

The 2014

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Survey

Northern Ireland Bulletin 6  
Eating and health

The 2014

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Survey

# Northern Ireland Bulletin 6 Eating and health

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# Official Statistics

The statistics presented in this bulletin meet the requirements of the UK Code of Practice for Official Statistics<sup>1</sup>.

Further information on Official Statistics can be found on the UK Statistics Authority website<sup>2</sup>.

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<sup>1</sup> <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

<sup>2</sup> <http://www.statisticsauthority.gov.uk/national-statistician/types-of-official-statistics/index.html>

# Foreword

This bulletin presents a descriptive overview of selected findings from Wave 3 of the Food and You survey for Northern Ireland, commissioned by the Food Standards Agency (FSA or the Agency). Much of the Agency's work with the public is concerned with informing and influencing the ways in which food is purchased, stored, prepared and consumed. Food and You provides data about the prevalence of different reported behaviours, attitudes and knowledge relating to these topics.

Waves 1 and 2 of the Food and You survey were carried out in 2010 and 2012 respectively. Wave 3 was conducted in 2014 and consisted of 3,453 interviews from a representative sample of adults aged 16 and over across the UK, including 524 interviews in Northern Ireland on which this report is based. Wave 3 builds on and extends the previous findings.

The key findings for Northern Ireland from Wave 3 have been published in six separate bulletins, one for each of the following main topics:

- Eating, cooking and shopping
- Food safety in the home
- Eating outside the home
- Experience of food poisoning and attitudes towards food safety and food production
- Advice on healthy eating
- Eating and Health

In addition to the bulletins, an executive summary has been published which presents key findings for Northern Ireland from across the entire survey.

This bulletin provides a descriptive overview of the key findings from Wave 3 in relation to eating and health.

## Background and objectives

### Role of the FSA

The FSA was created in 2000 as a non-ministerial, independent government department governed by a Board whose members have extensive knowledge and experience in a wide range of sectors relevant to the FSA. The Agency was set up to protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food.

The FSA is responsible for food safety and hygiene across the UK, and is committed to ensuring the general public can have trust and confidence in the food they buy and eat. In Northern Ireland the FSA is additionally responsible for nutrition policy and food labelling.

In providing guidance on food safety to consumers, the Agency aims to minimise the risk of food poisoning. Advice generally relates to four aspects of food hygiene: cleaning, cooking, avoiding cross-contamination and chilling (collectively known as the '4 Cs'), with advice provided on each aspect. 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 the safety of food eaten at home.

### The Food and You survey

In 2009, the FSA commissioned a consortium comprising TNS BMRB, the Policy Studies Institute (PSI) and the University of Westminster to carry out Wave 1 of Food and You. The main aim of this survey was to collect quantitative information as a baseline on the UK public's reported behaviour, attitudes and knowledge relating to food issues (such as food safety and healthy eating). The results from this survey provided an extensive evidence base to support policy making at the FSA and across other government departments.

Waves 1 and 2 of the Food and You survey were conducted by the same consortium in 2010 and 2012 respectively. Reports of the findings and methodological details are available on the FSA website<sup>3</sup>. Specific examples of use of the findings include results from Wave 1 being used to determine the theme of the 2012 FSA Food Safety Week<sup>4</sup> and findings from Wave 2 informing FSA public campaigns on food safety. Secondary analysis of the Waves 1 and 2 data has explored domestic food safety practices<sup>5</sup> and the relationships between nutrition and food safety<sup>6</sup>. Wave 3 was carried out in 2014 by TNS BMRB.

Prior to 2010, the FSA was responsible for food safety and nutrition policy across the UK. Accordingly, Wave 1 of the Food and You survey contained questions covering both healthy eating and food safety, and the findings were reported together. During Wave 1, responsibility for nutrition policy (healthy eating) was transferred in England and Wales to the Department of Health (DH) and the Welsh Government respectively. Nutrition policy in Northern Ireland and Scotland remains the responsibility of the Agency. Waves 2 and 3, therefore, included a question module on healthy eating for respondents in Northern Ireland and Scotland, but focussed solely on food safety issues for respondents in England and Wales.

The objectives for Wave 3 of the Food and You survey were to collect quantitative information to enable the Agency to:

- Explore public understanding of, and engagement with, the Agency's aim of improving food safety
- Identify specific 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)
- Monitor changes over time (compared with data from Waves 1 and 2 or from other sources) in reported attitudes and behaviour
- Broaden the evidence base and develop indicators to assess progress in fulfilling the Agency's strategic plans, aims and targets.

## About this bulletin

### Self-reported behaviours

Interviews as a data collection method do not necessarily capture people's actual practices. What respondents say in interviews about what they do and think is necessarily *reported* for a number of reasons, including recall not being accurate, certain behaviours being habitual and therefore possibly difficult to recall, and desirability bias – described further below. Here 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 borne in mind.

When developing the Food and You questionnaire, it was apparent that the risk of social desirability bias was high i.e. respondents tended to answer questions based on what they thought they ought to say, rather than reflecting what they actually do, know or think. In particular, there were a number of topics in the questionnaire for which respondents might be reluctant to report behaviour which goes against a generally well known 'best practice' (for example, not washing their hands before cooking or preparing food). The Food and You questionnaire was carefully designed to limit this as far as possible by asking questions about behaviour in specific time periods (e.g. asking whether a respondent did something 'in the last seven days' rather than 'usually') and framing questions in a neutral way.

### Questionnaire changes between waves

To reflect the changing responsibilities of the FSA, the focus of the survey content was changed between Wave 1 and Wave 2. To minimise any effects caused by changing the order of the questions attempts were made to keep the structure of the questionnaire as similar as possible between the

<sup>3</sup> The Wave 1 report can be found at: [http://www.foodbase.org.uk/admintools/reportdocuments/641-1-1079\\_Food\\_and\\_You\\_Report\\_Main\\_Report\\_FINAL.pdf](http://www.foodbase.org.uk/admintools/reportdocuments/641-1-1079_Food_and_You_Report_Main_Report_FINAL.pdf) and the Wave 2 report can be found at: [http://www.foodbase.org.uk/admintools/reportdocuments/805-1-1460\\_Wave\\_2\\_Main\\_Report.pdf](http://www.foodbase.org.uk/admintools/reportdocuments/805-1-1460_Wave_2_Main_Report.pdf)

<sup>4</sup> <http://www.food.gov.uk/news-updates/campaigns/germwatch/>

<sup>5</sup> <http://www.food.gov.uk/science/research/ssres/fs409012>

<sup>6</sup> <http://www.food.gov.uk/science/research/ssres/crosscutss/fs307014>

waves. Despite this, the removal of the healthy eating questions in England and Wales, and further revisions of the food safety questions introduced unavoidable differences between the two waves of the survey. As the context in which survey questions are asked is known to influence the way respondents reply we cannot rule out the possibility that differences in responses between Waves 1 and 2 may have been partly or wholly because of changes to the questions. Further changes were made to the questionnaire at Wave 3. Again, whilst efforts were made to keep the structure of the questionnaire as similar as possible to the Wave 2 questionnaire, unavoidable differences were introduced between these two waves of the survey. That observed differences could be an effect of changes to the questionnaire should be kept in mind when considering the findings.

Where questions have remained consistent across the waves of the survey, statistical analysis has been used to determine whether results have changed significantly over time. Although having three data points now means it is possible to see trends starting to emerge, doing so is inevitably still tentative, whereas further waves of data collection would allow greater confidence in identifying trends.

At Wave 1 of the survey, in order to cover additional topics without over-burdening respondents, three question modules (eating arrangements, eating out and shopping patterns) were each asked of a random third of respondents. At Waves 2 and 3, all question modules were asked of all respondents. The larger sample sizes for these modules at Waves 2 and 3 mean that smaller differences observed between Waves 2 and 3 are statistically significant compared with differences between Wave 1 and Waves 2 or 3.

