the recommended five a day have declined since earlier waves. The proportions who thought pure fruit juice counted has declined overall from 89% in Wave 1 (2010) and 90% in Wave 2 (2012) to 75% in Wave 5. Between 2010 and 2018, the proportions who thought that fruit smoothies counted towards the recommended five a day fell from 86% in Wave 1 and 81% in Wave 2 to 71% in Wave 5, and the proportions who thought that tinned fruit and vegetables counted fell from 86% in Wave 1 and 88% in Wave 2 to 70% in Wave 5.

Table 6.2, Figure 6.2

6.2.2 Calories

The government recommends that the average woman should consume around 2,000 calories a day and the average man 2,500 a day.⁴⁸ Respondents in Northern Ireland were asked how many calories an average woman and an average man should consume in a day.

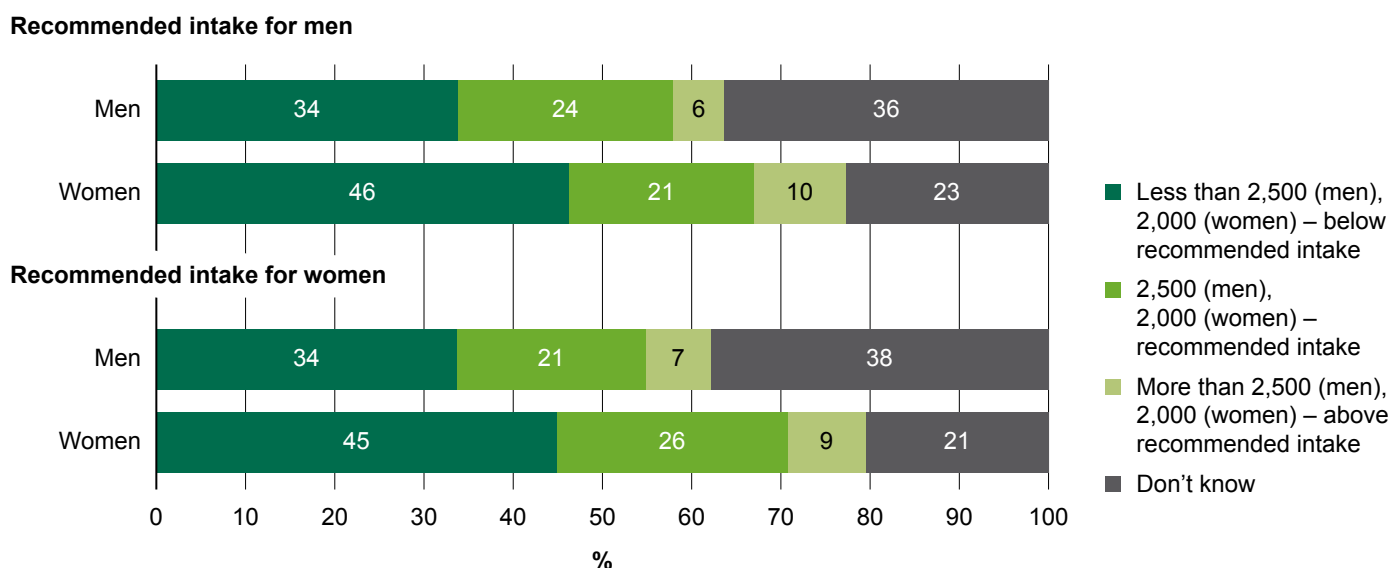
A quarter (24%) gave the correct answer of 2,000 calories for a **woman**, although a slightly higher proportion (29%) did not know. These proportions were at similar levels in previous years. Although similar proportions of men and women answered correctly (21% and 26% respectively), men were more likely than women to say that they did not know (38%, compared with 21%). The proportion who gave the correct answer was highest among those aged between 16 and 34 (38%) and declined with age to 9% of those aged 75 and over. Correspondingly, the proportion who said that they did not know how many calories an average woman should consume in a day increased from 12% of those aged 16 to 34 to 74% of those aged 75 and over.

A slightly lower proportion (22%) knew that the recommended daily intake was 2,500 calories for a **man**. Again, 29% did not know. These proportions were at similar levels in previous years. Although similar proportions of men and women answered correctly (24% and 21% respectively), men were more likely than women to say that they did not know (36%, compared with 23%). As with women's calorie intake, the proportion who gave the correct answer declined with age, from 37% of those aged between 16 and 34 to 5% of those aged between 65 and 74 and 7% of those aged 75 and over. There was also a corresponding increase in the proportion who said that they did not know how many calories an average man should consume in a day, from 14% of those aged 16 to 34 to 74% of those aged 75 and over.

Table 6.3, Figure 6.3

48 www.nidirect.gov.uk/articles/healthy-balanced-diet

Figure 6.3. Estimates of recommended daily intake of calories for men and women by gender (Northern Ireland, Wave 5)



6.2.3 Fat

The government recommends that the average daily intake of all types of fat should not exceed 70g for a woman and 95g for a man, and this should include no more than 20g of saturated fat for a woman and 30g for a man.⁴⁹ Women and men were asked separately how much fat and saturated fat they thought someone of their gender should eat per day.⁵⁰

Around half of **women** did not know the recommendations for total fat intake; in Wave 5 (2018) this proportion was 52% and it has varied between 43% and 62% since Wave 2 (2012). A very small proportion (1%) correctly stated 70g; in previous years this varied between 4% and 6%. Women most commonly answered that the recommended daily maximum intake of all fats was between 1g and 20g (29%).

49 Overall guidance is available at www.nidirect.gov.uk/articles/fat Gender-specific recommendations for total and saturated fat intake are available here: www.nutrition.org.uk/nutritionscience/nutrients-food-and-ingredients/fat.html?start=4

50 Because men and women were asked different questions, the bases are too small to enable analysis of subgroups such as age.

Women were slightly less likely to say that they did not know the recommended maximum daily intake of saturated fats; this was 40% in Wave 5 (2018), and has varied between 39% and 54% in previous years. In 2018, 8% correctly identified that the recommended maximum was 20g; this proportion has varied in previous years between 4% and 12%. In 2018, as in previous years, women were more likely to overestimate than to underestimate the correct amount; in 2018, 34% suggested an amount greater than 20g.

More than half of **men** did not know the recommendations for total fat intake; in 2018 this proportion was 58% and it has varied between 50% and 62% in previous years. In 2018, no respondents correctly identified 95g; in previous years this has never exceeded 1%. As women did, men most commonly answered that the recommended daily maximum intake of all fats was between 1g and 20g.

