

# R&D REPORT

## NO. 174

### Attitudes of older EU adults to diet, food and health: a pan-EU survey

### Summary Report

2003



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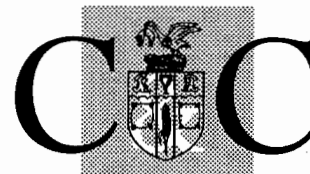


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## R&D Report No. 174

# Attitudes of Older EU Adults to Diet, Food and Health: A Pan-EU Survey Summary Report

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2003

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A detailed report of this pan-EU survey is available. For more information please contact:

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## EXECUTIVE SUMMARY

The overall population in Europe has undergone a gradual age increase which is set to continue over the next century. This has implications both for the individual and for the economic health of the EU and its member states. Maintaining good health during these prolonged years will serve to enhance quality of life and minimise the burden on health and welfare resources. The relationship between diet and health is well established, with many diseases occurring in the Western world showing diet related aetiology. The potential benefits of good nutrition for the health of the ageing populations is great. It is therefore important to understand the dietary needs of this important sector of the population to which little consideration has hitherto been given.

This document reports the results of a Pan-EU survey carried out in order to understand the factors that influence food choice and quantify attitudes to food, nutrition and health among older adults. A questionnaire was developed with the input of representatives from the 15 EU member states to address these issues. Results from a qualitative study, previously undertaken within five member states, were used as a guide. The questionnaire was administered using face-to-face interviews to a representative sample of adults aged 55 years and above in the 15 EU member states.

An overview of the main findings is set out below.

### ***The perceived importance of diet and physical activity to older EU adults***

Respondents were asked to select the factors which they felt were most important in the promotion of long-term good health. From a list of eight possibilities, diet emerged as the most widely acknowledged factor and was selected by 67% of the older EU adult population. This awareness of the health benefits of diet was greatest in Southern regions of the EU, which are associated with a Mediterranean-type diet and where, as demonstrated by the preliminary qualitative investigation, food is often considered a source of pride, tradition and national identity (Newsholme & McEwan, 2001). A greater recognition of the importance of diet was found when compared to a previous pan-EU survey of adults of all ages conducted in 1998. In this survey it was reported that 38% of those aged 15 years and over (including 43% of those aged 55 years and over) selected "diet" as an important health-influencing factor (European Commission, 1999).

Likewise, when asked to report the frequency with which they consume fruit (a crude indication of a healthy diet), a greater percentage of respondents from Southern states emerged as regular fruit consumers. This association between the perceived importance of diet, and consumption of foods considered to be healthy, may be inextricably linked to cultural habits and traditions, in association with food availability. Therefore, education to promote an understanding of the benefits of fruit, vegetables, and other health-promoting foods, and how best to incorporate these into diets where they typically play a minor role, would be useful in improving diets of the elderly. Ensuring a wide availability of healthy foods at affordable prices may make this more acceptable and practical for older adults.

The potential benefit of physical activity to the health and well-being of older adults has been well documented. However, despite this it has previously been shown that a large percentage of elderly adults (51%) feel that they "do not need to do more physical activity than they are already doing" (European Commission, 1999). This present study found a large variation in the perceived importance of physical activity to older adults within EU member states. Adults in Northern regions were more likely to recognise the importance of physical activity to long-term good health than were older adults in Southern regions. Likewise, the percentage of respondents stating that they participate in physical exercise "at least weekly" was greater in

Northern regions than in Southern regions of the EU. A similar North/South EU divide in physical activity participation was reported for respondents 15 years and over (European Commission, 1999). Past, successful physical activity promotion campaigns in states such as Finland (as highlighted by Lahelma *et al.*, 1997) may have significantly impacted on this. However, similar approaches may be successful in emulating this attitudinal and behavioural change in Southern regions of the EU.

Findings of the qualitative study suggested that confusion may exist among some older adults regarding what distinguishes exercise from physical activity. Physical activity was often perceived as exercise carried out in a formal setting, omitting less formal physical activity such as walking to the shops, gardening and household chores. It may therefore be important to emphasise the difference and overlapping benefits of both physical activity and exercise, particularly in states with characteristically low levels of physical activity involvement. In addition, the mutual benefits of a healthy diet and physical activity/exercise should be promoted and not necessarily be regarded as independent factors in the promotion of long-term good health.

#### ***Attitudes to food and their significance upon the food selection of older EU adults.***

When asked to select one of five statements which best described their attitude to eating and drinking, almost 80% of older adults responded “I only eat and drink things good for my health” or “I don’t worry too much as long as I eat plenty of healthy foods”. This would suggest that most older EU adults do have a healthy attitude towards food and are somewhat concerned about the food which they consume. Upon investigation of demographics, individuals most likely to respond “I only eat and drink things good for my health” were 65 years and over, educated to primary level only and retired. However, it is possible that many older adults believe that their diet is healthy due to a lack of knowledge and nutritional education. In addition, the assumption that a “Mediterranean style diet” is more healthful than the typical western diet may lend support to the belief among those living in this area of Europe that their diet *must* be healthy. In support of this, a greater percentage of respondents within this southern region stated “I only eat and drink things good for my health” compared to those in more northern regions of the EU.

Based upon estimated body mass index (BMI) (calculated from estimated heights and weights), a large percentage of those estimated to be over-weight or obese selected “I only eat and drink things good for my health” as the attitude which relates most to their way of eating and drinking (38% and 40% respectively). Again, this was particularly evident in Southern EU member states such as Greece, Portugal and Spain, where the highest rates of over-weight and obesity were recorded and the attitude “I only eat and drink things good for my health” was most popular. This may suggest that despite being over-weight or obese, a great number of older adults in Southern EU states believe the food they eat to be exclusively healthy. In addition, older adults who responded “I only eat and drink things which are good for my health” were most likely to consider “foods to taste more bland now than they used to”, and to report “avoiding certain foods due to chewing difficulties”. In effect, being of the opinion that “I only eat and drink things good for my health” does not necessarily mean that one’s diet is exclusively healthy or would not benefit from further improvement.

Judging by the prevalence of inter-state differences in attitudes towards diet and health, it appears that culture and tradition have a large impact upon attitudes towards food. Indeed, previous qualitative findings demonstrated the importance of habit and tradition to food choice, as these factors emerged as the single most important predictors of food selection (Newsholme & McEwan, 2001). The importance of tradition may suggest that “new” foods, or technological advances in food preparation and processing, may lack familiarity and appeal



to older adults. This may particularly be the case in states such as France and Spain, where traditional ways of eating are especially important to the elderly (Newsholme & McEwan, 2001).

### ***Dietary changes in the older EU population***

Approximately half of all respondents aged 55 years and over reported changing their eating habits in an attempt to eat more healthily. The most common type of changes were increased intake of fruit or vegetables and reduced intake of fat; however, changes predominating in each state varied. In Denmark and the Netherlands for example, a relatively low percentage of subjects increased their fruit and vegetables intake in comparison to those in other EU states.

Based upon the selection of perceived barriers in trying to eat more healthily, young older adults (aged 55-64 years) were less likely to demonstrate resistance to change than were more elderly adults. This was illustrated by the percentage of adults aged 55-64 years who selected “don’t need to change” (19%) or “don’t want to change” (17%) compared to adults aged 75 years and over (28% and 23% respectively). This may be good news for future elderly populations and suggests that providing information and instilling healthy eating habits prior to old age may be the best means for ensuring desirable dietary practices in later life. Encouraging elderly adults to make changes to dietary habits developed over a lifetime may, however, pose a greater challenge.

Respondents were asked to answer “yes” or “no” to the question “have you changed your eating habits to try to eat healthier?” Individual respondents who had not changed their diet were less likely to be interested in finding out more about healthy eating (41%) than those who had changed their diet (74%). Upon investigation of reasons for change in the elderly population, it was found that younger, better educated adults were most likely to change as a result of “becoming more health conscious”. Conversely the oldest, least educated and those who lack interest in finding out about healthy eating were least likely to have selected “becoming more health conscious” as a reason for change.

Overall, “medical reasons” were responsible for the greatest incidence of change among older adults. Changing as a result of medical reasons was higher in the Southern EU member states of Portugal (86%), Spain (71%) and Greece (65%) than in more Northern regions of the EU, such as the Netherlands (40%) and Sweden (34%). This may be due to a greater need for such change, or it may reflect variation in medical and nutritional advice strategies in place across the EU. Due to the high incidence of change as a result of medical reasons, it would suggest that much change among the elderly is reactive (to an existing medical problem) rather than proactive. This may also stem from the fact that “medical professionals” emerged as the most trusted source of healthy eating information among this sample. Hence, information from medical sources may be taken more seriously and considered more personally relevant than healthy eating information which does not originate from these sources. It is therefore very important that medical practitioners are aware and able to recognise when dietary advice is necessary and that nutritionally trained professionals are available to provide up to date and appropriate nutritional advice.

### ***Barriers to dietary change***

Among older adults who did not make dietary changes (53%), the most striking barrier to change was the belief that their diet was “already healthy enough” and therefore had no need to change (79%). This attitude has previously been shown to prevail throughout the entire EU adult population, but particularly among the elderly (Kearney *et al.*, 1997). This alone

presents a significant barrier to improving diets of the elderly and illustrates the potential impact of underlying attitudes on food selection and health outcomes.

It has been shown that among the entire EU adult population (15 years and older) the main barriers to change involve “lack of time” (Lappalainen *et al.*, 1998). However, when asked to select barriers to eating healthily, time (represented by “busy lifestyle”) was infrequently selected by older EU adults. In particular, it was rarely selected by retired individuals. The older adult population were more likely to select “don’t want to” or “don’t need to change” (therefore demonstrating resistance to change), or alternatively feel that changing would “not do them any good”. One explanation for this may be the lack of health promotional messages, and as highlighted by Curtis (1999), the lack of marketing initiatives aimed directly at the elderly. This in itself may pose a barrier to dietary change in this group and may help to explain why the elderly are sometimes shown to be less responsive to healthy eating information (Vetter *et al.*, 1990).

A wide variation in attitudes between countries, and the grouping of like attitudes in Northern regions and like attitudes in Southern regions of the EU, were also observed when investigating barriers to change. For example, adults in Southern member states were likely to select “I am interested in finding out more about healthy eating” and to respond “I only eat and drink things good for my health”. Respondents in Northern member states, on the other hand, were more likely to respond “I eat and drink anything as long as I take plenty of exercise” and “I am not interested in food”. These attitudes and habits, in association with traditional ways of eating, may act as a barriers to change among the elderly. Therefore state specific interventions would be best to change current ways of thinking and to promote adaptations to diets based on the traditional dietary habits of each country. Findings also suggest that different physical barriers prevail in different regions of the EU. In Southern EU states for example, there is a greater likelihood of considering “foods to taste more bland now than they used to”, and a greater incidence of “chewing difficulties” than in Northern EU states. This variation in the prevalence of chewing difficulties may reflect variations in dental health care across the EU. Indeed, a similar disparity was found by SENECA investigators (Fontijn-Tekamp *et al.*, 1996) who found that in Spain and Portugal, availability, accessibility and acceptability of oral health care was lower than in other EU states. This may, in effect, influence the food intakes and nutritional status of older adults.

### ***Perceived body-weight***

Respondents were asked to report whether they felt they were “considerably” or “slightly over-weight”, “about right” or “considerably” or “slightly under-weight”. In addition to this, estimated height and body weight were recorded for participants in this study and from this an estimated BMI was calculated.

Within the entire EU sample, 45% of respondents felt their weight was “about right”, with a similar percentage in each state selecting this category. However, for many older adults there was a discrepancy between self-perception of body-weight and that suggested by their estimated BMI. This was particularly prominent in states with the highest reported level of over-weight and obesity such as Greece, Spain and Portugal. Of respondents who perceived themselves to be normal-weight, 30% were calculated to be over-weight or obese according to estimated BMI. Such an inaccuracy in assessing ones body-weight may act as a barrier to change by creating the impression that individuals are within a healthy weight range and therefore have no need to change their diet, or to reduce their weight. Males may be particularly susceptible, as despite having a higher estimated incidence of over-weight/obesity than females, they were more likely to perceive their weight to be “about right”. This

highlights the need for educating older adults on how to accurately assess their own body-weight and of the potential health outcomes of being over-weight or obese.

There was a greater incidence of dietary change and more interest in finding out more about healthy eating among those estimated to be over-weight or obese (and among those who perceived themselves to be over-weight or obese). Over-weight or obese individuals were also most likely to report that “healthy eating means giving up the foods that I enjoy”. This suggests that while they may be making an effort to change and show an interest in finding out about healthy eating, the restrictions associated with healthy eating pose particular difficulties for those with weight problems. Older adults in different body-weight, or perceived body-weight, categories may therefore respond best to different message types and may be attracted by different diet-associated benefits. Individual messages aimed at specific weight categories may be most successful in bringing about the most appropriate changes within each group.

### ***Healthy eating messages***

Respondents were asked to what extent they trusted a number of healthy eating sources. Findings suggest that “medical professionals” followed by the “department of health/health institutions” would serve as the most trusted and consequently the most influential source of healthy eating information for the elderly. Respondents who did make dietary changes were more inclined to trust all information sources compared to those who did not change their diet. Building trust in providers of healthy eating information may therefore be an important initial step in instigating change among elderly EU adults.

It was evident that state specific approaches are likely to bring about the best results. In addition, different weight or perceived weight categories may require different incentives to eat healthily. While some might react best to the prospect of weight loss, others may be better motivated by other aesthetic, medical or well-being benefits.

Older adults with “no friends or relatives outside the home” were more inclined to state “I am not interested in food” than those who did eat in the company of others. It was also suggested from qualitative investigations, that the most socially isolated elderly were less interested in food, while elderly adults on the whole enjoyed food more when eaten in the company of others (Newsholme & McEwan, 2001). Socially isolated elderly may therefore require individual attention in order to increase their level of interest in food and healthy eating. Diet and lifestyle changes which incorporate opportunities for social interaction may be particularly important for such individuals.

### ***Trusted sources of healthy eating information***

As health professionals were the most widely trusted source of healthy eating information, and “medical reasons” were responsible for the highest incidence of change, medical professionals appear to be in the best position to encourage healthy eating in the elderly population. However, they may not always be the most accessible or wide-reaching source. It is therefore important to ensure that alternative sources are giving accurate information which does not confuse or contradict that of the medical professional. For example, advertising was the least trusted information source among older adults and scepticism of this source increased with age. Exposure to advertising may nonetheless be high and so it is important that the messages portrayed through this medium are both trustworthy and consistent with those of health professionals.

Within this population group, approximately 50% trusted media-type sources (TV/radio). In Spain, however, it has been suggested that the origin of media relayed messages very much

determines whether or not, and to what extent, they are trusted (Sanchez & Martinez, 2000). This may be a useful source due to its ability to reach a wide and varied audience and so increasing the level of trust in TV/radio, perhaps by establishing endorsements with health professionals, may be successful in educating older adults and in initiating change.

The shopping environment itself relays many nutritional messages to consumers. The supermarket through its layout, products and in-store information, may provide a source of ideas and inspiration for the elderly. In addition, label information may be an important guide to food choice and was also trusted by an estimated 50% of respondents in this survey. However, as suggested by Newsholme & McEwan (2001), print size and distrust in manufacturers may inhibit the value of labels as an information source. Elderly consumers should equally be able to make informed food choices. Therefore, adapting label or print size, or providing alternative sources of in-store product information should be considered to accommodate consumers with difficulty in understanding label information.

### ***Summary***

It is clear that diet is recognised as an important influence in the maintenance of long term good health within the population of EU adults aged 55 years and above. The application of this knowledge towards healthier eating, however, is less certain. Despite the high level of awareness regarding the importance of diet to health, it appears that messages are not necessarily understood, nor indeed being acted upon. Although the elderly EU population is not a homogenous group, introducing measures to provide information in the form of appropriate clear concise messages, focussing on specific needs of this population, is important. This in turn may help to introduce positive dietary changes and tackle any existing confusion or conflicting messages relating to diet and health that have been gathered over a lifetime. However, in order to break down barriers and encourage participation in healthy dietary practices, state-specific interventions may yield the best results in terms of modifying attitudes and behaviours. It must be ensured that messages are derived from appropriate sources and should include explicit information on specific food or cooking methods adapted to individual states to accommodate the cultural differences apparent between EU states. In addition co-operation between policy makers within all EU states is essential to assess public health policies already in place within the EU. This will help provide a benchmark for implementation of strategies designed to improve the health of the elderly across the EU.

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# **Attitudes of older EU adults to diet, food and health: a pan-EU survey summary report**

## **Part 1. Introduction and Methods**

# 1 Introduction

## 1.1 Background

The age demography of the EU is undergoing changes. The average life-span of its inhabitants has lengthened, a trend which will continue over the next century. It is thus predicted that by the year 2025 the number of EU citizens over the age of 60 will outnumber those under 20. With this increase in the elderly population comes an associated rise in the incidence of chronic and disabling disease. This places ever growing demands on health, social and welfare services and on the economy of the EU and its member countries. Improving health status during the latter stages of this prolonged life will both optimise quality of life for the elderly, and minimise the burden on health and welfare resources. One means of achieving this is by enhancing lifestyle and dietary practices within this population.

It is estimated that at least one third of all premature deaths in the EU are at least partly related to dietary practices, and are consequently preventable (Stockley, 2001). In the elderly, the main causes of premature death include coronary heart disease, strokes, obesity, diabetes mellitus, osteoporosis and cancers, all of which can be diet related and have the potential to be prevented, stabilised, or improved through manipulation of dietary practices. The elderly are also at increased risk of malnutrition due to reduced food intake and physiological adaptations. These stem from a host of age-related changes in health status, lifestyle and the social environment.

The potential benefits of improved nutrition in older populations is therefore vast. Nevertheless, the specific food and associated needs of this population have, up to now, been largely ignored, with marketing and advertising sectors focussing primarily on the youth market (Curtis, 1999). In addition, there has been little investigation into the nutritional impact of the physiological, psychological, social and financial changes that accompany the ageing process. It has, however, been established that the elderly are a unique and diverse group who demand individual focus when considering their nutritional and lifestyle needs.

The functions of food go beyond simply providing a source of energy and nutrients. It also fulfils psychological and social needs and provides distinction between religious, cultural and geographical groups. The EU, and each of its member countries, are comprised of very diverse and individual population groups. This is reflected by considerable dietary variations, from the type of food consumed, timing of meals, distribution of energy intakes and levels of energy expenditure (de Groot *et al.*, 1996).

It is often perceived that the typical Mediterranean diet, characteristic of Southern European countries, is more healthful than that of Northern countries. It can therefore be assumed that attitudes to nutrition and health will also succumb to variation, reflected by the inconsistent rates of disease and mortality among member countries. This suggests the need for developing basic common dietary guidelines for the EU elderly population and then adapting different food based guidelines for each country. This should focus on maintaining positive aspects of the diet and highlighting areas of potential improvement within each country.

## 1.2 Scope

This report presents findings from the Pan EU survey investigating attitudes of older adults to diet and health. This will provide valuable information to policy makers, health professionals and food manufacturers through identification of prevalent attitudes and reasons for food



selection in this population group. This will help to highlight existing gaps in policy where goods and services may be formulated to meet the individual needs of this group.

### **1.3 Aims**

- To investigate and quantify attitudes to food, nutrition and health among older adults throughout the EU.
- To provide information which can be used to encourage healthier aging in the EU population through promotion of a healthy diet and lifestyle.

## 2 Methods

A pan-EU survey was conducted to identify and measure attitudes to food, nutrition and health among older adults throughout the EU. The following objectives were outlined for identification in this survey:

1. Perceived important influences on food choice
2. Main perceived barriers to eating a healthy diet
3. Dietary change
4. Exploration of the social context when eating
5. Mentality towards foods
6. Self-reported physical activity / inactivity

### 2.1 Questionnaire design and development

The questionnaire design was based on an initial study carried out in five EU countries (Denmark, France, Spain, Sweden and the UK). The aim of this work was to highlight similarities and differences in attitudes and behaviours both within and between countries and subsequently to identify key issues to be addressed in the pan-EU quantitative questionnaire.

Using the qualitative results as a guide, a questionnaire was developed by Trinity College, Dublin (TCD), in association with a panel of health and nutrition experts from the 15 EU member countries. The final questionnaire comprised 15 close-ended questions (see Appendix 1). Respondents also provided a number of socio-demographic details including gender, age, level of education attained, marital status, social class, number in household and location. This information was used both to ensure a nationally representative sample, and to facilitate examination of specific population subgroups at the analysis stage.

### 2.2 Questionnaire administration

Interviews were carried out as part of Eurobus. This is an omnibus survey where the principal costs are shared by a number of clients participating in a syndicated service. The survey was quota controlled to provide a demographically representative sample.

#### *Market researchers*

MRBI Ireland Ltd. was commissioned to manage the fieldwork component of this study, with a sub-contracted market research agency overseeing the work in each individual country (see Appendix 2 for a list of participant market research organisations). The questionnaire was administered to subjects between February and April 2001. An exception to this was Germany where, due to inaccuracies in the initial fieldwork stage, it was necessary to repeat the survey. This re-administration was carried out during February 2002.

#### *Questionnaire translation*

The questionnaire was translated from English into all relevant languages by the market research sub-contractors. Translations were verified by the relevant Survey Management

Group (SMG) group, and piloted within each country to ensure that the original question meaning was maintained on translation (see Appendix 3 for a list of SMG members).

### ***Sampling***

Each country was set a target sample recruitment size of 500 adults, aged 55 years and over, (with the exception of Luxembourg, where the target sample size was 250). Sampling points were drawn from the most recent national statistics; however, application procedures varied between countries. A description of the sampling procedures used in each country is shown in Appendix 4. All research organisations, and the sampling methods used, conformed with the standards set out by ICC / ESOMAR (1995).

### ***Methods***

Ad-hoc face-to-face interviews were carried out in the home setting. Interviews were administered using either the Computer Aided Personal Interviewing (CAPI) or Pen and Paper Interviewing (PAPI) techniques.

### ***Data checking and compilation***

Data entry was conducted locally by market research groups. Data merging and checks were subsequently carried out by the co-ordinating market research group MRBI.

## **2.3 Analysis of data**

Analysis of the data was carried out using Statistical Package for the Social Scientist (SPSS).

### ***Weighting***

To ensure that results reflected each country's socio-demographic profile, two types of weighting measures were employed. Firstly, when examining individual countries a "within country" weighting was applied to counteract any variation in the socio-demographic profile arising from recruitment procedures. On examination of the results as an EU average, however, a "between country" weighting was applied. This ensured that each country's contribution to the EU average was reflective of population size and less populated countries did not receive undue emphasis in the context of the total EU population. Weightings were based on the most recent official statistics for each member country.

### ***Demographic breakdowns***

A number of demographic variables investigated offered subdivisions which applied only to a minority of respondents in this sample. In such instances, and where deemed sensible, groups were merged to facilitate the interpretation of results. This applied to work activity, meal preparation and reported dietary habits.

Tables 2.1 & 2.2 show the demographic breakdown of subjects prior to the merging of individual groups.

**Table 2.1:** The socio-demographic profile of respondents who participated in the pan-EU survey on attitudes and behaviours of elderly consumers (sex, age, education and number in household).

Country	Number	Weighted	Sex (%)		Age (%)			Education (%)			Number in household (%)		
			Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	> 1 other
Austria	408	2100	41	59	43	34	23	36	51	13	38	57	5
Belgium	444	2734	53	47	46	37	17	37	46	17	34	55	12
Denmark	401	1415	50	50	43	33	34	35	47	18	44	50	6
Finland	426	1311	48	52	34	38	28	69	24	8	45	48	7
France	613	14550	44	56	42	37	20	44	27	28	33	56	10
Germany	426	23234	43	57	50	35	15	69	19	12	29	58	13
Greece	407	2705	48	52	38	43	19	68	24	8	15	48	38
Ireland	406	745	46	54	41	37	22	43	45	13	30	40	30
Italy	407	17028	46	55	45	39	16	77	20	3	23	42	36
Luxembourg	250	107	47	53	50	31	20	40	53	6	30	43	26
Netherlands	428	3735	48	52	45	34	21	35	46	19	23	56	21
Portugal	406	2333	49	51	46	36	19	86	12	2	27	51	22
Spain	408	10508	43	57	38	36	27	80	16	4	31	62	7
Sweden	448	2478	45	55	39	33	28	58	27	15	47	48	5
UK	585	14925	43	57	34	38	28	34	48	19	38	53	10
EU average*	6532	99908	46	54	42	37	22	54	33	13	33	52	16

**Table 2.2:** The socio-demographic profile of respondents who participated in the pan-EU survey on attitudes to behaviours of elderly consumers (location, work activity and number of meals prepared per week).

Country	Number	Weighted	Location (%)		Work activity (%)				Number of meals prepared per week (%)			
			Urban	Rural	<10 hrs/wk	>10 hrs/wk	Retired	Other	None	1-2	3-4	>4
Austria	408	2100	56	44	1	8	69	-	2	8	12	78
Belgium	444	2734	69	31	3	14	79	8	3	8	9	80
Denmark	401	1415	68	32	4	24	69	3	6	6	5	82
Finland	426	1311	62	38	2	9	85	5	-	2	3	95
France	613	14550	77	23	4	13	83	-	1	35	13	49
Germany	426	23234	17	83	7	30	64	-	3	13	14	71
Greece	407	2705	100	-	3	12	76	9	-	12	28	60
Ireland	406	745	61	39	6	21	72	-	3	7	5	83
Italy	407	17028	41	60	5	15	80	-	-	16	16	68
Luxembourg	250	107	53	47	2	22	66	-	4	24	10	60
Netherlands	428	3735	41	59	3	16	81	-	15	7	11	68
Portugal	406	2333	50	50	3	17	60	20	2	1	6	92
Spain	408	10508	66	34	4	14	83	-	7	5	3	85
Sweden	448	2478	76	24	3	20	77	-	3	3	7	88
UK	585	14925	75	26	1	13	77	9	1	3	5	91
EU average*	6532	99908	62	39	3	16	75	4	3	10	10	77

## Judging significance

Because of the large sample size, emphasis was placed on descriptive analysis and practical significance rather than statistical significance. For comparison purposes a 5% difference in responses between groups was deemed to be a notable difference, and where this occurred it is highlighted in this report.

## Presentation of results

While data on the socio-demographic status of subjects was collected by this survey, it was not used as a demographic category. This was due to variations in the classification of socio-demographic groups across EU countries, and the resultant difficulties in standardising this for the purpose of making inter-country comparisons.

Results are presented for the combined EU sample (weighted for population size) and for individual countries (weighted for demographic variation).



# **Attitudes of older EU adults to diet, food and health: a pan-EU survey**

## **Part 2. Summary of Results**

## **CHAPTER 1**

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### **FACTORS PERCEIVED TO BE IMPORTANT IN THE PROMOTION OF LONG TERM GOOD HEALTH AND REPORTED BEHAVIOURS KNOWN TO INFLUENCE HEALTH**





### 1 - FACTORS PERCEIVED TO BE IMPORTANT IN THE PROMOTION OF LONG TERM GOOD HEALTH

#### Rationale

Patterns of health and disease in Europe have been linked to a wide range of environmental and lifestyle factors. Physical activity, smoking, alcohol consumption and stress, in addition to dietary practices, may individually or interactively influence the health of a population. The perceptual impact of each variable upon health is subject to individual thinking, which in turn is governed by a host of environmental cues. As these cues are inconsistent both within and between countries, it may be expected that attitudes towards health will also succumb to variation. This question examined the relative perceived importance of diet, among a selection of health-promoting behaviours, to an older population within the EU. Subjects were asked to choose the two things they personally felt to be most important in promoting long term good health from a list of eight health-promoting behaviours. The predominating attitudes were subsequently investigated for variation within geographic and demographic domains and according to reported personal dietary habits.

#### Summary of findings

Overwhelmingly “eat a healthy diet” was most frequently selected as important in the promotion of long term good health from the list of eight factors. Overall 67% of EU adults 55 years and over selected this factor, ranging from 72% in Germany to 50% in Sweden. A healthy diet was more important to females (70%) than males (62%) across the EU average and within most individual countries, although other demographic variables had little impact on the EU average.

In the Northern European countries of Finland, the Netherlands and Sweden “regular physical exercise” was considered more important than in the Southern countries of Greece, Italy and Portugal. Indeed, Finland and Sweden were the only countries where exercise was considered to be more important than a healthy diet. In contrast, Greece was the only country for which “regular exercise” did not feature in the five top-ranked choices.

Selection of “regular physical exercise” and “regular medical check-ups” as factors in the promotion of long-term good health demonstrated opposing demographic characteristics. Those selecting exercise as important were more likely to be in the younger age groups (<75 years), educated to tertiary level, undertaking some type of work activity and preparing more than four meals per week. On the other hand, selection of “regular medical check-ups” increased with increasing age, decreased with an increasing level of education and was selected by more of those preparing four meals or less a week across EU countries.

## **2 - REPORTED HEALTH-INFLUENCING BEHAVIOUR**

### **Rationale**

Many dietary and lifestyle habits including exercise, eating fruit, smoking, and alcohol consumption can influence health. There are many factors that may affect the participation in these activities among an ageing population and therefore influence health within this sector. This question investigated the frequency of taking exercise, eating fruit, smoking and consuming alcohol within the elderly EU population. Respondents were asked to indicate how frequently they carried out these practices. Frequency of undertaking these activities was then examined within and between geographic and demographic domains and according to factors perceived to be important in promoting long term health and reported dietary habits.

### **Summary of findings**

Reported frequency of the health-influencing behaviours taking exercise, fruit consumption, smoking and drinking alcohol was recorded. The prevalence of regular exercise participation (daily or weekly) was greatest among respondents in Northern European countries, such as Finland (89%), Denmark (81%) and Sweden (80%), where it was reported by notably more respondents than those in the Southern European countries of Greece (30%) and Portugal (25%). Conversely regular fruit consumption was more likely to occur in the Southern countries of Italy (89%) and Spain (91%) than the Northern countries of Denmark (65%) and Finland (63%) and was reported to be particularly low in Ireland (56%).

There was wide variation in the reported frequency of alcohol consumption within Europe, with levels notably higher among those in Denmark and the Netherlands compared with any other country.

When examined by different demographics, reported participation in regular exercise was subject to the greatest variation compared with the other health-promoting factors. Regular exercisers were more likely to be male, in the younger age groups (<75 years), living in rural areas, undertaking some kind of work activity and preparing more than four meals per week. In addition fewer individuals reporting that “due to medical reasons there are some foods I cannot not eat”, reported to participate in regular exercise, compared with those who had “made an effort to cut down on a few things” and those able to “eat anything they like”.

Although fruit consumption was fairly consistent between most demographic variables, female respondents and those educated to tertiary level were most likely to consume fruit on a daily basis. Interestingly, those reporting the dietary habit of being able to “eat anything they like” were less likely to eat fruit daily than those who either had “made an effort to cut down on a few things” or were “limited as to what foods they could eat due to medical reasons”

Males and those in the youngest age group (55-64 years) were likely to smoke and drink more frequently compared with females and respondents 65 years and over. In addition, those indicating that they were limited as to what foods they could eat due to medical reasons were less likely to smoke and consumed alcohol less frequently than those in the other dietary habit groups. Differences in alcohol consumption between these variables were particularly marked. In addition, differences in the frequency of alcohol consumption were notable between work activity groups and particularly between education groups. An increase in education level related to a considerable increase in frequency of alcohol consumption, while working individuals were more likely to consume alcohol more frequently than those who were retired.