The Food and You Technical Report<sup>7</sup> provides a summary of questionnaire changes between Wave 2 and Wave 3.

### **Reporting conventions**

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 five per cent 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.

Percentages may not add to 100% as a result of rounding.

### **Topics covered**

The Food and You survey collected data on a wide range of topics. As a result it is not feasible for this series of bulletins to present detailed analysis of all of the questions. In particular, only selected socio-demographic variables have been analysed to uncover statistically significant differences. These variables were identified by the FSA as of key interest, providing the most useful information about sub-group variation at this initial stage of data analysis. The identified variables were: age, gender and the Northern Ireland Multiple Deprivation Measure (NIMDM).<sup>8</sup> Variation by age and gender has been considered across the three waves, while only Wave 3 data was examined for variation by NIMDM. Full data are available in the UK Data Archive<sup>9</sup> and at [data.gov.uk](http://data.gov.uk)<sup>10</sup> for further analysis.

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<sup>7</sup> <http://www.food.gov.uk/sites/default/files/food-and-you-2014-uk-bulletin-technical-report.pdf>

<sup>8</sup> The Northern Ireland Multiple Deprivation Measure (NIMDM) 2010 is the official measure of area deprivation in Northern Ireland which considers deprivation across income, employment, health and disability, education skills and training, proximity to services, living environment, and crime and disorder. Areas are grouped into quintiles based on their 2010 NIMDM score, with quintile 1 the most deprived areas across Northern Ireland and quintile 5 the least deprived areas.

<sup>9</sup> <http://www.data-archive.ac.uk/>

<sup>10</sup> <http://data.gov.uk/>

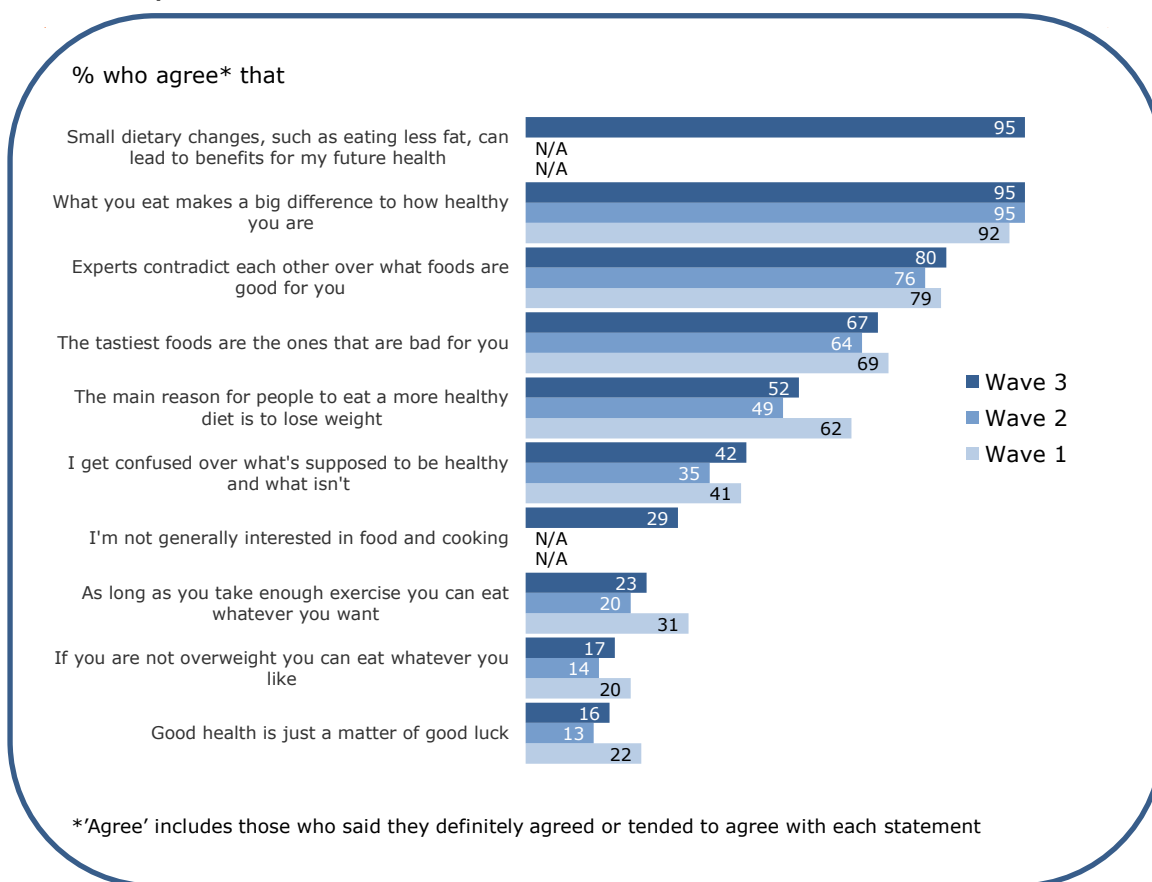


## Key Findings

- Almost all respondents agreed that what you eat makes a big difference to how healthy you are (95%) and that small dietary changes can lead to benefits for future health (95%).
- The majority of respondents (80%) thought that the food they usually ate was very or fairly healthy, which was similar to the results at Waves 1 and 2. Forty-four per cent agreed with the statement 'I do not need to make any changes to the food I eat, as it is already healthy enough'.
- Four-fifths of respondents (80%) agreed that the experts contradict each other over what foods are good for you and around two-fifths (42%) agreed that they get confused over what is supposed to be healthy and what isn't.
- The types of food that respondents reported eating most often (at least once a week) were fruit and vegetables (99%), starchy foods (99%) and milk and dairy foods (98%). Nine in ten respondents (90%) reported eating raw fruit at least once a week. A similar proportion (88%) reported eating raw vegetables, including salad, at least once a week. Just under half of respondents (48%) reported eating five or more portions of fruit and vegetables on the day before they were interviewed.
- Respondents were asked whether they had made any changes to the food they ate over the past six months; 47% reported that they had not. Twenty-six per cent of respondents said that they were eating more fruit and vegetables and around a quarter said that they were eating smaller portions (24%).
- Around half of respondents (48%) who reported that they had made changes to their diet in the past six months said that they had done so to be more healthy and 44% mentioned making changes lose or maintain their weight. The most common difficulty mentioned by respondents in eating more healthily was the cost of food (32%). Eighteen per cent said that they would not have any difficulties in trying to eat more healthily.
- Around three-fifths of respondents (63%) said that the food they ate outside of the home was less healthy than the food they ate when at home and 85% named at least one type of food establishment where they would like to see more information about healthy options. Fifteen per cent said that they would not like to see more information about healthy food options in any of the places asked about.

# 1. Attitudes towards healthy eating

**Figure 1.1 Agreement with attitudinal statements about healthy eating (Waves 1, 2 and 3)**



Source: Q2\_16 & H2\_16 Please tell me how much you agree or disagree with the following statements.

Base: All NI respondents - Wave 1 (506); Wave 2 (504); Wave 3 (524) (N/A statements not included in Waves 1 and 2)

- Respondents were asked to say, on a five-point scale from 'definitely agree' to 'definitely disagree', how much they agreed or disagreed with a range of statements about healthy eating.
- The majority of respondents agreed<sup>11</sup> that what you eat makes a big difference to how healthy you are (95%) and that small dietary changes can lead to benefits for future health (95%).
- Four in five respondents (80%) agreed the experts contradict each other over what foods are good for you, and around two in five agreed that they get confused over what is supposed to be healthy and what is not (42%).
- Around two-thirds of respondents (67%) agreed that the tastiest foods are the ones that are bad for you, and almost a quarter (23%) said they agreed that if you take enough exercise you can eat whatever you want.