Men were slightly less likely to say that they did not know the recommended maximum daily intake of saturated fats; this was 45% in 2018, and has varied between 34% and 48% in previous years. In 2018, 8% correctly identified that the recommended maximum was 30g; this proportion was at a similar level in previous years. In 2018, as in previous years and unlike women, men were more likely to underestimate than to overestimate the correct amount; in 2018, 34% suggested an amount between 1g and 20g.

Tables 6.4.1, 6.4.2, Figures 6.4, 6.5

Figure 6.4. Knowledge of recommended maximum total daily intake of fat for own gender (Northern Ireland, Wave 5)

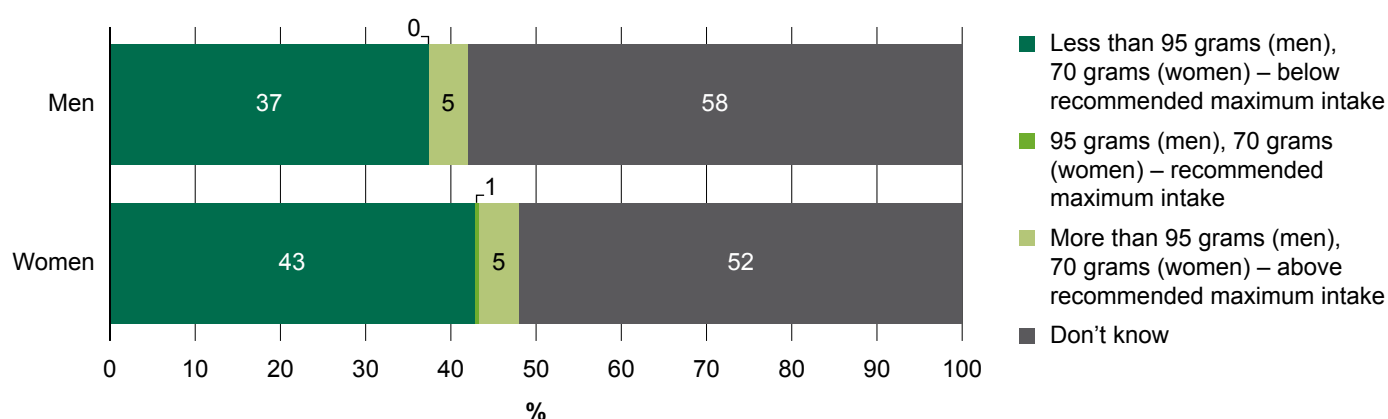
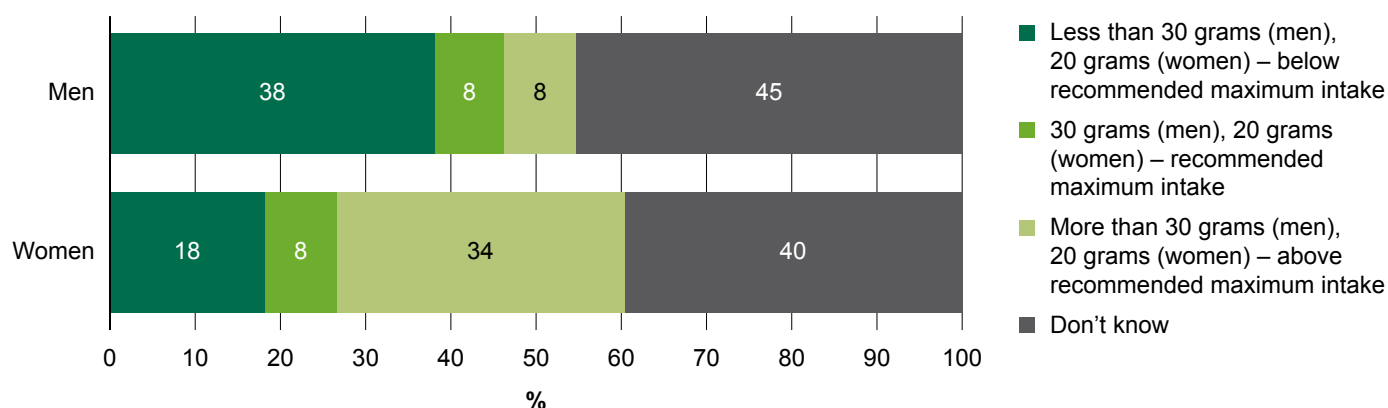


Figure 6.5. Knowledge of recommended maximum daily intake of saturated fat for own gender (Northern Ireland, Wave 5)



6.2.4 Salt

The government recommends that adults should consume no more than 6g of salt a day, equivalent to about a teaspoon.⁵¹ Respondents in Northern Ireland were asked what was the maximum amount of salt an adult should eat in a day.

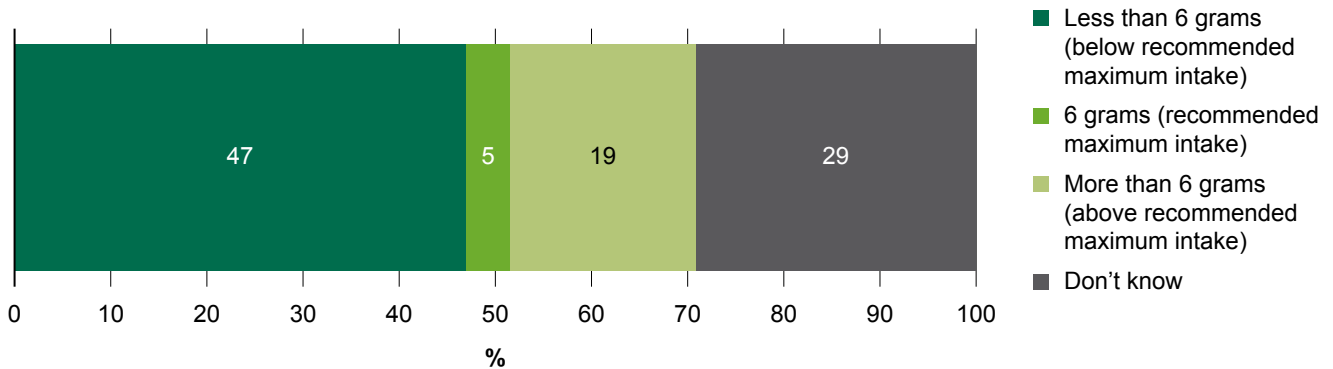
Three in ten respondents (29%) did not know what the maximum daily intake of salt should be; this was similar to the previous wave but a decline from Wave 1 (2010), when 57% said they did not know.