Factors perceived as important influences in the promotion of long-term good health were examined according to corresponding health-influencing habits. Those indicating “eat a healthy diet” as being important in the promotion of long term good health were more likely to report eating fruit regularly than those who did not select this option. Similarly, those respondents selecting “regular physical exercise” were more likely to report undertaking regular exercise, than those who did not select this health-influencing factor. Females were more likely to choose “eat a healthy diet” as a health-promoting factor than males and also were more likely to eat fruit regularly. Furthermore, males were more likely to chose “regular physical exercise” and report that they actually undertake regular exercise than females across the EU sample of respondents. Similar relationships within individual countries regarding the importance of these health-promoting factors and health-influencing activities were observed.

## KEY FINDINGS

- Overwhelmingly “eat a healthy diet” was the most important health-promoting factor in the view of older adults in the EU followed by “regular physical exercise” and “cut down or give up smoking”.
- Females were more likely to report both eating fruit regularly and indicate the importance of a healthy diet than were males within most EU countries.
- The importance of diet and exercise in the promotion of long-term good health demonstrated a North /South EU divide. Diet was of greater importance to respondents in Southern countries, whereas exercise was perceived more important in the Northern countries.
- Northern European respondents in the countries of Sweden, Finland, the Netherlands and Denmark had similar attitudes towards factors important in promoting good health.
- Selection of “regular physical exercise” was subject to much demographic and geographic variation, but was consistently important within Finland and Sweden across most demographic variables.
- Those selecting “eat a healthy diet” as an important health-promoting factor were more likely to report the related health-promoting behaviour of eating fruit regularly compared with those not selecting this factor. A similar relationship was seen with the health-promoting factor of “take regular physical exercise” and the corresponding health-influencing behaviour.

For detailed information refer to Tables A1.1-A1.8 at the end of Chapter 1

## IMPLICATIONS

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The importance of diet in the promotion of long-term good health was acknowledged across the EU older population. The majority of respondents indicated that they consume fruit on a regular basis; however, this was not consistent among EU countries. Further strategies aimed at educating elderly people on the value of fruit and vegetables and other health-promoting foods should be tailored to the needs of the particular country. Focussing on maintaining positive aspects of the diet, in addition to highlighting potential areas of improvement may be an effective approach.

Educating the elderly consumer and providing practical measures to assist in incorporating health-promoting foods into their diets may be useful. Educational strategy should also extend to meal providers to ensure that meals eaten outside the home or prepared by others meet the needs of the older population.

The importance of regular medical check-ups increased as dietary restrictions increased and with increasing age. Providing dietary advice and information at medical establishments would be of benefit to elderly consumers, particularly those at most risk and in most need.

In some countries, exercise was seen as relatively unimportant. Strategies incorporating both dietary and physical activity advice, and promoting their overlapping benefits may be most effective in these countries.

# Chapter 1 - Tables



**Table A1.1:** Percentage of EU adults, 55 years and over, selecting factors considered to be important in the promotion of long term good health (presented by frequency of selection within countries).

Diet	%	Exercise	%	Smoking	%	Check-ups	%	Alcohol	%	Weight	%	Relaxation	%	Social	%
Germany	72	Finland	64	Greece	35	Austria	33	France	31	UK	28	Austria	23	Luxembourg	12
Italy	69	Sweden	56	Netherlands	35	Greece	27	Portugal	26	Italy	25	Netherlands	18	Sweden	9
France	68	Netherlands	49	Belgium	34	Portugal	27	Germany	19	Greece	24	Belgium	16	UK	9
Greece	67	Denmark	47	Denmark	31	France	26	Belgium	21	Austria	20	Italy	13	Denmark	7
Spain	67	Germany	45	Sweden	30	Luxembourg	25	Greece	19	Denmark	19	Denmark	12	Ireland	6
Portugal	66	Ireland	40	Ireland	29	Ireland	23	Luxembourg	19	Finland	19	Portugal	12	Italy	6
Belgium	63	UK	36	France	26	Germany	22	Italy	18	Netherlands	19	Spain	12	Austria	5
Finland	63	Luxembourg	35	Portugal	26	Italy	22	Spain	18	Sweden	19	UK	12	Finland	4
Ireland	63	Austria	34	Italy	22	Spain	21	Denmark	16	Spain	18	Finland	11	France	3
UK	63	Spain	32	UK	22	Belgium	14	Ireland	13	Belgium	16	Ireland	11	Netherlands	3
Netherlands	62	Belgium	29	Spain	21	UK	13	Sweden	13	Ireland	15	Germany	10	Greece	2
Denmark	59	France	22	Luxembourg	20	Sweden	11	UK	11	Luxembourg	15	Luxembourg	10	Spain	2
Luxembourg	57	Italy	21	Germany	19	Finland	8	Austria	10	Portugal	4	Sweden	10	Belgium	1
Austria	54	Portugal	14	Finland	15	Netherlands	6	Finland	9	France	11	Greece	9	Germany	1
Sweden	50	Greece	13	Austria	14	Denmark	4	Netherlands	5	Germany	9	France	8	Portugal	1
EU average*	67		33		23		20		18		18		11		4
COV	9		41		28		47		41		28		31		72

\* Weighted according to population size

**Table A1.2a:** Factors perceived to be important in the promotion of long term good health by EU adults 55 years and over, classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	> 1 other
%	100	44	56	41	38	21	60	27	13	31	53	16
Diet	67	62	70	67	66	68	67	67	67	66	68	67
Exercise	33	36	32	37	33	26	30	37	42	31	25	33
Smoking	23	28	20	26	23	20	23	24	23	23	23	26
Check-ups	20	21	22	17	20	26	23	17	15	22	20	16
Alcohol	18	18	16	17	20	18	21	14	18	18	18	21
Weight	18	15	19	18	17	18	17	20	15	19	20	20
Relaxation	11	11	12	10	12	13	11	12	13	12	16	11
Social	4	4	4	4	4	5	3	5	6	5	4	3

\* Weighted according to population size

**Table A1.2b:** Factors perceived to be important in the promotion of long term good health by EU adults 55 years and over, classified by demographic details (location, work, activity, number of meals prepared in the home).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	> 4 meals/wk
%	100	53	47	76	24	27	73
Diet	67	65	69	67	67	67	68
Exercise	33	31	36	29	35	32	37
Smoking	23	24	23	23	24	22	27
Check-ups	20	19	21	23	19	21	17
Alcohol	18	19	18	21	17	19	17
Weight	18	20	15	16	18	18	16
Relaxation	11	12	11	12	11	12	11
Social	4	5	3	3	4	4	3

\* Weighted according to population size

Table A1.3a: The six most important factors in the promotion of long term good health by gender (presented by frequency of selection within EU states).

Gender (%)	Diet		Exercise		Smoking		Check-ups		Alcohol		Weight	
	M	F	M	F	M	F	M	F	M	F	M	F
Austria	50	57	37	32	16	13	33	33	13	8	18	21
Belgium	60	66	32	26	35	33	15	14	20	22	14	18
Denmark	55	62	53	42	31	31	5	3	14	17	23	16
Finland	56	68	65	65	22	10	7	9	8	10	19	20
France	66	70	24	21	31	23	23	28	32	30	9	12
Germany	67	75	47	43	25	15	20	24	23	15	7	10
Greece	68	65	16	11	35	36	26	27	17	21	24	24
Ireland	61	65	37	42	32	26	18	26	16	10	14	16
Italy	64	73	26	17	27	19	17	25	24	13	19	29
Luxembourg	52	61	38	32	21	17	25	25	23	17	6	22
Netherlands	58	65	53	46	39	33	4	7	6	4	15	23
Portugal	61	73	19	9	33	21	22	32	30	23	14	15
Spain	62	71	31	32	29	14	18	23	21	15	13	21
Sweden	45	53	60	54	31	30	13	10	15	12	17	20
UK	55	69	36	36	25	21	14	12	12	10	29	27
EU average*	62	70	36	32	28	20	21	22	18	16	15	19

\*Weighted according to population size

Table A1.3b: The six most important factors in the promotion of long term good health by age group (presented by frequency of selection within EU states).

Age (years) (%)	Diet			Exercise			Smoking			Check-ups			Alcohol			Weight		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	53	54	58	44	31	22	13	19	10	28	34	40	9	12	10	19	22	19
Belgium	61	63	68	33	29	21	38	31	32	13	15	14	18	22	26	18	14	15
Denmark	57	62	59	49	48	43	38	30	21	1	3	9	19	8	19	16	25	19
Finland	67	60	61	62	66	67	19	13	10	6	7	13	8	12	7	18	23	17
France	71	63	74	27	21	15	27	29	20	18	27	38	29	36	25	12	12	8
Germany	73	73	62	49	45	34	18	22	18	21	21	30	16	19	24	12	5	11
Greece	69	70	55	18	12	5	33	36	41	20	31	37	19	16	22	28	20	22
Ireland	59	65	68	38	44	35	36	26	21	16	23	34	14	9	14	18	17	7
Italy	66	69	77	25	20	13	27	21	11	20	21	30	18	19	16	22	26	27
Luxembourg	55	60	57	34	43	24	23	15	20	23	20	38	21	15	20	10	23	10
Netherlands	63	60	62	48	51	48	35	38	32	3	6	10	4	6	4	15	24	21
Portugal	65	70	60	17	9	15	31	24	21	20	35	28	26	27	24	14	13	17
Spain	65	68	70	38	30	25	24	18	20	20	17	27	17	20	15	17	17	18
Sweden	49	52	48	60	58	49	34	27	29	9	8	19	11	13	16	16	23	18
UK	62	59	70	42	38	27	25	20	22	10	13	17	8	12	12	31	26	26
EU average*	67	66	68	37	33	26	26	23	20	17	20	26	17	20	18	18	17	18

\* Weighted according to population size

Table A1.3c: The six most important factors in the promotion of long term good health by education (presented by frequency of selection within EU states).

% Education	Diet			Exercise			Smoking			Check-ups			Alcohol			Weight		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Primary (P)																		
Secondary (S)																		
Further education (T)																		
Austria	62	46	67	32	33	44	11	18	10	32	36	20	11	11	5	20	20	18
Belgium	56	67	72	28	28	34	41	31	24	16	13	10	26	18	17	17	16	16
Denmark	64	59	53	38	51	54	26	33	35	6	4	1	18	18	6	21	16	23
Finland	64	66	53	65	65	63	13	17	29	10	4	-	9	9	15	19	18	22
France	66	71	69	14	29	28	27	25	24	29	26	21	31	29	33	14	10	7
Germany	71	72	75	43	42	60	20	19	20	24	21	16	21	14	12	7	17	8
Greece	61	77	77	9	20	24	40	24	33	29	26	9	22	10	19	22	31	26
Ireland	65	59	70	33	45	48	27	30	32	28	16	23	12	14	8	16	16	10
Italy	69	73	47	18	33	29	22	21	45	24	14	23	20	9	15	25	23	16
Luxembourg	49	58	80	37	37	33	22	20	-	28	26	17	22	20	17	11	6	20
Netherlands	61	64	59	40	52	60	39	31	38	9	4	2	8	2	5	15	23	17
Portugal	66	69	37	12	20	51	26	25	37	29	16	-	26	25	24	13	23	26
Spain	65	78	67	31	37	31	20	25	7	23	14	19	19	11	25	19	14	12
Sweden	49	49	53	56	56	59	29	34	29	12	11	11	17	8	8	20	20	13
UK	63	63	64	30	38	44	24	23	18	14	13	10	12	10	9	28	26	30
EU average*	67	67	67	30	37	42	23	24	23	23	17	15	21	14	18	17	20	15

\*Weighted according to population size



Table A1.3d: The six most important factors in the promotion of long term good health by household composition (presented by frequency of selection within EU countries).

% No. in household	Diet			Exercise			Smoking			Check-ups			Alcohol			Weight		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	55	53	64	34	34	36	13	15	11	35	32	26	6	13	16	21	19	18
Belgium	62	63	68	23	33	31	34	34	33	16	13	10	22	20	25	17	16	16
Denmark	61	57	56	42	53	37	25	38	18	5	4	-	19	11	34	18	22	4
Finland	60	66	66	63	67	57	9	19	24	10	7	-	9	7	20	23	17	13
France	68	69	69	17	24	25	24	26	36	32	24	18	30	30	39	11	12	6
Germany	71	72	69	35	38	41	16	21	20	26	23	12	17	19	21	11	7	11
Greece	52	69	68	8	11	18	43	34	34	36	28	22	16	20	19	26	26	22
Ireland	62	64	63	42	39	38	27	33	27	23	23	22	15	9	15	14	17	14
Italy	70	68	69	16	18	28	18	20	27	17	27	19	15	17	21	34	23	20
Luxembourg	55	48	76	26	46	28	20	17	21	33	23	21	19	20	17	16	9	24
Netherlands	63	62	60	40	52	52	41	33	34	4	5	9	8	4	4	23	20	12
Portugal	70	67	59	8	14	19	19	31	25	42	20	25	21	28	28	9	15	19
Spain	63	70	64	27	33	35	26	19	11	22	22	7	21	16	18	20	15	32
Sweden	52	48	41	55	58	49	31	29	38	11	11	26	14	12	18	17	21	11
UK	63	64	60	35	38	35	26	20	21	14	12	13	12	10	7	22	28	45
EU average*	66	68	67	31	25	33	23	23	26	22	20	16	18	18	21	19	20	20

\* Weighted according to population size

Table A1.3e: The six most important factors in the promotion of long term good health by urban/rural location (presented by frequency of selection within EU countries).

% Location Urban (U) Rural (R)	Diet		Exercise		Smoking		Check-ups		Alcohol		Weight	
	U	R	U	R	U	R	U	R	U	R	U	R
Austria	52	57	30	40	15	13	38	26	9	11	21	19
Belgium	64	60	30	26	31	40	15	11	21	22	16	17
Denmark	55	68	47	46	34	24	3	6	18	12	18	22
Finland	61	67	64	66	17	11	7	9	8	11	22	14
France	69	68	23	20	26	27	25	30	32	29	11	11
Germany	70	72	53	44	18	20	20	23	20	19	9	9
Greece	67	-	13	-	35	-	27	-	19	-	24	-
Ireland	60	68	45	33	28	30	21	25	12	13	15	15
Italy	67	70	21	21	21	23	21	22	14	21	26	24
Luxembourg	61	53	29	40	20	19	31	19	22	17	12	17
Netherlands	63	61	47	51	34	37	6	5	3	6	27	13
Portugal	72	60	15	12	28	25	20	34	28	25	13	16
Spain	66	71	29	38	20	21	21	21	18	17	18	16
Sweden	48	54	57	55	30	30	10	16	12	16	19	17
UK	63	64	36	38	22	23	12	16	12	7	28	26
EU average*	65	69	31	36	24	23	19	21	19	18	20	15

\* Weighted according to population size

Table A1.3f: The six most important factors in the promotion of long term good health by working status (presented by frequency of selection within EU countries).

% Working status	Diet		Exercise		Smoking		Check-ups		Alcohol		Weight	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	34	55	43	33	26	13	29	35	9	9	26	18
Belgium	61	64	23	30	34	34	16	14	20	26	17	16
Denmark	57	60	50	46	34	30	2	5	16	16	22	18
Finland	68	62	62	65	20	14	5	9	9	9	16	20
France	69	68	20	23	27	26	24	26	31	29	10	11
Germany	71	72	47	44	24	17	21	23	19	18	8	10
Greece	67	66	21	10	35	35	20	30	20	16	26	24
Ireland	63	63	32	43	33	27	19	24	11	18	13	16
Italy	68	69	23	21	30	20	20	22	17	21	23	25
Luxembourg	68	51	27	41	23	19	23	25	20	24	10	10
Netherlands	64	62	54	48	37	35	0	7	4	6	12	21
Portugal	67	65	17	12	33	22	21	31	25	28	16	13
Spain	73	66	40	30	23	20	16	22	19	10	17	18
Sweden	54	48	57	56	33	29	9	12	15	9	13	20
UK	64	63	39	36	24	22	9	14	11	7	33	26
EU average*	67	68	32	37	23	27	21	17	19	17	18	17

\* Weighted according to population size

Table A1.3g: The six most important factors in the promotion of long term good health by number of meals prepared per week (presented by frequency of selection within EU countries).

% No. Meals prepared/wk	Diet		Exercise		Smoking		Check-ups		Alcohol		Weight	
	<4 meals/wk	>4 meals/wk	<4 meals/wk	>4 meals/wk	<4 meals/wk	>4 meals/wk	<4 meals/wk	>4 meals/wk	<4 meals/wk	>4 meals/wk	<4 meals/wk	> meal
Austria	49	56	31	35	18	13	33	33	9	10	21	2
Belgium	64	63	23	30	29	35	10	15	24	20	16	1
Denmark	48	61	50	46	36	30	3	4	17	16	16	2
Finland	59	64	61	65	-	16	7	8	-	10	16	1
France	71	66	24	20	25	27	27	25	29	33	10	1
Germany	68	73	42	46	18	20	26	21	19	19	9	9
Greece	63	68	10	15	37	34	27	26	25	15	23	2
Ireland	54	65	28	42	39	27	27	22	16	12	14	1
Italy	73	67	21	22	16	25	19	23	18	18	27	2
Luxembourg	63	54	29	38	21	19	32	22	26	16	16	1
Netherlands	60	63	44	51	37	35	9	4	6	4	15	2
Portugal	54	67	9	14	27	26	37	26	33	25	21	1
Spain	64	68	27	33	27	19	22	21	20	17	15	1
Sweden	48	50	60	56	26	31	15	11	11	14	13	1
UK	58	64	30	37	24	22	11	13	16	10	32	2
EU average*	67	67	30	35	23	23	27	19	21	17	16	1

\* Weighted according to population size

Table A1.4: Factors perceived to be important in the promotion of long term good health by EU adults 55 years and over, classified according to dietary habits.

	%	Diet	Exercise	Smoking	Check-ups	Alcohol	Weight	Rest	Social
I can eat anything I like	42	64	34	23	19	19	16	14	5
I have made an effort to cut down on a few things	34	70	38	22	18	17	19	10	3
Due to medical reasons I am limited as to what food I can eat	24	68	26	26	26	18	18	10	3
EU average*	100	67	33	23	20	18	18	11	4

\*Weighted according to population size

Table A1.5: Percentage of EU adults, 55 years and over, reporting behaviours which influence health (exercise, fruit consumption, smoking and alcohol consumption).

Country	Take exercise				Eat fruit				Smoke			
	Daily	Weekly	Monthly	Less often / Never	Daily	Weekly	Monthly	Less often / Never	Daily	Weekly	Monthly	Less often / Never
Austria	36	25	5	35	75	20	3	3	17	3	1	79
Belgium	38	19	3	39	69	20	3	7	18	1	1	80
Denmark	51	30	1	18	65	20	6	10	36	1	-	62
Finland	63	26	3	7	63	24	6	7	14	-	-	85
France	25	19	3	53	80	14	2	5	11	-	-	88
Germany	51	28	4	17	69	28	2	1	19	2	-	79
Greece	20	11	2	68	77	17	3	3	19	2	-	79
Ireland	58	19	1	21	56	31	7	6	22	2	-	77
Italy	28	19	2	51	89	8	-	3	16	1	-	83
Luxembourg	37	21	7	35	80	12	3	5	18	2	1	80
Netherlands	24	32	2	42	79	13	3	6	19	-	-	81
Portugal	17	8	1	74	81	14	1	4	10	1	-	90
Spain	52	17	4	27	91	7	2	1	16	4	1	80
Sweden	52	28	2	18	74	19	3	5	18	1	-	81
UK	58	18	2	22	77	16	3	5	20	1	-	80
EU average*	41	21	3	34	78	17	2	3	17	1	-	82
COV	38	32	59	56	13	38	60	50	32	80	-	8

\*Weighted according to population size

**Table A1.5 (cont.):** Percentage of EU adults, 55 years and over, reporting behaviours which influence health (exercise, fruit consumption, smoking and alcohol consumption).

Country	Consume alcohol			
	Daily	Weekly	Monthly	Less often / Never
Austria	15	28	13	45
Belgium	15	26	10	49
Denmark	25	35	13	28
Finland	3	20	14	63
France	20	22	9	49
Germany	6	23	15	56
Greece	9	12	6	73
Ireland	8	35	7	50
Italy	11	8	5	76
Luxembourg	23	12	7	58
Netherlands	28	29	5	38
Portugal	22	8	2	69
Spain	14	9	6	71
Sweden	2	25	18	55
UK	17	28	6	49
EU average*	13	20	9	58
COV	55	44	50	24

\* Weighted according to population size

**Table A1.6a:** Percentage of EU adults, 55 years and over, reporting desirable health behaviours classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			No. in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		46	54	42	37	22	54	33	13	33	51	16
Regular exercisers <sup>(1)</sup>	63	66	60	65	63	57	59	68	69	61	66	56
Regular consumers of fruit <sup>(2)</sup>	78	72	83	77	79	80	77	79	83	76	79	78
Infrequent / non smokers <sup>(3)</sup>	82	74	89	76	85	89	83	79	84	83	83	78
Infrequent / non <sup>(4)</sup> consumers of alcohol	58	44	70	51	60	69	67	50	36	64	54	61

\* Weighted according to population size

(1) Regular exercisers refers to those who report exercising either daily or weekly

(2) Regular fruit consumers refers to those who report consuming fruit on a daily basis

(3) Infrequent / non smokers refers to those who report smoking monthly – never

(4) Infrequent / non consumers of alcohol refers to those who report consuming alcohol less than monthly – never

**Table A1.6b:** Percentage of EU adults 55 years and over reporting desirable health behaviours classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work Activity		No. of meals prepared/wk	
		Urban	Rural	Working full/part time	Retired	< 4 meals/wk	> 4 meals/wk
%		62	38	24	76	27	73
Regular exercisers <sup>(1)</sup>	63	59	66	68	61	56	65
Regular consumers of fruit <sup>(2)</sup>	78	80	76	75	79	78	78
Infrequent / non smokers <sup>(3)</sup>	82	81	83	75	84	82	82
Infrequent / non consumers of alcohol <sup>(4)</sup>	58	57	60	46	62	60	58

\* Weighted according to population size

(1) Regular exercisers refers to those who report exercising either daily or weekly

(2) Regular fruit consumers refers to those who report consuming fruit on a daily basis

(3) Infrequent / non smokers refers to those who report smoking monthly – never

(4) Infrequent / non consumers of alcohol refers to those who report consuming alcohol less than monthly – never

**Table A1.7:** Reported health influencing behaviours, classified according to dietary habits

	%	Regular exercisers (1)	Regular consumers of fruit (2)	Infrequent/non smokers (3)	Infrequent/non consumers of alcohol (4)
I can eat anything I like	42	62	74	76	55
I have made an effort to cut down on a few things	34	68	81	85	54
Due to medical reasons I am limited as to what foods I can eat	24	57	81	87	70
EU Average*	100	63	78	82	58

\* Weighted according to population size

(1) Regular exercisers refers to those who report exercising either daily or weekly

(2) Regular fruit consumers refers to those who report consuming fruit on a daily basis

(3) Infrequent / non smokers refers to those who report smoking monthly – never

(4) Infrequent / non consumers of alcohol refers to those who report consuming alcohol less than monthly – never

**Table A1.8:** Important influences in the promotion of long term good health by corresponding reported health influencing habit.

	YES Take reg. exercise	NO Don't take reg. exercise
Regular exercisers <sup>(1)</sup>	84	52
	YES Healthy diet	NO Healthy diet
Regular fruit consumers <sup>(2)</sup>	81	72
	YES Give up/cut down	NO Don't give up/cut down
Infrequent / non smokers <sup>(3)</sup>	80	83
	YES Avoid too much alcohol	NO Don't avoid too much alcohol
Infrequent / non consumers of alcohol <sup>(4)</sup>	62	57

\* Weighted according to population size

(1) Regular exercisers refers to those who report exercising either daily or weekly

(2) Regular fruit consumers refers to those who report consuming fruit on a daily basis

(3) Infrequent / non smokers refers to those who report smoking monthly – never

(4) Infrequent / non consumers of alcohol refers to those who report consuming alcohol monthly – never

## **CHAPTER 2**

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### **FACTORS INFLUENCING FOOD CHOICE AND REPORTED DIETARY HABITS**



## CHAPTER 2 - SUMMARY

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### FACTORS INFLUENCING FOOD CHOICE AND REPORTED DIETARY HABITS

#### Rationale

Food choice is a complex human behaviour influenced by many factors. These factors are related to the food, the person choosing the food and the external environment. Determinants of food choice play an important role in establishing dietary habits. Part of the aims of this study were to examine what governs food choice and dietary habits in the older population within the EU. This Chapter looks at factors influencing food choice across an older EU population and determines similarities and differences within and between countries. Subjects were asked to choose the two factors they felt had the greatest influence on personal food choice from a list of 15 factors. Reported dietary habits were also examined within the scope of this Chapter. Four statements were presented and subjects were asked to choose the one which best described their dietary habits. Demographic and geographic variations were examined and the most important factors affecting food choice investigated in relation to dietary habits.

#### Summary of Findings

Of the 15 factors given, “trying to eat healthier ” was the most frequently selected as an influence on food choice across the older EU population and consistently within all EU countries. Demographic differences were not pronounced although “trying to eat healthier” was more likely to influence the food choice of females and those educated to at least secondary level, living in urban areas and preparing more than four meals a week for themselves.

The next most frequently selected factors within individual countries and across the EU were “taste”, “habit” and “watching one’s weight”.

Although less important across the EU sample, several factors were important within specific countries. “Country of origin” was within the top three ranked choices of those in Austria, France, Finland and Luxembourg, whereas “price” was ranked as the third highest influence of Portuguese and Spanish respondents.

“Organic food” was among the top five most important factors in Denmark, Finland and Luxembourg, whereas “prescribed diet” was more important to those in Greece, Portugal and Spain.

Those reporting that health influenced the habit of eating fruit on a daily basis were more likely to select “trying to eat healthier” and “watching ones weight” as factors influencing food choice. Similarly these two factors were more likely to influence the food choice of those who reported the dietary habits “I have made an effort to cut down on a few things” and “due to medical reasons I am limited as to what foods I can eat”, compared with those reporting “I can eat anything I like”.

Across the older EU population, 43% reported they “can eat anything they like”, 33% had “made an effort to cut down on a few things” and 24% reported “due to medical reasons I am limited as to what I can eat”.

Those reporting “ I can eat anything I like” showed few demographic differences although were more likely to be male than female. Conversely those reporting to have “made an effort

to cut down on a few things” were more likely to be female. Respondents falling into this dietary habit group were also more likely to be younger than 75 years, educated above primary level and working full or part time. Conversely those reporting “due to medical reasons I am limited as to what foods I can eat” were more likely to be retired individuals in the oldest age group (>75 years) and be educated to primary level.

The Southern European countries of Greece, Portugal and Spain reported the highest incidence of those limited in what they ate “due to medical reasons”, in contrast to the Northern countries of Denmark, the Netherlands and Sweden, where this dietary habit was reported less frequently.

## KEY FINDINGS

- “Trying to eat healthier” was the most important reported influence on the food choice of adults aged 55 years and over in all EU countries. This factor was a greater influence on the food choice of females, those educated above primary level, living in urban areas and preparing at least four meals themselves.
- “Taste” was the second most important factor overall, was selected as one of the top 5 influences in all EU countries and was subject to little demographic variation.
- Some of the less frequently selected factors across the EU played an important role in food choice in some countries, whereas they were of little importance in others
- “Trying to eat healthier” and “watching ones weight” as influences on food choice showed similar patterns in relation to reported dietary habits and health-influencing habits.
- Almost half of older EU respondents reported “ I can eat anything I like” and men were more likely to report this dietary habit than women.
- Reported dietary restrictions due to medical reasons were more prevalent in some southern countries (Greece, Portugal and Spain) than some of the more northern countries (Denmark, the Netherlands and Sweden).

For detailed information refer to Tables A2.1-A2.7 at the end of Chapter 2



## IMPLICATIONS

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The food choice of EU adults aged 55 years and over is clearly influenced by trying to eat a healthy diet. This suggests a willingness and/or interest in consuming foods with health benefits by this subgroup of the population and endorses the fact that diet is a useful medium through which to improve the health of the elderly. A clear understanding of what constitutes a healthy diet is therefore important in order to ensure that this is a positive influence on food choice.

Although there was little inter-country variation regarding trying to eat more healthily as an influence on food choice, demographic differences should be taken into consideration. It may be appropriate to target certain groups, for example males and those with lower education levels. Strategies taking a holistic approach to promoting the importance of a healthy diet and the practical measures with which the individual can move towards this are needed.

Taste of food should not be compromised when developing foods for this sector, as across EU countries and between demographic groups this was consistently considered to be an important influence in food choice.

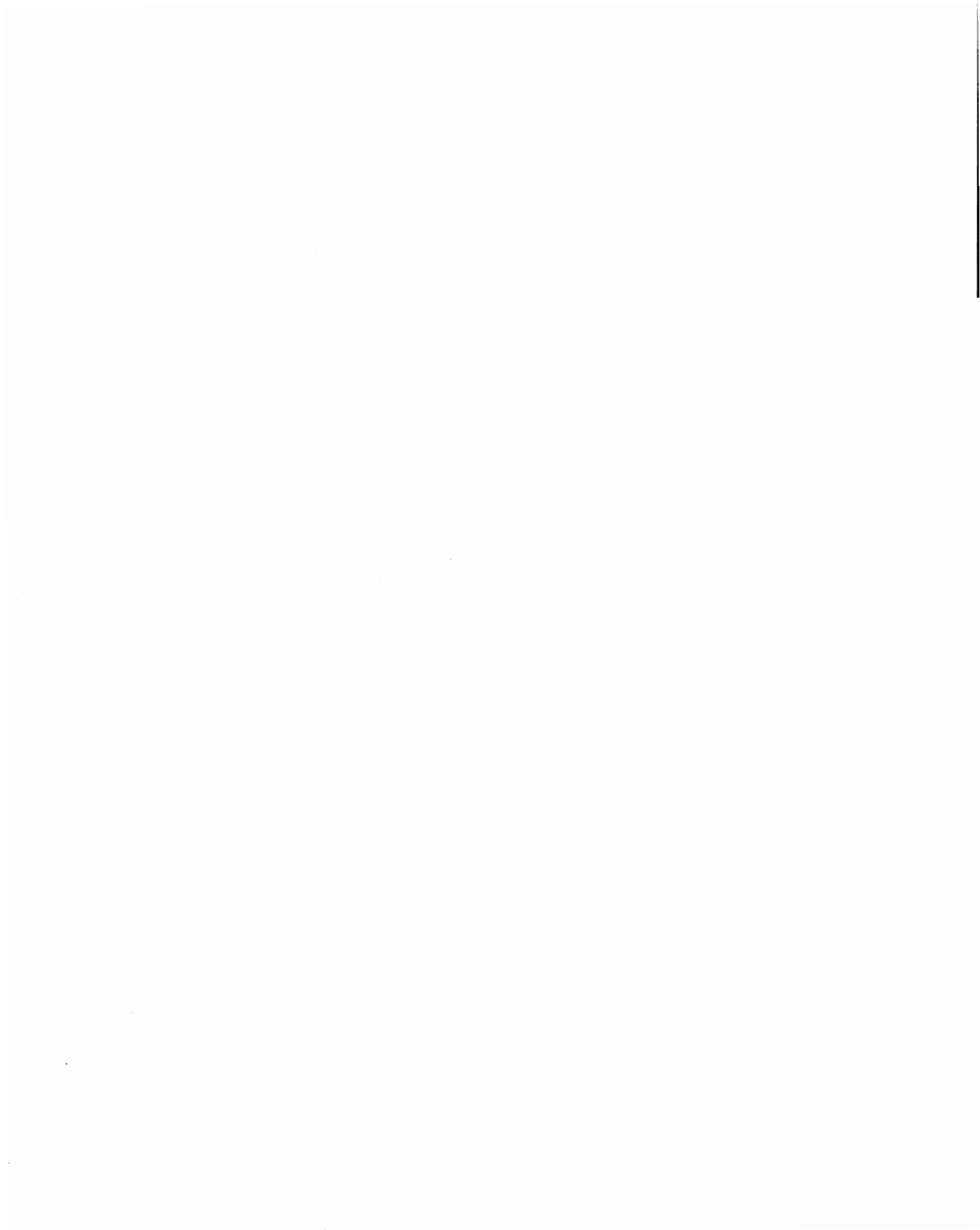
Although not consistent between countries, habit was an important influence in the food choice of older EU adults. Habits formed over a lifetime are often difficult to change. Strategies aimed at parents with young children, schools and colleges may help form habits which influence food choice that will continue to maturity. State specific interventions incorporating specific diet and lifestyle traits of individual countries would be a useful approach.