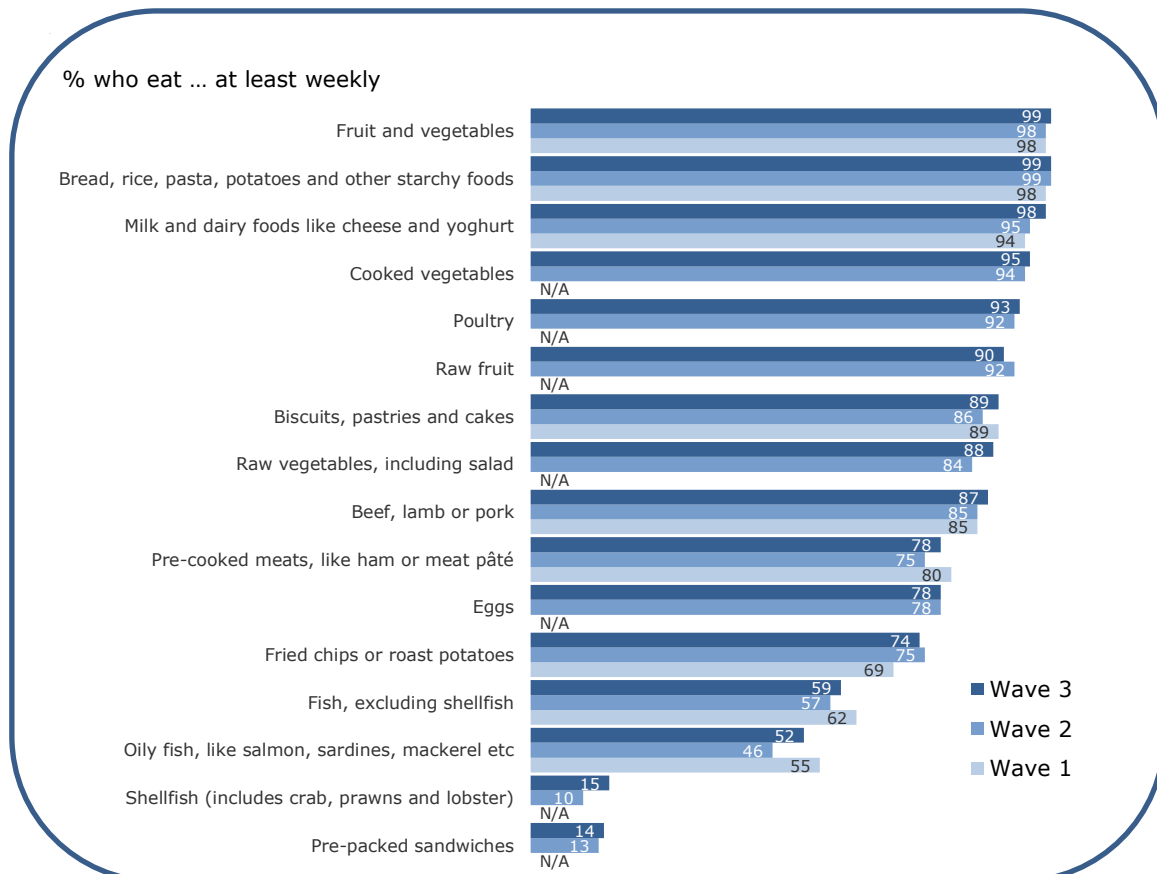
<sup>11</sup> 'Agree' includes those who responded either 'Definitely agree' or 'Tend to agree'. 'Disagree' includes those who responded either 'Definitely disagree' or 'Tend to disagree'. This definition applies throughout this bulletin.

- Just over half of respondents (52%) agreed that the main reason for people to eat a more healthy diet is to lose weight and 17% agreed that if you are not overweight you can eat whatever you like.
- The results at Wave 3 were similar to those at Waves 1 and 2.

## 2. Consumption of different types of food

### 2.1 Frequency of eating different types of food

**Figure 2.1 Percentage of respondents eating different types of food weekly or more often (Waves 1, 2 and 3)**



Source: Q2\_14 & H2\_14 At the moment, how often do you eat...

Base: All NI respondents - Wave 1 (506); Wave 2 (504); Wave 3 (524) (N/A foods not included at Wave 1)

- The types of food that respondents were most likely to report eating at least once a week were fruit and vegetables (99%), starchy foods (99%) and milk and dairy foods (98%).
- Nine in ten respondents (90%) reported eating raw fruit at least once a week. A similar proportion (88%) reported eating raw vegetables, including salad, with this frequency.
- Around three-quarters of respondents (74%) reported eating fried chips or roast potatoes and 78% reported eating eggs at least once a week.
- Around half of respondents (52%) reported eating oily fish at least once a week and 15% reported eating shellfish with this frequency.
- Just under half of respondents (48%) reported eating five or more portions of fruit and vegetables on the day before they were interviewed, with 43% reporting

eating between two and four portions and eight per cent reporting eating one or none. These proportions were similar to those reported at Wave 2.

- The reported frequencies of eating each type of food were similar to those at Waves 1 and 2, although 98% of respondents reported consuming milk and dairy produce at least weekly compared with 94% at Wave 1.

## 2.2 Variation in attitudes towards healthy eating and consumption of different foods by different groups in the population<sup>12</sup>

### Variation by gender and age, including differences between the survey waves

- Variation by **gender** was observed in attitudes towards healthy eating. Men (24%) were more likely than women (10%) to agree that if you are not overweight you can eat whatever you like. They were also more likely to report agreement with the statement 'as long as you take enough exercise you can eat whatever you want' (31% of men compared with 15% of women).
- There was little variation by gender in the types of foods consumed, however men (80%) were more likely than women (69%) to report eating fried chips or roast potatoes at least once a week. Men were also more likely than women to report eating beef, lamb or pork on at least a weekly basis (92% of men compared with 81% of women).
- As at Wave 2, women were more likely than men to say that they never ate pre-cooked meats (13% compared with five per cent) and were less likely to report eating pre-packaged sandwiches (19% of men reported eating these at least weekly compared with nine per cent of women).
- Variation was observed by **age**. Respondents aged 60 and over were more likely than those aged 16-24 to agree that they get confused over what's supposed to be healthy and what is not (47% of those aged 60 and over agreed compared with 26% of those aged 16-24).
- Respondents aged 35-64 were more likely than older respondents to disagree with the statement 'if you are not overweight you can eat what you like'. Eighty-five per cent of this group disagreed, compared with 62% of those aged 75 and over.
- Eighty-four per cent of 55-64 year olds disagreed that as long as you take enough exercise you can eat what you like, which was a greater proportion than that amongst older respondents (64% of those aged 65 and over) and younger respondents (64% of those aged 25-34 year olds).
- Respondents aged 35-44 were the most likely to disagree that the main reason for people to eat a more healthy diet is to lose weight. Almost half (48%) of this group did so, compared with around a quarter (26%) of those aged 75 and over.
- As at Wave 2, a greater proportion of those aged under 55 (81%) disagreed that good health is just a matter of good luck, compared with those aged 55 and over (68%).

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<sup>12</sup> The following variables were analysed to identify statistically significant differences: age, gender, Northern Ireland Multiple Deprivation Measure.