Nearly half of respondents (47%) thought it was lower than 6g and only 5% correctly identified 6g as the recommended maximum; the proportion of those who have correctly identified the recommended amount has varied between 1% and 7% between Waves 1 and 5 (from 2010 to 2018).

Table 6.5, Figure 6.6

⁵¹ www.nidirect.gov.uk/articles/salt-0

Figure 6.6. Knowledge of recommended maximum daily intake of salt (Northern Ireland, Wave 5)



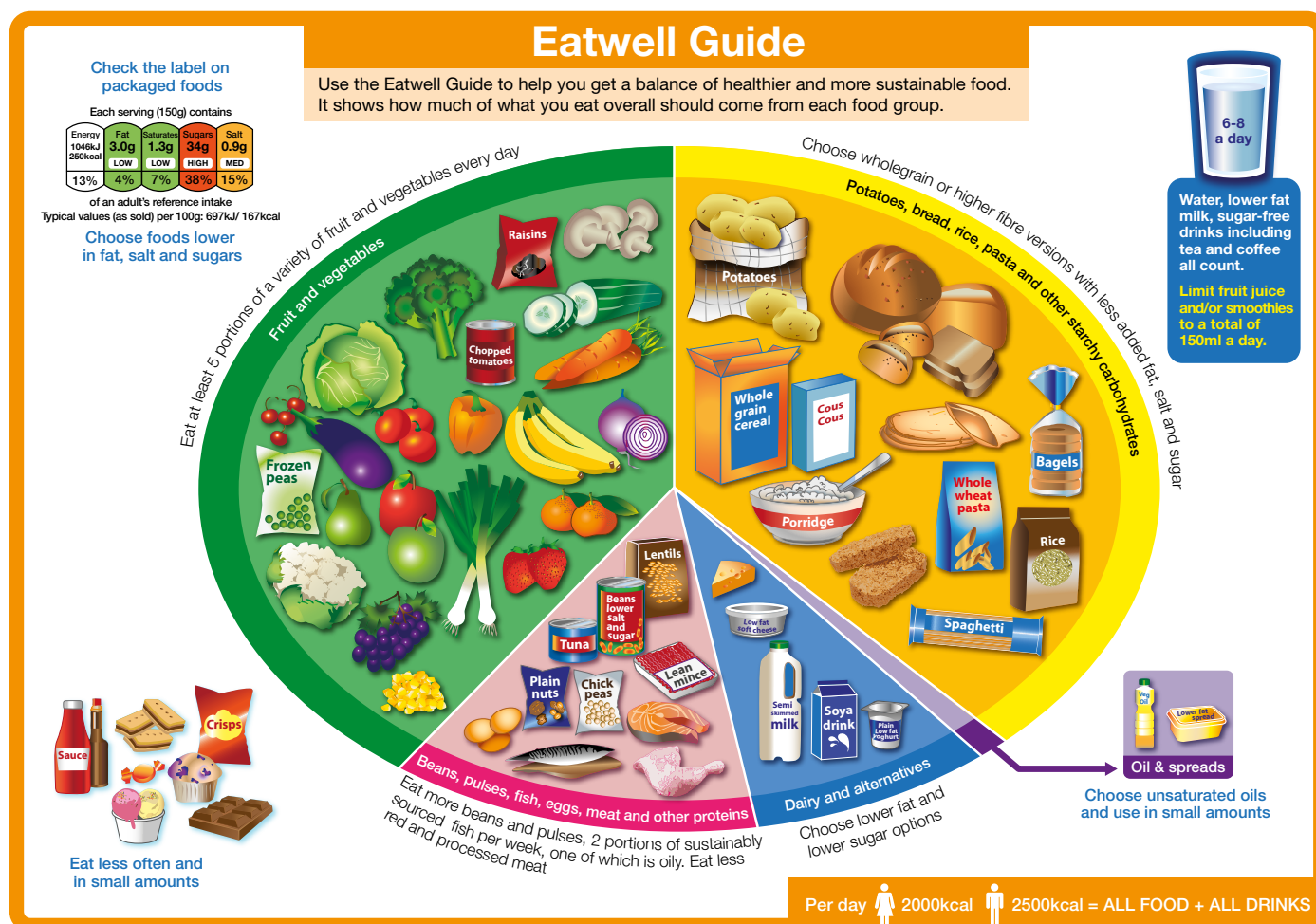
6.3 The Eatwell Guide

The Eatwell Guide illustrates the different types of food and the portions necessary for a healthy, balanced diet.⁵² The recommendations are intended to apply to children aged over 2 and most adults, regardless of considerations such as weight, dietary restrictions or individual preferences. The Eatwell Guide recommends the following:

- eat at least five portions of various fruit and vegetables every day;
- base meals on potatoes, bread, rice, pasta or other starchy carbohydrates choosing wholegrain versions where possible;
- have some dairy or dairy alternatives (such as soya drinks) choosing lower fat and lower sugar options;
- eat some beans, pulses, fish, eggs, meat and other proteins including two portions of fish every week;
- use unsaturated oils and spreads and eat in small amounts;
- drink six to eight cups or glasses of fluid a day.

⁵² www.gov.uk/government/publications/the-eatwell-guide

Figure 6.7. The Eatwell guide



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland. © Crown Copyright 2016.