Other influences on food choice, for example country of origin or organic foods should be taken into consideration within certain countries. Where these play an important role in food choice, food producers should ensure that these factors are recognised and incorporated into foods developed for this sector

The influence of “trying to eat healthier” and “watching ones weight” were linked. It is important to ensure that self-imposed or prescribed diets for weight loss do not compromise nutrient intake and there is a clear understanding of a healthy diet for those trying to lose weight and that a healthy diet is not exclusively linked to one involving weight loss.



## Chapter 2 - Tables



**Table A2.1:** Percentage of EU adults, 55 years and over, selecting factors which influence their choice of foods (presented by frequency of selection within countries).

Eat healthier	Taste		Habit		Weight		Family /Spouse		Price		Country of Origin		
	%		%		%		%		%		%		
Belgium	55	UK	36	Italy	36	Netherlands	32	Greece	23	Portugal	28	Austria	29
UK	55	Germany	33	Portugal	28	Greece	29	Netherlands	23	Spain	21	Luxembourg	29
Netherlands	52	Sweden	32	Ireland	26	UK	20	Ireland	18	Germany	18	Finland	25
France	48	Denmark	30	Spain	23	Belgium	19	Italy	18	Finland	17	Sweden	18
Greece	47	Finland	27	Germany	22	Italy	19	Germany	18	France	16	France	17
Denmark	46	France	27	Belgium	17	Spain	19	Luxembourg	12	Belgium	14	Greece	16
Italy	46	Austria	26	Denmark	17	Sweden	19	Belgium	11	Ireland	14	Portugal	15
Ireland	45	Italy	25	Austria	16	Ireland	17	Denmark	11	Sweden	14	Germany	11
Sweden	43	Luxembourg	24	Luxembourg	16	Austria	16	Portugal	11	UK	14	Italy	10
Finland	42	Belgium	22	Finland	15	Germany	13	Spain	11	Denmark	13	Denmark	9
Luxembourg	41	Greece	22	France	15	France	13	Sweden	11	Austria	12	Ireland	9
Spain	41	Portugal	22	Netherlands	12	Finland	10	Austria	9	Luxembourg	10	Netherlands	6
Portugal	38	Ireland	21	Sweden	11	Luxembourg	10	Finland	9	Greece	8	Spain	6
Austria	38	Netherlands	21	UK	11	Denmark	9	France	9	Netherlands	8	UK	6
Germany	37	Spain	20	Greece	9	Portugal	5	UK	9	Italy	3	Belgium	4
EU average*	45		28		21		17		14		14		11
Coefficient of variation	13		19		41		43		37		42		59

\* Weighted according to population size

**Table A2.1(contd.):** Percentage of EU adults, 55 years and over, selecting factors which influence their choice of foods (presented by frequency of selection within countries).

Convenience	Additives		Prescribed diet		Organic foods		Someone else decides		Brand	Ease of Handling			
	%		%		%		%			%			
Denmark	15	Italy	13	Greece	21	Finland	19	Netherlands	9	Luxembourg	9	Denmark	8
Sweden	13	Denmark	12	Spain	20	Luxembourg	19	Ireland	7	France	6	Finland	7
Ireland	12	Sweden	12	Portugal	15	Denmark	14	Spain	6	Portugal	4	Belgium	4
Austria	11	France	10	Austria	12	Belgium	13	Portugal	5	Sweden	4	Luxembourg	4
Netherlands	11	Finland	8	Ireland	9	Austria	11	Sweden	5	Austria	3	Germany	3
Spain	9	Belgium	7	Belgium	8	France	11	UK	5	Italy	3	Netherlands	3
UK	9	Germany	7	Finland	8	Germany	9	Belgium	4	Spain	3	Sweden	3
France	8	Ireland	7	France	8	Ireland	9	Germany	4	Belgium	2	UK	3
Germany	8	Netherlands	7	Germany	7	Sweden	9	Denmark	4	Finland	2	Austria	2
Portugal	8	Luxembourg	6	Luxembourg	7	UK	8	Italy	4	Germany	2	Ireland	2
Belgium	7	UK	6	Italy	6	Italy	5	Austria	3	Greece	2	Spain	2
Italy	7	Austria	4	Sweden	5	Netherlands	5	Greece	3	UK	2	France	1
Finland	6	Greece	3	UK	5	Greece	3	Luxembourg	3	Ireland	1	Greece	1
Greece	5	Spain	3	Netherlands	4	Portugal	2	Finland	2	Netherlands	1	Portugal	1
Luxembourg	3	Portugal	1	Denmark	3	Spain	2	France	2	Denmark	-	Italy	-
EU average *	8		8		9		8		4		3		2
Coefficient of variation	36		50		60		59		43		76		75

\* Weighted according to population size

**Table A2.2a:** Factors considered to be important in influencing food choice by EU adults 55 years and over, classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+.	Primary	Secondary	Tertiary	Single	1 other	> 1 other
%		44	56	41	38	21	60	27	13	31	53	16
Eat healthier	45	40	49	43	46	47	41	51	52	46	44	44
Taste	28	28	28	28	28	27	28	27	29	33	26	26
Habit	21	23	19	20	21	21	24	17	13	22	19	24
Weight	17	16	18	18	16	15	16	19	16	17	18	15
Family / spouse	14	16	12	16	15	8	14	14	13	2	19	21
Price	14	12	16	14	14	15	16	12	11	16	14	10
Country of origin	11	11	11	13	11	9	11	11	12	10	12	11
Prescribed diet	9	8	9	6	9	12	10	6	6	9	9	6
Convenience	8	7	9	8	8	9	8	8	9	14	6	6
Additives	8	7	8	10	7	7	7	8	11	6	8	11
Organic foods	8	7	8	8	7	7	6	9	13	8	7	8
Someone else decides	4	9	1	4	4	4	5	4	5	2	6	5
Brand	3	2	4	3	3	3	3	3	2	4	3	2
Ease of handling	2	2	2	1	2	3	2	2	2	4	1	1

\* Weighted according to population size

**Table A2.2b:** Factors considered to be important in influencing food choice by EU adults 55 years and over, classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work Activity		Number of meals prepared/wk	
		Urban	Rural	Retired	Work Full/Part time	≤ 4 meals/wk	> 4 meals/wk
%	100	53	47	76	34	27	73
Eat healthier	45	48	41	46	43	39	47
Taste	28	27	30	28	28	23	30
Habit	21	17	25	20	22	22	20
Weight	17	17	16	17	15	18	17
Family / spouse	14	13	15	13	18	12	14
Price	14	14	14	14	14	14	14
Country of origin	11	11	11	11	10	15	9
Prescribed diet	9	9	8	9	6	9	8
Convenience	8	9	7	8	7	10	8
Additives	8	8	8	8	8	8	8
Organic foods	8	8	7	8	8	8	8
Someone else decides	4	4	5	4	6	5	4
Brand	3	4	4	3	2	4	3
Ease of handling	2	2	2	2	2	2	2

\* Weighted according to population size

**Table A2.3a:** Factors considered to be important in influencing food choice by EU adults, 55 years and over classified by gender (bold % indicates factors within the top 5 most important selected for that country).

Gender (%)	Eat Healthier		Taste		Habit		Weight		Family/Spouse	
	M	F	M	F	M	F	M	F	M	F
Austria	34	41	30	23	19	14	15	17	12	6
Belgium	55	56	22	23	19	15	17	20	14	9
Denmark	39	51	34	26	22	12	7	11	14	9
Finland	36	46	31	25	18	12	10	10	14	5
France	50	47	29	25	16	15	11	14	10	8
Germany	32	41	29	36	24	21	14	12	17	18
Greece	43	50	23	22	8	10	30	27	23	23
Ireland	42	48	26	16	27	26	14	20	17	18
Italy	41	50	25	25	36	35	15	22	25	11
Luxembourg	44	37	27	20	15	17	13	8	8	14
Netherlands	42	61	19	22	14	11	28	35	34	14
Portugal	34	42	25	20	32	26	6	5	12	10
Spain	33	47	23	18	27	21	15	22	17	7
Sweden	41	45	34	30	15	7	17	20	14	8
UK	46	61	37	35	13	9	20	19	5	12
EU average*	40	49	28	28	23	19	16	18	16	12

Gender (%)	Price		Country of Origin		Prescribed Diet		Convenience		Organic Foods	
	M	F	M	F	M	F	M	F	M	F
Austria	7	15	28	30	9	14	11	11	10	11
Belgium	14	14	4	4	8	9	6	8	9	16
Denmark	17	10	7	11	3	3	13	16	11	16
Finland	14	19	24	25	8	7	6	6	15	23
France	15	17	17	18	8	8	6	9	10	13
Germany	15	20	11	11	5	9	7	9	11	7
Greece	5	10	15	17	25	17	2	8	4	1
Ireland	14	14	9	10	7	11	10	13	9	8
Italy	4	3	10	10	3	7	4	9	3	5
Luxembourg	8	10	27	31	6	8	2	3	10	25
Netherlands	5	10	8	3	5	4	9	13	4	6
Portugal	24	33	17	15	15	16	6	10	2	3
Spain	16	24	5	6	22	18	6	10	3	2
Sweden	13	15	16	19	5	5	14	12	7	11
UK	11	16	7	5	7	3	11	8	7	8
EU average*	12	16	11	11	8	9	7	9	7	8

\* Weighted according to population size

Table A2.3b: Factors considered to be important in influencing food choice by EU adults, 55years and over classified by age  
(bold % indicates factors within the top 5 most important selected for that country).

Age (years) (%)	Eat Healthier			Taste			Habit			Weight			Family/Spouse		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	42	37	33	25	28	25	11	18	22	13	19	17	11	9	5
Belgium	60	52	56	18	25	25	14	18	18	19	20	15	14	11	7
Denmark	48	48	39	27	32	32	20	15	13	9	8	12	14	9	7
Finland	39	47	41	27	24	32	16	14	14	12	9	8	8	10	9
France	45	49	52	27	28	24	14	14	18	13	13	11	10	11	2
Germany	37	39	31	32	36	27	19	23	30	17	9	12	18	20	10
Greece	47	47	45	24	21	21	8	8	12	30	29	26	29	20	12
Ireland	45	44	45	19	22	23	25	25	31	16	20	16	24	14	12
Italy	43	47	49	25	23	32	35	37	34	19	18	21	21	16	12
Luxembourg	40	43	35	21	33	15	11	18	20	15	8	5	15	8	15
Netherlands	46	58	56	22	20	20	10	14	14	27	34	38	28	21	16
Portugal	41	37	35	24	21	20	33	24	27	6	6	3	14	9	7
Spain	39	42	43	22	18	21	24	25	20	24	18	13	9	17	6
Sweden	40	44	46	29	37	28	14	5	13	16	24	16	14	9	9
UK	50	55	60	40	33	35	11	10	12	20	22	15	13	8	5
EU average*	43	46	47	28	28	27	20	21	21	18	16	15	16	15	8

Age (years) (%)	Price			Country of Origin			Prescribed Diet			Convenience			Organic Foods		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	8	11	19	39	26	17	5	13	22	12	11	9	11	11	10
Belgium	14	14	13	6	3	5	8	9	8	5	6	13	17	13	5
Denmark	13	13	13	13	8	6	1	2	7	13	19	13	14	10	16
Finland	20	15	13	30	23	18	5	14	3	4	6	9	20	18	20
France	15	17	18	21	15	15	5	9	11	7	7	9	14	12	6
Germany	19	15	21	11	12	8	4	8	15	8	8	10	11	7	10
Greece	8	9	5	17	16	16	16	24	28	4	5	8	2	4	1
Ireland	12	19	10	8	10	9	8	8	12	10	9	19	9	9	7
Italy	2	4	6	12	8	8	5	6	5	7	7	3	4	6	2
Luxembourg	11	8	10	26	38	20	6	5	14	-	5	5	26	15	10
Netherlands	9	6	7	5	7	4	4	4	5	13	9	10	5	7	5
Portugal	23	33	33	16	13	19	11	17	24	7	11	6	3	2	1
Spain	20	21	20	7	6	4	17	20	25	9	7	10	3	2	3
Sweden	15	15	10	23	17	10	5	6	4	11	10	20	7	11	10
UK	16	13	10	5	6	6	3	7	6	6	11	10	8	4	12
EU average*	14	14	15	13	11	9	6	9	12	8	8	9	8	7	7

\* Weighted according to population size

Table A2.3c: Factors considered to be important in influencing food choice by EU adults, 55years and over classified by education (bold % indicates factors within the top 5 most important selected for that country).

% Education Primary (P) Secondary (S) Further education (T)	Eat Healthier			Taste			Habit			Weight			Family/Spouse		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	40	33	51	23	27	26	17	18	5	17	13	26	5	12	8
Belgium	52	56	63	20	23	27	16	17	18	25	16	12	12	10	14
Denmark	40	41	69	29	32	26	17	19	10	9	10	9	9	14	4
Finland	40	44	52	28	29	18	14	16	19	12	7	6	9	8	13
France	45	56	46	25	26	30	19	13	12	14	10	12	6	9	14
Germany	33	46	48	36	24	28	24	22	14	11	20	14	17	20	13
Greece	44	47	66	22	25	17	10	9	-	26	34	36	27	16	14
Ireland	43	44	61	22	20	20	32	23	14	12	22	19	14	20	24
Italy	44	48	63	26	23	22	36	32	39	19	19	16	17	21	8
Luxembourg	38	51	20	37	16	17	20	12	33	7	14	-	11	16	-
Netherlands	46	56	54	19	19	29	12	15	8	28	34	33	25	22	23
Portugal	37	42	71	21	27	44	28	37	-	5	6	-	11	12	-
Spain	39	49	57	21	15	18	23	23	20	18	20	31	11	14	7
Sweden	38	51	48	31	29	37	9	12	13	19	21	12	9	14	13
UK	54	55	57	34	38	34	12	10	11	18	21	19	7	10	12
EU average*	41	51	52	28	27	29	24	17	13	16	19	16	14	14	13

% Education Primary (P) Secondary (S) Further education (T)	Price			Country of Origin			Prescribed Diet			Convenience			Organic Foods		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	20	8	2	24	30	40	13	12	5	13	10	8	10	11	11
Belgium	15	15	7	2	6	5	9	9	6	9	4	11	15	13	9
Denmark	16	13	9	10	10	7	5	2	2	16	17	8	8	15	21
Finland	18	17	8	22	34	20	9	4	8	4	10	8	21	14	18
France	18	16	12	17	18	17	10	8	4	10	5	5	6	15	18
Germany	20	15	12	11	10	10	8	2	7	8	7	10	8	9	19
Greece	10	4	-	14	22	21	23	15	21	6	4	-	3	1	5
Ireland	17	12	4	10	9	5	9	9	6	11	13	10	8	8	10
Italy	4	2	8	10	11	-	6	4	7	7	5	20	4	7	-
Luxembourg	11	8	17	27	22	20	11	4	-	4	2	-	4	20	33
Netherlands	9	8	5	7	5	4	4	4	5	11	10	15	7	4	6
Portugal	30	25	-	17	11	-	17	6	29	8	4	29	1	6	29
Spain	23	14	6	4	9	18	20	21	6	9	8	13	2	1	7
Sweden	13	14	18	21	12	14	5	4	5	12	14	14	10	10	4
UK	17	12	12	6	6	6	6	4	6	8	9	10	7	8	8
EU average*	16	12	11	11	11	12	10	6	6	8	8	9	6	9	13

Weighted according to population size

**Table A2.3d:** Factors considered to be important in influencing food choice by EU adults, 55years and over classified by household composition (bold % indicates factors within the top 5 most important selected for that country).

% No. in household	Eat Healthier			Taste			Habit			Weight			Family/Spouse		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	39	37	44	28	23	30	18	15	11	16	17	11	1	15	6
Belgium	54	56	59	26	22	10	19	15	17	13	21	32	3	16	19
Denmark	43	50	34	33	27	29	17	15	29	10	9	4	2	18	25
Finland	44	40	40	26	27	40	13	15	22	13	8	7		17	6
France	43	52	42	32	25	21	17	14	11	13	13	11	1	12	16
Germany	41	34	41	41	30	29	28	22	11	11	16	3	3	23	26
Greece	49	48	44	21	19	26	18	6	9	36	31	24	5	25	27
Ireland	51	39	47	17	24	20	31	25	24	18	18	15	2	27	22
Italy	49	43	47	31	24	22	34	33	39	24	18	17	1	24	20
Luxembourg	39	50	29	29	26	14	19	15	11	6	13	10	6	17	10
Netherlands	55	53	47	22	22	16	9	12	16	41	34	15	1	30	32
Portugal	40	40	32	25	23	18	28	26	37	6	4	7	3	12	18
Spain	42	43	22	21	18	39	27	21	29	19	18	22	1	16	14
Sweden	48	41	17	30	32	36	8	11	28	18	20	11	1	21	6
UK	56	54	55	38	34	40	13	9	8	19	20	18	0	13	19
EU average*	46	44	44	33	26	26	22	19	24	17	18	15	2	9	21

% No. in household	Price			Country of Origin			Prescribed Diet			Convenience			Organic Foods		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	14	10	16	26	31	35	16	9	10	13	10	11	9	12	11
Belgium	20	10	11	4	5	3	7	10	3	11	4	6	8	16	16
Denmark	13	14	8	6	12	8	2	4	-	25	4	18	14	13	13
Finland	19	17	4	23	25	34	8	8	6	7	5	-	19	19	21
France	19	15	13	17	17	20	10	7	3	12	5	5	13	9	17
Germany	21	17	17	11	11	10	8	7	7	11	6	12	8	8	19
Greece	9	7	8	10	18	17	26	22	17	13	2	6	-	3	4
Ireland	13	18	9	10	10	7	15	5	7	19	7	10	10	7	10
Italy	4	4	2	7	11	10	6	4	7	16	5	3	5	5	3
Luxembourg	10	11	4	32	17	41	7	4	14	6	2	-	10	17	34
Netherlands	8	6	10	5	5	7	5	4	5	19	8	10	9	4	5
Portugal	32	25	33	10	19	15	24	16	5	10	7	9	2	3	1
Spain	25	19	18	5	5	14	19	20	25	13	7	-	1	3	7
Sweden	17	10	11	14	20	22	4	7	-	20	7	10	12	7	9
UK	11	14	17	3	8	6	5	6	2	15	5	5	9	8	2
EU average*	16	14	10	10	12	11	9	9	6	14	6	6	8	7	8

\* Weighted according to population size

**Table A2.3e:** Factors considered to be important in influencing food choice by EU adults, 55years and over classified by urban/rural location (bold % indicates factors within the top 5 most important selected for that country).

% Location (Urban/Rural)	Eat Healthier		Taste		Habit		Weight		Family/Spouse	
	U	R	U	R	U	R	U	R	U	R
Austria	39	37	28	23	16	16	12	21	11	6
Belgium	58	50	25	17	16	18	19	19	8	19
Denmark	47	43	29	33	15	19	9	10	11	12
Finland	46	35	27	28	13	17	10	10	7	11
France	49	46	27	26	16	13	13	12	8	12
Germany	40	36	37	32	13	24	13	13	19	17
Greece	47	-	22	-	9	-	29	-	23	-
Ireland	46	44	20	23	21	33	17	17	17	18
Italy	47	45	17	31	32	38	21	18	21	15
Luxembourg	39	43	17	29	20	12	10	10	14	10
Netherlands	50	54	20	22	11	13	35	29	18	27
Portugal	41	36	27	17	21	37	6	4	12	10
Spain	43	38	20	21	23	24	17	23	12	9
Sweden	47	30	31	33	10	13	18	21	11	10
UK	55	54	35	40	11	11	20	19	9	8
EU average*	48	41	27	30	17	25	17	16	13	15

% Location (Urban/Rural)	Price		Country of Origin		Prescribed Diet		Convenience		Organic Foods	
	U	R	U	R	U	R	U	R	U	R
Austria	14	9	26	33	14	9	9	13	8	14
Belgium	14	13	5	2	7	11	7	8	13	13
Denmark	14	11	9	9	3	4	15	14	15	9
Finland	17	16	25	24	8	7	8	3	13	30
France	15	19	19	13	7	11	8	5	11	13
Germany	19	18	13	10	7	7	13	7	7	10
Greece	8	-	16	-	21	-	5	-	3	-
Ireland	14	14	8	10	8	10	12	11	11	6
Italy	4	3	7	12	5	5	6	8	6	3
Luxembourg	16	5	27	29	8	5	2	3	10	26
Netherlands	8	7	7	5	5	4	15	8	8	4
Portugal	27	30	14	18	14	18	7	10	4	1
Spain	24	14	6	6	18	24	9	8	3	2
Sweden	14	12	15	26	5	5	14	11	9	9
UK	13	16	6	5	5	6	10	6	9	3
EU average*	14	14	11	11	9	8	9	7	8	7

\* Weighted according to population size



Table A2.3f: Factors considered to be important in influencing food choice by EU adults, 55years and over classified by working status (bold % indicates factors within the top 5 most important selected for that country).

Working Status %	Eat Healthier		Taste		Habit		Weight		Family/Spouse	
	Retired	Working Full/Part time	Retired	Working Full/Part time	Retired	Working Full/Part time	Retired	Working Full/Part time	Retired	Working Full/Part time
Austria	35	33	24	43	18	20	15	11	9	8
Belgium	54	60	24	16	17	17	18	22	11	15
Denmark	46	46	31	27	16	18	10	9	9	16
Finland	42	41	26	33	12	24	10	12	9	7
France	47	51	28	21	15	15	13	11	9	8
Germany	36	39	34	30	24	18	13	13	15	22
Greece	47	44	21	26	9	9	31	23	19	32
Ireland	46	44	20	24	25	29	20	12	14	26
Italy	48	37	25	27	32	49	20	16	17	21
Luxembourg	45	41	24	23	20	9	11	9	13	14
Netherlands	56	35	19	30	12	12	34	21	22	29
Portugal	38	40	20	25	27	32	5	5	10	13
Spain	40	46	20	20	23	25	19	18	11	12
Sweden	44	41	32	29	9	14	21	12	10	16
UK	56	51	36	37	9	16	19	20	9	11
EU average*	46	43	28	28	20	22	17	15	13	18

Working Status %	Price		Country of Origin		Prescribed diet		Convenience		Organic Foods	
	Retired	Working Full/Part time	Retired	Working Full/Part time	Retired	Working Full/Part time	Retired	Working Full/Part time	Retired	Working Full/Part time
Austria	13	17	29	23	13	3	12	9	10	12
Belgium	14	12	4	7	9	7	7	5	14	9
Denmark	16	8	7	13	4	1	17	10	13	14
Finland	19	8	24	27	8	4	6	4	20	18
France	16	18	17	20	8	8	8	6	11	13
Germany	19	16	12	8	9	4	9	5	8	11
Greece	8	6	17	14	22	18	6	3	3	2
Ireland	16	8	9	9	12	2	13	9	8	10
Italy	4	2	9	13	5	7	6	9	5	2
Luxembourg	8	18	24	32	6	9	3	5	15	14
Netherlands	6	12	6	5	5	3	11	12	5	6
Portugal	30	27	14	19	19	10	9	7	2	3
Spain	22	14	5	7	21	13	8	13	3	1
Sweden	14	14	15	25	5	5	13	12	9	10
UK	13	16	7	1	6	3	9	8	8	6
EU average*	14	14	11	10	9	6	8	7	8	8

\* Weighted according to population size

Table A2.3g: Factors considered to be important in influencing food choice by EU adults, 55years and over classified by number of meals prepared per week (bold % indicates factors within the top 5 most important selected for that country).

% Number of meals prepared/wk	Eat Healthier		Taste		Habit		Weight		Family/Spouse	
	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk
Austria	36	38	25	26	9	18	17	16	8	9
Belgium	56	55	21	23	13	18	20	19	11	12
Denmark	40	47	33	29	14	17	10	9	10	11
Finland	27	43	16	28	6	15	14	10	4	9
France	46	50	23	31	15	15	14	11	7	11
Germany	28	41	27	35	26	21	15	12	13	19
Greece	50	44	16	27	7	10	36	24	17	27
Ireland	29	48	17	22	29	26	14	18	16	18
Italy	40	49	21	27	37	35	20	19	15	19
Luxembourg	42	41	16	29	18	14	8	12	13	12
Netherlands	40	58	20	21	16	11	24	35	28	21
Portugal	40	38	23	22	23	29	3	5	13	11
Spain	39	41	18	21	20	24	21	18	18	10
Sweden	47	43	30	32	15	10	13	19	0	13
UK	43	56	28	37	10	11	22	19	12	9
EU average*	39	47	23	30	22	20	18	17	12	14

% Number of meals prepared/wk	Price		Country of Origin		Prescribed Diet		Convenience		Organic foods	
	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk
Austria	16	11	26	31	15	11	12	11	7	12
Belgium	16	13	3	5	9	8	7	7	3	16
Denmark	14	13	10	9	3	3	17	14	15	13
Finland	23	16	29	24	4	8	4	6	31	18
France	18	14	22	12	7	8	6	9	10	13
Germany	18	18	15	9	10	6	11	7	10	9
Greece	9	7	16	17	26	18	8	4	2	3
Ireland	24	12	8	10	9	9	19	10	7	9
Italy	4	3	12	9	5	6	13	4	6	4
Luxembourg	11	9	34	26	8	7	3	3	13	22
Netherlands	5	9	8	4	5	4	13	10	5	6
Portugal	30	28	6	16	17	16	10	8	3	2
Spain	21	21	5	6	22	19	3	10	2	3
Sweden	17	13	15	18	8	4	18	12	6	9
UK	15	13	5	6	5	5	18	8	9	8
EU average*	14	14	15	9	9	8	10	8	8	8

\* Weighted according to population size

**Table A2.4:** Important influences in promotion of long term good health by reported health influencing habit.

	EU average*	Eat Healthier	Taste	Habit	Weight	Family/Spouse
Regular exercisers <sup>(1)</sup>	63	68	62	55	71	61
Regular consumers of fruit <sup>(2)</sup>	78	84	73	72	85	75
Infrequent / non smokers <sup>(3)</sup>	82	85	79	78	83	79
Infrequent / non consumers of alcohol <sup>(4)</sup>	58	59	53	60	58	56

\* Weighted according to population size

(1) Regular exercisers refers to those who report exercising either daily or weekly

(2) Regular fruit consumers refers to those who report consuming fruit on a daily basis

(3) Infrequent / non smokers refers to those who report smoking monthly – never

(4) Infrequent / non consumers of alcohol refers to those who report consuming alcohol monthly – never

**Table A2.5a:** Percentage of EU adults, 55 years and over, reporting different dietary habits (presented by frequently of selection within countries).

I can eat anything I like		I have made an effort to cut down a few things		Due to medical reasons there are a few foods I cannot eat		Due to medical reasons I am very limited as to what food I can eat	
	%		%		%		%
Sweden	55	Germany	44	Spain	31	Portugal	6
Denmark	52	Netherlands	41	Greece	28	Spain	6
Belgium	46	Austria	36	Finland	25	Austria	5
Italy	45	Ireland	36	Portugal	25	Greece	5
Luxembourg	45	UK	35	Italy	23	UK	5
UK	44	Belgium	33	Ireland	21	Belgium	4
France	43	France	33	France	20	Finland	4
Netherlands	43	Greece	33	Austria	19	Luxembourg	4
Finland	42	Luxembourg	32	Germany	18	Sweden	4
Portugal	41	Denmark	30	Luxembourg	18	Denmark	3
Spain	40	Finland	30	Belgium	16	France	3
Austria	39	Italy	30	UK	16	Ireland	3
Ireland	38	Portugal	27	Denmark	15	Netherlands	3
Germany	37	Sweden	27	Sweden	14	Germany	2
Greece	35	Spain	24	Netherlands	12	Italy	2
EU average	43		33		20		4
Cov	12		16		26		33

\* weighted according to population size

**Table A2.5b:** Percentage of EU adults, 55 years and over, reporting different dietary habits (presented by frequently of selection within countries).

I can eat anything I like		I have made an effort to cut down a few things		Due to medical reasons I am limited as to what foods I can eat	
	%		%		%
Sweden	55	Germany	44	Spain	36
Denmark	52	Netherlands	41	Greece	32
Belgium	46	Austria	36	Portugal	32
Italy	45	Ireland	36	Finland	28
Luxembourg	45	UK	35	Ireland	26
UK	44	Belgium	33	Austria	25
France	43	France	33	Italy	25
Netherlands	43	Greece	33	France	24
Finland	42	Luxembourg	32	Luxembourg	23
Portugal	41	Denmark	30	Belgium	21
Spain	40	Finland	30	UK	21
Austria	39	Italy	30	Germany	19
Ireland	38	Portugal	27	Denmark	18
Germany	37	Sweden	27	Sweden	18
Greece	35	Spain	4	Netherlands	16
EU average	43		33		24

\* weighted according to population size

**Table A2.6a:** Percentage of EU adults, 55 years and over, reporting different dietary habits, classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	> 1 other
%		44	56	41	38	21	60	27	13	31	53	16
I can eat anything I like	43	48	36	42	39	46	42	41	38	42	41	43
I have made an effort to cut down a few things	33	30	38	39	36	24	30	39	45	31	36	34
Due to medical reasons I am limited as to what foods I can eat	24	22	26	20	26	30	27	20	17	26	23	22

\* Weighted according to population size

**Table A2.6b:** Percentage of EU adults, 55 years and over, reporting different dietary habits, classified by demographic details (location, work activity and number of meals prepared per week)

	EU average*	Location		Work Activity		Number of meals prepared per wk	
		Urban	Rural	Retired	Working full/part time	< 4 meals/wk	> 4 meals/wk
%		53	47	76	34	27	73
I can eat anything I like	42	42	42	41	43	42	42
I have made an effort to cut down a few things	34	33	36	32	41	35	33
For medical reasons I am limited as to what foods I can eat	24	25	22	26	16	23	25

\*Weighted according to population size

**Table A2.7:** Factors perceived to be important in influencing food choice by EU adults 55 years and over, classified according to dietary habits.

	EU average *	I can eat anything I like	I have made an effort to cut down a few things	For medical reasons I am limited as what foods I can eat
%	100	42	34	24
Eat healthier	45	39	51	46
Taste	28	34	26	21
Habit	21	25	19	16
Weight	17	12	23	17
Family / spouse	14	16	13	10
Price	14	15	13	14
Country of origin	11	12	11	10
Prescribed diet	9	2	5	25
Convenience	8	8	9	7
Additives	8	6	11	8
Organic foods	8	8	8	7
Someone else decides	4	6	3	3
Brand	3	3	3	3
Ease of handling	2	2	2	2

\*Weighted according to population size



## **CHAPTER 3**

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### **ATTITUDES TOWARDS DIET, FOOD AND HEALTH**



## CHAPTER 3 - SUMMARY

### ATTITUDES TOWARDS DIET, FOOD AND HEALTH

#### Rationale

Attitudes towards diet, food and health may influence food choice behaviour. The development of these attitudes are governed by a range of internal and external factors, including sensory perception, and psychological, economic and social influences. As a result, attitudes and their subsequent influence on food choice behaviour are not homogenous across population groups.

