

Consumer qualitative research on fats

**Narrative reference report
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1 BACKGROUND AND OBJECTIVES

1.1 Background and objectives

1. The UK Food Standards Agency (FSA) is currently developing a saturated fat and energy intake programme to address excess levels of saturated fat in the diet and help consumers achieve energy balance. A greater comprehension of consumer understanding and behaviour in relation to fat is required in order to aid development of this programme.
2. The Agency commissioned a piece of qualitative research, the over-arching objectives of which were to:
 - Improve the FSA's understanding of consumer awareness around fats and the role they play in contributing to a range of public health issues and disease, including coronary heart disease and obesity.
 - Examine how consumers' understanding influences their food/dietary choices.
 - To inform the Agency's thinking regarding the need for specific consumer education and public awareness measures.
 - To identify what measures motivate and enable consumers to choose foods and a diet that is lower in saturated fat.
 - To inform the development of future quantitative research.
3. More specifically the research explored the following topics:
 - Consumer understanding of fats and implications for health, eg:
 - What fats are they aware of?
 - What are the most important fats in their mind and why?
 - Do they think of fats as good fat versus bad fat?
 - Do they believe we need fat in our diets?
 - What health issues are associated with the different fats?
 - What foods are associated with fat, can they identify the main sources of the different fats?
 - Are processed foods seen as containing more fat than primary products/less processed foods?
 - Are they aware of the physical characteristics of fats, ie saturates tend to be solids, whereas unsaturated fats tend to be liquids?
 - Consumers sources of information on fat:
 - Where do they look for information about what fats are present in their foods, eg front of pack vs back of pack, leaflets, websites, GP, health advisors, public bodies, government etc?
 - What type of information are they looking to find out, eg:
 - Type of fats present, total fat levels?
 - Priority/importance of fats with respect to health?
 - More detailed information?
 - Easy and practical ways to choose healthier options?
 - How do they use any information they receive?
 - What fats do they want to be labelled on foods (front and back of pack)?
 - The impact of fat in food on consumer product choices:
 - Does the amount of fat in food influence their choices, why is this?

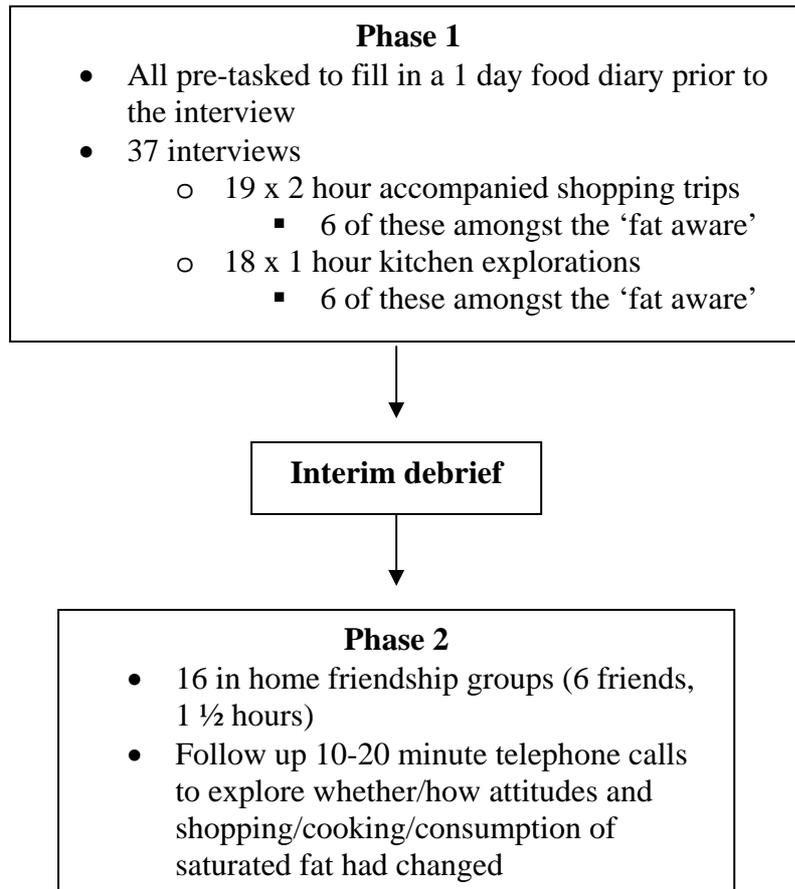
- Do they deliberately choose lower fat options for certain foods compared to others, eg milk (semi- or skimmed, yogurts, lower fat spreads etc), why?
- Are there some foods where they would not consider a lower fat option, why?
- How do they perceive lower fat foods (eg a compromise on taste for the health benefits, as good as higher fat foods etc)?
- Consumer understanding of ways to improve diet and attitudes to improving diet, eg:
 - Do they know about maximum recommended daily levels for fat intakes - if so, where do they get that information?
 - What do they understand to be a little or a lot of fat?
 - Do they believe that people are eating too much fat?
 - How do they think government should help them to reduce saturated fat intakes, eg general advice on what foods to eat and how much, or reformulation of foods to automatically provide a lower-fat alternative, so long as the taste and characteristic of the food remain the same?
 - If too much fat is consumed do they then try to balance intake by cutting back on fatty foods or eating more healthily?
- Consumer behaviour around fat in relation to cooking at home, eg:
 - What sources of fats are used in cooking at home, how are they used?
 - What leads to choice of cooking fat - health, cost, availability, cultural factors etc?
 - When cooking, do they take any steps to reduce fat, eg is fat trimmed from meat, or mince drained after frying etc?
 - When cooking at home how are ingredients such as milk, cheese, cream etc chosen?
 - Are recipes changed to make use of lower fat alternatives of ingredients?
 - Are any foods avoided because they are high in fat - if lower fat but equally good products were available would they be bought?

1.2 Methodology and sample

1.2.1 Methodology

1.2.1.1 Overview

4. The research was phased to allow for learnings to be built on and developed during the course of the project.



5. Phase 1 was focused on observing and understanding actual consumer shopping, cooking and consumption behaviour in relation to fats and saturated fat. The priority at this phase was to keep the research as close to ‘real life’ as possible and not to artificially focus consumer attention on fats and saturated fat.
6. Phase 2 was focused on encouraging consumers to open up and be as honest as possible, and to analyse claimed attitudes and behaviour against the context of what had been learnt from the naturalistic/observational focus of Phase 1.
7. Phase 1 fieldwork was carried out by Ann Whalley, Louise Skowron, Emma Partridge and Nicola Hunt between 2nd and 15th February 2007.
8. An interim debrief was presented to FSA on March 2nd 2007.

9. Phase 2 fieldwork was carried out by Ann Whalley, Louise Skowron and Emma Partridge between 13th and 29th March 2007.
10. The final debrief was presented to the FSA on April 3rd 2007.
11. The research was conducted in England, Northern Ireland, Scotland and Wales.

1.2.1.2 Phase 1

12. Phase 1 of the research comprised a total of 37 interviews amongst a representative range of UK households.
13. These interviews were split between 19 accompanied shopping trips and 18 kitchen explorations, of which 12 (6 shopping trips and 6 kitchen explorations) were amongst the 'fat aware'.
14. The interviews as a whole provided representation of age, gender, lifestage and attitudes to healthy eating.
15. Chief food purchasers and preparers for households were recruited. The initial focus was on consumption behaviour and habits rather than fat. This was done so that awareness and understanding of fats and how this influences consumer behaviour could be explored, as far as possible, from a broad holistic perspective as opposed to artificially sensitising consumers to fats and fat categories.
16. All respondents were asked to complete a 1 day consumption diary prior to the research in order that what they were actually consuming could be assessed for amount of saturated fat and this could be matched against their claimed attitudes and behaviour.
17. Each respondent then took part in either a general accompanied shopping trip or a kitchen exploration before they were interviewed in more detail about their fat awareness and understanding and how this relates to their shopping, cooking and consumption behaviour.
18. The pre-tasking exercise, recruitment questionnaire, accompanied shopping trip, kitchen exploration and 'fat aware' topic guides used in Phase 1 are appended in section IV of this report.

Accompanied shopping trips

19. Accompanied supermarket shopping trips were conducted across the full range of supermarkets. The focus was on the 'main' supermarket shopping trip for each consumer type. In practice, the type of shopping trip varied a lot by consumer depending on their lifestyle: eg pre-family/older singles' shopping trips tended to be shorter and less planned, family shopping trips were generally larger and more organised.
20. Individual shopping trips were made as realistic as possible. A researcher met each consumer (and other members of their shopping group) outside the supermarket they normally visit and at the time they normally visit. Next the researcher accompanied consumers around the store observing their behaviour at each point in the shop and the factors which influenced purchase of individual foods. After the shop the researcher

explored with consumers what had influenced their food purchase choices and the extent to which a consideration of fat, or saturated fat, content had influenced their behaviour at each point.

Kitchen explorations

21. A researcher went to the home of each respondent where they were shown the full range of foods regularly cooked and consumed by the respondent as well as different members of their household.

All interviews

22. Once consumers had taken the researcher through their shopping trip/kitchen tour, they were asked to reflect more consciously on the role of fat in their diet and the extent to which a consideration of fat levels influences their/other members of their household's purchase/cooking/consumption patterns. More specifically high fat categories such as meat, dairy, convenience foods and sweet/savoury snacks were particularly focused on.
23. At the end of the interviews consumers were asked about their current awareness and understanding of fats and any inspiration, help, advice, guidance or information they felt would motivate, enable and support them in reducing the amount of saturated fat in their diets.

'Fat aware' interviews

24. 'Fat aware' consumers were defined as those:
 - With a diagnosed medical condition which necessitated monitoring of fat consumption.
 - Trying to lose weight and who felt that, within this, reduction of fat was important.
 - Who felt that reduction of fat consumption was good for their general health and well being.
25. These consumers either went on an accompanied shopping trip or took part in a kitchen exploration in the same way as other respondents. Beyond this, they were interviewed in their capacity as 'expert' consumers who have already travelled at least part way through the behaviour change journey from initial awareness through to initiation and maintenance of positive consumption behaviour in relation to fats.
26. Hence these consumers were asked to talk through exactly what triggered them to become more aware of fat, how they inform themselves about fat content, what measures they take to reduce their fat content and how they manage to maintain a low fat diet. They were also asked to reflect on what could be done to encourage other consumers to reduce the amount of fat in their diet based on their experiences.

1.2.1.3 Phase 2

27. A total of 96 consumers were interviewed at Phase 2 via 16 friendship groups amongst a representative sample of UK households.
28. Individual friendship groups comprised sets of 6 friends, lasted 1 ½ hours and took place in the house of one of the friends. This approach was used so that researchers were able to gain a better idea of different lifestyles and home environments, as well as maximising the likelihood that respondents would be honest about their eating habits in the knowledge that their friends would challenge them about and/or help them remember the reality of their lifestyles.
29. As for Phase 1, initial discussion was deliberately focused around a broader exploration of eating habits and attitudes towards healthy eating rather than fats. In this way the researchers were better able to explore consumer awareness, understanding and behaviour in relation to fats from a real life context rather than from the theoretical perspective of thinking about it.
30. Phase 2 discussions also explored in detail what consumers felt should and could be done to motivate and enable them to reduce their own and others' saturated fat intake levels.
31. Individual respondents were telephoned 1-2 weeks after the group to find out whether the experience of being in the group had influenced their attitudes in relation to saturated fat; what - if anything - they had done to reduce the amount of saturated fat in their own/others' diets; and what they felt this meant for future measures that should be taken.
32. The friendship group recruitment questionnaire, discussion topic guide, follow on telephone interview topic guide and stimulus material used in Phase 2 are appended in section IV of this report.

1.2.2 Sample

1.2.2.1 Phase 1 depth interviews

- 19 x 2 hour accompanied shops
- 18 x 1 hour kitchen explorations

| Depth no | Age/ lifestyle | SEG | Gender | Ethnicity | Depth type | Location |
|----------|--|------|--------|-------------------|---------------------|----------|
| 1 | Young singles 18-35 | ABC1 | Male | / | Accompanied shop | London |
| 2 | | ABC1 | Female | / | Kitchen exploration | Glasgow |
| 3 | | C2DE | Male | / | Kitchen exploration | Cardiff |
| 4 | | C2DE | Female | / | Accompanied shop | Belfast |
| 5 | | / | Male | South Asian | Accompanied shop | Glasgow |
| 6 | | / | Female | African Caribbean | Kitchen exploration | London |
| 7 | Young family 20-45, children under 11 | ABC1 | * | / | Accompanied shop | Cardiff |
| 8 | | C2D | * | / | Kitchen exploration | Belfast |
| 9 | | DE | * | / | Accompanied shop | London |
| 10 | | / | * | South Asian | Kitchen exploration | Glasgow |
| 11 | | / | * | African Caribbean | Accompanied shop | Cardiff |
| 12 | Older family 30-50 , children 11+ | ABC1 | * | / | Kitchen exploration | Belfast |
| 13 | | C2D | * | / | Accompanied shop | Belfast |
| 14 | | DE | * | / | Kitchen exploration | Glasgow |
| 15 | | / | * | South Asian | Accompanied shop | Cardiff |
| 16 | | / | * | African Caribbean | Kitchen exploration | London |
| 17 | Older singles 35+ | ABC1 | Male | / | Kitchen exploration | London |
| 18 | | ABC1 | Female | | Accompanied shop | Glasgow |
| 19 | | C2DE | Male | | Kitchen exploration | Cardiff |
| 20 | | C2DE | Female | / | Accompanied shop | Belfast |
| 21 | Empty nesters 40+ | ABC1 | * | / | Accompanied shop | London |
| 22 | | C2D | * | / | Kitchen exploration | Belfast |
| 23 | | DE | * | / | Accompanied shop | Cardiff |
| 24 | | / | * | South Asian | Kitchen exploration | London |
| 25 | | / | * | African Caribbean | Accompanied shop | Glasgow |

| Depth no. | Fat awareness | Age/lifestage | Gender | Depth type | Location |
|-----------|--|---------------------------|--------|---------------------|----------|
| 26 | People trying to lose weight | 18-35 Pre-family | Male | Kitchen exploration | Glasgow |
| 27 | | 18-35 Pre-family | Female | Accompanied shop | Cardiff |
| 28 | | 35+ Family/post-family | Male | Accompanied shop | Belfast |
| 29 | | 35+ Family/post-family | Female | Kitchen exploration | London |
| 30 | People who have reduced their fat intake | 18-35 Pre-family | Male | Accompanied shop | Glasgow |
| 31 | | 18-35 Pre-family | Female | Kitchen exploration | Cardiff |
| 32 | | 35+ Family/post-family | Male | Kitchen exploration | Belfast |
| 33 | | 35+ Family/post-family | Female | Accompanied shop | London |
| 34 | People with medical conditions who have been advised to follow low fat diets | / | Male | Accompanied shop | Glasgow |
| 35 | | / | Female | Kitchen exploration | Cardiff |
| 36 | | / | Male | Accompanied shop | Belfast |
| 37 | | / | Female | Kitchen exploration | London |

1.2.2.2 Phase 2 discussion groups

- 16 x 1½ hour friendship discussion groups

| Group no | Age/life stage | SEG | Gender | Location |
|----------|--|-------|----------------------|----------|
| 1 | Young singles 18-35/pre-family | ABC1 | Mixed | Bristol |
| 2 | | C1C2 | Mixed | Glasgow |
| 3 | | DE | Mixed | Cardiff |
| 4 | Young family 20-45, children under 11 | ABC1 | Female | Belfast |
| 5 | | C1C2 | Female | Glasgow |
| 6 | | DE | Female | Cardiff |
| 7 | Older family 30-50, children 11-19 | ABC1 | Predominantly female | Cardiff |
| 8 | | C1C2 | Predominantly female | Belfast |
| 9 | | DE | Predominantly female | Glasgow |
| 10 | Older singles 35+ | ABC1 | Mixed | Bristol |
| 11 | | C1C2D | Mixed | London |
| 12 | Empty nesters 40+ | ABC1 | Predominantly female | Belfast |
| 13 | | C1C2 | Predominantly female | Cardiff |
| 14 | | DE | Predominantly female | Belfast |
| 15 | South Asian 20-45 | C1C2D | Female | Glasgow |
| 16 | African Caribbean 20-45 | C1C2D | Female | London |

33. Additional recruitment criteria:
- Those working in the food industry (ie food manufacturing/retail/wholesale or food marketing/PR/advertising) excluded.
 - All groups comprising 6 respondents, held in the home of one of the respondents.
 - All respondents were chief food purchaser and preparer for the household and/or, where relevant, having strong influence over what is bought and cooked and/or to buy some food for themselves.
 - Males represented, where relevant.
 - Young singles comprised a mix of those living on their own/with friends/in a couple.
 - Within/across all groups, representation of a range of supermarkets and shopping habits.
 - Within each group, all having relatively similar attitudes to healthy eating.
 - Within each group, maximum of 2 medically advised to make changes to their diets regarding salt/fat/sugar.
 - None (or their partners/children) to have any medically diagnosed food allergies, eg anaphylaxis/coeliac disease, or to be diabetic.
 - Within each family group:
 - Range of ages of children to be represented.
 - Range of parent types to be represented as appropriate, eg mothers, fathers, lone parents.
 - Representation of broad spread of ethnic minorities across the sample in addition to groups 11 and 12.
 - Groups 15-16: all to personally eat/cook and have ongoing regular contact with those who eat/cook traditional dishes.

Sample notes

34. A representative range of individuals were covered within the research and the sample was fundamentally structured by age, lifestage, SEG and gender.
35. A specific ABC1, C1C2, DE SEG split was provided to allow for particular focus on the role of SEG in fat consumption and an exploration of how measures might differ by SEG.
36. Men were included, wherever appropriate, within the sample to reflect key differences by gender in terms of issues to overcome in order to reduce saturated fat consumption levels and also the importance of getting the support of men in reducing excess saturated fat levels in households.
37. A wide range of ethnic groups were represented across the sample as a whole. More specifically, South Asian and African Caribbean consumers were researched separately at both phases due to the high incidence of diabetes/heart disease within these populations in a Western context. All of these consumers were recruited on the basis of personally eating/cooking traditional foods and/or having regular contact with family/friends that were eating/cooking traditional foods.

2 EXECUTIVE SUMMARY

2.1 Consumer terminology

1. Most consumers were not making an automatic distinction between fat and saturated fat when they were talking about fat in the diet.
2. Hence this report refers to ‘saturated’ fat in brackets whenever a point related to saturated fat is being discussed but consumers did not actually specifically refer to the term during the research.

2.2 Current consumption and monitoring of saturated fats by consumers

3. Individual and household consumption of saturated fat was assessed in this research by a number of qualitative measures including:
 - A food diary which individuals completed for 1 day before taking part in Phase 1 of the research.
 - Observation of shopping behaviour during Phase 1 shopping trips.
 - Exploration of kitchen cupboards in Phase 1.
 - Individual/household eating habits reported during the Phase 2 in home friendship groups.
4. The data from these qualitative measures indicates that self reported consumption of saturated fat is often high, especially amongst C2DE and male consumers.
5. Most consumers claimed that they did not monitor the amount of saturated fat in their own/others diet and a number of reasons were given for this, including:
 - Lack of consumer focus on the issue of saturated, as opposed to, all fat.
 - Lack of belief that the ill health effects of saturated fat are personally relevant to them.
 - Lack of awareness of what foods contain saturated fat.
 - Lack of awareness of a consistent, quick, easy system to check saturated fat consumption.
 - The fact that saturated fat is particularly likely to be consumed at times and in situations when consumers have low resistance to consuming it.
 - Lack of awareness of quick and easy, practical tailored strategies to help them reduce the saturated fat in their diet.
 - A perception that reduction of (saturated) fat correlates to lack of taste/satisfaction.

2.3 Consumer awareness and understanding of saturated fats

6. General awareness of fats was low and understanding of the different fats was fragmented. Associations with some fats were generally positive, as was the case for olive oil, and associations with others were definitely negative, eg lard/ghee/hydrogenated fat. However associations with saturated and unsaturated were less clear. Although many

consumers were aware that saturated fat is not good, this was not always true and some confused saturated with unsaturated fats.

7. Consumers tend to refer to fats as 'good' or 'bad' and this straightforward differentiation helps them to remember. However it does also have the disadvantage of implying that 'good' fats can be consumed without restraint and that 'bad' fats should be avoided at all costs which some felt works against the concept of balance/everything in moderation.
8. Many believed that a small amount of fat in the diet is necessary although many were unclear as to why, which ones were the best to consume and how much to consume.

2.4 Putting saturated fat consumption into the broader context of an energy balance communication programme

9. Clearly consumers need to be made more aware of, understand more about and engage with many aspects of fats and saturated fat but this communication needs to be set within a broader understanding of what it means to live a healthy lifestyle/eat a healthy diet. In real terms, this means advice, hints and tips, guidance and support on:
 - Exercise.
 - What a balanced diet means, with a focus on emotionally engaging illustrations of how balance can be achieved and what it means in terms of meals/snacks, portion sizes and relative amounts of different constituents.
 - How to plan and shop for a balanced diet (on a budget).
 - How to cook quick, easy, tasty meals.
 - How to constantly introduce variety into the diet without too much hassle, how to move beyond spaghetti bolognaise.
 - How to keep your diet healthy in social situations/when on the move etc.
10. A specific broader area of confusion that needs clarifying is around the optimum amount of carbohydrates in the diet since many consumers, especially the significant proportion of weight conscious women, currently feel this element is 'bad' and should always be kept to the minimum.
11. It is essential that a broader healthy eating programme:
 - Is simple and straightforward.
 - Can be remembered quickly and easily, either as a whole or in individual parts.
 - Can be acted on in a step by step fashion.
 - Can be easily incorporated into consumers' lives.
12. The 5 a day campaign is very strong and some consumers wondered whether this campaign could be extended and serve as an umbrella theme across a broader 'balance of good health' programme within which communication about reduction of excess saturated fat would be one component.
13. Consumers wanted to feel that any programme was part of an ongoing commitment to improve eating habits, and within this reducing excess saturated fat in the diet rather than a short-term/one-off campaign.

2.5 Tailoring a saturated fat/energy balance programme to region/type of consumer

14. The research revealed the strong importance of tailoring a programme to region and the local population so that consumers perceive any activity to be personally relevant to them and their immediate social group.
15. Advice needs to be targeted at different consumer types so that the particular issues, incentives and barriers to action are addressed and tailored depending on SEG, gender and age/lifestage.
16. The research indicates that, although women are still typically the chief purchaser and preparer of food, men are key targets for communication given the very different issues, triggers and barriers to action they exhibit.
17. Younger consumers emerge as critical to target, given the increased likelihood of changing eating habits before they have become too entrenched.
18. Optimum communication channels for advice will clearly depend on the type of consumer but the research indicates that, whichever channels are used, they need to be accessible, use consumer-friendly language and clearly and overtly communicate the existence and availability of advice. Consumers will not spend the time seeking out information: it needs to be proactively offered in the right place and at the right time.

2.6 Specific tasks to be achieved in order to reduce consumer consumption of excess saturated fat

19. Messages about fat/saturated fat need to be given priority (and, arguably, higher priority than they have to date versus other aspects of healthy eating) if consumers are to change their behaviour in this regard.
20. With specific reference to the reduction of saturated fat, the most important initial task is to force consumers to engage with the ill health effects of saturated fat and the direct relevance of these to their own lives and the lives of their loved ones.
21. Consumers can sometimes, though not always, identify the physical characteristics of fat and specifically the fact that saturated fat is often solid/solidifies. Once these characteristics are identified they serve as a distinct incentive for many to reduce saturated fat as they are experienced as repulsive. Many felt that this negative incentive should be exploited in future communication.
22. Many consumers were not able to identify the main sources of saturated fat in their diet. This was especially true for 'hidden saturated fat' in processed foods but was also true for many consumers for products like butter and cheese. Education about saturated fat needs to highlight the key foods that are high in it.
23. Processed foods, including low fat variants of full fat products, are increasingly not felt to be healthy and to be high in additives. Hence, whilst these products may become more popular on the basis of increased awareness and education related to saturated fat as well as improved taste/texture, focus should also be put on the minimisation of additives.

24. Once consumers have been made aware of and understand fats/saturated fats and the food these fats are found in, they need to be:
- Supported with quick and easy ways to reduce consumption of saturated fats within the context of their everyday lives.
 - Encouraged to substitute high fat foods with lower fat alternatives.
 - Reassured that lower fat alternative can be tasty and satisfying.

2.7 Saturated fat and shopping behaviour

25. Some consumers are shopping for foods that are low in fat but few are specifically shopping for foods low in saturated fat and the evidence from this research is that there is a huge opportunity to positively influence consumer behaviour at point of purchase.

2.8 Consumer behaviour, attitudes and expectations in relation to on pack labelling and saturated fat

26. There was only low level evidence of consumers actively checking labels for levels of saturated fat in foods in an informed fashion.
27. The minority of consumers who were informed and looking tended to look at the back of pack detailed information because they currently believe that this is the only place where they will get accurate and reliable information. There was frustration from these consumers, however, that it was not easier and less time consuming to identify the required information.
28. Many less informed consumers, if they were looking at labels at all, were taking front of pack names/nutrition and health claims at face value. These consumers often became angry during the course of the research when they realised that these claims can sometimes mislead in terms of level of saturated fat.
29. Given this context, there were frequent spontaneous requests across the sample for a consistent simple, straightforward, easy to read front of pack labelling system that consumers can use to identify rough levels of saturated fat (and other constituents) at a glance and considerable frustration that this was not already in existence.
30. Consumers requested that guidance on what is 'a lot'/'a little' fat/saturated fat per 100g should be given a much higher profile than at present. It was anticipated that these amounts would be used as quick 'rules of thumb' to enable consumers to check/monitor fat/saturated fat levels in individual products on an ongoing basis.
31. GDAs were also popular amongst the more health aware and there was some interest in greater promotion of GDAs for women as a benchmark that consumers could use to roughly judge amounts of fat consumed over a day. However consumers consistently complained that % GDAs were too complicated and there was no evidence from this research of consumers actually adding up GDAs or applying different GDAs to different people, eg women/men/children.

2.9 Saturated fat consumption and children

32. Consumers asked for clarification over guidance in relation to fats/saturated fat and children. Specific questions related to:
- Whether or not children should be eating full fat foods.
 - Whether or not there are recommended minimum/maximum fat/saturated fat amounts per 100g and/or GDAs for children.
 - Whether or not there are any variations by age/gender of child.
 - Recommended strategies in relation to children who are over/underweight and the role of fats/saturated fat within this.

2.10 Saturated fat consumption and cooking behaviour

33. Cooking per se remains a significant barrier to healthy eating/reduction of saturated fat amongst many consumers, who consistently request greater focus on communicating quick, easy approaches to producing a variety of economic meals.
34. There was evidence from the research that many, though not all, consumers who cook on an everyday basis employ a range of strategies to reduce (saturated) fat including:
- Trimming/draining meat.
 - Using kitchen utensils/cooking methods that reduce (saturated) fat.
 - Cooking with non dairy oils, to reduce (saturated) fat.
35. Consumers are not, however, necessarily aware of the absolute amount of (saturated) fat they are using and may be using products which contain (saturated) fat during the cooking process without restraint.
36. Consumers are much less likely to adapt their behaviour in relation to (saturated) fat consumption when cooking for emotional reasons, such as treat occasions/home baking and when cooking cultural dishes. It is particularly important that consumers are convinced that reducing saturated fat on these occasions will not reduce the taste enjoyment or detract from the consumption experience.

2.11 Expectations of retailers/manufacturers/government and The Food Standards Agency

37. There is a strong opportunity for retailers to inform and support consumers in the area of healthy eating/saturated fat reduction, not only in terms of making the shopping environment as easy to navigate in terms of healthy eating/saturated fat reduction as possible, but also in terms of providing consumers with inspiration/incentives to help/motivate them to organise their lives, cook and consume in a way that makes healthy eating more likely.
38. Similarly manufacturers could do a lot to help guide and inspire consumers towards healthier/lower fat options via reduced portion sizes/clearer indication of what constitutes a portion size, gradual reduction of saturated fat (and other constituents) in foods over time and a commitment to focus future product diversification/innovation on options which are low in saturated fat.

39. Consumers are very positive about retailers/manufacturers that are making pledges relating to the content of foods which allows them to buy products without having to check labels/worry about specific issues.
40. Consumers perceive it to be the role of government to provide inspiration, information and support direct to the consumer and via appropriate intermediaries as well as to the food industry. With regard to the food industry, consumers feel that the government should be facilitating the best way forward on the issue of healthy eating/saturated fat reduction in a way that will best meet the needs of all interested parties. They believe that in the absence of agreement, government should regulate if it is in the interests of the consumer.
41. Consumers were interested in the FSA having a higher profile and knowing more about their role. Currently many consumers do not know who to look to in government if they have specific food related queries. Specifically consumers were interested in knowing more about the FSA web site.
42. Consumers are contradictory in that on the one hand they reject a 'nanny state' but on the other feel that government should be regulating against food that has proven ill health effects.
43. Equally consumers acknowledge that they often love and crave foods that are high in saturated fat and feel that they should have freedom of choice over the foods they buy and consume but at the same time condemn a food industry that is 'cynically' producing and selling foods that clearly damage their health.
44. On probing, many consumers acknowledge this contradiction and believe that the way forward should be a compromise with saturated fat levels being reduced gradually, in order that the consumer palate can be re-educated and so that no one will lose out.

3 KEY FINDINGS

3.1 Context for discussion of saturated fat in the diet

1. Only a minority of health aware and/or consumers with diagnosed medical conditions spontaneously made a differentiation between saturated fat and fat when they were talking about diet.