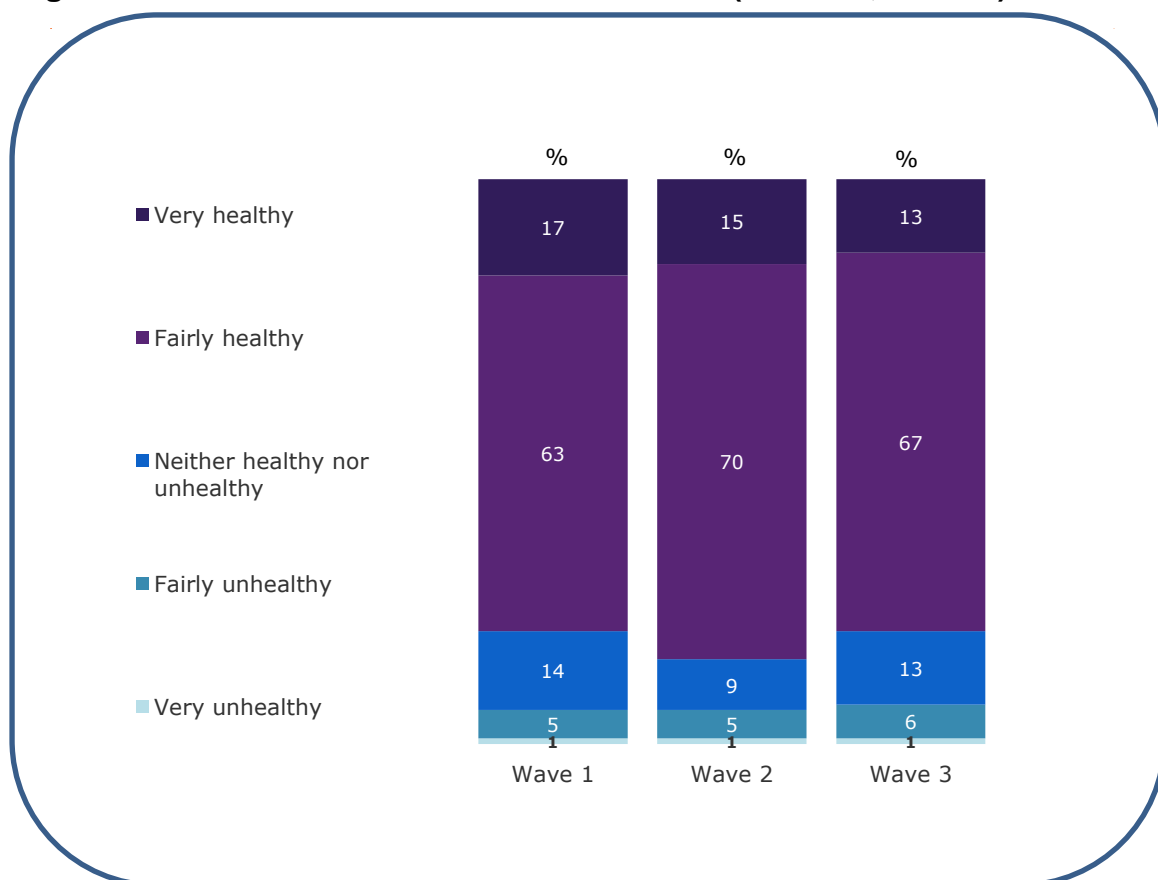
- Older respondents were less likely to say that they ate fried chips or roast potatoes at least weekly (57% of those aged 65 and over compared with 79% of those aged 16-64).
- Younger respondents were less likely than older groups to say they ate oily fish at least once a week; 39% of those aged 16-34 reported this, compared with 59% of those aged 35 and over. Similarly for fish in general (other than shellfish), 44% of those aged 16-24 reported that they ate this at least once a week, compared with 69% of those aged 60 and over.
- Respondents aged 16-24 were least likely to say they ate fruit and vegetables at least once a day; 38% of those aged 16-24 reported this, compared with 74% of those aged 35 and over.
- Younger respondents aged 16-24 were more likely than those aged 55 and over to report that they ate cooked vegetables at least once a day (28% of those aged 16-24 compared with 53% of respondents aged 55 and over).

### **Other variation at Wave 3**

- Little variation by the **Northern Ireland Multiple Deprivation Measure (NIMDM)** was observed, however respondents from more deprived areas were more likely to agree that the tastiest foods are the ones that are bad for you (72% of those in quintiles one to three agreed compared with 51% of those in quintile five).
- Respondents from the most deprived areas (29% in quintile one) were more likely to agree with the statement 'good health is just a matter of good luck' than those in less deprived areas (13% in quintiles two to five).

### 3. Perceptions of diet

Figure 3.1 Perceived healthiness of food eaten (Waves 1, 2 and 3)



Source: H2\_1 Overall, in your opinion, would you say that what you usually eat is...

Base: All NI respondents - Wave 1 (506); Wave 2 (504); Wave 3 (524)

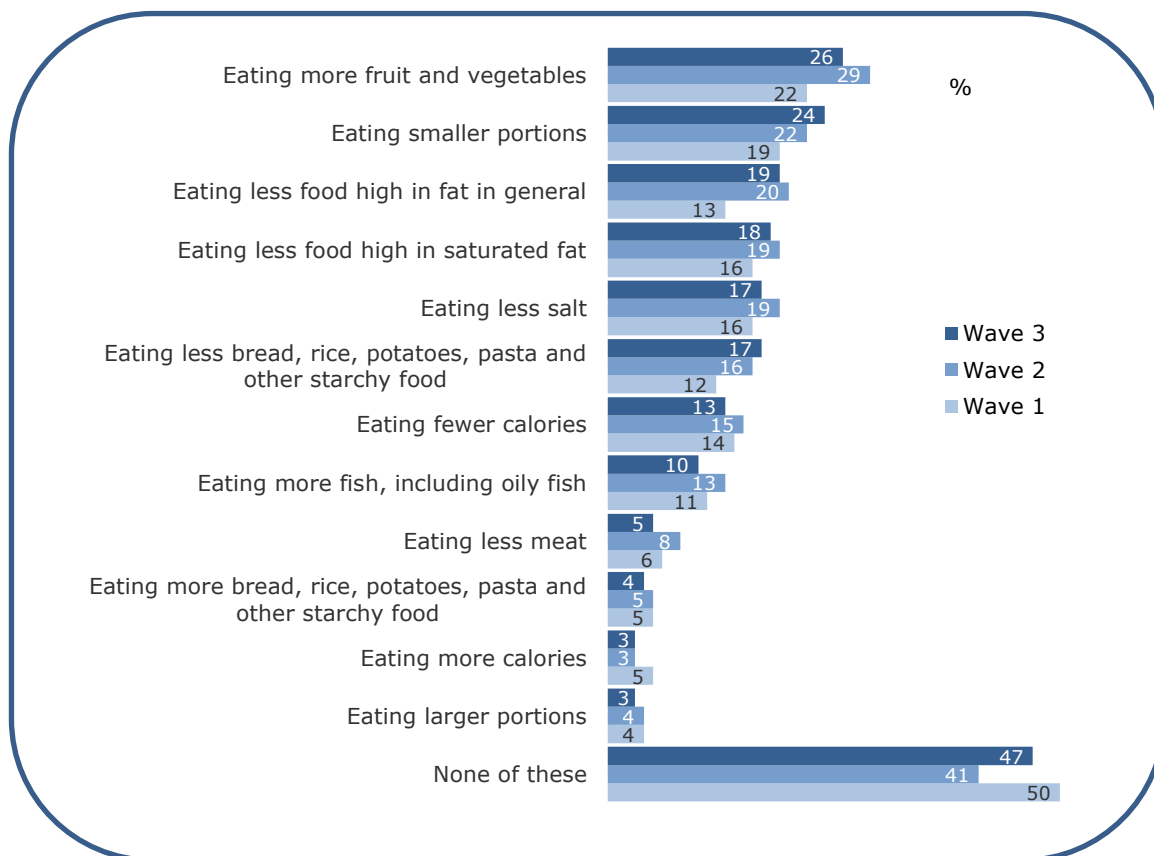
- The majority of respondents (80%) reported that the food they usually ate was very or fairly healthy, similar to the results at Waves 1 and 2.