This Chapter examines attitudes towards diet, food and health across the older EU population. Subjects were asked to indicate which one of 5 statements best described their attitude towards eating and drinking. In addition, subjects were asked to what extent they agreed or disagreed with a series of five statements relating to diet and health. These attitudes were then investigated for variation within geographic and demographic domains, and according to reported health-promoting behaviours. Attitudes were also examined according to influences upon food choice and factors perceived to be important in the promotion of long term good health.

#### Summary of Findings

When asked to select one of 5 statements which best described their attitude towards eating and drinking, almost 80% of respondents selected one of the two attitudes relating to healthy eating (Table 3.1).

**Table 3.1:** Percentage of EU adults selecting attitudes to eating and drinking.

Attitude towards eating and drinking	EU average*
Only eat and drink things good for my health	40
Don't worry too much as long as I eat plenty of healthy food	39
Eat and drink things I like and don't worry about it	14
Eat and drink anything as long as I take plenty of exercise	4
Am not interested in food	2

\*Weighted according to population size

Comparing individual country responses, it was found that “only eat and drink things good for my health” was more likely to be selected in Italy, Greece, Portugal and Spain compared with Northern countries. The opposite trend was seen for those selecting “don't worry too much as long as I eat plenty of healthy food”, which was more frequently selected in Austria, Denmark, Netherlands, Sweden, and the UK compared with their Southern counterparts.

Across the EU and within most countries, more females than males were likely to select one of the two “healthier” attitude options. On the other hand, males were more likely to state that they “eat and drink things they like and don't worry about it” compared with females.

Those selecting “only eat and drink things good for my health” were more likely to be retired, educated to primary level only and older than 65 years. Conversely, those selecting “don’t worry too much as long as I eat plenty of healthy foods” were more likely to be in the younger age group (55-64 years), and educated to above primary level.

The dietary habit of “I can eat anything I like” (reported in Chapter 1) and the attitude “eat and drink things I like and don’t worry about it” were positively associated. In addition, factors indicated as being important in the promotion of long term good health (also reported in Chapter 1) were associated with the related attitude. For example, a greater percentage of those reporting “only eat and drink things good for my health” or “don’t worry too much as long as I eat plenty of healthy food”, considered “trying to eat a healthy diet” important compared with those reporting other dietary attitudes. Similarly, those selecting the attitude “I can eat and drink anything I like as long as I take plenty of exercise” were more likely to consider “take regular physical exercise” as an important factor in the promotion of long term good health.

When comparing selected attitudes with factors perceived to have the greatest influence on individual food choice (reported in Chapter 2), some interesting associations were noted. For example, those reporting the “healthier” attitudes were more likely to select “trying to eat a healthy diet” and “watching ones weight” as important influences on food choice. On the other hand “taste”, “habit” and “family/spouse” were more important to those reporting the attitude “eat and drink and drink things I like and don’t worry about it”.

The following section highlights the level of agreement (agree strongly / tend to agree) with five statements pertaining to food and health.

#### ***“Healthy eating means giving up the foods I enjoy”***

Across the older EU population, 43% agreed that “healthy eating means giving up the foods that I enjoy”. Level of agreement with this statement ranged from 67% in Greece to 30% in the Netherlands. It was also noted that agreement with this attitude decreased with an increase in education level both across the EU and within most countries.

#### ***“I am interested in finding out more about healthy eating”***

On average, 57% of older EU adults agreed with the statement “I am interested in finding out more about healthy eating”. These respondents were more likely to be inhabitants of Southern EU countries including Italy (73%), Portugal (73%), and Greece (71%) compared with those in more Northern countries such as Denmark (47%) and the UK (46%). In addition, interest in finding out more about a healthy diet was found to decrease with increasing age. This attitude was closely associated with those reporting to “only eat things that are good for my health” (reported in Chapter 3) and to respondents reporting the dietary habit “I have made an effort to cut down on a few things” (reported in Chapter 1).

#### ***“Foods taste more bland now than they used to”***

Almost two-thirds of the older EU population (63%) agreed that “foods taste more bland now than they used to”. Inter-country variation was high, with evidence of a North/South divide. Respondents from the southern countries of Portugal (89%), Italy (84%), and Greece (81%) were more likely to have this attitude compared with Denmark (41%), Finland (40%) Austria (33%) and Sweden (22%). Across the EU average and within some countries, an increase in education level related to a decrease in agreement with this statement. It was also noted that those reporting the dietary habit “I can eat anything I like” were more likely to consider foods



to taste more bland now (be in agreement with this statement) than those in the other dietary habit groups (reported in Chapter 1).

***“There is not a lot you can do to stay healthy, becoming ill is a matter of chance”***

Across the EU, 41% of older adults agreed that “there is not a lot you can do to stay healthy, becoming ill is a matter of chance”. Inter-country variation ranged from 55% in Spain to 26% in the Netherlands. Respondents expressing this attitude were more likely to be in the older age group and retired, than in the younger age group and still working. A marked increase in this attitude was seen, both across the EU average and within most countries, as education level decreased. In addition, those reporting the dietary habit of “I can eat anything I like” were more likely to agree with this statement than were those reporting to have cut down on a few things or whose diet is restricted due to medical reasons.

***“I avoid certain foods now as I find them difficult to chew”***

Less than one third of respondents across the EU indicated “I avoid certain foods now as I find them difficult to chew”. Inter-country variation was great, ranging from 55% in Portugal and 49% in Spain, to 13% in Sweden and 11% in the Netherlands. Of the five statements presented, this was subject to the greatest demographic variation. Difficulties of this nature showed a marked increase with increasing age and decrease with increasing education level. Other characteristics closely related to age, such as being retired, living alone and preparing less than four meals a week, were also linked to reported chewing difficulties.

## **KEY FINDINGS**

- Overall, there was an evident North/South divide, suggesting that a somewhat more relaxed attitude towards diet prevails in the Northern countries.
- Females tended to be more concerned about eating a healthy diet, compared with males.
- Attitudes towards a healthy diet were positively associated with the selection of “trying to eat healthier” as an influence on the promotion of long term good health, and “eat a healthy diet” as a factor influencing food choice.
- Interest in finding out more about healthy eating tended to be greater among those already reporting healthy eating habits and those in the Southern countries.
- Reported chewing difficulties increased with increasing age and with other factors associated with aging.
- The perception that “foods taste more bland than they used to” was affected to a greater extent by inter-country variation than by demographic variation.
- The attitude “there is not a lot you can do to stay healthy, becoming ill is a matter of chance” was closely related to increasing age and a low level of education.

For detailed information refer to Tables A3.1-A3.13 at the end of Chapter 3

## IMPLICATIONS

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The implication that many older adults in Southern EU countries believe that they *only* eat and drink healthy things may be borne out by the fact that generally the 'Mediterranean' diet is believed to be inherently 'healthy'. In addition, a higher percentage of those educated to primary level only reported "I only eat and drink things that are good for my health", suggesting that level of education may contribute to this belief. Strategies to promote the positive aspects of a 'Mediterranean' diet across all EU countries, whilst ensuring that those living in the Mediterranean countries do not naturally assume that *everything* they eat must be healthy, is important. The obvious division of attitudes between Southern and Northern EU countries however, implies that specific strategies need to be tailored towards those countries with similar needs.

The belief that healthy eating means giving up enjoyable foods could be a barrier to healthy eating. Strategies to promote 'healthy eating' as a positive move, i.e. as eating tasty and enjoyable foods, removing the emphasis on *giving up* certain foods, could help encourage healthy eating among certain groups.

Level of education had an impact on certain attitudes towards health and diet issues. Those indicating "there is not a lot I can do to stay healthy, becoming ill is a matter of chance" and those believing "healthy eating means giving up the foods I enjoy" increased as education level decreased. Therefore strategies aimed at targeting the less educated older consumer to help promote more positive attitudes towards diet and health are important.

The high percentage of EU elderly reporting "foods taste more bland than they used to" may relate to diminished sensory perception with increasing age. It is important that these physiological changes which may occur are taken into consideration when developing products for this population.

As expected, difficulties with chewing were age related; however, there was much inter-country variation in the percentage reporting this to be an issue. It is also possible that difficulties of this kind may have been under-reported due to unwillingness to admit to the effects of ageing. This is important to consider as intake of foods such as meat, raw fruits and vegetables and whole grain products may be decreased where difficulties with chewing prevail. Development of nutrient rich products which need relatively little chewing should therefore be considered for the older elderly across the EU.

Potentially more successful and acceptable, however, may be the promotion of familiar, traditional dishes, which are rich in essential nutrients (e.g. soup).

The most important dietary factor affecting teeth is intake of extrinsic sugar. Thus dietary health strategies aimed at younger people with emphasis on sugar intake may be worthwhile, particularly in those countries reporting a high incidence of chewing difficulties. Dental health care inequalities across the EU may explain, in part, the inter-country variation in reported chewing difficulties of older adults. Improving dental health care systems and encouraging regular check-ups may reduce the impact of chewing difficulties in later life.

## Chapter 3 - Tables



**Table A3.1** Percentage of EU adults, 55 and over, selecting attitudes to eating and drinking (presented by frequency of selection within countries).

I only eat and drink things that are good for my health	%	I don't worry too much as long as I eat plenty of healthy things such as fruit and vegetables	%	I can eat and drink anything as long as I take plenty of exercise	%	I eat and drink things I enjoy and don't worry about it	%	I am not interested in food	%
Italy	55	Netherlands	67	Finland	10	Denmark	25	Luxembourg	6
Greece	54	Sweden	52	Denmark	8	Sweden	25	Denmark	4
Spain	51	Austria	49	Germany	7	Finland	24	Finland	3
Portugal	45	UK	49	Sweden	7	UK	23	France	3
Belgium	42	Denmark	43	Austria	6	Ireland	21	Germany	2
France	42	Ireland	41	Luxembourg	6	Belgium	19	Ireland	2
Germany	40	France	40	Belgium	5	Austria	16	Netherlands	2
Luxembourg	39	Spain	36	Ireland	5	France	14	Portugal	2
Ireland	31	Germany	35	Netherlands	4	Germany	14	Spain	2
Finland	29	Luxembourg	35	Spain	4	Luxembourg	14	Sweden	2
Austria	26	Belgium	34	UK	4	Portugal	14	UK	2
UK	22	Finland	34	Portugal	3	Greece	12	Austria	1
Denmark	20	Italy	34	France	2	Netherlands	12	Belgium	1
Netherlands	15	Portugal	32	Greece	2	Italy	8	Greece	1
Sweden	14	Greece	31	Italy	2	Spain	7	Italy	1
EU average*	40		39		4		14		2
Coefficient of variation	39		24		46		38		59

\* Weighted according to population size

**Table 3.2a:** Percentage of EU adults, 55 years and over, selecting attitudes to eating and drinking, classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
I only eat and drink the things that are good for my health	40	38	41	36	43	41	44	34	34	37	40	44
I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	39	37	42	43	37	36	35	45	46	38	41	37
I eat and drink things I enjoy and don't worry about it	14	17	12	15	12	17	15	15	12	17	13	13
I can eat and drink anything as long as I take plenty of exercise	5	6	3	4	5	4	4	4	6	5	5	3
I am not interested in food	2	2	2	2	2	2	2	2	2	2	2	2

\* Weighted according to population size

**Table 3.2b:** Percentage of EU adults, 55 years and older, selecting attitudes to eating and drinking classified by demographic details (location, work activity, and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	> 4 meals/wk
%		53	47	76	24	27	73
I only eat and drink the things that are good for my health	40	39	40	41	34	44	38
I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	39	40	38	39	41	34	41
I eat and drink things I enjoy and don't worry about it	5	3	6	4	7	5	4
I can eat and drink anything as long as I take plenty of exercise	14	15	14	14	16	14	15
I am not interested in food	2	2	2	2	2	2	2

\* Weighted according to population size

Table A3.3a: Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by gender (presented by frequency of selection within countries).

Gender (%)	I only eat and drink things that are good for my health		I don't worry too much as long as I eat enough healthy things such as fruit & vegetables		I can eat and drink anything as long as I take plenty of exercise		I eat and drink the things I enjoy and don't worry about it		I am not interested in food	
	M	F	M	F	M	F	M	F	M	F
Austria	21	29	46	52	8	4	20	12	1	1
Belgium	39	44	35	32	4	5	21	17	0	2
Denmark	15	24	41	44	12	4	25	25	5	3
Finland	26	30	33	35	13	7	26	23	1	4
France	44	40	34	44	3	2	17	11	2	3
Germany	34	46	34	35	12	4	16	13	4	1
Greece	54	54	29	32	2	2	14	11	0	1
Ireland	32	31	30	50	8	3	29	13	2	1
Italy	53	56	35	32	3	2	8	9	1	1
Luxembourg	29	47	37	32	8	3	14	15	12	2
Netherlands	10	19	63	70	6	2	18	7	2	1
Portugal	44	46	31	34	4	2	19	10	2	2
Spain	46	54	34	37	6	3	12	4	2	3
Sweden	12	16	50	53	8	6	29	23	1	2
UK	26	19	38	57	5	3	28	19	2	1
EU average*	38	41	37	42	6	3	17	12	2	2

\*Weighted according to population size

Table A3.3b: Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by age (presented by frequency of selection within countries).

Age (years) (%)	I only eat and drink things that are good for my health			I don't worry too much as long as I eat enough healthy things such as fruit & vegetables			I can eat and drink anything as long as I take plenty of exercise			I eat and drink the things I enjoy and don't worry about it			I am not interested in food		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	20	30	30	56	40	50	6	8	2	16	17	15	1	3	0
Belgium	20	30	30	37	36	21	6	3	4	18	19	19	2	1	0
Denmark	13	24	26	47	38	40	9	8	4	25	23	29	3	6	2
Finland	28	33	23	38	32	31	8	11	12	23	21	31	2	3	3
France	35	45	47	44	37	37	2	2	2	15	13	12	4	3	1
Germany	34	44	50	39	35	22	7	8	8	17	10	19	3	2	2
Greece	48	59	59	36	28	23	3	2	1	12	10	15	1	0	1
Ireland	28	31	37	39	44	39	9	2	2	23	19	19	0	2	3
Italy	51	61	52	37	29	37	2	2	3	10	7	8	1	1	0
Luxembourg	38	38	38	36	31	43	6	5	5	19	10	10	0	15	5
Netherlands	17	12	16	66	72	63	5	5	2	11	9	17	2	1	2
Portugal	40	52	43	35	27	37	4	3	1	16	13	13	2	2	1
Spain	48	53	52	41	31	34	3	6	3	7	8	7	0	2	5
Sweden	17	13	12	52	55	48	5	11	5	24	20	33	1	2	1
UK	19	24	24	52	48	45	5	4	2	22	22	26	1	1	2
EU average*	36	43	41	43	37	36	4	5	4	15	12	17	2	2	2

\* Weighted according to population size

Table 3.3c: Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by education level (presented by frequency of selection within countries).

Education % Primary (P) Secondary (S) Further education (T)	I only eat & drink the things that are good for my health			I don't worry too much as long as I eat enough healthy things such as fruit & vegetables			I can eat and drink anything as long as I take plenty of exercise			I eat and drink the things I enjoy and don't worry about it			I am not interested in food		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	29	24	26	48	50	51	5	5	11	15	17	11	1	1	2
Belgium	43	44	32	30	34	43	5	3	6	21	18	14	1	1	3
Denmark	25	15	22	38	42	52	8	9	3	28	28	16	1	6	4
Finland	30	27	16	33	36	40	9	10	14	24	26	19	2	1	12
France	47	40	35	32	45	47	2	1	4	15	13	12	3	2	3
Germany	40	40	47	34	34	42	7	9	10	16	14	0	3	1	2
Greece	53	59	47	29	30	47	2	3	0	15	8	6	1	0	0
Ireland	35	29	25	36	43	52	4	6	5	23	19	18	2	1	0
Italy	57	50	45	32	39	32	2	2	16	9	7	7	1	1	0
Luxembourg	37	35	20	28	43	60	7	6	0	13	16	20	15	0	0
Netherlands	19	13	13	59	70	74	2	6	5	18	10	7	3	1	1
Portugal	47	35	38	32	35	36	2	6	13	14	16	0	2	4	0
Spain	49	57	57	37	33	24	5	1	0	7	8	13	2	2	6
Sweden	14	18	8	53	49	52	6	7	11	25	24	29	2	2	0
UK	27	18	24	41	55	46	5	2	6	26	22	22	2	2	0
EU average*	44	34	34	35	45	46	4	4	6	15	15	12	2	2	2

\* Weighted according to population size

Table A3.3d: Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by number of people in household (presented by frequency of selection within countries).

% No. in household	I only eat & drink the things that are good for my health			I don't worry too much as long as I eat enough healthy things such as fruit & vegetables			I can eat and drink anything as long as I take plenty of exercise			I eat and drink the things I enjoy and don't worry about it			I am not interested in food		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	28	24	35	49	51	34	5	6	16	15	16	16	2	1	0
Belgium	42	42	42	29	37	33	3	5	8	25	15	12	1	1	6
Denmark	20	21	11	36	46	64	10	6	0	28	23	25	5	3	0
Finland	25	32	29	34	35	32	0	0	0	27	21	28	3	1	8
France	34	46	47	43	37	42	2	3	0	17	12	11	3	3	0
Germany	43	40	38	32	37	32	7	9	2	16	12	21	1	2	5
Greece	58	57	48	28	29	34	2	1	4	9	12	13	2	0	1
Ireland	35	32	26	43	39	41	3	5	7	16	22	25	2	1	2
Italy	51	56	57	32	33	35	4	1	3	10	10	6	3	0	0
Luxembourg	29	38	48	48	30	28	3	6	7	16	13	17	3	13	0
Netherlands	21	12	15	63	71	61	4	4	5	11	11	16	1	2	3
Portugal	42	49	39	34	33	29	2	1	8	15	13	16	3	2	2
Spain	50	51	51	35	36	35	6	3	0	6	8	14	3	2	0
Sweden	15	15	3	49	55	44	6	8	4	28	21	44	2	1	5
UK	25	20	22	44	53	45	4	4	5	26	21	25	2	1	2
EU average*	37	40	44	38	41	37	5	5	3	17	13	13	2	2	2

\* Weighted according to population size

Table A3.3e: Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by location (presented by frequency of selection within countries).

% Location Urban (U) Rural (R)	I only eat and drink things that are good for my health		I don't worry too much as long as I eat enough healthy things such as fruit & vegetables		I can eat and drink anything as long as I take plenty of exercise		I eat and drink the things I enjoy and don't worry about it		I am not interested in food	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Austria	28	23	50	49	6	6	14	18	2	1
Belgium	42	41	35	30	5	4	17	23	1	2
Denmark	21	16	42	44	5	12	26	23	4	2
Finland	30	27	35	34	8	13	25	23	2	4
France	41	44	39	41	2	1	14	12	3	3
Germany	51	38	34	35	3	8	12	15	0	3
Greece	54	0	31	0	2	0	12	0	1	0
Ireland	26	38	45	35	5	4	21	20	2	1
Italy	55	55	33	34	2	3	10	7	1	0
Luxembourg	31	46	43	27	6	5	18	12	2	10
Netherlands	15	15	63	70	5	4	14	11	3	1
Portugal	48	41	35	30	3	3	11	18	2	2
Spain	49	54	36	35	4	3	7	8	3	1
Sweden	15	11	52	53	5	13	26	23	2	1
UK	24	16	49	48	3	5	21	28	1	2
EU average*	39	40	40	38	3	6	15	14	2	2

\* Weighted according to population size

Table A3.3f: Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by work activity (presented by frequency of selection within countries).

% Working status (hours/week)	I only eat and drink things that are good for my health		I don't worry too much as long as I eat enough healthy things such as fruit & vegetables		I can eat and drink anything as long as I take plenty of exercise		I eat and drink the things I enjoy and don't worry about it		I am not interested in food	
	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time
Austria	29	12	44	65	6	6	17	17	2	0
Belgium	40	48	34	30	5	4	19	17	1	1
Denmark	22	15	39	49	5	12	28	20	4	3
Finland	30	23	33	39	12	3	24	27	2	5
France	42	40	38	45	2	2	14	11	3	2
Germany	44	34	36	32	5	12	12	19	2	3
Greece	57	47	28	39	2	2	13	11	1	1
Ireland	33	28	41	39	5	5	19	26	2	0
Italy	56	52	33	34	2	4	8	10	1	1
Luxembourg	35	33	38	38	6	10	13	19	10	0
Netherlands	15	16	67	66	5	3	12	13	2	2
Portugal	48	40	32	33	2	4	13	15	2	2
Spain	53	41	34	43	4	6	7	10	3	0
Sweden	14	16	52	52	8	5	25	26	2	0
UK	25	14	46	57	3	6	23	22	2	0
EU average*	41	34	39	41	4	7	14	16	2	2

\* Weighted according to population size

**Table A3.3g:** Percentage of EU adults, 55 years and over selecting attitudes to eating and drinking, classified by number of meals prepared per week (presented by frequency of selection within countries).

No. of meals prepared/wk %	I only eat and drink things that are good for my health		I don't worry too much as long as I eat enough healthy things such as fruit & vegetables		I can eat and drink anything as long as I take plenty of exercise		I eat and drink the things I enjoy and don't worry about it		I am not interested in food	
	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk
Austria	31	24	50	49	3	7	11	17	2	1
Belgium	31	44	36	33	5	4	26	17	0	2
Denmark	17	21	39	43	13	6	24	25	6	3
Finland	33	28	23	35	17	10	27	24	0	3
France	46	38	36	43	3	1	12	15	3	3
Germany	41	40	31	36	10	6	15	14	2	2
Greece	53	55	32	30	2	2	13	12	1	1
Ireland	37	30	36	42	6	5	20	21	1	2
Italy	61	52	26	37	2	3	9	8	2	0
Luxembourg	27	45	43	29	11	4	16	13	3	9
Netherlands	11	17	62	70	7	3	17	10	4	1
Portugal	27	47	37	32	6	3	21	14	3	2
Spain	53	50	28	37	5	4	11	7	3	2
Sweden	17	14	36	54	8	7	38	24	0	2
UK	23	22	48	49	2	4	22	23	3	1
EU average*	44	38	34	41	5	4	15	14	2	2

\* Weighted according to population size

**Table A3.4:** Percentage of EU adults, 55 and over, selecting attitudes to eating and drinking classified according to dietary habits.

	I can eat anything I like	I have made an effort myself to cut down on a few things	Due to medical reasons I am limited as to what foods I can eat
I only eat and drink the things that are good for my health	27	37	36
I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	43	40	17
I can eat and drink anything as long as I take plenty of exercise	58	26	16
I eat and drink the things I enjoy and don't worry about it	74	17	9
I am not interested in food	55	18	27
EU average*	42	34	24

\* Weighted according to population size

**Table A3.5:** Percentage of EU adults, 55 and over, selecting attitudes to eating and drinking classified according to factors important in the promotion of long-term good health.

%	Diet	Exercise	Smoking	Check-ups	Alcohol	Weight
I only eat and drink the things that are good for my health	75	29	22	21	20	16
I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	67	37	24	19	14	19
I can eat and drink anything as long as I take plenty of exercise	56	56	20	20	16	13
I eat and drink the things I enjoy and don't worry about it	50	31	26	20	24	19
I am not interested in food	50	23	35	13	26	16
EU average*	67	33	23	20	18	18

\* Weighted according to population size

**Table A3.6:** Percentage of EU adults, 55 and over, selecting attitudes to eating and drinking classified according to important influences on food choice.

%	Eat healthier	Taste	Habit	Weight	Family/spouse
I only eat and drink the things that are good for my health	53	20	18	19	11
I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	47	31	20	18	14
I can eat and drink anything as long as I take plenty of exercise	34	36	23	12	16
I eat and drink the things I enjoy and don't worry about it	24	43	29	9	20
I am not interested in food	31	20	13	10	14
EU average*	45	28	21	17	14

\* Weighted according to population size



**Table A3.7** Percentage of EU adults, 55 years and over, agreeing or tending to agree with the following statements on attitudes towards different diet health issues (presented by frequency of selection within countries).

Healthy eating means giving up foods that I enjoy		I am interested in finding out more about healthy eating		Foods taste more bland now than they used to		There is not a lot you can do to stay healthy, becoming ill is a matter of chance		I avoid certain foods now as I find them difficult to chew	
%		%		%		%		%	
Greece	67	Italy	73	Portugal	89	Spain	55	Portugal	55
Luxembourg	65	Portugal	73	Italy	84	Italy	53	Spain	49
Portugal	64	Greece	71	Greece	81	Luxembourg	52	Ireland	39
Spain	59	Spain	67	France	74	Greece	48	Italy	36
Austria	58	Finland	64	Spain	64	UK	45	Greece	32
Denmark	52	Luxembourg	63	Ireland	59	France	44	Luxembourg	29
Finland	48	Ireland	61	Luxembourg	59	Belgium	42	France	28
Italy	47	Sweden	59	UK	57	Denmark	42	Belgium	27
Ireland	46	Netherlands	56	Germany	54	Finland	42	Austria	24
Sweden	42	France	52	Belgium	47	Portugal	41	Germany	24
Belgium	39	Belgium	52	Denmark	41	Ireland	40	UK	24
Germany	38	Germany	49	Finland	40	Sweden	39	Finland	21
UK	31	Austria	48	Netherlands	40	Austria	31	Denmark	20
France	31	Denmark	47	Austria	33	Germany	26	Sweden	13
Netherlands	30	UK	46	Sweden	22	Netherlands	26	Netherlands	11
EU average*	43		57		63		41		30
Coefficient of variation	25		16		35		21		42

\* Weighted according to population size

**Table A3.8a:** Percentage of EU adults, 55 years and over, agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
Healthy eating means giving up foods I enjoy	43	45	41	42	45	40	45	42	31	42	43	44
I'm interested in finding out more about healthy eating	57	54	59	62	58	46	56	59	58	52	58	63
Foods taste more bland than they used to	63	62	64	60	65	63	66	60	53	62	61	70
There is not a lot I can do to stay healthy, becoming ill is a matter of chance	41	43	40	37	41	50	46	37	29	43	40	44
I avoid certain foods now as I find them difficult to chew	30	28	31	20	34	41	34	25	20	36	27	25

\* Weighted according to population size

**Table A3.8b** Percentage of EU adults, 55 years and over, agreeing or tending to agree with the following statements on attitudes towards different diet and health issues by demographic details (location, work activity, and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	= 4 meals/wk	> 4 meals/wk
%		53	47	76	24	27	73
Healthy eating means giving up foods I enjoy	43	43	42	43	41	45	41
I am interested in finding out more about healthy eating	57	57	57	56	59	59	56
Foods taste more bland than they used to	63	64	61	64	60	65	62
There is not a lot I can do to stay healthy, becoming ill is a matter of chance	41	43	39	43	35	43	41
I avoid certain foods now as I find them difficult to chew	30	30	29	33	18	35	28

\* Weighted according to population size

Table A3.9a: Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by gender (presented by frequency of selection within countries).

% Gender	Healthy eating means giving up foods I enjoy		I am interested in finding out more about healthy eating		Foods taste more bland now than they used to		There is not a lot you can do to stay healthy, becoming ill, is a matter of chance		I avoid certain foods now as I find them difficult to chew	
	M	F	M	F	M	F	M	F	M	F
Austria	63	53	44	50	34	33	30	32	21	26
Belgium	37	40	55	48	42	51	39	44	22	30
Denmark	57	48	44	50	39	43	46	39	23	16
Finland	44	48	61	66	39	41	46	38	16	25
France	32	30	51	53	68	78	47	43	29	28
Germany	39	37	46	52	55	53	30	22	20	28
Greece	68	66	67	74	78	83	45	50	31	33
Ireland	53	43	56	66	58	60	41	39	42	37
Italy	49	46	72	73	82	86	54	52	35	37
Luxembourg	65	66	55	69	67	51	58	47	23	34
Netherlands	27	33	51	59	33	45	28	24	10	11
Portugal	66	62	69	76	84	93	45	37	56	54
Spain	67	53	58	74	62	65	55	55	47	51
Sweden	46	38	57	61	23	21	42	36	13	12
UK	40	34	40	50	62	54	44	46	25	23
EU average*	45	41	54	59	62	64	43	40	28	31

\*Weighted according to population size

Table A3.9b: Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by age (presented by frequency of selection within countries).

% Age (years)	Healthy eating means giving up foods I enjoy			I am interested in finding out more about healthy eating			Foods taste more bland now than they used to			There is not a lot you can do to stay healthy, becoming ill, is a matter of chance			I avoid certain foods now as I find them difficult to chew		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	56	60	58	53	47	39	32	31	39	25	36	35	13	22	45
Belgium	39	40	36	55	52	41	41	54	44	38	43	48	19	30	33
Denmark	59	56	36	57	41	39	43	36	45	38	44	47	18	19	23
Finland	49	49	39	69	67	52	39	43	40	36	39	54	16	21	30
France	27	33	33	56	56	39	78	72	71	39	45	52	18	31	42
Germany	32	32	29	52	49	43	50	57	57	21	26	38	12	30	44
Greece	69	69	57	74	68	69	82	83	74	50	54	34	25	37	43
Ireland	55	40	45	66	66	45	57	55	69	38	39	43	30	34	63
Italy	45	51	44	80	70	57	81	88	86	52	52	56	24	43	52
Luxembourg	60	70	62	75	51	57	60	56	68	40	67	55	19	35	40
Netherlands	27	35	29	51	59	57	33	45	46	22	32	26	9	8	18
Portugal	66	65	56	76	71	67	91	86	87	42	43	35	47	64	56
Spain	56	60	63	69	70	59	60	66	67	54	50	63	40	54	55
Sweden	46	38	40	62	66	46	12	20	39	29	36	54	5	14	21
UK	37	42	29	56	47	32	52	61	58	39	42	56	14	28	30
EU average*	42	45	40	62	58	46	60	65	63	37	41	50	20	34	41

\* Weighted according to population size .

Table A3.9c: Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by level of education (presented by frequency of selection within countries).

Education Primary (P) Secondary (S) Further education (T)	Healthy eating means giving up foods I enjoy			I am interested in finding out more about healthy eating			Foods taste more bland now than they used to			There is not a lot you can do to stay healthy, becoming ill, is a matter of chance			I avoid certain foods now as I find them difficult to chew		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	61	58	47	44	50	50	36	35	17	35	32	20	26	24	15
Belgium	41	40	29	44	54	60	49	46	46	50	39	28	30	28	14
Denmark	54	56	39	44	51	43	51	40	28	58	40	19	29	17	9
Finland	47	47	38	65	60	62	43	38	24	46	34	23	24	15	16
France	35	31	23	50	52	57	76	73	72	52	42	35	34	24	22
Germany	32	28	31	45	54	66	55	54	48	28	20	16	24	20	30
Greece	68	66	57	71	78	57	84	80	61	52	43	25	36	32	3
Ireland	44	53	44	59	64	56	64	56	49	45	38	23	47	33	26
Italy	51	38	15	71	81	67	86	78	83	54	48	40	37	31	30
Luxembourg	64	64	50	59	73	67	69	54	67	62	39	40	31	20	33
Netherlands	28	33	28	53	61	46	43	38	36	33	25	16	14	9	10
Portugal	64	65	50	73	68	87	89	86	87	42	35	13	56	52	26
Spain	58	68	44	65	74	88	63	67	63	58	43	31	50	46	37
Sweden	42	45	32	56	61	64	24	18	21	42	35	30	16	8	8
UK	35	38	37	34	53	50	62	61	40	58	39	35	30	24	12
EU average*	45	42	31	56	59	58	66	60	53	46	37	29	34	25	20

\* Weighted according to population size

Table A3.9d: Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by household composition (presented by frequency of selection within countries).