'They need more focus on saturated fat – at the moment I don't think people think about it...it's just high fat'

(Pre-family, ABC1, Bristol)

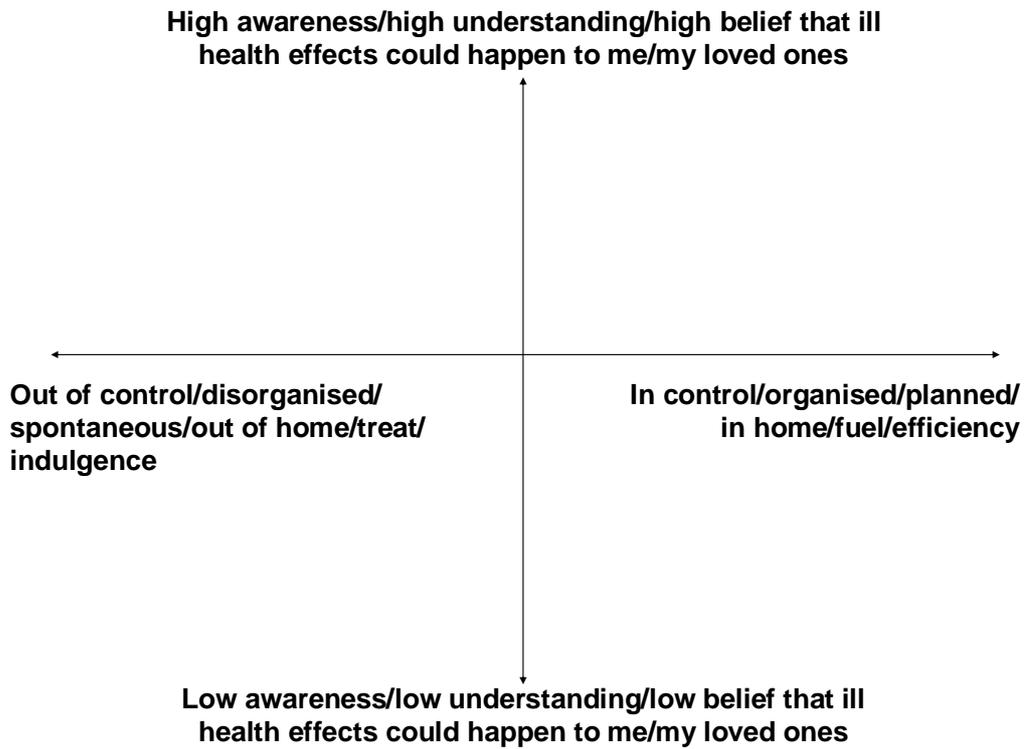
2. In order to reflect this attitudinal context, this report refers to 'saturated' in brackets whenever a reference is being made to saturated fat but consumers were actually using the broader term fat.

3.2 The underlying factors which influence the likelihood of consumers eating a healthy diet/consuming less saturated fat

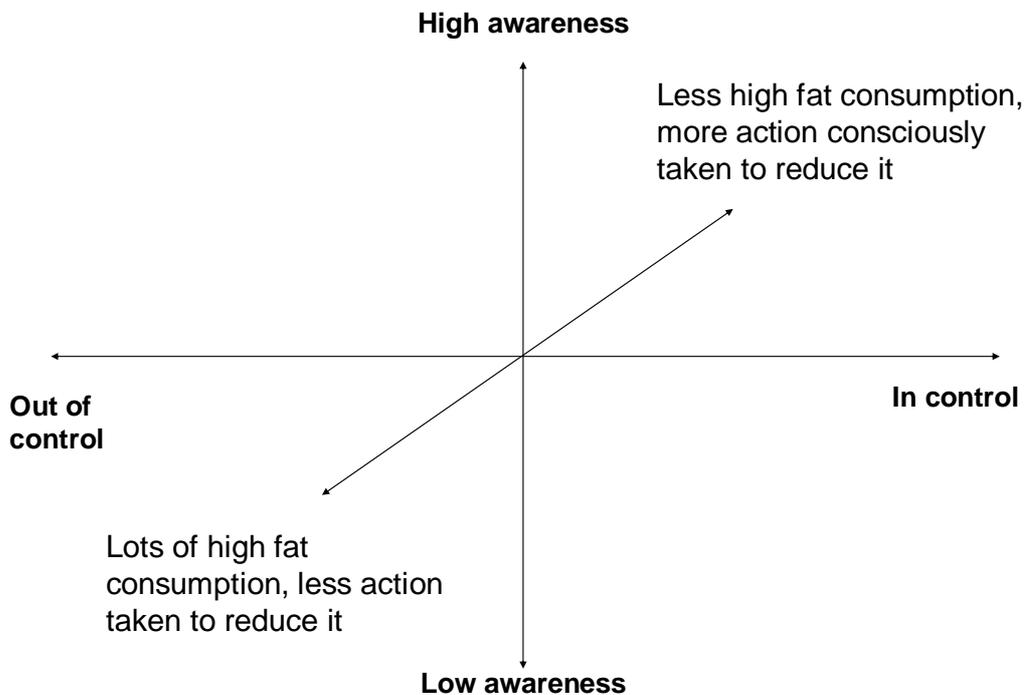
3.2.1 Overview

3. Two dimensions emerged as critical in determining whether consumers were eating a healthy/low (in saturated) fat diet. These were:
 - The extent to which consumers were aware of, understood and were engaged with nutrition (including saturated fat) messages.
 - The extent to which consumers were in control of their eating habits and felt willing/able to act on any nutrition (saturated fat) messages.
4. Level of nutritional (including saturated fat) awareness and understanding was positively correlated to likelihood of reducing the level of saturated fat in the diet, with those exhibiting higher levels of awareness/understanding being more likely to change. Specifically it was critical that consumers believed that the ill health effects of saturated fat could actually happen to them/others in their household if they were to consistently act on the messages being fed to them.
5. The amount of control consumers exerted over their lifestyle and eating habits was also a determining factor as to whether the amount of saturated fat in the diet was reduced. Individuals/households who were more able/willing to plan ahead in terms of ensuring a healthy/low (in saturated) fat diet were more in control and more able to act on any nutrition messages they were aware of. Individuals/households who were less able/willing to plan ahead were less likely to be acting on any nutrition messages they were aware of.
6. Greater awareness, understanding and engagement with healthy eating/(saturated) fat nutrition messages combined with greater control over lifestyle and specifically shopping/cooking greatly increases the likelihood of an individual/household consuming a diet which is healthy and low in saturated fat.

7. These dimensions can be mapped as follows:

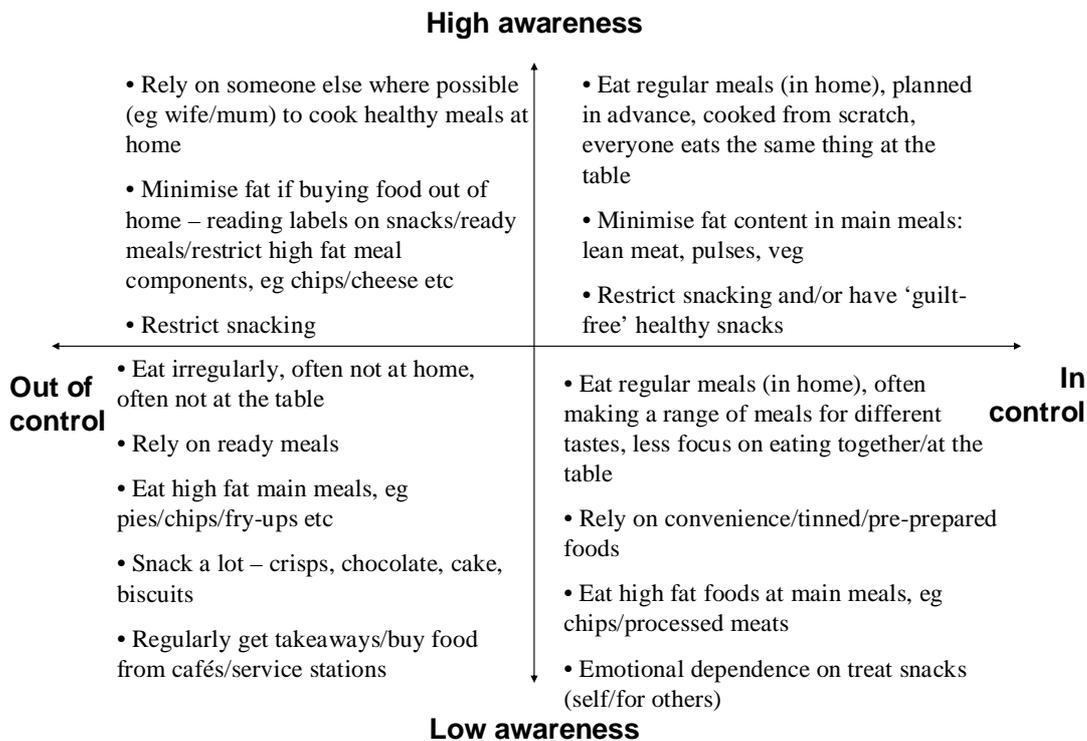


8. And the following pattern of fat consumption emerges across the quadrants:



9. The evidence from this piece of qualitative research is that consumption of saturated fat is high especially amongst C2DEs and men. Consumption levels were assessed using the following methods:
- Consumers were asked to self record via a 1 day food diary.
 - Consumer shopping behaviour was observed.
 - Kitchen cupboards/fridges were explored.
 - Consumers were asked to self-report about their own and household diets.
10. The research indicates that there is a need to:
- Heighten awareness, understanding and engagement with both healthy eating and fat/saturated fat messages.
 - Introduce measures tailored to individual consumers to help them control their fat/saturated fat levels within the context of their lives and lifestyles.

3.2.2 Summary of typical diets and eating habits



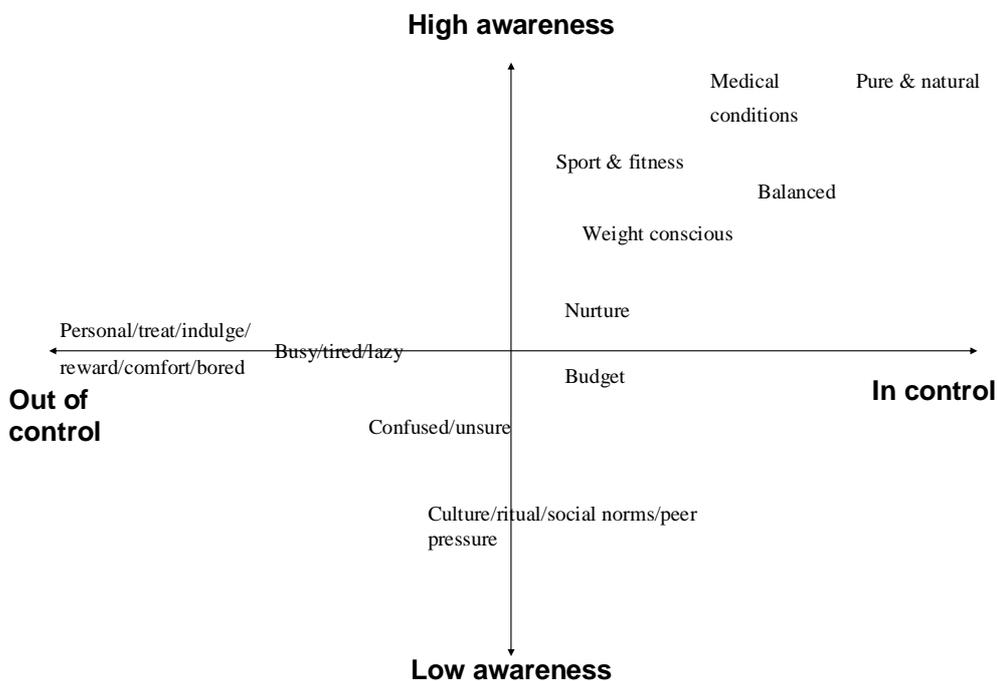
3.2.3 Role of consumer need state on propensity to act on healthy eating/low (in saturated) fat messages

11. On exploration of the need states associated with the high (in saturated) fat food categories it emerged that many of them are associated with moods/occasions when all consumers are less likely to adhere to healthy eating principles and are less likely to be in control.

12. It is probably true that those consumers with higher levels of nutritional/(saturated) fat awareness and greater degrees of control over their lifestyle are less vulnerable to these need states but, nonetheless, the evidence from the research is that all consumers succumb to them at least some of the time (and probably more often than they are likely to admit and/or realise).

'treats ... Green and Blacks, a lump of cheese straight from the fridge when I get home...glass of wine...crisps with my sandwich at lunchtime...choc bar on the way home ..it adds up to a lot when you think about it'
(Pre-family, ABC1, Bristol)

13. More specifically, the high fat need states tend to cluster in the out of control/low nutritional awareness quadrant as illustrated below:



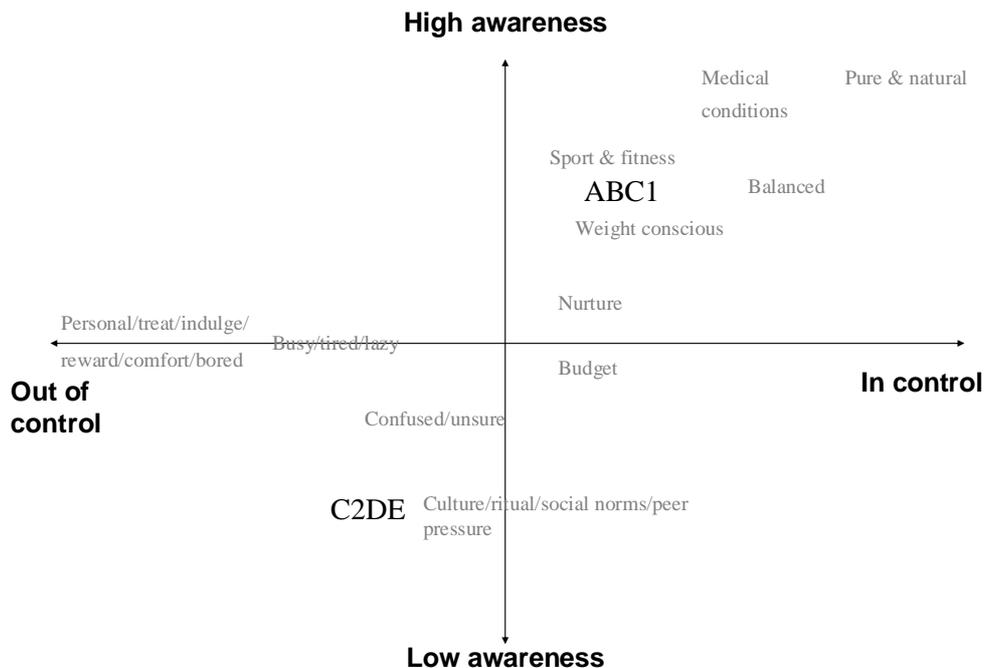
14. Emotional need states when consumers were particularly vulnerable to high fat consumption were numerous and included:

- On the move: service stations/corner shops.
- No time to cook/too tired to cook.
- Weekend brunch/Sunday lunch/dinner parties/kids home/traditional cultural foods.
- Friday night takeaways.
- Desserts/television treat.
- Snacks not meals/different family members eating different meals.
- Boredom: vending machines/canteens.
- Down the pub.

15. Rational need states when consumers were most likely to conform to healthy eating/low fat principles included:
 - Planning meals ahead.
 - Cooking from scratch.
 - Eating together as a family at home.
 - Budgeting ahead (if consumers could afford low fat options within this context).
 - Good nutrition for loved ones ('tough love' as opposed to indulgence).
 - Ongoing weight maintenance (as opposed to being on a diet).
 - Optimisation of performance/fitness/well being.
 - Balance (as opposed to yo-yo/credit and debit eating).
 - Managing medical conditions.
 - Focusing on food quality and provenance (although this did not necessarily lead to a low fat diet).
 - Dairy free/vegetarian (although low fat this was not necessarily balanced/ healthy in the broader sense).
16. A future programme to address excess levels of saturated fat in the diet and help consumers achieve energy balance needs to take into account that, regardless of level of rational nutrition awareness, many of the need states associated with high fat food consumption result from an emotional perceived physiological/psychological craving.
17. It is very important that future measures take this vulnerability into account, help consumers maintain control even in high fat moods/situations, and/or help them achieve nutritional balance across their lives as a whole.

3.3 Differences between consumers in terms of level of nutrition/(saturated) fat awareness and degree of control they have over their lifestyle

3.3.1 SEG



3.3.1.1 ABC1s

18. Consumers from the higher SEGs across the sample were more likely to have an overall higher awareness of nutrition and to be trying to stay in control of their own and others' diets, including trying to keep (saturated) fat levels down. However, external lifestyle factors like work combined with physiological/psychological factors such as mood/fatigue often militated against this and meant that these consumers were not as healthy as they would perhaps like to be or would like others to believe them to be.

'We try to eat healthy...but if I'm not around then my husband will do a microwave meal...'

(Family, younger children, ABC1, Belfast)

'It's like I know the rules but in the business of life it can be hard to put them into practice, you know how it is ...'

(Family, younger children, ABC1, Cardiff)

'I know my sister cooks with her kids and gives them quite a lot of treats because she works and she likes to have a good time with them when they're together'

(Pre-family, ABC1, Bristol)

3.3.1.2 C2DES

19. Consumers from lower SEGs across the sample were likely to have a lower overall awareness of nutrition as well as being less likely to be in control of their lives and their diets. This meant both individuals and their loved ones tended to be eating from high fat (sugar/salt) categories more of the time and to be doing less to try to reduce the levels of fat in the diet. High fat diets for these consumers resulted from a combination of lack of nutritional knowledge as well as lack of motivation and support about how to incorporate a lower fat diet into their lifestyles.

'I eat a lot of "ping" food - that's how it goes in the microwave!...it's convenient to put things in the microwave and those meals are usually quite cheap too...'
(Post-family, DE, Belfast)

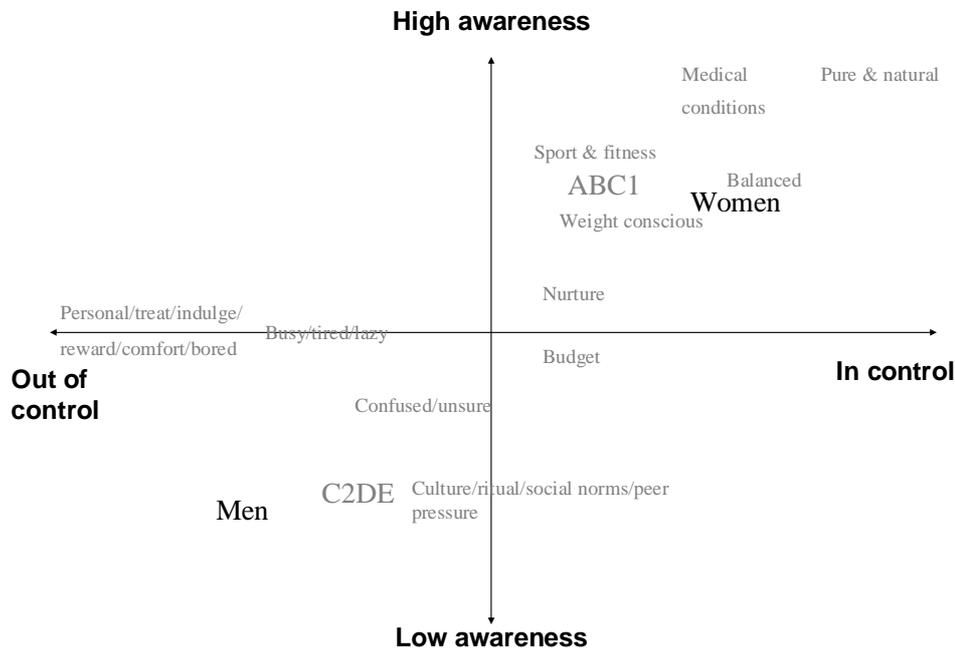
'I really want to try to be good but I find it hard...I've got a Paul McKenna CD to help that I want to listen to...'
(Post-family, DE, Belfast)

'Healthy eating...is complicated...anyway I love cakes and pastries too much!'
(Family, younger children, DE, Cardiff)

'No breakfast, sandwich for lunch, pick up something on the way home from work or go out'
(Older single, C1C2D, London)

'We try to eat healthily but we tend to have evenings where the kids are out on activities and you've just got to get things into them: whatever's quickest - pasta, sausage rolls and beans...'
(Family, older children, C1C2, Belfast)

3.3.2 Gender



3.3.2.1 Women

20. Women were much more likely to be the main food preparer and purchaser, although the extent to which individual women had control over their own and the consumption behaviour of other members of the household, particularly husbands and children, varied enormously.

'We always eat together even though we're very busy, good meals'
(Family, older children, C1C2, Belfast)

'If I don't buy biscuits in the shop, to try and get my husband off them, then they find their way into the kitchen somehow...'
(Post-family, ABC1, Belfast)

'When I'm shopping I'll try new things which are on special and if I can get the rest of the family to eat it I'll carry on buying if not I won't..it'd be the same with low fat foods'
(Family, younger children, DE, London)

21. Women's focus of consumption was more likely to be in the home than men's, which often made for much more controlled and organised eating occasions.
22. Women, across the sample, but especially those from higher SEGs, were more concerned about both their own weight/looks and internal health, and that of others, and therefore had more of an ongoing incentive to monitor eating habits.

'I have put on weight in the last year - my metabolism has gone downhill...'
(Pre-family, ABC1, Glasgow)

'I have become quite conscious because I have high blood pressure ...you hear of people having heart attacks and strokes'
(Post-family, C1C2, Cardiff)

'The kids' health is really important...it's your responsibility for the moment, until they take it over'
(Family, younger children, ABC1, Belfast)

23. Women were much more consistently aware of, knowledgeable about and engaged with nutrition and low fat messages than men.

'I take an interest in health...anything might help, you never know!'
(Post-family, ABC1, Belfast)

24. Women were generally aware of fat as an issue overall but only those on diets seemed to be monitoring fat on an ongoing basis and only a very small minority were currently monitoring saturated fat levels.

'I try to be healthy but I want it to be tasty too so I do look at labels to make sure that the things I like are OK...'
(Family, older children, DE, Glasgow)

'I know too much fat is not good but not how much, where you find fat or how to check it'
(Older single, ABC1, Bristol)

25. Although women are generally motivated to monitor fat in relation to looking better as well as nurturing others, they also face many barriers including:
- A desire to indulge in high fat foods/indulging in order to address an emotional need.
 - Boredom in relation to low fat foods.
 - Lifestyle factors, such as busy-ness/fatigue - which can encourage consumption of convenient high fat foods.
 - Overall lack of motivation/organisation in relation to food.
 - Social pressure to conform.
 - Habituation to high fat foods.
 - Lack of cooking skills.
 - Lack of influence on others to encourage them to eat more healthily.

'You can be doing really well, you're having a really good day, but then something happens and you need some ice cream!'
(Family, younger children, ABC1, Belfast)

'We all know what we should be doing but then you get offered a piece of cake at work and you've had a bad day so you eat it!'
(Pre-family, ABC1, Bristol)

26. Younger and single women were most focused on looking good - slim, nice skin, lustrous hair. However, some younger women - mostly those from the higher SEGs - were also thinking about their long term internal health.

'I just want to look better...lose a bit of weight'
(Pre-family, ABC1, Glasgow)

'I'd like to think that what I'm doing now will mean that my heart is healthy forty years down the line'
(Pre-family student, Cardiff)

'My dad suffers from high cholesterol so I think about it'
(Pre-family, ABC1, Bristol)

27. Family women were focused on their children's health although, once again, there was a huge degree of variation regarding the extent to which they were effectively managing to provide a healthy diet for their children.

'I am very conscious of healthy food and I'm always thinking about providing for the children...I'm always trying to find wonderful ways to get the veg into them'
(Family, younger children, ABC1, Belfast)

'The kids are really fussy...you want to fill them up and so it's no good putting something in front of them that they won't eat'
(Family, younger children, DE, Cardiff)

28. Younger post-family women often had partial responsibility for their children's and grandchildren's diets as well as their own and their partner's. Older post-family women were more likely to be looked after by others.

'The grandchildren do come round sometimes and stay the night and we'll give them something to put in their lunchboxes the next day at school'
(Post-family, ABC1, Belfast)

'There's always someone round to feed...'
(Post-family, DE, Belfast)

3.3.2.2 Men

29. Men were generally much less aware of, knowledgeable about and engaged with nutrition and low fat messages than women.

'We don't all want to be nutritionists!'
(Pre-family, ABC1, Bristol)

'You need to keep messages simple, I just want to know how to reduce my saturated fat quickly and easily - I'm not interested in lots of information about all the different fats'
(Older single, ABC1, Bristol)

30. Very few men were monitoring their fat intake and even fewer were monitoring their saturated fat intake.

'I start to switch off when it gets to fat and saturated fat...it's something you hear but it's not a priority'

(Family, older children, C1C2, Belfast)

'I don't honestly know if my husband would know the difference between fat and saturated fat because he's never had to think about it'

(Post-family, ABC1, Belfast)

31. Men had similar barriers to reducing saturated fat as women and, in addition, they were much less likely to perceive a need to reduce it. Men, overall, were less worried about the obvious visible effects of eating a high fat diet and more likely/willing/able to ignore the health effects of a diet high in saturated fat.

'If it's coming to you, it's coming to you...'

(Post-family, C1C2, Cardiff)

'You can always wear a bigger shirt...'

(Family, older children, DE, Glasgow)

32. The key reasons men gave for monitoring their fat intake were related to specific medical conditions or physical activity and, for some, looking good.

'I'm interested in fitness and I go to the gym every day so I want to make sure I'm eating well to fuel that'

(Pre-family, ABC1, Glasgow)

'I've got high cholesterol so I'm reducing the amount of fat I eat...'

(Post-family, C1C2, Glasgow)

'When my gut gets a bit bigger I make an effort – especially at this time of year'

(Pre-family, ABC1, Bristol)

33. Men were more likely to be consuming a great deal of food out of home and so consistently asked for guidance over what strategies they could use to reduce fat/saturated fat in these circumstances.

'I'm a car salesman so I'm out and about all the time...what can I do or get from the service station so that it's healthy?'

(Pre-family, C1C2, Glasgow)

'I'm a truck driver so it's hard to get away from snacks and greasy spoons...'

(Post-family, C1C2, Cardiff)

'In the car from Monday to Friday...by the end of the week my car looks like a rubbish bin – it's full of wrappers...I do think about what I eat at home but on the road it's just too difficult'

(Pre-family, ABC1, Bristol)

'I try to avoid cheese in sandwiches but I'm out a lot and often the only choice is a choc bar and a pack of crisps'
(Pre-family, ABC1, Bristol)

34. Men were less likely to take responsibility for food purchase and preparation in the household and indeed often specified/insisted on unhealthy food preferences, which could serve as a negative influence on the eating habits of the household as a whole.

'I don't cook it but I do have a say...we'd probably have less takeaways if it was just down to my wife...'
(Family, older children, ABC1, Cardiff)

'I've tried to get him to eat better but it's difficult – I'm starting by getting him to go on family walks – at least that's a start'
(Family, older children, DE, Glasgow)

35. ABC1(C2) men were more open to persuasion and healthy living/eating/low fat messages, being more concerned about their weight (beer belly) and/or their ability to be an active parent. They were also more receptive to encouragement from loved ones.

'When the double chins get too low, I know that when I cut down on my crisps and biscuits and my chocolate intake it will have an effect'
(Family, older children, C1C2, Belfast)

36. (C2)DE men were less open to persuasion and healthy living/eating/low fat messages claiming not to care about their weight and/or any ill health effects. Indeed, they often were insisting on eating unhealthy foods, due to:

- A perception that they should be able to/want to eat as they please.
- A focus on the taste/sensation of eating.
- The fact that they profess to care little about what they look like, as long as they can still operate.
- The fact that they felt they have better things to worry about.

'Personally I don't think about fat at all - I'd maybe eat an apple a day, that's my healthy thing...'
(Post-family, DE, Belfast)

'As long as I can still get around I'm not really bothered...'
(Family, older children, DE, Glasgow)

37. Younger single men, especially those from the higher SEGs, were the most receptive to changing their eating habits. Although these consumers were focused on sport and activity, they were much more likely than other men to quote reasons that related to looking better, eg:

- Getting a girlfriend.
- Getting rid of a beer gut.
- Looking alright on the beach.

'Put it like this – the summer's approaching and I'm beginning to think about the beach'

(Pre-family, ABC1, Bristol)

38. Family men were generally taking less responsibility for household diet than their wives but, beyond this, the level of male involvement in food purchase and preparation varied hugely. The research indicated that even if men were involved in family food purchase and preparation they were less alert to healthy eating than women.

'I'd say I'm a deal hunter...I like value from food so I get the offers if they're good, that's the main basis for my choices'

(Family, older children, C1C2, Belfast)

39. Once men get to the post-family life stage they are particularly likely to become entrenched and unable to change if they have had a lifetime of poor eating habits. Men of this age were especially vulnerable if they had relied on a partner to provide their food and they had become separated from her.

'I haven't got a cooker, just a microwave, because I can't cook!'

(Post-family, DE, Belfast)

40. A common complaint from men was that current healthy living/eating communications use very feminised and/or medicalised language that they find it difficult to connect with.

'Why do they say obesity when what they really mean is you're a fat lazy slob and you should get off your backside and stop eating takeaways'

(Family, older children, DE, Glasgow)

41. If challenged, men were more likely than women to be defensive and/or vocal about their opposition to the 'nanny state' and that it is their right to eat unhealthily if they so desire.

'It's our choice - if we choose to go for the bad fats for a one-off then we should be able to without being made to feel guilty...I hate preachiness'

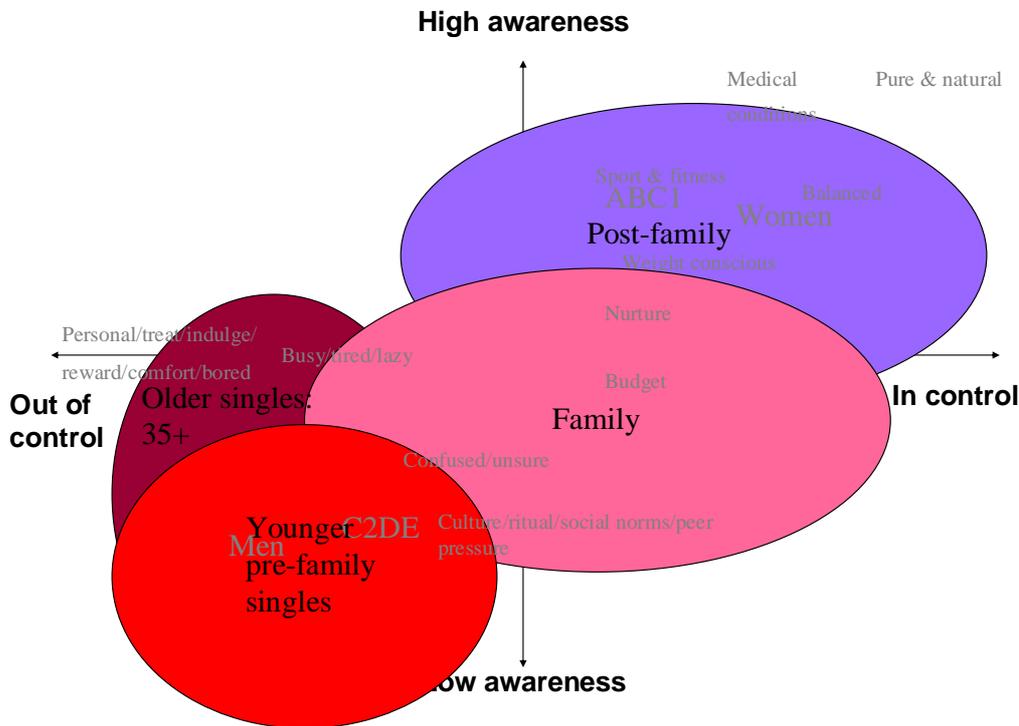
(Family, older children, C1C2, Belfast)

42. Men also exhibited particular resistance to seeking medical advice in relation to their health. However, even if this had been done and they had had medical conditions diagnosed, they were much less likely than women to change their lifestyles.