## 4. Dietary change

### 4.1 Changes to food eaten

**Figure 4.1 Changes made to food eaten in the last six months (Waves 1, 2 and 3)**



Source: H2\_19 Thinking about the last six months, what changes, if any, have you personally made to the food you eat?

Note: respondents were able to give multiple answers

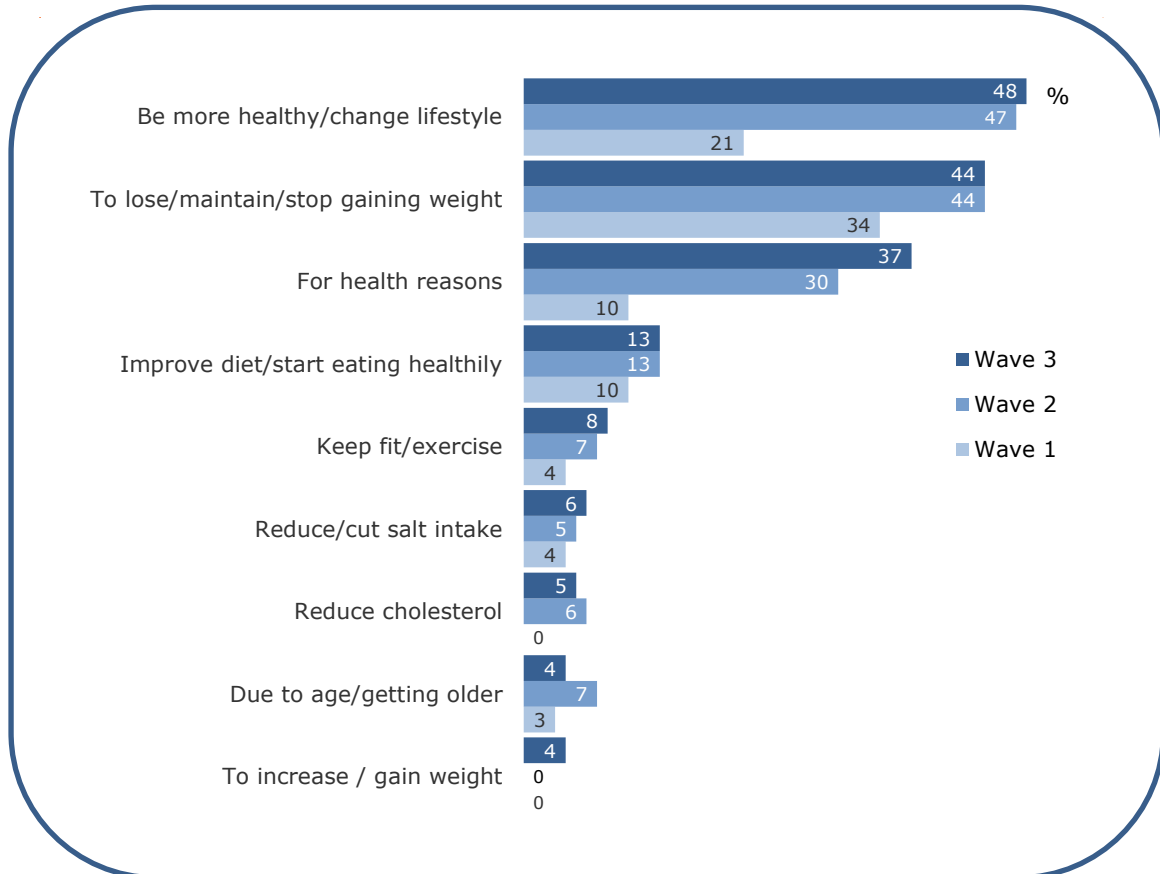
Base: All NI respondents - Wave 1 (506); Wave 2 (504); Wave 3 (524)

- Respondents were asked how much they agreed or disagreed with the statement 'I do not need to make any changes to the food I eat, as it is already healthy enough'. Forty-four per cent of respondents agreed and 46% disagreed, similar to the findings at Waves 1 and 2.
- Respondents were also asked whether they had made any changes to the food they ate over the past six months. Twenty-six per cent of respondents said that they were eating more fruit and vegetables and about a quarter said that they were eating smaller portions (24%).
- Around a fifth said they were eating less food that was high in saturated fat (18%), less food that was high in fat in general (19%) and 13% reported eating fewer calories.

- Seventeen per cent of respondents said they were eating less salt and the same proportion reported eating less starchy food.
- Around half of respondents (47%) said that they had not made any of these changes to their diet.
- There were no statistically significant differences from previous waves in reported changes to diet.

## 4.2 Barriers and motivation to change

**Figure 4.2 Reasons for changes made to food eaten in the last six months (Waves 1, 2 and 3)**



Source: H2\_21 Why have you made these changes to the food you eat in the last six months? Responses given by four per cent or more at Wave 3 are shown.

Note: responses were given spontaneously, with no prompted response list shown to respondents<sup>13</sup>

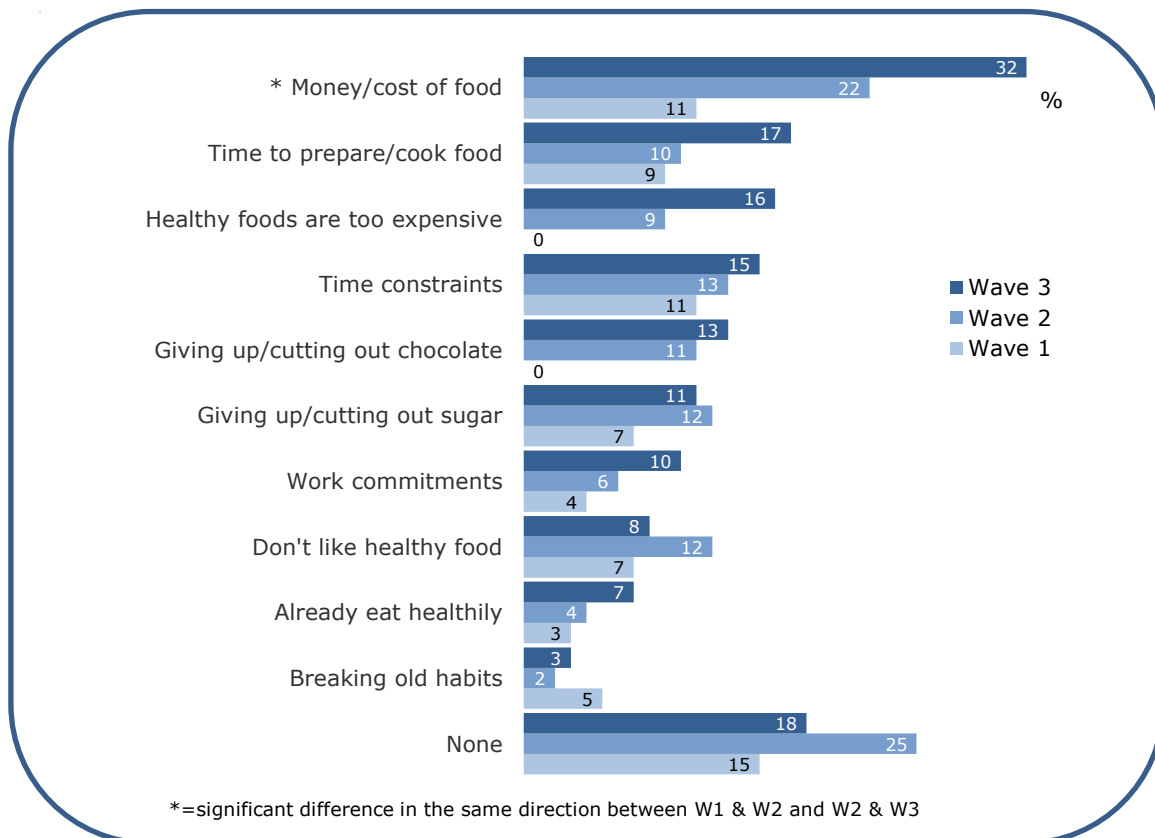
Note: respondents were able to give multiple answers

Base: All NI respondents who have made changes to the food they eat in the last six months - Wave 1 (244); Wave 2 (282); Wave 3 (268)

- Almost half of respondents (48%) who reported that they had made changes to their diet in the past six months said that they had done so to be healthier or have a healthier lifestyle. Forty-four per cent mentioned making changes to lose, maintain, or stop gaining weight and 37% said that they had made changes for health reasons.
- At Wave 3 a greater proportion of respondents said they had made changes to be healthier or have a healthier lifestyle than at Wave 1 (48% compared with 21%), but similar to the proportion at Wave 2 (47%). The proportion of respondents who reported that they had made changes for health reasons was also higher at Wave 3 than at Wave 1 (37% compared with 10%).