No. in household	Healthy eating means giving up foods I enjoy			I am interested in finding out more about healthy eating			Foods taste more bland now than they used to			There is not a lot you can do to stay healthy, becoming ill, is a matter of chance			I avoid certain foods now as I find them difficult to chew		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	54	59	71	49	46	49	37	31	29	30	32	36	28	23	10
Belgium	40	39	35	45	56	46	52	44	44	46	42	28	36	23	11
Denmark	48	57	43	42	52	54	49	34	42	47	38	43	19	20	22
Finland	43	49	51	60	67	69	35	43	55	41	41	47	21	22	16
France	33	29	29	50	54	51	77	72	73	47	44	40	39	24	17
Germany	31	31	34	48	50	49	55	52	58	21	25	39	35	19	22
Greece	55	69	68	65	75	69	73	82	82	42	50	47	43	36	23
Ireland	39	46	60	53	64	66	64	52	65	41	40	39	48	36	34
Italy	44	46	50	66	74	75	84	86	82	57	53	49	43	41	26
Luxembourg	53	66	72	67	64	57	68	59	48	55	43	62	27	17	48
Netherlands	34	28	31	55	57	51	45	35	44	30	25	25	12	10	11
Portugal	63	67	58	67	74	77	92	87	90	45	39	40	62	55	45
Spain	61	61	40	67	67	68	64	65	54	57	54	54	53	49	32
Sweden	40	41	54	51	68	44	27	17	23	42	32	66	16	10	4
UK	34	39	36	40	49	48	55	58	59	50	41	44	29	19	35
EU average*	42	43	44	52	58	63	62	61	70	43	40	44	36	27	25

\* Weighted according to population size

Table A3.9e: Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by location (presented by frequency of selection within countries).

Location (Urban/Rural)	Healthy eating means giving up foods I enjoy		I am interested in finding out more about healthy eating		Foods taste more bland now than they used to		There is not a lot you can do to stay healthy, becoming ill, is a matter of chance		I avoid certain foods now as I find them difficult to chew	
	U	R	U	R	U	R	U	R	U	R
Austria	61	58	45	51	34	32	34	27	30	16
Belgium	29	39	53	46	51	39	38	50	28	24
Denmark	43	52	49	44	43	36	41	44	20	19
Finland	42	46	64	64	39	42	37	48	20	23
France	37	31	52	52	76	68	43	49	27	31
Germany	32	31	49	49	52	54	18	27	29	23
Greece	0	67	71	0	81	0	48	0	32	0
Ireland	46	48	56	68	64	54	39	41	39	39
Italy	50	47	70	75	87	82	49	55	36	36
Luxembourg	71	65	73	54	73	48	58	47	35	24
Netherlands	31	30	57	54	43	37	30	23	10	12
Portugal	55	64	79	66	90	88	48	34	56	54
Spain	59	59	65	71	62	67	55	54	48	51
Sweden	40	42	59	58	22	23	38	41	12	13
UK	27	37	46	45	57	57	45	43	23	27
EU average*	43	42	57	57	64	61	43	39	30	29

\* Weighted according to population size

Table A3.9f: Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by working status (presented by frequency of selection within countries).

Working status (hours/week)	Healthy eating means giving up foods I enjoy		I am interested in finding out more about healthy eating		Foods taste more bland now than they used to		There is not a lot you can do to stay healthy, becoming ill, is a matter of chance		I avoid certain foods now as I find them difficult to chew	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	55	55	48	35	33	20	32	28	27	18
Belgium	40	33	51	52	48	46	42	41	30	13
Denmark	49	58	44	56	41	41	48	30	21	17
Finland	46	49	64	64	43	28	44	33	23	13
France	32	26	52	53	74	72	45	39	30	19
Germany	37	39	48	51	51	59	28	20	30	13
Greece	65	71	70	73	82	78	48	46	35	25
Ireland	43	59	61	60	62	54	40	39	41	33
Italy	47	49	73	73	85	79	53	52	40	19
Luxembourg	66	57	64	81	66	45	56	32	28	14
Netherlands	32	22	58	43	43	27	28	19	13	3
Portugal	64	63	71	75	87	91	41	40	59	48
Spain	62	46	66	73	67	51	55	52	54	25
Sweden	43	39	59	59	24	14	41	29	16	3
UK	37	36	43	56	58	54	46	40	27	15
EU average*	43	41	56	59	64	60	43	35	33	18

\* Weighted according to population size

**Table A3.9g:** Percentage of EU adults, 55 years and over agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by number of meals prepared per week (presented by frequency of selection within countries).

% No. of meals prepared/wk	Healthy eating means giving up foods I enjoy		I am interested in finding out more about healthy eating		Food tastes more bland now than it used to		There is not a lot you can do to stay healthy, becoming ill, is a matter of chance		I avoid certain foods now as I find them difficult to chew	
	≤4 meals/wk	> 4 meals/wk	≤4 meals/wk	> 4 meals/wk	≤4 meals/wk	> 4 meals/wk	≤4 meals/wk	> 4 meals/wk	≤4 meals/wk	> 4 meals/wk
Austria	62	56	53	46	36	33	32	31	33	21
Belgium	43	38	54	50	48	47	40	42	32	25
Denmark	57	51	52	46	46	40	57	39	23	19
Finland	49	46	51	65	50	40	61	40	35	20
France	33	28	55	50	74	74	45	43	30	26
Germany	48	34	51	49	48	56	29	24	29	22
Greece	72	63	79	66	85	78	56	42	42	26
Ireland	50	47	66	60	63	59	34	41	52	36
Italy	48	47	80	69	82	85	53	52	48	30
Luxembourg	61	68	68	59	62	57	50	53	34	28
Netherlands	29	31	50	58	44	38	31	24	11	11
Portugal	57	64	70	73	91	88	39	41	60	54
Spain	70	57	56	69	63	64	54	55	46	49
Sweden	46	41	48	60	21	22	33	39	9	13
UK	43	36	48	45	58	57	46	45	38	23
EU average*	41	45	56	59	62	65	41	43	35	28

\* Weighted according to population size

**Table A3.10:** Percentage of EU adults, 55 and over, agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified according to dietary habits.

	I can eat anything I like	I have made an effort myself to cut down on a few things	For medical reasons, I am limited as to what foods I can eat
Healthy eating means giving up the foods I enjoy	34	34	31
I am interested in finding out more about healthy eating	31	40	29
Foods taste more bland now than they used to do	41	33	26
There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	48	27	25
I avoid certain foods now as I find them difficult to chew	32	35	33
EU average*	43	33	24

\* weighted according to population size

**Table A3.11:** Percentage of EU adults, 55 and over, agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified according to factors important in the promotion of long-term good health.

	Diet	Exercise	Smoking	Check-ups	Alcohol	Weight
Healthy eating means giving up the foods I enjoy	68	28	25	21	20	17
I am interested in finding out more about healthy eating	70	34	23	18	18	17
Foods taste more bland now than they used to	68	30	23	21	19	17
There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	64	28	24	22	21	20
I avoid certain foods now as I find them difficult to chew	68	26	21	24	21	18
EU average*	67	33	23	20	18	18

\* Weighted according to population size

**Table A3.12:** Percentage of EU adults, 55 and over, agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified according to important influences on food choice.

	Eat healthy	Taste	Habit	Weight	Family/spouse
Healthy eating means giving up the foods I enjoy	42	26	21	18	15
I am interested in finding out more about healthy eating	50	24	19	19	13
Foods taste more bland now than they used to	45	28	21	17	13
There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	39	28	23	17	15
I avoid certain foods now as I find them difficult to chew	42	25	23	16	15
<b>EU average*</b>	<b>45</b>	<b>28</b>	<b>21</b>	<b>17</b>	<b>14</b>

\* Weighted according to population size

**Table A3.13:** Percentage of EU adults, 55 and over, agreeing or tending to agree with the following statements on attitudes towards different diet and health issues classified by attitudes to food.

	Healthy eating means giving up the foods I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland now than they used to do	There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	I avoid certain foods now as I find them difficult to chew
I only eat and drink the things that are good for my health	50	72	68	40	39
I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	35	55	60	38	25
I can eat and drink anything as long as I take plenty of exercise	41	54	55	41	18
I eat and drink the things I enjoy and don't worry about it	44	28	59	51	22
I am not interested in food	49	24	66	52	26
<b>EU average*</b>	<b>43</b>	<b>57</b>	<b>63</b>	<b>41</b>	<b>30</b>

\* Weighted according to population size

## **CHAPTER 4**

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### **DIETARY CHANGE (TOWARDS HEALTHIER EATING)**





## CHAPTER 4 - SUMMARY

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### DIETARY CHANGE TOWARDS HEALTHIER EATING

#### Rationale

It has been reported that older EU adults are more resistant to making positive dietary changes than younger adults (Kearney & McElhone, 1999). However, certain alterations to the diet may, in a sense, be forced upon this group as a result of lifestyle and health changes. Indeed, it has been demonstrated that adults tend to eat less and make different food choices as they age (Drewnowski & Shultz, 2001). This Chapter investigates the incidence of dietary change towards a healthier diet and the types of changes made by older EU adults. Reported changes were subsequently investigated for geographic and demographic variation and examined according to attitudes to food and health, and influences on food choice.

#### Summary of Findings

Dietary change towards healthier eating was reported by almost half the older respondents (47%) across the EU. A notably higher percentage of respondents in Finland (72%) reported dietary change. Inter-country variation within the other 14 EU countries ranged from 56% in Greece and Sweden to 37% in the Netherlands.

Respondents reporting to have changed their diet to try to eat more healthily were more likely to be educated to at least secondary level across the EU and within most individual countries.

“Eat a healthy diet” as a factor important in long term good health and “trying to eat healthier” as an influence in food choice were more frequently selected by those reporting to have undergone dietary change compared with those who had not.

Attitudes to eating and drinking varied between those reporting dietary change and those who did not. Respondents reporting “I only eat and drink things that are good for my health” were far more likely to be among those reporting to have changed their diet to try and eat more healthily than those reporting no dietary change. On the other hand, “I eat and drink things I like and don’t worry about it” was a more popular attitude among those reporting no dietary change.

Interest in finding out more about healthy eating was far more prevalent among those reporting to have already made dietary changes towards healthier eating, than those who had not.

The type of dietary changes most frequently reported by the entire EU sample included increased consumption of vegetables (75%), fruit (67%) and water (49%), and decreased consumption of fat (72%) and sugar (57%).

Within most individual countries, an increase in fruit and vegetable consumption and a decrease in fat consumption were among the top 3 dietary changes reported. Indeed, most of the reported dietary changes were in line with dietary recommendations, suggesting that for many there is an understanding of the changes required to optimise health.

There was, however, a high level of inter-country variation in the frequency of selection of reported dietary changes. For example, in the Netherlands, increase in consumption of neither fruit nor vegetables featured among the five most frequently selected changes. In general, many of the specific dietary changes made towards a healthier diet were least likely to be

reported in the Denmark and the UK, and most frequently reported in Austria, Belgium and Luxembourg.

Those reporting to have increased their intake of vegetables, were more likely to be below 65 years of age rather than in the older age groups, and least likely to be educated to tertiary level compared with the lower education groups.

Those reporting to have increased intake of fruit were more likely to be below 65 years of age rather than above 75 years of age and less likely to live alone than with more than one other person.

A reduction in fat consumption was more frequently reported by those living alone or with one other person compared with those living with more than one other person.

Other dietary changes were subject to wide demographic variation.

## **KEY FINDINGS**

- Approximately half the EU older population reported to have made dietary changes towards trying to eat more healthily.
- Incidence of dietary change showed little notable demographic variation with the exception of education. Those educated to primary level only were least likely to report dietary change.
- Those indicating no dietary change were less likely to be interested in finding out more about healthy eating than those whose dietary habits had changed towards healthier eating.
- The nature of dietary changes reported indicated an understanding of the type of changes needed to improve the “healthiness” of the diet.
- Inter-country variation regarding the specific changes made towards trying to eat more healthily, was notable.

For detailed information refer to Tables A4.1-A4.11 at the end of Chapter 4

## IMPLICATIONS

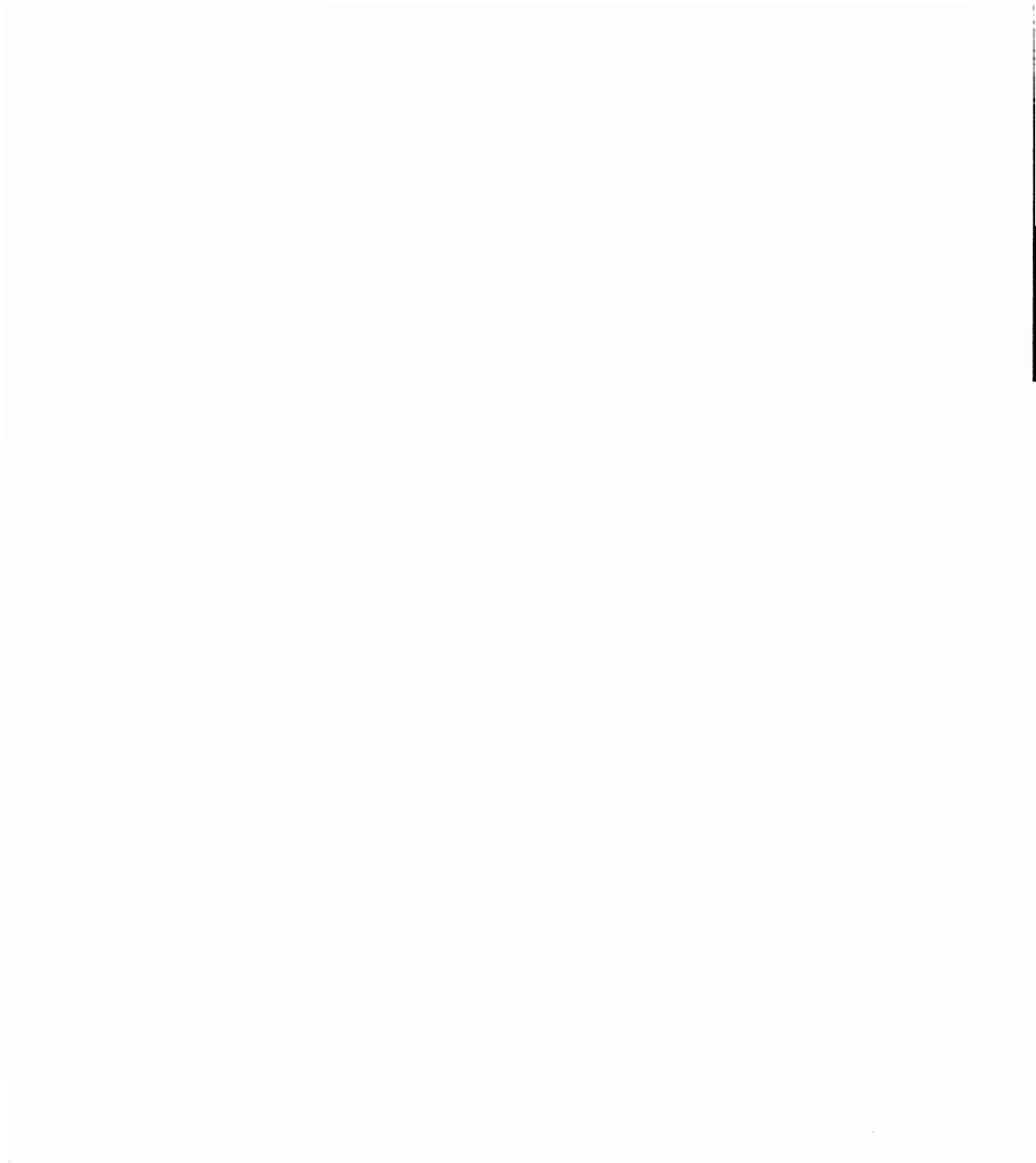
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The predominant types of changes reported suggest that most EU adults, 55 years and over, are aware of current dietary recommendations to increase consumption of fruit and vegetables and reduce fat intake. A number of respondents, however, reported changes which may not necessarily be beneficial to health, suggesting that some respondents may be slightly confused as to the type of dietary changes which provide health benefits. Clear unambiguous messages must be presented to ensure that the constituents of a healthy diet are fully understood and which will encourage the promotion of healthy dietary changes in addition to positively enforcing good practices which may already be in place.

In 10 of the 15 EU countries, both “increase fruit” and “increase vegetables” were among the top three dietary changes. Neither of these two options, however, featured among the top three choices in Belgium, Finland or the Netherlands, suggesting inconsistency in the perceived importance of fruit and vegetable consumption between EU countries. Strategies to promote particular benefits and indeed, ways of incorporating these foods into the diet should be tailored to meet the individual needs of particular countries.

Interest in finding out more about healthy eating was far less prevalent among those who did not report dietary change towards trying to eat more healthily, compared with those who did. Making information available not only to those with an interest but to those who hitherto have not made dietary changes, should be encouraged. Finding methods and channels of communication to reach this target group is essential.

Older elderly respondents were less likely to have made changes toward trying to eat more healthily, suggesting that dietary changes were affected by age. Respondents aged 75 years and over who indicated that they had made dietary changes were less likely to report an increase in fruit and vegetable consumption and more likely to have reduced the amount of food eaten compared with those in the younger age groups. These observations may equate to a compromised nutrient intake among the older groups. It must be ensured that these groups are catered for, with the provision of nutrient rich foods that appeal and advice on the most practical ways of incorporating these health-promoting foods into their diets.



## Chapter 4 - Tables



**Table A4.1:** Percentage of EU adults, 55 years and over, answering "yes" to the question "Have you changed your eating habits to try to eat healthier?" presented by frequency of selection within countries.

Country	%
Finland	72
Greece	56
Sweden	56
Ireland	53
Austria	52
Germany	51
Luxembourg	49
Italy	48
UK	48
Belgium	45
Portugal	45
Spain	45
Denmark	44
France	39
Netherlands	37
EU average *	47
Coefficient of variation	17

\* Weighted according to population size

**Table A4.2a** Percentage of EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier ?", classified by demographic details (sex, age, education and number in household).

%	Sex		Age			Education			Number in Household		
	M	F	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	1+
Austria	51	53	53	54	49	50	51	63	50	55	44
Belgium	42	47	46	46	42	50	39	53	37	51	41
Denmark	48	40	53	41	31	30	52	49	39	51	25
Finland	64	79	73	80	62	73	75	61	71	75	67
France	42	36	44	39	28	33	41	47	36	40	39
Germany	50	52	46	54	57	48	52	69	54	49	52
Greece	57	54	53	57	60	51	65	58	50	63	49
Ireland	49	56	56	51	50	44	62	58	51	48	61
Italy	45	50	48	52	38	47	50	52	45	47	50
Luxembourg	50	49	57	43	45	58	46	67	43	59	41
Netherlands	41	46	45	47	37	42	44	46	49	43	38
Portugal	39	50	41	47	51	46	39	26	47	47	39
Spain	42	47	42	45	49	46	37	56	43	46	43
Sweden	52	59	56	63	47	53	62	55	55	60	24
UK	51	45	52	55	33	42	51	51	43	51	47
EU average*	47	48	47	50	42	46	48	53	46	48	47

\* weighted according to population size

**Table A4.2b:** Percentage of EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier ?" classified by demographic details (location, work activity and number of meals prepared per week).

%	Location		Activity		Number of Meals prepared/wk	
	Urban	Rural	Retired	Working full/part time	≤4 meals/wk	> 4 meals/wk
Austria	51	53	52	46	57	51
Belgium	43	51	45	46	36	47
Denmark	47	36	39	54	40	45
Finland	74	70	73	71	66	73
France	39	36	38	40	40	37
Germany	46	52	53	48	46	53
Greece	55	0	56	53	60	52
Ireland	52	54	51	57	51	53
Italy	46	49	48	48	56	44
Luxembourg	50	49	54	50	47	51
Netherlands	44	44	44	42	43	44
Portugal	46	43	47	42	46	45
Spain	45	45	45	43	39	46
Sweden	56	55	55	59	55	56
UK	48	49	46	55	58	47
EU average*	46	49	47	48	47	47

\* Weighted according to population size

**Table A4.3:** Percentage of EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" classified according to factors important in the promotion of long term good health.

Healthy promoting factor	Diet	Exercise	Smoking	Check-ups	Alcohol	Weight
% saying YES to I have changed my diet to eat healthier	70	34	24	20	17	18
% saying NO to I have not changed my diet to eat healthier	64	32	23	20	20	17
EU Average*	67	33	23	20	18	18

\* weighted according to population size

**Table A4.4:** Percentage of EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" classified according to important influences on food choice.

Factors affecting food choice	Trying to eat a healthy diet	Taste of food	Habit or routine	Watching ones weight	What family/spouse eat
% saying YES to I have changed my diet to eat healthier	52	22	16	21	12
% saying NO to I have not changed my diet to eat healthier	39	34	25	13	16
EU Average*	45	28	21	17	14

\* weighted according to population size

**Table A4.5:** Percentage of EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" classified according to attitude towards eating and drinking.

	EU Average*	I only eat and drink things that are good for my health	I don't worry too much as long as I eat enough healthy things such as fruit and vegetable	I can eat and drink anything as long as I take plenty of exercise	I eat and drink the things I enjoy and don't worry about it	I am not interested in food
%		40	39	4	14	2
% saying YES to I have changed my diet to eat healthier	47	64	36	3	5	1
% saying NO to I have not changed my diet to eat healthier	53	26	42	5	23	3

\* weighted according to population size

**Table A4.6:** Percentage of EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" classified according to attitude towards different diet and health issues.

	EU Average*	Healthy eating means giving up the foods I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland now than they used to	There is not a lot you can do to stay healthy, becoming ill is a matter of chance	I avoid certain food as I find them difficult to chew
%		43	60	63	41	30
% saying YES to I have changed my diet to eat healthier	47	49	74	64	36	35
% saying NO to I have not changed my diet to eat healthier	53	37	41	62	47	25

\* weighted according to population size



**Table 4.7:** Dietary changes reported by EU adults, 55 years and over, who answered “Yes” to the question “Have you changed your eating habits to try to eat healthier?” (47% of the EU sample).

Increase %		Decrease %	
Vegetables	75	Fat / fatty foods	72
Fruit	67	Sugar / sugary foods	57
Water	49	Alcohol	56
Fish	48	Meat	48
Yogurt	37	Salt	45
Chicken	36	Amount of food	43
Olive / vegetable oil	36	Additives	35
Wholemeal / wholegrain foods	36	Snacking	35
Low-fat / low-calorie foods	33	Processed foods	33
Cheese	27	Coffee / tea / stimulants	31
Milk	24	Bread / potatoes / pasta	23
Wider variety	23	Cheese	17
Bread / potatoes / pasta	19	Milk	14
Coffee / tea / stimulants	11	Low-fat / low-calorie foods	10
Amount of food	8	Wholemeal / wholegrain foods	9
Snacking	7	Chicken	9
Meat	6	Olive / vegetable oil	9
Salt	3	Yogurt	8
Processed foods	3	Wider variety	8
Sugar / sugary foods	3	Fish	6
Alcohol	2	Fruit	4
Fat / fatty foods	2	Vegetables	3
Additives	1	Water	2

\* weighted according to population size

**Table A4.8:** Dietary changes reported by EU adults, 55 years and over, answering “Yes” to the question “have you changed your eating habits to try to eat healthier” ranked (1-5) by frequency of selection within each country.

	1	2	3	4	5
Austria	Reduce fat	Increase vegetables	Increase fruit	Reduce sugar	Reduce salt
Belgium	Reduce fat	Reduce meat	Reduce salt	Reduce amount of food	Increase vegetables
Denmark	Reduce fat	Increase vegetables	Increase fruit	Reduce sugar	Increase water
Finland	Reduce fat	Reduce salt	Reduce amount of food	Reduce sugar	Increase vegetables / Reduce additives <sup>†</sup>
France	Reduce fat	Increase vegetables	Reduce amount of food	Increase water	Reduce sugar / Reduce alcohol <sup>†</sup>
Germany	Increase vegetables	Reduce fat	Increase fruit	Reduce alcohol	Reduce sugar
Greece	Increase vegetables	Increase fruit	Reduce fat	Reduce meat	Reduce sugar
Ireland	Increase vegetables	Increase fruit	Reduce fat	Reduce sugar	Increase water
Italy	Increase vegetables	Increase fruit	Reduce fat	Reduce meat	Increase water / Reduce sugar <sup>†</sup>
Luxembourg	Increase vegetables	Reduce fat <sup>†</sup>	Reduce alcohol	Reduce sugar	Increase fruit
Netherlands	Reduce fat	Reduce amount of food	Reduce sugar	Increase wholemeal or wholegrain foods	Reduce snack foods
Portugal	Reduce fat	Increase fruit	Increase vegetables	Reduce salt	Increase fish
Spain	Increase vegetables	Reduce fat	Increase fruit	Increase fish <sup>†</sup>	Reduce salt <sup>†</sup>
Sweden	Reduce fat <sup>†</sup>	Increase vegetables <sup>†</sup>	Increase fruit	Reduce sugar	Increase water / Increase fish <sup>††</sup>
UK	Increase fruit <sup>†</sup>	Increase vegetables <sup>†</sup>	Reduce fat	Reduce sugar	Increase wholemeal or wholegrain foods
EU consensus	Increase vegetables	Reduce fat	Increase fruit	Reduce sugar	Increase water

\* Weighted according to population size

<sup>†/††</sup> Selected by an equal percentage of the population

**Table A4.9a:** Increase in foods/drink of those EU adults 55 years and over, answering "yes" to the question "have you changed your eating habits to try and eat healthier" ranked by frequency of selection within individual countries.

Increase vegetables %		Increase fruit %		Increase water %		Increase fish %		Increase yogurt %	
Austria	90	Austria	88	France	76	Luxembourg	83	Austria	67
Luxembourg	89	Luxembourg	85	Austria	75	France	70	Luxembourg	64
Greece	85	Greece	76	Belgium	74	Belgium	62	France	63
Italy	84	Italy	75	Luxembourg	66	Sweden	62	Belgium	51
France	80	Portugal	73	Sweden	62	Austria	60	Greece	51
Sweden	79	Sweden	72	Finland	59	Netherlands	56	Germany	43
Belgium	78	Belgium	67	Netherlands	59	Portugal	55	Spain	36
Germany	73	France	67	Italy	58	Finland	54	Netherlands	34
Spain	73	Ireland	66	Ireland	53	Greece	54	Ireland	28
Ireland	72	Germany	65	Portugal	52	Spain	53	Sweden	27
Finland	69	UK	64	Greece	49	Italy	52	Italy	24
Portugal	69	Spain	63	Germany	45	Ireland	46	Portugal	24
UK	64	Netherlands	61	Spain	34	Germany	37	Finland	21
Denmark	61	Finland	53	Denmark	32	UK	31	UK	20
Netherlands	59	Denmark	40	UK	18	Denmark	30	Denmark	11
EU Average	75		67		49		48		37

Increase chicken %		Increase olive/veg oil %		Increase wholemeal/grain foods %		Increase low fat foods %		Increase cheese %	
Luxembourg	62	Luxembourg	83	Netherlands	69	Austria	68	Luxembourg	62
Austria	57	Austria	72	Finland	62	Finland	53	Austria	61
Belgium	57	Belgium	65	Luxembourg	57	Luxembourg	53	France	46
Finland	53	France	61	Belgium	53	Sweden	52	Belgium	43
France	46	Netherlands	61	Germany	52	Netherlands	50	Finland	38
Ireland	44	Finland	54	Sweden	49	Belgium	47	Greece	35
Netherlands	44	Sweden	44	Ireland	48	Italy	44	Netherlands	30
Italy	42	Italy	39	Austria	44	France	40	Italy	26
Sweden	40	Greece	34	UK	36	Ireland	38	Sweden	26
Greece	37	Germany	29	Greece	31	Greece	35	Spain	25
Germany	33	Ireland	29	France	30	UK	29	Germany	24
UK	28	UK	22	Denmark	25	Denmark	28	Portugal	19
Spain	26	Denmark	20	Italy	22	Portugal	27	Ireland	18
Denmark	19	Spain	20	Portugal	14	Germany	25	Denmark	14
Portugal	19	Portugal	9	Spain	9	Spain	6	UK	8
EU Average	36		36		36		33		27

\* weighted according to population size

**Table A4.9b:** Decrease in foods/drink of those EU adults 55 years and over, answering "yes" to the question "have you changed your eating habits to try and eat healthier" ranked by frequency of selection within individual countries.

Decrease fatty foods %		Decrease sugary foods %		Decrease alcohol %		Decrease meat %		Decrease salt %	
Belgium	94	Luxembourg	87	Luxembourg	87	Belgium	83	Belgium	81
Austria	92	Austria	85	France	74	Austria	76	Luxembourg	81
Netherlands	91	Belgium	76	Austria	72	Luxembourg	75	Finland	80
Luxembourg	89	France	74	Belgium	68	France	69	Austria	79
Finland	86	Netherlands	73	Germany	56	Greece	67	France	61
France	85	Finland	70	Italy	50	Italy	59	Netherlands	61
Sweden	79	Sweden	68	Finland	48	Netherlands	57	Portugal	58
Italy	74	Greece	63	Netherlands	45	Finland	49	Greece	54
Portugal	74	Italy	58	Sweden	39	Ireland	48	Spain	53
Greece	71	Germany	55	Ireland	37	Portugal	46	Sweden	45
Germany	69	Ireland	55	Greece	36	Sweden	46	Italy	42
Spain	67	Portugal	52	Portugal	32	Germany	45	Ireland	41
Denmark	64	UK	45	Spain	28	Spain	37	Germany	35
Ireland	60	Spain	39	Denmark	17	UK	20	UK	23
UK	58	Denmark	38	UK	12	Denmark	14	Denmark	9
EU Average	72		57		56		48		45

Decrease amount of food %		Decrease additives %		Decrease snacking %		Decrease processed foods %		Decrease stimulants %	
Luxembourg	83	Luxembourg	77	Austria	69	Luxembourg	83	Austria	47
Belgium	79	Belgium	76	Netherlands	68	Austria	74	Luxembourg	45
France	78	Austria	73	Luxembourg	66	Belgium	71	Belgium	44
Austria	76	France	70	Belgium	62	France	64	France	41
Netherlands	76	Finland	69	France	60	Finland	55	Italy	41
Finland	74	Netherlands	54	Ireland	40	Netherlands	47	Finland	38
Italy	50	Sweden	48	Finland	38	Sweden	42	Netherlands	34
Sweden	49	Ireland	34	Germany	34	Denmark	31	Spain	34
Greece	46	Italy	33	Italy	32	Germany	30	Germany	29
Portugal	42	Portugal	29	Sweden	31	Ireland	30	Ireland	29
Ireland	36	Denmark	27	Greece	20	Italy	29	Portugal	24
Germany	34	Germany	27	Spain	19	Portugal	24	Greece	23
Spain	30	Greece	26	UK	19	Greece	22	Sweden	21
Denmark	22	Spain	16	Portugal	16	UK	16	Denmark	15
UK	10	UK	12	Denmark	9	Spain	7	UK	11
EU Average	43		35		35		33		31

\* weighted according to population size

**Table 4.10a:** Dietary changes most frequently reported by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	> 1 other
%		47	48	47	50	42	46	48	53	46	48	47
Increase vegetables	75	73	76	77	73	71	75	76	70	72	75	78
Reduce fat	72	74	72	73	73	70	73	72	71	73	74	66
Increase fruit	67	68	67	70	66	65	67	69	66	63	68	72
Reduce sugar	57	53	60	59	56	54	56	58	60	58	58	51
Increase water	49	47	50	52	47	45	48	48	51	50	47	50
Increase fish	48	48	48	50	47	46	45	53	50	45	51	45
Reduce meat	48	44	51	49	47	48	48	43	56	52	44	54
Reduce alcohol	46	52	41	44	48	45	48	41	46	44	47	43
Reduce salt	45	45	45	40	47	49	45	45	44	48	45	38
Reduce amount of food	43	42	44	41	42	48	43	42	46	43	43	44

\* Weighted according to population size

**Table 4.10b:** Dietary changes most frequently reported by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	>4 meals/wk
%		53	47	76	24	27	73
Increase vegetables	75	74	75	74	75	76	74
Reduce fat	72	74	71	72	73	75	71
Increase fruit	67	68	67	67	69	70	66
Reduce sugar	57	58	56	56	58	59	56
Increase water	49	47	50	48	51	60	45
Increase fish	48	51	45	49	46	56	45
Reduce meat	48	47	49	48	47	59	44
Reduce alcohol	46	41	50	46	44	53	43
Reduce salt	45	47	42	46	38	49	43
Reduce amount of food	43	45	40	45	37	51	40

\* weighted according to population size

**Table 4.11:** Dietary changes most frequently reported by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by dietary habits.

