

**Updated CAS Additional Analysis  
Report of Findings**

**Prepared for the  
Food Standards Agency**

**146626 / 166939**

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# PART ONE: Attitudinal Segmentation

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# 1. Management Summary

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TNS conducted the seventh annual wave of the Consumer Attitudes Survey between August and October 2006. This report covers further analysis based on the Consumer Attitudes Survey data and consequent, additional qualitative exploratory research conducted in July 2007.

A quantitative factor analysis of the attitudinal statements contained in the Consumer Attitudes Survey (CAS) 2006 questionnaire produced five key attitudinal dimensions; cooking enthusiasm, the concern and need for more information, a perception of the high cost of healthy eating, the importance of healthy eating and the extent to which consumers were positive towards convenience foods and traditional eating habits. A cluster analysis conducted on these underlying attitudinal dimensions created four distinct attitudinal segments: *Health Conscious Pragmatists*, *Convenience Driven Health Rejectors*, *Concerned Health Advocates* and *Traditional Cooking Enthusiasts*. Sixteen focus group discussions, each with three participants, were conducted to explore further consumer attitudes across the four segments.

***Health Conscious Pragmatists*** represent 22% of the UK adult population and are characterised by a feeling that healthy eating is important but also that convenience foods are not necessarily bad for you. They are liberalists in their approach to eating; satisfied with their general diet, as well as their ability to adapt their eating habits in different circumstances. Health Conscious Pragmatists tend to eat a varied diet, embracing modern cuisines and demonstrating a willingness to experiment with different foods and move with the times.

***Convenience Driven Health Rejectors*** represent 29% of the UK adult population, and are defined by a low enthusiasm for healthy eating and an endorsement of convenience foods. They tend to have a relatively short-term outlook in life, living more 'day to day, week to week', and notably, may also lack stability in one or more areas of their lives, such as relationships or work. Meal preparation is mostly perceived as laborious and their overall relationship with food is fairly functional. They do however often look to food for immediate gratification and stimulation, and enjoy eating out regularly.

**Concerned Health Advocates** represent 25% of the UK adult population, and are characterised by a high importance of healthy eating coupled with a concern and need for more information about food. This group is aware of the need to eat a balanced diet and have a level of anxiety regarding what they eat. This translates into a more principled and controlled approach to food, with knowledge of nutritional values and ingredients lists. Concerned Health Advocates enjoy indulgent/rich food usually in the form of occasional snacks. However, these are only digressions and are not allowed at the expense of healthy eating.

**Traditional Cooking Enthusiasts** comprise 24% of the adult UK population, which is defined by an enthusiasm for cooking and a negative view of convenience foods and eating habits. Traditional Cooking Enthusiasts tend to have a certain level of stability in their lives, with rather structured and conventional lifestyles. They are organised and relatively disciplined individuals. Food is an extremely important part of their lives, and they are passionate about cooking and making 'proper meals' the 'proper way'.

## 2. Background and Objectives

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### 2.1 Background

The Agency is committed to conducting research on consumer attitudes towards food safety and food standards in order to inform future activity and monitor changes on an annual basis. Surveys assess attitudes, knowledge, behaviour and awareness linked to the key aims of the 2005-2010 Strategic Plan:

- To continue to reduce foodborne illness
- To reduce further the risks to consumers from chemical contamination including radiological contamination of food
- To make it easier for all consumers to choose a healthy diet, and thereby improve quality of life by reducing diet-related disease
- To enable consumers to make informed choices

TNS conducted the seventh annual wave of the Consumer Attitudes Survey between August and October 2006. This report covers further analysis based on the Consumer Attitudes Survey data and consequent, additional qualitative exploratory research conducted in July 2007.

## 2.2 Research objectives

The overall aim of the Consumer Attitudes Survey was to provide the Food Standards Agency with an understanding of consumer attitudes, knowledge, claimed behaviour and awareness with regards to food safety and food standards. Specific research objectives were to:

- Track changes in attitudes, knowledge, claimed behaviour and awareness over time
- Improve knowledge and understanding of consumer attitudes in those areas for which the Agency has responsibility
- Help the Agency develop effective communications

In order to further increase understanding in relation to these objectives, additional analysis was conducted to:

- Understand the key **attitudinal segments** that exist in the UK population with regards to attitudes and concerns about food, healthy eating and food safety

## 2.3 Qualitative research objectives

Further exploratory qualitative work was commissioned as an additional phase of research in order to:

- Consolidate and deepen understanding of the key **attitudinal segments** in the UK population and how certain attitudes have been developed and are portrayed by 'real' consumers
- Develop a clear understanding of how particular CAS questions are **understood** and **answered** by consumers and develop potential improvements (this has been reported separately).

## 3. Methodology

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### 3.1 Factor and Cluster Analysis

The first stage of constructing the segmentation was to conduct a factor analysis to reduce the 13 attitudinal statements contained in the questionnaire, into core attitudinal dimensions, depending on way respondents answered them.

These 'factors' were then used in the cluster analysis, which grouped respondents according to the responses they gave to the attitudinal statements.

For the factor analysis, a Principal Components Analysis was used followed by a Varimax Rotation factor analysis.

For the cluster analysis a partitioning approach was taken using K-means clustering.

Detailed results from the factor and cluster analyses can be found in the appendix.

### 3.2 Qualitative Methodology and Sample

Sixteen triad focus group discussions were conducted with consumers across the four attitudinal segments identified in the quantitative cluster analysis (four per segment). Each triad was conducted with homogenous groups of respondents, recruited by attitude and also on gender, age, lifestage and socio economic grade. Details of the sample for each cluster are detailed below:

- The Health Conscious Pragmatists sample was designed to reflect the gender skew uncovered in the segment, with three out of four triad groups with females. Pre-nester, nester and empty nester lifestages were represented, a range of ages from 26 – 65 years and social grades B – D, as shown below.

Figure 1

|   |   |  |  |   |
|---|---|--|--|---|
| <b>Health<br/>Conscious<br/>Pragmatists</b> | <b>Females<br/>26 – 35<br/>Pre-nesters<br/>B / C1</b> | <b>Females<br/>36 – 45<br/>Nesters<br/>C1 / C2</b> | <b>Males<br/>46 – 55<br/>Nesters<br/>C1 / C2</b> | <b>Females<br/>56 – 65<br/>Empty Nesters<br/>C2 / D</b> |
|---|---|--|--|---|

- The Convenience Driven Health Rejector sample had a higher representation of males and respondent ages spanned from 18 – 35 years, reflecting the skews identified in the quantitative analysis. In addition, there was a bias towards lower social grade, with three out of the four sessions conducted with C2 / D respondents, as indicated below.

Figure 2

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Convenience<br/>Driven Health<br/>Rejectors</b> | <b>Males<br/>18 – 21<br/>Pre-nesters<br/>C2 / D</b> | <b>Males<br/>22 – 25<br/>Pre-nesters<br/>C2 / D</b> | <b>Females<br/>22 – 25<br/>Nesters<br/>C2 / D</b> | <b>Males<br/>26 – 35<br/>Nesters<br/>B / C1</b> |
|--|---|---|---|---|

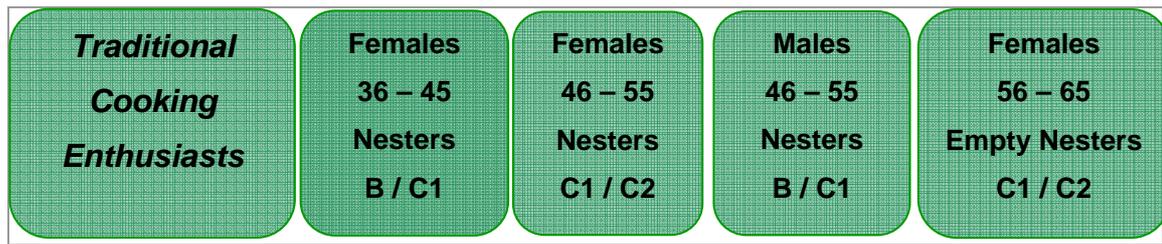
- The Concerned Health Advocates sample consisted of an equal male to female ratio, and was comprised of 4 triads of respondents spanning 36 – 65 years across different lifestages, summarised below.

Figure 3

|   |  |   |   |   |
|---|--|---|---|---|
| <b>Concerned<br/>Health<br/>Advocates</b> | <b>Females<br/>36 – 45<br/>Nesters<br/>C1 / C2</b> | <b>Males<br/>36 – 45<br/>Pre-nesters<br/>B / C1</b> | <b>Females<br/>46 – 55<br/>Nesters<br/>B / C1</b> | <b>Males<br/>56 – 65<br/>Empty Nesters<br/>C2 / D</b> |
|---|--|---|---|---|

- The Traditional Cooking Enthusiast segment had a greater representation of women (three out of the four groups were female) and a skew to higher social grade; B / C1 to represent the demographic profile of this segment. There was a lifestage bias to include no non-nesters, and the age range of respondents spanned 36 – 65 years.

Figure 4

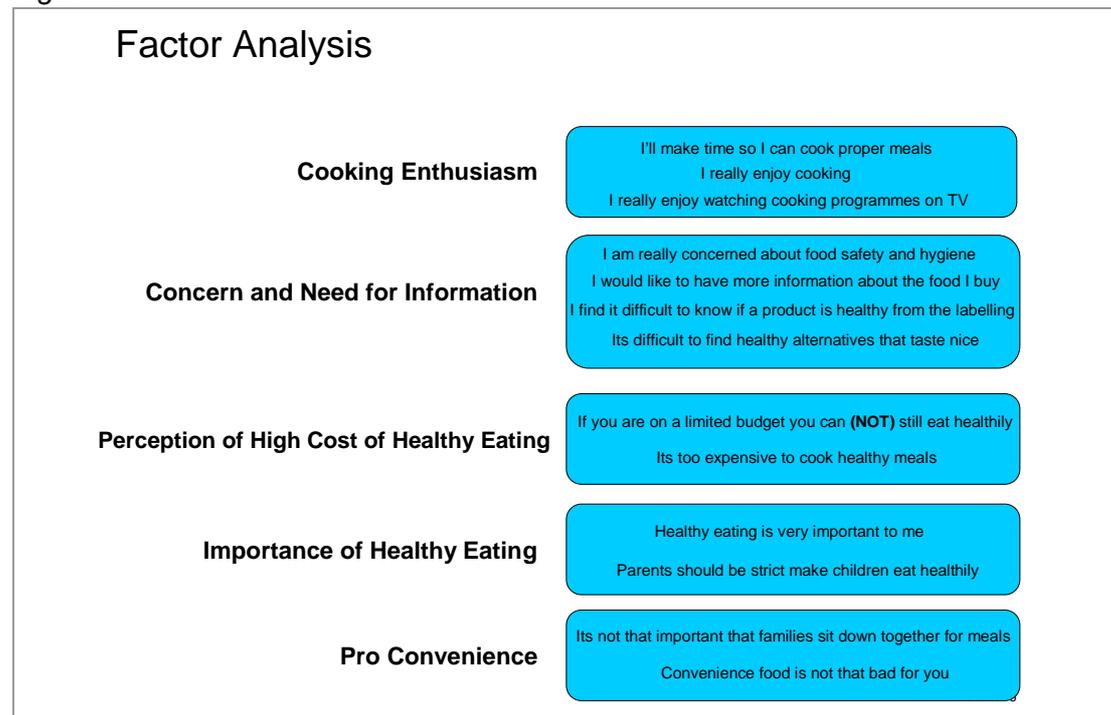


## 4. Main Findings

### 4.1 Factor analysis

Factor analysis was conducted initially to group together attitudinal statements that have similar responses and thus distil them into core attitudinal dimensions.

Figure 5



The factor analysis grouped 13 statements together into five factors as described below:

1. **Cooking enthusiasm:** Three statements comprise this factor: "I'll make time so I can cook proper meals, "I really enjoy cooking" and "I really enjoy watching cooking programmes on TV". All centre on a common theme of enthusiasm for cooking and there was a strong relationship between all three.
2. **Concern and need for information:** The statements "I am really concerned about food safety and hygiene", "I would like to have more information about the food I buy", "I find it difficult to know if a product is healthy from the labelling" and "It's difficult to find healthy alternatives that taste nice" form the

second core attitudinal dimension. The common theme for this cluster is food-related concern as well as not having enough information about food or food labelling. The statement around difficulty in finding healthy alternatives appears to be associated to the factor due to the need for more information.

3. **Perception of high cost of healthy eating:** The statements “Even if you are on a limited budget you can still eat healthily” and “It’s too expensive to cook healthy meals” similarly divided respondent opinion. Agreement with the former was related to disagreement with the latter.
4. **Importance of healthy eating:** Respondents who thought that “Healthy eating is very important to me” were generally also more likely to state that “Parents should be strict with children and make them eat healthy food”. Therefore, these two statements form the fourth factor around the importance of healthy eating.
5. **Pro convenience:** The statements; “It’s not that important that families sit down together for meals” and “Convenience food is not that bad for you” also elicited similar answers. Even though the statements are centred on different areas they still share a common theme around being positive to convenience, regarding food and also to whether families sit down together for meals.

## 4.2 Cluster Analysis

Four attitudinal clusters were identified based on respondents' pattern of response on each of the attitudinal factors. The pattern of response for each is shown in the chart below. Actual factor scores for each cluster are shown in the appendices.

Figure 6

|  | <i>Cooking Enthusiasm</i> | <i>Concern &amp; Need for Information</i> | <i>Perception of High Cost of Healthy Eating</i> | <i>Importance of Healthy Eating</i> | <i>Pro Convenience</i> |
|--|---------------------------|---|--|-------------------------------------|------------------------|
| <i>Health Conscious Pragmatists (22%)</i>        | Medium                    | Low                                       | Medium   | High                                | High                   |
| <i>Convenience Driven Health Rejectors (29%)</i> | Low                       | Medium                                    | High   | Low                                 | High                   |
| <i>Concerned Health Advocates (25%)</i>          | Medium                    | High                                      | Medium   | High                                | Medium                 |
| <i>Traditional Cooking Enthusiasts (24%)</i>     | High                      | Low                                       | Medium   | Medium                              | Low                    |

Each cluster is described in detail below, both in terms of the attitudes that define that group and also the associated behaviours and demographic profile.