<sup>13</sup> At Wave 1 this question was asked as a fully open question and the most popular answers were used as the basis for the code list at Waves 2 and 3, which may explain the large differences seen in some results between Wave 1 and Waves 2 and 3.

**Figure 4.3 Difficulties in trying to eat more healthily (Waves 1, 2 and 3)**



Source: H2\_22 Some people may find it difficult to eat more healthily. Can you tell me please, what do you think would be the difficulties, if any, for you in trying to eat more healthily? Responses given by three per cent or more of respondents at Wave 3 are shown.

Note: responses were given spontaneously, with no prompted response list shown to respondents<sup>14</sup>

Note: respondents were able to give multiple answers

Base: All NI respondents - Wave 1 (506); Wave 2 (504); Wave 3 (524)

- Around a fifth (18%) of respondents thought they would not have any difficulties if they tried to eat more healthily. This was lower than at Wave 2 (25%) but similar to Wave 1 (15%).
- The primary difficulty mentioned by respondents was the cost of food (32%). The proportion of respondents mentioning this was greater than at Wave 1 (11%) and Wave 2 (22%).
- Time to prepare food (17%) and healthy foods being too expensive (16%) were also mentioned more frequently at Wave 3 than at Wave 2 (10% and nine per cent of respondents respectively mentioned these difficulties at Wave 2).
- Time constraints (15%) and work commitments (10%) were mentioned by a greater proportion of respondents at Wave 3 than at Wave 1 (compared with 11% and four per cent respectively).
- More respondents also reported that they already eat healthily at Wave 3 (seven per cent) than at Wave 1 (three per cent).

<sup>14</sup> Again, this was administered as an open question at Wave 1 and a spontaneous closed question at Waves 2 and 3.

### 4.3 Variation in perception of diet and dietary changes made by different groups in the population<sup>15</sup>

#### Variation by gender and age, including differences between the survey waves

- Although there were no statistically significant differences by **gender** in how healthy respondents thought their diet was, women (59%) were more likely than men (45%) to report making changes to their diet in the past six months.
- Women were more likely than men to report eating more fruit and vegetables in the last six months (31% compared with 20%) and eating smaller portions (32% compared with 16%). Both genders gave similar reasons for having made changes to their diet, and reported similar potential difficulties in trying to eat more healthily.
- As at Wave 2, **older respondents** were more likely to say that they thought that their diet was healthy compared with younger respondents; 91% of those aged 65 and over and 84% of those aged 35-64 said their diet was either very healthy or fairly healthy, compared with 60% of those aged 16-24.
- Older respondents were also less likely to have made any changes to their diet in the past six months, with 25% of those aged 65 or over reporting having done so, compared with 59% of those aged 25-64, similar to the findings at Wave 2.
- Similar variation by age was seen for a wide range of specific changes. For example:
  - Those aged 55-64 were more likely to report eating less salt, particularly compared with those aged 65-74 (25% of 55-64 year olds reported this change, compared with five per cent of those aged 65-74).
  - Eating smaller portions was reported more frequently by those aged 16-34 (33%) than those aged 35-44 (16%) and those aged 65 and over (15%).
  - Eating more fruit and vegetables was reported more frequently by those aged 16-54 (32%) compared with those aged 65 and over (10%).
  - Differences were also observed for eating less fat (21% of those aged 16-34 reported this, compared with five per cent of those aged 65 and over) and eating fewer calories (28% of those aged 16-34 reported this, compared with six per cent of those aged 65 and over).

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<sup>15</sup> The following variables were analysed to identify statistically significant differences: age, gender, Northern Ireland Multiple Deprivation Measure.

- Respondents aged 55-64 were more likely than those aged 35-44 to report that they had made changes to their diet to be more healthy (57% compared with 30%). Almost one in five respondents (18%) aged 60 and over who had made changes to their diet in the past six months reported doing so due to ageing (compared with two per cent of those aged 35-44).
- Those aged 65 and over were most likely to report that they thought they would have no difficulties in trying to eat more healthily (42%) compared with those aged 16-64 (12%). Those aged 75 and over were less likely than younger respondents to report that they thought the cost of healthy food would be a potential difficulty in eating more healthily (10% compared with 35% of those aged 16-74).
- Those aged 25-54 were more likely to report that work commitments (14%), time constraints (21%) and lack of time to prepare food (21%) could be a difficulty in trying to eat more healthily, compared with those aged 60 and over (three percent, five per cent and five per cent respectively).
- The youngest respondents (aged 16-24) were more likely to report not liking healthy food as a barrier to eating more healthily (21% compared with six per cent of those aged 25 and over). These results are similar to those at Wave 2.