'I'm supposed to eat salads and fruit because I've got high cholesterol but I don't because convenience foods are easier for me'

(Post-family, DE, Belfast)

3.3.3 Age/lifestage



3.3.3.1 Younger/pre-family singles

43. A typical younger pre-family lifestyle is generally highly focused on enjoyment, self-gratification, the peer group and socialising, which makes for a high degree of unplanned out of home consumption.

'Often I want something in a rush after work and don't think about whether it's healthy or not...I go out to the pub a lot and so I often end up eating chips...I go out and get a sandwich every day when I'm at work'
(Pre-family, ABC1, Glasgow)

'After a few beers, that's when I stop thinking about healthy eating...'
(Pre-family, C2DE, Cardiff)

'I take my lunch with me, and make sure I eat 5 fruit and veg a day – I've tried to reduce or omit bad things but I still have a greasy bag of chips sometimes'
(Pre-family, ABC1, Bristol)

44. This is particularly true amongst many of those living alone who claimed they lacked the motivation to cook for one.

'Sometimes you do think, what's the point in cooking for one...'
(Pre-family, ABC1, Glasgow)

'I live on my own and do a sales job – I don't have breakfast, I pick up a burger for lunch or a sandwich, I do drink every day – I know what you're supposed to do – I do try to cook in the evening but I often go out and sometimes I just can't be bothered when I get in cos I'm so tired'
(Pre-family, ABC1, Bristol)

'Can't be bothered to cook for myself – I often have a bowl of crunchy nut cornflakes – it's quick easy and healthy'
(Pre-family, ABC1, London)

45. Many pre-family consumers claimed not to be shopping regularly. They also talked a lot about their lack of cooking skills. A significant proportion claimed to go back to mum if they wanted a home-cooked meal.

'If they put out a recipe it needs to be in the right place in store and not at the entrance ...they need to point out where all the different ingredients are around the store or put them all together'
(Pre-family, DE, Cardiff)

'I don't really know how to shop to be honest - we are a bit thick (men) and unless signs are there for all to see we won't take any notice'
(Pre-family, ABC1, Bristol)

'If I'm eating at home I tend to come home from work and go to the shop down the road and see what I can find...I'm a cheapskate, and I'm lazy, so I tend to go for the 11p noodles!'
(Pre-family, ABC1, Glasgow)

46. There were a large number of factors which meant consumers at the pre-family lifestage were likely to be eating a diet high in saturated fat even if they were aware of the issues around fat. These included lack of discipline, routine, planning and/or confidence in relation to food choices. Few pre-family consumers, apart from ABC1 women, were thinking about fat in the long term and, even within this, there was little focus on saturated fat.

'I live in a house of boys, we don't really pay too much attention to what we eat...'
(Pre-family, C2DE, Cardiff)

'I do try to be good and I know I should try and do something about it but it's hard...I'm out quite a lot...'
(Pre-family, ABC1, Glasgow)

47. Key high fat consumption habits of pre-family consumers included:
- Lots of out of home consumption, often influenced by alcohol, eg crisps/nuts in the pub, chips afterwards, going out to a snack bar for lunch.
 - Lots of takeaways.
 - Eating irregularly, eg missing out on breakfast, having a snack instead.
 - Lots of ready meals/convenience foods.

48. Within this general context, ABC1 pre-family women were much more likely to be approaching food in a more controlled and/or organised manner. These consumers were more likely to:
- Have office jobs with routine hours/be students (and have decided to devote time to food).
 - Plan/organise meals in advance and hence snack less.
 - Budget successfully rather than spending everything and then surviving on nothing.
 - Be cooking from scratch.
 - Be eating in a sociable setting.
49. C2DE younger pre-family men were most likely to be uncontrolled and disorganised in relation to food. They were much more likely to:
- Have disorganised/chaotic lives and/or be working shift patterns.
 - Find it difficult to budget successfully.
 - Feel unable to cook.
 - Eat individually, even if living within a larger household.
50. Pre-family men, especially those who were not overweight and active, were particularly likely not to believe that they would suffer from a poor diet.

'I play sport - football, basketball - 4 times a week so if I eat more junk I know I'll just burn it off later...I judge what I'm eating by the results I see...it's not about the internal organs but the wobbly bits...'

(Pre-family students, Cardiff)

3.3.3.2 Family

Overview

51. Families are typically more home-based than consumers at other lifestages and this provides a theoretical opportunity for main cooks/carers to exert control over their own eating habits/fat intake and that of their loved ones.

'I try to be healthy for the kids and get them to eat a range of stuff rather than just junk...'

(Family, older children, C2D, Belfast)

52. In addition, a huge incentive for healthy eating for many parents was in relation to nurturing their children and protecting their health.

'I want to make sure that I can give the boys healthy meals because they're very active and they eat a lot'

(Family, older children, DE, Glasgow)

'Cost is an issue for me but whenever I can I go for the healthy option for my daughter'

(Family, younger children, DE, London)

53. Having said this, fat was not at the forefront of the minds of families, especially in relation to children's food. Within this, saturated fat was a very low level issue.

'I don't really try and limit how much fat the children have because I do tend to think that they're going to burn it off anyway, they're very active'
(Family, young children, ABC1, Belfast)

'I feel my boys need their fat as they are growing so fast – I don't go for low fat for them'
(Family, older children, African Caribbean, London)

54. There was a great deal of variation across different families with regard to eating habits and the level of fat in the diet.
55. Families with the lowest fat diets, as determined by their food diaries and self reported household eating habits, tended to be:
- Eating regular main meals which were cooked using raw, fresh ingredients.
 - Eating together at the table/all eating the same meal.
 - Involving the children in meal decisions, without giving them too much leeway.
 - Intuitively avoiding high fat foods as part of meals.
 - Positioning snacks as treats/monitoring number of snacks.
 - Positioning home baking (eg cakes) as for an occasional treat only.
56. Families with the highest fat diets, as determined by their food diaries and self reported household eating habits, tended to be:
- Eating separately and at different times.
 - Eating ready meals/convenience foods/takeaways as a matter of course.
 - Giving children high fat/premium treats as a guilt alleviator/reward.
 - Giving children high fat desserts as a bargaining tool for finishing their main meal.
 - Allowing children to make their own food.
 - Giving children high fat foods as part of their meal, eg chips.
 - Allowing children to miss out on meals and have a snack instead.
 - Giving children sweet and savoury treats to take to school (through their choice/in relation to peer pressure).
 - Home baking (eg cakes) without censor.

Key factors that influenced a family's eating habits and the amount of fat in their diet

Whether or not the main shopper/cook works

57. Those who were working and were therefore more time starved found it more difficult to consistently provide healthy food, due to a lack of time to plan, shop and prepare food, as well as not being centred in the home.

'I'm busy most of the time...I come home from work and get into a frenzied state about what to eat and then I'm out to the shops...'
(Family, older children, ABC1, Cardiff)

'I could definitely see that I could reduce the amount of treats and stuff that we eat when we're busy...if you were organised then you'd make it the night before and it'd be quicker when you got in the evening'
(Family, young children, ABC1, Belfast)

58. In addition, given that some workers were not spending as much time with their families as they might like, there was evidence they were acting to assuage their guilt/emotionally compensate in relation to their lack of time and/or fatigue by indulging the family in unhealthy 'treats'.

'At the end of the week, when we're all tired and hungry and we haven't seen each other much, then it's nice to relax and stick a pizza in the oven and eat ice cream together as a family thing'
(Family, older children, ABC1, London)

Parenting style

59. Parents differed significantly in terms of the extent to which they:
- Imposed healthy eating rules/guidelines versus allowing their children to choose the foods they wanted to eat.
 - Were providing a good example to their children in relation to healthy eating.

'I have to force my son to eat vegetables - the way he does it is to eat them and drink milk straight afterwards...but he does it if I mention skin to him! I say it helps make your skin stay nice and he's worried about that so he eats them'
(Family, older children, C1C2, Belfast)

'It's hard getting kids to eat fruit and veg - you've got to starve them or bribe them!....it's what all the rows in our house are about'
(Family, young children, ABC1, Belfast)

'We have snack food in, just in case the kids want it...'
(Family, young children, DE, Cardiff)

'It's a case of grabbing whatever's in that they'll eat and enjoy...the evening meal is the only time we have together sometimes'
(Family, older children, ABC1, Cardiff)

'The kids say what they want and I get it – there's no point otherwise because they won't eat it'
(Family, younger children, DE, London)

60. Overall parents who were imposing clear guidelines but were allowing children some choices within this were those who found it easiest to encourage children to eat healthily.

'I'd be more worried about healthy lifestyles overall, not stopping them from eating something in particular...I'd like to think that when my daughter's palate matures she'd know what she should be eating'
(Family, older children, C1C2, Belfast)

Parental relationship

61. There was also a great deal of variation in terms of the nature of the parental relationships and the influence this had on eating habits.
62. Some relationships were more traditional, wherein the shopper/food preparer (nearly always the woman) provided what the husband wanted, whatever the foodstuff, versus other couples who were working as a partnership whereby the couple worked together to provide a healthy diet for the whole family.

'If I don't cook what he [husband] likes then he doesn't eat it so I don't have much choice'

(Family, young children, DE, Cardiff)

'My wife tends to do most of the cooking but I do it if she's busy...we put up a united front to the kids about what to eat...'

(Family, older children, C1C2, Belfast)

Maternal focus

63. If the mother was weight conscious and on a weight reduction diet she was more likely to be buying different things for herself versus other members of the family and hence dividing family consumption.

'I buy different things for me from the others...I get the low fat range, I know that's no good for the kids, though they don't like those anyway, so I have my own pizzas and biscuits and things'

(Family, younger children, ABC1, Belfast)

64. This maternal behaviour was sometimes found to be having a detrimental effect on household, specifically children's, eating habits because it could:
- Increase the likelihood of different family members eating different things and, within this, high fat foods.
 - Send out negative messages to other family members of the household that it was OK to be fussy and for everyone to eat different things.
 - Take the mother's focus away from family consumption and move it towards her own.

SEG

65. ABC1, more affluent/educated, parents were more likely to be knowledgeable about healthy eating principles and were more often leading more regulated, organised 'nine to five' lives. However there was some resistance amongst ABC1 families to being told what to eat and a sense of greater social stigma around poor eating habits/overweight family members. This meant that ABC1 families could be less open/honest about their real eating patterns and were liable to hide bad habits so as not to be judged, at least in the context of food for the children. In many of these families there was an expectation that parents should be providing good food for the family, which in itself can be experienced as a burden, and which some did not necessarily feel that they had the appropriate cooking skills to achieve.

'We do know it all, really - there's no need to tell us again, it gets boring...'

(Family, older children, ABC1, Cardiff)

'There's so much to think about...we want the children to eat properly but we still buy processed convenience foods, it becomes a stress'
(Family, older children, ABC1, Cardiff)

'When the children are in bed then I treat myself - ranging from wine to Doritos to ice cream, anything I can find in the cupboard, especially if I've had a really bad day'
(Family, young children, ABC1, Belfast)

'I do cook but to be honest I could do with some more inspiration - we have the same things all the time, it's hard trying to please everyone...'
(Family, young children, ABC1, Belfast)

66. C2DE, less affluent/educated, parents were less likely to be knowledgeable about healthy eating principles and to feel that, regardless of knowledge, that there were many more lifestyle barriers to them actually implementing healthy eating principles. Key barriers included: working patterns that were more likely to include shift work or unemployment; limited access to and the prohibitive cost of healthy foods; and a lack of perceived social pressure to cook and provide healthy food. Beyond this, these families were more likely to be suffering from ill health or to be overweight, in which case they were much less likely to feel stigmatised about eating habits than more affluent families.

'I can't afford to eat healthily because the price of the shopping goes up too much if I try...'
(Family, young children, DE, Cardiff)

'I know that too much fat is bad for you – but I don't really know which foods have fat in – my husband has had health problems and follows advice from the doctor on what to eat'
(Family, younger children, DE, London)

Children

67. Children's behaviour around food was often reflective of the parenting style they were used to, as discussed above.

68. However, there were reports of children having challenged the status quo in some households by responding to healthy eating messages gleaned from outside sources, eg:

- Asking the mother to cook from fresh.
- Asking to have more salad/vegetables.
- Refusing sweets/biscuits/crisps/chips.

69. In many cases, this had triggered significant reappraisal of the whole family's diet.

'The schools are helping...my son is saying categorically, if that's processed then I'm not eating it...I could not believe it when he came out with that!...we're all trying to eat healthy though now'
(Family, African Caribbean, London)

70. School initiatives had also frequently served to make parents much more aware of healthy eating, eg via:

- Healthier canteens.
- Fruit only breaks in primary schools.
- Healthy eating in the curriculum.
- Cookery clubs.

'The kids get told stuff at school, my son has started to eat more fresh stuff and is asking me to buy more too'
(Family, older children, DE, London)

71. The key message that parents replayed from school appeared to be '5 fruit and vegetables a day'.

'They're ramming 5 a day down our throats, so you feel guilty if you're not managing it'
(Family, younger children, ABC1, Belfast)

72. There were many examples of children, especially boys, having picked up on messages about being strong and healthy like their athletic heroes. Some parents also talked about having watched TV programmes about fat children that had repulsed/scared their children and helped strengthen the healthy eating message.

'My son likes that CBeebies programme "Sportycus" ...done by an Icelandic gymnast whose candy is apples...he says, if you eat that you'll grow up to be a big strong boy like Sportycus - it does work with my son'
(Family, young children, ABC1, Belfast)

73. Parents were consistently very positive about children being more involved in their eating and felt that the more children knew about the positive health effects of healthy eating and the negative health effects of unhealthy eating then they would be more likely to engage with it positively.

'The more they realise it's benefiting them and is not actually a punishment, the more likely they are to take it on board...I watched a programme with my son about an overweight boy, I think it was on This Morning, and I said to him, that's why we get you to eat healthy food, if you ate what you wanted all the time you'd look like that boy, so he could see why'
(Family, younger children, ABC1, Belfast)

74. In the case of children being overweight, often the children's parents were overweight too, and so were less likely to acknowledge the issue and/or feel they could do anything to rectify the issue.

75. There was often concern expressed by parents about broadly how to best deal with the topic of children and eating in order to reduce obesity but also to avoid triggering eating disorders.

'My daughter says she's fat but she's not close to being fat - they talk that way in school and I'd be very aware of not saying she can't eat anything - I'd say to her it's about a balanced diet...you've got to be careful not to go too far and encourage eating disorders'

(Family, older children, C1C2, Belfast)

Influence of other carers

76. In many cases children were being left in the care of others, whether that was grandparents, childminders or others. These could serve as a good or a bad influence on eating habits, depending on the individual carer and their approach to the role.

'My mum has them [the kids] sometimes and she's really good with them, gives them really good food'

(Family, younger children, ABC1, Belfast)

'Their dad takes them to McDonalds twice a day when he has them...'

(Family, younger children, DE, Cardiff)

'I caught my son's friend's mum giving them fishfingers and chips...'

(Family, older children, ABC1, Cardiff)

3.3.3.3 Older singles: 35+

77. Older singles tended to have lifestyles very similar to younger singles in terms of the lack of need for planning and the strong role of socialising and out of home food consumption.

78. However, older singles also tended to differ from their younger counterparts in a number of ways, as they are:

- More likely to have more disposable income.
- More likely to talk about leading life at a less frenetic pace and hence have more time.
- Less likely to feel that they have to conform to peer pressure.
- More likely to be concerned about internal as well as external health.

'My life isn't particularly busy, apart from Eastenders and Coronation Street! I don't have anyone to answer to, I've got no one to run around after...'

(Older singles, C1C2D, London)

'I am weight conscious but I am also thinking about my heart and keeping fit and healthy'

(Older singles, C1C2D, London)

'I've started to do more exercise compared to when I was younger – my eating habits aren't great but I do try to have a healthy week if I've had a blast over the weekend'

(Older singles, ABC1, Bristol)

79. In addition greater polarisation was evident within older singles such that ABC1 women were more likely to have sustained and developed healthy lifestyles established when they were younger. Key behaviours amongst these consumers included:

- Restricting processed foods, especially convenience foods.
- Restricting meat consumption and/or opting for low fat/lean meat cuts.
- Restricting treats, in terms of number of occasions and/or portion size so that on all occasions premium treats are consumed.

'I'm really good...I used to eat microwave dinners but I cut all of that out and now I tend to eat fresh food all the time, I'm a vegetarian now...I'm always making soups out of fresh vegetables...I can go months without treats'
(Older singles, C1C2D, London)

'Always take my own lunch to work, cook every night and try not to snack too much- I've just got into a good routine.'
(Older singles, ABC1, Bristol)

80. Conversely C2DE men had become quite entrenched in their, often unhealthy, lifestyles and exhibited much less motivation to change than the younger singles with a similar demographic profile.

'I'm set in my ways now and I enjoy my life, so why change?'
(Older singles, C1C2D, London)

'Go out to lunch with mates from work, we normally have scampi and chips or something like that and then I don't need to cook when I get home'
(Older singles, C1C2D, London)

81. Older men who had divorced were particularly unlikely to have cooking skills and so be reliant on processed food and out of home consumption to cater for their needs. Beyond this, they were also unlikely to have a supportive social network that would nudge them towards healthier lifestyles.

'I'm on my own now and I can't cook so this is how it is'
(Post-family, DE, Belfast)

3.3.3.4 Older/post-family

82. Older individuals at the post-family lifestage were most likely to be focused on their own health/that of others.

'Health is something that's more important now than ever...you're reaping the rewards, or not, of what you've done over the years'
(Post-family, ABC1, Belfast)

'I try to give the grandchildren healthy food – they don't always get it at home because they are so busy but I think good habits early on are critical'
(Post-family, C1C2, Cardiff)

83. These concerns may have been highlighted by a medical professional to themselves or by the experiences of friends/family.
84. Health concerns were wide ranging and encompassed weight and weight related problems, such as joint/back problems as well as diagnosed medical conditions like diabetes, heart and cholesterol issues.
85. Given this context, these individuals were more aware of the link between healthy eating/saturated fat and specific health conditions. However, the degree to which

consumers actually acted on this still varied considerably, with ABC1 women being much more likely to take action than other consumers.

'I was diagnosed with a heart condition and so I check everything - I make sure it's not too high in fat...'

(Post-family, ABC1, Belfast)

86. Specifically there was some evidence of monitoring fat levels but once again little evidence of restriction of saturated fat intake.
87. Levels of fat intake were very varied across the post-family lifestage and depended on lifestyle as well as health/whether medical conditions had been diagnosed, age and levels of affluence.
88. Key high fat behaviours included:
- Socialising with friends: elevenses, out for lunch, afternoon tea and cake/biscuits, evening with friends, weekends out.
 - Choosing premium treats.
 - Snacking rather than eating regular meals.
 - Indulging children/grandchildren and joining in: high fat treats.

'There's less pressure at this time of life, so you can please yourself more...'

(Post-family, ABC1, Belfast)

'I think you're more likely to think sod it, I'll have a treat...'

(Post-family, C1C2, Cardiff)

89. Post-family food purchasers/preparers were more likely to have cooking skills than other consumers. However not all were using these skills and some had actively rejected cooking after what they described as a lifetime of catering for others.

'I do cook every night, meat and potatoes and vegetables...'

(Post-family, DE, Belfast)

'It's good being free from the grind of having to cook meals for the family...'

(Post-family, ABC1, Belfast)

90. Younger, more active ABC1 post-family consumers were less likely to have any obvious medical prompts to improving their health as they were less likely to be overweight and/or to have diagnosed health problems. However they were keen to continue to look/feel good. These consumers generally followed healthy eating principles but were susceptible to high fat consumption through socialising in and out of the home.

'I've never had to worry about my weight...and I had a cholesterol test and the doctor said it was fine'

(Post-family, ABC1, Belfast)

'Until you're faced with, for instance, a health problem, then that makes you more careful of what you're eating but, up until then, you're going merrily along'

(Post-family, ABC1, Belfast)

'We go out a lot...tea and biscuits at each other's houses, cake...lunches out...'
(Post-family, ABC1, Belfast)

'I'm not worried about my weight but I do watch my fat intake because of cholesterol levels, I try to eat a balanced diet, I don't buy many low fat products but I do limit high fat treats'
(Post-family, ABC1, London)

91. Non-working post-family consumers talked about having more time generally, which they can use to think about food, plan ahead, organise, shop and cook.

'I'm not working at the moment so I can get down to the market to buy fresh meat to freeze...and I can get to Lidl's on a Monday morning when the fruit delivery comes to get it so it's at its freshest...'
(Post-family, DE, Belfast)

92. Older/less active/C2DEs were more likely to be retired, have less money and be in the care of someone else. Some talked about having lost their appetite and/or their interest in food. Those who were alone after having lost a partner were much more likely to feel less motivated about cooking for one. Hence, overall their consumption was much more likely to be controlled than others (whether by themselves or by external factors).

'I'm on a pension so I don't have much money...'
(Post-family, C1C2, Cardiff)

93. Within this, older C2DE men were the most fatalistic about making dietary changes.

'The damage is done now if there is any...even if I did change I'd probably change back...if you didn't eat everything they told you not to eat, you'd end up as Twiggy'
(Post-family, DE, Belfast)

94. Some post-family consumers also talked about still catering for children/ grandchildren on a part time basis, eg:

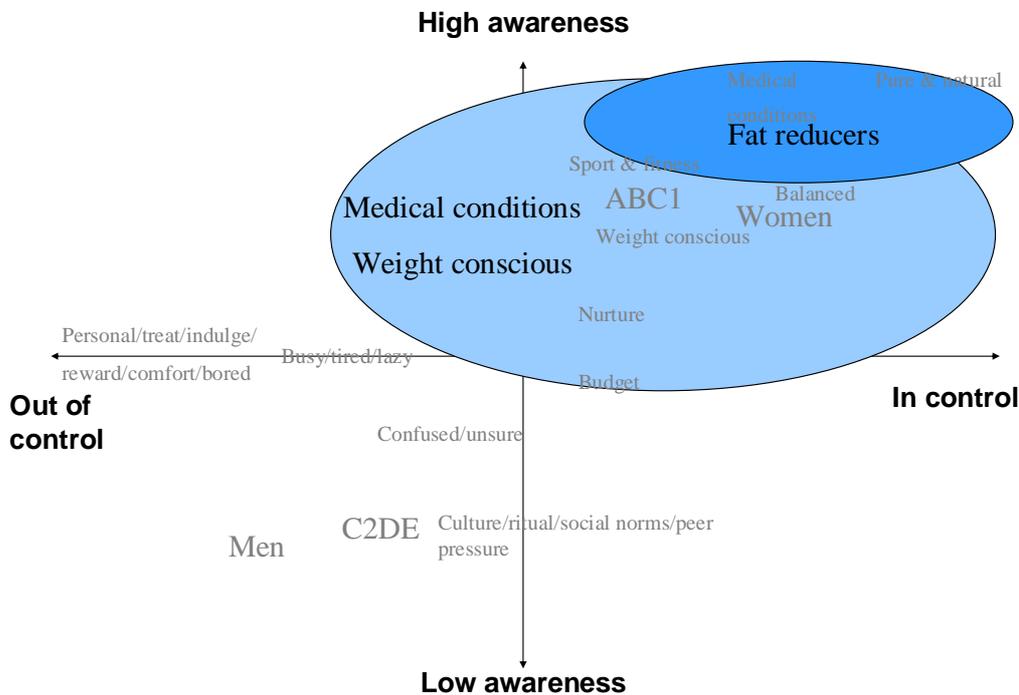
- Children at weekends/occasionally.
- (Single) male children without cooking skills.
- Grandchildren.

95. Given the range of different approaches to health and the different roles being taken, there was a great deal of variation in terms of whether these consumers were having a positive or negative influence on their loved ones' diets.

'Young families now, their children tend to like chicken dippers and spaghetti hoops and if they're eating them then you're going to buy them to give to them [the grandchildren] so you're not really thinking about what's in them'
(Post-family, ABC1, Belfast)

'I've stopped giving Peter things because he's hyper for starters and so I cut out all processed food and I feel it helps calm him'
(Post-family, ABC1, Belfast)

3.3.4 Fat aware



3.3.4.1 Weight conscious

96. There were an exceptionally high number of weight conscious women in the sample who were either currently or had been on a diet and had followed specific diets/been members of particular diet groups.
97. This seemed to be the single strongest factor in determining whether consumers were monitoring fat levels in their diet. Specifically these consumers reported being directed to look at fat levels on labels as part of particular diets. Some of these diets also specifically directed consumers to look at saturated fat levels on labels and these, together with a minority of consumers with diagnosed medical conditions, tended to be the only consumers across the sample who were regularly doing this.

'I look at absolutely everything...I always check the back of the labels for the fat content because of the diet'
(Family, older children, DE, Glasgow)

'With Weightwatchers it's all based on saturated fat so I always look at that on products...'
(Family, younger children, ABC1, Belfast)

98. Typical behaviours these consumers used to reduce their (saturated) fat levels included:
 - Restricting food intake/portion size overall.
 - Choosing lean meat options.

- Choosing low fat convenience meals options (especially if branded/labelled in relation to the consumer's diet group).
- Restricting treats and/or choosing low fat treat options.
- Checking labels for fat/saturated fat levels.

99. However this highly regulated consumer behaviour, often focused around constant label checking, proved very difficult for consumers to keep up and often led to consumer's weight yo-yoing rather than resulting in stable ongoing weight loss.

'I did used to do Weightwatchers but now I've stopped the weight's come back on...'

(Family, older children, C2D, Belfast)

'As soon as I've had my weekly weigh-in, if I've lost weight then I go back home and have a slap-up meal as a reward...I don't always lose weight'

(Post-family, DE, Belfast)

'I've been on a diet for years – I watch what I eat all the time and then when I put on weight and go on a 'serious' diet I look at the labels and only buy low fat'

(Family, older children, C2DE, London)

100. The diversity of different information derived from diets and diet groups proved particularly confusing for these consumers when compared against balance of good health messages. In fact, these were sometimes felt to be contradicting messages, especially related to carbohydrates, previously received.

'Is this right - I thought the idea was to reduce your carbohydrates...bread's really bad, isn't it?'

(Family, older children, DE, Cardiff)

'That not what Weightwatchers say (looking at balance of good health chart), that's loads of carbohydrates, the problem is everyone says different things'

(Family, older children, C2DE, London)

3.3.4.2 Fat reducers

101. These individuals were amongst the most focused of all consumers and had, to some extent, based their lifestyles around being able to minimise fat consumption on an ongoing basis.

'I live on my own so I can do all of my own shopping, make my own food...'

(Pre-family, ABC1, Glasgow)

'I'm very organised and cook lots of pulses, I don't go out as much or at least to eat'

(Pre-family, student, ABC1, Bristol)

102. Fat reducers were more likely to avoid high fat categories and indulge freely in products they felt contained 'good' fat. They did not typically spend much time looking at fat levels on labels and were not generally monitoring saturated fat levels.

'I eat a lot of nuts and seeds and olive oil...which are all good fats...I don't check the fat content because I don't eat much that's bad'
(Pre-family, ABC1, Cardiff)

103. They were typically highly organised, shopped in a very disciplined fashion, cooked from scratch and kept uncontrolled out of home consumption to a minimum by only eating out rarely or taking pre-prepared foods with them.

'I cook a lot of food and put it in the freezer so that I can just heat it up when I'm tired and I get in from work'
(Older singles, C1C2D, London)

'I know that if I have crisps in the house I'll eat them so I just don't have them around...it's easier for me because I don't have to think of anyone else - if I had kids there probably would be biscuits and crisps in the cupboard and so you might find yourself nicking them every so often but I don't have that problem'
(Older singles, C1C2D, London)

104. Overall, vulnerable high fat need states were less likely to arise and, even if they did, these consumers were better equipped to deal with them either by eating healthy foods which they had made sure would be available in advance or by allowing themselves a high fat treat that they did not feel guilty about.

'I've started to eat dark chocolate as my chocolate hit!'
(Older singles, C1C2D, London)

105. Typical behaviours found amongst these consumers included:

- Not eating processed/convenience foods.
- Cooking main meals which are low in fat, eg lots of vegetables/pulses etc - and freezing these ahead so as to ensure unprocessed meals were available when busy.
- Restricting meat and/or eating more fish.
- Restricting snacks and/or developing 'guilt-free' snacks.

106. These consumers were generally happy with their diet and did not feel much necessity to change, although they were often surprised to discover the very high relative (saturated) fat content of unprocessed foods that they tended to be using without censor such as cheese, oils and nuts.

'I use olive oil pretty freely, so maybe I should restrict that a bit more - I didn't realise it had saturated fat in it'
(Pre-family, ABC1, Glasgow)

3.3.4.3 Medical conditions

107. Those with diagnosed medical conditions and who were acting on medical advice were likely to be focusing on fat in their diet, although many were not focusing on saturated fat.
108. These consumers were the most rational in the sample in terms of their consumption habits and tended to be:
- Practising moderation and balance at all meal occasions.
 - Restricting portion sizes.
 - Restricting snack/treat occasions (and within this attempting to savour treats as much as possible).
 - Restricting processed food consumption.
 - Adapting out of home consumption choices, eg salad rather than chips, grilled rather than fried items etc.

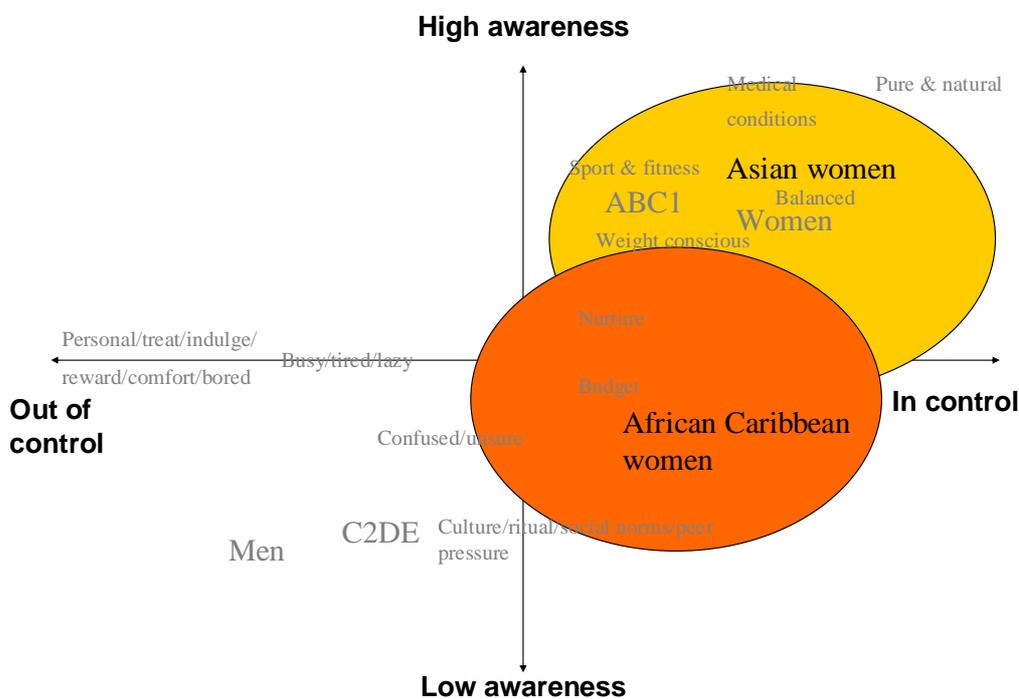
'It's amazing...you think that willpower is difficult but when you have to do it, you can - it concentrates the mind'
(Post-family, ABC1, Belfast)

'It's just habit, to be honest, and you don't really think about it'
(Family, older children, ABC1, Belfast)

109. A key frustration for these consumers was a claimed lack of taste in their diet. They were constantly looking for new low fat tips and ideas, which they claimed were not that easy to find. Interestingly, these consumers emerged as much less satisfied with their low fat eating habits than their fat reducing counterparts, probably because they were not reducing fat consumption by choice and there was no room for deviation.