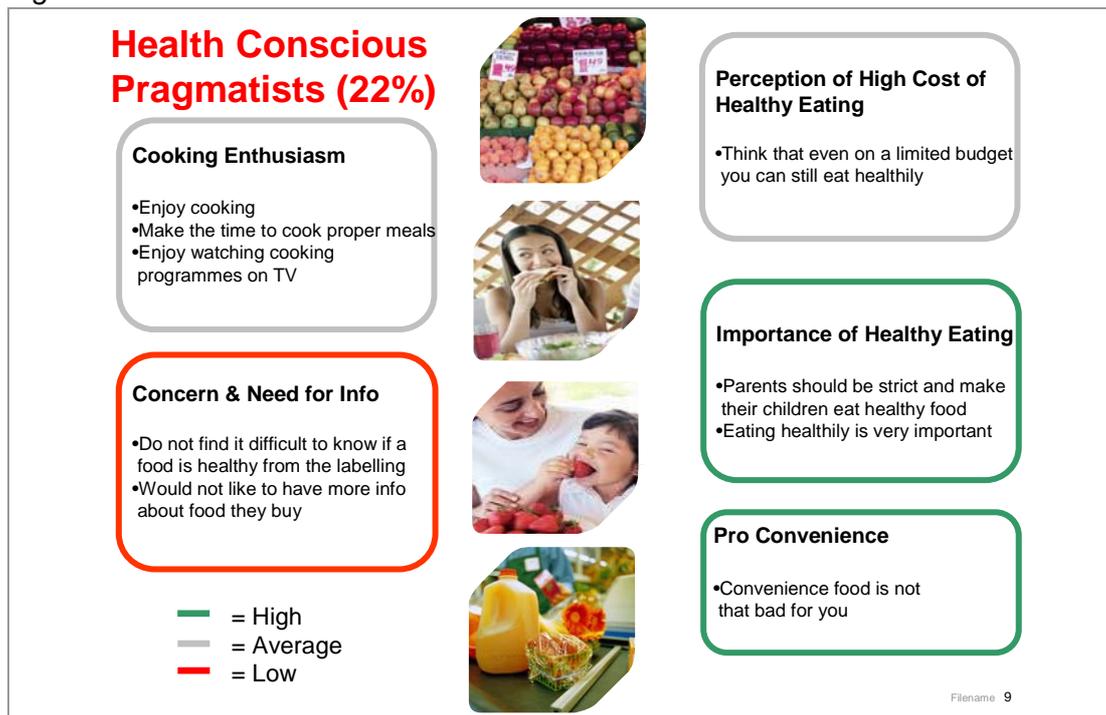
## 4.3 Attitudinal Segment Profiling

### 4.3.1 Health Conscious Pragmatists

#### Quantitative Findings

A summary of the relationship between the Health Conscious Pragmatists and the attitudinal factors is shown in the chart below.

Figure 7



This group is defined by the high importance of healthy eating and positivity towards convenience food. Respondents in this group are more likely than average to state that healthy eating is important to them and the parents should make their children eat healthy food. However, they also think that convenience food is 'not that bad for you', suggesting a pragmatic side to their relationship with food.

Another defining factor of the Health Conscious Pragmatists is a low concern and need for information. They do not find it difficult to determine whether food is healthy from the labelling and are happy with the amount of information about food that is available, indicating a confidence in the decisions they make around the purchasing and consumption of food.

The demographic profile and key claimed behaviours of Health Conscious Pragmatists are shown in the chart below.

Figure 8



Reflecting the importance they place on healthy eating, 60% of all Health Conscious Pragmatists claim to have had 5 or more portions of fruit and vegetables on the day previous to the interview (compared to 55% of the overall sample). They are also more likely to say they have fresh fruit and vegetables on 'most days'. Reflecting their attitude that parents should make children eat more healthy food, they are also more likely to encourage their own children eat more fresh salad (27% cf. 21%).

Consistent with their confidence around the information about food that is already provided, Health Conscious Pragmatists are also more likely to find the amount of product information on labels to be 'right' (67% compared to 58% for the total sample). They also find labelling information easier to understand than the total sample (76% saying 'easy' compared to 64%).

When it comes to sources of information that this segment is using there are no major differences from the total picture. However, Health Conscious Pragmatists are slightly more likely to receive information about healthy eating from food manufacturers (20% cf. 16%).

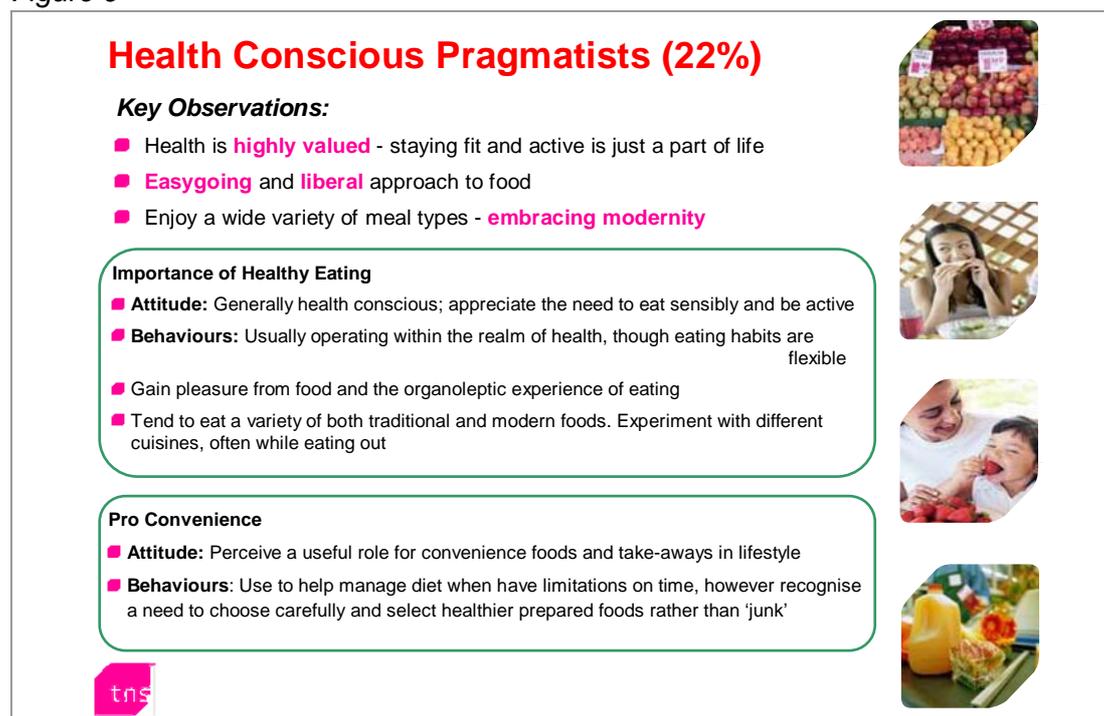
Health Conscious Pragmatists generally have a more positive view of the Food Standards Agency, being more likely to rate the FSA highly on trust than the total sample (38% cf. 33%) and on 'puts consumers first' (34% cf. 30%). Confidence in the Agency is also high (73% cf. 65%) as is a perception that it provides unbiased and independent information (37% cf. 33%).

Health Conscious Pragmatists are slightly more likely to be female (55% compared to 51% in the total sample). They are also more likely not to have children living in the household (70% cf. 65%) and to be retired (27% cf. 23%). Health Conscious Pragmatists are the cluster with the largest number of respondents from an urban area (47%). This group is also slightly more likely to be responsible for cooking (45% cf. 40%) and shopping (58% cf. 53%).

## Qualitative Findings

A summary of the key observations from the qualitative research is shown below:

Figure 9



Health Conscious Pragmatists place high value on their health and keeping fit and active is a fundamental part of life. They are liberalists when it comes to eating; easygoing and relaxed in their approach, both in being satisfied with their general diet, and also in their ability to adapt their eating habits to fit different circumstances. They tend to vary their meals as they enjoy the experience of different types of food,

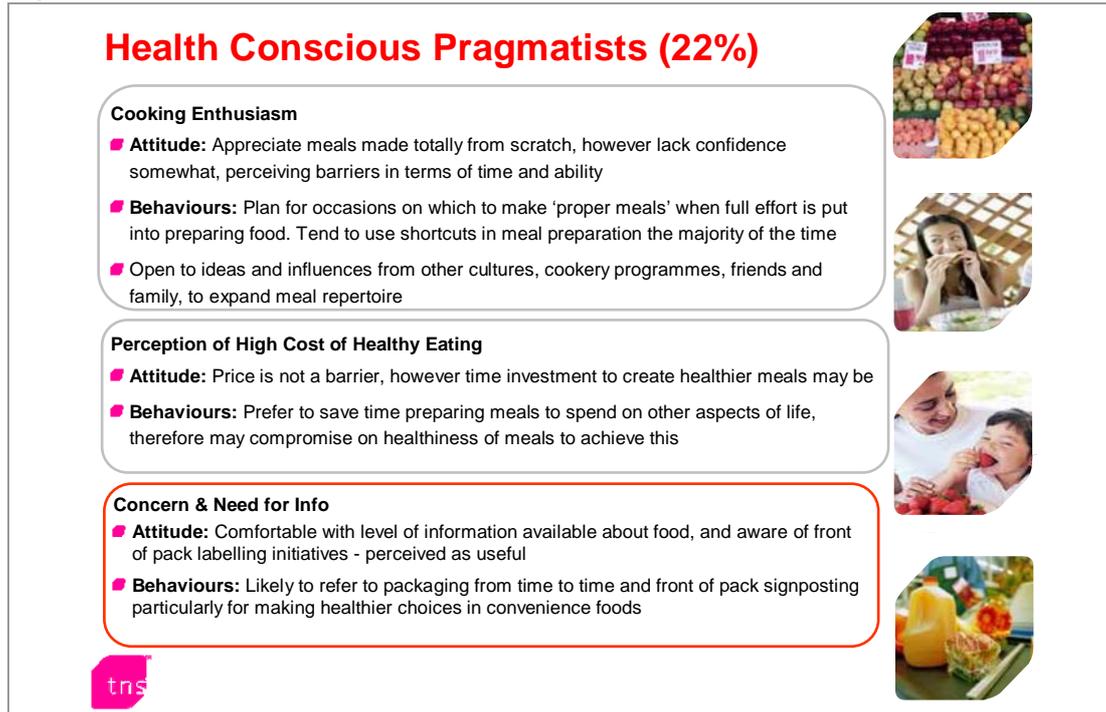
embracing modern cuisines and meal types, demonstrating willingness to experiment and move with the times.

The high value that Health Conscious Pragmatists place on health is evident from their overall diet not being too indulgent, or laden with convenience or processed foods. They tend to be well informed about healthy eating, taking note of healthy eating messages in the media. This group is however, not constrained by rules or guidelines and are comfortable with veering from the 'norm' to eat something different every now and again. Health Conscious Pragmatists enjoy the sensorial experience of eating and gain pleasure from experimenting with different types of foods, particularly while eating out, such as Indian, Thai or Moroccan foods. They gain most pleasure from the experience of eating good, authentic-tasting food, as opposed to the preparation process.

***“I love Thai food – it’s really aromatic, and light and healthy. I don’t cook Thai though, I don’t even think I’d try and cook it.” (F, 26-35, C1/C2)***

Health Conscious Pragmatists tend to have reasonably busy and active lifestyles and mealtimes seem to be flexible. Convenience foods are advocated for their 'convenience' in the true sense of the word; they perceive a role for time-saving shortcuts such as jar sauces and prepared vegetables, ready meals and also, occasional take-aways. This group tends to keep a selection of convenience options such as pre-chopped vegetables, or pre-dressed meat / fish in stock at home. Interestingly, the group prefers to use said items to support their meal preparation process over a ready meal option for better nutritional value. They are more likely to consciously limit consumption of ready meals to once or twice a week; however they are less bothered about using other shortcuts where the health trade-off does not seem so apparent. Take-aways tend to be occasional although when they are eaten, they are usually enjoyed as a treat rather than 'the norm'. All in all, these types of convenience foods are used to help manage when there are restrictions on time, rather than relied upon extensively or chosen out of choice.

Figure 10



Health Conscious Pragmatists rate as average in their enthusiasm for cooking. While this group appreciates good home cooking and meals made from scratch in the true sense, (that is, fresh ingredients and no shortcuts), they are not the most positively inclined towards cooking themselves. These consumers tend to lack confidence in their own ability to cook from scratch more often, often perceiving barriers based on lack of experience or natural flair, as well as limitations on their time.

***“I was thinking about getting the new Gordon Ramsay cookbook. Nothing takes more than 20minutes. That would suit me.” (F, 56-65, B / C1)***

***“My husband says ‘you're very consistent’! I'd love to be more experimental.” (F, 56-65, B / C1)***

Health Conscious Pragmatists plan occasions when they will cook from scratch, when a meal will be planned following a recipe and a full list of ingredients maybe purchased one or two days prior to 'the event'. Health Conscious Pragmatists may cook for friends or host dinner parties from time to time when they are keen to make an effort and perhaps borrow recipes or ideas from books or television programmes. However, the majority of the time they happily use shortcuts, as cooking fresh meals from scratch is not a practice they are sufficiently prepared for every day both in terms of planning but also in willingness to spend time on the task. They do however

recognise that cooking from scratch or partially from scratch (incorporating some pre-prepared shop-bought ingredients) is the healthier way to eat, so try to do this more than using convenience foods.

***“I like to use fresh, but I think there are times when you think, if you’re busy, or you’re going out or coming in, it’s always handy to have something [ready meal]. I and my husband go to the gym in the evening; we’ll come back and have something convenient in the microwave. I am quite happy to have them.”***  
(F, 26-35, C1/C2)

Health Conscious Pragmatists’ low level of concern and requirement for information is consistent with their overall easygoing relationship with food. They are receptive and aware when it comes to food information, such as front-of-pack labelling, and find it useful to be provided with additional details to aid their decision-making. This is particularly the case when purchasing foods more out of convenience, such as ready meals, since being ‘health conscious’, they are keen to make the healthier choice. However, they do not rely on information being provided necessarily, and would not struggle or dismiss products without it.