Respondents were shown a blank Eatwell Guide with its sections marked but not labelled, and were asked to place cards showing each of the food groups in the appropriate sections. There was considerable variation in how easy respondents found it to allocate foods to the correct segment. Only 14% of respondents allocated all food types to the correct segment. Looking at which individual segments were correctly placed:

- 85% correctly placed **fruit and vegetables**
- 71% correctly placed **foods high in fat, salt and sugars**

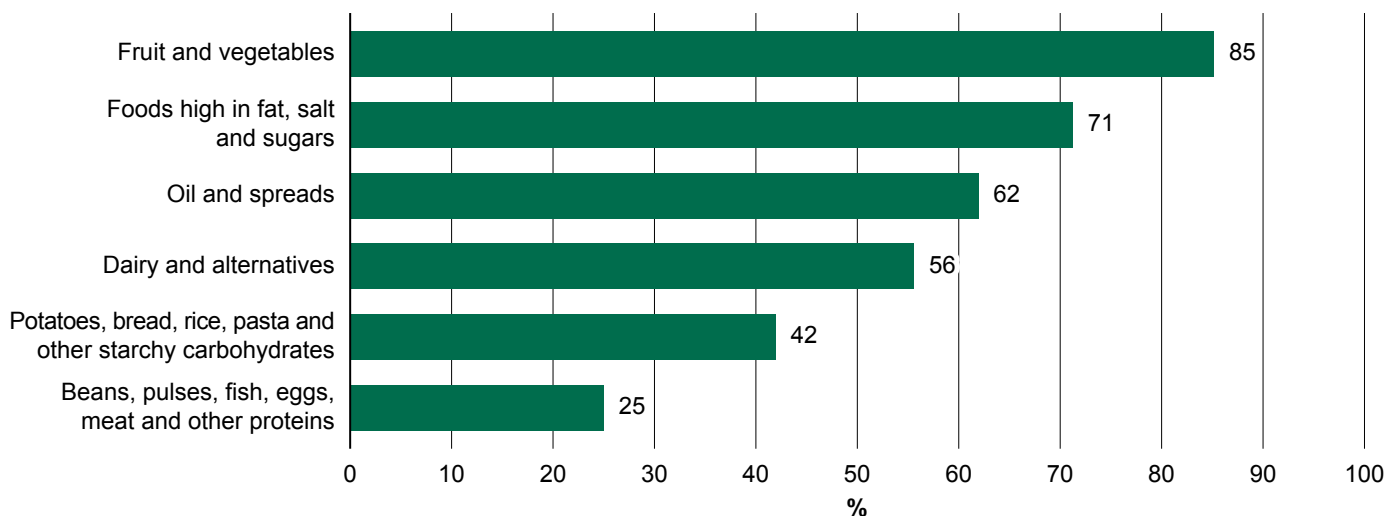
- 62% correctly placed **oils and spreads**
- 56% correctly placed **dairy and alternatives**
- 42% correctly placed **potatoes, bread, rice, pasta and other starchy carbohydrates**
- 25% correctly placed **beans, pulses, fish, eggs, meat and other proteins**.

The proportions of respondents correctly allocating each food type were at similar levels to Wave 4 (2016). For some food types there were differences between men and women in the proportions correctly allocating them. Women were more likely to correctly allocate fruit and vegetables (91%, compared with 78% of men) and dairy (61% of women, 49% of men). Men were more likely than women to correctly allocate potatoes, bread and other starchy carbohydrates (52% and 33% respectively).

Overall, 14% of respondents allocated all food types to the correct segment, a similar proportion to Wave 4 (2016).

Table 6.6, Figure 6.8

Figure 6.8. Food groups correctly placed in Eatwell guide (Northern Ireland, Wave 5)



6.4 Diet and a healthy lifestyle

Respondents were asked how important each of a number of diet-related factors were for a healthy lifestyle. At least two thirds of respondents thought that each of the behaviours asked about were important.

- Almost all respondents thought that it was important to eat fruit and vegetables (99%) and drink plenty of water (98%).
- Almost as many respondents thought it was important to eat less salt (95%) and limit food and drinks high in sugar (94%).
- Around nine tenths thought that it was important to limit foods high in saturated fat (90%) and eat the right amount of calories each day (88%).
- More than four fifths thought it was important to limit foods high in total fat (85%) and to eat fish, including oily fish (83%).
- Around three quarters thought it was important to eat dairy products such as cheese, milk or yoghurt (75%) and to eat food such as bread, rice, pasta and potatoes (73%).
- Respondents were least likely to think that it was important to eat pulses such as soya beans, lentils or chickpeas (67%).

The proportions who thought each of these are important have generally declined since Wave 1 of the survey in 2010.

- Almost all respondents in Wave 2 (2012) thought that it was important to limit foods high in saturated fat (97%) but this has declined in subsequent waves to 90% in Wave 5 (2018).
- Between 95% and 97% in Waves 1 to 3 (2010 to 2014) thought it was important to limit foods high in total fat, but this declined to 90% in Wave 4 (2016) and 85% in Wave 5 (2018).

- Between 89% and 90% in Waves 1 to 3 (2010 to 2014) thought it was important to eat fish, including oily fish, but this declined to 83% in Wave 4 (2016) and Wave 5 (2018).
- Between 86% and 87% in Waves 1 to 3 (2010 to 2014) thought it was important to eat dairy products such as cheese, milk and yoghurt, but this declined to 78% in Wave 4 (2016) and 75% in Wave 5 (2018).
- The proportion who thought it was important to eat foods such as bread, rice, pasta and potatoes declined from 89% in Waves 1 and 2 (2010, 2012) to 85% in Wave 3 (2014), 72% in Wave 4 (2016) and 73% in Wave 5 (2018).
- The proportion who thought it important to eat the right amount of calories each day declined from 90% in Wave 1 (2010) to 80% in Wave 4 (2016), and then increased to 88% in Wave 5 (2018).

There were few differences between men and women, except that men were more likely than women to think that it was important to eat food such as bread, rice, pasta and potatoes (80% and 66% respectively). Similarly there were few variations across age groups, except that the proportion who thought it important to eat the right amount of calories each day varied by age, increasing from 85% of under 35s to 96% of those aged between 45 and 54, and then declining with age to 74% of those aged 75 and over.

Table 6.7

6.5 Eating habits

Perception of own diet

Four fifths (80%) of respondents in Northern Ireland felt that they ate a healthy diet, with a further 13% saying that their diet was neither healthy nor unhealthy. Less than one in ten (7%) thought that their diet was unhealthy. The proportion who felt that their diets were healthy has remained at similar levels across survey waves.