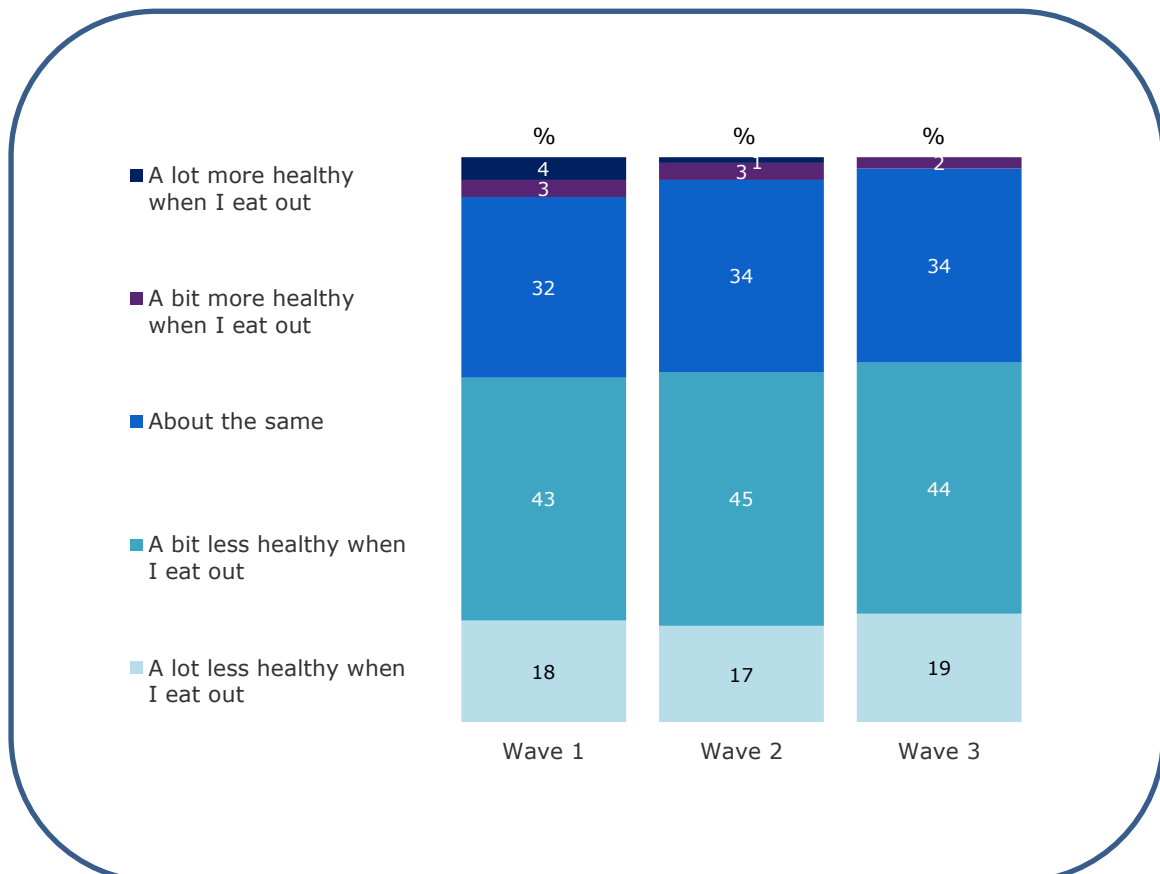
### **Other variation at Wave 3**

- Little variation was observed by **Northern Ireland Multiple Deprivation Measure (NIMDM)**, however respondents in more deprived areas were more likely to say that they thought their diet was unhealthy than those in less deprived areas (11% in quintiles one and two, compared with four per cent in quintiles three to five).
- Considering dietary changes in the last six months, respondents in the least deprived areas (quintile five) were more likely to report that they were eating less food high in fat (31%) compared with those in more deprived areas (13% in quintiles three and four). These respondents were also more likely to say that they had made changes to their diet to be healthier (79% of those in quintile five reported this compared with 42% in quintiles one to four).

## 5. Eating out and eating healthily

### 5.1 Healthiness of food when eating outside of the home

**Figure 5.1 Perceived healthiness of food when eating outside of the home, compared with eating at home (Waves 1, 2 and 3)**



Source: H2\_39 In your opinion, when you eat out, how healthy would you say the food that you eat is, compared to when you eat at home?

Base: All NI respondents who eat out – Wave 1 (a third of the sample - 159); All NI respondents - Wave 2 (504); Wave 3 (524)

- Around three-fifths of respondents (63%) said that the food they ate outside of the home was less healthy<sup>16</sup> than the food they ate when at home.
- Around a third of respondents (34%) said the food they ate outside the home was about the same level of healthiness, and a minority (two per cent) said that the food that they ate outside the home was healthier<sup>17</sup> than that eaten at home.
- These findings were similar to those reported at Waves 1 and 2.

<sup>16</sup> 'Less healthy' includes those who responded either 'A bit less healthy' or 'A lot less healthy'. This definition applies throughout this bulletin.

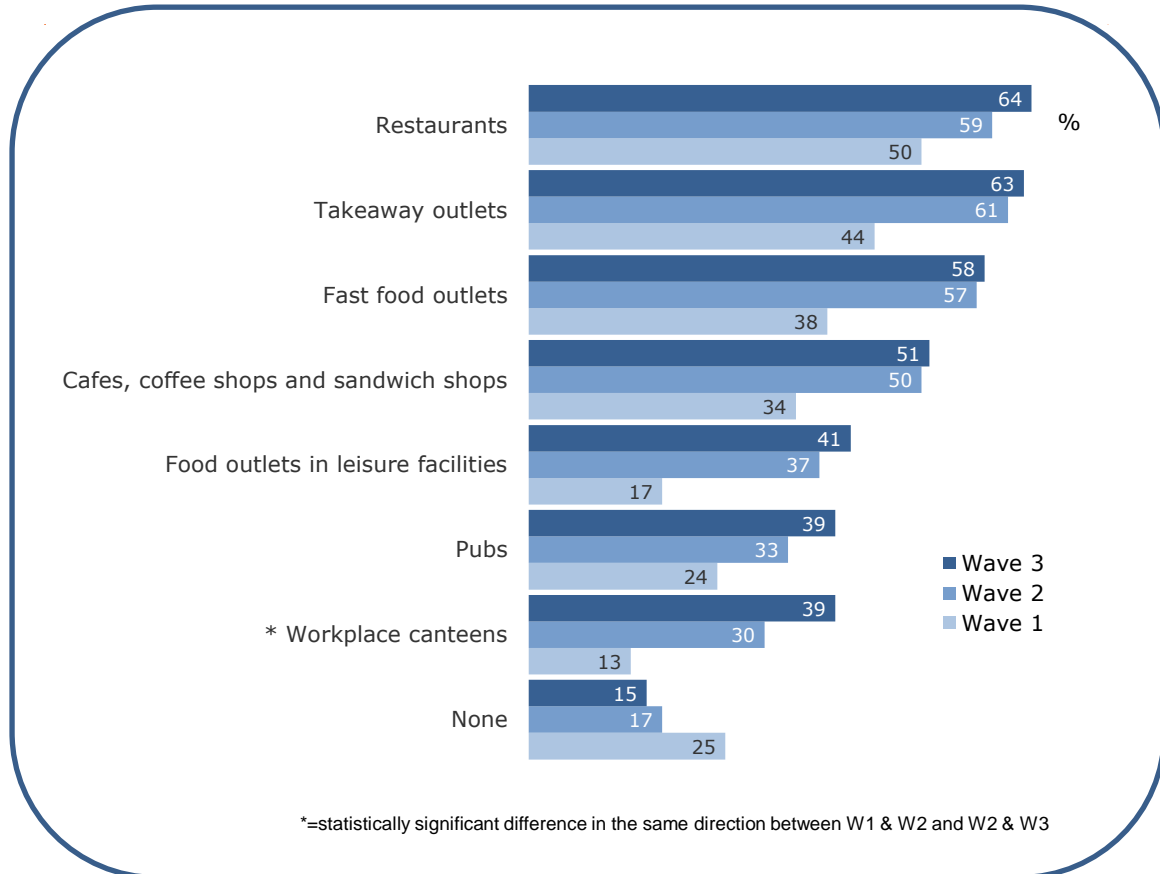
<sup>17</sup> 'Healthier' includes those who responded either 'A bit more healthy' or 'A lot more healthy'. This definition applies throughout this bulletin.





## 5.2 Information about healthy options

**Figure 5.2 Places where respondents would like to see more information displayed about healthy options (Waves 1, 2 and 3)**



Source: H2\_40 In which, if any, of these places would you like to see more information displayed about how healthy different options are?

Note: respondents were able to give multiple answers

Base: All NI respondents who eat out – Wave 1 (a third of sample - 159); All NI respondents - Wave 2 (504); Wave 3 (524)

- When specifically asked where, if at all, they would like to see more information displayed about how healthy different food options are, 85% of respondents stated that they would like to see further information about healthy options in at least one of the food establishments asked about, while 15% said that they would not like to see this information in any of the places mentioned.
- Respondents were most likely to mention restaurants (64%), takeaway outlets (63%) and fast food outlets (58%) as places where they would like to see more information about healthy eating options.

- Respondents were generally more likely to say that would like to see more information displayed at eating establishments about healthy eating options compared with Wave 1. The proportion of respondents reporting that they wanted to see more information in restaurants (64%), takeaways (63%), fast food outlets (58%), coffee shops (51%), food outlets in leisure facilities (41%) and pubs (39%), was greater compared with that at Wave 1 (where this was reported by 50%, 44%, 38%, 34%, 17% and 24% respectively).
- At Wave 3 respondents were also more likely to report that they wanted to see more information about healthy options displayed in workplace canteens (39% at Wave 3 compared with 30% at Wave 2 and 13% at Wave 1).