***“I buy organic jars of sauce so I presume that they are alright. but to be honest I don’t know what’s in it.”*** (F, 36-45, C1/C2)

Health Conscious Pragmatists exhibit moderate to high concern with regards to food safety and food hygiene. General food hygiene measures are an accepted and normal part of meal preparation for this group, which incorporates ensuring the cleanliness of chopping boards, utensils, work surfaces and refrigerators, as well as hands. They are particularly careful with regards to other food safety matters, which are less under their personal control. These can be a source of some anxiety for this group, such as the safety of particular meats in terms of disease epidemics (BSE, Foot and Mouth, Bird Flu etc.) as well as how these meats may have been handled and treated, prior to purchase. This group is unlikely to take risks when it comes to food safety (particularly if preparing foods for others), and are more likely to adhere to packaging guidelines for food storage and expiration information.

***“Meat is a real concern. I cooked a chicken last night which was a day out of date and I was really worried that it would make the whole family ill.”*** (F, 36-45, C1/C2)

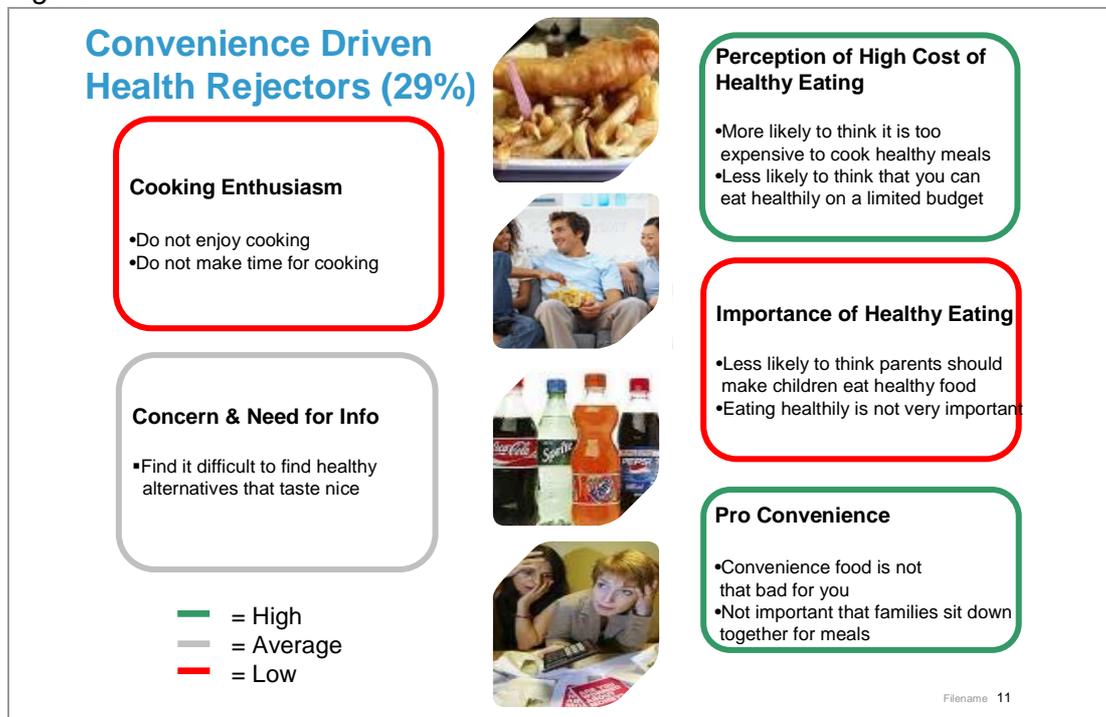
***“I make sure we have got two chopping boards at home. And I make sure they are well bleached and cleansed.” (M, 46-55, C1/C2)***

### 4.3.2 Convenience Driven Health Rejectors

#### Quantitative Findings

A summary of the relationship between the Convenience Driven Health Rejectors and the attitudinal factors is shown in the chart below.

Figure 11



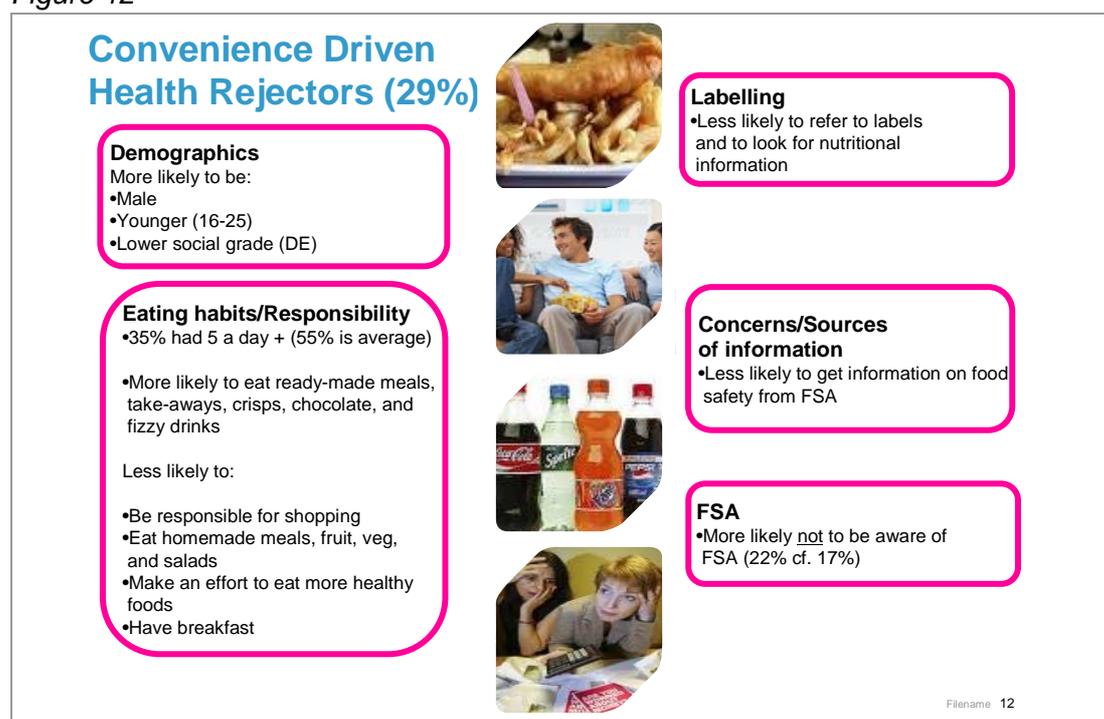
Convenience Driven Health Rejectors are defined through a low enthusiasm for cooking and healthy eating. They also perceive healthy eating to be associated with a high cost and are positive towards convenience food.

Regarding cooking enthusiasm, the statements that come through as strongest are a dislike of cooking and not making time for cooking. Convenience Driven Health Rejectors are more likely to think that it is too expensive to cook healthy meals and subsequently less likely to think that you can eat healthily on a limited budget. They are also the segment that finds it least important that families sit down together for

meals. In addition to rejecting healthy food on the basis of cost there is also a feeling among this group that it is difficult to find healthy alternatives that taste nice.

The demographic profile and key claimed behaviours of Convenience Driven Health Rejectors are shown in the chart below.

Figure 12



In line with the attitudinal findings, Convenience Driven Health Rejectors are much more likely not to have 5 or more portions of fruit and vegetables a day. Thirty-five percent claim to have 5 a day or more compared to 55% overall. In addition to this relatively unhealthy diet they are also less likely to be making an effort to eat more healthy foods. They are also not as likely to be responsible for shopping (24% cf. 13%) or to eat homemade meals (46% on 'most days' cf. 63% of total sample).

Consistent with their favourable opinion of convenience foods, they are more likely to eat ready-made meals daily (14% cf. 8%) and take-aways at least a few times a week (9% cf. 4%). Overall, their diet consists of less fruit, vegetables, salad and of more crisps, chocolate, and fizzy drinks than average. Convenience Driven Health Rejectors are also more likely not to eat breakfast everyday (30% compared to 23%).

This group is least likely to engage with the Food Standards Agency, being less likely to get information on food safety from the FSA (29% cf. 34%). They are also more likely not to be aware of the FSA (22% cf. 17%).

When it comes to labelling, this segment is much less likely to refer to labels (18% saying 'always' compared to 32% overall) and to look for nutritional information on labels (60% cf. 71%). This is clearly consistent with their relative disinterest in eating healthily.

Convenience Driven Health Rejectors are more likely to be male (58% cf. 49% in the total sample) and to fall into the youngest age group of 16-25 year olds (24% cf. 15%). More Convenience Driven Health Rejectors than average are from a lower social grade DE (38% cf. 26%) and are single (38% cf. 26%).

## Qualitative Findings

A summary of the key observations from the qualitative research is shown below:

Figure 13

### Convenience Driven Health Rejectors (29%)

**Key Observations:**

- **Short-term outlook;** focus more on **day-to-day existence** than longer-term
- **Lacking discipline** or stability in one or more areas of life
- Overall, a rather **functional relationship** with food; eating is not generally prioritised however certain foods stimulate **immediate gratification**

**Pro Convenience**

- **Attitude:** Speed and convenience are critical parameters on which foods are evaluated, with little regard for nutritional value. Defensive about use of convenience foods
- **Behaviours:** Erratic eating habits with food made to fit with, not be a determinant of day's activities. Eating at fast food outlets and take-aways are common
- Frozen foods relied upon regularly; fresh foods are not coveted
- Formal eating occasions are an exception in household

**Perception of High Cost of Healthy Eating**

- **Attitude:** Highly price sensitive, and do not perceive (or wish to acknowledge) justification for more expensive, healthier foods.
- **Behaviours:** Rationalise purchase of convenience foods on volume and value for money





In terms of lifestyle observations, Convenience Driven Health Rejectors tend to have a relatively short-term outlook in life, living more 'day to day, week to week', without too much concern for achieving longer-term goals or aspirations. Being, on the

whole, of a lower social economic grade, having money and a reliable income, tends to be more of a cause for concern among this group than any other. There is often a lack of stability in one or more areas of their lives such as family or work. These circumstances may include unsteady employment, a problematic relationship, single parenting or not being financially independent. There tends to be a lack of discipline in the lives of Convenience Driven Health Rejectors compared with other groups, and overall these individuals can communicate a less mature approach to responsibility and life in general.

In terms of general spending, Convenience Driven Health Rejectors are more inclined to look for immediate gratification purchases rather than saving for larger items – food is also one of the more affordable pleasures. Eating out is an enjoyable experience for this group, often simply because it alleviates the responsibility to prepare a meal, but also as it allows them (and their family) the opportunity to indulge in foods they enjoy. Meal preparation at home is mostly perceived as laborious; even eating can seem tedious – and is sometimes even forgotten about. Overall, their relationship with food is fairly functional, with these consumers considering it a necessity which they would sometimes prefer not to think about or make time for.

***“Well you've been driving all day and when you come back you just want to have a meal quickly, get it out of the way and then put your feet up.” (M, 18-21, C2/D)***

***“You get so intense in the stuff you're doing. I was doing the garden today and I thought oh I had no lunch. By then Baby Ray had had 4 biscuits, 2 packets of crisps, and snacked his way through the day.” (F, 22-25, C2/D)***

Convenience foods are welcomed by Convenience Driven Health Rejectors, who evaluate foods and meal choices by the length of time and level of involvement required to prepare them and they prefer to keep both to a minimum. They rationalise this decision criteria based on their generally busy lifestyles, either because of work or caring for their family. They consider these to be barriers which prevent them from being able to adequately plan and prepare meals, which would perhaps be better in terms of health and freshness, echoing the general lack of discipline evident in their day to day lives. However, it appears this group may also use these types of rationalisations to conceal a more deep-rooted liking for less healthy foods (such as

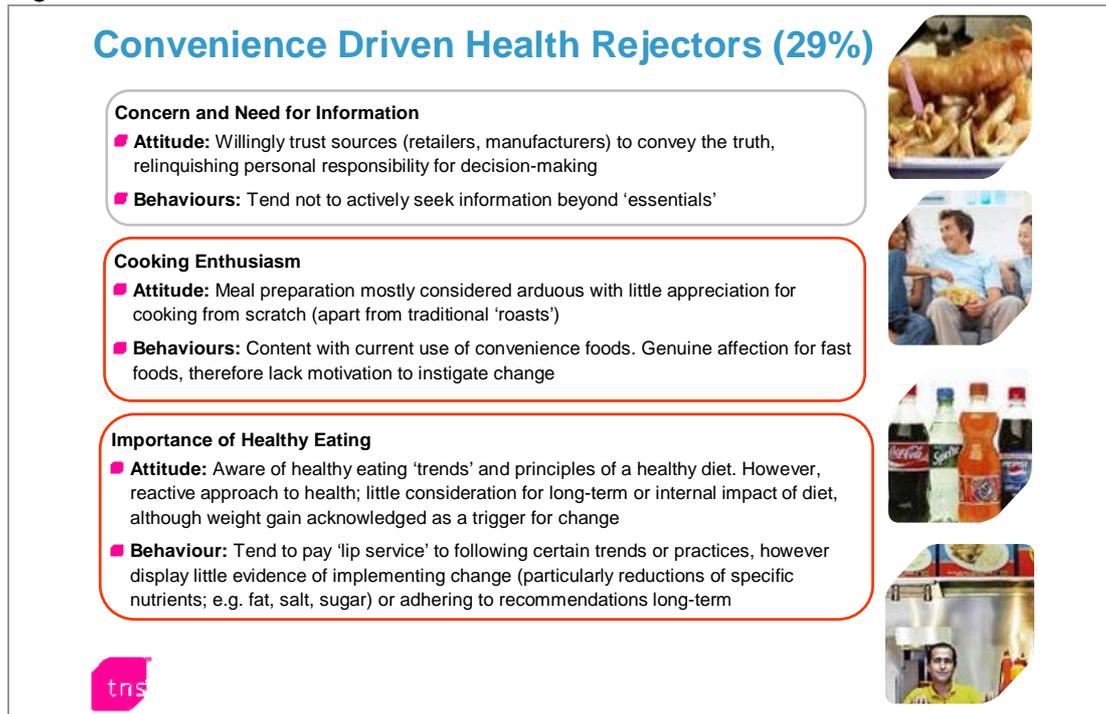
high fat, high sugar and high calorie foods), which they actually find rather pleasurable and would not wish to go without.