'It is difficult keeping it up because you are very limited and there are so many things you can't have...it can get quite boring...'
(Post-family, ABC1, Belfast)

3.3.5 Ethnic minorities



110. The research amongst ethnic minority consumers was deliberately focused on the traditional element of their diet.
111. The ethnic minority consumers talked to in this research were generally well aware of the health issues associated with their diets and their genetic tendency towards the possible ill health effects of a high fat diet.

'You know that if you stop eating traditional food then you're going to lose weight...'
 (Family, African Caribbean, London)

112. There was evidence of lots of lifestyle factors which contributed to healthy diets, including the tendency to:
- Eat as a cohesive family unit.
 - Cook traditional foods from scratch that are part of cultural identity.
 - Buy fresh from local suppliers.
113. However, beyond this, on the evidence of this research, it appeared that there were certain cultural differences that meant that some cultures were more open to health messages than others.
114. African Caribbean women appeared more resistant to reducing the fat in their diet by changing the ingredients used and/or their cooking practices. These women claimed they would need a lot of convincing that this could be done without losing their cultural

identity. If they had changed their consumption it was much more likely to be in relation to limiting consumption frequency and portion sizes rather than changing the character/ingredients of the meals that they were cooking and eating.

'Who is going to eat boiled plantain...what is the substitute for fried fish: there is none!...there are probably ways of substituting certain ingredients for others but the fact of the matter is that it wouldn't taste the same...if someone said: use olive oil rather than palm oil, then you're on your own, there are traditional ways of doing things and they don't have balance in mind, they're about taste'

(Pre-family, African Caribbean, London)

'I still eat traditional foods but mainly at the weekends, or in the week in smaller portions'

(Family, African Caribbean, London)

115. South Asian consumers appeared to be more focused on fat as an issue - though not saturated fat - and were much more likely to be open to information about how to change their diet and approach to cooking in order to reduce saturated fat levels. They cited a number of consumption measures they had taken to reduce their consumption of fat, including:

- Restricting/moderating intake of traditional high fat snacks.
- Limiting frequency with which red meat is eaten/restricting portion sizes.
- Rejecting/limiting ghee consumption.

'Lots of our friends and relatives back home are having problems with their health – we try to reduce the fat and now we'll try even harder'

(South Asian women, C1C2D, Glasgow)

3.3.6 Region/locality/community

116. The fieldwork was conducted in England (London, Bristol), Scotland (Glasgow), Wales (Cardiff) and Northern Ireland (Belfast).

117. Overall it emerged from this research that demographics like gender/lifestage and, most notably, SEG were over-riding determinants of eating habits and specifically claimed level of saturated fat in the diet. Hence consumers of the same demographic across countries tended to have much more in common than those from different demographics within the same country.

'We try very hard to eat healthily – we cook from fresh and keep snacks to a minimum – the rest of Belfast though, it's Ulster Fries everyday of the week for some'

(Family, older children, ABC1, Belfast)

'I'm not that good – I'm out and about but I do try to cook when I'm at home, I cook if I have people around and I eat well if I go to my parents, I tend to cook fish and light things not roasts'

(Pre-family, ABC1, Bristol)

'Takeaways – probably 5 times a week, the whole family have them including the kids'

(Family, older children, DE, Glasgow)

'I go for the offers in the supermarket and what the kids like – we eat things like tinned spaghetti, curry sauces, shepherds pie'

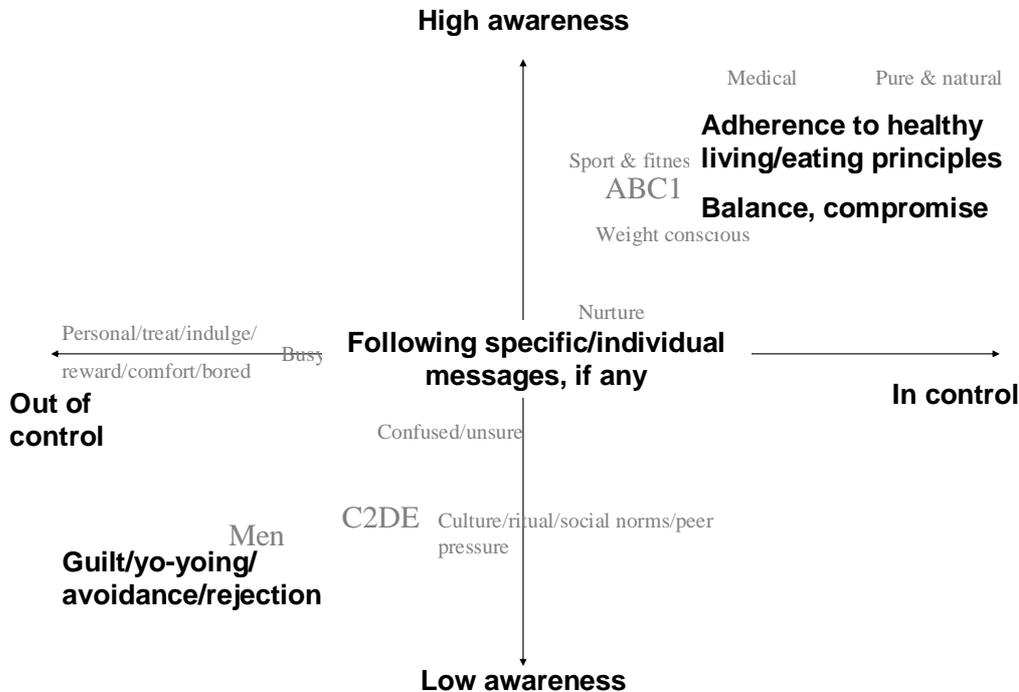
(Family, younger children, DE, London)

118. Beyond this, this qualitative research indicates that eating style as determined by both demographics and eating culture may vary across country and type of location. It appeared, for example, that healthy modern eating styles were much more prevalent in areas with a high occurrence of younger people from higher SEGs.
119. All of the above indications, however, would need to be substantiated by a large scale quantitative survey.
120. Regardless of differences between countries, there were consistent requests for a future programme which aims to reduce consumption of excess saturated fat and help achieve energy balance to be tailored to individual regions/localities/communities in terms of the intermediaries/retailers, brands/manufacturers involved and the precise nature of any initiatives.

'There needs to be things happening in your community – the shops, the leisure centres, the doctors should have drop in sessions – things like that so you know it is relevant to you'

(Family, older children, DE, Glasgow)

3.4 Awareness and understanding of fats



3.4.1 Context for response

- 121. The focus of this research was on awareness and understanding of nutrition and, more specifically, (saturated) fats.
- 122. However, at a broader level, there was a great deal of variation across the sample in terms of the extent to which consumers were aware of, understood and - most importantly - engaged with healthy living messages and specifically the relationship between health, exercise and eating.
- 123. Overall there was a strong call for the focus of future marketing to be on the totality of healthy living - including exercise and diet - and how to adapt it to your lifestyle, rather than on disparate nutrition or other messages talking about individual elements of the diet.

'I'm not really sure how it all fits together...maybe the advice should be much simpler, like exercise, eat in moderation, eat low fat, salt, sugar - so that it's not confusing and there are no contradictions'
 (Post-family, DE, Belfast)

'It's not just about fat – it's about the things you can cook and eat which will replace the fat you're cutting out'
 (Pre-family, ABC1, Bristol)

124. There was some frustration at the number of nutrition and other health related messages consumers were hearing from different sources. These messages were felt to be at best overwhelming and at worst apparently contradictory and confusing. Consumers consistently talked about not being able to keep all the messages in mind at once, different consumers having different dietary needs and overall focus, and only being able to deal with one thing at a time.

'If you took any notice of everything that was said, you'd starve'
(Family, older children, C1C2, Belfast)

'You glaze over if there are too many different messages'
(Pre-family, ABC1, Bristol)

125. There was a strong call for sources of consumer advice and inspiration in the area of healthy living to work together more to deliver consistent, simple, straightforward, easily assimilated, proactively offered and ongoing support tailored to different consumer needs.

'If there was a website or a TV ad that would explain it all that we could go to...'
(Family, older children, C1C2, Belfast)

'A central web site that everyone knows they can refer to about anything to do with healthy living or eating – something to pull it all together'
(Older singles, ABC1, Bristol)

126. Clearly there was a great deal of variation regarding the extent to which individuals understand, implement or feel it is appropriate to be guided by healthy eating principles within their lifestyles and on specific eating occasions. Indeed, there are in fact many opportunities within the current context of consumer lifestyles to disconnect healthy eating and living messages (if these are known and understood) and eating occasions.

'I know I should be healthy but that doesn't happen when you're in the pub...'
(Pre-family, ABC1, Glasgow)

3.4.2 Levels of nutrition awareness, understanding and engagement

127. Nutrition awareness, understanding and engagement was positively correlated to SEG, age and gender, with ABC1, older and female consumers showing consistently higher levels of awareness, understanding and engagement.

128. At a rational level, consumer awareness of healthy eating principles was reasonably high with a significant proportion, especially ABC1 older women, able to talk about several themes including:

- Get more active.
- Eat at least 5 portions of fruit and vegetables a day.
- Eat a balanced diet.
- Eat everything in moderation.
- Try to make your diet as varied as possible.
- Try to keep salt/sugar/fat low.
- Drink water.

- Look for fresh/natural/local produce.

129. Specifically fresh/local/natural seemed to be part of a growing trend for ABC1 consumers, but was played back by others across the research too.

'I go to our local butcher and baker rather than go to the supermarket - I gave that up a few years ago'

(Family, younger children, ABC1, Belfast)

'I try to go to the fishmonger and the grocer as well as the supermarket, when I can, because it's fresher...'

(Older singles, C1C2D, London)

130. On further interrogation, however, there was a great deal of confusion about what these principles actually mean in real terms and how to translate them into a relevant personal lifestyle context.

131. Particular areas of confusion were around:

- The link between energy in and energy out: there was only a relatively weak link made (normally by younger, active consumers who often used it as an excuse to take a little exercise and then eat what they like) in terms of the relationship between exercise and nutrition. Few consumers understood what this really means in terms of consumption versus exercise for real consumers leading real lives.
- What 'balance' actually means: it emerged that current behaviours, even if they are interpreted as balanced by consumers, are not necessarily so. In fact behaviours appeared to resemble 'credit and debit' or 'yo-yo' eating rather than balanced eating that consistently includes different elements of the diet in relevant proportions. This seemed to derive from the fact that consumers had little knowledge of the underlying guiding principles of 'balance' and were, instead, working on the basis of weighing up the 'good' versus the 'bad' in their diets.
- The optimum quantity of carbohydrates recommended in the diet which was felt to be contrary to what many consumers believe: monitoring of the diet at present is currently most often driven by calorie counting/awareness which, for many, means carbohydrates are believed to be the worst element of the diet.
- How to combine messages overall: eg, if you eat less fat what do you eat instead.

'You know if you've got a physical job you're going to burn a lot off...'

(Family, older children, C1C2, Belfast)

'I am doing more exercise...if I eat too much then I do an extra 15 minutes at the gym the next day'

(Family, African Caribbean, London)

'If I eat lots of fruit and vegetables it doesn't matter how many cream cakes I have'

(Older singles, ABC1, Bristol)

'Just come back from a huge weekend ... we ate chips, drank too much, didn't eat proper meals, I'll probably try a bit harder this week but it depends if I can get to the shops – I'm busy at work'
(Pre-family, ABC1, Bristol)

'I don't think about fat – it's the beer and chocolate I'm worried about'
(Older singles, ABC1, Bristol)

'All the diets say carbs are evil – that [balance of good health] looks as if you can eat quite a lot of them'
(Pre-family, ABC1, Bristol)

'I don't believe that (balance of good health) – that's not what I've been told... the thing is, they all say something different'
(Family, younger children, ABC1, Cardiff)

132. The introduction of any specific fat/saturated fat messages clearly needs to take into account the fact that basic balance of good health principles may well not be embedded or, equally importantly, even if they are embedded, consumers do not know how to apply them within the context of their lives.
133. There is a danger that if additional fat/saturated fat messages are communicated without clarification of more basic balance of good health principles in the relevant context of consumer lifestyles, this may lead to consumer confusion and hence rejection.

3.4.3 Levels of fat awareness, understanding and engagement

3.4.3.1 Spontaneous

134. There were lower levels of spontaneous awareness, understanding and engagement with saturated fats than other healthy eating messages.

'We don't think about saturated fat – we think about fat'
(Older singles, ABC1, Bristol)

135. The minority who were sensitised to fat/saturated fat were those who had identified a relevant/motivating specific reason - either positive or negative - to reduce fat/saturated fat included those:
- Who had been diagnosed with a medical condition (although many of these individuals were not restricting fat intake and were even less likely to be restricting consumption of saturated fat).
 - On a weight reduction diet which involved specific and overt restriction of fat intake (although many dieters were focusing on calories and, sometimes fat, rather than saturated fat).
 - Who were generally very health conscious and seeking to optimise well being (most notably younger women who had no dependents and who could therefore easily control their diet).
 - Who were seriously involved in a particular sport and were seeking to optimise performance (most notably younger men – this provided one of the few hooks into fat reduction for men across the sample).

3.4.3.2 Prompted

136. On prompting, most consumers thought that some fat in the diet is a good thing, especially for children, and that too much is a bad thing. Only a minority were actively monitoring fat levels in their diet on an ongoing basis.
137. In addition, when asked to think about it, saturated fat was usually thought to be worse than unsaturated fat. Even fewer consumers were monitoring levels of saturated fat in their diet on an ongoing basis.
138. Following discussion, a significant proportion felt that they should know more about fats/saturated fat, the role of fats/saturated fat in the diet and how to monitor it.

'It's all very confusing - there are loads of different types of fats'
(Family, older children, DE, Glasgow)

'How much fat can you eat?'
(Pre-family, C1C2, Cardiff)

'I don't really know much about fat - I think there's normal fat and saturated fat and saturated is worse for you...but that's about it'
(Pre-family, ABC1, Glasgow)

'My daughter has tried to explain it to me but I'm still not sure what all of the differences between all the different types of fats are...'
(Post-family, South Asian, Glasgow)

139. Many felt that fats/saturated fat had not been made a priority as a health message, versus other aspects of healthy living/eating, and there was surprise over this.

'They don't talk about fats nearly as much as they do sugar and calories'
(Pre-family, ABC1, Bristol)

'I think we need educating, I don't know which are good and which are bad'
(Family, older children, DE, Glasgow)

'Given that it's so bad and we're all dying of heart attacks, why are they only banging on about fruit and veg - why not fat?'
(Family, older children, DE, Glasgow)

3.4.4 Knowledge about different fats/saturated fat

140. Knowledge of different fats/saturated fat was very varied and fragmented.
141. At an overall level, level of knowledge positively correlated with SEG/level of education.
142. Beyond this, there was lots of evidence of 'pockets' of awareness/knowledge relating to individual fats resulting from specific exposure to manufacturer/retailer/media coverage of the topic.

143. Fats that were generally higher profile than others, due to recent publicity, included Omega 3/fish oil and hydrogenated fats.
144. Omega 3/fish oil tended to be highlighted by the more nutrition aware. Within this, there were mainly positive associations, including generally better brain power, better concentration span and improved joints. However, a minority of consumers also claimed that some doubt had been cast over the credibility of some of the research relating to the benefits of this type of oil.

'Omega 3 is really good for you, like in salmon...good for your brain'
(Family, young children, ABC1, Belfast)

'Hasn't there been some stuff in the papers recently claiming that the benefits of fish oil haven't been proven after all?'
(Older singles, ABC1, Bristol)

145. Hydrogenated fats generally had extremely negative associations, including that they stay in the body forever and that they are highly processed. Some consumers generated very repugnant images of the fats, having been given the impression that manufacturers constantly recycle these fats and hence imagined hydrogenated fats to be extremely 'dirty' or 'old' fats.

'I'm aware of hydrogenated fat: they're man-made fats you get in processed foods...'
(Pre-family, ABC1, Glasgow)

'Isn't there one that's worse than saturated fat - hydrogenated...'
(Family, younger children, ABC1, Belfast)

'It's trans-fats now, isn't it...aren't they so processed that the human body can't break them down?'
(Post-family, ABC1, Belfast)

'Don't manufacturers use them again and again so by the time they get into you they're old and rancid?'
(Family, older children, DE, Glasgow)

146. Consumers were often, although not always, aware of the different cooking oils. Specifically, it was widely held that olive oil is better than most other oils.

'It's the virgin oil that's the best, isn't it, that's what they say - but it's more expensive than the others'
(Post-family, DE, Belfast)

'I don't know much but I do know that Olive oil is better..but not why it is better'
(Older single, C2, London)

147. Most consumers, although not all, knew that fats could be divided into saturated and unsaturated. However, there was some confusion over the distinction between them and a minority wrongly assumed that unsaturated fats were the ones to avoid.

'Unsaturated are the bad ones, aren't they...?'
(Family, younger children, DE, London)

'I know that saturated fat is bad but I don't know anything in much detail...I just thought that saturated fat would go to your bum!'
(Family, young children, ABC1, Belfast)

148. Only a small minority of consumers were able to correctly differentiate between different unsaturated fats, eg example polyunsaturated and monounsaturated etc.

'Polyunsaturates are oils, there are some monounsaturated oils...saturated is generally animal fat...'
(Family, young children, ABC1, Belfast)

149. Other fats which were lower profile but generally had very negative associations included trans-fats, lard, ghee and palm oil.

'Palm oil is basically tree lard!'
(Family, older children, ABC1, Cardiff)

3.4.5 Saturated fat and the health effects

150. On prompting, many consumers were able to list negative health effects they thought were associated with fat and, beyond this, some - though not all - were able to clearly link health effects to saturated fat.

151. Health effects most frequently quoted included:

- Being overweight.
- Having a heart attack.
- Clogging of the arteries.
- High cholesterol.
- High blood pressure.

152. Diabetes was also mentioned but at a lower level.

153. However, despite this relatively high level of prompted knowledge of the link between saturated fat and ill health, many refused to acknowledge that any of these health effects were relevant to them or to their loved ones.

'Yes I'm overweight but that doesn't mean anything, heart attacks aren't linked to weight – you can have a low cholesterol and be enormous'
(Family, older children, DE, Glasgow)

'Don't think about it – I'm young, don't eat very well but I'm thin...'
(Pre-family, ABC1, Bristol)

'I know it can cause heart attacks and things but I wouldn't do anything about it unless my doctor told me to'
(Family, older children, DE, Glasgow)

'Physically I'm really healthy, I don't have to think about my heart or arteries...I smoke and probably drink a lot but it's not something I really think about'
(Older single, C2DE, Cardiff)

154. The key awareness and education tasks for a programme to address excess levels of saturated fat in the diet are to:
- Help consumers make a clear, immediate and spontaneous link between saturated fat and the associated ill health effects.
 - Make consumers believe that the health effects of saturated fat are immediately real and relevant both for themselves and, arguably more importantly, their loved ones.

'I'm shocked to think about putting fat in my body – that would make me change and I expect families with young children would think that even more'
(Pre-family, ABC1, Bristol)

'They need a campaign to raise awareness of the link between fat and health conditions and they need to make it obvious that you don't have to be fat to be at risk'
(Older singles, ABC1, Bristol)

3.4.6 Sources of awareness, understanding and engagement with different fats/saturated fat

155. Much of the information that consumers had gleaned in the area of fats had come from word of mouth sources, which were often trusted above and beyond many others.

'My friend goes to the gym a lot and she told me what I should be eating...'
(Pre-family, ABC1, Glasgow)

'When the children went to university, they came back and immediately certain things were banned - we had to start using sunflower oil and olive oil'
(Post-family, South Asian, Glasgow)

156. Schools were also key sources of information, both because some parents claimed to have been taught about fats when they were at school and because children were educating parents via messages from school.

'School has been good for spreading the word...my son came back home with that diagram [balance of good health] one day'
(Family, younger children, ABC1, Belfast)

'My son is trying to educate us and change out eating habits – he comes back from school and says he wants more fruit and veg and things like that'
(Family, younger children, DE, London)

157. Consumers consistently referred to TV programmes that had given them information or, more importantly, that had made them think about fats in a relevant and personal context, eg:

- Lifestyle programmes giving people ‘nutritional makeovers’ and, within this, illustrating the range of food consumed across a certain period and/or the amount of fat associated with the consumption.
- Lifestyle programmes giving parents advice on how to help their children eat more healthily/beat obesity, within this illustrating the potential ageing process their children will go through and the impact of obesity.
- Documentaries showing the effects of obesity on normal people and their families.
- Documentaries highlighting the positive health effects of a range of healthy foods.

‘When they show the fat sitting in a block (on You Are What You Eat)...yuck!’
(Family, younger children, DE, Belfast)

‘When they’re showing you what you could be doing to your kids (on Honey We’re Killing the Kids), that makes you think...’
(Family, older children, C1C2, Belfast)

‘There was a documentary on the other night about huge people...though I suppose the danger is it’s easy to ignore because there’s no way I could ever let myself get to that point’
(Post-family, ABC1, Belfast)

‘The one where they show the kids at 30, 40, and 50 and how they’ll age – that gets to you’
(Pre-family, ABC1, Bristol)

158. Although not directly relevant to fats/saturated fat, consumers consistently talked about the need for communication that would ‘force’ or ‘shock’ people into engaging with the ill health effects of fats/saturated fat. In this context, the current anti-smoking campaign that highlights the invisible toxins in smoke and the damage it can do was felt to be one from which a saturated fat campaign could draw useful lessons.

‘The smoking ad made people think...they should show the saturated fat sitting in your body...have health warnings’
(Family, older children, ABC1, Cardiff)

159. The recent FSA salt campaign also drew positive comments because it had successfully raised consumer awareness of the negative effects of salt before informing consumers about products containing salt. It was felt that both of these communication tasks also needed to be fulfilled for saturated fat.

‘It needs to be like salt – they made you aware and now they’re telling you what foods have salt in them’
(Older singles, ABC1, Bristol)

160. Manufacturer and retailer activity was also consistently referred to as having positively raised consumer awareness and understanding in relation to fats/saturated fat, eg:
- Brands which focus on specific nutrition claims such as ‘high in polyunsaturated fat’ or health claims like ‘helps lower cholesterol’
 - Manufacturer/retailer promises not to use hydrogenated fats in their products.

'You know about polyunsaturated from margarine'
(Pre-family students, Cardiff)

'M&S have removed it [hydrogenated] from everything because it's adulterated'
(Family, older children, C1C2, Belfast)

'Birds Eye are talking about it – that's great that you know that whatever you buy it's ok'
(Pre-family, ABC1, Bristol)

161. Labelling was also mentioned as a potentially useful and relevant means of checking/monitoring fat/saturated fat levels. Consumers were generally aware that labelling was improving/becoming more transparent and the expectation was that labels would be relied on more in the future to 'tell the truth' about the content of foods. In actuality, only a minority claimed they were consistently checking labels for fat levels and even fewer claimed they were checking for saturated fat levels. Furthermore it was anticipated that consistent label checking would not be what most consumers did in the future: rather it was assumed that labelling would be used as a reliable benchmark if needed.

'I'm guilty of not bothering to read labels...'
(Family, older children, ABC1, Cardiff)

'You wouldn't be able to stop and check everything anyway because it would take too long'
(Post-family, DE, Belfast)

162. Health professionals were a key source of information for many consumers, especially young mothers, older consumers and those with medical conditions.

163. Overall consumer experiences of health professionals emerged as very varied. Some, usually women, were extremely positive but others complained about a variety of elements of the service including:

- Use of medical rather than down to earth/relevant language, eg 'obese', 'dietary solution'.
- Failure to sufficiently tailor healthy eating solutions to the reality of peoples' lives.
- The lack of ongoing support in relation to changing eating habits long term, eg an expectation that a one-off visit to the GP will trigger a change in lifestyle; midwives/health visitors that move on after a small number of visits etc.

'I am not obese - obese means someone who needs to be removed from the house in a forklift truck'
(Older singles, ABC1, Bristol)

'They told me I was borderline obese! Well yes, maybe for a Caucasian person, who doesn't eat African food but not me...I was shocked!'
(Pre-family, African Caribbean, London)

'When you're overweight, they say: address your weight problem and then come back...once I started losing weight they started talking to me...they don't help you address your weight issue'

(Family, African Caribbean, London)

'When I had my heart by-pass, they told me that my arteries were clogged but they didn't go over the top telling me what to eat and what to avoid...'

(Post-family, C1C2, Glasgow)

'The doctor didn't tell me much really, I basically got a leaflet that said follow a low fat diet - no meat or fish, only fruit and vegetables'

(Post-family, C1C2, Cardiff)

164. Overall it was felt that measures need to:

- Make an emotional impact and make consumers believe that they need to reduce their own/their household's saturated fat levels.
- Inform about the different types of fats in a simple straightforward fashion that allows consumers to link this knowledge to the bigger picture of healthy eating and which does not set up a destructive good/bad cycle of eating.
- Help and support consumers in the challenge of changing their eating habits within the reality of their everyday lives.
- Recognise that changing eating habits is a long term/ongoing project not a question of giving consumers one-off pieces of advice.

3.4.7 Saturated fat and links with different foods

3.4.7.1 Overview

165. The extent to which consumers made a conscious, spontaneous and informed link between fats/saturated fat and different foods varied enormously depending on:

- The visibility of the fat.
- The extent to which manufacturers/retailers have promoted a link (positive or negative) between the food and fats.

166. Triggers to correctly choosing a lower fat option included:

- The availability of lower fat tasty options.
- Presence of clear straightforward front of pack signposting highlighting each of the key nutrients.

167. Barriers to correctly choosing a lower fat option included:

- Marketing that implies rationally and/or emotionally that a product is healthy/low fat when it is not.
- Products and/or marketing that make consumers believe that low fat will deliver poor taste and an inferior eating experience.

'They make it so it's either high fat or no fat – the low fat options look so boring – they should stop making it either/or and show you there are tasty options around which mean you can have fat but just less of it'

(Pre-family, ABC1, Bristol)

168. There was particular annoyance amongst more nutritionally aware consumers, as well as consumers educated during the course of the research, at labelling that was felt to be misleading and/or confusing.

'Look at this: it says it's light but it's still got 21g of fat...'
(Post-family, DE, Belfast)

'I thought that by buying the more expensive one (Pizza) that talks about fresh ingredients it would be quite low in fat but it's not true'
(Older singles, ABC1, Bristol)

3.4.7.2 Fish

169. Fish, or more specifically oily fish, was consistently quoted as an example of a product where the fat content was felt to contribute positively to health by consumers who were more aware of and engaged with healthy eating messages.

'Oily fish, salmon, is really good for you'
(Family, young children, ABC1, Belfast)

170. Awareness of positive health messages was reported to have derived from a range of different sources including:

- General media coverage.
- In store signage in some supermarkets eg 'Eat fish, naturally low in fat and high in Omega 3'.
- The high profile of Omega 3/oily fish supplements.
- The introduction of new products based on Omega 3 as well as the addition of Omega 3 to other products.

171. A key trigger to behavioural change by consumers was the clear identification of a positive benefit of Omega 3 in the form of increased brain power.

'I've started to give the kids cod liver oil...you'd like to think that it's helping their brains...'
(Family, young children, ABC1, Belfast)

172. There was evidence of consumers consciously trying to include more oily fish in their diets, as well as Omega 3 via other products, such as yoghurts/dietary supplements.

3.4.7.3 Meat

173. Consumers were often aware that meat contained fat due to the fact that it is very visible in this context and that there is a strong connection between animals and fat.

174. Some consumers were specifically associating saturated fat with visible fat, given that they understood saturated fat to be fat that liquefies at higher temperatures and solidifies at lower temperatures.

'Saturated fat is solid fat that goes to the bottom of your grill pan, like lard...'
(Family, younger family, ABC1, Belfast)

175. Consumers often sought to minimise the amount of fat on meat for health reasons but also because some found the sight and thought of consuming fat ‘disgusting’.

‘The thought of eating lardy animal fat is horrible...you can see it solidifying on your plate if you’ve cooked something with minced beef’

(Pre-family, ABC1, Glasgow)

176. Visible fat on meat served to influence consumers at the point of purchase as well as when cooking and consuming.

177. Measures consumers frequently used to try and reduce (saturated) fat consumption within the meat category included:

- Eating less meat per se/becoming vegetarian.
- Opting for lower fat white meats.
- Choosing lower fat cuts (at the supermarket or butcher).
- Adapting the cooking process and cutting/trimming/skimming/draining fat from meat.

178. Frequently quoted barriers to reduction of saturated fat in meat consumption included:

- A belief that fat is what makes meat tasty.
- The intrinsic part saturated fat can play in the cooking process when roasting meat, eg making gravy/roasting potatoes etc.

‘I love the fat on the meat...I know I shouldn’t eat it though...I try to resist’

(Older singles, C1C2D, London)

‘I think a roast isn’t a roast if you don’t use the meat juices to make the gravy’

(Post-family, DE, Belfast)

179. Overall some, but not all, consumers were adjusting their behaviour in relation to meat as a result of making an immediate negative association between fat and health.

3.4.7.4 Dairy products

Overview

180. Dairy products were also frequently associated with fat because of their animal origins, although the association, certainly with saturated fat, was not as clear and did not result in such definitive behaviour change as it did for meat, possibly because:

- The fat was not as immediately visible and provocative.
- The labelling relating to fat levels/type of fat in dairy products was experienced as very complex and confusing.

181. Measures consumers were taking to reduce levels of saturated fat consumed through dairy products included:

- Omitting dairy products from the diet.
- Eating fewer dairy products.
- Moving to non-dairy alternatives such as soya.
- Choosing lower fat dairy options.

182. More specifically different issues emerged in relation to different dairy sub-categories, as discussed below.

Butter/cheese

183. Some of the most nutritionally aware consumers were completely omitting butter and cheese from their diet.

'I know that cheese is bad and so I rarely buy it'
(Pre-family, ABC1, Cardiff)

184. Many talked about 'loving' butter and cheese and claimed they would find these products extremely difficult to give up/reduce.