Table 6.8

Consumption of different foods

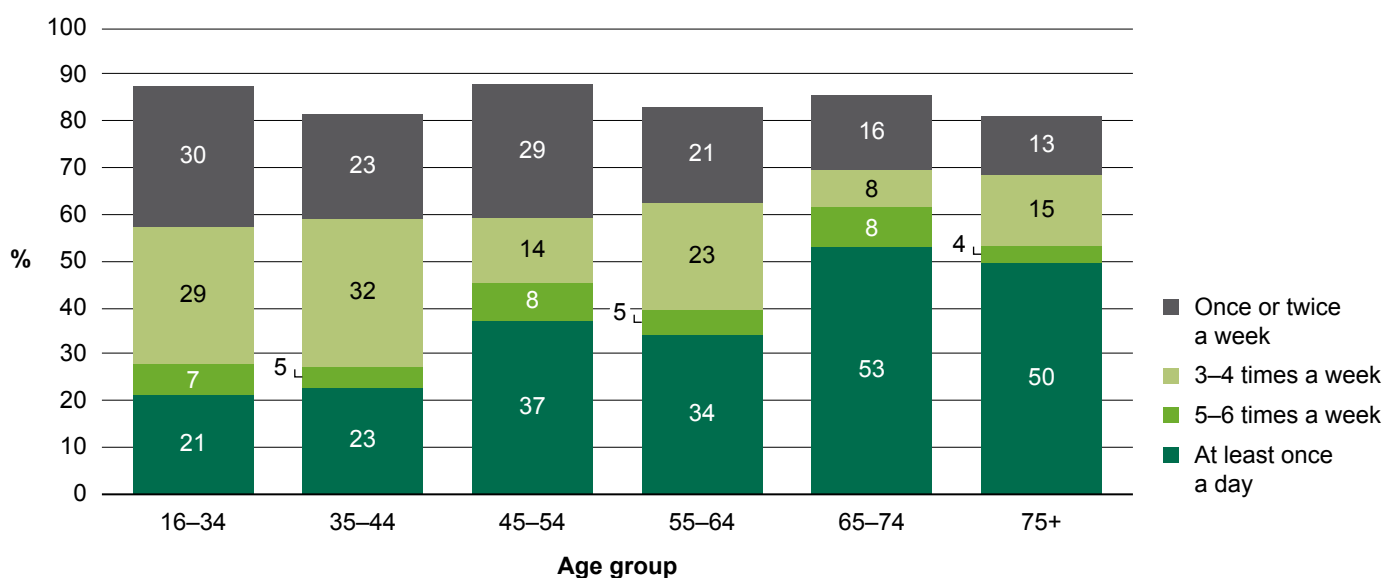
Biscuits, pastries and cakes

In Northern Ireland, 85% of respondents said they ate biscuits, pastries or cakes at least once a week, including 32% who ate them every day. One in twenty (5%) said they never ate biscuits, pastries or cakes. The proportion who ate these at least once a week has varied over time with no clear pattern, but there has been a decline over time in the proportions who said they ate biscuits, pastries or cakes every day, from 49% in Wave 1 (2010) to 32% in Wave 5 (2018).

The proportions who ate biscuits, pastries or cakes at least once a week was similar across different groups, but the proportion who ate them every day increased with age from 21% of those aged between 16 and 34 to 53% of those aged between 65 and 74 and 50% of those aged 75 and over.

Table 6.9, Figure 6.9

Figure 6.9. Consumption of biscuits, pastries and cakes at least once a week, by age (Northern Ireland, Wave 5)



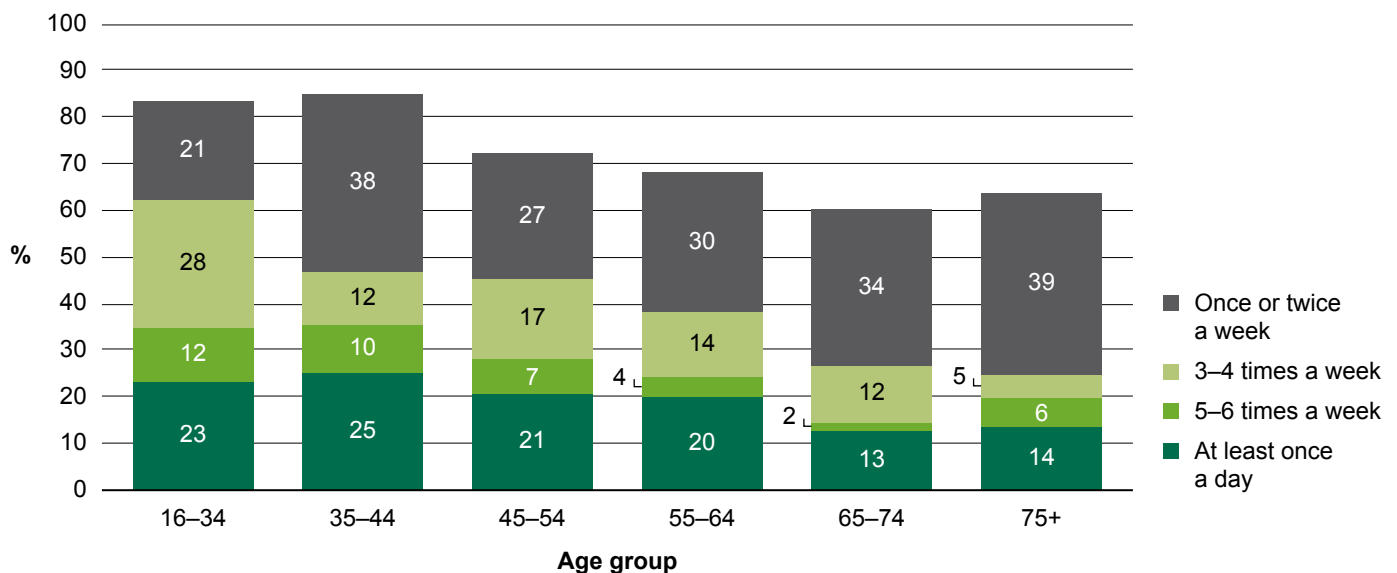
Sweets and chocolate

Three quarters (75%) of respondents said that they ate sweets or chocolate at least once a week, including 21% who ate them every day. A relatively small proportion (6%) said they never ate sweets or chocolate. These proportions were similar in Wave 4 (2016).

The proportions who ate sweets or chocolate at least once a week were highest among respondents aged under 35 (84%) and between 35 and 44 (85%), and declined with age thereafter to 60% of those aged between 65 and 74 and 64% of those aged 75 and over.