Convenience Driven Health Rejector's need for instant gratification from food can be satisfied by a ready meal or a take-away, requiring little forethought or effort. Fast food appeals on two predominant levels: in meeting their impulsive need while out and about (such as while shopping, after work, with friends etc) and in providing a genuinely enjoyable eating experience. The familiarity and inclusive nature of fast-food outlets such as McDonald's is important as it is considered a safe and reliable environment to eat, which is relatively cheap and does not pose any challenges in terms of food choices. This makes such fast-food outlets where children can be taken for a fun experience or even as a treat or a reward. Some Convenience Driven Health Rejector nesters even suggest it is part of their responsibility as a good parent to allow these types of treats and by denying their children these experiences they would be neglectful parents. By contrast, the emphasis placed on having formal meal occasions at home is minimal. Meal-times are often considered events just to be endured (particularly by nesters) before they can move on to more enjoyable activities.

***“I sit down and watch my soaps. You can't sit and enjoy your food when you are eating with the kids.” (F, 22-25, C2/D)***

Frozen foods are kept in store and relied upon heavily for easy meal options. They are considered positively both from a convenience as well as a price aspect. The perception of high cost being associated with healthy eating is another defining feature of the Convenience Driven Health Rejector group. This group is predominantly lower social grade and therefore, is likely to have a lower disposable income for grocery shopping. This group also perceives that the higher price for foods with greater nutritional value is often unjustified. Whether this is realistically a widely held belief (possibly due to a lack of education about the benefits of a healthy diet), or because these foods are less affordable for this group, is unclear. Value for money and volume tend to be more important principles guiding shopping. Therefore, these consumers are often attracted by more budget and basic supermarket ranges – which they balance with more indulgent treats.

Figure 14



Convenience Driven Health Rejectors are aware but do not tend to actively seek information about food generally, such as information about meal preparation or health. They tend to be familiar with the promotion of eating a healthy diet through the media, but again, this may be information they choose to pay little attention to. Proper evaluation and processing of the nutritional value of foods may also be more of a struggle for this group, with lower social grade likely to translate to lower levels of education. This, however, is not a source of concern for these consumers who prefer to diminish personal responsibility for food and healthy eating choices and are willing to trust well-known retailers and manufacturers to steer them. For example, Tesco and other supermarket retailers, and brands such as Kellogg's, Nestle etc, are considered sufficiently large and influential, that these consumers are happy to entrust them to provide bona fide products and information rather than question their motivations. Out of the four segments, this seems to be the only segment to explicitly vouch trust in the private sector.

The lack of cooking enthusiasm of Convenience Driven Health Rejectors may originally stem from their lack of appreciation for good quality or healthy food, as well as lack of involvement in eating in general. There are various possible explanations for this behaviour such as personal upbringing, lack of cookery experience, lack of time available, or a genuine lack of inclination to eat well. However, this group is not concerned by their lack of enthusiasm or involvement, since they are comfortable

using convenience foods which allow them to spend time on other things. The low importance they attribute to eating healthily further supports this behaviour.

***“Healthy eating to me means having salad in my kebab.” (M, 22-25, C2/D)***

***“It's easy not to eat healthily and not think about it.” (M, 18-21, C2/D)***

Convenience Driven Health Rejectors are not forward-thinking about the effects that particular types of foods may have on their bodies. They are focused more on outward signs of health rather than any possible internal impact of their diet, therefore weight gain is one issue they may actively seek to address more than any other. Whilst aware of other ways they could proactively improve their diet, on the whole, Convenience Driven Health Rejectors are more likely to make minor alterations than significant changes. They are also more likely to follow suggestions to increase consumption of particular types of nutrients, than remove/reduce items from their diet.

From their lower involvement in food preparation and healthy eating, it can be concluded that Convenience Driven Health Rejectors show low to moderate concern with regards to food safety and food hygiene. For this group, top-of-mind food safety measures include ‘baby-proofing’ the kitchen, for example ensuring there are no knives left lying around, or saucepan handles turned outwards ‘so that little hands can’t grab them’. However, food hygiene is also regarded as important by many, that is, making sure surfaces are clean and the use of bleach in the kitchen. This group gives the impression that they have less intuitive confidence in the realms of safety and hygiene, but by following the same practices their parents use feel content this is sufficient for maintaining safety standards in the home.

***“You learn from your mum, she’s your teacher. And then when you are on your own you teach yourself. But you ring them and ask them ‘why is it like this?’” (F, 22-25, C2/D)***

There is some distrust about the extent of food scares and the role media may play in exaggerating these, so on the whole this group may not adhere to all advice communicated on these issues.

***“Scaremongering by the media tends to distort the truth...the goalposts tend to change so it’s so difficult to judge. There are enough scares about food - safety and hygiene - you can’t take too much of notice.” (M, 22-25, C2/D)***

Overall, there is less consistency in responses of the Convenience Driven Health Rejector group, with varying degrees of concern for food safety and hygiene exhibited and generally, low levels shown by younger, single males. This is likely to be due to their very low level of involvement in food preparation, which means they are rather distant from issues of food safety and hygiene at home, although these may be considered when purchasing from food outlets.

***“Obviously you want clean pans and clean utensils; I wouldn’t go as far as disinfecting and that.” (M,18-21. C2/D)***

***“With prawn cocktail - I love my prawns but there are certain places I wouldn’t eat them from. Like when you see a van beside the road that does prawn cocktails, you’re thinking ‘hang on, that’s probably been left out on the side for the last hour’.” (M,18-21. C2/D)***

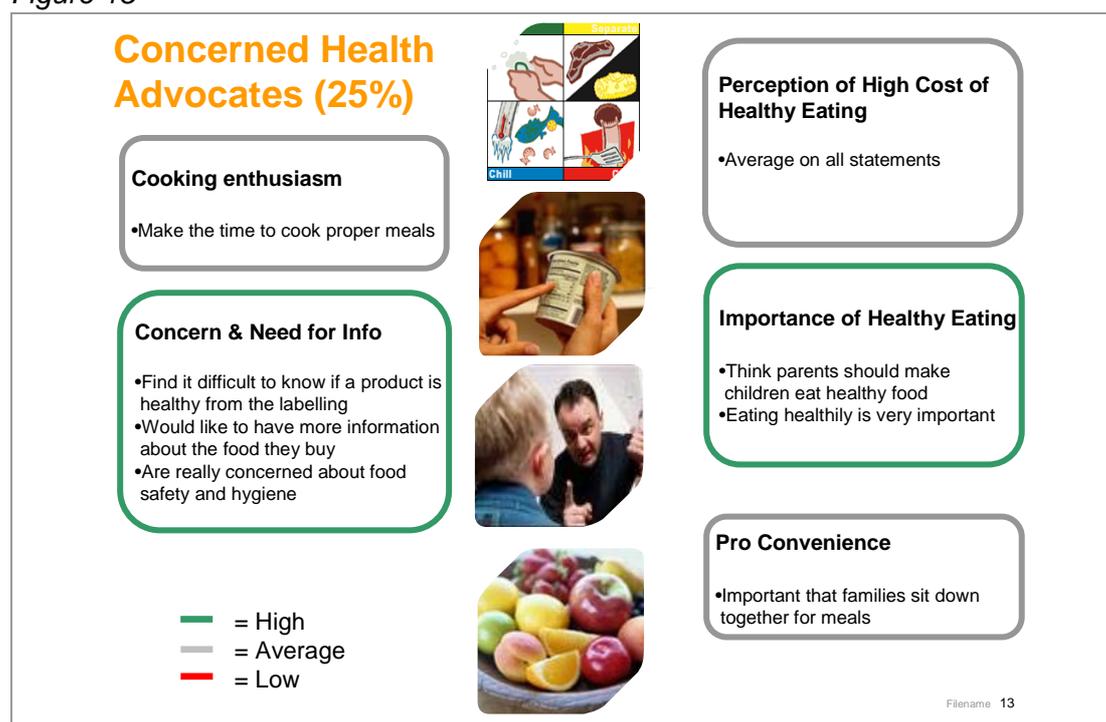
***“I would eat fried breakfast all day long, but I wouldn’t eat anything else in there. I don’t think they’re as hot on their cleanliness and food hygiene, so I mean they could have got the steak out the fridge in the morning and it be piled up on the shelf, and then, I just don’t know.” (M,18-21. C2/D)***

### 4.3.3 Concerned Health Advocates

#### Quantitative Findings

A summary of the relationship between the Concerned Health Advocates and the attitudinal factors is shown in the chart below.

Figure 15



The attitudes of this group are defined by a high importance of healthy eating and a concern and need for information. Concerned Health Advocates think parents should make their children eat healthy foods. They also find healthy eating to be very important to themselves.

This group clearly has a lack of confidence when making decisions about food; finding it difficult to know if a product is healthy from the labelling, wanting to have more information about the food they buy and being concerned about food safety and hygiene.

Whilst not having a high level of enthusiasm for cooking, this group is prepared to make the time to cook proper meals. Moreover, they also feel that it is important that families sit down together for meals.

The demographic profile and key claimed behaviours of Concerned Health Advocates are shown in the chart below.

Figure 16



Concern over healthy eating is reflected in 63% of Concerned Health Advocates claiming to have 5 or more fruit or vegetables a day compared to 55% overall. They also have more fresh vegetables (73% cf. 67%) and organic foods (13% cf. 9%) on 'most' days.

Their concerns over labelling and getting more information may be related to the fact that they are more likely to be vegetarian (13% cf. 9%) and avoiding foods for medical reasons (22% cf. 16%). They are also more likely to want to reduce their consumption of fatty (33% cf. 26%) and sugary (29% cf. 24%) foods.

In line with their need for more information, more of them 'always' refer to labels (39% compared to 32% among the total sample) and look for information about ingredients (53% cf. 46%). Crucially, more Concerned Health Advocates find that there is not enough information on labels (42% cf. 24%) and that labels are hard to understand (49% cf. 31%).

In the past 12 months, 58% of Concerned Health Advocates have been concerned about hygiene, whereas this only applies to 48% of the overall sample.

When it comes to sources of information, they are more likely to receive information on food safety from TV programmes (36% cf. 28%) and information on healthy eating from leaflets in health settings (23% cf. 18%).

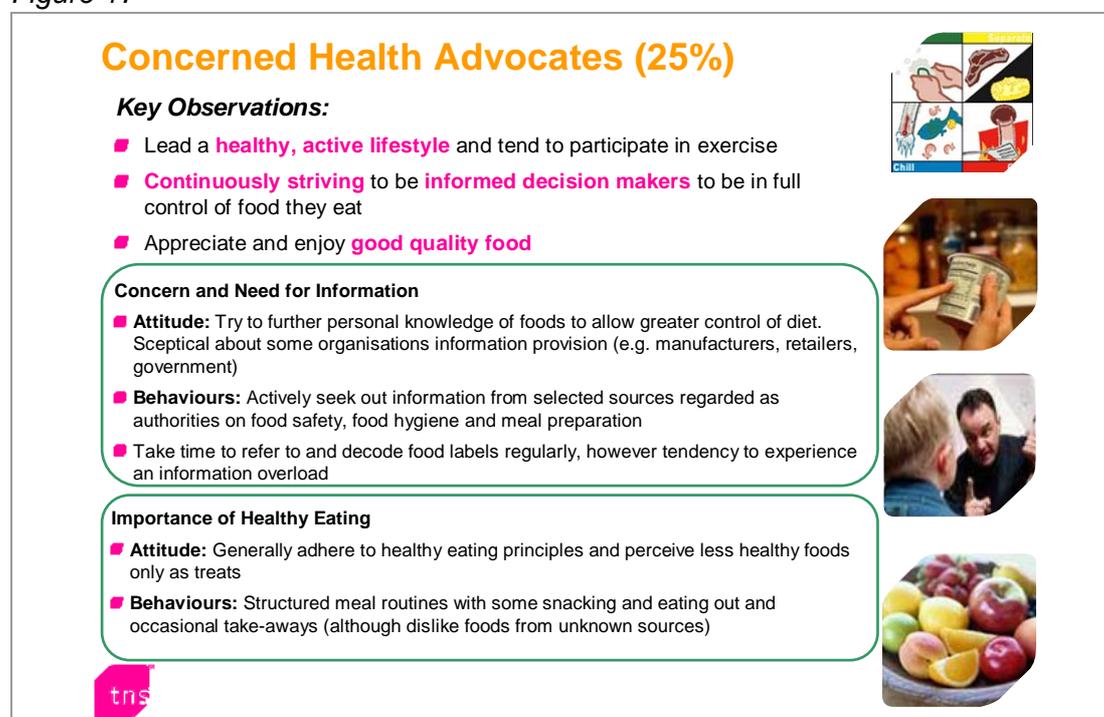
Concerned Health Advocates are more likely not to be confident in the FSA (19% cf. 11%) and to find that the FSA reflects the views of the government (35% cf. 31%). Crucially, considerably more Concerned Health Advocates want the FSA to provide better food labelling (24% cf. 12%) and to put their message across better or more strongly (19% cf. 15%).

Concerned Health Advocates are more likely to be in the 35-65 year age band and to be married (67% cf. 58%). There are also more respondents from an ethnic minority background in this group compared to the total sample (14% cf. 9%).

## Qualitative Findings

A summary of the key observations from the qualitative research is shown below:

Figure 17



In terms of the type of consumers who are categorised in this segment, they tend to be healthy and active individuals in the same way as Health Conscious Pragmatists.

They are consciously aware of the requirement to eat a balanced diet and exercise in order to maintain levels of health. However, they are defined by their higher level of concern for their diet, and the constant effort they make to be fully in control and aware about the foods they consume. This level of anxiety means they are often more disciplined in terms of their approach to food, in knowing what they will and will not eat. They enjoy good food and taste is of crucial importance to them, however generally not at the expense of being unhealthy. They do succumb to indulgent digressions occasionally but clearly suffer from guilt pangs after such sessions.

Concerned Health Advocates take an active interest in their food and are thoughtful about the choices that they make. They are receptive to new information about healthy eating, meal preparation and food safety and scares. However, they tend to be wary of different, particularly conflicting, information sources and consider a need for caution and evaluation, rather than accepting all information 'blindly'. They seem unlikely to be easily led by food retailers or manufacturers' marketing campaigns and product claims, particularly when these are not perceived to be substantiated by products themselves.