### 5.3 Variation in perceived healthiness of food when eating out and where respondents want to see more information about healthy options, by different groups in the population<sup>18</sup>

#### Variation by gender and age, including differences between the survey waves

- Statistically significant differences were not observed by **gender** in how healthy respondents considered the food they eat out to be compared with food eaten at home. There were also no statistically significant differences by gender in relation to where respondents would want to see more information displayed about the healthy options. At Wave 2, women were more likely than men to report that they wanted to see more information displayed in coffee shops, however this was not found at Wave 3. Otherwise, the results by gender were consistent with those at the previous waves.
- Respondents **aged 16-54** (67%) were more likely than those aged 75 and over (44%) to say that the food they ate out was less healthy compared to what they ate at home.
- Respondents aged 16-24 were more likely than those aged 60 and over to report that the food they ate out was a lot less healthy (31% compared with 11%), similar to Wave 2.
- Respondents aged 55-64 were more likely than both younger and older respondents to say that they would like more information about how healthy the options are in takeaway establishments (73% of 55-64 year olds reported this, compared with 53% of those aged 25-34 and 47% of those aged 75 and over).
- Food outlets at leisure venues were more frequently mentioned by those aged 16-24 as a place they would like to see more information about healthy options (66%) than those aged 25 and over (37%). Those aged 75 and over were less likely to mention that they would like more information displayed in pubs (24% of those aged 75 and over compared with 43% of 16-44 year olds).

#### Other variation at Wave 3

- Some differences were observed by **Northern Ireland Multiple Deprivation Measure (NIMDM)**. Respondents in the middle quintile (eight per cent in quintile three) were less likely than those in more and less deprived areas to report that their diet was a lot less healthy when they ate out (25% in quintiles one and two, and 19% in quintiles four and five).

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<sup>18</sup> The following variables were analysed to identify statistically significant differences: age, gender, Northern Ireland Multiple Deprivation Measure.

- Those in quintile three also named fewer places where they would like to see more information about healthy eating displayed, giving an average of 2.7 responses compared with those in the least deprived areas (4.3 responses on average in quintile five) and most deprived areas (4.6 responses on average in quintile one). Takeaways and fast food restaurants were the only establishments where those in quintile three were as likely as those in other quintiles to report wanting to see more information displayed.

## 6. Comparisons between Northern Ireland and Scotland

**Table 6.1 How frequently different foods were eaten at least daily, by country (Wave 3)**

% eat at least once a day	Northern Ireland	Scotland
Starchy foods	73%	73%
Milk and dairy foods	73%	77%
Fruit and vegetables	66%	65%
Raw fruit	57%	50%
Cooked vegetables	43% <sup>S</sup>	33%
Biscuits, pastries and cakes	40% <sup>S</sup>	30%
Raw vegetables including salad	27%	25%
Pre-cooked meats	9%	10%
Eggs	6%	5%
Poultry	5%	3%
Beef, lamb or pork	4% <sup>S</sup>	1%
Fried chips or roast potatoes	2%	1%
Oily fish	1%	1%
Pre-packed sandwiches	*	*
Fish, excluding shellfish	*	1%
Shellfish	0%	0%
Base	(524)	(475)

Source: Q2\_14 & H2\_14 How often do you eat...

Base: All respondents

NB. S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial / \* indicates a percentage of less than 0.5%

**Table 6.2 How frequently different foods were eaten at least weekly, by country (Wave 3)**

% eat at least weekly	Northern Ireland	Scotland
Fruit and vegetables	99%	98%
Starchy foods	99%	97%
Dairy foods	98%	95%
Cooked vegetables	95%	93%
Poultry	93%	89%
Raw fruit	90%	89%
Biscuits, pastries and cakes	89% <sup>S</sup>	80%
Raw vegetables including salad	88%	83%
Beef, lamb or pork	87% <sup>S</sup>	76%
Eggs	78%	79%
Pre-cooked meats	78% <sup>S</sup>	69%
Fried chips or roast potatoes	74% <sup>S</sup>	57%
Fish, excluding shellfish	59%	61%
Oily fish	52% <sup>S</sup>	40%
Shellfish	15%	14%
Pre-packed sandwiches	14%	17%
Base	(524)	(475)

Source: Q2\_14 & H2\_14 How often do you eat...

Base: All respondents

NB. S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial

- Healthy eating questions were not included in the England and Wales surveys so comparisons in this section are only made between Northern Ireland and Scotland.
- The proportion of respondents who thought that what they usually ate was very or fairly healthy did not vary by country: 80% said this in Northern Ireland and 82% in Scotland.
- Tables 6.1 and 6.2 shows respondents' reported frequency of eating different foods.

- Respondents in Northern Ireland were more likely than respondents in Scotland to say they ate biscuits, pastries and cakes on a daily basis (40% compared with 30%) and at least once a week (89% compared with 80%).

- Those in Northern Ireland were more likely than respondents in Scotland to say they ate beef, lamb or pork on a daily basis (four per cent compared with one per cent) and at least once a week (87% compared with 76%). They were also more likely to report eating pre-cooked meats at least once a week (78% compared with 69% of respondents in Scotland).
- Respondents in Northern Ireland were more likely to say they ate cooked vegetables daily (43%) compared with respondents in Scotland (33%). They were also more likely to report eating oily fish at least once a week (52% compared with 40% of respondents in Scotland).
- Those in Northern Ireland were more likely to say they ate fried chips or roast potatoes at least once a week (74%) compared with respondents in Scotland (57%).



**Table 6.3 Attitudinal statements relating to healthy eating – percentage of respondents who agreed, by country (Wave 3)**

% who agreed that ...	Northern Ireland	Scotland
What you eat makes a big difference to how healthy you are	95%	94%
Small dietary changes, such as eating less fat, can lead to benefits for my future health	95%	91%
The experts contradict each other over what foods are good or bad for you	80%	81%
The tastiest foods are the ones that are bad for you	67%	60%
The main reason for people to eat a more healthy diet is to lose weight	52% <sup>S</sup>	42%
I get confused over what's supposed to be healthy and what isn't	42%	37%
I'm not generally interested in food and cooking	29% <sup>S</sup>	21%
As long as you take enough exercise you can eat whatever you want	23%	23%
If you are not overweight you can eat whatever you like	17%	12%
Good health is just a matter of good luck	16%	16%
Base	(524)	(475)

Source: Q2\_16 & H2\_16 Please tell me how much you agree or disagree with the following statements.

Base: All respondents

NB. S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial

- Respondents living in Northern Ireland were more likely to agree that the main reason for people to eat a more healthy diet is to lose weight (52% compared with 42% of those in Scotland) and to agree that they are not generally interested in food and cooking (29% compared with 21% of those in Scotland).
- Respondents in Northern Ireland were no more likely to report having eaten five or more portions of fruit and vegetables the previous day (48%) than those in Scotland (41%), or two to four portions (43% and 38% respectively) but they were less likely to have eaten one or no portions (eight per cent compared with 21% of those in Scotland).
- Respondents in Northern Ireland (two per cent) were less likely than those living in Scotland (six per cent) to report that the food they ate out was a bit, or a lot, more healthy than what they ate at home.

- When considering where, if anywhere, respondents would like to see more information displayed about healthy food options, 85% of respondents in Northern Ireland said that there was somewhere they would like to see more information about healthy food displayed compared with 65% of respondents in Scotland.
- Respondents living in Northern Ireland were more likely than those living in Scotland to say that they would like to see more information displayed in each type of eating establishment, with the greatest reported difference being for information displayed at takeaway outlets (63% of respondents in Northern Ireland would like to see more information at these locations compared with 41% of respondents in Scotland) and fast food restaurants (58% compared with 38%).