Table 6.10, Figure 6.10

Figure 6.10. Consumption of sweets and chocolate at least once a week, by age (Northern Ireland, Wave 5)



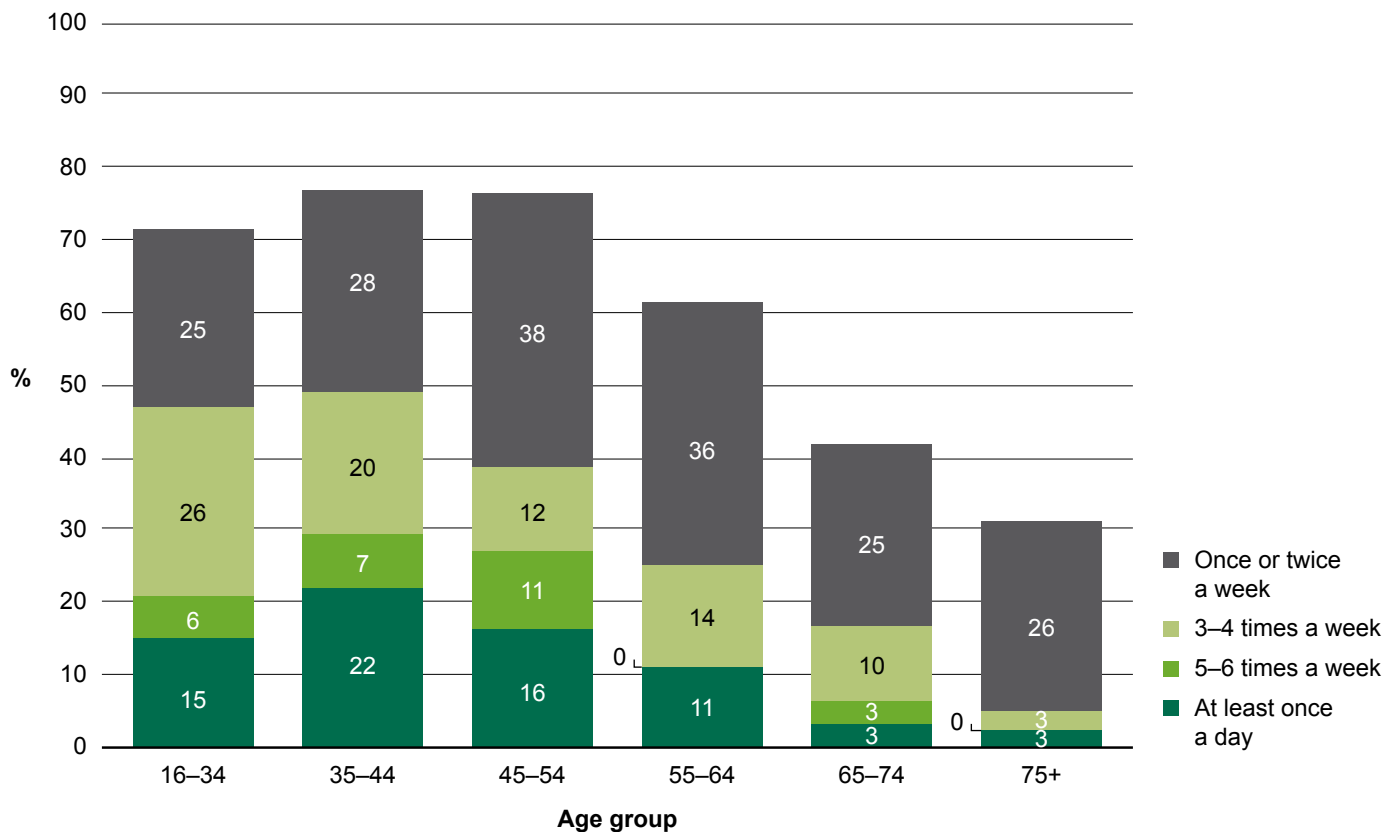
Savoury snacks

Around two thirds (65%) of respondents ate savoury snacks such as crisps at least once a week, including 14% who ate them every day. These proportions were similar in Wave 4 (2016), but the proportion who said they never ate savoury snacks fell from 17% in Wave 4 to 11% in Wave 5 (2018).

Those aged between 35 and 54 were most likely to eat savoury snacks at least once a week (77%) and this proportion declined with age to 31% of respondents aged 75 and over. A similar proportion (32%) in this age group said they never ate savoury snacks, compared with lower numbers in younger age groups, and as little as 4% of those aged under 35.

Table 6.11, Figure 6.11

Figure 6.11. Consumption of savoury snacks at least once a week, by age (Northern Ireland, Wave 5)



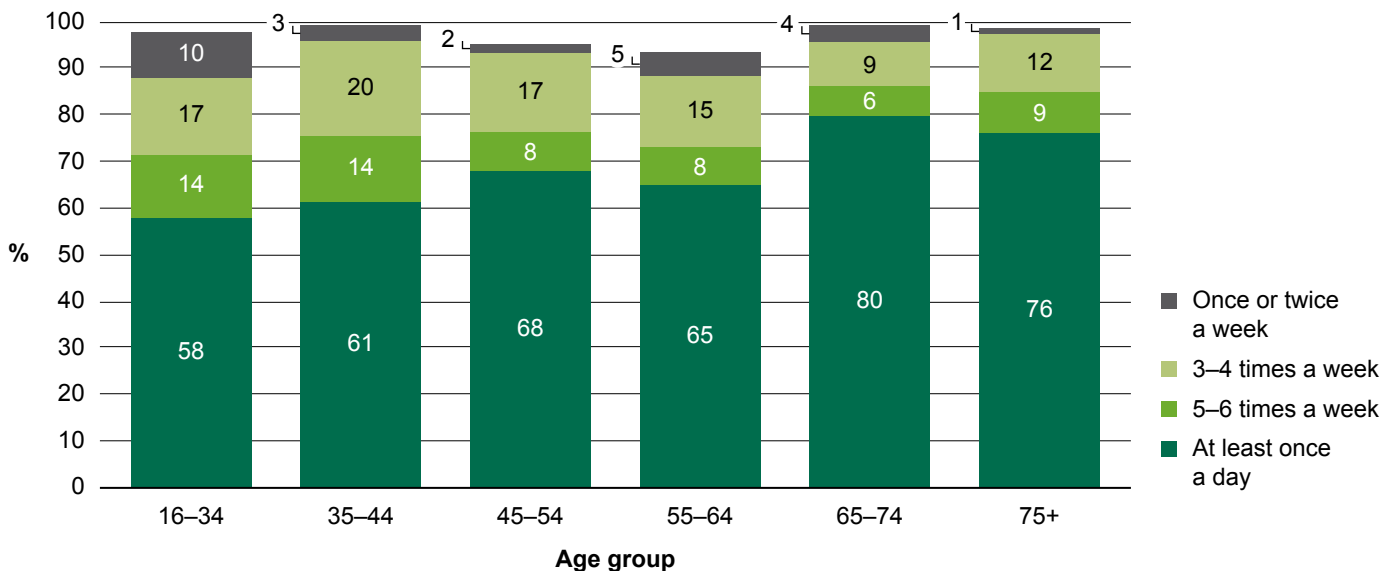
Bread, rice, pasta, potatoes and other starchy food

Almost all respondents (97%) ate bread, rice, pasta, potatoes or other starchy food at least once a week, including 65% who ate them every day. Just 1% said they never ate such foods. The proportion who ate these at least once a week has remained stable over time, but the proportion who ate them every day declined from 84% in Wave 1 (2010) to 64% in Wave 4 (2016) and 65% in Wave 5 (2018).