Concerned Health Advocates like to be able to understand a logic, which allows them to draw their own conclusions about what is healthy or safe in food. This is perhaps why they therefore show some reluctance to information and recommendations from the government (which they may perceive to be of a more dictatorial nature), than other sources which, in their opinion, may allow them to make informed decisions. Concerned Health Advocates are more likely to have selected their own sources that they perceive as an authority and from who they believe information is trustworthy, reliable and consistent. These might be particular publications, journalists or even TV programmes featuring celebrity nutritionists or chefs. This group shows a higher amount of concern than other groups in relation to food safety, and also looks for information (relating to food preparation and storage) in the media and on food labels to ensure they take the appropriate measures to remain safe.

***“As far as [food] scares goes, it’s ridiculous. Everyone has kicked up a big stink about BSE or mad cow disease, but the government knowingly allowed those products and would accept a death from that...why are the government allowing that to happen?” (M, 36-45, B/C1)***

***“I check the use by date - I'd say I am meticulous about things coming to life!”  
(M, 36-45, B/C1)***

Concerned Health Advocates are also more inclined to take time to refer to food labels in their grocery shopping, and decode these to make sense of the information. This process helps in providing them with a sense of control over their product choices, but can also have a negative impact in causing confusion and ‘information overload’. Trying to assimilate a lot of information from different food labels in order to draw comparisons to select the ‘right product’ can be a frustrating process. Concerned Health Advocates are generally looking to make more healthy choices in the food they buy, however, they do not compromise on taste and enjoyment of food just for the healthiest item available. They tend to have a repertoire of trusted brands and products which meet their criteria, and act as a benchmark when trying anything new. Similar principles apply when visiting new restaurants or trying new take-away outlets. They need to gain trust in terms of quality and enjoyment first, before gaining confidence to repeat visits or usage. Finally, Concerned Health Advocates do not rule out less healthy foods, such as biscuits and chocolates, but tend to reserve these more for treats as opposed to general consumption. This reflects their more structured approach to eating and mealtimes.

***“I think you have to trust that the restaurants are following food safety laws - I think you don't think about it too much because if you did you wouldn't go there.” (F, 36-45, C1/C2)***

Figure 18



Concerned Health Advocates are not pre-occupied with wanting to attain a certain level of cooking ability, but are happy to make meals which are generally healthy and gain a certain sense of satisfaction for their effort. They are happy to take shortcuts, often looking for new ways and ideas for creating simple healthy meals.

***"I like watching Jamie Oliver and Anthony Worrell Thompson because they do good wholesome food and it's not 'measure out 1/4 of a cup of this', they are like, 'handful of that, bit of this'."*** (M, 36-45, B/C1)

***"I wouldn't cook seafood, or rice pudding; liver or pork belly...things I don't know what to do with."*** (F, 36-45, C1/C2)

Convenience foods such as ready meals are not necessarily advocated by these consumers, however, they are not averse to using them should a need arise, once or twice a week. Concerned Health Advocates take time to identify meals which they believe will be more healthy and balanced, as opposed to choosing anything because they think it will be the most enjoyable. They may also take compensatory measures such as balancing convenience type foods with a fresh side salad to improve nutritional value of a meal. Concerned Health Advocates also endorse the importance of meal occasions, appreciating formality and sitting around a dinner

table to eat. This would be a necessity for a special occasion or if guests were visiting.

Concerned Health Advocates perceive some healthier foods do cost more, however if cost can be justified then this is not a barrier to purchase. Suitable justification to this group would be a way of being able to identify that the food has been produced in a way that makes it more expensive, for example, 'organic', or 'farm fresh', via a farmer's market. This acts as a kind of guarantee that a food is worth paying for. These types of endorsements on labels attached to foods are seen as essentially irrefutable fact, as opposed to a form of information requiring evaluation to establish whether it is trustworthy. Concerned Health Advocates like these types of foods for this reason; they are more straightforward and clear and therefore, alleviate the need for concern. Furthermore, these foods are perceived to be healthy by this segment.

Concerned Health Advocates are the most cautious and have the greatest 'active' concern with regard to food safety and food hygiene, this being a critical parameter on which the segment is defined. This segment exhibits high involvement in terms of consulting information sources and show high regard for making informed, 'safe' food choices; they do not take risks. Concerned Health Advocates tend to exhibit higher levels of suspicion around information disseminated by both the government and the media on food scares, preferring to research issues themselves via their trusted sources, in order to make informed decisions. In terms of food hygiene, this group have become practiced in exercising a high level of caution in food preparation, with such habits as the use of bacterial sprays and using separate chopping boards and knives for cutting vegetables and meat. They also tend to be fairly conscious about the appearance and smell of foods, particularly meats, and may actively look for signs of deterioration or damage.

***“You can't know for sure if food is safe...you have to trust it. The only real way would be to grow it yourself. I look at sell by dates but don't trust that as often it's too early.” (F, 46-55, B/C1)***

***“If there was a leaflet there about food safety, I'd probably pick that up and read it ... for the next time. It's so sad!” (M, 36-45, B/C1)***

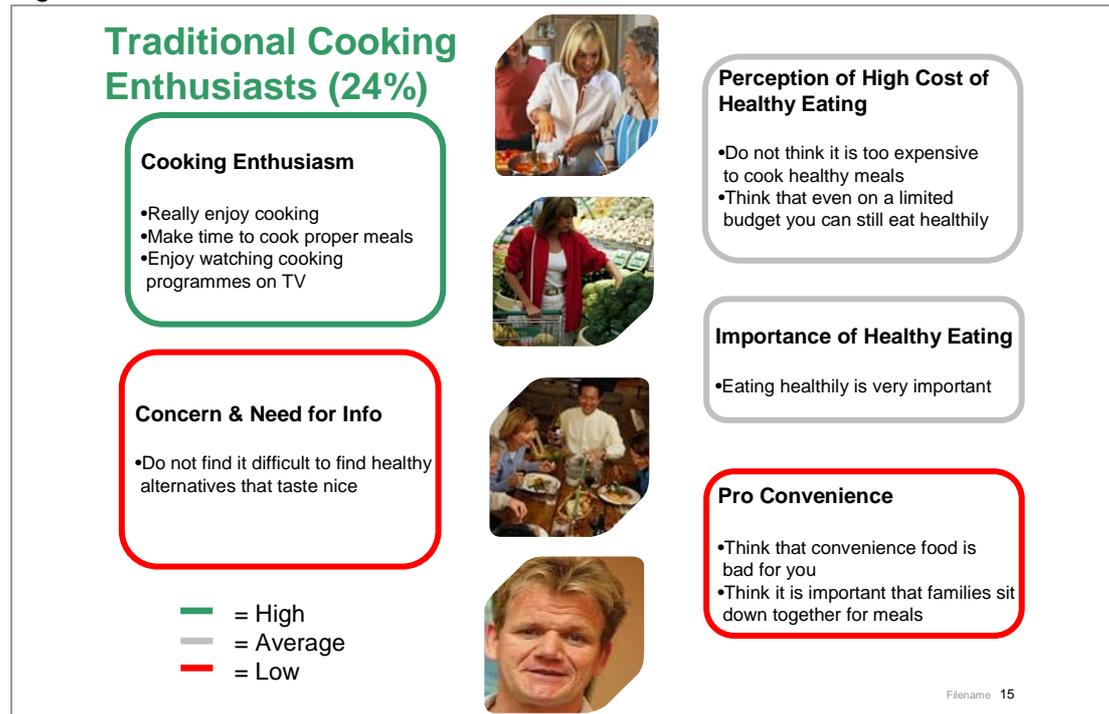
***“You learn [food safety] from experience - you see it on TV programmes, or in restaurants. I've got mates that are single too and you think 'you need to tidy up a bit', but I tidy up as I go instead of having to do a blitz.” (M, 36-45, B/C1)***

### 4.3.4 Traditional Cooking Enthusiasts

#### Quantitative Findings

A summary of the relationship between the Traditional Cooking Enthusiasts and the attitudinal factors is shown in the chart below.

Figure 19



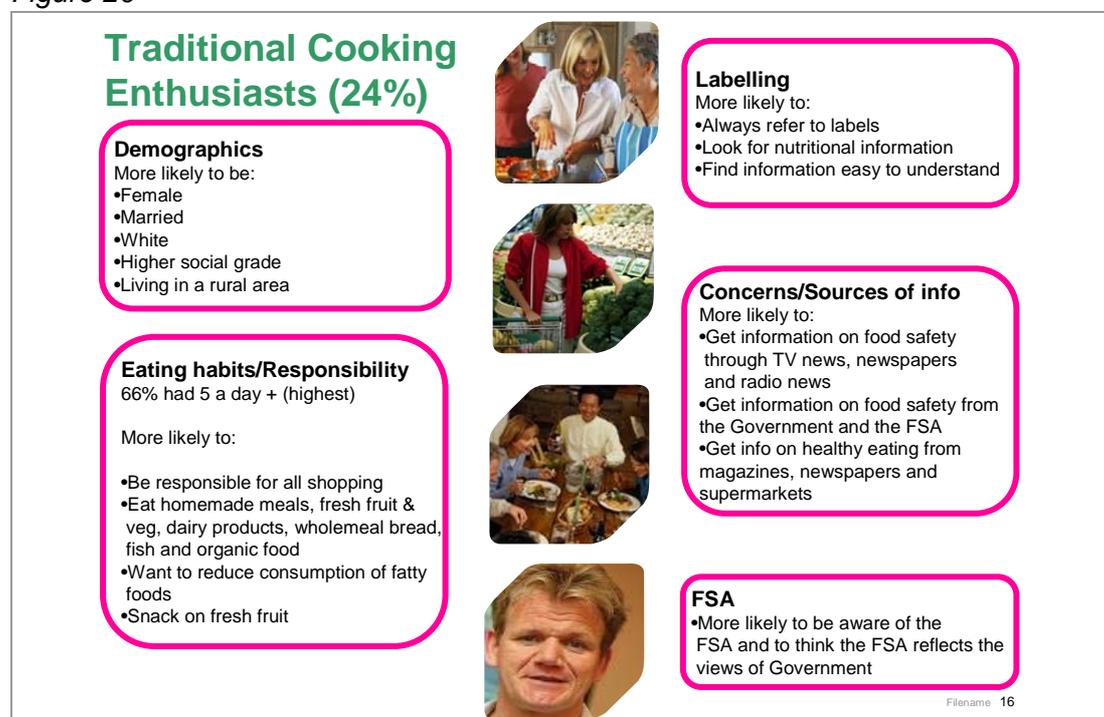
Traditional Cooking enthusiasts are defined by their cooking enthusiasm, expressed through enjoyment of cooking, making time to cook proper meals and a fondness of watching cooking programmes on TV. Their attitudes are average when it comes to concern and need for information, though they particularly disagree with the statement that it is difficult to find healthy alternatives that taste nice.

They tend to disagree that it is too expensive to cook healthy meals and are of the opinion that even on a limited budget one can still eat healthily. Healthy eating is only averagely important to Traditional Cooking Enthusiasts, suggesting that they are driven by an enthusiasm for cooking as opposed to healthy eating per se.

Traditional Cooking Enthusiasts are more likely to think that convenience food is 'bad for you' and strongly advocate that it is important that families sit down together for meals; reflecting the 'traditional' nature of their attitudes.

The demographic profile and key claimed behaviours of Traditional Cooking Enthusiasts are shown in the chart below.

Figure 20



When it comes to eating habits, 66% of Traditional Cooking Enthusiasts claimed to have 5 or more fruit and vegetables a day. This is the highest claimed consumption of all the segments and compares with 55% of the overall sample.

Traditional Cooking Enthusiasts are more likely to be responsible for all shopping (62% cf. 53%) and to prepare homemade meals ('from scratch') on most days (76% cf. 63%).

They also consume more fresh fruit every day (82% compared to 73% of the total sample), dairy products (78% cf. 71%), fresh vegetables (81% cf. 67%), wholemeal bread (49% cf. 38%), and fish (33% cf. 26%). The group is also more likely to want to reduce their own consumption of fatty foods (30% cf. 26%). It can also be observed that in the case of snacking, they snack on more fresh fruit than other groups (56% cf. 40%).

When looking at labels, Traditional Cooking Enthusiasts are more likely to look for nutritional information (81% cf. 71%) and to find the information easy to understand (73% cf. 64%). They are also more likely to 'always' refer to labels (38% cf. 32%).

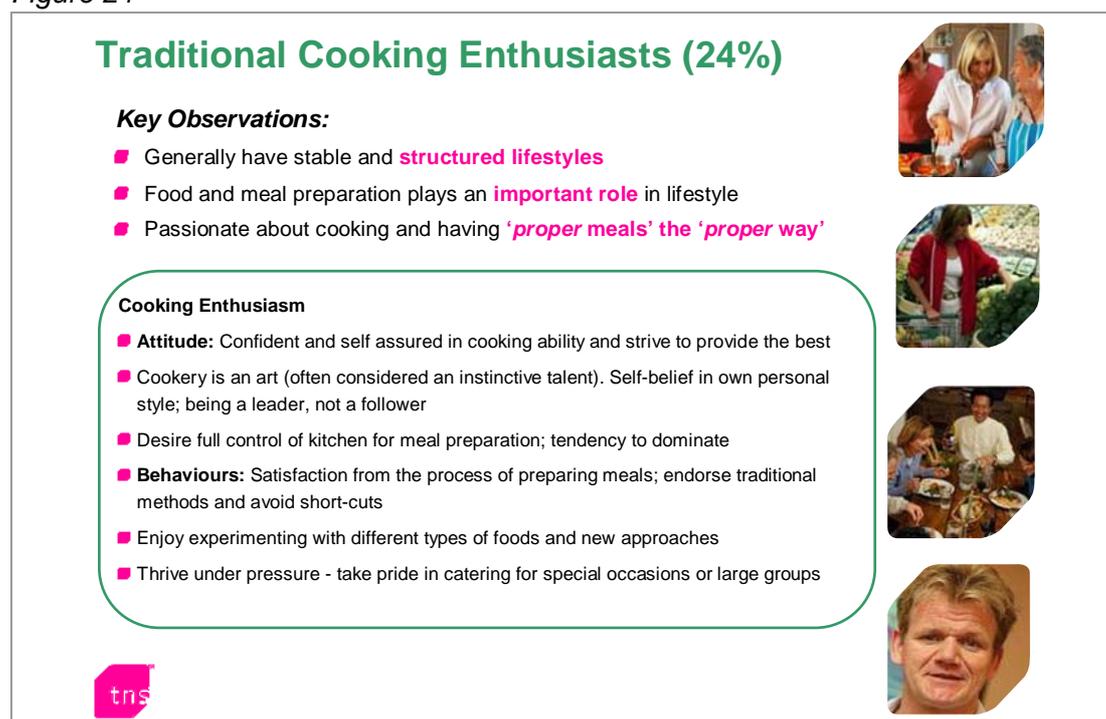
Traditional Cooking Enthusiasts appear to be generally better informed about food safety and healthy eating, using a number of different information sources. When it comes to information on food safety, the group is more likely use TV news (64% cf. 58%), newspapers (51% cf. 43%) and radio news (24% cf. 18%). In terms of providers of information on food safety, they receive more information from the government (43% cf. 36%) and the FSA (39% cf. 34%). When it comes to healthy eating, Traditional Cooking Enthusiasts are more likely to get information from newspapers (29% cf. 25%), supermarkets (19% cf. 14%) and magazines (37% cf. 31%).