	EU average *	I can eat anything I like	I have made an effort to cut down a few things	Due to medical reasons I am limited as to what foods I can eat
%	100	42	34	24
Increase vegetables	75	71	76	76
Reduce fat	72	66	74	73
Increase fruit	67	68	69	65
Reduce sugar	57	48	59	59
Increase water	49	45	51	48
Increase fish	48	49	47	49
Reduce meat	48	50	46	50
Reduce alcohol	46	46	45	47
Reduce salt	45	38	43	50
Reduce amount of food	43	43	42	44

\*weighted according to population size



## **CHAPTER 5**

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### **REASONS FOR DIETARY CHANGE**



## CHAPTER 5 - SUMMARY

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### REASONS FOR DIETARY CHANGE

#### Rationale

There are many reasons as to why people might introduce changes into their diet. In the older population there may be particular pressures to change either voluntarily or involuntarily, instigated by a range of health and lifestyle factors. Due to the individual nature of the elderly population, it is likely that certain reasons for making dietary changes are more numerous, or indeed may be solely attributed to this group. It is possible that due to their growing susceptibility to ill health and disease, some may make conscious efforts to improve their diet in an attempt to maintain wellbeing and to minimise further health deterioration. Alternatively, others may feel that they are too old to derive any benefits from dietary change, or that doing so may compromise their quality of life.

This Chapter investigates both perceived and actual reasons for making dietary changes. Respondents were asked to select the two factors they felt would influence most why older people might change their eating habits from a list of twelve possibilities. Of those who indicated having made dietary changes, the two most important reasons for doing so were also selected from a list of nine options. These were subsequently investigated for geographic and demographic variation, and examined according to attitudes to food and health and influences on food choice.

#### Summary of Findings

##### 1. Reasons perceived to influence dietary change

The most frequently selected factors believed to influence dietary change among older EU adults are illustrated in Table 5.1.

“Medical reasons” was the reply most frequently selected across the EU population, within 12 of the 15 individual countries, and within all demographic groups. The next most frequently selected reply “becoming more health conscious” was consistently among the top three factors perceived to influence dietary change within all countries. Selection of this factor, however, decreased with increasing age and increased with an increase in education level.

In addition, more of those living with one or more other persons selected “becoming more health conscious” compared with those living alone.

**Table 5.1:** Reasons perceived to influence dietary change.

Perceived reason for dietary change	% EU older adults
Medical reasons	41
Becoming more health conscious	33
Gain weight more easily now	20
Digestion difficulties	16
Less physically active	14

Selection of “gain weight more easily ” decreased with increasing age and was more popular among working individuals than among the retired. The perceived importance of “digestion difficulties” and “less physically active”, however, were subject to much inter-country variation, while other factors of perceived importance within specific countries included “more time to eat healthily”, “children leaving home”, “chewing difficulties” and “financial changes”.

“Medical reasons” were perceived to be important by a greater percentage of respondents reporting the dietary habit “due to medical reasons I am limited as to what foods I can eat” (see Chapter 1 for investigation of dietary habits). In comparison, those reporting “I can eat anything I like” or “I have made an effort to cut down on a few things” were less likely to select this option. On the other hand, a comparatively higher percentage of those reporting “I can eat anything I like” responded “don’t know” when asked what factors may influence older people to change their diet. This may indicate a link between those who feel they can eat anything they wish and a lack of interest in the health benefits of diet and, in effect, in dietary change.

There was an association between attitudes towards eating and drinking (reported in Chapter 3) and perceived reasons as to why older people might change their dietary habits. A greater percentage of older EU adults with the attitude “I only eat and drink things that are good for my health” perceived “medical reasons” to be an important influence, compared with those reporting other attitudes towards eating and drinking.

In addition, “becoming more health conscious” was least likely to be reported as a reason for dietary change by those reporting the attitudes “I eat and drink things I enjoy and don’t worry about it” and “I am not interested in food”.

## 2. Reasons for dietary change towards trying to eat more healthily

Older EU adults reporting dietary change (investigated in Chapter 4) were asked to indicate the most important reasons for making these changes. Table 5.2 illustrates the top five most frequently selected reasons for introducing such changes. The three reasons most frequently selected were consistent within all EU countries; however, the order in which these were selected varied within individual countries.

**Table 5.2:** Reported reasons for dietary change towards healthier eating

Reason for dietary change towards trying to eat more healthily	% EU older adults
Medical reasons	54
I am now more health conscious	40
Lose weight	32
More time now to eat healthily	19
Less physically active	13

“Medical reasons” was the most popular reason for reported dietary change across the EU. However, there was notable inter-country variation, with this response being most popular among the Southern European countries of Portugal (86%), Spain (71%) and Greece (65%). In addition, across the EU and within many individual countries, selection of this option



tended to increase with an increase in age and was more likely to be selected by those educated to primary level only than to higher levels.

“I am now more health conscious” was subject to the least inter-country variation although demographic variation was evident. Being more health conscious was reported as the key reason for dietary change by more males than females, and by fewer of those educated to primary level only than to higher levels, both across the EU and within most individual countries. Selection of this option also tended to decrease with increasing age and increase with an increase in household number.

“Lose weight” was reported as a reason for dietary change by more females than males and decreased in importance with increasing age across the EU and within most countries. In addition, working individuals were more likely to select “lose weight” as a reason for dietary change when compared with the retired.

As might be expected, “medical reasons” was given as the reason for dietary change by a greater percentage of respondents reporting the dietary habit “due to medical reasons I am limited as to what foods I can eat” compared with those reporting other dietary habits. On the other hand “I am now more health conscious”, “more time to eat healthy” and “less physically active” were least likely to be reported by this dietary habit group, while “lose weight” was of greatest importance to those reporting “I have made an effort to cut down on a few things”

Associations were evident between attitudes towards eating and drinking (reported in Chapter 3) and given reasons for dietary change. “Medical reasons” were reported by a higher percentage of respondents with the attitude “I only eat and drink things that are good for my health” compared with those reporting other attitudes towards eating and drinking. Both “lose weight” and “I am now more health conscious”, on the other hand, were most commonly cited as reasons for dietary change by those reporting “don’t worry as long as I eat plenty of healthy food”.

## KEY FINDINGS

- The top three most frequently reported reasons as to why older people might change their eating habits were consistent with the top three reasons for actual dietary change.
- “Medical reasons” was selected most frequently both as a perceived and actual reasons for dietary change by older EU adults. This response was greatest in the Southern EU countries of Greece, Portugal and Spain.
- “Becoming more health conscious” as a reason for dietary change was subject to the least inter-country variation. However, only those educated to tertiary level considered this to be as important as “medical reasons” when considering reasons for dietary change
- Age had the greatest demographic effect on factors reported to have influenced dietary change, with strong associations evident between age and specific reasons for change.  
For example, the selection of “medical reasons” increased with increasing age, whereas “becoming more health conscious” decreased with increasing age.
- “Gain weight more easily now” was cited as a reason for dietary change by almost one third of respondents but was of greatest importance to younger adults.

- “Lose weight” and “I am now more health conscious” appeared to be associated as reasons for change. Both responses showed similar trends in selection when explored by age and attitudes towards eating and drinking.
- “Financial changes”, although of comparatively little importance across the entire EU sample, were the third most frequently selected factor perceived to influence dietary change, and the fourth most frequently reported reason for actual dietary change in Portugal.

For detailed information refer to Tables A5.1-A5.14 at the end of Chapter 5

## IMPLICATIONS

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Many older EU adults perceived “medical reasons” to have an important influence on dietary change, and over half of the respondents indicated that changes they had actually made to their diet were due to these reasons. This illustrates the fact that upon ageing there is a general increase in incidence of ill health, with subsequent implications on dietary habits and food intakes. As dietary change is often brought about due to medical reasons, the medical practitioner, or health professional, should play a prominent role in providing dietary advice and information to the older population. It must therefore be ensured that health establishments are equipped to provide this service through qualified personnel (e.g. nutritionists or dieticians), information literature and other practical means.

While “becoming more health conscious” was commonly reported by the older EU population as a reason for dietary change, demographic differences imply that certain sectors of the population are less diet and health conscious than others. Education level had an impact, with those educated to primary level only being less likely to agree that dietary change had resulted from becoming more conscious of health than were those educated to higher levels. Thus, strategies aimed at reaching the less educated older consumer to provide information regarding the relationship between diet and health would be beneficial.

To “lose weight” was selected by almost one third of EU older adults as their reason for dietary change. Generally as age increases, energy needs decrease, and so food intake must be reduced in order to prevent undesirable weight gain. This is important in order to minimise risk of disease and to promote mobility and general well being into old age. It is essential, however, that weight-loss diets do not compromise the intake of essential nutrients and that information and advice be made available to this group in order to ensure that nutrient-rich foods are incorporated into the diet, and that health is not jeopardised.

Due to the association between dietary changes due to weight reasons (“gain weight more easily now”) and “becoming more health conscious”, it may be important to differentiate between the two to avoid confusion and to separate the concept of healthy eating from that of restrictive or weight loss diets. Due to the high percentage reporting dietary change for weight control reasons, however, it might be important to focus certain healthy eating messages around the benefits to weight control.

Age had the biggest effect upon the selection of reasons important to dietary change among the older EU population. Although this older population is classified as those 55 years and above, it is clear that differences occur as one progresses beyond this age, which must be acknowledged. Practical advice and information for the 55-year-old may differ from that suited to the 75-year-old. Hence, strategies developed for this sector to help improve diet and health must take into account the diversity of different age groups and their associated characteristics.

While financial changes were comparatively unimportant across Europe, the significant inter-country variation revealed in this study in reporting of financial changes as an influence for dietary change must be noted. This may reflect differences in the contrasting financial circumstances of older people within the different EU countries. A greater understanding of welfare systems and of disposable income available to older adults must be considered when implementing strategies aimed at increasing health through dietary change.



## **Chapter 5 - Tables**



**Table A5.1:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits (presented by frequency of selection within countries).

Medical reasons	%	Becoming more health conscious	%	Gain weight more easily now	%	Digestion difficulties	%	Less physically active	%	More time to eat healthy	%
Greece	62	Netherlands	41	Sweden	32	Italy	28	Netherlands	30	Finland	20
Portugal	62	Spain	40	Finland	28	Ireland	23	Germany	21	UK	20
Spain	57	Germany	38	Greece	28	Belgium	22	Denmark	20	Ireland	16
Luxembourg	54	Austria	37	UK	26	Luxembourg	22	Austria	16	Belgium	15
France	47	Greece	33	Netherlands	26	France	18	Ireland	16	Sweden	15
Belgium	46	Belgium	32	Italy	25	Germany	14	Sweden	16	Germany	15
Finland	45	Italy	32	Austria	23	Austria	14	UK	16	Denmark	15
Germany	42	France	31	France	21	Netherlands	13	Finland	13	Austria	14
Ireland	39	Sweden	30	Ireland	20	Spain	13	France	13	Netherlands	14
Italy	39	Luxembourg	28	Belgium	16	Greece	12	Belgium	11	France	12
Austria	34	Ireland	26	Luxembourg	16	Portugal	12	Spain	8	Italy	11
Sweden	34	Portugal	25	Spain	15	UK	12	Luxembourg	7	Luxembourg	11
Denmark	27	UK	25	Denmark	14	Finland	10	Italy	6	Portugal	8
Netherlands	25	Denmark	24	Germany	14	Sweden	8	Portugal	6	Spain	8
UK	23	Finland	21	Portugal	11	Denmark	3	Greece	5	Greece	6
EU average *	41		33		20		16		14		13
Coefficient of Variation	30		20		31		44		51		31

\* Weighted according to population size

**Table A5.1 (contd.):** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits (presented by frequency of selection within countries).

Children leaving home	%	Retirement	%	Chewing difficulties	%	Financial change	%	Foods taste differently	%	Don't know	%
Denmark	19	Finland	21	Austria	13	Portugal	18	Netherlands	7	Denmark	13
Sweden	18	Austria	17	Belgium	13	Sweden	16	UK	7	UK	11
Italy	16	Germany	16	Denmark	13	Ireland	14	Italy	6	Luxembourg	9
Greece	15	Denmark	12	Portugal	12	Denmark	14	Denmark	6	Spain	6
Portugal	15	France	12	Sweden	12	UK	13	Finland	4	Germany	5
Ireland	14	UK	12	Germany	11	Belgium	8	Sweden	4	Portugal	5
Luxembourg	13	Ireland	11	Ireland	10	France	8	Belgium	3	Austria	3
Netherlands	13	Luxembourg	8	Italy	10	Spain	8	Germany	3	Belgium	3
Finland	11	Netherlands	7	Luxembourg	10	Finland	8	Greece	3	France	3
Austria	10	Portugal	7	Spain	9	Greece	6	Portugal	3	Ireland	3
France	10	Spain	7	Netherlands	7	Netherlands	6	Spain	3	Netherlands	3
UK	9	Sweden	7	Greece	7	Austria	5	Austria	2	Finland	2
Belgium	8	Belgium	5	Finland	6	Germany	4	France	2	Greece	2
Germany	8	Greece	5	UK	6	Italy	3	Ireland	2	Italy	2
Spain	8	Italy	5	France	5	Luxembourg	1	Luxembourg	2	Sweden	2
EU average*	11		11		9		7		4		5
Coefficient of variation	29		48		29		58		48		73

\* Weighted according to population size

**Table A5.2:** Factors believed to have the greatest influence on why older people might change their eating habits, according to EU adults 55 years and over, ranked in terms of perceived importance within each EU country.

	1	2	3	4	5
<b>Austria</b>	Health conscious	Medical reasons	Gain weight more easily now	Retirement	Less physically active
<b>Belgium</b>	Medical reasons	Health conscious	Digestion difficulties	Gain weight more easily now	More time to eat healthy
<b>Denmark</b>	Medical reasons	Health conscious	Less physically active	Children leaving home	More time to eat healthy
<b>Finland</b>	Medical reasons	Gain weight more easily now	Health conscious†	Retirement†	More time to eat healthy
<b>France</b>	Medical reasons	Health conscious	Gain weight more easily now	Digestion difficulties	Less physically active
<b>Germany</b>	Medical reasons	Health conscious	Less physically active	Retirement	Less physically active / More time to eat healthy
<b>Greece</b>	Medical reasons	Health conscious	Gain weight more easily now	Children leaving home	Digestion difficulties
<b>Ireland</b>	Medical reasons	Health conscious	Digestion difficulties	Gain weight more easily now	More time to eat healthy
<b>Italy</b>	Medical reasons	Health conscious	Digestion difficulties	Gain weight more easily now	Children leaving home
<b>Luxembourg</b>	Medical reasons	Health conscious	Digestion difficulties	Gain weight more easily now	Children leaving home
<b>Netherlands</b>	Health conscious	Less physically active	Gain weight more easily now	Medical reasons	More time to eat healthy
<b>Portugal</b>	Medical reasons	Health conscious	Financial changes	Children leaving home	Digestion difficulties / Chewing difficulties†
<b>Spain</b>	Medical reasons	Health conscious	Gain weight more easily now	Digestion difficulties	Chewing difficulties
<b>Sweden</b>	Medical reasons	Gain weight more easily now	Health conscious	Children leaving home	Less physically active / Financial changes†
<b>UK</b>	Gain weight more easily now	Health conscious	Medical reasons	More time to eat healthy	Less physically active
<b>EU consensus</b>	<b>Medical reasons</b>	<b>Becoming more health conscious</b>	<b>Gain weight more easily now</b>	<b>Digestion difficulties</b>	<b>Less physically active</b>

\* Weighted according to population size

† Selected by an equal percentage of the population

**Table A5.3a:** Factors believed to have the greatest influence on why older people might change their eating habits, according to EU adults 55 years and over, classified by demographic details (age, sex, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
Medical reasons	41	42	40	42	40	42	44	34	40	38	42	41
Becoming more health conscious	33	35	32	35	33	29	31	35	38	30	35	35
Gain weight more easily now	20	20	21	24	20	16	18	24	24	18	21	24
Digestion difficulties	67	15	18	14	17	18	19	14	10	16	16	19
Less physically active	14	15	13	15	14	13	13	16	14	14	14	14
More time to eat healthy	13	13	14	12	14	14	12	15	16	13	14	12
Children leaving home	11	9	12	12	10	9	11	11	11	11	11	10
Retirement	11	13	9	10	12	10	10	12	13	13	10	8
Chewing difficulties	9	8	10	7	10	12	10	7	8	11	8	6
Financial changes	7	7	8	8	8	7	7	8	8	10	7	6
Foods taste differently	4	4	5	4	4	5	4	4	6	4	4	6
Don't know	5	5	5	4	5	7	6	5	3	6	5	4

\* Weighted according to population size



**Table A5.3b:** Factors believed to have the greatest influence on why older people might change their eating habits, according to EU adults 55 years and over, classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	> 4 meals/wk
%		53	47	24	76	27	73
Medical reasons	41	39	42	40	43	41	41
Becoming more health conscious	33	32	35	32	35	34	33
Gain weight more easily now	20	21	20	19	24	20	20
Digestion difficulties	16	16	17	17	13	15	17
Less physically active	14	13	16	13	17	14	14
More time to eat healthy	13	14	13	14	11	13	14
Children leaving home	11	12	10	11	11	14	10
Retirement	11	10	12	11	8	11	10
Chewing difficulties	9	9	8	10	6	9	9
Financial changes	7	9	6	8	7	6	8
Foods taste differently	4	5	4	4	5	4	4
Don't know	5	5	5	5	5	4	5

\* Weighted according to population size

**Table A5.4a:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by gender (presented by frequency of selection within countries).

Gender %	Medical reasons		Becoming more health conscious		Gain weight more easily now		Digestion difficulties		Less physically active		Financial changes	
	M	F	M	F	M	F	M	F	M	F	M	F
Austria	33	34	39	35	21	24	17	13	18	15	4	6
Belgium	46	45	34	31	16	16	17	26	15	7	8	8
Denmark	24	29	24	24	14	14	2	3	18	22	18	11
Finland	49	43	25	18	31	26	8	12	14	12	7	7
France	47	47	31	31	19	21	16	19	16	11	7	9
Germany	42	42	43	34	14	14	7	19	22	20	3	5
Greece	58	66	37	30	28	29	13	11	3	7	7	5
Ireland	38	39	30	22	18	21	24	22	16	17	12	15
Italy	42	36	35	29	25	25	31	25	6	6	2	5
Luxembourg	58	52	33	24	21	10	19	24	8	5	10	2
Netherlands	30	20	36	45	18	32	11	15	35	26	7	5
Portugal	64	60	25	25	13	10	16	9	5	7	13	22
Spain	56	57	36	43	16	15	14	11	9	7	6	9
Sweden	36	32	32	29	27	36	6	10	20	12	11	21
UK	25	21	25	25	26	26	9	15	17	15	16	11
EU average*	42	40	35	32	20	21	15	18	15	13	7	8

\* Weighted according to population size

**Table A5.4b:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by age (presented by frequency of selection within countries).

Age yrs %	Medical reasons			Becoming more health conscious			Gain weight more easily now			Digestion difficulties			Less physically active			Financial changes		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	31	32	41	46	33	26	31	24	8	11	17	17	12	15	25	6	4	6
Belgium	47	49	38	37	31	27	16	18	13	17	24	26	12	11	7	9	7	8
Denmark	25	23	33	28	27	15	12	18	12	3	4	2	22	17	21	22	9	6
Finland	44	49	43	25	20	14	35	26	19	10	8	13	12	12	15	8	6	7
France	46	50	43	33	31	29	23	22	14	16	16	26	14	15	10	9	10	3
Germany	43	38	48	38	40	34	20	9	10	10	17	13	23	21	13	5	4	3
Greece	58	61	73	34	34	31	34	30	13	14	10	12	7	7	-	6	8	1
Ireland	42	35	36	28	29	17	23	22	10	22	21	28	15	17	17	15	11	14
Italy	40	37	42	34	30	30	31	21	19	25	31	29	6	6	5	3	3	5
Luxembourg	47	65	50	34	23	21	13	23	5	23	20	25	6	8	10	2	-	-
Netherlands	30	21	19	40	46	36	24	31	21	11	10	21	30	26	38	8	7	1
Portugal	64	59	61	29	25	16	15	8	9	15	10	11	7	4	7	15	20	20
Spain	55	54	63	43	41	33	15	19	11	10	10	19	8	8	9	6	6	12
Sweden	41	30	29	32	28	30	31	38	26	9	5	11	14	17	16	14	22	12
UK	23	23	22	28	25	22	26	29	22	11	13	13	17	13	17	15	15	8
EU average*	42	40	42	35	33	29	24	20	16	14	17	18	15	14	13	8	8	7

\* Weighted according to population size

**Table A5.4c:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by level of education (presented by frequency of selection within countries).

Education Primary (P) Secondary (S) Further Educ (T)	Medical reasons			Becoming more health conscious			Gain weight more easily now			Digestion difficulties			Less physically active			Financial changes		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	35	35	23	36	34	52	18	25	29	11	18	9	16	17	13	8	4	2
Belgium	51	45	36	29	31	46	16	16	17	20	25	16	12	8	15	11	5	10
Denmark	28	23	31	21	23	32	11	18	7	4	2	2	22	19	22	7	18	14
Finland	44	44	67	17	30	27	28	30	23	11	12	4	15	7	9	6	8	14
France	45	53	45	27	35	34	20	17	25	24	14	11	13	13	15	8	8	8
Germany	43	34	48	34	45	50	13	19	13	15	12	6	22	20	17	5	1	2
Greece	68	49	53	29	38	48	26	32	35	12	14	7	4	7	8	7	4	-
Ireland	37	42	30	18	29	48	19	21	22	26	21	14	17	15	20	13	12	19
Italy	40	37	37	33	26	38	22	35	23	30	21	7	5	11	-	3	4	7
Luxembourg	58	45	50	31	28	20	22	12	-	24	22	17	4	8	33	2	-	-
Netherlands	23	25	27	39	41	44	24	25	29	19	9	12	30	34	23	6	8	1
Portugal	64	49	49	25	24	13	11	12	26	11	21	-	5	10	13	17	23	26
Spain	59	48	43	37	57	37	15	19	19	14	6	13	9	6	-	8	3	17
Sweden	38	25	34	27	40	25	29	41	26	8	7	12	17	14	12	15	19	15
UK	22	20	30	19	27	31	21	27	32	12	13	11	15	17	14	13	13	14
EU average*	44	34	40	31	35	38	18	24	24	19	14	10	13	16	14	7	8	8

\* Weighted according to population size

**Table A5.4d** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by household composition (presented by frequency of selection within countries).

No. in household %	Medical reasons			Becoming more health conscious			Gain weight more easily now			Digestion difficulties			Less physically active			Financial changes		
	Single	1 other	> 1 other	Single	1 other	> 1 other	Single	1 other	> 1 other	Single	1 other	> 1 other	Single	1 other	> 1 other	Single	1 other	> 1 other
Austria	37	30	45	38	36	40	18	26	24	13	16	10	16	16	15	7	3	16
Belgium	44	47	47	25	35	44	13	17	24	26	20	17	8	12	12	13	5	4
Denmark	27	26	32	19	30	16	12	17	4	4	1	4	22	21	9	13	13	30
Finland	45	45	51	16	24	29	28	30	20	11	10	9	12	14	8	9	4	12
France	47	48	42	29	31	39	21	21	16	19	18	11	12	14	19	7	8	8
Germany	36	47	31	36	40	34	13	14	18	17	12	13	16	22	26	6	3	6
Greece	74	63	58	28	34	34	21	31	27	10	14	11	5	3	9	4	6	6
Ireland	34	35	48	23	27	28	15	22	23	23	23	23	16	19	13	17	10	15
Italy	35	35	46	27	29	38	23	23	29	19	33	28	5	5	7	6	4	1
Luxembourg	53	50	62	30	26	28	10	23	10	20	21	24	7	6	7	3	-	-
Netherlands	24	22	32	32	47	35	21	28	24	15	11	17	35	26	36	8	5	7
Portugal	60	66	54	18	27	29	7	12	12	9	12	17	4	5	9	21	16	18
Spain	62	56	39	38	42	26	12	16	25	12	12	18	11	7	3	10	6	10
Sweden	34	31	57	27	34	17	25	40	24	11	6	-	16	14	28	20	13	9
UK	19	25	20	23	26	27	24	28	23	12	12	11	18	14	18	15	12	12
EU average*	38	42	41	30	35	35	18	21	24	16	16	19	14	14	14	10	7	6

\* Weighted according to population size

**Table A5.4e:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by location (presented by frequency of selection within countries).

Location % Urban (U) Rural (R)	Medical reasons		Becoming more health conscious		Gain weight more easily now		Digestion difficulties		Less physically active		Financial changes	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Austria	34	33	32	43	23	23	14	15	15	18	6	4
Belgium	45	47	34	29	16	16	21	24	11	10	10	4
Denmark	27	25	25	21	13	15	2	5	19	24	15	11
Finland	47	43	24	14	26	31	9	12	12	14	8	6
France	45	54	32	30	20	21	18	18	13	14	9	5
Germany	46	41	32	39	18	13	17	13	19	21	1	5
Greece	62	-	33	-	28	-	12	-	5	-	6	-
Ireland	33	46	24	29	19	22	23	23	20	12	17	9
Italy	30	45	27	35	22	27	27	29	5	6	2	4
Luxembourg	55	53	33	24	10	21	24	19	8	7	-	2
Netherlands	26	24	41	41	26	25	10	16	29	31	6	6
Portugal	59	65	31	19	13	9	13	12	4	7	20	16
Spain	56	58	41	38	14	19	11	15	8	8	9	5
Sweden	34	34	32	24	29	41	8	9	16	14	17	13
UK	23	22	27	20	25	29	13	11	15	17	14	11
EU average*	39	42	32	35	21	20	16	17	13	16	9	6

\* Weighted according to population size

**Table A5.4f:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by working status (presented by frequency of selection within countries).

Working Status %	Medical reasons		Becoming more health conscious		Gain weight more easily now		Digestion difficulties		Less physically active		Financial changes	
	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time
Austria	34	33	34	56	21	28	14	13	16	11	5	12
Belgium	46	45	32	35	16	18	23	19	11	8	7	12
Denmark	28	23	21	30	15	10	3	2	20	21	10	22
Finland	48	36	18	34	24	45	10	13	13	11	7	8
France	47	49	31	32	20	22	19	14	13	17	9	6
Germany	42	43	37	40	11	19	14	13	18	25	4	4
Greece	62	63	34	30	27	31	14	8	4	10	7	4
Ireland	35	47	24	29	19	22	22	25	18	12	14	12
Italy	36	51	33	27	22	37	30	20	5	10	4	1
Luxembourg	54	45	27	41	17	23	18	27	7	9	1	-
Netherlands	23	33	41	39	26	23	14	9	31	27	6	9
Portugal	60	66	23	28	9	15	12	13	5	7	21	13
Spain	58	53	39	43	15	18	13	10	8	9	8	7
Sweden	32	41	30	31	32	32	8	9	16	14	16	16
UK	23	21	24	30	25	29	13	11	15	17	13	14
EU average*	40	43	32	35	19	25	17	14	13	14	8	9

\* Weighted according to population size

**Table A5.4g:** Percentage of EU adults, 55 years and over, selecting factors believed to have the greatest influence on why older people might change their eating habits classified by number of meals prepared per week (presented by frequency of selection within countries).

No. of meals prepared /wk %	Medical reasons		Becoming more health conscious		Gain weight more easily now		Digestion difficulties		Less physically active		Financial changes	
	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk
Austria	32	34	41	36	18	24	13	15	14	17	9	4
Belgium	38	48	29	33	17	16	24	21	12	10	6	8
Denmark	19	28	17	26	12	14	2	3	19	21	17	13
Finland	33	46	13	21	9	29	4	11	7	13	3	7
France	48	47	31	31	17	24	20	16	15	12	7	10
Germany	39	43	38	38	17	13	7	16	22	20	6	3
Greece	66	60	34	32	20	34	15	10	3	7	6	6
Ireland	35	39	20	27	20	20	24	23	17	16	15	13
Italy	38	40	34	30	26	25	19	32	3	7	2	4
Luxembourg	50	57	32	26	13	17	26	19	8	6	-	1
Netherlands	31	22	26	48	19	28	13	13	41	26	6	6
Portugal	46	63	18	26	12	11	15	12	9	5	21	17
Spain	42	59	41	40	26	14	15	12	7	8	8	8
Sweden	38	33	32	30	21	33	8	8	20	15	19	16
UK	20	23	29	25	30	25	9	13	10	16	17	13
EU average*	38	43	29	31	19	22	14	15	14	13	9	9

\* Weighted according to population size

**Table A5.5:** Factors believed to have the greatest influence on why older people might change their eating habits, according to EU adults 55 years and over, classified by dietary habits

	EU average*	I can eat anything I like	I have made an effort to cut down a few things	For medical reasons I am limited as to what foods I can eat
%		42	34	24
Medical reasons	41	33	35	63
Becoming more health conscious	33	29	39	32
Gain weight more easily now	20	18	26	16
Digestion difficulties	16	15	17	18
Less physically active	14	13	16	10
More time to eat healthy	13	15	15	9
Children leaving home	11	11	12	9
Retirement	11	13	10	8
Chewing difficulties	9	10	8	8
Financial changes	7	8	7	7
Foods taste differently	4	6	3	4
Don't know	5	9	2	2

\* Weighted according to population size

**Table A5.6:** Factors believed to have the greatest influence on why older people might change their eating habits, according to EU adults 55 years and over, classified by attitudes to eating and drinking

	EU Average	I only eat and drink things that are good for my health	Don't worry too much as long as I eat enough healthy things such as fruit and vegetables	I can eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
Medical reasons	41	49	36	34	34	37
Becoming more health conscious	33	38	34	40	19	17
Gain weight more easily now	20	18	23	25	18	13
Digestion difficulties	16	18	17	10	11	14
Financial changes	7	6	7	6	12	9

\* Weighted according to population size

**Table 5.7:** Factors believed to have the greatest influence on why older people might change their eating habits, according to EU adults 55 years and over, classified according to attitudes to different diet and health issues.