'The problem is that cheese is so nice...I have tried the low fat versions accidentally but they're not as good, they don't taste the same'
(Family, older children, C1C2, Belfast)

185. Some of these consumers were employing strategies to restrict their intake of these products by:

- Limiting when they could be consumed to treat occasions/limiting the portion size.
- Only cooking with them on special occasions and/or being careful about portion size when cooking.

186. Others, typically those who were weight conscious, were looking at labels and choosing 'light', 'low fat' options.

'I've swapped to a low fat spread rather than butter to help with the diet...'
(Family, older children, DE, Glasgow)

187. A significant proportion of consumers were not doing anything to reduce their consumption of butter/cheese as a result of lack of awareness/understanding/ engagement with its saturated fat content and the health consequences and/or lack of control over their lifestyle and diet.

'I was shocked when I went home and looked at how much saturated fat there was in cheese'
(Family, younger children, DE, London)

'I need my jaws wired when it comes to cheese!'
(Post-family, DE, Belfast)

188. Specific barriers to reduction of butter/cheese consumption included lack of awareness of what represents a portion size and how this translates to fat/saturated fat levels.

'How much could you eat without it being a problem?...I've heard them say a matchbox size of cheese, is that true?'
(Post-family, C1C2, Glasgow)

'We need to know more about portion sizes, especially for things like cheese – what does it look like on your plate – a match box? A fan of cards?'
(Pre-family, ABC1, Bristol)

189. Additionally, within this sub-category, low fat/non-dairy alternatives were particularly likely to be dismissed as:

- Not as tasty as the full-fat/dairy versions.
- More highly processed, namely containing artificial fats/flavourings etc, and hence unhealthy (this was an increasing perception amongst the more nutritionally aware and, in some cases, had prompted preference of butter over other spreads).
- Not suitable for cooking.

'Low fat cheese tastes like rubber...not very nice at all'
(Post-family, DE, Belfast)

'I use butter not margarine because it's healthier and better for you to have something natural rather than low fat processed rubbish which feels horrible in your mouth'
(Older singles, C2DE, Cardiff)

Yoghurt

190. This sub-category was identified as one of the first in which 'low fat' became established and one in which the range of fat claims has proliferated and become particularly confusing for many consumers.

191. Many consumers, especially the less nutritionally aware, were simply responding to the various nutrition/health claims without interrogating what they mean in terms of actual fat/saturated fat levels.

'I always buy things that say "low fat" for me...'
(Family, older children, DE, Glasgow)

'I just look along the fridge and choose one that looks healthy – light or something like that ... a lot of the yoghurts say they contain less fat than before'
(Family, young children, C1C2, Glasgow)

192. Specifically many consumers found it very difficult to distinguish between the multitude of nutrition/health claims in this sub-category, eg 'low fat', 'light' versus 'virtually fat free'.

193. The more nutritionally aware often claimed that 'low fat' yoghurts could actually be high in sugar and therefore on balance were unhealthy.

'If you look at the label on this - it is low in fat but look how high the sugar content is...that's not a healthy product'
(Family, younger children, ABC1, Belfast)

Ice cream/desserts

194. Given that ice cream and desserts are generally identified as luxury/treat items, concerns about fat were often dismissed.

'There's the evil Ben & Jerry's [in fridge]...but if you need ice cream then you might as well get the full fat version'
(Pre-family, ABC1, Glasgow)

195. There was some awareness of new low fat options on the market, eg frozen yoghurt, however, the same 'low fat' definition issues applied as for other dairy products.

Milk

196. There was lots of evidence of consumers having given up drinking full fat milk in favour of semi-skimmed/skimmed milk.

197. In fact, the term 'skimmed' appeared to be working to help conjure up images of undesirable saturated animal fat and hence was putting consumers off the full fat options.

198. A significant proportion of those who had made the change from full fat milk felt that their palates had altered and that they did not enjoy full fat milk to the same degree as in the past.

'I have started to take semi-skimmed milk - I can't have full fat any more, I don't like the taste, it's too heavy'
(Post-family, DE, Belfast)

Cream

199. The consistency and texture of cream helps to remind consumers that the substance is high in fat.

200. Some consumers were allowing themselves to consume cream as a treat and did not feel the need to replace it with a lower fat option on these limited occasions.

'A cream cake is a cream cake - you don't have them often and they wouldn't taste the same if they were lower in fat'
(Post-family, ABC1, Belfast)

201. Other consumers were replacing cream with lighter dairy options such as yoghurt.

'I do try and use yoghurt where I can instead of cream...'
(Family, older children, C1C2, Belfast)

3.4.7.5 Sweet treats

202. Many consumers were focusing on the sugar/calorie, rather than fat, content of packaged cakes, biscuits and chocolate.
203. However there was some evidence from the research that awareness of fats (although not specifically saturated fat) is becoming higher due to the high profile manufacturer/retailer nutrition claims in the category.

'They are doing much more of this kind of thing - Weightwatchers have a range now, don't they'
(Post-family, DE, Belfast)

204. More nutritionally aware/controlled consumers appeared more likely to be omitting the category, limiting consumption to a small number of premium treats, eg 70% cocoa chocolate or choosing lighter options. These consumers were more likely to be thinking about their behaviour in term of overall general health.

'If I have anything as a treat then it's something very concentrated, like dark chocolate, so I can savour it...'
(Pre-family, ABC1, Cardiff)

205. Less nutritionally aware/uncontrolled consumers were more likely not to be restricting the number/type of sweet treats they consumed or were responding to nutrition claims in this category without really interrogating them.

'If I go for biscuits, I would buy the low fat ones...I've started to buy the pink wafer biscuits because I know they're low in fat so you can have more of them!'
(Family, older children, DE, Glasgow)

'I'd always prefer something that said low fat because even if it's only a bit less, you'll still be making a saving'
(Post-family, DE, Belfast)

206. Some consumers, especially the nutritionally aware, could regard low fat sweet treats with suspicion, believing that the low fat nature of the products makes them less tasty and that extra sugar is used to improve the taste.

'I did buy some reduced fat biscuits accidentally...but I didn't like them very much, they were quite hard...anyway they are high in sugar, higher than normal biscuits, to add to the taste'
(Family, older children, C1C2, Belfast)

3.4.7.6 Cereals and cereal-based products

207. Cereals and cereal-based products were much more likely to be thought about positively in terms of fibre/complex carbohydrates and negatively in terms of sugar/salt content than from a fat perspective.

'I'd never buy any of those cereals that are frosted with sugar...is there fat in them?'

(Family, African Caribbean, London)

'Some breads can be quite high...you wouldn't necessarily think about that because you've been told to look out for salt or fibre'

(Family, younger children, ABC1, Belfast)

208. The key behavioural changes that consumers talked about within cereals and cereal-based products included:

- Increased consumption of porridge.
- Purchase of low sugar/low salt/high fibre options.
- Purchase of breakfast bars.

209. Specifically, with regard to cereal-based products, there was evidence that less nutritionally aware consumers were eating these thinking they were healthy and not checking fat or other nutrient levels.

3.4.7.7 Convenience meals

210. There was evidence of increasing consumer awareness that convenience meals can be unhealthy, especially amongst the more nutritionally aware and more affluent.

'I know convenience meals can be very unhealthy – but cooking can be a fag and I get bored with the things I cook'

(Pre-family, ABC1, Bristol)

'I try not to buy ready made food, I cook as much as I can from fresh...to avoid all of the additives'

(Pre-family, African Caribbean, London)

211. The more nutritionally aware consumers were concerned about the fact that convenience foods were highly processed as well as being high in calories, sugar, salt and fat. However, there was little specific focus on saturated fat in this context. Some of these consumers were avoiding convenience meals as a category except in emergencies, whilst others seemed to be buying premium options in the belief that these will be less processed and unhealthy.

212. The less nutritionally aware consumers, especially those living a less controlled lifestyle, had not necessarily thought about the fat (or salt/sugar/additive) content of convenience foods. These consumers were much less likely to perceive these products to be bad for any reason and were shocked at the (saturated) fat levels in these products when they studied them in detail.

'I didn't realise the pies would have so much fat in them...'
(Post-family, DE, Belfast)

213. Some consumers were aware of the debate over hydrogenated/trans-fats and the fact that certain manufacturers/retailers had pledged to remove these from their foods.

3.4.7.8 Savoury snacks

214. There was generally high level awareness of fat in relation to savoury snacks, especially crisps. This was due to a range of factors including:

- The overtly greasy nature of the products makes the presence of fat more obvious.
- The profile of crisps in relation to the media debate over obesity.
- Awareness of high levels of manufacturer activity to bring down fat levels across all savoury snack products.
- Introduction of lower fat options/alternatives, which consumers claim are improving over time.
- Profile of on-pack claims in relation to relative levels of fats/cooking processes.

215. This meant that many consumers were adjusting their behaviour accordingly, including:

- Omitting savoury snacks from their supermarket shop (although still picking them up elsewhere).
- Choosing smaller bags/savoury snacks which are cooked in 'healthier' oils/choosing savoury snacks which have 'x% less fat than...'

216. Consumers were more likely to have noticed specific reference to 'saturated' fat on savoury snacks due to high profile front of pack nutrition claims being used.

217. Many consumers were adjusting their purchase of savoury snacks based on on-pack (saturated) fat claims, although many admitted that they did not know what these claims meant in real terms, eg:

- They were responding to claims about the relative healthiness of different cooking oils such as sunflower oil but did not know which actually were healthier and why.
- They felt that '80% less saturated fat' sounded very good in theory but they did not really know what this meant as they did not know how much saturated fat there was in the first place and most consumers did not know how much represented a low level of saturated fat.

'I have seen the ads about saturated fat in crisps and it sounds like they've taken a lot of fat out...but it is still crisps...I haven't looked on the back and so I don't know how much is left in...how much should you be having anyway?'
(Family, older children, C1C2, Belfast)

3.4.7.9 Cooking fats

218. Many, though not all, consumers had a rough idea of which cooking fats were 'better' or 'worse', eg olive oil was consistently seen as 'good' and lard and ghee were consistently seen as 'bad'.

219. However simple division of cooking fats into good and bad in this way could serve to mislead. For example, many consumers were shocked to see that oils they were typically using freely, such as olive oil, were actually still relatively high in saturated fat.

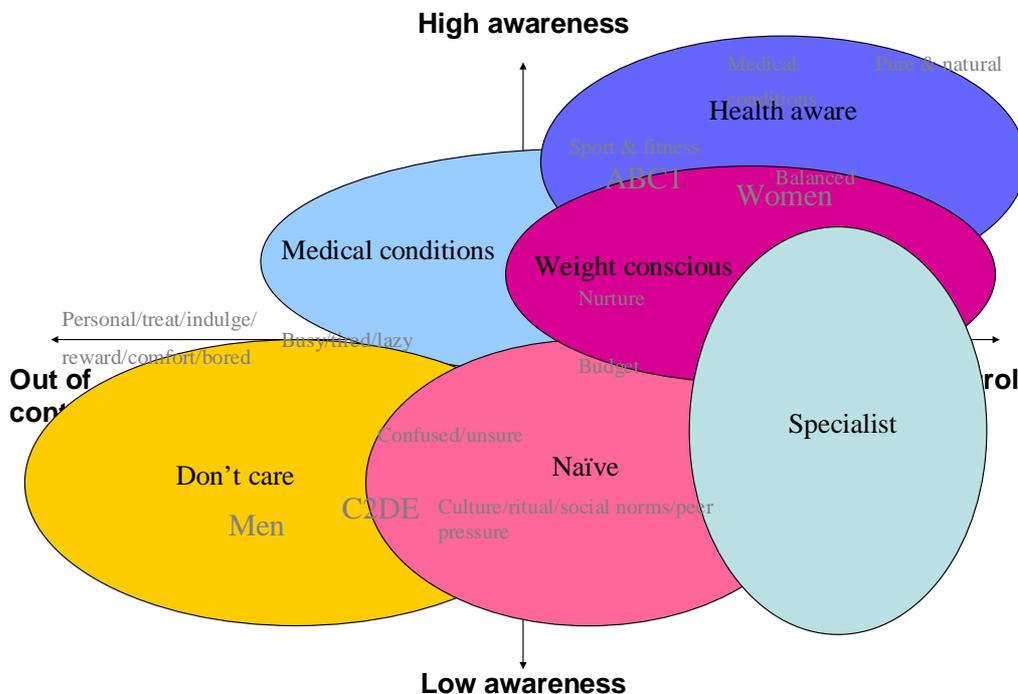
'I didn't realise that olive oil was still so high in saturated fat...I thought it was all monounsaturated'

(Family, older children, C1C2, Belfast)

3.5 Fats and shopping behaviour

3.5.1 Overview

220. Shopping behaviour was dependent on consumer type and need state. Against this context, a number of shopping modes emerged as shown below.



221. Shopping modes varied depending on the level of nutritional awareness an individual consumer had, combined with the nature of their lifestyle, health and weight concerns.

222. More specifically shopping modes varied according to need state and, as described in the previous section, precise nature of the category.

223. There was also evidence from the research that the type of shop influences shopping mode, with all consumers likely to be relatively more controlled when doing their main shop versus top up/impulse/emergency shops.

224. The most nutritionally aware who were in a rational/organised mindset were most likely to:

- Apply broad healthy eating principles which include minimising fats.

- Not need external guidance from the retailer/manufacturer.
- Look at detailed back of pack information occasionally.

225. The less nutritionally aware who were in a rational/organised mindset were most likely to:

- Respond to external guidance on diet and fat content based on diet directives and/or in store signage/labelling.
- Seek guidance from the retailer/manufacturer.
- Respond to high profile front of pack information and not look at detailed nutritional information.

226. The less nutritionally aware who were in an emotional/spontaneous mindset were most likely to:

- Choose high fat brands/products regardless of the health consequences (of which they may or may not be aware).
- Choose purely on the basis of perceived taste/enjoyment.
- Respond to lower fat products that provide the same perceived degree of emotional satisfaction.

227. The more nutritionally aware who were out of control due to their lifestyle/ circumstances were most likely to:

- Choose the healthiest/lowest fat foods given where they were shopping eg they would look for the healthiest option within the limited range that may be available within a particular service station/snack bar etc.
- Respond to increased availability of/access to genuinely healthy/low fat brands/products that fit their lifestyle needs.

3.5.2 Medical conditions

228. Consumers diagnosed with medical conditions and who were taking action on medical advice, or consumers who were shopping for these people, were likely to be highly vigilant in terms of their purchasing behaviours. They were likely to be avoiding high fat categories specifically on an ongoing basis and/or only visiting them for specific items.

229. Consumers in this shopping mode were the most likely of all consumers to be looking at back of pack detail for specific fat related information. However, they only tended to be checking labels when they wanted to know the constituents of a particular product, often when they had not bought it before.

'I know what I'm allowed to have and what I'm not allowed to have...I've cut out quite a lot of things like fatty meat, dairy products and most sweet things...so I only look at labels if it's a new product if I'm unsure whether I should be having it'

(Post-family, ABC1, Belfast)

230. When they looked at labels it tended to be on a holistic basis. They were likely to look at the back of pack: fat levels would be one of a number of nutrients they might check. Most, except some of those with very specific medical conditions, tended to be only checking fat rather than saturated fat levels.

'I'm looking out for fat, salt and sugar - they're all the nice but bad things'
(Post-family, C1C2, Glasgow)

3.5.3 Health aware

231. Consumers in this mode were most typically ABC1 women doing their main supermarket shops. All tended to be doing regular, planned supermarket shops, whether for themselves and/or others.
232. All of these consumers were generally aware of healthy eating principles and, within this, the need to restrict fat levels.
233. Typically they were avoiding high fat categories in the supermarket because they tended to be shopping off a list of items they always bought or that they had thought about in advance, hence point of purchase temptations had relatively low influence.

'I always go shopping with a list...it's always in my bag so I can add to it if I need to...'

(Family, African Caribbean, London)

234. Therefore, even if these consumers were not specifically fat sensitised they were likely to be avoiding certain products/categories, such as sweet & savoury snacks/convenience foods, and/or monitoring amounts of products bought from certain categories in an intuitive fashion.

'I just don't buy convenience, ready made meals...limit crisps...'

(Family, young children, ABC1, Belfast)

235. If these consumers did buy from a high fat category they tended to make a conscious choice around whether to treat themselves to buy this product, in which case they might be buying the full fat/premium version.

'I know that cheese is high in fat but I still buy it because it's my treat...'

(Older singles, C1C2D, London)

236. These consumers did not tend to be avidly checking labels but, if they did so, they would typically look at the back of pack detailed information about nutritional information and possibly fat content. Rarely would they look at saturated fat.

3.5.4 Weight conscious

237. When shopping in this mode, consumers tended to be looking at labels in a very structured fashion, certainly in relation to products for themselves (as these consumers might be buying different products for themselves versus for their husbands and children).
238. Specific information looked for tended to vary by the particular diet the consumer was following.

239. Consumers who were following specific weight loss plans checked individual nutrient levels based on the rules of the particular diet in question and/or opted to buy foods packaged and marketed by their own weight loss plan.
240. These rules tended to vary widely in terms of the nutrients consumers were directed to check and acceptable levels. Many claimed their focus was on carbohydrates in this context. Some were looking at fat levels and, within this, there was variation with regard to whether 5% or 3% fat was the optimum level. A few were also checking saturated fat levels and in these instances were typically looking for products with 1% or less saturated fat.

'I'm on Weightwatchers so I go for anything that they do...and some of the stores are marking the Weightwatcher points on products too so I look out for those...'
(Family, older children, DE, Glasgow)

'I always check the fat...I've taught my daughter to as well'
(Family, younger children, South Asian, Glasgow)

'We've been told at the diet group not to go for anything that's more than 3% fat...'
(Post-family, C2D, Belfast)

3.5.5 Naïve

241. This shopping mode was evident across the spectrum but especially amongst C2DE women, typically with a strong desire to nurture/indulge, across a range of shopping occasions.
242. Consumers shopping in this mode tended to exhibit the desire to shop rationally and with particular goals like healthy eating and weight loss in mind but lacked the broader nutritional awareness to devise their own shopping strategies to help them do this.
243. This meant that these consumers were more likely to be shopping in high fat categories and to be relying more on in store cues to guide them to healthy options. Specifically these consumers were likely to be using labels to guide them.
244. Many of the more naïve simply took their cues from product names and front of pack nutrition/health claims without looking at the more detailed back of pack information.
245. Typical shopping behaviours amongst consumers in this shopping mode included:
- Choosing a product on the basis of a 'low fat sounding' name.
 - Choosing from the healthy option range.
 - Always going for the low fat/light/less than../x% less../reduced fat option without knowing what this means in real terms.
 - Being drawn to claims like 'helps reduce blood pressure'.

'If it says it's low in fat it makes me feel better about buying it'
(Family, older children, C2D, Belfast)

'I use low fat Lurpak because it's less fattening...and I buy the Be Good to Yourself range'

(Family, younger children, South Asian, Glasgow)

'If there's anything about lowering blood pressure on a pack then I definitely would take a look'

(Post-family, C1C2, Cardiff)

3.5.6 Unaware

246. Here again, this mode was exhibited across the sample and across shopping occasions but typically C2DE men most consistently displayed this behaviour.

247. Consumers shopping in this mode tended to be shopping emotionally and not doing anything in store to minimise/control fat levels. They were not doing anything to avoid high fat categories and, once in these categories, were choosing products purely on the basis of emotional appeal.

'I never look at the labels...I'd shop quickly looking for the bargains and make sure that picture on the front of the packet looked tasty'

(Post-family, DE, Belfast)

248. Some of these consumers claimed they would continue shopping in this way because this is what they wanted to do but many others talked about a range of strategies they felt retailers and manufacturers should be employing to help consumers improve their overall eating habits and specifically to reduce the fat in their diet.

'This has changed my life – I'd never thought about food like this before!'

(Family, older children, DE, Glasgow)

'I get things that are on offer a lot...they should make it easier for you to choose better things when you haven't got much time'

(Post-family, DE, Belfast)

3.5.7 Don't care

249. Once more, C2DE men were most likely to be wilfully in this shopping mode across all occasions, professing not to care about the principles of healthy eating. However it was also evident across the sample when consumers were in more emotional need states, such as when they were hungry, bored, unhappy, tired, busy, and hence when particularly vulnerable to high fat foods.

'I buy what I want to and I certainly never pay attention to the amount of fat in it...'

(Post-family, DE, Belfast)

'I wouldn't look at the label on treats - you know it's bad!'

(Family, younger children, ABC1, Belfast)

250. Here again, consumers are likely to be making highly emotional choices in this mode and hence need help from others, eg manufacturers/retailers, to enable them to restrict their fat intake.

3.5.8 Specialist

251. This mode relates to consumers using specialist suppliers within their own communities for reasons of cost, quality and availability. This was commonest within ethnic minority communities but there were others who were choosing to use local butchers/bakers/grocers for these same reasons.

252. When in this mode, consumers varied in their propensity to think about fat when buying these products:

- Some (including South Asian) consumers were more open to buying low fat versions/alternatives.
- Others (including African Caribbean) consumers were more resistant and were concerned about loss of taste/cultural identity/authenticity.

3.6 Fats and labelling

3.6.1 Overview

253. Consumers were generally in agreement that ongoing detailed checking of labels was not a desirable or practical way forward.

254. The requirement was for a simple clear consistent labelling system that would serve as a benchmark that consumers could check, in order to get a quick overview and/or to establish more detailed information, when necessary, rather than on an ongoing basis.

3.6.2 Front of pack signposting

255. Consumers of all types frequently and spontaneously expressed frustration that they were not able to see at a glance the amounts of each key nutrient in a product.

'It needs to be an icon or colour coded, something that you know to look out for...it doesn't need to be too in your face if you know what to look for'

(Pre-family students, Cardiff)

256. Consumers asked for front of pack signposting to be standardised across the food industry.

'There needs to be a standard across the board...you might have your preference but you'd get used to whatever system...if there's not a standard then it's harder to be conscious'

(Pre-family, African Caribbean, London)

'It's almost as if it's easier to see on ready meals...aren't they less healthy anyway?'

(Family, younger children, DE, Cardiff)

257. Additionally they wanted there to be a requirement for signposting to be executed to a minimum size on the front of pack.

'Often I go out without my glasses and I can hardly read some of the labels...'
(Post-family, C1C2, Cardiff)

'The Sainsbury's one is good but you can hardly see it'
(Pre-family, ABC1, Bristol)

258. More specifically, consumers wanted front of pack signposting to be standardised in relation to:

- Key nutrients shown.
- Amount of product: amount per 100g was preferred but the most important requirement was that the presentation of this information is standardised.
- The way in which levels are executed/highlighted.

3.6.3 Amount per 100g

259. At the time of the research only the more health aware, those with a medical condition and those on a weight reduction diet were looking at amounts of fat per 100g on back of pack labelling.

260. Of these consumers only a minority were looking at amounts of saturated fat per 100g.

261. However, consumers consistently felt that the maximum amount of saturated fat per 100g to look for in a product should be promoted more strongly so that it could be used as a simple device to monitor saturated fat levels.

'I always check the labels to make sure it's under 5g of fat - they should let people know more that over 5g of fat isn't very good for you on the front, so you know that 5's your limit...the same could be done for saturated fat'
(Post-family, DE, Belfast)

262. During the follow up telephone interviews, after they had been sensitised to the topic, consumers were much more likely to report using amount per 100g than any other method for monitoring saturated fat levels. Reasons given for this included that this approach was: simple; easy; facilitated direct comparisons with other products in the same category; and did not involve adding up amounts of saturated fat consumed over the course of a day.

'When I was checking the labels I looked at whether they were under 3g or not and went for the ones that were...the labels were all so different, it seemed to be the easiest way to compare products'
(Family, older children, C1C2, Belfast)

263. It is notable that several consumers reported using the 5g rather than 3g level as the guideline for fat content because 3g was felt to be too difficult to achieve.

3.6.4 Guideline Daily Amounts (GDAs)

264. GDAs refer to the total amount of fat/saturated fat it is recommended that an individual consume in a day. Amounts are guidelines only and vary according to age/gender and weight.
265. Only the most nutritionally aware and those who had been specifically educated by diet groups/health professionals talked about GDAs.
266. Awareness was largely focused around the 70g (fat):20g(saturated fat) guideline for women rather than individuals remembering specific GDAs that relate to their gender/age.
267. When seen cold many consumers, especially the least nutritionally aware, felt that information presented in this way could seem off-putting and overly complicated. Many complained that they do not currently count up the amount of fat they consume in a day and could not imagine doing so in the future.

'Anything that looks complicated or scientific I'd just ignore...mental arithmetic isn't my strong point'
(Pre-family students, Cardiff)

'You'd need a calculator - no one would do that...'
(Post-family, DE, Belfast)

268. This consumer complaint was accentuated when talking about % GDAs.
269. Having said this, many felt that there was some validity in having GDAs as a back of pack reference guideline which consumers could use to gauge a top line sense of the proportion of daily fat allowance fat/saturated fat an individual product represented, rather than as a piece of information to be used to calculate total amounts of fat/saturated fat consumed in a day.

'I think it is good to know what the boundary is, what you shouldn't go over...then maybe you might look at a product and see how the amount in it compared to the overall amount you should have in a day and that would at least give you an idea of how bad it was'
(Post-family, DE, Belfast)

3.6.5 Nutrition/health claims

270. A lot of consumers, especially the less nutritionally aware who were eager to do the right thing for themselves and others, were consciously or unconsciously taking note of nutrition/health claim labels, eg:
- Names of products such as 'lean ...'.
 - 'Low fat'.
 - 'Light'.
 - Claims regarding relative fat reduction such as '80% less saturated fat' etc.

271. Many consumers had clearly been taking these claims at face value and had made many incorrect assumptions about the fat levels in the products they were purchasing.
272. The education process that went on during the course of the research meant that consumers examined labels of products they normally buy in much more detail. Many found that some of these products were much higher in fat than they had assumed, with the result that they felt they had been deliberately misled by manufacturers and retailers.
273. Consumers were shocked that nutrition/health labelling of this nature was allowed and felt that it should be much more strongly regulated.

'All of these health claims are misleading...they're all lies - someone could be thinking they were putting good things in their trolleys...there's lots of word play ...'
(Family, African Caribbean, London)

274. Specifically they wanted:
- More clarity around and greater promotion of what 'low fat' means.
 - Ideally restriction of the use of terminology to avoid confusion over different terms, eg 'low fat' versus 'light' which many consumers believe to be the same thing.
 - Restrictions put on how phraseology implying low fat could be used, eg in the context of names.
 - Comparative claims to be set overtly in the context of what the fat level was before the reduction.

'There should be a standard for products that say "low fat" because otherwise it's ridiculous...and if there already is then we should be told about it'
(Family, older children, C1C2, Belfast)

'Less than 10% fat...what's the context for that? It should be shown...'
(Family, older children, ABC1, Cardiff)

3.7 Fats and cooking behaviour

3.7.1 Overview

275. Consumers were more likely to be aware of the presence of fat when cooking from scratch than when buying processed foods. This was because of the visibility of fat on specific foods eg meat and/or the fact that fat has to be proactively added in the cooking process eg butter/oil.
276. The extent to which consumers took action to reduce the amount of (saturated) fat in their cooking varied by type of consumer and type of cooking.

3.7.2 Type of consumer

277. More nutritionally aware consumers were fairly likely to be taking action to reduce fat when cooking everyday meals because they tended to be in a controlled/rational frame of mind on these occasions and were aware of a number of strategies they could use to reduce fat. Common behaviours included:
- Cutting off visible fat via the preparation process.
 - Grilling/oven cooking/steaming/microwaving rather than frying.
 - Cooking with oil (whether olive/sunflower/vegetable) and/or oil sprays – rejecting lard/butter.
 - Draining off fat/using kitchen roll to absorb it.
 - Browning off before oven cooking rather than deep fat frying.
 - Rejecting deep fat frying where possible – shallow frying in healthier oils and/or oven cooking instead.
278. Less nutritionally aware consumers were sometimes, but not always, removing visible fat from foods they were about to cook, and using lower fat cooking methods. These consumers were less likely than the nutritionally aware to make a specific connection between type of fat used in cooking and amount of (saturated) fat.
279. Many consumers, even the more nutritionally aware, were not rationing the amount of fat they used to cook. Hence, for example, those using ‘good’ fats such as olive oil may actually be using large/unmonitored quantities of these oils.

‘You try not to add any more than you need when you cook...’
(Pre-family, ABC1, Glasgow)

3.7.3 Type of cooking

280. The reason for cooking also had a strong influence on consumers’ propensity to reduce fat during the cooking process.
281. All consumers, regardless of their level of nutritional awareness, were less likely to be reducing the fat in their cooking if they were cooking for emotional reasons.
282. Typical emotional drivers to cooking included:
- A desire to nurture/be a good mother.
 - Treat occasions such as dinner parties/celebrations.
 - Making traditional dishes that fit into the cultural identity.
283. Examples of cooking that falls into this category include high fat meat dishes, desserts, traditional dishes and home baking.
284. In these circumstances, strategies such as removing fat from the foods themselves, using alternative cooking methods, monitoring the amount of fat used and/or using a different/low fat option when cooking are all considered much less relevant/important/possible.
285. Typical reasons given for being less vigilant about fat levels when cooking for emotional reasons include:

- The perception was that these dishes are made on relatively limited occasions anyway.
- An unwillingness to give up ‘unprocessed’ and/or traditional ingredients, eg butter in cakes/biscuits etc.
- A belief that lower fat variants, although possibly acceptable on everyday occasions, are less of a treat and lack the taste/texture qualities of full fat versions.

‘It’s only a once in a while thing anyway and baking is a way of getting the kids into cooking...’

(Family, younger children, ABC1, Cardiff)

‘I have tried low fat cheese but the thing was, when I tried to cook with it, it didn’t melt very well...plasticky...’

(Family, older children, C1C2, Belfast)

‘I’d much rather use butter than anything that’s more processed’

(Family, older children, ABC1, Cardiff)

3.8 Behaviour change following the groups

3.8.1 Overview

286. It became apparent through the follow up interviews that it was not enough for consumers to intellectually be aware of and understand the facts about fats: some emotional engagement was essential if they were to change their behaviour.

‘They should stop speaking scientific language and give us a lot more support, make it obvious what to do and show us in a funky way’

(Pre-family, ABC1, Bristol)

287. The majority of respondents had reflected on the level of saturated fat in their diet as a result of the discussion, even if this reflection had not translated into action.

‘I’ve started looking at things more, and noticed the fat in lots of things I buy – like drinking chocolate – I haven’t changed my behaviour but I might’

(Family, older children, DE, Glasgow)

288. A key factor that had contributed to this reflection was that the process of the research had meant they had made a real and emotional connection between saturated fat and the ill health effects that could seriously impact on the lives of themselves and, more importantly, their loved ones.

289. Many consumers were made aware of how specific foods within their diets were very high in saturated fat and many were alarmed at the extent to which they had inadvertently been feeding themselves and others foods high in saturated fat.