This segment shows an 87% awareness of the FSA compared to 82% overall. The opinion that the FSA reflects the view of the government is also slightly more prevalent here (35% cf. 31%). In terms of demographics, Traditional Cooking Enthusiasts are more likely to be female (61% cf. 51% in the total sample), white (96% cf. 91%) and to belong to a higher social grade (AB, 27% cf. 19%). There are also more married respondents in this group (66% cf. 58%) as well as respondents from rural areas (28%).

## Qualitative Findings

A summary of the key observations from the qualitative research is shown below:

Figure 21



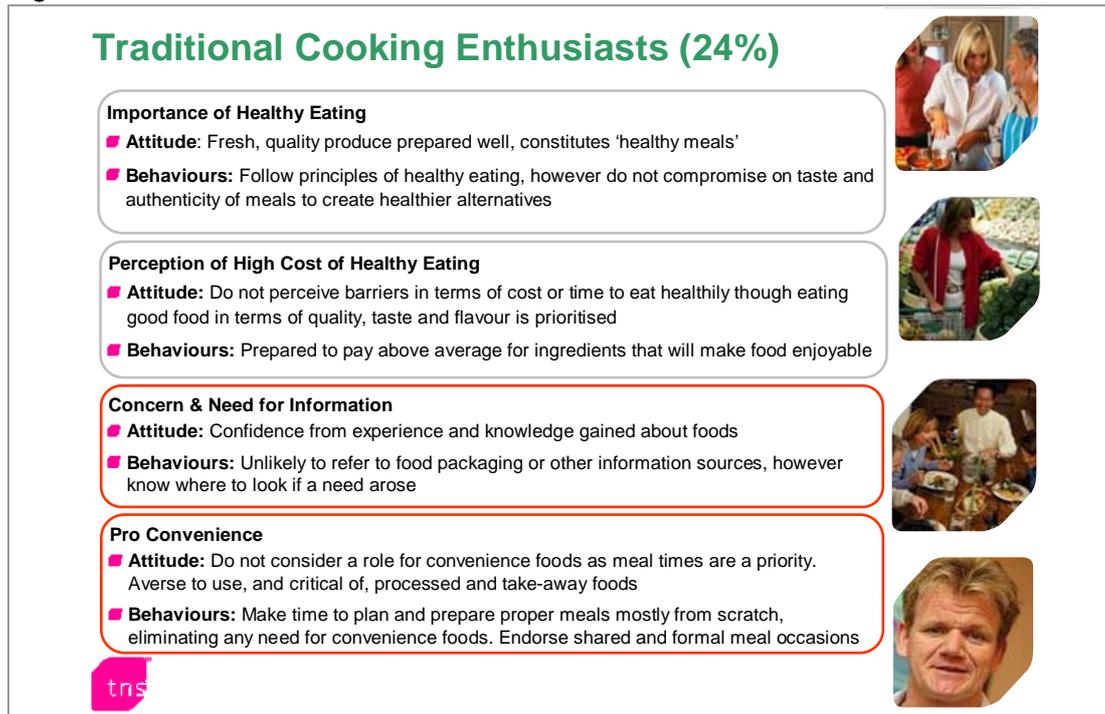
Traditional Cooking Enthusiasts tend to have a certain level of stability in their lives, and have rather structured and conventional lifestyles. They tend to be organised and relatively disciplined individuals, who may have more traditional values, beyond just the way they approach meal preparation. Food is an important part of their life, both in terms of cooking but also in terms of eating and giving suitable importance to mealtimes. Meals are rarely skipped or missed, and are attributed a certain amount of time in the day, as opposed to being fitted around other activities. Most commonly, this is a discipline instilled by parents while growing up, particularly since these consumers tend to be slightly older and therefore their parents are often of a previous generation, with more traditional values. Traditional Cooking Enthusiasts are passionate about cooking and meal preparation. They find the process of making what they consider to be a 'proper meal', that is one which is an established 'dish' (as opposed to a meal requiring low skill or that does not incorporate a balance of food groups), in an authentic way, very rewarding.

They are confident cooks, unafraid to experiment, always trying to deliver their best. Some Traditional Cooking Enthusiasts are of the belief that they have more of an intrinsic flair for cooking, than it being a skill they have developed over time. To them, cooking is considered more as an interest as opposed to a task or a chore. The kitchen tends to be an environment within the household they dominate. Traditional Cooking Enthusiasts tend to thrive under pressure, and enjoy the challenge of cooking for a large groups or creating a really special meal. They take time to plan for occasions and pay attention to detail in recipes, and generally have well-stocked and better equipped kitchens for preparing a variety of meals.

***"I'll cook anything as long as it's going to taste nice." (M, 46-55, B/C1)***

***"I remember watching my mother cook, and learning by watching her. I learnt about the importance of good food...where to get it or how to grow things....Now I get my recipes from books and TV programmes." (F, 56-65, C1/C2)***

Figure 22



Traditional Cooking Enthusiasts rate as average on Importance of Healthy Eating and Perception of High Cost of Healthy Eating. If meals are freshly prepared and made from scratch with natural ingredients, they believe them to be healthy. They worry less about high fat, sugar or salt content, and more about how good food will taste. Traditional Cooking Enthusiasts tend to have different preferences for meals they prepare; some leaning more towards meat and fish-based dishes, and others, particularly older respondents, preferring to prepare other items such as pies, pastry dishes, lasagne etc. The nutritional value of these types of foods can clearly vary greatly, from very healthy to very unhealthy, depending on the balance of ingredients used. However, most Traditional Cooking Enthusiasts are reluctant to take risks to compromise on taste of the food they prepare (regardless of the dish), for the sake of making a healthier alternative. Furthermore, these consumers are happy to buy more premium ingredients at above average price, if they believe they will make a meal taste better. This can be attributed partly to a desire for creating something really enjoyable for others and also because it is important for them to do their best to make a meal perfect.

***“We prefer organic meat. We just want open air, happy creatures –we have a good local butcher.” (M, 46-55, B/C1)***

Traditional Cooking Enthusiasts have a low concern and need for information since they gain and retain knowledge from their experiences of preparing meals and tend to require less additional help or advice from external sources. However, this group are not resistant to receiving new information and are particularly open to new information or advice from media sources, cookery books or the internet that will help to improve their food. Whilst they do not rely on food labels for help in making choices necessarily, they refer to them in order to check the contents of products that they buy and generally stay informed. In the event of requiring further information, from their experience Traditional Cooking Enthusiasts are likely to know the appropriate sources to go to.

Traditional Cooking Enthusiasts place great importance on having fresh meals made from scratch as they enjoy the preparation process, and this produces the best quality food. They do not consider a role for convenience foods in their lifestyle since they make time for proper planning and preparation, at most using a jar sauce but being very unlikely to purchase a ready meal. Having confidence in their ability to cook means that they have certain standards for foods that they find acceptable be it in taste, flavour and quality and particular types which they quite critical of. This may extend to restaurant and take-away foods, which they may only consume if they believe they are a certain quality, and not something they could make at home to a better standard. They look to take inspiration from meals while eating out, and may even try to replicate a dish at home to build their repertoire.

Shared mealtimes are highly valued by Traditional Cooking Enthusiasts who are most likely to have more formal, regular meal 'occasions', at a dining table with the family. The sense of occasion is considered more important when time has been spent preparing a meal in order to appreciate the food properly. This fits with the traditional approach of this group, who try to ensure they make time for such occasions.

***"I don't like it how, after all the efforts that have gone into cooking, the kids don't give it that importance." (M, 46-55, B/C1)***

Traditional Cooking Enthusiasts are most likely to exhibit moderate to high involvement in the realms of food safety and food hygiene. Their high level of experience, knowledge and confidence in cooking and meal preparation also translates to feeling comfortable with food safety issues. As a segment, this group is

likely to be less risk averse and willing to rely on intuition for food safety to a large extent. Furthermore, their tendency to adopt traditional methods and cooking practices supports their heightened sensitivity to food safety. This group is confident that if they have further questions or require clarifications about any food issue, they know where to find the information they need. Traditional Cooking Enthusiasts also have trusted sources of authority that they feel they can rely upon to advise about the safety of food they purchase. Due to their attitude to food overall, this group are more likely to visit food outlets where they can rely on the quality of foods, both in terms of provenance and handling and therefore these do not tend to be concerns for these consumers.

***“I ask the butcher about the freshness of the meat. And I can tell from experience.” (F, 36-45, B/C1)***

***“You tend to know all of it automatically, it’s habit. Younger people need to know about it too, as they haven’t been taught like we were taught – they need to be educated at school. If I needed more information, I would use a search engine or look at my cookery books.” (F, 56-65, B/C1)***

## 4.4 Contextual Understanding for Qualitative Exploration

Whilst not specifically explored under the remit of this research, it is clear that broad social trends and developments in food types and technologies have taken place over the last 50 years which have impacted attitudes towards food, meal preparation and healthy eating. Although attitudinal segments explored are not specific to particular demographic groups, quantitative analysis indicates some skews in the likely age and lifecycle of consumers across the four segments, which can be better understood by reviewing the different eras in which consumers were raised.

### 4.4.1 Generational Change

Figure 23



Personal experiences of the development in food production and food availabilities have influenced today's consumers in various ways. For example, consumers now in their 60s and beyond can recall wartime rationing and the restrictions on diet imposed during the 1940's and early 1950's. These consumers grew up in a time when food was much more basic than today and tend to place high value on wholesome, nourishing foods, whereas consumers now in their 40s and 50s were born into a new era when basic convenience foods were beginning to gain popularity.

Whilst initially there were only simple convenience options available, these were advocated for their time-saving properties at a time when more and more women were joining the workforce (see Figure 24). Moving forward, consumers now in their 20s and 30s were born into an age of broadening horizons in foods – with the growth of foreign cuisines beginning to gather momentum in the 1970s and fast food chains such as McDonald’s arriving on UK soil. As well as being exposed to new types of foods, these consumers were children when the microwave was first launched. The result of such experience appears to be greater receptivity to a broader array of meal and food types as ‘the norm’, and a greater degree of experimentation with food.

#### 4.4.2 Broader Social Trends

As well as the evolving food ‘landscape’ of the last 50 years, it is worth noting that there has been broader social change which has heavily influenced the way people live their lives in a more fundamental sense.

Figure 24

### Broader Social Trends

**Gender**

- Women's entry into the workforce in 1960's / early 1970's instigates huge role change
  - Females redefined as wives, mothers and workers
  - Greater independence and less time spent in the home, coinciding with growth of convenience foods

**Families**

- Changing face of families
  - Fewer and later marriages, more divorce, more single parents etc
  - Diverse and dynamic family life: child-centred and leisure-driven

**Age**

- Distance between children and adults in society narrows - kids getting older younger, but younger-spirited parents
  - 40 year olds adopting similar mentalities and lifestyles to 20 year olds.....and 8 year olds aspiring to the same








There are a number of implications of these changes on how attitudes towards food and meal preparation have evolved; with less formality and rigidity surrounding eating occasions now, more flexibility over meal types and where and how meals are eaten at home. Furthermore, the time and importance attributed to leisure activities for the

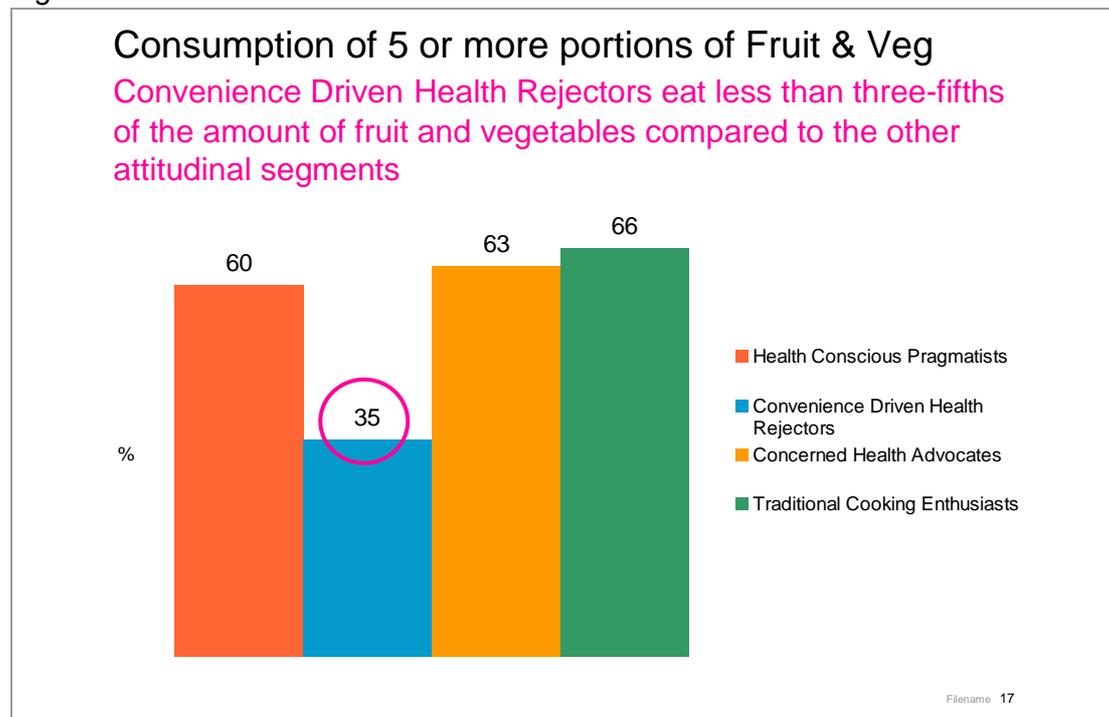
whole family has increased, and 'eating out' at restaurants or in fast food outlets is a recognised past-time constituting such a leisure activity.