	EU Average	Healthy eating means giving up foods that I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland than they used to	There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	I avoid certain foods now as I find them more difficult to chew
Medical reasons	41	45	45	43	40	44
Becoming more health conscious	33	33	38	32	29	28
Gain weight more easily now	20	21	21	19	20	16
Digestion difficulties	16	15	17	18	17	21
Financial changes	7	8	6	8	8	8

\* Weighted according to population size

**Table A5.8:** Reasons for making dietary changes given by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" (presented by frequency of selection within each country)

Medical Reasons	%	I am now more health conscious	Lose weight	More time to eat healthy	Less physically active	More healthy options available	Other reasons	Financial changes	Don't know
	%	%	%	%	%	%	%	%	%
Portugal	86	Ireland 55	Netherlands 58	Germany 26	Netherlands 20	Luxembourg 19	Finland 11	Portugal 8	Denmark 2
Spain	71	Luxembourg 54	Austria 41	Sweden 25	Germany 19	Germany 16	Sweden 11	Denmark 4	Italy 2
Greece	65	Sweden 49	Sweden 40	France 23	France 16	Ireland 16	UK 11	Finland 4	Netherlands 2
Finland	63	Austria 45	Denmark 37	UK 23	Austria 14	Austria 13	Belgium 10	Germany 4	Austria 1
Belgium	57	UK 42	Spain 37	Denmark 20	Ireland 14	Finland 11	Austria 8	Ireland 4	Belgium 1
France	55	Spain 40	Greece 36	Ireland 19	Belgium 12	Italy 11	Denmark 8	Sweden 4	France 1
Italy	55	France 39	UK 35	Belgium 16	Denmark 11	Netherlands 9	Italy 7	UK 3	Germany 1
Denmark	51	Germany 39	Ireland 32	Finland 14	Finland 11	Sweden 8	Portugal 5	Austria 3	Luxembourg -
Germany	51	Greece 39	France 31	Austria 13	Sweden 10	Denmark 7	France 4	Belgium 3	Portugal 1
Ireland	51	Italy 39	Luxembourg 28	Italy 13	Italy 8	UK 7	France 4	Greece 3	Spain 1
Luxembourg	46	Belgium 36	Germany 27	Greece 12	Spain 8	France 6	Germany 3	Italy 3	Sweden 1
Austria	44	Denmark 34	Italy 24	Luxembourg 12	Luxembourg 9	Greece 6	Ireland 1	Luxembourg 3	Finland -
UK	44	Netherlands 34	Belgium 24	Netherlands 10	UK 9	Portugal 5	Luxembourg 1	Spain 3	Greece -
Netherlands	40	Finland 31	Finland 23	Portugal 7	Greece 7	Spain 4	Greece -	France 1	Ireland -
Sweden	34	Portugal 30	Portugal 22	Spain 6	Portugal 6	Belgium 3	Netherlands -	Netherlands 1	UK -
EU average*54		40	32	19	13	10	6	3	1
Coefficient of variation	24	19	28	41	41	51	75	46	86

\* Weighted according to population size

**Table A5.9:** Reasons for making dietary changes given by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?" ranked in terms of perceived importance within each EU country.

	1	2	3	4	5
<b>Austria</b>	Health conscious	Medical reasons	Lose weight	Less physically active	More time to eat healthy /More healthy options <sup>†</sup>
<b>Belgium</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	Less physically active
<b>Denmark</b>	Medical reasons	Lose weight	Health conscious	More time to eat healthy	Less physically active
<b>Finland</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	More healthy options /Less physically active <sup>†</sup>
<b>France</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	Less physically active
<b>Germany</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	Less physically active
<b>Greece</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	More healthy options
<b>Ireland</b>	Health conscious	Medical reasons	Lose weight	More time to eat healthy	More healthy options
<b>Italy</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	More healthy options
<b>Luxembourg</b>	Health conscious	Medical reasons	Lose weight	More healthy options	More time to eat healthy
<b>Netherlands</b>	Lose weight	Medical reasons	Health conscious	Less physically active	More time to eat healthy
<b>Portugal</b>	Medical reasons	Health conscious	Lose weight	Financial changes	More time to eat healthy
<b>Spain</b>	Medical reasons	Health conscious	Lose weight	Less physically active	More time to eat healthy
<b>Sweden</b>	Health conscious	Lose weight	Medical reasons	More time to eat healthy	Other reasons
<b>UK</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	Other reasons
<b>EU consensus*</b>	Medical reasons	Health conscious	Lose weight	More time to eat healthy	Less physically active

\* Weighted according to population size

<sup>†</sup> Selected by an equal percentage of the population

**Table A5.10a:** Reasons for making dietary changes given by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	> 1 other
%	100	46	54	42	37	22	54	33	13	33	51	16
% answering "Yes"	49	47	48	47	50	42	46	48	53	46	48	47
Medical reasons	54	53	54	49	55	62	59	49	44	52	55	52
I am now more health conscious	40	43	38	43	39	33	37	43	44	36	41	43
Lose weight	32	28	35	40	29	20	29	39	30	30	33	29
More time to eat healthy	19	18	19	16	20	21	18	19	21	21	19	11
Less physically active	13	15	11	19	14	18	14	11	13	16	12	10
More healthy options available	10	9	10	11	10	7	10	9	12	9	9	13
Other reasons	6	6	5	6	5	6	5	5	7	7	4	8
Financial changes	3	3	3	3	3	4	4	3	2	5	2	4
Don't know	1	1	1	1	1	1	1	1	1	1	1	1

\* Weighted according to population size

**Table A5.10b:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Working	Retired	≤4 meals or less/wk	>4 meals/wk
%	100	62	38	76	24	76	24
% answering "Yes"	49	53	47	76	34	73	27
Medical reasons	54	56	51	51	55	53	54
I am now more health conscious	40	40	40	44	38	37	41
Lose weight	32	34	29	40	29	33	31
More time to eat healthy	19	16	21	14	20	21	18
Less physically active	13	11	15	8	14	12	13
More healthy options	10	7	12	8	10	10	10
Other reasons	6	6	5	7	5	4	6
Financial changes	3	3	3	3	3	5	2
Don't know	1	1	1	1	1	1	1

\*Weighted according to population size

**Table A5.11a:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by gender.

Gender %	Medical reasons		Lose weight		I am now more health conscious	
	M	F	M	F	M	F
Austria	47	43	34	47	44	47
Belgium	58	57	25	22	34	37
Denmark	45	58	41	33	35	32
Finland	62	63	25	22	37	27
France	52	57	27	35	42	37
Germany	53	49	25	29	41	38
Greece	61	68	36	36	43	35
Ireland	50	53	38	27	56	54
Italy	52	58	21	32	44	35
Luxembourg	46	45	25	31	58	52
Netherlands	43	38	56	60	38	31
Portugal	83	88	23	22	31	28
Spain	73	70	31	41	41	41
Sweden	36	32	34	44	47	51
UK	45	43	28	41	48	38
EU average*	53	54	28	35	43	38

\*Weighted according to population size

**Table A5.11b:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by age.

Age (yrs) %	Medical reasons			Lose weight			I am now more health conscious		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	36	45	59	44	37	41	51	49	29
Belgium	45	67	62	26	24	17	45	29	32
Denmark	48	55	56	41	35	29	35	33	31
Finland	59	69	60	30	21	13	35	30	23
France	45	64	59	43	24	15	42	34	44
Germany	44	52	62	37	25	10	51	35	24
Greece	51	71	85	44	29	30	42	36	35
Ireland	45	55	58	43	29	11	61	55	41
Italy	53	52	75	35	22	17	33	44	42
Luxembourg	37	44	78	33	24	22	52	71	33
Netherlands	53	30	26	66	53	50	34	39	24
Portugal	76	90	97	34	22	3	31	32	24
Spain	68	69	79	49	34	27	40	46	34
Sweden	35	32	35	43	47	24	54	44	50
UK	43	47	40	37	37	27	48	40	36
EU average*	49	55	62	40	29	20	43	39	33

\*Weighted according to population size

**Table A5.11c:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by level of education.

Education Primary (P) Secondary (S) Further Education (T)	Medical reasons			Lose weight			I am now more health conscious		
	P	S	T	P	S	T	P	S	T
Austria	49	45	30	38	41	49	40	46	55
Belgium	56	56	63	20	28	24	40	35	25
Denmark	69	46	48	36	42	24	34	32	37
Finland	61	63	78	20	26	48	30	34	21
France	60	62	43	32	29	33	37	41	39
Germany	53	42	48	25	45	16	35	41	54
Greece	77	48	38	33	37	53	30	49	67
Ireland	57	47	50	26	34	39	45	60	67
Italy	56	53	55	27	30	29	39	40	42
Luxembourg	46	45	50	27	26	50	54	57	33
Netherlands	41	34	50	59	63	48	27	41	30
Portugal	89	63	50	20	37	50	30	31	-
Spain	75	67	21	34	46	56	38	54	56
Sweden	36	30	32	38	52	25	48	52	50
UK	47	45	39	28	39	34	39	46	40
EU average*	59	49	44	29	39	30	37	43	44

\*Weighted according to population size

**Table A5.11e:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by location.

Location % Urban (U) Rural (R)	Medical reasons		Lose weight		I am now more health conscious	
	Urban	Rural	Urban	Rural	Urban	Rural
Austria	46	42	46	35	40	51
Belgium	60	53	25	21	33	41
Denmark	50	56	37	34	32	39
Finland	64	61	23	24	31	31
France	54	59	33	26	38	41
Germany	69	47	31	27	38	40
Greece	65	0	36	0	39	0
Ireland	54	48	27	37	59	49
Italy	47	61	26	28	51	31
Luxembourg	58	36	29	25	38	68
Netherlands	39	41	56	60	31	36
Portugal	81	91	32	12	23	36
Spain	75	63	36	39	39	44
Sweden	33	36	41	39	48	52
UK	50	29	38	27	38	54
EU average*	56	51	34	29	40	40

\*Weighted according to population size

**Table A5.11f:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by work activity.

Working Status %	Medical reasons		Lose weight		I am now more health conscious	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	46	54	39	44	44	42
Belgium	58	56	20	40	36	33
Denmark	56	43	34	41	30	39
Finland	63	62	20	36	31	32
France	55	53	30	39	39	39
Germany	56	39	20	42	36	46
Greece	71	48	31	51	37	44
Ireland	54	45	28	39	52	61
Italy	50	77	28	26	39	41
Luxembourg	49	36	24	45	58	40
Netherlands	38	47	55	72	35	28
Portugal	91	77	16	34	25	37
Spain	72	68	35	46	39	48
Sweden	33	35	40	42	49	51
UK	44	43	33	42	41	48
EU average*	40	43	19	25	32	35

\*Weighted according to population size

**Table A5.11g:** Reasons given for making dietary changes by EU adults, 55 years and over, answering "Yes" to the question "Have you changed your eating habits to try to eat healthier?", classified by number of meals prepared.

No. of meals prepared/wk %	Medical reasons		Lose weight		I am more health conscious	
	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk
Austria	47	43	37	43	47	45
Belgium	64	56	34	22	38	35
Denmark	38	54	37	37	35	33
Finland	55	63	9	24	36	31
France	52	59	29	34	36	42
Germany	49	51	32	26	34	41
Greece	72	60	33	38	39	38
Ireland	49	52	20	34	54	55
Italy	53	57	28	27	43	37
Luxembourg	56	41	33	26	39	62
Netherlands	47	36	49	63	28	36
Portugal	74	87	26	22	6	32
Spain	70	71	50	35	29	42
Sweden	38	33	43	40	42	50
UK	47	44	43	34	39	43
EU average*	38	43	19	22	29	31

\*Weighted according to population size

**Table A5.12:** Reasons given for making dietary changes by EU adults, 55 years and over, answering “Yes” to the question “Have you changed your eating habits to try to eat healthier?”, classified by dietary habits.

	EU average*	I can eat anything I like	I have made an effort to cut down a few things	For medical reasons I am very limited as to what foods I can eat
		42	34	24
% answering “Yes”	49	18	45	36
Medical reasons	54	28	39	86
I am more health conscious	40	44	44	32
Lose weight	32	19	42	25
More time to eat healthy	19	33	21	8
Less physically active	13	17	14	9
More healthy options available	10	14	10	7
Other reasons	6	9	6	3
Financial changes	3	2	3	4
Don't know	1	2	1	0

\* Weighted according to population size

**Table A5.13:** Reasons given for making dietary changes by EU adults, 55 years and over, answering “Yes” to the question “Have you changed your eating habits to try to eat healthier?”, classified according to attitudes towards eating and drinking.

	EU Average	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty of healthy things such as fruit and vegetables	I can eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
Medical reasons	54	63	43	43	36	37
I am now more health conscious	40	37	44	42	41	24
Lose weight	32	30	36	31	28	8

\* weighted according to population size

**Table A5.14** Reasons given for making dietary changes by EU adults, 55 years and over, answering “Yes” to the question “Have you changed your eating habits to try to eat healthier?”, classified according to attitudes towards different diet and health issues.

	EU Average	Healthy eating means giving up foods that I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland than they used to	There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	I avoid certain foods now as I find them more difficult to chew
Medical reasons	54	62	54	56	56	61
I am now more health conscious	40	36	42	37	35	37
Lose weight	32	35	33	31	31	27

\* weighted according to population size



## **CHAPTER 6**

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### **BARRIERS TO EATING A HEALTHY DIET**



## CHAPTER 6 - SUMMARY

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### BARRIERS TO EATING A HEALTHY DIET

#### Rationale

Many barriers exist which prevent people from eating a healthy diet. These vary from person to person and may be due to inherent habits or attitudes, or result from the influence of external factors. In the elderly, habits and attitudes, and consequently barriers to healthy eating, may differ from those of younger people. The elderly, for example, might consider themselves too old to benefit, or may lack the skills and/or understanding to facilitate certain positive dietary changes. Identifying these barriers is important in providing the first step in devising ways to encourage improved dietary habits in the older population.

This Chapter investigates both perceived difficulties in making dietary changes and reported reasons for not making dietary changes among the older EU population. All respondents were asked to select any number of difficulties, which they perceived they may have in trying to eat more healthily from a list of fifteen possibilities. In addition, respondents who had not made any dietary changes (see incidence of dietary change in Chapter 4) were asked to select the two most important reasons for not doing so from a list of nine options. Perceived barriers to dietary change and reported reasons for not making dietary changes were subsequently investigated for geographic and demographic variation and were examined according to attitudes to food and health.

#### Summary of Findings

##### 1. PERCEIVED DIFFICULTIES IN TRYING TO EAT MORE HEALTHILY

The most frequently selected difficulties in trying to eat more healthily are illustrated in Table 6.1. "No difficulty" was selected by the highest percentage of respondents, ranging from 46% in Germany to 19% in Portugal. Inter-country variation in the selection of all potential difficulties in trying to eat more healthily was high, with little consistency between the three top ranked replies in each country.

**Table 6.1:** Perceived difficulties in trying to eat more healthily.

Perceived difficulties in trying to eat more healthily	EU average %
No difficulty	30
Don't need to change	21
Giving up foods I like	19
Don't want to change	19
Price	16
Confused about how to change	16

Respondents indicating that they had “no difficulty” in trying to eat more healthily were more likely to be educated tertiary level than those educated to lower levels. “price” and “giving up foods I like”, however, showed the opposite trend. In addition, older respondents were more likely to report “don’t need to change” or “don’t want to change” as perceived barriers to healthier eating than were those in the younger age groups. Further demographic variation tended to be more country-specific, with few consistencies seen in demographic patterns throughout EU countries. When examined according to dietary habits (reported in Chapter 1), “don’t need to change” and “don’t want to change” were more commonly selected by respondents reporting “I can eat anything I like” compared with those reporting “I have made an effort to cut down on a few things” or “due to medical reasons I am limited as to what foods I can eat”

Attitudes to eating and drinking were examined in Chapter 3. Respondents perceiving “don’t need to change” and “don’t want to change” as barriers to healthier eating were more likely to report the less healthy attitudes to food, “I eat and drink things I enjoy and don’t worry about it” and “I am not interested in food”. Those reporting that they “only eat and drink things good for my health” and “I eat and drink anything as long as I take plenty of exercise” on the other hand were most likely to report “no difficulty” in trying to eat more healthily.

Perceived difficulties in trying to eat more healthily were examined according to attitudes towards different diet and health issues (reported in Chapter 3). Respondents who felt that they had no need to change their diet were more likely to have the attitude “there is not a lot you can do to stay healthy, becoming ill is a matter of chance”, and less likely to be “interested in finding out more about healthy eating” when compared with the EU average.

In addition, the selection of “giving up foods I like” as a barrier to healthier eating correlated highly with the attitude “healthy eating means giving up the foods I enjoy”.

Perceived difficulties in trying to eat more healthily were examined according to whether or not dietary changes had been made. A far greater percentage of older EU adults who had not made dietary changes selected “don’t want to change” and “don’t need to change” as perceived barriers, compared with those who had made dietary changes. Conversely, “giving up foods I like”, “price” and “confused about how to change” showed an opposite but less pronounced trend, being more popular among those who had actually made dietary changes. The percentage of respondents perceiving they would have “no difficulty” in eating more healthily was similar regardless of whether or not dietary changes had been made.

## **2. REASONS FOR NOT MAKING DIETARY CHANGES**

Table 6.2 illustrates the five reasons for not making dietary changes most frequently cited by those older EU adults who had not made changes to their eating habits (see Chapter 4 for incidence of dietary change). The most frequently selected reason for not making dietary changes, and the most popular response in all 15 countries, was “I think my diet is healthy enough” (79%). Respondents selecting this option were more likely to be educated to tertiary level, than to primary or secondary level both across the EU average and within most individual countries.

**Table 6.2:** Reasons for not making dietary changes.

Reason for no dietary change towards a healthier diet	EU average %
I think my diet is healthy enough	79
Never thought about it	20
Could not be bothered	13
Would not do me any good	13
Too late/too old	11

The most marked demographic variation was noted in the selection of “too late/too old to start making changes”. As might be expected, an increase in age corresponded with an increase in selection of this option.

Other age related demographic variations such as being educated to primary level only, living with just one other, and being retired rather than still working, were also positively associated with the selection of this option. A correlation was observed between dietary habits (reported in Chapter1) and associated reasons for dietary change. “I think my diet is healthy enough”, for example, was selected by a greater percentage of respondents reporting to have “made an effort to cut down on a few things” compared with those reporting “I can eat anything I like” or “due to medical reasons I am limited as to what foods I can eat”. In addition, “too late/too old to start making changes” was more popular a response among those who were restricted in what they ate due to medical reasons. Those reporting “I can eat anything I like”, however, were more likely to cite “never thought about it” or “could not be bothered” as reasons why their diets had not changed.

## KEY FINDINGS

- Almost one third of the entire sample of older EU adults perceived that they would have “no difficulty” in trying to eat more healthily regardless of whether or not they had actually made dietary changes.
- Other reasons most commonly perceived as barriers to healthier eating were “don’t need to change”, “giving up foods I like”, “don’t want to change” “price” and “confused about how to change”.
- “Giving up foods I like” was perceived as a difficulty by a greater percentage of respondents educated to either primary or secondary level only, and was also linked with the attitude “healthy eating means giving up the foods I enjoy”.
- “Don’t want to change”, and to a greater extent “ don’t need to change” were perceived to be important barriers to change by a greater percentage of those aged 75 years and above, compared with younger respondents.
- “Price” as a perceived difficulty was indicated by a higher percentage of respondents in Portugal compared with all other countries and was the most frequently selected option in this country only.

- The most popular reason for not making dietary changes, given by those reporting *not* to have changed their diet, was ‘I think my diet is healthy enough’ (79%). Consistently, this was the most frequent response given all countries.
- Other frequently cited reasons for not making dietary changes were “could not be bothered”, “never thought about it” and “would not do me any good”. Such responses suggest a lack of interest and belief in the benefits of a healthy diet among many older EU adults.
- Although selected by only 11% of respondents across the EU, “too late/too old to start making changes” was chosen by almost 20% of respondents in the oldest age group (aged 75 years and above).

For detailed information refer to Tables A6.1-A6.15 at the end of Chapter 6

## IMPLICATIONS

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Among older adults in the EU who have not changed their diets to try to eat more healthily, almost 30% perceived that they would have no difficulty in doing so. In addition, the majority of those indicating that they had not changed their diet felt that their diet was already healthy enough and so had no need to change. Thus, resistance to making healthy dietary changes, was associated with not wanting to, or perceiving there to be no need to change, rather than feeling that changes were difficult to achieve. It is also likely that different dietary habits predominate in different areas of the EU and as such, the perception of what constitutes a healthy diet in one country may differ from that of other countries. State specific strategies must therefore be employed to educate the older consumer to fully understand what healthy eating entails and to provide realistic means of integrating a healthy diet into varying lifestyle patterns. The utilisation of traditional methods of preparation and cooking pertinent to each particular country and familiar to the older generation should be promoted where appropriate, to encourage a change in attitude towards healthy foods.

Respondents in the oldest age group (75 years and above) were most likely to perceive that they were too old to benefit from dietary changes. Indeed, among those who did not make any dietary change, being “too late/too old to change” became an increasingly important barrier with increasing age. It is possible that a person of 75 years of age may have another 10, 20 or even more years to live. Hence, it is important to maintain good health and retain quality of life in order to ensure that these years may be enjoyed to their full and lived out in a disease free state. It is important to educate the older consumer that the benefits of healthy eating do not stop with old age. Strategies to promote the attitude “it is never too late to change”, focussing on the specific benefits of healthy eating to the older population, should be promoted in order to encourage healthy eating in this group.

For many older adults across the EU, there is clearly a negative association between the enjoyment of food and eating healthily. This perception was most prevalent among the least educated of older adults. Educating the older consumer towards a better understanding of healthy eating and providing clear positive messages to motivate behavioural changes are needed.

Making foods available that not only take into account the nutritional needs of the older population, but also taste preferences, cultural traditions, and financial restraints, may help to dispel such negative associations and promote the belief that healthy foods can be both enjoyable and affordable.





# Chapter 6 - Tables



**Table A6.1:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, (presented by frequency of selection within each country).

No difficulty %	Don't need to %	Giving up foods I like %	Don't want to %	Price %	Confused about how to change %	Unappealing foods %	Influence of family %
Germany 46	Netherlands 39	Luxembourg 35	Austria 32	Portugal 27	Netherlands 28	Luxembourg 24	Greece 23
Netherlands 34	France 29	Greece 33	Italy 27	Austria 20	Denmark 24	Spain 22	Italy 15
France 33	Luxembourg 29	Austria 30	France 26	Belgium 19	Ireland 22	Ireland 18	Ireland 13
UK 28	Sweden 29	Italy 29	Denmark 24	France 19	Greece 21	Austria 14	Luxembourg 13
Denmark 26	Belgium 24	Ireland 28	Ireland 24	Ireland 19	Italy 21	Denmark 12	Austria 11
Luxembourg 26	Austria 23	Spain 27	Luxembourg 20	Spain 17	Austria 20	Italy 12	Netherlands 11
Belgium 24	Finland 22	Netherlands 23	Belgium 18	UK 17	Sweden 20	Greece 11	Germany 10
Sweden 24	Denmark 21	Portugal 22	Sweden 18	Germany 16	UK 19	Netherlands 11	Portugal 9
Spain 22	Italy 21	Germany 16	Finland 17	Sweden 16	Luxembourg 17	UK 10	Denmark 7
Greece 21	Ireland 19	Denmark 14	Greece 16	Finland 14	Finland 13	France 8	Finland 7
Italy 20	Portugal 19	Belgium 13	Spain 16	Luxembourg 14	France 13	Portugal 7	Spain 7
Austria 19	Germany 18	Sweden 13	UK 16	Greece 12	Germany 13	Belgium 6	Belgium 6
Finland 19	UK 18	UK 13	Portugal 15	Netherlands 11	Portugal 13	Finland 5	France 6
Ireland 19	Spain 17	Finland 12	Germany 11	Denmark 9	Belgium 12	Sweden 4	Sweden 5
Portugal 19	Greece 10	France 11	Netherlands 8	Italy 8	Spain 9	Germany 2	UK 5
EU average* 30	21	19	19	16	16	9	9
Coefficient of variation 30	30	40	33	31	30	7	49

\* Weighted according to population size

**Table A6.2:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, ranked by frequency of selection within each country.

	1	2	3	4	5
<b>Austria</b>	Don't want to	Giving up foods I like	Don't need to	Price	Confused <sup>†</sup>
<b>Belgium</b>	Don't need to <sup>†</sup>	No difficulty <sup>†</sup>	Price	Don't want to	Confused <sup>†</sup>
<b>Denmark</b>	No difficulty	Confused <sup>†</sup>	Don't want to <sup>†</sup>	Don't need to	Giving up foods I like
<b>Finland</b>	Don't need to	No difficulty	Temptation	Price <sup>†</sup>	Preparation of food <sup>†</sup>
<b>France</b>	No difficulty	Don't need to	Don't want to	Price	Confused
<b>Germany</b>	No difficulty	Don't need to	Giving up food I like <sup>†</sup>	Price <sup>†</sup>	Confused <sup>†</sup>
<b>Greece</b>	Giving up foods I like	Influence of family	No difficulty	Confused	Don't want to
<b>Ireland</b>	Giving up foods I like	Don't want to	Confused	Price <sup>†</sup>	Don't need to / No difficulty <sup>†</sup>
<b>Italy</b>	Giving up foods I like	Don't want to	Confused <sup>†</sup>	Don't need to <sup>†</sup>	No difficulty
<b>Luxembourg</b>	Giving up foods I like	Don't need to	No difficulty	Unappealing food	Don't want to
<b>Netherlands</b>	Don't need to	No difficulty	Confused	Giving up foods I like	Temptation
<b>Portugal</b>	Price	Giving up foods I like	Don't need to <sup>†</sup>	No difficulty <sup>†</sup>	Confused
<b>Spain</b>	Giving up foods I like	Unappealing foods <sup>†</sup>	No difficulty <sup>†</sup>	Price <sup>††</sup>	Don't need to <sup>††</sup>
<b>Sweden</b>	Don't need to	No difficulty	Confused	Don't want to	Price
<b>UK</b>	No difficulty	Confused	Don't need to	Price	Don't want to
<b>EU consensus*</b>	No difficulty	Don't need to	Giving up foods I like <sup>†</sup>	Don't want to <sup>†</sup>	Price / confused <sup>††</sup>

\* Weighted according to population size

†/†† Selected by an equal percentage of the population

**Table A 6.3a:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	13	53	16
No difficulty	30	30	31	29	32	29	30	28	35	31	31	24
Don't need to	21	22	21	19	19	28	22	20	20	24	20	21
Giving up foods I like	19	19	19	21	20	16	21	20	14	17	19	25
Don't want to	19	20	18	17	18	23	19	18	16	19	18	20
Price	16	14	17	16	16	14	16	17	12	18	15	13
Confused about how to change	16	16	16	17	17	12	14	20	18	15	16	18
Unappealing foods	9	10	8	9	10	8	9	10	7	9	9	10
Influence of family	9	8	10	12	9	4	9	9	9	3	10	17
Preparation	8	8	9	9	8	8	8	8	10	10	8	6
Too big a change	8	7	6	6	7	7	7	7	5	6	7	7
Temptation	7	7	8	11	7	3	8	8	6	6	9	7
Lack of cooking skills	6	9	4	6	6	6	5	7	9	8	5	5
Lack of knowledge	6	7	6	6	6	8	7	5	4	7	6	6
Busy lifestyle	5	5	5	7	3	2	3	6	6	4	4	7
Healthy options not available	3	4	3	4	3	3	3	5	4	4	3	4
Don't know	1	2	1	1	1	2	1	2	2	2	2	1

\* Weighted according to population size

**Table A6.3b:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	> 4 meals/wk
%		53	47	76	24	27	73
No difficulty	30	28	33	31	30	33	29
Don't need to	21	21	21	21	21	20	22
Giving up foods I like	19	19	20	19	20	19	19
Don't want to	19	20	17	19	17	18	19
Price	16	17	14	16	16	17	15
Confused about how to change	16	17	15	16	16	17	16
Unappealing foods	9	11	8	9	9	8	10
Influence of family	9	8	11	8	13	8	10
Preparation	8	8	9	8	10	10	8
Too big a change	7	7	6	7	7	6	7
Temptation	7	7	8	7	9	7	8
Lack of cooking skills	6	6	5	6	5	9	5
Lack of knowledge	6	7	6	6	6	8	6
Busy lifestyle	5	5	4	3	11	5	4
Healthy options available	3	4	3	3	5	6	2
Don't know	1	2	1	2	1	1	1

\* weighted according to population size

**Table A6.4a:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by gender (presented by frequency of selection within countries)

Gender	No difficulty		Don't need to change		Giving up foods I like		Don't want to change		Price		Confused about how to change	
	M	F	M	F	M	F	M	F	M	F	M	F
Austria	16	21	27	21	40	23	32	33	18	22	23	18
Belgium	25	24	23	25	14	14	21	17	18	20	14	11
Denmark	24	26	21	21	14	14	24	25	8	10	28	21
Finland	16	21	23	22	14	11	22	15	10	17	19	10
France	28	36	32	27	10	11	30	24	18	20	12	13
Germany	46	46	21	16	17	16	10	12	14	18	14	12
Greece	25	18	9	11	31	36	15	18	11	12	21	20
Ireland	18	19	19	19	26	31	28	21	19	20	23	22
Italy	26	15	19	23	25	33	28	26	8	9	18	23
Luxembourg	18	33	25	33	48	24	17	22	10	17	15	19
Netherlands	36	32	38	39	26	21	8	7	9	13	24	31
Portugal	21	21	26	17	28	22	18	15	21	38	16	13
Spain	19	24	18	15	32	22	20	13	14	20	9	8
Sweden	23	25	35	23	11	14	26	12	13	19	16	24
UK	24	32	17	18	12	15	17	15	15	18	21	18
EU average*	30	31	22	21	19	19	20	18	14	17	16	16

\*Weighted according to population size

**Table A6.4b:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by age (presented by frequency of selection within countries)

Age (years) (%)	No difficulty			Don't need to change			Giving up foods I like			Don't want to change			Price			Confused about how to change		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	19	18	19	23	21	26	33	28	29	29	39	32	21	17	24	17	21	24
Belgium	27	21	28	20	23	34	13	16	9	17	17	26	22	18	15	16	13	4
Denmark	24	25	29	17	26	22	16	16	8	17	24	36	12	8	6	25	25	21
Finland	14	21	23	21	22	25	12	15	7	13	17	27	17	13	10	19	12	6
France	29	33	40	26	28	37	10	12	9	22	25	36	25	18	12	16	13	6
Germany	47	49	38	18	13	31	17	14	19	12	8	17	15	18	14	14	14	7
Greece	19	21	26	11	11	9	34	37	27	14	21	15	14	8	11	26	15	14
Ireland	14	20	25	18	19	22	33	28	20	24	21	29	18	24	13	23	26	15
Italy	18	25	16	19	20	32	31	31	21	27	24	32	8	8	11	19	23	21
Luxembourg	36	15	24	19	40	30	30	44	29	15	28	15	17	13	10	17	18	10
Netherlands	30	34	40	35	40	44	24	25	19	6	10	7	12	9	12	28	27	30
Portugal	20	22	21	23	19	20	25	28	17	15	17	18	24	36	35	15	17	8
Spain	20	26	21	16	15	19	31	26	21	15	18	14	18	15	20	8	10	7
Sweden	21	31	21	26	26	36	11	13	14	15	17	26	17	18	14	26	17	15
UK	30	27	28	13	18	24	12	16	12	13	16	19	20	20	10	23	22	11
EU average*	29	32	29	19	19	28	21	20	16	17	18	23	16	16	14	17	17	12

\* Weighted according to population size

**Table A6.4c:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by level of education (presented by frequency of selection within countries)