The proportions who ate such foods every day increased broadly in line with age, from 58% of those aged under 35 to 80% of those aged between 65 and 74 and 76% of those aged 75 and over.

Table 6.12, Figure 6.12

Figure 6.12. Consumption of bread, rice, pasta, potatoes and other starchy food at least once a week, by age (Northern Ireland, Wave 5)



Fried chips or roast potatoes

Two thirds (66%) of respondents ate fried chips or roast potatoes at least once a week, but just 1% said they ate them every day. A small proportion (3%) said they never ate fried chips or roast potatoes. The proportion who ate them at least once a week has varied since Wave 1 (2010) between 65% and 75%, but with no clear pattern.

Table 6.13

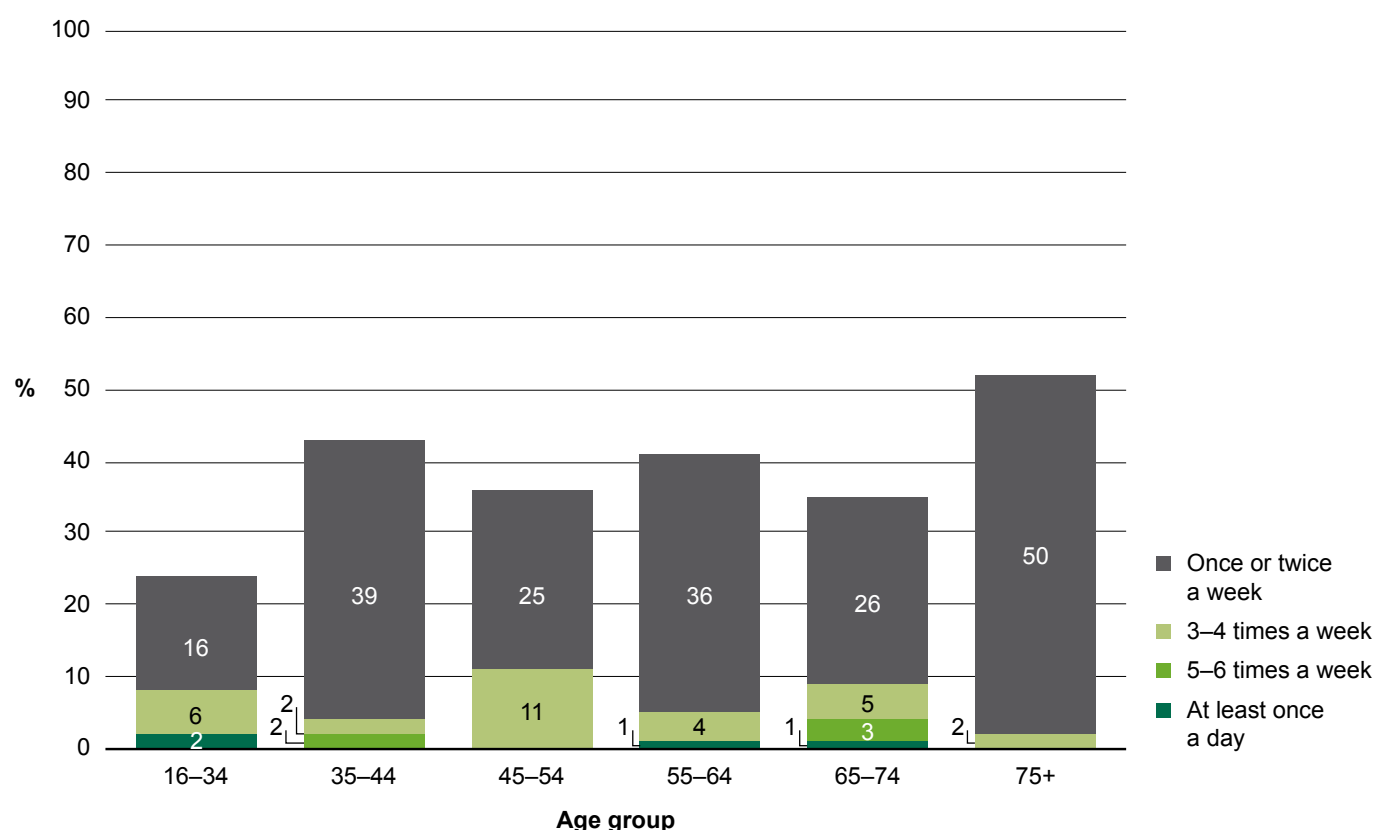
Oily fish

Just over a third (35%) of respondents said that they ate oily fish, such as salmon, sardines, mackerel or fresh tuna, at least once a week, including 1% who ate it every day.⁵³ A similar proportion (32%) said that they never ate oily fish. The proportions who ate oily fish at least once a week have declined since Wave 1 (2010), when 55% said they ate oily fish at least once a week. The proportions who say they never eat oily fish have increased over the same period from 21% to 32%.

Respondents aged under 35 were least likely to say they ate oily fish at least once a week (25%), and respondents aged 75 and over were most likely to say this (53%). The proportions who ate oily fish at least once a week were at similar levels in the intervening age groups, between 35% and 42%.

Table 6.14, Figure 6.13

⁵³ Since the completion of Wave 5 fieldwork, fresh tuna is no longer classified as an oily fish: www.nhs.uk/live-well/eat-well/fish-and-shellfish-nutrition/ or www.nidirect.gov.uk/articles/fish-and-shellfish-0

Figure 6.13. Consumption of oily fish at least once a week, by age (Northern Ireland, Wave 5)

Fruit and vegetables

Almost all respondents (98%) ate fruit and vegetables at least once a week, including 68% who ate them every day. Less than 1% of respondents said they never ate fruit and vegetables. The proportions who said they ate fruit and vegetables every day have varied between 66% and 78% across survey waves since Wave 1 (2010) with no clear pattern.