## 4.5 Potential Implications for the Food Standards Agency

### 4.5.1 Healthy Eating

The attitudinal segments were examined specifically in their relation to healthy eating to understand whether there were particular attitudinal groups that have less healthy eating habits. The chart below looks at the proportion claiming to eat 5 or more portions of fruit and vegetables a day in each segment.

Figure 25



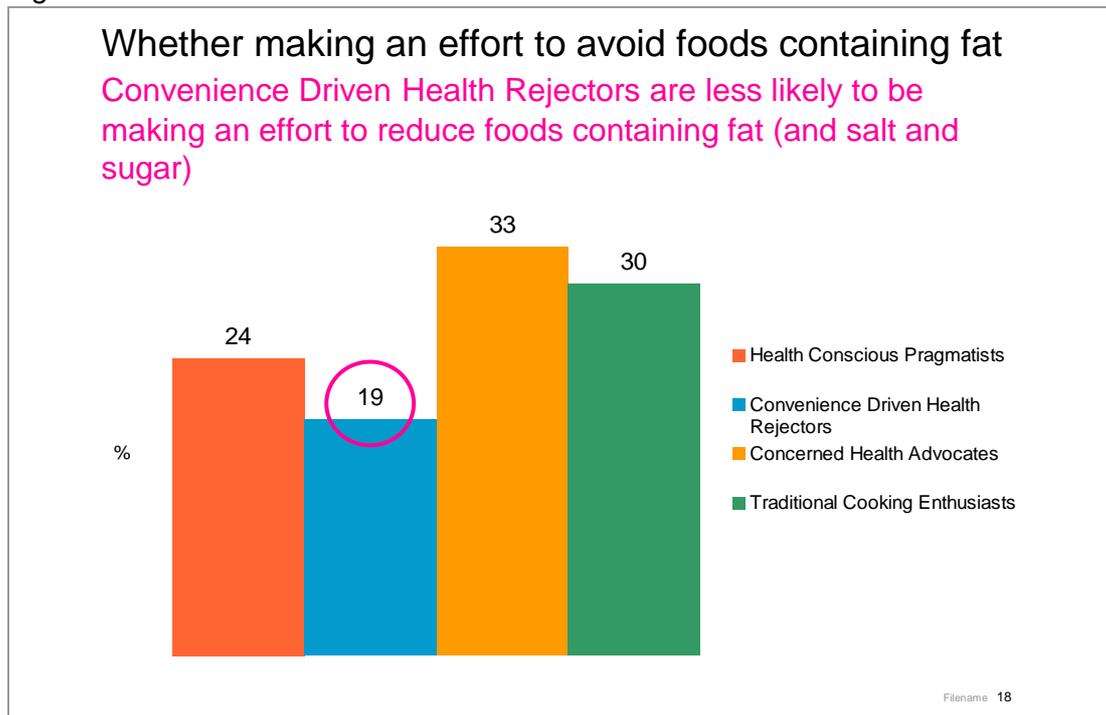
Unsurprisingly, Convenience Driven Health Rejectors are least likely to have claimed to have eaten 5 or more portions of fruit and vegetables (35%) compared to the other three segments. Traditional Cooking Enthusiasts are most likely to have had 5 a day, almost twice as likely as Convenience Driven Health Rejectors (66%).

The **Qualitative** findings corroborate this information. Convenience Driven Health Rejectors have emerged as the least health conscious of all the segments.

Furthermore, this is the segment that is most likely to ignore healthy eating messages. The other 3 segments are more likely to adopt 5 a day as they are more health conscious. In addition to this, each segment has reasons/motivations unique to that particular segment. Traditional Cooking enthusiasts would follow 5 a day because it fits in with traditional healthy eating principles. On the other hand, Concerned Health Advocates would follow it because it is one of the consistent messages regarding healthy eating. It also fits in with their consciously planned healthy eating regimen. And lastly, the Health Conscious Pragmatists would follow 5 a day as it is easy to follow and does not include radical changes in eating habits or significant increase in their food preparation expertise.

The extent to which consumers were attempting to improve their diets was also looked at. As an example, the proportion claiming that they are making an effort to avoid or reduce their consumption of foods containing fat in each group is shown in the chart below.

Figure 26



Again, Convenience Driven Health Rejectors is the group that differs most from the other segments. Whereas around a third of Traditional Cooking Enthusiasts and Concerned Health Advocates want to make an effort to reduce 'fatty' foods, only 19% of Convenience Driven Health Rejectors and 24% of Health Conscious Pragmatists are willing to do so. Since Health Conscious Pragmatists are much more likely to eat

healthily (e.g. '5 a day'), the fact that they are not trying to reduce 'fatty' foods as much as other segments may be less of a concern. However, the figures illustrate that Convenience Driven Health Rejectors is the attitudinal segment that is least likely to eat 'healthy' foods and least willing to reduce the amount of 'fatty' foods they consume.

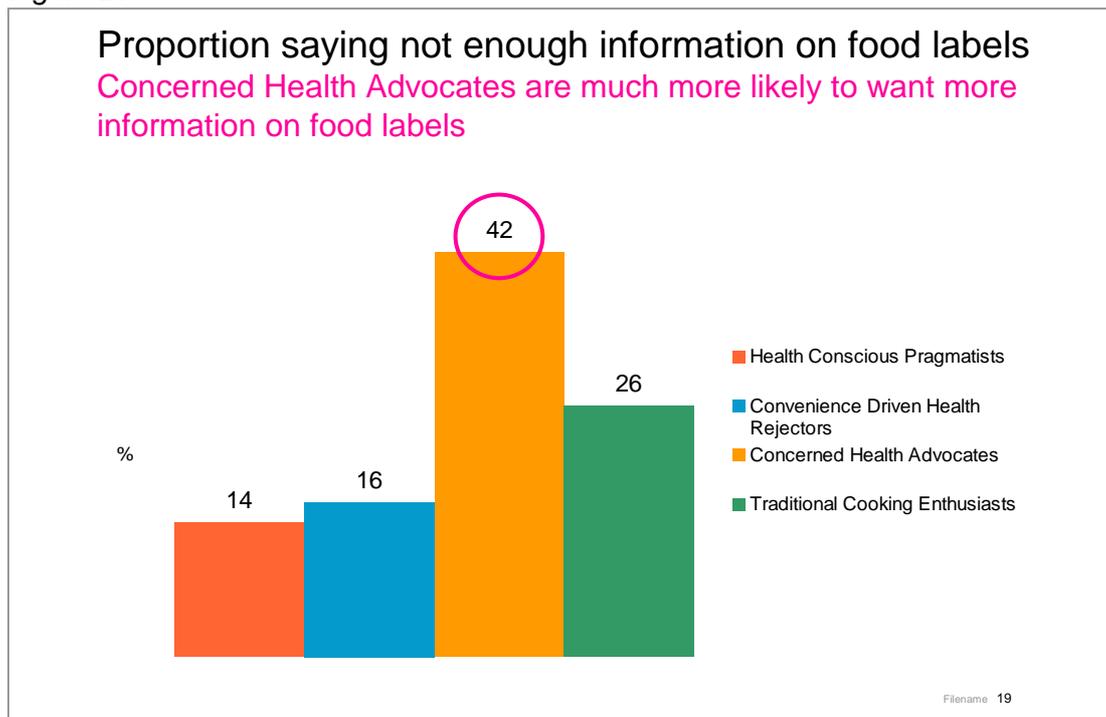
From the **Qualitative**, it emerged that Convenience Driven Health Rejectors are expected to eat the most unhealthily and therefore, do not make an attempt to reduce fatty foods. The Health Conscious Pragmatists, on the other hand, are liberalists when it comes to eating; easygoing and relaxed in their approach. Moreover, they seem to condone themselves when they succumb to fatty foods because they have a focus on keeping fit and being active is a fundamental part of their life.

These unhealthy eating habits, exemplified by the low number of fruit and vegetables eaten a day makes the Convenience Driven Health Rejectors a key segment to be targeted by the FSA in order to encourage a healthier diet. Given the attitudinal profile of this group it appears to be crucial to overcome the perception that healthy food is too expensive and that it is hard to find healthy food that tastes nice. Furthermore, a lack of enthusiasm in cooking requires healthy options that are quick to prepare. Since healthy food might be associated with 'cooking from scratch', it appears to be crucial to appeal to the convenience route, which is so strongly endorsed by this group.

## 4.6 Food Labelling

The attitudinal segments were also examined with regards to their perceptions of food labelling. The chart below looks at the proportion of respondents saying that there is not enough information on food labels.

Figure 27

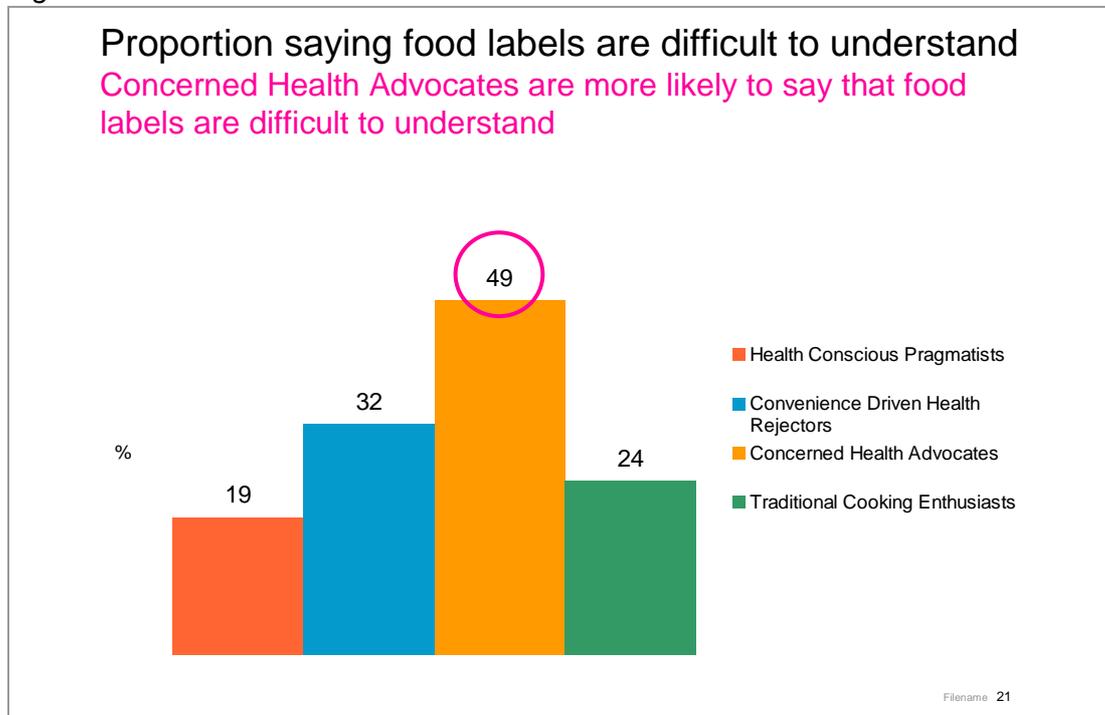


In line with the attitudinal findings, Concerned Health Advocates are by far the segment that is most likely to state that the amount of food labelling information is not sufficient. More than four in ten (42%) are of this opinion, whereas in the other groups this opinion is held by one-quarter or less of respondents.

The **Qualitative** findings show that Concerned Health Advocates are continuously on the lookout for health related information and feel they should get more detailed yet consistent information.

The extent to which consumers find labels difficult or easy to understand was also looked at. The proportion of each group who find labels difficult to understand is shown in the chart below.

Figure 28



The findings show that Concerned Health Advocates are not only more likely to think that there is not enough information on food labels; they are also much more likely to find labelling information difficult to understand. In the **qualitative** exploration, it was found that though the Concerned Health Advocates look for information in general and in particular, regarding food labels; at times they do tend to suffer from information overload. Furthermore, if the information is not consistent across different products/brands/retailers, they seem to find it difficult to assimilate.

In addition to their lack of comprehension and need for more information, it appears that they may see the Food Standards Agency to be responsible, to a certain extent, for labelling and moreover look to the Agency to improve the situation. As discussed earlier, this group is less likely to be confident in the Agency, with nearly one-quarter (24%) spontaneously requesting that they provide better food labelling.

## 4.7 Communication Cues

While mindful of the small sample size and coverage of very specific demographic groups, the qualitative exploration of attitudinal segment provides some steer as to how FSA communications could best be fostered with each of the groups going forward.

Convenience Driven Health Rejectors are a primary concern given their overall lack of interest and resistance to eat healthily. This group currently tend not to acknowledge the importance of healthy eating messages around them, and excuse their reliance on foods with low nutritional value, with little or no motivation to change. The impact of a poor diet that resonates most with Convenience Driven Health Rejectors are short term visible effects, in particular noticeable weight gain but also other external consequences affecting 'attractiveness', such as spotty or greasy skin. For these consumers 'seeing is believing'. They otherwise choose to ignore, or may even find it difficult to understand the damage a poor diet may cause internally. In communication, this fact should be acknowledged in illustrating the effects of an unhealthy diet, for example by employing images of obese people – particularly young people or children. In order to reach this group, there should be a focus on the accessibility of healthy eating, particularly in terms of cost and ease of preparation, and promise that eating healthy foods does not require a trade-off in taste or enjoyment, but enhances the experience of eating. It should focus more about what should be increased rather than what needs to be reduced, in order to promote the ease of implementing change. Given their price sensitivity, a clear price advantage will help steer this group towards healthy eating, however it should be recognised that they are unlikely to change their behaviours over night. Changes must be introduced in small steps, and small changes should be shown to lead to big wins in terms of health, in order to communicate worth.