‘It was a wake-up call, thinking about all the saturated fat we’re eating...and what we’re feeding to the grandchildren too...’

(Post-family, C1C2, Cardiff)

'I was shocked to read the labels on the things I buy – butter, cheese and even things like gravy – there're loads of things full of fat'
(Family, younger children, C1C2, Glasgow)

290. The process of talking about saturated fat, a rather invisible and/or abstract substance when studied on a label, also brought it alive and encouraged people to think about its properties. Repulsion regarding saturated fat as a substance was critical to behaviour change.

'Talking about it really made me think...I didn't understand fat before...thinking that it's inside me is disgusting...'
(Post-family, DE, Belfast)

291. An absolutely key aspect of the process was the impact of consumers realising that other friends of theirs were actually much healthier than them. Many reported feeling shocked at and fascinated by hearing about their friends' attitudes and behaviour in relation to fat, especially if they had not thought about it before themselves. The act of talking about it in the context of the group had served to raise and normalise the issue. Those with higher personal fat consumption often realised how unhealthy they were compared with people they thought they knew well.

'Before I thought all me mates were the same but coming to the group and comparing myself – that made me think – especially as the doctor had told me to improve my diet and I hadn't – I will definitely change now'
(Older singles, ABC1, Bristol)

292. The focus of the most successful behaviour change reported after the groups was much more related to social changes and changes in overall eating habits rather than behaviour more specifically related to reduction of fat/saturated fat by strategies like label checking (although the latter did serve as a potent wake up call for those consuming larger amounts of saturated fat).

'I'm trying to stop snacking and to cook balanced meals more – I can't be bothered with checking labels – I think you have to do it at an overall level'
(Older singles, ABC1, Bristol)

293. Successful behaviour change was more likely to be maintained if consumers had successfully enlisted support from all members of the household.

'If you're all in it together, it makes it much more likely that you'll all keep to it'
(Post-family, C1C2, Cardiff)

294. A concern of many was that they would not be able to maintain any behaviour changes they had made and so it was considered critical that any campaigns/support was ongoing rather than one-off.

'So we've done a few things so far but time will tell whether or not we can keep them up...'
(Family, older children, C1C2, Belfast)

295. Related to the points about the relevance of peer group and the need for ongoing support was the perceived importance of local initiatives as a way of maintaining momentum and tailoring information/support to the needs of the local population.

'If it was targeted at certain age groups, it would be more successful, I suppose for me it would be in community centres or at the pharmacist'
(Post-family, C1C2, Glasgow)

'It's not good printing a load of public information leaflets they need to come into our lives and show us where the saturated fat is and what we can do about it'
(Pre-family, ABC1, Bristol)

296. The fact this particular exercise was specifically oriented around saturated fat meant consumers had a single point of focus for any behaviour but, even given this defined context, many commented that they had found it difficult to take out simple clear messages.

'Even though we talked about it a lot and I'm in the medical profession (district nurse), I'm still not really sure I've got a clear understanding ...I don't really know what polyunsaturates are compared with the other types and...should I eat less fat overall or eat less saturated fat or eat more of the other types...?'
(Post-family, ABC1, Belfast)

'I decided after the group that I would just have to concentrate on one thing and that I would not be able to remember everything...one step at a time, that's what they've got to think about'
(Older singles, ABC1, Bristol)

297. Many consumers talked about the need for a healthy living/eating campaign that was ongoing and could be tailored to the needs of individual communities so that consumers felt they were responding to a series of related messages and that these were being built on/developed over time in a consistent and coherent fashion.

3.8.2 Triggers to reduction of saturated fat consumption

298. Around half of the respondents across the sample had changed their behaviour in some way in an attempt to reduce saturated fat levels, in some cases with dramatic positive effects.

299. There was variation in specifically what had motivated people to make the change. Reasons cited included:

- An emotional realisation of the real and severe health consequences of consuming too much saturated fat.
- Social discomfort/comparison with others with regard to eating habits/level of saturated fat consumption.
- Shock at the level of saturated fat in different foods that individuals were eating and/or giving others.
- A realisation that the range of minor to more serious ailments suffered by consumers or members of their households could be related to levels of saturated fat consumption.

'Realising the effects of eating too much saturated fat...stroke, heart attack...they're easy to ignore if you're not really thinking about what you're putting inside you...'

(Family, younger children, ABC1, Belfast)

'It made me think ahead about the kind of lifestyle we live...seeing it impacting on you and your kids...the boys are active now and are burning the fat off but maybe they do need to eat a diet that's lower in fat...what will happen in 10 years time when they aren't running around and they have the same eating habits...?'

(Family, younger children, ABC1, Belfast)

'It made me worry about the kids in later years...will their diseases be related to what they've eaten...?'

(Family, younger children, ABC1, Belfast)

'I had to go to the doctors and he said it could be diabetes...I'm going to read the booklet you gave us (EatWell) and decide what I should be doing...'

(Family, younger children, DE, Cardiff)

'To be honest, I've never thought about what I eat before, talking about it with other friends and thinking about how I could change my eating habits has made a big difference, whatever they do it's got to be put across so people can see how it fits into their lives'

(Older singles, ABC1, Bristol)

3.8.3 Barriers to reduction of saturated fat consumption

300. Barriers to reduction of saturated fat consumption included:

- Habitual shopping/cooking/eating habits (especially relevant for older people and/or those living on their own).
- Laziness and a lack of self discipline.
- Liking the taste of fat too much and/or having cravings for high fat foods in emotional need states, combined with a lack of imagination regarding what to eat instead.
- Not feeling the need to change, due to there being no discernible health effect, such as feeling ill or being fat.
- A lack of support from other members of the household.
- Out of home lifestyles that make it more difficult to track fat levels and/or substitute lower fat options.
- Lack of time, making it harder to plan/order the lifestyle in advance in relation to shopping and consumption.
- Lack of cooking skills and/or imagination.
- Lack of shopping skills: don't know what to buy/how to shop.
- Perception (sometimes underlined by experience, sometimes not) that healthy food is more expensive.

'It's habit really, like smoking...for me the only thing would be to take the goodies away and I don't want to be miserable...'

(Older singles, C1C2D, London)

'When it comes down to it, I don't want to change what I eat...'
(Pre-family students, Cardiff)

'It's having the self-discipline to do anything...if you've got a target in mind like losing weight, it's easier'
(Post-family, ABC1, Belfast)

'I've just had a cholesterol test and I was happy with the result of that so there's not really a reason for me to change what I'm doing...'
(Post-family, ABC1, Belfast)

'I know I eat a lot of fry-ups but I have low cholesterol...'
(Post-family, C1C2, Cardiff)

'I've been really busy this week so I haven't had a chance to go shopping...I haven't made anything from fresh either...'
(Family, African Caribbean, London)

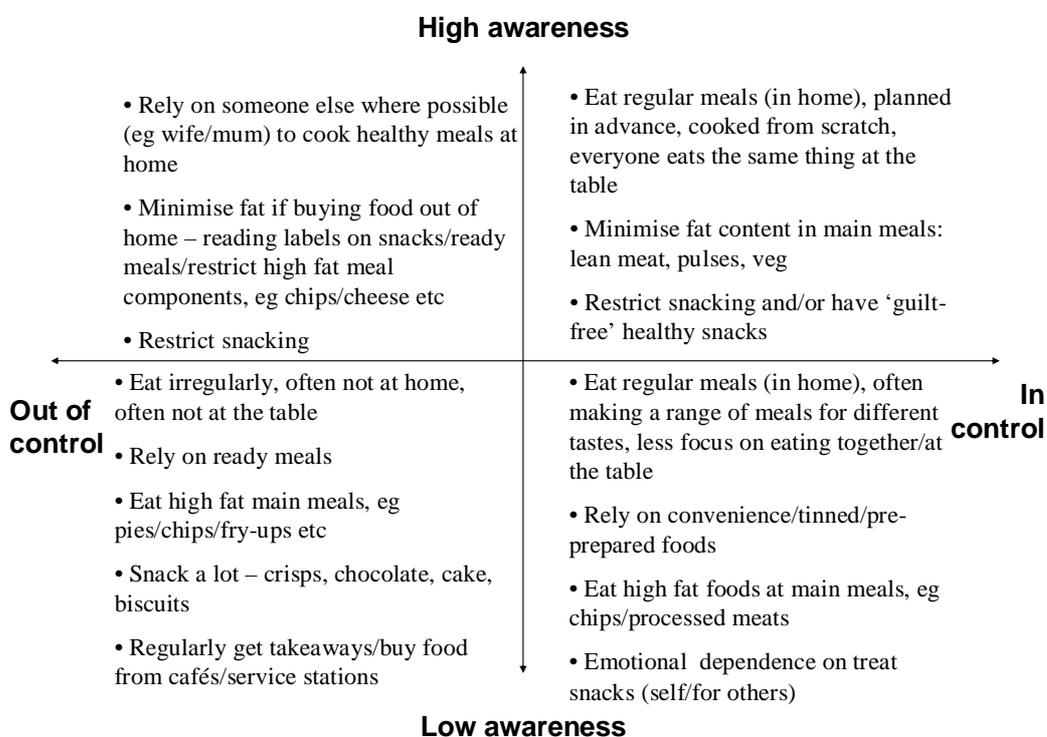
'I tried to buy more vegetables and make more meals based on those but my husband complained...'
(Family, older children, C1C2, Belfast)

'The kids won't eat healthier'
(Family, younger children, DE, Cardiff)

'I haven't been as good as I intended...I've been out at people's houses this week and so I've eaten lots of cakes...pavlova with fresh cream...crisps...I know I should've eaten less but you do go through spells where you're out a lot'
(Post-family, ABC1, Belfast)

'I'm a bit worried that it's going to cost me more - I can't afford to spend any more than I do at the moment'
(Family, younger children, DE, Cardiff)

3.8.4 Summary of behaviour change



301. The most in control/nutritionally aware consumers were stimulated to focus on saturated fat and assimilate this message into their current practices.
302. The in control/nutritionally unaware consumers had been triggered to check labels for saturated fat but within the not particularly healthy context of what they were already doing. These consumers reported being frustrated at the extra time they were taking shopping and clearly needed to be shown how to incorporate healthy eating principles more broadly into their lifestyles before focusing on saturated fat.
303. The out of control/nutritionally unaware consumers had sometimes instigated the most significant changes in their lives. The combination of being made aware of key nutrition messages combined with being provoked to think about their lifestyles meant that some had made quite significant social changes, which had sometimes led to major improvements in their diet.
304. The out of control/nutritionally aware consumers were most likely to have focused on how to make healthier/low fat choices within an out of home environment and/or imposed more control on their lifestyles by doing things like making their lunch to take with them or ordering weekly vegetable boxes.

3.8.5 Measures consumers took to reduce the impact of fat consumption: exercise

305. Beyond measures relating to consumption, some consumers, particularly wives trying to cajole their husbands into action, had been prompted to think about health more holistically and so had decided to take action in relation to exercise too and mentioned that they had started to:

- Go on family walks.
- Go to the gym again.
- Play football with the children.
- Play netball.

'I had a chat with my husband after the group and we decided to go on more walks together because we both do want to lose some weight...'
(Post-family, DE, Belfast)

'I tried to get my husband to eat better after the group but he is stubborn – we have started walking though and I hope to make changes from there'
(Family, younger children, C1C2, Glasgow)

3.8.6 Measures consumers took to reduce fat consumption: checking

306. Many consumers reported having come back from the group discussion and having immediately checked the amounts of saturated fat in everyday items in their cupboards.

307. There was much surprise over the amount of (saturated) fat in items that had hitherto been thought of as relatively healthy, eg instant noodles, butter, cheese and gravy granules.

3.8.7 Measures consumers took to reduce fat consumption: planning

308. Planning any dietary changes appeared to be critical to making and maintaining substantial change to consumers' lifestyles.

309. Many consumers talked about how gaining more order and control in relation to their approach to food had helped them to make and stick to changes in their eating habits.

310. Many reported having talked to members of their household in order to establish how eating habits could be changed. This was often the most important part of the exercise in terms of ensuring that everyone in the household understood the reasons for it, that everyone was committed to it and that everyone understood what would have to be done in practice and their role in this.

'When I got back we all had a chat about it so that everyone was aware of the reasons for it all...so that no one could pull a face and say they didn't want to do it or couldn't see why they should'
(Family, older children, C1C2, Belfast)

'We decided to take it in turns to shop and cook, it's working really well, I expect that in time we might start being more organised and doing shared shops'
(Older singles, ABC1, Bristol)

311. Specifically, parents had sometimes involved children in the discussions, eg talking about why healthy eating is good and how they could change their eating habits. Parents with older children living away from home had sometimes also talked to these children to find out about their shopping and consumption habits in order to try to encourage them to take action too.

'I talked to my son because he's overweight: heart disease is prevalent in our family...I told him that he should be careful and told him to have breakfast and eat better...I'll make more of an effort to cook for him because he lives on his own...'
(Post-family, ABC1, Belfast)

'We talked to my son who's at university about what he was buying to make sure he's eating the right things...'
(Family, older children, C1C2, Belfast)

'The kids are joining in a bit – a few less takeaways and things like that – it will be a gradual thing'
(Family, older children, DE, Glasgow)

312. It was also notable that consumers often felt that they needed to make a commitment to having a more organised approach to food in terms of their busy lifestyles and so had often committed to:

- Thinking about and planning meals in advance.
- Freezing meals ahead of when they were needed.
- Making lunch to take to work.
- Eating regular meals as a household and/or arranging to cook with friends if living alone.
- Shopping regularly.

'I've realised the it's thinking ahead for me...if I'm tired and under pressure and I don't have a plan, that's when it all goes wrong...but when I went shopping this week I thought about what we'd have each night and so far it's going well...'
(Family, older children, C1C2, Belfast)

'At the weekend I made a point of cooking a vat of thick soup to freeze for when I need it'
(Older singles, C1C2D, London)

313. Budgeting the money spent on food over the week (rather than spending it all at the beginning and living off cheap food at the end) was something that consumers often found helped within the process.

314. Interestingly, a number of consumers went home after the group discussions and looked on the FSA website in order to help identify low fat 'green' foods that they could base meals on.

'I went onto the FSA website and looked at labelling to find out what all the levels are...I printed it off and stuck it to the fridge as a reminder'
(Family, older children, C1C2, Belfast)

'It's useful to know what green foods are – there's a list on the website – I've looked at that before going shopping'
(Older singles, ABC1, Bristol)

3.8.8 Measures consumers took to reduce fat consumption: shopping

315. Consumers had often also been prompted to think about fat when shopping.

'I was in Sainsbury's yesterday, I picked up a packet and looked at that disc for the first time'
(Pre-family, ABC1, Bristol)

316. Many consumers talked about having looked at labels to compare saturated fat levels on their favourite products/brands.

317. However, this was not always helpful to all consumers, given that this could show how front of pack nutrition claims did not reflect detailed back of pack labelling.

318. Beyond this, even if the information found had been surprising, this had not necessarily translated into action across the board.

319. For example, some consumers did not necessarily understand back of pack labelling formats or felt unable to compare and contrast different labelling systems in order to be able to make changes to purchase decisions.

'I tried to compare the labels of some products but because they're not uniform it was really hard...it was like I couldn't compare without a calculator...you just want it to be easy...'
(Family, older children, C1C2, Belfast)

320. Even if consumers had identified that a product was high in (saturated) fat, they did not necessarily know what to do about it: some consumers did not know what to substitute it with/what a relevant alternative would be.

321. If consumers had managed to compare and contrast products and were aware that there was a lower fat variant on offer, they were sometimes also unsure whether the levels at which differences had been found (eg perhaps a couple of grams of fat per 100g difference between products) was worth making a swap for, especially if there was going to be a perceived taste difference.

'I was really aware when I did the shopping and I looked at saturated fat and non-saturated fat on the labels...when I looked at biscuits there wasn't a lot of fat difference so I wasn't sure whether I should be buying the lower fat version because the difference was so small...'
(Family, older children, C1C2, Belfast)

322. There was generally a feeling that constantly studying labels was not sustainable behaviour: in some cases, supermarket shops were taking 50% longer than normal to complete.

'I've been checking the labels in the supermarket – I suppose it would get better over time but at the moment it takes ages – I don't know how long I will keep it up'

(Family, younger children, C1C2, Glasgow)

323. However, many had found the process of looking at labels had enabled them to make more informed and empowered purchase decisions that had helped them to reduce their (saturated) fat consumption.

'It was good, I felt like I was making decisions on my terms...if I wanted to buy something that was high in fat I could but I generally chose not to'

(Family, older children, C1C2, Belfast)

324. Those who had found the process easiest tended to have been those who had picked up the 'low' (saturated) fat amounts per 100g as a way of comparing and contrasting products, as this was the benchmark which was often easiest to use across different labelling systems.

'Maybe FSA could give people things like credit cards with the different levels of fat on, saying what the percentage of fat should be in products, so you could keep it in your wallet and use it for comparing labels...'

(Family, older children, C1C2, Belfast)

325. Examples of actions that consumers had taken (often after having studied fat levels on labels) included:

- Restriction/omission of high fat sweet or savoury snacks/convenience foods.
- Purchase of lower fat snacks/brands after label comparison, eg baked crisps or lower fat biscuits.
- Switching from processed to fresh lean meats.
- Identifying/buying 'green' foods/those with less than 3g fat per 100g.
- Identifying/buying treats with 'green' or 'orange' fat content rather than those with 'red' fat content.

'I definitely didn't buy as many crisps and biscuits this week...I think it'll be a case of gradually cutting down on these over time...'

(Family, older children, C1C2, Belfast)

'I've been choosing not to buy convenience foods...I've been making my own pizzas...'

(Family, younger children, ABC1, Belfast)

'I was going to buy Kettle Chips because they were on a good offer but I looked at the saturated fat level and I went for the own brand instead because the others were massively high on saturated fat'

(Family, older children, C1C2, Belfast)

'I bought more fresh meat this week rather than processed meat'
(Post-family, DE, Belfast)

'I've been looking out at Sainsbury's for the green and orange treats, trying to avoid the red ones...'
(Family, younger children, ABC1, Belfast)

'I'm making more effort to cook something simple rather than go for a pizza'
(Pre-family, ABC1, Bristol)

326. Some consumers also reported having changed the ways in which they were shopping.

327. Some parents had gone to the supermarket without their children, in order to avoid children encouraging them to buy high fat treats or cereal products.

'I decided to go without the kids to the supermarket to make it easier - and it was!'
(Family, young children, ABC1, Belfast)

328. Others reported having decided to go to the local market, grocer, fishmonger or butcher, in order to attempt to avoid high fat processed foods.

'I've been to the fishmonger this week to try not to be tempted by the ready made stuff'
(Older singles, C1C2D, London)

329. Those out and about on the roads had sometimes chosen to use supermarkets rather than service stations whenever possible, due to the greater availability of healthy low fat options.

'I did think and go to a supermarket - I'd usually have just stopped at whatever garage I was passing'
(Pre-family, ABC1, Bristol)

330. Those consuming takeaway food talked about having decided to go for lower fat/healthier options at point of purchase, eg avoiding butter/mayonnaise in sandwich fillings, choosing tandoori rather than sweet and sour or choosing salad rather than chips.

3.8.9 Measures consumers took to reduce fat consumption: cooking

331. Many consumers had attempted to make quick and easy recipes rather than buy takeaways or convenience meals.

332. However this behavioural shift highlighted very low confidence levels in relation to cooking and consumers often talked about needing to find some ways of overcoming their extremely limited cooking repertoires.

'I've been cooking more from fresh this week...but it is hard to do that every night, thinking up the ideas...'
(Family, younger children, ABC1, Belfast)

'I do get fed up...It would be great if there was a book with suggestions, for how to put together a good salad, what to do with meat...maybe a calendar that does a different meal for each day or how to do variations on a theme, so everyone thinks it's different...no flashy ingredients...children's meals that are quick and healthy and don't need a lot of preparation '

(Family, younger children, ABC1, Belfast)

'I'm sitting here eating a chicken salad, and I bought nuts instead of chocolate – I think the main thing will be I need a lot of support with cooking and how to cook with easy ingredients'

(Pre-family, ABC1, Bristol)

333. Some consumers had tried to do this by seeking advice and tips on what to cook, eg from friends/family or recipe books/websites.

'I ended up on the BBC Food website'

(Family, younger children, ABC1, Belfast)

334. Some parents had got their children involved in the preparation of low fat food, in order to ensure that they were more motivated to eat it and/or would not miss the higher fat alternative.

'What I did was to make smoothies with the boys - they enjoyed that and it made it much easier to get them to eat the fruit and forget about the crisps'

(Family, younger children, ABC1, Belfast)

335. Those who were more confident with cooking, especially the more affluent, had often been alerted to fat within their cooking processes and had sometimes acted to reduce this by:

- Replacing high fat ingredients with lower fat ones, eg cream with yoghurt.
- Reducing the amount of oil used/restricting frying per se and focusing on oven cooking rather than deep/shallow frying.
- Measuring out fatty ingredients rather than guessing (eg oil/butter/cheese).
- Grating cheese rather than slicing it.
- Choosing to home bake less.

'I've been making desserts with yoghurt rather than cream and no one's noticed...'

(Family, older children, C1C2, Belfast)

'It has made me more aware - when I was cooking my salmon I made sure I only used a tiny bit of olive oil...I've been grating cheese so that I use less...'

(Older singles, C1C2D, London)

3.8.10 Measures consumers took to reduce fat consumption: eating

336. Many consumers talked about how they had imposed more order, routine and discipline into their household eating patterns in terms of when and how they were eating, as well as what they were eating.
337. Some consumers, especially pre-family consumers who previously had been eating irregularly, had made an effort to eat more regular meals, including breakfast.
338. Many consumers had acted to reduce high fat snack consumption. Some were attempting to avoid high fat snack foods or convenience meals completely, often by ensuring that they were not available in the house. These were often being replaced with low fat snacks, eg fruit and vegetables or yoghurt. Other households were restricting high fat treats, eg allowing self/loved ones to have one treat a day.

'We've been having healthier snacks...bananas and fruit and vegetables as after-school snacks...and porridge and toast rather than junk type stuff'
(Family, older children, C1C2, Belfast)

'I've been trying fruit rather than crisps and biscuits...carrot sticks in lunch boxes...I've put a limit on the number of biscuits the kids can have...only one at a time...and I've moved the biscuits so I'm more in control of them...'
(Family, younger children, ABC1, Belfast)

'I've cut out crisps - I surprised myself!'
(Family, younger children, ABC1, Belfast)

339. Some consumers were acting to control portion sizes and hence were limiting consumption of high fat foods at each sitting.
340. Others were substituting high fat ingredients with lower fat ones, eg switching to lower fat meats.

'I've eaten more chicken and fresh fish this week...not bacon or sausages and a lot more vegetables'
(Post-family, DE, Belfast)

341. Many talked about cutting out high fat meal components, eg replacing chips with lower fat vegetables.

'We've been having oven chips, not chip pan chips...'
(Family, younger children, DE, Cardiff)

342. Parents/grandparents who had previously given their child the choice of whether or not they ate low fat foods talked about simply giving them these foods without asking and being pleasantly surprised when the child accepted them.

'When my great nephew came - he's really fussy - but we gave him chicken breast and oven chips instead of burgers and fries and he grumbled but he ate it all'
(Post-family, C1C2, Cardiff)

343. Many consumers had also become alert to high fat consumption occasions within the social group, whether that was when in the pub, when offered cakes/chocolate at work, when in the service station, when staying away from home, when out at someone's house, when nothing in the fridge at home etc. Many had made the decision to develop coping strategies to use in these situations.

'I thought the situation through and I just refused the cakes instead of going along with it...'

(Post-family, ABC1, Belfast)

'I haven't been eating chocolate from the vending machine'

(Older singles, ABC1, Bristol)

344. Many of those who had been buying takeaways reported having stopped buying them completely or having reduced them significantly.

345. When eating out, many had decided to choose lower fat options, eg baked potato/ salad rather than chips or grilled unbattered fish.

'I've been really careful about what I'm eating...conscious of not eating things that are fatty...I went out for lunch the other day and I ate spicy chicken that didn't come in a batter and crumbs, with corn on the cob...'

(Post-family, ABC1, Belfast)

3.8.11 Benefits of reduced fat consumption

346. Many consumers who had reduced their fat consumption reported having experienced a range of immediate and highly beneficial short term effects including:

- Looking and feeling better.
- Skin quality improving.
- Saving money.
- Better, more sociable meal times and generally better communication within the household (whether friends or family).
- Better concentration span and hence better performance at work.
- Losing weight and being able to fit into clothes that previously individuals had been unable to (even within the 1-2 weeks between the group discussions and the follow up).
- Feeling more active and able to play sport with the children.
- Palate changing over time: beginning to lose the taste for high fat foods.

'I do feel much better for it...'

(Family, older children, C1C2, Belfast)

'I think I'm noticing that I'm not craving the high fat foods as much now I've cut down on them...'

(Post-family, DE, Belfast)

'I can fit into my football kit for the first time in ages!'
(Family, older children, DE, Glasgow)

347. However, beyond this there was evidence of some more subtle and/or psychological benefits. Some talked about having more self-respect as a result of feeling that they were taking control of their lives and/or their medical condition and doing the right thing by themselves/their loved ones.

'It made me think about what the grandchildren eat... it gave me the confidence and the momentum to say something and change...I feel much better for doing something about it'
(Post-family, ABC1, Belfast)

'I said to my son try those vegetables and he did – before I wouldn't have even bothered to ask – I feel encouraged to try more things'
(Family, younger children, C1C2, Glasgow)

348. In addition, some of those who had been shocked and repelled by the amount of saturated fat in their favourite foods also expressed relief that they were not consuming this hidden fat any more.

'I'm just glad I'm aware of it and that I can do something to make sure that I don't eat as much saturated fat'
(Post-family, DE, Belfast)

3.9 Measures

3.9.1 Overview

349. Overall consumers felt that they should ultimately be responsible for their own saturated fat consumption and that of their dependants.

'It's our responsibility to change...it's a matter of practice and effort...'
(Older singles, C1C2D, London)

350. Within this, consumers felt that ultimately it was everyone's responsibility, including the government, food manufacturers and retailers, to work together to make it easier for consumers to plan, choose, prepare, cook and consume healthy low fat food.

'Part of it is down to us...we're stupid enough to buy these things in the first place...but it could be made easier for us...'
(Family, young children, ABC1, Belfast)

'They need to develop better partnerships between government and people like retailers to work together to get it right'
(Pre-family, ABC1, Bristol)

351. Ultimately consumers felt that, in the absence of agreement, the government should step in.

'If saturated fat really is that bad for you government should be stepping in and taking control – at the moment the manufacturers and retailers seem to be leading it'

(Pre-family, ABC1, Bristol)

352. It was thought that ideally the context should be one that provides proactive and tailored inspiration/information/assistance/guidance to consumers via a range of appropriate intermediaries/channels.

3.9.2 Government

3.9.2.1 Overview

353. Consumers were looking to government for clear and consistent messages and measures that would help them to lead healthy lives and, within this, consume a diet which is low (in saturated) fat.

'Any advice needs to be kept simple to avoid confusion...'

(Family, young children, ABC1, Belfast)

'Give us support, keep it simple and easy to follow'

(Pre-family, ABC1, Bristol)

354. In order to successfully achieve this, it was felt the issue needed to be addressed in a joined up strategic fashion and at a number of levels including:

- Communicating healthy living.
- Clarifying and consolidating what the balance of good health actually means and how consumers can implement it within the context of their lives.
- Providing guidance around fat and saturated fat, and how this varies by type of consumer (including children).
- Acting to develop the relationship with consumers, in order to build trust and understanding on both sides.
- Guiding the food industry.

3.9.2.2 Healthy living

355. It was felt that measures to reduce consumption of saturated fat would need to start from the basis of communicating what healthy living means and how consumers could adapt their lifestyles in order to achieve it.

'It should be put in the context of healthy eating...don't use salt, no additives, exercise more, fewer sweets...'

(Family, young children, ABC1, Belfast)

'Exercise has to be part of the message...the heart is a muscle that needs feeding and exercising'

(Pre-family students, Cardiff)

356. It was felt critical that measures provide consumers with inspiration as well as information to make their lives healthier, and that nutritional messages are firmly rooted in the context of lifestyles and exercise.
357. Consumers varied hugely in the extent to which they had assimilated healthy living messages but, arguably more importantly, they varied in their ability to put these messages into practice in the context of their lives.
358. Consumers are not proactively seeking healthy living messages and the issue of access is extremely important. Messages need to be proactively delivered and given high profile/priority through a range of intermediaries, including retailers, manufacturers, schools, health professionals, media, ethnic media and community centres.

'It does need to be more proactive because food is something people eat every day and we're not all thinking about it that much...articles about labels and what they mean...campaigns in shops...posters in public...advertising'
(Older singles, C1C2D, London)

'The parents should have an education through the schools...especially the parents from other countries: when you come over here you don't have time to go through what is healthy and what is not healthy'
(Family, African Caribbean, London)

'The Asian community has its own media, so that would be the best way to get the message across'
(Older single, South Asian, London)

359. Consumers are extremely influenced by their peer group and this should be taken into account when devising a programme to address excess levels of saturated fat in the diet and help consumers achieve energy balance..

'Maybe we could start a collective, where we all eat healthy for a week and see how it goes - and if someone doesn't, then they have to pay up?'
(Older singles, C1C2D, London)

360. The importance of local initiatives and marketing is critical if consumers are to feel that healthy living is truly relevant to them and their lives.
361. It is critical that messages in terms of both content and language used are tailored to the individual consumer and local population. Specifically messages need to be adapted to take account of age, gender, lifestage, and SEG and should cover exercise, planning and organisation, shopping, cooking and eating.
362. The emphasis for all messages should be on how the objective (whether planning/shopping/cooking) can be done quickly, easily and enjoyably. Specifically the social benefits emerged as particularly motivating to consumers who had unsuccessfully tried various other strategies to improve their lifestyles: it seems that these should be exploited and highlighted.

363. It should not be assumed that consumers find the elements that lead to a healthy lifestyle easy to achieve. Many were very concerned about their ability to produce varied and interesting meals. Equally, a significant proportion of consumers were worried that they would not be able to shop in an organised and efficient manner which would allow them to cook a range of meals.

'I often run out of ideas about what to cook...if there were recipe tips, you'd be more likely to say: oh I might try that, as long as it's not fancy ingredients'
(Post-family, DE, Belfast)

364. Men need to be talked to separately. They are likely to be motivated by different approaches and messages than women. Although men are less likely to be the main food purchaser and preparer, they can have an extremely strong influence on whether (or not) healthy living messages are carried through within the household.

365. Younger/pre-family consumers should be considered a prime target for any programme as it is easier to change habits at this stage and individual consumers have more control. The focus for these consumers should be to enable them to consume more in home where they have more control over what they eat. A major barrier for these consumers is cooking and a strong emphasis needs to be put on quick and easy cooking (rather than cooking from scratch which can seem daunting to the least confident).