There was some variation with age in the proportions who ate fruit and vegetables every day. Those aged 16 to 34 were least likely to do this (54%) and those aged 75 and over were most likely (86%), but there was no clear pattern across other age groups.

When asked about their fruit and vegetable consumption on the previous day, around two thirds (69%) reported that they had eaten five or more portions, as recommended. In Wave 1 (2010)

74% had eaten five or more portions, but in subsequent survey waves this proportion has been at similar levels, between 67% and 69%.⁵⁴

There were no significant variations across groups in the proportions who had eaten five or more portions on the previous day.

Tables 6.15, 6.16

6.6 Healthy eating away from home

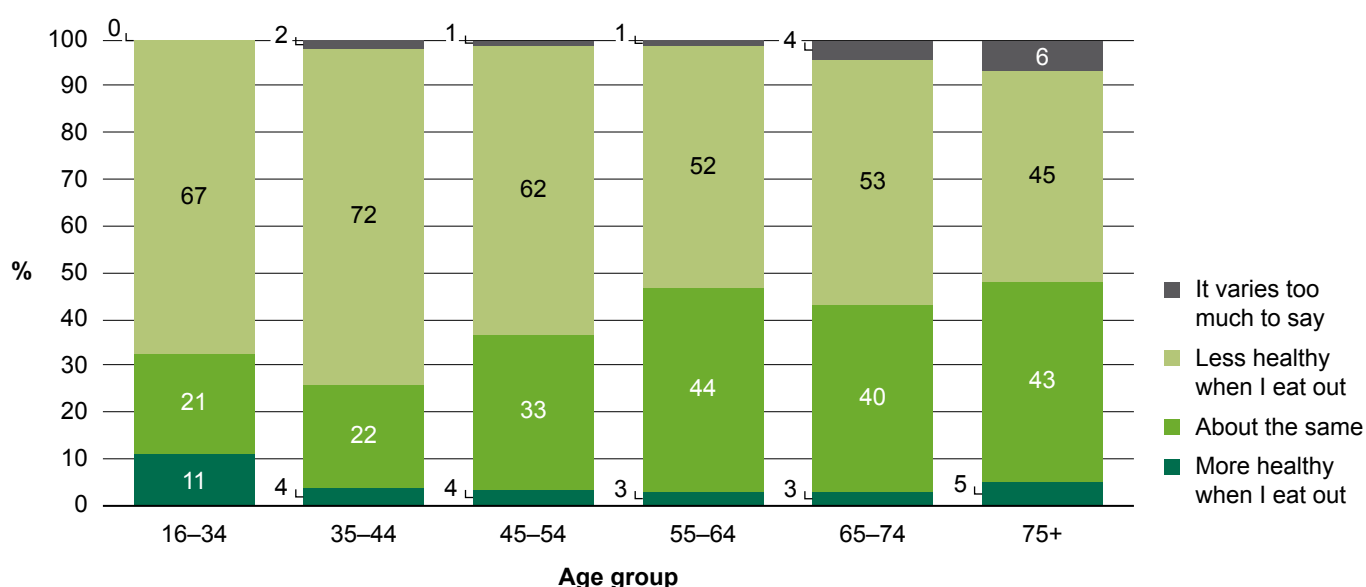
6.6.1 How healthy is food eaten away from home?

Respondents were asked to compare the healthiness of the food they ate out with the food they ate at home. The majority (62%) said that the food they ate out was less healthy than the food they ate at home. More than three fifths said this, compared with just 6% who said that the food they ate out was healthier than the food they ate at home. These proportions have remained similar across survey waves.

Younger people were more likely to say that the food they ate out was less healthy. Around seven in ten of those aged under 45 said this (67% of those aged 16 to 35, 72% of those aged between 35 and 44), but the proportion declined with age to 45% of those aged 75 and over.

Table 6.17, Figure 6.14

⁵⁴ The questions included a detailed explanation of what constitutes a portion, with examples such as three heaped tablespoons of cooked vegetables, a small bowl of salad, a medium size piece of fruit such as an apple or banana or a handful of grapes and only one portion of fruit juice or fruit smoothie was counted, in line with the recommendations.

Figure 6.14. How healthy is food eaten out compared with that at home, by age (Northern Ireland, Wave 5)

6.6.2 Information on healthy options

Respondents were asked where they would like to see more information displayed about how healthy different options are when eating away from home. Around half mentioned restaurants (51%), takeaway outlets (50%) and fast food restaurants (45%). Fewer mentioned cafes, coffee shops and sandwich shops (39%); food outlets in leisure facilities such as cinemas, bowling alleys, or theme parks (30%); pubs (26%); street food stalls or pop-ups (23%); or workplace canteens (23%). About a quarter (24%) did not mention any places where they would like to see more information about how healthy different eating options were.⁵⁵

The pattern of change over survey waves was similar for all outlets, being highest in Waves 2 and 3, before declining to similar levels in Waves 4 and 5. For example in Wave 1 (2010) 38% mentioned fast food outlets, and this increased to 57% in Wave 2 (2012) and 58% in Wave 3 (2014), before declining to 52% in Wave 4 (2016) and 45% in Wave 5. Across the same period, 34% mentioned cafes, coffee shops and

⁵⁵ Responses to this question are likely to have been influenced by where respondents ate away from home (see Chapter 3 of this report).

sandwich shops in Wave 1, increasing to 50% in Wave 2 and 51% in Wave 3, and then declining to 41% in Wave 4 and 39% in Wave 5.

There were few differences between men and women, except that women were more likely than men to want this type of information when eating in leisure facilities such as cinemas, bowling alleys and theme parks (35% and 24% respectively).

There were some variations according to age. Similar proportions of adults aged under 65 wanted more information about the healthiness of options in fast food restaurants (between 46% and 55%), but this proportion was lower among adults aged between 65 and 74 (32%) and those aged 75 and over (18%). The proportion wanting such information in leisure facilities declined in line with age from 43% of those aged under 35 to 6% of those aged 75 and over. There was a similar decline with age for those wanting such information in workplace canteens, from 32% of those aged under 35 to 4% of those aged 75 and over. Half (49%) of adults aged 75 and over did not want information in any locations, compared with between 19% and 28% in other age groups.

Table 6.18



Food
Standards
Agency
food.gov.uk

NatCen
Social Research that works for society