In terms of style and tone for communication with this group, it must be clear, concise and easy to understand. Convenience Driven Health Rejectors may respond to communications with high shock value, which directly addresses their resistance to change and state of denial, in relation to the importance of healthy eating. An instructive style with rational reasoning would also work well for this group, with messages to tell them exactly what action they must take and what result they can expect.

Traditional Cooking Enthusiasts may also be a hard to reach group in terms of communications, given they are more established in their practices in their approach to food and meal preparation. They may however be an important group to reach given that cooking from scratch with fresh ingredients does not necessarily mean healthy food results. For Traditional Cooking Enthusiasts, it may be necessary to first raise awareness that their cooking style may in several ways be unhealthy, based on fat, sugar, and / or salt content, and then introduce small changes or substitutions which could be made in cooking to dramatically increase 'healthiness'. This group would require reassurance that changes would not cause them to compromise on the taste or wholesomeness of the foods in any significant way.

In terms of style and tone, communications might adopt a fairly traditional stance, with a slightly nostalgic and old-fashioned feel, given that these consumers have an appreciation of more traditional values generally. This group may also respond to communications that shock and cause them to question their current beliefs about food in some way. Overall, Traditional Cooking Enthusiasts are likely to respond to a more emotional tone of communication, however overlaid with a rational explanation of reasons to change, that does not patronise.

In order to reach Health Conscious Pragmatists, communications would need to recognise their modern lifestyle and appreciate that cooking is not a major priority in these consumers' lives. In order to implement change to their current behaviour this group would need to be presented with a strong rationale to make any significant change. Health messages for this group would need to centre on foods they can prepare quickly and easily with ingredients they are already familiar with, and are easily accessible. They enjoy different types of food and occasional experimentation, therefore this angle could be taken in communicating with this group, to make any changes for health benefits seem more interesting or even exciting. If being healthy comes across as too challenging or complex, this group will switch off as they are not going to invest time to implement significant change.

In terms of style and tone of communication, it has to reflect the modern and more dynamic style of life these consumers tend to have. The use of catchy 'lead-ins' might work best to attract the Health Conscious Pragmatists group, who would not spend time to study a great amount of detailed information but could have their curiosity stirred if they perceived a strong reason to pay attention.

Finally, communications would need to be structured and planned carefully in order to strike a chord with Concerned Health Advocates. Whilst receptive, this group are also cynical about information provision and need to build trust before they are comfortable in accepting information from a particular source. Messages would have to be strongly consistent, and it would be beneficial to communicate 'most healthy' or 'best ways' to this group, since they are already familiar with various types of measures that can be taken to be more healthy. The information that these consumers have assimilated over time may have caused greater confusion in their beliefs, so if detailed communications could be developed with a no-nonsense tone and level of information they could come to refer to, this may help ease concerns. While this group are generally healthy eaters, snacking is an area in which they may feel they lack control, perhaps in terms of knowing the right amounts of certain food types etc. Communication with this group could take a more permissive angle, in advising the types of healthy snacks they can have, in what quantities and what benefits they would gain, in order to build confidence.

Overall, the style and tone of communications would need to be honest, clear and detailed, as any messages would be scrutinised by consumers. Furthermore, if action points can be provided in an instructive manner through communications, then this may build the confidence of these consumers by having something tangible to follow and relate to.

## 5. Appendix: Results in Detail

### 5.1 Factor Analysis

| <b>Factor 1 (Cooking Enthusiasm)</b>  |        |        |        |        |        |
|---|--------|--------|--------|--------|--------|
|   | Fac 1  | Fac 2  | Fac 3  | Fac 4  | Fac 5  |
| I really enjoy cooking  | 0.830  | -0.012 | -0.039 | 0.018  | -0.108 |
| I'll make time so I can cook proper meals                                   | 0.724  | 0.036  | -0.134 | 0.179  | -0.175 |
| I really enjoy watching cooking programmes on TV                            | 0.687  | 0.070  | 0.004  | 0.040  | 0.073  |
| <b>Factor 2 (Concern and need for information)</b>                          |        |        |        |        |        |
|   | Fac 1  | Fac 2  | Fac 3  | Fac 4  | Fac 5  |
| I find it difficult to know if a food product is healthy from the labelling | -0.046 | 0.778  | 0.028  | -0.123 | 0.012  |
| I would like to have more information about the food that I buy             | 0.114  | 0.731  | 0.051  | 0.164  | -0.178 |
| I'm really concerned about food safety and hygiene                          | 0.201  | 0.502  | -0.092 | 0.419  | 0.010  |
| Its difficult to find healthy alternatives that taste nice                  | -0.125 | 0.433  | 0.373  | -0.019 | 0.376  |
| <b>Factor 3 (Perception of high cost of healthy eating)</b>                 |        |        |        |        |        |
|   | Fac 1  | Fac 2  | Fac 3  | Fac 4  | Fac 5  |
| Its too expensive to cook healthy meals                                     | -0.022 | 0.125  | 0.820  | -0.021 | 0.179  |
| Even if you are on a limited budget you can still eat healthily             | 0.091  | 0.065  | -0.831 | 0.134  | 0.077  |
| <b>Factor 4 (Importance of healthy eating)</b>                              |        |        |        |        |        |
|   | Fac 1  | Fac 2  | Fac 3  | Fac 4  | Fac 5  |
| Parents should be strict with children and make them eat healthy food       | -0.022 | -0.033 | 0.004  | 0.840  | -0.062 |
| Eating healthily is very important to me                                    | 0.242  | 0.117  | -0.184 | 0.631  | -0.205 |
| <b>Factor 5 (Pro convenience)</b>   |        |        |        |        |        |
|   | Fac 1  | Fac 2  | Fac 3  | Fac 4  | Fac 5  |

|   |        |        |        |        |       |
|---|--------|--------|--------|--------|-------|
| Convenience food is not that bad for you                                    | -0.035 | -0.070 | -0.065 | -0.041 | 0.809 |
| These days its not that important that families sit down together for meals | -0.073 | -0.030 | 0.140  | -0.140 | 0.587 |

## 5.2 Cluster Analysis

### 5.2.1 Factor Scores

| <i>Factor Scores</i>                |          |          |          |          |          |
|-------------------------------------|----------|----------|----------|----------|----------|
|                                     | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Factor 5 |
| Health Conscious Pragmatists        | 0.21724  | -0.82028 | -0.27506 | 0.69439  | 0.61233  |
| Convenience Driven Health Rejecters | -0.49884 | 0.00027  | 0.51940  | -0.70827 | 0.54342  |
| Concerned Health Advocates          | -0.13735 | 1.04528  | -0.07530 | 0.51405  | -0.25047 |
| Traditional Cooking Enthusiasts     | 0.50476  | -0.38328 | -0.28149 | -0.13509 | -0.82599 |

## 5.3 Healthy Eating: Qualitative Verbatim

Figure 29

# Healthy Eating

*What does it mean to you?*

The **Food Standards Agency** website defines a healthy diet as follows:

**A healthy diet contains lots of fruit and vegetables; is based on starchy foods such as wholegrain bread, pasta and rice; and is low in fat (especially saturated fat), salt and sugar.**



Figure 30

## Health Conscious Pragmatists: What does Healthy Eating mean to you ?

“Healthy eating means a varied diet which includes less fatty food, more fruit and vegetables. I believe that with a varied selection of foods, at least you stand a chance.” (M, 46-55, C1 / C2)

*“Balanced diet from all the food groups. Try to eat 5 portions of fruit / veg per day. Trying to drink 1.5 litres per day. Not much salt or sugar in e.g. jams”* (F, 36-45, C1/C2)

*“I have an active lifestyle so I feel that I don’t need to worry too much about what I eat”* (F, 26-35, B / C1)

*“Not snacking and eating crap – trying to eat five a day”* (F, 26-35, B / C1)

Many Health Conscious Pragmatists can describe what constitutes a healthy diet, however notably in rather loosely defined terms. This group do not attribute great importance to healthy eating in isolation, tending to take a more holistic view of health and this is communicated through the laidback tonality



Figure 31

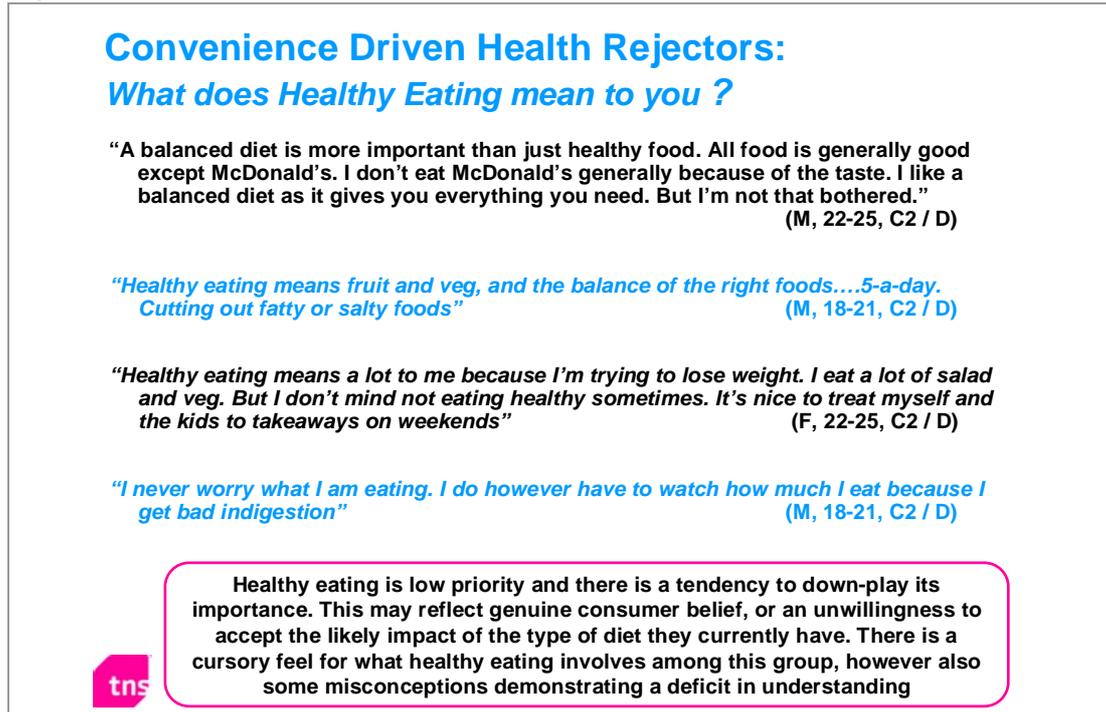


Figure 32

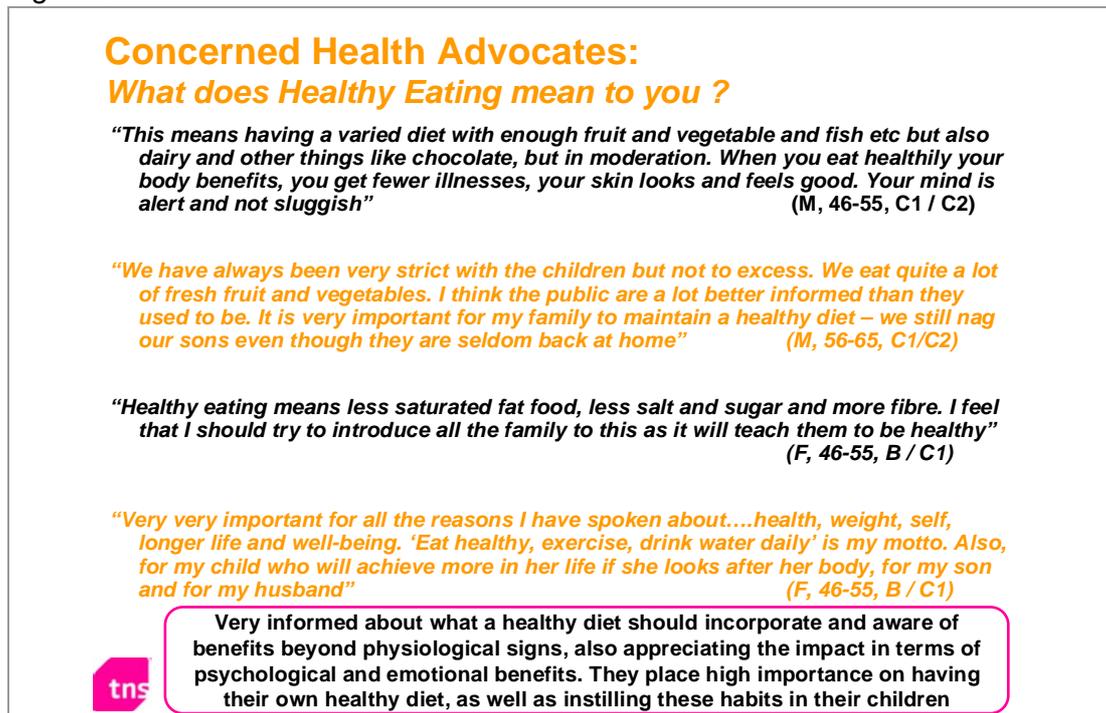


Figure 33

## Traditional Cooking Enthusiasts: What does Healthy Eating mean to you ?

*“Healthy is balanced – protein / fat / carbs and fresh ingredients. Not too much sugar. High vitamins / minerals and lots of veg and fruit. High roughage. Little and often, rather than bingeing. Not over-cooking food”*

(F, 46-55, C1 / C2)

*“Fresh food including fruit and veg. Lowish fat and low calorie. Minimal additives. Natural and varied. Balanced and moderate”*

(F, 36-45, B / C1)

*“Emphasis on fresh produce. A mixed diet is important and giving children a healthy start to feed their brain!”*

(M, 46-55, B / C1)

*“Healthy eating is important. Ideally it would mean as much fruit and veg as possible, but cutting down on fat and salt. We all need to lose weight.”*

(F, 46-55, C1 / C2)

Generally good awareness of what constitutes healthy eating. However, variety is very important to Traditional Cooking Enthusiasts – and sugar, fat and salt are OK if consumed in measured quantities. The emphasis on ‘fresh’ constituting healthy food is also demonstrated. The rather laidback tonality and list-style of responses indicates this group are comfortable with their level of understanding