'I can cook a few things but I need to get a bit further on than spag bol!...but I haven't got time for anything difficult because I need something quick when I get back from work'
(Pre-family, ABC1, Glasgow)

366. Family consumers also need to be helped in terms of how to produce a variety of quick and easy meals/snacks that all members of their household (across gender/ages, children and spouse) will like. At a broader level the research revealed issues related to parenting style that are key to whether children lead a healthy lifestyle.

'We all have disparate tastes in our house so trying to get something that we'll all eat is difficult'
(Family, older children, C1C2, Belfast)

367. Older/single consumers can be extremely susceptible to poor lifestyles and diet due to their ingrained habits and social isolation.

'I think I'm probably past helping...I've tried diets in the past and they haven't worked, I live on my own and so I make all of my own meals in the microwave...I haven't got time to cook, so I don't really know how I could be helped...'
(Post-family, DE, Belfast)

368. The role of post-family consumers, especially younger women, should not be underestimated in terms of their influence on the diet of their own children and grandchildren.

369. Ethnic minority consumers need to be communicated with directly through their own media and community centres. In order to shift the most entrenched cooking and eating

habits amongst these consumers it will be important (as for all consumers) to take as experiential an approach as possible, including cookery demonstrations and food tastings.

'I think that it will be really hard to change people...maybe you could do it through focus groups, like you did with us, where you go out and talk to people...maybe you need to target specific age groups and ethnicities... until people try how food could taste if it's made in a different way I don't know how you could convince them to change'

(Pre-family, African Caribbean women, London)

3.9.2.3 Balance of good health

370. Consumers wanted to feel that a healthy living/eating campaign had a total shape and form that they could piece together and understand over time.

371. A significant number of consumers were able to feedback balance of good health principles but they were much less able to know what these actually meant and how to implement them within their own lives.

372. Many felt the focus needs to be put on what balance means in real terms. What does it mean in terms of meals over the course of a day and portion sizes?

'But how much of that can you eat then in a day...what would your breakfast be like?'

(Post-family, DE, Belfast)

'We need to understand the benefits of eating less saturated fat but within the context of a meal...pictures are better than words to show that...what are portion sizes?'

(Pre-family students, Cardiff)

373. Currently individual messages are experienced as discrete. If one message, eg 5 a day/eat more fruit and vegetables, is given a high profile this seems to result in other messages being ignored and/or causing a consumption imbalance, eg higher fruit and vegetable consumption providing an excuse to eat unlimited fat.

'If I'm good for one day and eat salad and soup, then I can eat chocolate and crisps the next!'

(Older singles, C1C2D, London)

'If I eat more fruit and veg. I feel ok about having the biscuits!'

(Pre-family, ABC1, Bristol)

374. It was felt important for consumers that they could build up understanding of what healthy eating means over time, rather than piecing together a jigsaw.

'We've all got the 5 a day thing, do we need to be doing other things - if so what's the priority?'

(Family, older children, C1C2, Belfast)

375. Specifically there was a lot of confusion around the optimum level of carbohydrates in the diet. Consumers were often surprised at the level of carbohydrates suggested by balance of good health when compared to their knowledge gained, usually, from the media and diet plans and groups.

'I'm surprised that carbohydrates is such a big area...bread is unhealthy!'
(Family, younger children, DE, Cardiff)

3.9.2.4 Fats/saturated fat communication

376. Most consumers needed greater clarity about the bigger picture of what constitutes healthy eating and the balance of good health before they were able to focus sensibly on specific fats communication.

377. Overall messages about fats need to be communicated and clarified within the context of the balance of good health. There is a lot of confusion at an overall level around how much fat there should be in the diet versus other constituents and how much fat (regardless of type) should be eaten. It cannot be assumed that consumers already have this knowledge and a focus on saturated fat in the absence of clear communication about other fats may lead to unbridled use of all fats which are not saturated.

'I'm still not 100% sure of what all the types of fat are and how much you should be eating of them...'
(Post-family, ABC1, Belfast)

'There are too many diet theories...too many carbs are bad, eat more fruit and vegetables, cheese is good for protein...'
(Pre-family students, Cardiff)

378. Consumers need to be made aware of how much fat and saturated fat they should be consuming as well as how to monitor/minimise consumption of fat/saturated fat in all aspects of their lives including shopping, cooking and consuming. This means higher profile communication of recommended daily amounts as well as guidance on how to keep consumption low for example:

- Checking labels.
- Reducing fat and/or replacing full fat with lower fat options in cooking.
- Monitoring portion size/amounts used eg when using oil/fat in cooking.
- Using alternative cooking methods.
- Hints and tips on eating healthily when out of the home.

379. In order to raise awareness of, or arguably more importantly engagement with, saturated fat and why it is important to keep consumption low communication will need to be extremely emotional and compelling. Consumers, especially younger consumers, do not necessarily believe that the ill health effects of saturated fat will happen to them. It is imperative this communication makes them engage and think about the issue.

'I know that it could affect my heart but to be honest I'd only do anything if I started to get fat'
(Pre-family students, Cardiff)

'If it is so bad for us then someone needs to come out and say it and make us realise why we shouldn't be eating it...'
(Family, older children, ABC1, Cardiff)

380. When confronted with which foods contain the most saturated fat, consumers were often shocked to discover the fact that they were inadvertently consuming 'hidden' saturated fat and additionally were shocked to discover the amounts that they had been eating. A programme to reduce excess saturated fat in consumer diets needs to highlight what foods contain saturated fat.

'I think we all forget it's there...we need to be reminded that it's there and what it can do to us'
(Post-family, ABC1, Belfast)

381. Parents were often confused around fats/saturated fat for children and were often looking for much clearer guidance/support on a range of issues, including:

- Whether it is good to give children full fat products and how this varies by the gender/age of the child.
- Whether parents should be limiting full fat products for their children, how much children should be given and how this varies by the gender/age of the child.
- Parenting strategies to help them encourage their children to eat low fat/ healthy foods.
- Low fat meal/snack ideas and tips on how to get children to eat these.
- Provision of information/inspiration/shock tactics direct to older children/teenagers.

'I'm not really sure about how much fat children should get...they did an SMA book years ago that I've got that tells you how much iron children need and I got into how many points are in each food...could something similar be done...?'
(Family, young children, ABC1, Belfast)

3.9.2.5 Consumer relationship with The Foods Standards Agency (FSA)

382. In the current context of relative confusion, consumers wanted to feel that they had a stronger relationship with the FSA, moreover that they could trust the FSA in relation to its advice on food and nutrition.
383. Although many had heard of it as an organisation, consumers wanted to know more about the FSA and hence talked about wanting the FSA to continue to develop its profile as an organisation and to better communicate the FSA's roles and responsibilities.

'What do the FSA do - I think we should know more about that because then, if they were giving out information, we'd know where they were coming from...'
(Family, older children, C1C2, Belfast)

'Not many people have heard of it or know what it means...there should be more public awareness about the FSA and what it's about...'
(Post-family, ABC1, Belfast)

384. In the absence of further information, consumers thought that one of the overall roles of the FSA should be to help educate consumers (and within this individuals, families, children) on an ongoing basis and to provide an independent voice within this arena.

'FSA should be leading everyone...educating people...remaining independent'
(Post-family, ABC1, Belfast)

385. The importance of a high profile healthy living/eating website that consumers could use to find inspiration and information was specifically talked about in the context of the FSA.

3.9.2.6 Relationship with the food industry

386. Consumers felt there was a need for an unbiased central point, in the form of government to:

- Examine healthy living/eating issues that arise and to consult with all stakeholders (including consumers).
- Provide an independent viewpoint based on consideration of the views of all parties including consumers.
- Input into healthy living/eating initiatives that manufacturers/retailers lead.
- Ensure that the interests of consumers are being met, eg in relation to ensuring that labelling is clear, transparent and not misleading.
- Provide a link between the interests of consumers and the private sector.
- Regulate in instances where the interests of consumers are not being met and agreement with the food industry cannot be reached.

'In a way FSA should be a buffer between us and the food industry...'
(Family, older children, C1C2, Belfast)

3.9.2.7 Labelling

387. Consumers felt it was the job of government to ensure that labelling was easy, simple, clear and consistent across retailers and manufacturers.

388. There was frustration and anger, particularly as consumers became more informed during the course of the research process, that this was not the case.

389. Front of pack signposting needs to be impactful, easy to read and understand and it needs to be easy to identify levels of individual nutrients including saturated fat.

390. Saturated fat amounts per 100g need to be promoted so that consumers can use this as a quick guideline to monitor the amount of saturated fat in a product.

391. Some consumers find GDAs useful as a back of pack reference point, although no consumers in this research were actually adding up amounts of fat/saturated fat over the course of a day.

392. Consumers found it difficult to navigate the myriad of comparative and complex (saturated) fat related claims and often felt misled about the levels of fat in products.

3.9.2.8 Incentivisation

393. Consumers felt the government should be developing financial incentives to encourage the food industry to produce and consumers to purchase healthy foods.

3.9.3 The food manufacturing industry

3.9.3.1 Overview

394. Consumers felt that in order to achieve momentum and consistency across a programme to reduce the excess saturated fat in the diet of the nation (and to improve the lifestyles and eating habits of the nation overall), it was vital that the food industry plays an active part.

'Everyone has to work together because otherwise it will all break down...'
(Family, older children, C1C2, Belfast)

395. Members of the food industry who had taken a stance in terms of fat content, eg removing all hydrogenated fat from their products, had been noticed and were consistently praised.

3.9.3.2 Product formulation

396. Consumers often felt that low fat versions of full fat products or, indeed, low fat products per se tasted inferior and/or contained other ingredients that they suspected were just as damaging to health as (saturated) fat.

'I've always been disappointed when I've tried reduced fat products...I enjoy my treats - I don't want them dumbed down...'
(Family, older children, ABC1, Cardiff)

397. Having said this, there was a general feeling that the taste/texture of lower fat products was improving over time.

'I like some of the low fat things...the crisps are really nice...they're much better than they used to be...Weightwatchers' carrot cake is beautiful!'
(Family, older children, DE, Glasgow)

398. They felt that the focus of the food industry should be on developing ways of reducing fat in products without losing taste and/or gradually reducing fat over time so that consumer palates are re-educated to expect less fat.

'I suppose they're taking salt out of baked beans, aren't they...maybe it could be the same with fat...'
(Post-family, ABC1, Belfast)

399. Meanwhile consumers felt strongly that it was the responsibility of the food industry not to mislead them about the content - fat or otherwise - of their food.

'We are at the mercy of the producers...'
(Family, young children, DE, Cardiff)

400. Many consumers felt that if the negative health effects of saturated fat are judged by an independent body to be severe and certain foods contain unacceptably high levels then manufacture of that product should be restricted.

'This low fat, lower fat, less than 80% stuff is ridiculous ...if it's bad for you, it's bad for you...low fat should be what you always buy'
(Family, older children, DE, Glasgow)

3.9.3.3 Product diversification

401. Consumers often talked about the huge choice of foods on offer, particularly regarding the convenience food and snack categories, and how they often found new products hard to resist.

'You feel bombarded with choice and new products...my healthy eating is constantly thwarted by Kettle chips!'
(Family, older children, ABC1, Cardiff)

402. Consumers held much stronger views about continued diversification in and development of high fat products in these categories in the knowledge of the potentially serious health consequences of consumption of these products.

403. Individual manufacturers operating in high fat categories were singled out by consumers as particularly guilty of blatantly ignoring the health effects of high (saturated) fat, feeding consumers strong emotional cues to buy and failing to properly inform them of the content of what they were buying.

'There's so much choice - you feel under pressure to buy things, if it's a new product you think: I wonder what that would be like... Cadbury's are constantly bringing out new chocolate bars...'
(Family, young children, ABC1, Belfast)

404. Conversely, consumers were extremely positive about product innovations that fulfilled the same need states as higher fat products through a lower fat option.

'I do eat the lighter chocolate bars and I'm sure it will save me calories over the years...I won't stop eating chocolate so it's a good thing if there are better options...'
(Family, young children, ABC1, Belfast)

405. There was therefore a strong feeling that food industry focus from now on should be on production of low fat lighter options that fulfil the same need states as current higher fat products.

3.9.3.4 Portion size

406. Consumers were not focused on product portion size and were often very unclear as to relative/specific portion size across products/categories and how this had changed over time.

407. When overtly prompted, this tended to trigger cynicism that reducing portion size would be a way of the food industry making more money.

'Crisp bags are bigger now but there's less in them, they're full of air...it'd be a way of making money out of us...'
(Post-family, DE, Belfast)

408. Consumers also tended to claim that even if this were done, they would only end up eating more portions.

'I'd only end up eating 2 instead of the one because they wouldn't fill you up ...if it's low fat you feel like you're depriving yourself anyway...I can sit and eat 5 bags of low fat crisps in one go!'
(Family, young children, ABC1, Belfast)

409. However, the research indicates that guiding consumers through portion size, in the context of greater awareness and education, would help them monitor saturated fat intake on an ongoing basis and help to limit their intake.

'I think smaller portion sizes are a good idea...I just eat what's there...'
(Family, African Caribbean, London)

'If you knew why it was being done and they weren't hiking up the prices then I can see why it could be a good thing'
(Older singles, C1C2D, London)

3.9.3.5 Making low fat options normal/mainstream

410. Consumers felt that, historically, taste perceptions of low fat options have been worsened by advertising and packaging that helped to consolidate expectations of inferior taste and deprivation. Low fat products were very much associated with niche/feminine markets, insipid/unappetising colouring and weight reduction diets.

411. Some consumers positively commented on the activities of individual manufacturers and retailers who were positioning low fat products and ranges as more mainstream.

'I love that ad for Muller - the one that makes the yoghurt look delicious and compares it to a chocolate button'
(Family, younger children, C1C2, Glasgow)

'The Asda meals are really good now...'
(Family, older children, DE, Glasgow)

412. It was hoped that low fat options would be increasingly marketed and packaged as mainstream positive choices in terms of flavour, eating experience and eating occasion.

'The low fat things always seem to be pale blue and insipid - whereas if they had a really strong orangey red colour, it'd be more of a powerful impact visually'
(Family, older children, C1C2, Belfast)

3.9.3.6 Marketing to children

413. Parents talked a lot about the marketing of high fat products to children and the frustration they felt about this.

'Manufacturers are making it harder for parents...'
(Family, older children, ABC1, Cardiff)

414. There was also an acknowledgement amongst many that it would never be completely banned and that, therefore, more focus should be put on inspirational marketing of healthy brands/foods for children so that the appeal of high fat products would reduce.

'Cocopops really gauge themselves towards kids - the colourful cartoon characters appeal to children... why can't they do that with vegetables?!'
(Family, young children, ABC1, Belfast)

3.9.4 Retailers

3.9.4.1 Overview

415. There was felt to be a huge opportunity for retailers to take the lead in promoting healthy living and to help consumers at all points on their journey to healthy living, whether via initiatives that:

- Help them plan inspirational and economic healthy eating.
- Make shopping for healthy eating easier, quicker, more inspirational and cheaper.
- Make cooking for healthy eating feel easier, more inspirational and cheaper.
- Help convince consumers that low fat foods are tasty and appetising.
- Inspire and inform consumers about other healthy living initiatives going on nationally and in their communities.

'The big stores could turn things round to their own advantage - they could make a wee bit less money and get a lot of kudos out of it...'
(Family, older children, C1C2, Belfast)

'If they were all doing it, they'd have to challenge each other...'
(Post-family, ABC1, Belfast)

416. Consumers felt that retailers were beginning to do this but that they could do more.

3.9.4.2 Healthy living/eating campaigns

417. During the course of the research, a number of retailers were running healthy living/eating campaigns which consumers positively commented on.

'Tesco have loads of signs up which remind you of healthy eating on the way around - that's good'
(Pre-family, ABC1, Belfast)

418. Consumers were keen for these campaigns to be extended and developed and for them to become an integral driver in terms of all aspects of general marketing as well as in-store navigation, signage, lay out, promotions, store lay out, merchandising, pricing, leaflets/cards and in store radio.

'It can't just be a campaign it needs to be all year around and very obvious – there need to be local events to back it up'
(Pre-family, ABC1, Bristol)

'Sainsbury's is good because it has those ads [making quick, easy recipes] and you go in and you can buy the ingredients...there should be more of that kind of thing, with healthy low fat recipes, with a quick line at the end about why whatever is low in fat or what you should be eating more of...'
(Older singles, C1C2D, London)

3.9.4.3 Healthy living incentives and offers

419. Current supermarket strategies were felt to be encouraging, even incentivising, the purchase of high fat goods via 'buy one get one free' offers etc.

'The thing is fat food is cheaper – if they want us to buy low fat food the should change the pricing and the offers'
(Pre-family, ABC1, Bristol)

420. This was relevant for all - virtually everyone reported having been encouraged to try new products on this basis - but this was especially the case for those on the lowest incomes.

421. It was often felt that pricing promotions could be used strategically to enable and encourage healthy eating, especially amongst those on the lowest incomes who were most receptive to offers.

422. Specific ideas included:

- Consistently pricing low fat foods at a lower level.
- Price promotions on healthy/low fat foods.
- Price promotions on a set of ingredients that together make a healthy meal/set of meals plus accompanying recipe ideas for the week.
- Vouchers for money off healthy/low fat foods.
- Extra loyalty points for buying healthy options/to spend on healthy options.
- The introduction of a healthy living loyalty card.

'Tesco reduced money on 5 items from their fruit and veg section...that definitely encourages you to pick up the grapes or the apples that you wouldn't normally buy...'
(Family, African Caribbean, London)

'Vouchers for money off low fat foods would be a good incentive...someone could hand them out at a precinct or maybe you could print them off on the internet'
(Older singles, C1C2D, London)

'Tesco has a good thing, where when you get a loyalty card they can monitor what you buy and, if you register on the diet website, they can give you discounts on your healthy foods'

(Family, African Caribbean, London)

3.9.4.4 In store signage and navigation

423. Consumers, especially men, talked about the need for very overt prompts throughout the shopping journey to remind consumers about healthy living and to help them live, shop, cook and eat in a healthy fashion.
424. Consumers asked for general healthy living/balance of good health messages and, more importantly, for visuals to be overtly positioned around the store as an overall reminder of the principles of a healthy lifestyle.

'There should be much more about healthy eating in the supermarkets...they could have signs up, like: "Think better eating"'

(Post-family, DE, Belfast)

425. They talked about prompts at appropriate points around the store in the form of shelf signage/promotional material, tailored to the relevant product/food category, to motivate and inform them of messages pertinent to the category in question, eg:
- How much to eat in a day shown visually and/or via an easily recalled aide memoir.
 - How much a portion represents.
 - Hints/tips on how to make interesting/exciting meals/snacks for adults/children out of healthy foods in this category.

3.9.4.5 Merchandising

426. Consumers often complained that in a busy supermarket environment with lots of choice it can be very difficult to differentiate between high and low fat foods.
427. There were some examples of retailers having grouped together 'healthy' products to highlight these to consumers and these initiatives were very well received.

'Is it Asda, when you initially walk in, they have a healthy eating range first - it's not hidden, it's a whole section together...I don't know whether that's the same across all their stores but if you haven't got willpower like me, that's a good idea'

(Family, African Caribbean, London)

428. Consumers suggested lots of merchandising ideas to help them identify healthy products, eg 'healthy' aisles for introductory periods or merchandising of categories on a more to less healthy dimension.

'You could colour code the aisles: the green healthy aisle and the unhealthy red aisle...it would also help you shop quicker because you could go to the aisles you want'

(Older singles, C1C2D, London)

3.9.4.6 Cooking inspiration

429. Consumers consistently raised cooking as a barrier to healthy eating both in terms of ability/confidence in cooking and in relation to ability to produce a wide enough variety of different dishes.

430. Retailers were felt to be in the ideal position to help consumers overcome this barrier. Ideas related to:

- In store product/recipe demonstrations.
- Clustered high profile merchandising of recipe ideas (eg at the end of aisles) to provide easy access to appropriate healthy ingredients (this was especially relevant for men).
- Recipe cards placed near the appropriate ingredients throughout the store rather than just at the entrance.
- Free healthy lifestyle magazines available in store.
- Inclusion of recipes that children will enjoy/that children can get involved in.
- Introduction of retailer online cookery clubs/courses.
- Meal/snack ideas tailored to the time of year/different events/different types of consumer.

'You know the way people come into supermarkets with wee tables and they're giving you a piece of cheese and that...'
(Post-family, ABC1, Belfast)

'They need to display a meal and tell you how to cook it, what to get...or they could do booklets by type of food: what to do with chicken...'
(Family, younger children, ABC1, Belfast)

'They should sell recipe books, especially ones with recipes that kids are going to like...'
(Family, younger children, ABC1, Belfast)

'In Sainsbury's they give you a list of all the things you need [from their advert which has shown how to cook a quick, easy dish] but it's all over the store...they should have a stand so you don't have to go round the store'
(Post-family, DE, Belfast)

'What about having free healthy lifestyle magazines, like the ones in Holland & Barrett, in the supermarkets...'
(Older singles, C1C2D, London)

'I work long hours and I don't eat at work so I get home and sometimes I eat biscuits - I need to think of other things I can do that are quick...get a whole new recipe plan'
(Family, older children, C1C2, Belfast)

'If they put out a recipe it needs to be in the right place in store and not at the entrance ...they need to point out where all the different ingredients are around the store or put them all together'
(Pre-family, ABC1, Bristol)

3.9.4.7 In store tastings

431. Many consumers needed convincing that if they cooked in a way that reduced (saturated) fat and/or chose low fat products they would not suffer in terms of taste and enjoyment.
432. There were strong calls for lots more tastings to be available and retailers were felt to be key to delivery of this.
433. There were isolated examples given of how recipe/product demonstrations and tastings in supermarkets had encouraged consumers to try items that otherwise they might not have tried. It was felt that this would be a good way of enabling consumers to experience low fat foods and overcome the barrier of perceived inferiority of taste.

'They should cook the healthy options in the shops and let you try them...plain cooking like you'd cook at home, nothing too fancy...'
(Post-family, DE, Belfast)

'When you haven't got very much money you aren't going to waste money on something that you or the kids might not like...tasting it first makes it much better...'
(Family, older children, C1C2, Belfast)

'Every so often they do "taste the difference" style events with vegetarian foods in my local supermarket...they should do the same with high and low fat food...'
(Post-family, ABC1, Belfast)

3.9.4.8 In store healthy living advisers

434. Many consumers suggested the introduction of in store healthy living advisers who consumers could use in the same way as they use wine and beer advisers.
435. It would be very important that these advisers were well promoted around the store and were positioned as down to earth friendly people to have a chat with rather than as rational nutrition experts.

'If there's someone standing and explaining to you, rather than you having to read it yourself, it's much better - if you want to ask them any questions they could answer them ...someone you felt you could trust'
(Post-family, ABC1, Belfast)

3.9.4.9 Links to other healthy living/local initiatives

436. Consumers perceived retailers to be a critical link between purchase of food and other healthy living initiatives both nationally and in the local community.

3.9.4.10 Online offers

437. A small proportion of consumers were consistently using supermarkets' online offers to purchase staple items and many mentioned that within this they felt it to be very difficult to identify low fat choices.

438. Whilst it is possible to click onto product nutritional information when shopping online, these online consumers complained that the information brought up is too highly detailed (equivalent of back of pack labelling) to digest.
439. Ideally, as for the in store offers, consumers wanted low fat/healthy eating messages to be highlighted to a greater degree online and, within this, for low fat choices to be better and more specifically highlighted.

'I go online once every few months to get the main things I need in and I've noticed that it is hard to work out which are the high fat foods...you can look at the nutritional information but what comes up is really detailed...maybe there could be an icon by the side, like the traffic light symbols to let you know...'
(Family, young children, ABC1, Belfast)

3.9.5 Health professionals

3.9.5.1 Overview

440. Health professionals were felt to offer huge potential to enable and support consumers trying to lead healthier lives.

3.9.5.2 Midwives/health visitors

441. Midwives and health visitors were positively talked about in their ability to connect with consumers and provide helpful/practical suggestions for healthy eating but the consistency of the relationship was cited as a significant barrier to maintaining motivation and momentum.

3.9.5.3 GPs

442. GPs are clearly key intermediaries but consumer experiences of these professionals varied greatly.
443. There were fairly consistent complaints by consumers, especially men, that GPs did not do enough to reach out to them and understand their lifestyles. It was often claimed that GPs had told patients that they needed to achieve a certain result, eg losing weight, but had not given them any advice on how to go about doing this. Consumers frequently talked about the need for health professionals to offer much more 'soft' information and advice about how exactly to make lifestyle and dietary changes within the context of the rational/emotional barriers and incentives that will help to motivate and enable consumers to change their diets, as well as the elements that are currently preventing them from doing anything.

'It would be good to know what I should be doing, what's harmful and what isn't...I'd prefer to talk to someone but a leaflet would be better than nothing...'
(Post-family, C1C2, Glasgow)

444. In addition the language used by GPs was sometimes felt to be too medical and difficult to relate to, especially for men.

445. Importantly many consumers did not seem to have maintained healthy eating regimes even if they had started off with good intentions: there seems a need for there to be more ongoing community support from other intermediaries (including retailers) once consumers cease to have regular contact with their GP. Many suggested a drop-in approach/informal group discussions amongst those within the same social circles, based in an environment in which they are most comfortable as good way of maintaining good habits.

'I only started to realise what the doctor meant when I started going to the exercise classes, but I don't do those any more so the motivation has gone a bit...'
(Post-family, C1C2, Glasgow)

446. Some consumers with medical conditions complained that their doctor had not sufficiently communicated the extent to which conditions can be managed on an ongoing basis, as well as the dangers of not doing so. Hence it was felt that these should be focused on to a greater extent, to encourage and motivate patients to do so.

3.9.5.4 Ethnic minorities

447. It emerged that people from ethnic minorities were particularly likely to feel unacknowledged and unsupported by health professionals, who they felt lacked awareness of their cultural issues.

448. It was thought important for health professionals to gain awareness of the patient's culture and the issues around food within this, in order to give realistic suggestions of how to optimise lifestyle and diet on this basis.

'I think the doctor could have taken much more time to listen and give me a guideline on what to do...'
(Family, African Caribbean, London)

449. Beyond this, it was thought that the best way of communicating with minorities would be through known and trusted community intermediaries and/or role models.

'I think it would be important to talk to key people like black icons or people the community will listen to...'
(Pre-family, African Caribbean, London)

3.9.5.5 Cholesterol tests

450. Many consumers queried why, if the ill health effects of saturated fat was such a serious issue, cholesterol tests were not being offered as a matter of course.

451. It was thought that promotion of cholesterol tests, eg via doctors, pharmacists or DIY tests, would be a successful means of promoting awareness of the long term and hidden effects of diet and lifestyle.

'I had a cholesterol test...it wasn't really high but it was higher than average and it made me think...'
(Pre-family, ABC1, Glasgow)

'The one thing I would take notice of would be the results of a cholesterol test...it would prove that I needed to do something'
(Post-family, ABC1, Belfast)

3.9.5.6 General access to health advice

452. Consumers who were not regularly visiting a health professional talked about getting access to expert advice via other intermediaries including TV health professionals, fitness instructors, leisure centres and community centres.

'TV doctors are good...the guy on This Morning, Dr Chris...you feel he has experience and he can break it down in a way everyone understands...'
(Post-family, ABC1, Belfast)

'Leisure centres would be good places to start because that's where people might be thinking about health, if they've started to go to aerobics classes or the gym...instructors could hand out leaflets or slip it into the routine'
(Family, young children, ABC1, Belfast)

3.9.6 Schools

453. Schools were felt to be an increasingly important source of information and inspiration in relation to healthy eating.
454. Recent school initiatives in the arena of healthy eating were frequently highlighted and endorsed. Specific examples of good practice commented upon included the provision of healthy canteen options, within this plenty of fruit and vegetable options, and the introduction of supervised healthy break times at primary schools.

'It is good what's happening in the schools and it does get you thinking about healthy eating when the children come back and talk about it'
(Family, young children, ABC1, Belfast)

'It's down to education and starting it from school so it's instilled into them and part of their makeup - because what they're doing at school, they're bringing home'
(Family, African Caribbean, London)

455. Ideally parents also wanted schools to do more in terms of the curriculum to educate their children around food and cooking. Many were also eager for them/their children to be involved in extra-curricula activities such as after-school cookery clubs.

'If there were cookery clubs I think my children might be interested... if they were interested and I could get involved, that would be good too'
(Family, older children, C1C2, Belfast)

456. It was also thought that schools, particularly primary schools, would be an effective channel for the distribution of healthy eating information to families.

4 Appendix

4.1 Phase 1 pre-tasking exercise

Please can you record everything you have eaten and drunk for one of the days before we come to speak to you. Please try and remember everything that you have consumed (apart from water). Don't worry about what you put down, we don't mind what you eat - so please be honest!

Please can you record any nutritional information given on the pack if the food is pre-prepared and you have this to hand. Alternatively, you could save all of the packaging from any pre-prepared food that you eat on this day and give it to the researcher when she comes to talk to you (but still making sure that you fill in the rest of the diary). Where meals aren't pre-prepared and you have made it from scratch, please just record what you made e.g Shepherds Pie

Day:

| Meal/snack (e.g. breakfast, lunch, snack etc) | Food/drink consumed | Nutritional information if available (if possible, please circle whether this is per 100g or per serving/portion) |
|---|---------------------|--|
| | | Per serving/per portion (circle appropriate one) Energy Protein Carbohydrate Sugar Fat Saturated fat Fibre Sodium/salt |
| | | Per serving/per portion (circle appropriate one) Energy Protein Carbohydrate Sugar Fat Saturated fat Fibre Sodium/salt |

4.2 Phase 1 recruitment questionnaire

Interviewer:

Respondent name:

Depths 1, 3, 5, 17, 19, 26, 28, 30, 32, 34, 36 all to be male
Depths 2, 4, 6, 18, 20, 27, 29, 31, 33, 35, 37 all to be female
No gender restrictions on remaining depths however more likely to be female

Address:

Telephone nos. Home:

Work:

Mobile:

Age:

Depths 1-6, 26, 27, 30 & 31 all to be 18-35
Depths 7-11 all to be 20-45
Depths 12-16 all to be 30-50
Depths 17-20 all to be 35+
Depths 21-25 all to be 40+
Depths 28, 29, 32 & 33 all to be 35+
Depths 34-37 no age restrictions but likely to be older

Number of children living at home and their ages:

Depths 1-6, 26, 27, 30 & 31 all to be pre-family
Depths 7-11 all to have children under 11 at home
Depths 12-16 all to have children over 11 at home
Depths 17-20 none to have children at home
Depths 21-25 all to be post-family
Depths 28, 29, 32 & 33 all to be family or post-family - please provide a mix across these depths
Depths 34-37 no lifestage restrictions but likely to be post-family

Occupation of head of household:

Depths 1, 2, 7, 12, 17, 18 & 21 all to be ABC1
Depths 3, 4, 19 & 20 all to be C2DE
Depths 8, 13 & 22 all to be C2D
Depths 9, 14 and 23 all to be DE
Please provide representation of all SEG across depths 5, 6, 10, 11, 15, 16 & 24-37

Exclude those working in the food industry/food retail

Ethnicity

Depths 5, 10, 15, 24 all to be South Asian (ie Indian/Pakistani/Bangladeshi/Sri Lankan/Nepalese etc)
Depths 6, 11, 16, 25 all to be Afro-Caribbean
Please provide representation of at least 2 South Asian and Afro-Caribbean individuals across depths 26-37

1. Do you or any members of your family work in any of the following industries?

- a. Food manufacturing/retail/wholesale
- b. Food marketing/advertising/PR
- c. Food service/catering
- d. Nutritionist/dietician other dietary related jobs

All to answer no to both a and b

2. Which of the following statements best reflects your role in relation to the purchase/cooking/preparation of food in your household?

