

# EWCB 2022: Discussion

It is important to note that this survey was carried out during a period (17th September to 19th November 2022) of rising inflation, which resulted in significant price increases for food and drink. Coupled with this, the war in Ukraine also impacted the availability of some foods. This context should be considered when analysing key trends as NI consumers were faced with many competing priorities.

A large proportion of participants claimed to understand 'what is healthier', recognising the role of a varied and balanced diet of fruits, vegetables, and proteins such as lean meat and fish in contributing to a healthy diet, as well as reporting the need to limit intakes of fats, sugar, salt, 'processed' and 'fast' foods. This has stayed relatively constant over the past three years. These findings suggest that NI consumers have a good understanding of a healthy balanced diet as per the Eatwell Guide (FSA, 2020).

Although the majority agreed their personal eating habits are healthy, this has decreased when compared to 2021. This shift could reflect the impact of the cost-of-living crisis and the affordability of healthy food in relation to disposable income (IGD, 2022).

Recent figures show, one quarter of children in NI are classed as overweight or obese (DOH NI, 2020). It is encouraging that in contrast to previous years, a higher percentage of participants agree that their children's eating habits are healthy. Forming good nutrition habits in early life can reduce the risk of obesity and overweight in childhood, leading to better health outcomes in adulthood (WHO, 2021).

NI consumers continue to report being more likely to seek healthier options when food shopping compared to eating out. While shopping, significantly more consumers report looking at some form of nutritional labelling on food packaging than in 2021. Although most consumers continue to report an awareness and understanding of the traffic light labelling system, there has been a decrease in the proportion of consumers who report using this labelling to make food purchasing decisions.

Similar to 2020 and 2021, the majority of participants found it challenging to make healthier choices when eating out. At least one quarter reported they would want to see calorie labelling in settings such as cafes, sandwich shops, fast food restaurants, takeaways, and food outlets in leisure facilities.

A large proportion of participants were not aware of the government recommended daily calorie intake for their gender, although there are gender differences in the understanding of the daily recommended calorie intake. Considerably more female participants than males were able to recognise the correct daily calorie intake. Positively, since 2021, there has been a rise in the percentage of females who correctly identified the daily recommended calorie intake. This demonstrates that there may be scope for more education on calorie requirements among the male population of NI.

Taken together, the results of the 2022 EWCB survey demonstrate several opportunities exist to educate, encourage, and enable consumers to make healthier choices both in and outside the home.

## **Supporting consumers to make healthier choices in the shopping environment**

Despite awareness and understanding of the traffic label being high, less than half use this label when making food decisions, significantly less than in 2020. Decreased use of front of pack nutrition labels has also been reported by the Institute of Grocery Distribution (IGD, 2020). A potential reason for this is the impact of COVID-19 on how consumers shop for food. As the pandemic and intermittent lockdowns resulted in shortages of supply, choice and availability became more important determinants of food choice than nutritional profile (IGD, 2020). As front of pack nutritional labelling is recommended by the World Health Organisation as a strategy to improve dietary intake (WHO 2022), it will be important to continue monitoring NI consumer engagement with this label as the UK emerges from the COVID-19 pandemic and continues through a cost-of-living crisis.

In a recent study, the UK traffic light label was compared to other front of pack nutrition labels. It was reported that the UK traffic light label had the highest proportion of participants who reported having enough information to select healthier food choices (Packer et al. 2021). Although the use of the label has decreased in 2022, consumers who use the label check for information on sugar, fat and saturated fat.

More than half of people who use the traffic light label to buy 'healthier' food report using it 'most times' when making food decisions, even though the use of the label has decreased. Considering this, there may be potential for further consumer promotion and education regarding the use, purpose, and benefits of the label. By highlighting competitive advantage in terms of "healthier" front of pack labelling, food manufacturers may be persuaded to engage in reformulation and display front of pack nutritional labelling.

Reformulating food to reduce saturated fat, sugar, and salt, as well as reducing the portion size of food high in these nutrients is recognised as an important public health strategy to tackle obesity and to support consumers to make healthier choices when food shopping (UK Parliament Post 2021). The results of the EWCB survey demonstrate that the majority (75%) of NI consumers are receptive to food reduced in either sugar, saturated fat, or salt or smaller portions of foods containing these nutrients and would like to see increased availability of at least one of these options when buying food. Consumers are more receptive to foods reduced in sugar, fat and salt than smaller portion sizes. These findings highlight the need to continue supporting the food industry to make smaller portions of food appealing to consumers.

## **Supporting consumers to make healthier choices when eating out of home**

Most consumers reported finding it easier to prepare healthier meals at home and to choose healthier products when purchasing food items in a supermarket store or from a local shop than making healthier choices when eating outside of the home. Participants found it particularly difficult to make healthier choices in fast food restaurants, take-aways, leisure facilities and vending machines. In response, a large proportion of consumers would like to see increased availability of healthier food in these settings as well as restaurants and bars.

The results suggest it is important to continue supporting and encouraging food businesses to provide healthier options and to make those options appealing to consumers.

NI consumers report that calorie information on menus impacts the decision on what to eat in some settings more than others. For example, food decisions were more likely to be influenced by calorie labelling in staff restaurants at work and sandwich shops/cafes compared to fast food

restaurants, takeaways, food in leisure centres, and restaurants and bars.

Despite this, at least one third of participants reported they would like to see calorie labelling on menus across a range of food settings, although the proportion of participants reporting that they would like to see calories shown on menus in settings outside the home is lower across all settings when compared with 2020.

Consumer awareness of calorie information on menus could be a result of mandated calorie labelling being implemented throughout England in a drive to tackle obesity and improve the nation's health (DHSC, 2021).

Providing calorie information on menus in NI would support consumers to make healthier informed choices, particularly consumers who also want to see increased availability of healthier options outside the home.

## **Demographic trends**

The findings of this survey show that consumers' knowledge, attitudes, and behaviours toward healthier food vary by gender. Males in NI are less likely than females to actively seek healthier options when they shop for food, find nutrition information on food packages, or recognise, use, and understand the traffic light label. They are also more likely to not want to see healthier products outside the home, claim that calorie labelling on menus never affects their choice of food, and state that they do not want calories to be displayed on food menus in any of the common settings.

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

Differences in attitudes and behaviours towards healthier food were also evident across socio-economic groups. Those from lower socio-economic groups are significantly less likely to agree that their personal eating habits were healthy; to actively seek out healthier options when eating out; to recognise and use the traffic light label; and, to say they would like to see products with a maximum limit on calories when they buy food.

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