- a. I am the chief food purchaser and preparer
- b. I share responsibility for the purchase and preparation of food
- c. Mostly I leave responsibility for what is purchased/prepared to someone else

All to answer a or b
None to answer c

3a. Overall, how would you rate the extent to which healthy eating is a priority in your life on a scale of 1 to 10, where 10 is very high and 1 is very low?

Please recruit a range of answers across all depths - please do not over-represent those at the higher end of the scale

3b. Which of the following statements best describes your diet?

OPTIONS D AND E ONLY ASKED OF THOSE OF RELEVANT ETHNICITY

- a. I eat/cook mainly dishes cooked from scratch
- b. I eat/cook mostly pre-prepared/pre-cooked foods
- c. I eat/cook a mix of pre-prepared foods and dishes cooked from scratch
- d. I eat/cook mainly traditional South Asian dishes cooked from scratch
- e. I eat/cook mainly traditional Afro-Caribbean dishes cooked from scratch

Depths 5, 10, 15, 24 please provide representation of those answering d
Depths 6, 11, 16, 25 please provide representation of those answering e
Depths 26-37 please provide at least 2 people answering d and e
All others try to include a mix of a-c

3c. Are you currently taking any of the following measures in relation to healthy eating?

- a. I am eating more fruit and veg
- b. I am eating more starchy foods
- c. I am drinking less alcohol
- d. I am drinking more water
- e. I am avoiding salt
- f. I am eating less fat
- g. I am eating less sugar
- h. I am consuming fewer calories
- i. None of the above

Depths 1-25 none to answer f - ignore Q2d
Depths 26-37 all to answer f - go to Q2d

3d. Why have you decided to try to eat less fat?

DO NOT READ OUT

- a. To lose weight
- b. To attain a healthier lifestyle
- c. To avoid trans fats
- d. To avoid hydrogenated fats
- e. I have a health condition (please specify.....) and have been advised to reduce my fat intake by a health professional

Depths 26-29 all to answer a
Depths 30-33 all to answer b
Depths 34-37 all to answer e
Close if answer c or d

Accompanied shop depths 1, 4, 5, 7, 9, 11, 13, 15, 18, 20, 21, 23, 25, 27, 28, 30, 33, 34, 36 go to Q4a
Kitchen exploration depths 2, 3, 6, 8, 10, 12, 14, 16, 17, 19, 22, 24, 26, 29, 31, 32, 35 & 37 go to Q5

4a. Where do you primarily shop for food?

- a. Tesco
- b. Sainsbury's
- c. Waitrose
- d. Morrisons
- e. Somerfield
- f. M&S
- g. Asda
- h. Local grocery stores
- i. Local specialist stores
- j. Other

4b. How often, if at all, do you do a *main* shop for your household food shopping?

- a. Every day
- b. Every 2-3 days
- c. About once a week
- d. A couple of times a month
- e. Once a month
- f. Less often
- g. Never

4c. And how often, if at all, do you do '*top up*' shops for your household food shopping, that is in addition to your main shop?

- a. Every 2-3 days
- b. About once a week
- c. A couple of times a month
- d. Once a month
- e. Less often
- f. Never

4d. Where do you buy most of your household food shopping?

SINGLE CODE

- a. Large supermarkets
- b. Supermarket chain local shops (eg Tesco Metro, Sainsbury Local etc)
- c. Small grocery stores or corner shops
- d. Local specialist shops (eg butchers, greengrocers etc)
- e. Over the internet (eg Ocado, Tesco online etc)
- f. Street markets
- g. Farmers' markets
- h. Farm shops
- i. Other (please specify)

4e. And which others do you also use for any top-up shops?

MULTICHOICE (Exclude code mentioned at Q10a) (ALLOW D/K - DO NOT SHOW)

- a. Large supermarkets
- b. Supermarket chain local shops (eg Tesco Metro, Sainsbury Local etc)
- c. Small grocery stores or corner shops
- d. Local specialist shops (eg butchers, green grocers etc)
- e. Over the internet (eg Ocado, Tesco online etc)
- f. Street markets
- g. Farmers' markets
- h. Farm shops
- i. Other (please specify)

Across Q4a-e, please ensure mix of where respondents shop and frequency of main/top up shops across all accompanied shop depths
Given this answer, please ensure that the accompanied shop happens at a store/time/with a range of people that is typical for the individual

- 5. Would you be willing to be videoed for a few minutes giving your opinion at the end of the session? This would *only* be used internally within the Food Standards Agency.**

Recruit if answer yes
Close if answer no

4.3 Phase 1 topic guides

4.3.1 Accompanied shopping trips

Before the accompanied shop: explain that the researcher would like to walk around with you whilst you do the shop

During the accompanied shop: observe behaviour at each point in the shop with a focus on the fat categories

- Which foods are chosen within each category
- What are the key factors influencing the decision making process at each point: eg consumption occasion, price, promotions, source of food, brand, product variant, calorie content, amount of fat/salt/sugar, pester power, availability, cultural factors etc
- Specifically does fat content have any influence on purchase patterns and how important is it compared to other factors
- If fat content does have an influence, how does this manifest itself (eg choose the 'lower fat' option, look at the label etc), does this vary by category – how
- If fat content is not taken into consideration – why
- How does shopping behaviour generally, and purchase of products containing fat specifically, vary by consumer type/shopping trip type/shop type/consumption occasion etc

After the accompanied shop at the consumer's home: replay the shop and what happened

- Overall how important is consideration of the fat content of food relative to other factors when shopping
- How did thinking about fat influence your shop today, if at all
- What was the influence of others, both generally and in relation to fat
- Chatting through the shop in detail (using the till receipt and products as reference)
 - How much, if at all, did you think about fat at each point
 - What were the triggers/barriers to you thinking about fat at each point, eg maximum daily fat levels, health concerns/calorie content/lack of awareness/perception of poor taste etc
 - What types/formats of information would make you more likely to think about the level of fat in your food whilst you are actually on your shop, eg front versus back of pack, symbols versus more detail, total fat levels and/or types of fats presents, importance of fats with respect to health, low/no fat recipes, labels, leaflets, POS etc
 - What would make you more likely to buy the low/no fat options and/or change to a different type of fat at each point in your shop and how does this vary by food category
- How much do influences whilst shopping have an impact on what you end up cooking – what does this mean for use of fat when cooking

If 'fat aware'

- When and why did you first become aware of fats as an issue
- What do you know about fats and the impact they can have – positive or negative – on your health

- How does this awareness influence your purchase and consumption of fats (for yourself and/or others)
- Where do you get information on fats – both generally and when shopping/about to consume products
- How and why have you reduced your consumption of fats
- What are the things that help you/hinder you when trying to reduce fats
- What would you do if you were trying to get others to reduce fats

Cooking (refer to diaries)

- What are the main things you cook in a typical week and what are the factors that determine what you cook
- How much do you versus others choose and cook
- What methods of cooking do you use and why
- How important are factors related to fat when choosing what/how to cook
- What types of fat do you use in cooking and why
- Do you do anything to reduce the fat when cooking eg trimming/draining meat
- What determines how much/what type of dairy produce you use when cooking
- Do you choose/change recipes/methods of cooking in order to avoid/reduce fat
- How important are factors related to fat when choosing snacks/processed foods
 - Do you believe lower fat/less processed snacks/foods are as tasty
 - Do you/would you buy lower fat/less processed alternatives
- Overall do you do anything to monitor/control the overall level of fat consumed by the household, eg generally try to limit intake and/or balance intake of fat over time

Consumption (refer to diaries)

- What other factors are at work when looking at the bigger picture of in- and out-of-home consumption
- What does this mean for consideration of fat in the diet and why

Current attitudinal context for behaviour: levels of awareness/understanding in relation to fats and health

- Do you believe that eating too much fat is a problem
- Do you think that you/consumers generally eat too much fat
- Do you know the amount of fat you should be eating (eg maximum daily level)
- What do you understand to be a lot/not much fat, how do you define this
- What foods do you associate with fat
- Would the best kind of diet contain lots of fat, not much fat, no fat and why
- How do you feel about fat generally – is it good/bad, does it depend
- Is all fat the same – why/why not
- Which are the most important fats in your opinion and why
- What different fats can you name, what do you know about each of them, what does each look like (eg solid/liquid), how do you feel about each of them, what health issues (good or bad) are associated with each
- Do you know the main sources of the different fats – what are they
- How much fat do processed foods contain versus less/unprocessed foods

Information/guidance/advice on fat

- Where does this come from at the moment, eg packs, leaflets, websites – which ones, GP, health advisers, public bodies, government etc
- What information do you want and how does this vary depending on where/who it is coming from
- Specifically what do you think should be the role of Government in helping you to reduce the amount of saturated fat you consume eg
 - General advice on what to eat and how much
 - Reformulation of foods so they contain less fat but the characteristics and taste are still the same

Summary

- Overall what measures would you take to motivate and enable people to reduce the amount of saturated fat in their diets

Thank and close

4.3.2 Kitchen explorations

Researcher to meet respondent(s) at their home

Respondent(s) to introduce themselves and briefly chat through their lifestyles and eating habits

Respondent to show the researcher around their kitchen and give a guided tour of the foods/drinks in the kitchen, talking through what is eaten/drunk and cooked at different times of the day/week and by whom

- What is always kept in stock and why
- What is bought buy regularly and fresh
- Which foods are one-offs and why
- Who chooses which foods/drinks
- Who cooks which foods

Decision making process

- What determines what foods are in your home and how does this vary by type of food: eg price, speed, ease of preparation/consumption, seasonality, health, calorie content, food preferences of different members of the household etc
- How much do influences whilst shopping have an impact on what ends up in the home (how does this vary by type of shop including online)
- How does this compare to consideration of fat consumption when consuming out of the home
- What are the main differences in/out of home and why

Focusing on each of the key fat categories (eg cereals/cereal products, milk/milk products, meat/meat products, fish, fat spreads, pots, savoury snacks, convenience meals)

- Show me what foods/products you have of this type
- For each category, why did you choose these products
- What influence, if any, did consideration of fat content have on the decision making process
- If fat content was an influence, how did it influence choice: chose lower/no fat option, chose the full fat option but consume less/smaller portions
- What would you cook more with/eat more of if you reduced the amount you used/ate products from each of these categories

Shopping behaviour

- Where do you shop and why: what influence, if any, does fat content have on your shopping behaviour
- Do you ever shop online and why: how do you shop when you shop online and what influence does fat content have, if any, in this instance

Cooking

- What are the main things you cook in a typical week and what are the factors that determine what you cook
- How much do you versus others choose and cook
- What methods of cooking do you use and why
- How important are factors related to fat when choosing what/how to cook

- What types of fat do you use in cooking and why
- Do you do anything to reduce the fat when cooking eg trimming/draining meat
- What determines how much/what type of dairy produce you use when cooking
- Do you choose/change recipes/methods of cooking in order to avoid/reduce fat
- How important are factors related to fat when choosing snacks/processed foods
- Do you believe lower fat/less processed snacks/foods are as tasty
- Do you/would you buy lower fat/less processed alternatives
- Overall do you do anything to monitor/control the overall level of fat consumed by the household, eg generally try to limit intake/balance intake of fat over time

Consuming

- (Respondent to refer to 1 day diary completed prior to research) - please take me through your diary - would you normally monitor the labels in this way, are you surprised at the level of fats in any of the individual foods you consumed/did you add up the total fats/saturated fat you consumed in a day
- How much of your consumption is in versus out of home consumption
- What factors are at work when thinking about out of home consumption, eg meals out/sandwich bars/snacks on the run etc
- What does this mean for consideration of fat in the diet and why
- How could you be made more aware of the fat in what you consume out of the home

Current attitudinal context for behaviour: levels of awareness/understanding in relation to fats and health

- Do you believe that eating too much fat is a problem
- Do you think that you/consumers generally eat too much fat
- Do you know the amount of fat you should be eating (eg maximum daily level)
- What do you understand to be a lot/not much fat, how do you define this
- What foods do you associate with fat
- Would the best kind of diet contain lots of fat, not much fat, no fat and why
- How do you feel about fat generally – is it good/bad, does it depend
- Is all fat the same – why/why not
- Which are the most important fats in your opinion and why
- What different fats can you name, what do you know about each of them, what does each look like (eg solid/liquid), how do you feel about each of them, what health issues (good or bad) are associated with each
- Do you know the main sources of the different fats – what are they
- How much fat do processed foods contain versus less/unprocessed foods

Information/guidance/advice on fat

- Where does this come from at the moment eg packs, leaflets, websites – which ones, GP, health advisers, public bodies, government etc
- What information do you want and how does this vary depending on where/who it is coming from
- Specifically what do you think should be the role of Government in helping you to reduce the amount of saturated fat you consume eg
 - General advice on what to eat and how much

- Reformulation of foods so they contain less fat but the characteristics and taste are still the same

Summary

- Overall what measures would you take to motivate and enable people to reduce the amount of saturated fat in their diets

Thank and close.

* **Additional questions to ask the fat aware in the course of the interview**

- When and why did you first become aware of fats as an issue
- What do you know about fats and the impact they can have – positive or negative – on your health
- How does this awareness influence your purchase and consumption of fats (for yourself and/or others)
- Where do you get information on fats – both generally and when shopping/about to consume products
- How and why have you reduced your consumption of fats
- What are the things that help you/hinder you when trying to reduce fats
- What would you do if you were trying to get others to reduce fats.

4.4 Phase 2 recruitment questionnaire

Interviewer:

Respondent name:

Groups 4-6, 15 and 16 all to be female
Groups 1-3 and 10 and 11 to be mixed male and female
Groups 7-8 and 12-14 to be predominantly female (ie two men per group)
All respondents to know at least one other person within the group

Address:

Telephone nos. Home:

Work:

Mobile:

Age:

Groups 1-3 all to be 18-35
Groups 4-6 and 15 and 16 all to be 20-45
Groups 7-9 all to be 30-50
Groups 10 and 11 all to be 35+
Groups 12-14 all to be 40+

Number of children living at home and their ages:

Groups 1-3 and 10 and 11 all to be pre-family
Within groups 1-3 please represent a range of those living on their own/in couples/with friends
Groups 4-6 all to have children under 11
Groups 7-9 all to have children at home 11-19
Within family groups, please represent a range of different circumstances where possible, eg mothers/fathers/lone parents
Groups 12 -14 all to be post-family
Please represent a range of lifestages within groups 15 and 16

Occupation of head of household:

Groups 1, 4, 7, 10 and 12 all to be ABC1
Groups 2, 5, 8 and 13 to be C1C2
Groups 3, 6, 9 and 14 to be DE
Group 11 to be C2DE
Groups 15 and 16 to be C1C2D

Ethnicity

Group 15 to be South Asian (ie Indian/Pakistani/Bangladeshi/Sri Lankan/Nepalese etc)

Group 16 to be Afro-Caribbean

Please where possible include a broad spread of ethnic minorities within other groups where appropriate

1. Do you or any members of your family work in any of the following industries?

- a. Food manufacturing/retail/wholesale
- b. Food marketing/advertising/PR
- c. Food service/catering
- d. Nutritionist/dietician other dietary related jobs

All to answer no to both a and b

2. Which of the following statements best reflects your role in relation to the purchase/cooking/preparation of food in your household?

- a. I am the chief food purchaser and preparer
- b. I share responsibility for the purchase and preparation of food
- c. Mostly I leave responsibility for what is purchased/prepared to someone else

All to answer a or b

None to answer c

3. Thinking about how healthy or unhealthy the food you buy and eat, and the food you buy on behalf of your family, is, which best describes you or your family?

- a. I haven't really given it much thought
- b. I can't see the point of being concerned about what's in the food I or my family eat, I never have been and I never will be
- c. I'm quite concerned about what is in the food we eat and try to watch what is in the food I/we eat, but I don't always manage to
- d. I would like to watch what is in the food I/we eat but I don't think I would find it very easy
- e. I watch what is in the food I/we eat from time to time
- f. I watch what is in the food I/we eat but I don't do it all the time
- g. Overall I make sure I eat sensibly but I don't worry about every single thing I eat
- h. I'm really concerned about what is in the food we eat for health reasons, and I always look carefully when buying

Please ensure that within each group, all answers are vaguely within the same range, eg a-c; c-f; or e-h, to avoid individuals within the same group having widely varying approaches to diet

4. Do you, or anyone you live with, eg your partner/children, have any medically diagnosed food allergies, such as anaphylaxis or celiac disease?

None to answer yes

5. Have you been advised by your GP or practice nurse or company doctor to keep an eye on the amount of salt, fat or sugar you eat, or to lose weight for health reasons?

- a. Yes - salt
- b. Yes - fat
- c. Yes - sugar
- d. Yes - I have diabetes
- e. No

Please ensure that no more than 2 per group answer a-c
None to answer d

ONLY ASK FOR GROUPS 15 & 16

6. Which of the following statements best describes your diet?

- a. I regularly eat/cook some traditional South Asian dishes cooked from scratch and have regular ongoing contact with people who do (eg family members/friends)
- b. I regularly eat/cook some traditional Afro-Caribbean dishes cooked from scratch and have regular ongoing contact with people who do (eg family members/friends)
- c. I rarely eat/cook traditional South Asian or Afro-Caribbean dishes or have regular ongoing contact with people who do (eg family members/friends)

Group 15 all to answer a
Group 16 all to answer b
None to answer c

FOR ALL RESPONDENTS

- 7a. Where do you primarily shop for food?

- a. Tesco
- b. Sainsbury's
- c. Waitrose
- d. Morrisons
- e. Somerfield
- f. M&S
- g. Asda
- h. Local grocery stores
- i. Local specialist stores
- j. Other

7b. How often, if at all, do you do a *main* shop for your household food shopping?

- a. Every day
- b. Every 2-3 days
- c. About once a week
- d. A couple of times a month
- e. Once a month
- f. Less often
- g. Never

7c. And how often, if at all, do you do '*top up*' shops for your household food shopping, that is in addition to your main shop?

- a. Every 2-3 days
- b. About once a week
- c. A couple of times a month
- d. Once a month
- e. Less often
- f. Never

7d. Where do you buy most of your household food shopping?

SINGLE CODE

- a. Large supermarkets
- b. Supermarket chain local shops (eg Tesco Metro, Sainsbury Local etc)
- c. Small grocery stores or corner shops
- d. Local specialist shops (eg butchers, greengrocers etc)
- e. Over the internet (eg Ocado, Tesco online etc)
- f. Street markets
- g. Farmers' markets
- h. Farm shops
- i. Other (please specify)

7e. And which others do you also use for any top-up shops?

MULTICHOICE (Exclude code mentioned at Q10a) (ALLOW D/K - DO NOT SHOW)

- a. Large supermarkets
- b. Supermarket chain local shops (eg Tesco Metro, Sainsbury Local etc)
- c. Small grocery stores or corner shops
- d. Local specialist shops (eg butchers, green grocers etc)
- e. Over the internet (eg Ocado, Tesco online etc)
- f. Street markets
- g. Farmers' markets
- h. Farm shops
- i. Other (please specify)

| |
|---|
| Across Q5a-e, please ensure mix of where respondents shop and frequency of main/top up shops within/across groups - Recruit and close |
|---|

4.5 Phase 2 topic guide

Introductions & lifestyle/eating habits

- Each to say a bit about themselves in terms of who lives in their household, and their own/others in the household's lifestyle
- What do you/different members of your household buy/cook/eat in a typical week
- Thinking through a typical week (using the need states identified at Phase 1 to prompt discussion), for each relevant need state, what influence does it have on what you/other members of your household choose to buy/cook/eat
- What are the specific insights relating to children of different ages

Healthy eating & lifestyle (spontaneous & prompted)

- How important is a consideration of healthy eating in terms of what you/other members of your household buy/eat/consume, how does this manifest itself generally and how does it vary by need state/type of food
- What are the specific insights relating to children of different ages

Fat & lifestyle

- How important is a consideration of fat versus other healthy eating issues for you/other members of your family & why
- Which foods do you automatically associate with fat/saturated fat & why
- How much are you/other members of your household aware of fat/saturated fat content of food generally & in each of a range of food types (probe each of the key fat food types/products)
- What are the specific insights relating to children of different ages

Awareness/knowledge around fats/saturated fat (spontaneous & prompted)

- Do you/other members of your household currently make a distinction between fats & saturated fat when shopping/cooking/consuming – why/why not
- What do they know about fats/saturated fat: what does each look like, the health effects of each
- Prompted response to health effects of fats/saturated fat - for each: awareness, impact, degree to which this currently influences behaviour and reasons
- What are the specific insights relating to children of different ages

Fats/saturated fat & behaviour change

- Thinking about buying/cooking/consuming, what do you/other members of your household currently do, if anything, to reduce the amount of fats/ saturated fat in your diet and how does this vary by product type/need state
- What are the triggers/barriers to reducing fats/saturated fat in your own/other members of the household's diet & how do answers vary by product type/need state
- What are the implications of the above in terms of most likely behaviour changes by product type/need state
- What are the specific insights relating to children of different ages

Healthy eating & fats/saturated fat: inspiration/information sources (spontaneous & prompted)

- Who do you currently/would you like to look to for inspiration & information/support on healthy eating & reducing consumption of fats/saturated fat
- What would you like/expect from each in terms of channel/format of inspiration/information/support
- Likely impact of different information sources/channels & formats on your own/your household's behaviour & how this is likely to vary by food type/need state
- What are the specific insights relating to children of different ages

Guidelines for healthy eating & consumption of fat/saturated fat (spontaneous & prompted)

- What healthy eating guidelines are you aware of generally & in relation to fats/saturated fat to help you maintain a healthy balanced diet
- How helpful are each of these and how, if at all, does each impact on your own/your household's buying/cooking/consumption behaviour
- What else would you like to be promoted, if any, in terms of future fats/saturated fat guidelines, bearing in mind the other healthy eating guidelines that are already there
- Likely impact of new/higher profile fat/saturated fat guidelines on your own/your household's behaviour & how this is likely to vary by food type/need state
- Specifically, what do you want in terms of guidelines for children & consumption of fat/saturated fat

Healthy eating & fats/saturated fat: labelling

- Key tasks for labelling to accomplish in relation to fats/saturated fat - what do consumers want/need to know most
- Specific issues by food type & areas in need of clarification in order for consumers to take out consistent messages in relation to fat/saturated fat levels, eg probe
 - What does low fat mean to consumers
 - How best to signal low saturated fat
 - How best to signal lower fat version of a product
- Overall, how can fat/saturated fat content best be communicated in a standardised fashion
- How could lower fat versions of products best be signalled
- Is there any other detail in relation to fat/saturated fat do consumers want - if so, what
- What do consumers want in relation to fat/saturated fat content on front versus back of pack
- What do consumers want in relation to guidance relating to children and fat/saturated fat content on front versus back of pack

Healthy eating & fats/saturated fat: retailers (spontaneous & prompted)

- What activities in relation to encouraging healthy eating in general & reduction of fats/saturated fat in particular are you aware that the retailers you use employ (probe detail by individual & for each retailer): which have helped you to improve your own/your household's (including children of different ages) diet and reduce your/their fat/saturated fat intake most & why - which food types has this related to most - what else would you like them to do in the future & why - and which

food types would this relate to most, what guidelines would you have in terms of positioning in store, design, format, content

Healthy eating & fats/saturated fat: manufacturers (spontaneous & prompted)

- What activities in relation to encouraging healthy eating in general & reduction of fats/saturated fat in particular are you aware that manufacturers employ: how do these vary by manufacturer & food type
- What do you think of each activity in terms of its influence on consumer behaviour, what are the pros/cons of each activity & how does the influence of these vary by food type/need state
- What are the specific insights relating to children of different ages

Summary

- Given the limitations of FSA's/government's remit within this area, what could be realistically done over & above existing healthy eating awareness and education activity to help you/your household make shopping/cooking/eating choices which will reduce the level of fat/saturated fat in your diet, thinking about
 - Initial awareness/understanding of fat/saturated fat & its health implications
 - Information sources, channels & formats
 - Guidelines, what's needed in general & in relation to children
 - Labelling: signposting, nutrition, back of pack labels
 - What the retailers & manufacturers should be doing
 - Variations in programme/approach by food type
 - How to help you keep it up
 - Specifically the role of government & the FSA
 - Children

Post-task

- Explain that the researcher will be calling in 1 week to chat through how/why/if their awareness/understanding/attitudes/behaviour in relation to fat/saturated fat has changed since the group session & what this means for measures in the future

4.6 Phase 2 stimulus

Need states

- Sport & fitness
- Pure & natural
- Thinking about medical advice given to you about your health
- Balanced & controlled
- Weight conscious
- On a budget
- Traditional food
- Thinking about providing food for others/the family/the children
- Busy
- Treat

Healthy eating messaging/Balance of good health

- Eat the right amount of food for how active you are
- Eat & enjoy a variety of different foods, in moderation
- Show diagram

Examples of different types of high fat foods & packaging eg

- Meat
 - Sausages, beefburger, mince, bacon, chicken, beef
- Dairy
 - Milk – full fat, semi skimmed, skimmed, lo
 - Cheddar cheese
 - Butter, margarine, fat spread, ‘healthy’ spreads, medical condition specific spreads
 - Cream, cream alternatives, crème fraiche
 - Yogurts – low fat, no fat, full fat, dessert, light dessert
- Convenience foods
 - Steak & kidney pie, convenience meal, healthy convenience meal
- Sweet treats
 - Choc biscuits, low fat biscuits, cake, Mars, Twix, Aero, light option, premium option
- Savoury snacks
 - Crisps, nuts, reduced fat options, new formulation option
- Cereals
 - Porridge, Weetabix, Cocopops

Different types of fat/saturated fat & their positive/negative health implications, eg

- Fat, like sugar, is high in calories and too much of either can contribute to weight gain and obesity
- Unsaturated fat can be a healthy choice. These types of fats can actually reduce cholesterol levels and provide people with the essential fatty acids that their body needs
- Too much saturated fat can increase the amount of cholesterol in the blood which increases the chance of developing heart disease
- Obesity increases a person’s risk of heart disease, cancer & diabetes

Possible behaviour changes

- Choose reduced fat product formulation
- Choose full fat option but smaller portion
- Choose a lower fat alternative within the same category (eg rich tea instead of chocolate digestive)
- Choose a different product type
- Omit from diet
- Remove fat from product
- Cook in a way that minimises fat content

Information sources

- Media
- Government
- FSA
- Manufacturers
- Retailers
- British Heart Foundation (& other organisations?)
- GPs
- Health professionals
- Schools
- Employers
- NHS
- Friends/family
- Ethnic media

Guidelines/messaging

- Be aware of the fat in food especially saturated fat and how much you eat
- Try to replace foods which are high in saturated fat with oils & fats low in saturated fatty acids & rich in monounsaturated fatty acids
- If you want to eat healthily and keep a healthy weight, you should look for lower fat alternatives wherever possible and try to eat fatty foods only occasionally
- If you reduce total fat you reduce saturated fat
- Try to replace fat with complex carbohydrates/whole grains rather than sugar
- Try to replace saturated fat with carbohydrate & unsaturated fat
- Fat/saturated fat guidelines related to food energy intake (aim is to reduce saturated fat intake to 11%)
 - 13.4% for men
 - 13.2% for women
- Try to eat more food that contains less than 1g sat/3g fat
 - Try to eat less food that is more than 5g sat/20g fat
- GDAs fat/saturated fat
 - 70/20 (women)
 - 95/30 (men)
- Fat/saturated fat guidelines for children
 - GDAs vary by age/gender of child (& weight/how active etc).. focusing on aged 5 - 10s
 - 70/20

- GDA per 100g/portion size serving...

Signposting/labelling (use products as examples)

- Traffic light
- Nutrition claims: low fat etc
- Health claims: contains calcium to help build strong bones etc
- Back of pack: detailed labels
- GDAs: adults/children/gender specific
- Fat/saturated fat per 100g/per portion
- Use of %

Retailer activity

- In store (ref Tesco Healthy Living)
- Merchandising
- Messaging next to appropriate product type
- Information/education leaflets
- Price promotions on products that are low in saturated fat
- Low in saturated fat meal ideas, hints & tips for cooking that is low in saturated fat
- Promotions linked to reduction of saturated fat (ref Sainsbury's 5 a day)

Manufacturer activity

- Reduction of fat/saturated fat levels in products
- Creating new lighter products that fulfil the same needs
- Using different type of oil/different processes to cook product
- Smaller portion sizes e.g. for products such as chocolate bars, bags of crisps etc.

FSA EatWell leaflet

4.7 Phase 2 post-task topic guide

- i. Brief warm up chat to find out what the respondent and their household, including children of all ages/relatives, have been doing and, within this, food bought/eaten/cooked in the week since the group
- ii. Exploration of how awareness/understanding of healthy eating and fats/saturated fat has changed since the group/Eat Well leaflet – how and why
 - How is your awareness/understanding better and why
 - What, if anything, are you still confused about and what could be done to overcome this confusion
- iii. How, if at all, have your attitudes/behaviour (the attitudes/behaviour of your children/relatives/other members of your household) in terms of healthy eating/fats & saturated fat changed since the group in terms of
 - Shopping
 - Cooking
 - Eating (at different times/across different need states)
- iv. What in your daily life has motivated and helped you/others eat more healthily/consume less fat & saturated fat since the group: what needs to be done to help you/others feel motivated/able to carry on with this behaviour
- v. What in your daily life has made it more difficult for you/others to feel motivated and able to eat more healthily/consume less fat & saturated fat since the group: what needs to be done to help you/others feel motivated/able to overcome these barriers and change your/their behaviour
- vi. What additional ideas/thoughts have you had since the group whilst going about your everyday life
- vii. If you had to list the top 10 things that could be done to motivate and help you/others to reduce fat/saturated fat in yours/others diet what would they be
- viii. What do you think the role of government/FSA is in making you feel willing and able to eat less saturated fat, overall and specifically thinking about
 - Initial awareness/understanding of fat/saturated fat & its health implications
 - Information sources, channels & formats
 - Guidelines in terms of what's needed in general & in relation to children
 - Labelling: signposting, nutrition, back of pack labels
 - What the retailers & manufacturers should be doing
 - How to help you keep it up.