Education Primary (P) Secondary (S) Tertiary (T)	No difficulty			Don't need to change			Giving up foods I like			Don't want to change			Price			Confused about how to change		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	22	16	24	23	23	24	29	30	36	35	31	35	22	22	10	19	24	11
Belgium	19	29	25	30	22	15	16	12	13	19	20	14	23	18	14	10	13	15
Denmark	28	20	33	27	19	15	9	17	15	28	23	22	7	10	10	16	30	24
Finland	19	16	26	22	22	31	11	12	16	17	24	8	16	12	3	13	13	19
France	35	28	34	33	26	26	13	11	6	30	26	20	18	19	21	10	13	17
Germany	47	39	51	18	18	15	15	24	14	10	16	7	17	16	7	11	17	17
Greece	17	26	35	11	7	14	34	40	9	20	6	21	14	9	-	19	24	25
Ireland	21	13	30	20	18	18	27	31	25	25	24	16	20	21	9	22	22	23
Italy	18	28	7	21	17	40	32	20	23	28	21	40	9	9	-	19	26	23
Luxembourg	22	32	33	20	27	40	38	34	50	16	14	17	14	14	-	14	18	33
Netherlands	35	34	31	45	35	35	17	26	27	9	8	4	13	12	6	21	32	31
Portugal	21	14	56	20	29	-	26	16	-	16	12	29	33	16	-	14	16	-
Spain	23	20	13	17	17	6	24	38	37	16	19	13	19	12	12	8	12	-
Sweden	23	23	30	28	34	23	12	17	7	20	17	16	18	14	12	23	14	19
UK	27	27	35	25	15	12	13	14	13	17	16	15	14	23	9	15	23	19
EU average*	30	28	35	22	20	20	21	20	14	19	18	16	16	17	12	14	20	18

\* Weighted according to population size

Table A6.4e: Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by location (presented by frequency of selection within countries)

Location Urban (U) Rural (R)	No difficulty		Don't need to change		Giving up foods I like		Don't want to change		Price		Confused about how to change	
	U	R	U	R	U	R	U	R	U	R	U	R
Austria	17	21	21	25	29	32	31	35	21	20	21	19
Belgium	28	17	20	33	14	12	15	26	20	17	13	11
Denmark	26	24	19	27	16	10	24	26	9	9	25	21
Finland	22	14	21	25	12	11	18	18	15	13	11	17
France	32	36	31	24	10	14	26	29	21	15	13	11
Germany	42	47	17	18	18	16	13	11	21	15	15	13
Greece	21	-	10	-	33	-	16	-	12	-	20	-
Ireland	18	19	19	20	32	24	25	22	20	17	24	19
Italy	26	16	18	23	24	33	24	29	10	7	26	17
Luxembourg	22	29	33	26	40	31	18	21	18	11	25	10
Netherlands	31	36	40	38	22	24	9	6	10	12	26	29
Portugal	26	15	14	29	24	25	13	20	21	40	14	15
Spain	18	31	18	13	30	20	18	12	15	22	9	8
Sweden	28	13	29	27	13	10	17	23	17	15	18	27
UK	28	29	17	19	14	13	16	15	17	16	18	23
EU average*	28	33	21	21	19	20	20	17	17	14	17	15

\*Weighted according to population size

Table A6.4e: Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by location (presented by frequency of selection within countries)

Location (Urban/Rural)	No difficulty		Don't need to change		Giving up foods I like		Don't want to change		Price		Confused about how to change	
	U	R	U	R	U	R	U	R	U	R	U	R
Austria	17	21	21	25	29	32	31	35	21	20	21	19
Belgium	28	17	20	33	14	12	15	26	20	17	13	11
Denmark	26	24	19	27	16	10	24	26	9	9	25	21
Finland	22	14	21	25	12	11	18	18	15	13	11	17
France	32	36	31	24	10	14	26	29	21	15	13	11
Germany	42	47	17	18	18	16	13	11	21	15	15	13
Greece	21	-	10	-	33	-	16	-	12	-	20	-
Ireland	18	19	19	20	32	24	25	22	20	17	24	19
Italy	26	16	18	23	24	33	24	29	10	7	26	17
Luxembourg	22	29	33	26	40	31	18	21	18	11	25	10
Netherlands	31	36	40	38	22	24	9	6	10	12	26	29
Portugal	26	15	14	29	24	25	13	20	21	40	14	15
Spain	18	31	18	13	30	20	18	12	15	22	9	8
Sweden	28	13	29	27	13	10	17	23	17	15	18	27
UK	28	29	17	19	14	13	16	15	17	16	18	23
EU average*	28	33	21	21	19	20	20	17	17	14	17	15

\*Weighted according to population size

Table A6.4f: Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by working status (presented by frequency of selection within countries)

Working status (hours/wk)	No difficulty		Don't need to change		Giving up foods I like		Don't want to change		Price		Confused about how to change	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	19	-	23	29	30	39	31	45	21	15	22	9
Belgium	23	32	25	19	15	7	20	14	19	18	13	11
Denmark	26	25	22	19	14	14	26	20	8	11	24	25
Finland	21	9	23	18	12	12	18	15	15	11	11	22
France	32	36	29	28	10	12	27	21	18	24	12	17
Germany	48	42	16	22	15	18	10	14	16	15	13	12
Greece	23	16	10	12	34	33	18	12	13	8	18	27
Ireland	19	17	21	14	27	32	25	21	19	19	24	19
Italy	22	13	22	18	29	31	26	30	9	6	21	19
Luxembourg	24	41	25	29	38	32	15	14	13	18	17	18
Netherlands	34	31	39	39	24	21	7	10	12	9	30	20
Portugal	22	19	19	25	27	21	17	14	32	27	14	15
Spain	23	17	15	24	26	30	16	16	18	13	8	10
Sweden	25	22	29	27	14	8	19	16	18	10	18	26
UK	29	28	19	12	14	12	17	13	16	22	19	20
EU average*	31	30	21	21	19	20	19	17	16	16	16	16

\*Weighted according to population size

**Table A6.4g:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by number of meals prepared per week (presented by frequency of selection within countries)

No. of meals prepared/wk	No difficulty		Don't need to change		Giving up foods I like		Don't want to change		Price		Confused about how to change	
	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk	≤ 4 meals/wk	> 4 meals/wk
Austria	15	20	16	25	35	19	31	33	21	20	20	20
Belgium	24	25	16	26	17	13	19	19	20	19	18	11
Denmark	28	25	30	19	10	15	23	25	9	9	16	26
Finland	21	19	17	23	14	12	24	17	10	14	6	14
France	33	33	30	28	10	11	26	27	22	17	13	12
Germany	47	46	17	19	16	16	9	12	17	15	15	12
Greece	23	20	8	12	33	34	15	17	14	10	21	20
Ireland	12	20	13	20	29	28	25	24	24	18	30	20
Italy	28	17	9	27	30	29	19	31	10	8	20	21
Luxembourg	34	22	32	26	27	39	21	20	16	13	24	13
Netherlands	35	33	43	37	21	24	11	6	8	13	30	27
Portugal	4	22	33	20	19	25	22	16	19	31	8	15
Spain	23	22	20	16	31	26	23	15	16	18	10	8
Sweden	24	24	34	28	13	13	13	19	15	17	14	21
UK	16	30	14	18	14	13	15	16	29	16	24	19
EU average*	33	29	20	22	19	19	18	19	17	15	17	16

\* Weighted according to population size

**Table A 6.5:** Difficulties in trying to eat healthier reported by EU adults 55 years and over, classified by dietary habits.

	EU average*	I can eat anything I like	I have made an effort to cut down a few things	Due to medical reasons I am limited as to what foods I can eat
%	100	42	34	23
No difficulty	30	32	32	26
Don't need to	21	31	14	14
Giving up foods I like	19	16	20	25
Don't want to	19	27	12	15
Price	16	12	18	19
Confused about how to change	16	12	20	18
Unappealing food	9	8	9	11
Family preference	9	7	11	9
Preparation	8	5	12	10
Too big a change	7	7	6	8
Temptation	7	5	11	7
Lack cooking skills	6	6	6	6
Lack knowledge	6	6	6	8
Busy lifestyle	5	3	6	5
Healthy options not available	3	3	4	4
Don't know	-	2	1	2

\* Weighted according to population size

**Table A6.6:** Factors believed to be the major difficulties older people might have in trying to eat healthier, according to EU adults 55 years and over, classified by attitudes to eating and drinking

	EU Average	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty of healthy things such as fruit and vegetables	I eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
No difficulty	30	34	29	33	25	24
Don't need to	21	13	25	21	32	42
Giving up foods I like	19	20	17	19	23	21
Don't want to	19	14	18	22	31	36
Price	16	17	16	10	13	13
Confused about how to change	16	14	18	16	14	14

\* weighted according to population size

**Table A6.7:** Factors believed to be the major difficulties older people might have in trying to eat healthier, according to EU adults 55 years and over, classified according to different diet and health issues.

	EU Average	Healthy eating means giving up the foods I enjoy	I am interested in finding out more about healthy eating	Food tastes more bland now than it used to	There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	I avoid certain foods now as I find them difficult to chew
No difficulty	30	22	29	27	24	23
Don't need to	21	17	15	21	26	18
Giving up foods I like	19	31	21	21	22	23
Don't want to	19	17	14	20	23	18
Price	16	18	18	18	16	22
Confused about how to change	16	17	19	18	16	18

\* Weighted according to population size

**Table A6.8 :** Factors believed to be the major difficulties older people might have in trying to eat healthier, according to EU adults 55 years and over, classified according to dietary change towards eating healthier.

	EU Average*	"Yes" have changed your eating habits to try to eat healthier	"No" have not changed your eating habits to try to eat healthier
No difficulty	30	49	51
Don't need to	21	18	82
Giving up foods I like	19	58	42
Don't want to	19	20	80
Price	16	58	42
Confused about how to change	16	57	43

\* Weighted according to population size

**Table A 6.9:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" (52% of the EU sample).

Think my diet is healthy enough	%	Never thought about it	%	Could not be bothered	%	Would not do me any good	%	To late/to old	%
Netherlands	89	Germany	29	Luxembourg	26	Sweden	27	Ireland	26
Italy	85	Ireland	24	Greece	25	Austria	23	Luxembourg	24
Sweden	84	Netherlands	21	Denmark	21	Denmark	19	Denmark	15
Spain	81	Portugal	21	Finland	19	Finland	19	Finland	14
France	78	Spain	20	France	19	Ireland	19	UK	14
Germany	78	Sweden	20	Ireland	16	UK	19	Belgium	13
Ireland	77	Italy	19	Belgium	15	Germany	14	France	12
UK	76	Belgium	17	Germany	15	Italy	13	Germany	12
Belgium	74	Finland	17	Spain	14	Luxembourg	12	Austria	11
Austria	71	UK	17	Austria	10	France	9	Spain	11
Luxembourg	71	Denmark	16	Netherlands	8	Netherlands	9	Greece	7
Denmark	68	Austria	14	Portugal	8	Portugal	9	Italy	7
Greece	68	Greece	14	UK	8	Spain	9	Sweden	7
Finland	66	Luxembourg	14	Sweden	7	Greece	8	Netherlands	4
Portugal	57	France	13	Italy	5	Belgium	4	Portugal	4
EU average*	79	20	13	13	11				
Coefficient of variation	10	24	46	46	53				

\* Weighted according to population size

**Table A6.9(contd.):** Most important reasons for not making dietary changes given by EU adults, 55 years and over, Answering "no" to the question "have you changed your eating habits to try to eat healthier?" (52% of the EU sample).

Too much effort	%	Other reasons	%	Confused about how to change	%	Influence of family	%	Don't know	%
Austria	10	UK	13	Sweden	12	Denmark	8	Denmark	5
Germany	9	Italy	8	Luxembourg	10	Greece	8	Luxembourg	4
Greece	8	Germany	5	Netherlands	10	Netherlands	8	France	2
Ireland	6	Ireland	2	Portugal	10	Portugal	8	Germany	2
Denmark	5	Netherlands	1	Greece	6	Ireland	7	Spain	2
Finland	5	Portugal	1	Italy	6	Austria	6	Sweden	2
Netherlands	5	Austria	-	France	5	Germany	6	UK	2
Portugal	5	Belgium	-	Austria	4	Italy	6	Austria	1
Belgium	4	Denmark	-	Finland	4	Luxembourg	5	Belgium	1
Spain	4	Finland	-	Belgium	3	Sweden	5	Finland	1
UK	3	France	-	Germany	2	Finland	3	Greece	1
France	2	Greece	-	Spain	2	Spain	3	Ireland	1
Italy	2	Luxembourg	-	Denmark	1	UK	2	Netherlands	1
Sweden	2	Spain	-	Ireland	1	Belgium	1	Portugal	1
Luxembourg	1	Sweden	-	UK	-	France	1	Italy	-
EU average*	5	5	4	4	2				
Coefficient of variation	56	191	76	50	74				

\* Weighted according to population size



**Table A6.10:** Most important reasons for not making dietary changes given by EU adults 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" ranked in terms of perceived importance within each country.

	1	2	3	4	5
Austria	Diet is healthy enough	Would not do me any good	Never thought about it	Too late/too old	Too much effort/ Could not be bothered <sup>†</sup>
Belgium	Diet is healthy enough	Never thought about it	Could not be bothered	Too late/too old	Would not do me any good
Denmark	Diet is healthy enough	Could not be bothered	Would not do me any good	Never thought about it	Too late/too old
Finland	Diet is healthy enough	Could not be bothered	Would not do me any good	Never thought about it	Too late/too old
France	Diet is healthy enough	Could not be bothered	Never thought about it	Too late/too old	Would not do me any good
Germany	Diet is healthy enough	Never thought about it	Could not be bothered	Would not do me any good	Too late/too old
Greece	Diet is healthy enough	Could not be bothered	Never thought about it	Would not do me any good	Family influence/Too much effort <sup>†</sup>
Ireland	Diet is healthy enough	Too late / too old	Never thought about it	Would not do me any good	Could not be bothered
Italy	Diet is healthy enough	Never thought about it	Would not do me any good	Other reasons	Too late/too old
Luxembourg	Diet is healthy enough	Could not be bothered	Too late/too old	Never thought about it	Would not do me any good
Netherlands	Diet is healthy enough	Never thought about it	Confused about how to change	Would not do me any good	Family influence
Portugal	Diet is healthy enough	Never thought about it	Confused about how to change	Would not do me any good	Could not be bothered/Family influence <sup>†</sup>
Spain	Diet is healthy enough	Never thought about it	Could not be bothered	Too late / too old	Would not do me any good
Sweden	Diet is healthy enough	Would not do me any good	Never thought about it	Confused about how to change	Could not be bothered/Too late / too old <sup>†</sup>
UK	Diet is healthy enough	Would not do me any good	Never thought about it	Too late / too old	Other reasons
<b>Consensus*</b>	<b>Diet is healthy enough</b>	<b>Never thought about it</b>	<b>Could not be bothered</b>	<b>Would not do me any good</b>	<b>Too late / too old</b>

\* Weighted according to population size

<sup>†</sup> Selected by an equal percentage of the population

**Table A6.11a:** Most important reasons for not making dietary changes given by EU adults 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	> 1 other
%		44	56	41	38	21	60	27	133	31	53	16
% answering "no"	52	53	52	52	49	57	54	51	46	54	51	52
Diet is healthy enough	79	77	80	79	80	77	77	79	88	77	80	78
Never thought about it	20	20	19	22	19	18	22	17	17	20	19	21
Could not be bothered	13	15	11	13	14	12	13	13	11	16	12	11
Would not do me any good	13	11	15	13	12	15	13	13	12	14	12	15
Too late / too old	11	11	11	5	13	19	14	6	5	15	10	6
Too much effort	5	6	4	6	5	3	5	6	3	5	4	5
Other reasons	5	6	4	5	5	4	4	6	5	5	5	4
Confused about how to change	4	4	4	5	3	2	3	4	2	3	3	6
Influence of family	4	3	5	6	3	3	5	3	3	-	6	7
Don't know	2	2	2	2	1	2	2	2	1	1	2	2

\* Weighted according to population size

**Table A6.11b:** Most important reasons for not making dietary changes given by EU adults 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	> 4 meals/wk
%		53	47	76	24	27	73
% answering "no"	52	54	51	53	52	52	53
Diet is healthy enough	79	79	78	79	79	76	80
Never thought about it	20	16	24	19	21	20	20
Could not be bothered	13	13	13	13	14	15	12
Would not do me any good	13	13	13	13	12	11	14
Too late / too old	11	10	12	13	5	9	11
Too much effort	5	4	5	4	7	6	4
Confused about how to change	4	3	4	3	5	5	3
Influence of family	4	3	5	4	5	4	4
Other reasons	5	4	5	4	7	3	5
Don't know	2	2	1	1	3	2	2

\* Weighted according to population size

**Table A6.12a:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by gender (presented by frequency of selection within countries)

Gender	I think my diet is healthy enough		I never thought about it		I could not be bothered		Changing my diet would not do me any good		Too late / too old to start making changes		I am confused about the correct way to alter my diet	
	M	F	M	F	M	F	M	F	M	F	M	F
Austria	68	74	13	15	10	10	26	21	8	14	3	3
Belgium	80	77	20	16	16	15	2	6	11	15	3	4
Denmark	66	70	23	11	23	19	19	19	15	15	-	2
Finland	59	75	19	13	22	16	16	22	21	5	3	5
France	76	80	17	10	21	17	8	10	16	9	4	5
Germany	75	80	33	25	17	14	5	21	9	14	1	3
Greece	63	71	10	17	26	24	9	8	7	7	6	7
Ireland	79	75	30	18	16	17	13	25	30	22	-	2
Italy	86	84	15	23	4	5	13	13	6	8	9	4
Luxembourg	71	72	25	7	29	24	13	10	17	34	8	10
Netherlands	87	91	21	22	10	6	9	8	3	5	14	7
Portugal	54	59	17	20	33	17	13	12	6	8	3	9
Spain	79	83	20	20	16	12	8	10	8	13	2	2
Sweden	85	83	19	19	8	6	34	20	7	6	9	16
UK	75	77	16	18	13	5	18	20	18	12	-	1
EU average*	77	80	20	19	15	11	11	15	11	11	4	4

\*Weighted according to population size

**Table A6.12b:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by age (presented by frequency of selection within countries)

Age (years) (%)	I think my diet is healthy enough			I never thought about it			I could not be bothered			Changing my diet would not do me any good			Too late / too old to start making changes			I am confused about the correct way to alter my diet		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	75	69	69	14	19	9	15	7	6	27	20	20	-	12	29	4	5	2
Belgium	77	75	87	14	19	22	17	15	13	4	6	-	5	18	18	7	2	-
Denmark	63	71	72	15	21	12	23	19	20	10	27	22	5	18	22	-	3	-
Finland	56	73	74	18	24	11	28	14	12	18	16	22	17	11	13	5	3	2
France	76	82	76	15	12	11	19	21	14	8	9	10	8	10	21	8	4	1
Germany	80	79	70	37	22	18	14	17	19	15	15	4	3	17	29	2	2	-
Greece	68	72	59	13	16	16	20	34	25	5	9	14	7	4	13	8	6	-
Ireland	78	77	75	23	30	18	15	17	16	16	25	16	18	20	49	1	-	4
Italy	83	87	87	18	21	18	5	4	5	15	9	18	3	9	13	9	4	3
Luxembourg	75	77	64	20	14	9	30	18	36	15	9	9	5	41	30	15	9	-
Netherlands	90	84	96	22	22	20	11	8	2	5	11	12	-	9	6	11	11	7
Portugal	58	56	54	19	17	19	21	30	32	12	13	14	2	10	14	6	6	3
Spain	84	80	78	20	17	23	14	16	11	7	13	7	7	12	15	2	1	2
Sweden	85	87	80	18	22	19	10	6	4	28	26	28	4	7	10	10	16	12
UK	75	76	78	12	19	19	7	9	9	17	14	25	7	16	19	1	-	-
EU average*	79	80	79	22	19	18	13	14	12	13	12	15	5	13	19	5	3	2

\* Weighted according to population size

**Table A6.12c:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by level of education (presented by frequency of selection within countries)

Education Primary (P) Secondary (S) Further education (T)	I think my diet is healthy enough			I never thought about it			I could not be bothered			Changing my diet would not do me any good			Too late / too old to start making changes			I am confused about the correct way to alter my diet		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	78	64	86	14	16	4	13	9	5	21	22	34	19	6	10	1	5	-
Belgium	70	85	78	21	15	19	15	16	13	3	5	4	26	7	4	2	3	6
Denmark	70	65	75	17	21	2	20	25	12	20	13	28	13	21	4	-	2	-
Finland	69	58	68	12	23	33	21	23	-	20	19	13	14	14	15	3	8	-
France	74	75	92	11	16	14	20	19	15	13	6	4	15	8	8	4	8	1
Germany	75	82	93	29	26	34	14	21	13	14	15	-	16	-	-	2	-	-
Greece	65	76	75	17	3	14	28	16	17	9	5	8	6	11	9	7	4	9
Ireland	73	81	91	22	29	21	21	10	6	20	18	18	32	23	-	2	-	3
Italy	85	85	100	23	5	-	5	2	-	12	17	17	8	3	-	5	10	17
Luxembourg	67	70	100	17	15	-	28	30	50	11	15	-	17	15	-	6	15	-
Netherlands	92	87	90	27	20	13	7	11	2	12	7	5	8	2	2	8	12	10
Portugal	55	57	100	18	23	17	27	26	-	11	23	-	8	4	-	6	6	-
Spain	79	90	86	21	17	-	13	17	14	9	10	15	12	5	-	2	3	-
Sweden	82	94	76	20	23	15	6	7	10	24	25	43	9	5	-	15	10	6
UK	74	75	83	18	15	19	10	7	7	19	17	24	25	9	5	-	1	-
EU average*	77	79	88	22	17	17	13	13	11	13	13	12	14	6	5	3	4	2

\* Weighted according to population size

**Table A6.12d:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by size of household (presented by frequency of selection within countries)

No. in household	I think my diet is healthy enough			I never thought about it			I could not be bothered			Changing my diet would not do me any good			Too late / too old to start making changes			I am confused about the correct way to alter my diet		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	72	71	72	16	12	19	10	9	19	24	24	9	20	5	9	4	3	9
Belgium	77	79	85	17	19	17	16	15	13	3	5	4	19	10	4	4	2	4
Denmark	72	66	53	22	10	12	19	23	15	21	17	23	16	15	3	-	2	-
Finland	74	61	43	10	23	23	17	21	20	22	19	-	11	17	20	2	3	20
France	72	82	83	11	14	15	24	17	8	9	10	3	20	7	8	4	4	10
Germany	74	82	64	27	27	42	24	11	20	13	12	23	16	12	5	-	3	-
Greece	75	65	67	21	14	12	36	30	16	5	7	10	7	9	6	2	6	8
Ireland	69	80	82	23	26	21	16	12	24	18	24	13	37	24	15	4	-	-
Italy	92	80	87	22	20	15	2	8	3	18	10	14	8	8	6	6	3	10
Luxembourg	75	65	82	13	16	6	25	26	24	19	5	12	19	16	35	13	15	6
Netherlands	87	93	83	18	22	23	11	4	15	18	6	5	4	3	7	7	11	10
Portugal	52	61	53	17	17	22	27	26	23	10	12	16	9	6	5	4	5	9
Spain	80	82	75	20	18	43	18	10	26	5	11	6	13	10	6	6	-	-
Sweden	82	85	88	19	22	4	6	7	12	24	27	46	11	3	-	17	9	8
UK	75	77	78	21	14	13	7	10	6	22	15	25	16	13	10	-	1	-
EU average*	77	80	78	20	19	21	16	12	11	14	12	15	15	10	6	3	3	6

\* Weighted according to population size

**Table A6.12e:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by location (presented by frequency of selection within countries)

Location Urban (U) Rural (R)	I think my diet is healthy enough		I never thought about it		I could not be bothered		Changing my diet would not do me any good		Too late / too old to start making changes		I am confused about the correct way to alter my diet	
	U	R	U	R	U	R	U	R	U	R	U	R
Austria	66	79	12	17	11	8	25	21	9	14	4	2
Belgium	78	81	19	14	16	14	3	7	14	12	4	1
Denmark	64	77	15	18	21	21	18	22	18	8	1	-
Finland	72	58	12	24	15	26	19	18	13	16	5	3
France	81	71	13	14	19	16	9	8	10	19	5	5
Germany	86	76	20	31	10	17	22	12	14	11	3	1
Greece	68	-	14	-	25	-	8	-	7	-	6	-
Ireland	71	86	27	20	19	13	17	22	30	20	2	-
Italy	84	86	17	21	6	4	12	14	8	7	3	8
Luxembourg	71	75	13	14	33	21	17	7	8	38	8	10
Netherlands	87	91	18	24	11	6	7	10	3	5	11	9
Portugal	53	60	15	22	31	21	11	14	3	10	11	1
Spain	80	84	23	15	17	8	9	8	7	19	-	5
Sweden	83	84	19	21	7	8	29	23	8	3	14	9
UK	77	72	14	25	6	15	19	20	14	14	0	-
EU average*	79	78	16	24	13	13	13	13	10	12	4	3

\* Weighted according to population size

**Table A6.12f:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by working status (presented by frequency of selection within countries)

Working status (hours/week)	I think my diet is healthy enough		I never thought about it		I could not be bothered		Changing my diet would not do me any good		Too late / too old to start making changes		I am confused about the correct way to alter my diet	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	68	79	16	10	9	18	27	25	15	-	4	5
Belgium	82	63	17	20	15	18	5	-	15	7	1	10
Denmark	70	63	17	14	19	25	20	18	19	3	1	-
Finland	70	49	14	30	19	20	18	21	14	15	2	11
France	78	80	14	8	19	16	9	9	12	13	4	9
Germany	76	81	26	33	14	19	14	13	17	4	3	-
Greece	68	66	16	10	29	15	7	9	8	5	4	12
Ireland	77	77	24	24	15	18	23	9	30	17	2	-
Italy	85	88	19	19	5	5	15	7	8	5	4	14
Luxembourg	67	82	15	10	30	30	12	20	18	9	9	18
Netherlands	89	91	21	24	6	15	10	2	5	-	11	7
Portugal	52	63	18	19	31	18	13	12	10	2	5	7
Spain	81	82	19	23	14	15	9	10	11	8	2	-
Sweden	84	84	21	14	5	13	28	22	8	3	12	15
UK	78	71	19	9	9	8	19	20	17	4	0	-
EU average*	79	75	19	18	13	17	13	12	13	6	3	7

\* Weighted according to population size

**Table A6.12g:** Most important reasons for not making dietary changes given by EU adults, 55 years and over, answering "no" to the question "have you changed your eating habits to try to eat healthier?" classified by number of meals prepared per week (presented by frequency of selection within countries)

No. of meals prepared/wk	I think my diet is healthy enough		I never thought about it		I could not be bothered		Changing my diet would not do me any good		Too late / too old to start making changes		I am confused about the correct way to alter my diet	
	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk
Austria	52	76	13	15	14	9	25	22	19	9	3	4
Belgium	69	81	14	19	25	13	2	5	19	13	6	2
Denmark	53	72	24	14	21	21	13	21	19	14	-	1
Finland	42	68	21	16	21	19	-	20	33	13	-	4
France	78	79	13	13	17	20	9	9	11	13	5	5
Germany	76	79	28	29	17	15	17	12	10	13	2	1
Greece	76	63	10	17	23	26	9	7	7	7	7	6
Ireland	54	82	15	26	24	14	11	21	35	24	-	1
Italy	84	86	14	21	4	5	10	14	4	8	7	6
Luxembourg	65	76	16	15	32	24	11	12	15	32	15	9
Netherlands	87	91	27	19	3	10	4	11	6	4	12	9
Portugal	39	58	22	18	39	25	12	13	17	6	-	6
Spain	78	82	37	17	22	12	6	10	5	12	3	2
Sweden	84	84	8	21	9	7	33	27	9	6	22	11
UK	51	78	17	17	16	8	12	20	17	14	-	0
EU average*	66	77	19	18	19	15	12	15	15	13	5	5

\* Weighted according to population size

**Table A6.13:** Most important reasons for not making dietary changes given by EU adults 55 years and over, answering “no” to the question “have you changed your eating habits to try to eat healthier?” classified by dietary habits.

	EU average*	I can eat anything I like	I have made an effort to cut down a few things	Due to medical reasons I am limited in what I can eat
% answering “no”	52	79	37	28
Diet is healthy enough	79	78	84	74
Never thought about it	20	23	14	14
Could not be bothered	13	15	9	10
Would not do me any good	13	13	13	13
Too late / too old	11	10	10	17
Too much effort	5	4	6	4
Other reasons	5	5	5	3
Confused about how to change	4	3	4	6
Influence of family	4	4	5	5
Don't know	2	2	2	2

\* Weighted according to population size

**Table A6.14:** Reasons given for not making dietary changes by EU adults, 55 years and over, answering “No” to the question “Have you changed your eating habits to try to eat healthier?”, classified according to attitudes towards eating and drinking.

	EU Average*	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty of healthy things such as fruit and vegetables	I can eat and drink anything as long as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
I think my diet is healthy enough	79	91	85	79	59	42
I never thought about it	20	14	20	21	25	28
I could not be bothered	13	7	9	10	27	18
Changing my diet would not do me any good	13	13	14	10	12	12
Too late / too old to start making changes	11	8	10	14	16	16
I am confused about the correct way to alter my diet	4	2	4	5	3	6

\* Weighted according to population size

**Table A6.15:** Reasons given for not making dietary changes by EU adults, 55 years and over, answering “No” to the question “Have you changed your eating habits to try to eat healthier?”, classified according to attitudes towards different diet and health issues.

	EU Average*	Healthy eating means giving up the things I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland than they used to	There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	I avoid certain foods now as I find them difficult to chew
I think my diet is healthy enough	79	69	84	79	75	77
I never thought about it	20	23	18	19	22	16
I could not be bothered	13	18	9	14	15	14
Changing my diet would not do me any good	13	11	12	12	13	12
Too late / too old to start making changes	11	12	9	11	14	18
I am confused about the correct way to alter my diet	4	4	5	4	4	4

\* Weighted according to population size



## **CHAPTER 7**

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### **THE SOCIAL CONTEXT OF EATING**





## CHAPTER 7 - SUMMARY

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### THE SOCIAL CONTEXT OF EATING

#### Rationale

The elderly are often shown to be less likely to eat outside the home or in the company of others than are the younger adults within the EU (Kearney *et al.*, 2001). Yet the benefits they derive in terms of social contact and meal enjoyment are thought to be similar to those of the younger adults (de Castro, 2002). In fact, owing to the high degree of social isolation that frequently accompanies ageing, it is possible that eating with others may actually be more important and of greater benefit to the aged. It is likely that meal preparation and consumption is very much an individual task for those elderly living alone and the benefits and enjoyment conferred by eating in company is rarely experienced. As a result, the frequency of eating with others may impact attitudes towards food, timing of meals and the types of food eaten.

In this section, respondents were asked to select the response which relates most to the frequency with which they eat with others (excluding those they live with). The subsequent groups were then investigated for variation within geographic and demographic domains and according to attitudes to food and health, influences on food choice and incidence of dietary change.

#### Summary of Findings

Table 7.1 illustrates the frequency of eating with others reported by EU adults 55 years and older (not counting those they live with).

**Table 7.1:** Frequency of eating with others among EU adults 55 years and above.

Frequency of eating with others (not counting those they live with)	EU average %
Almost daily	4
At least weekly	25
At least monthly	30
Less than monthly	33
No friends or family outside the home	6

Within the overall figures, however, frequency of eating with others was subject to wide inter-country variation. In Denmark and Austria for example, 43% and 42% respectively reported to eat out with others (not counting those they live with) either “almost daily” or “almost weekly”. In comparison, just 17% in Finland and 9% in the Netherlands reported eating with others this frequently. The frequency of eating with others tended to decrease with increasing age and increase with an increase in level of education attained. In addition, as household number decreased, frequency of eating with others increased.

Having no friends or family outside the home was subject to wide inter-country variation, ranging from 21% in Spain to less than 1% in Denmark (COV = 94). It was also noted that having no friends or relatives outside the home was more common among those aged 75 years and above, compared with those aged 55-64 years, and was reported more widely among those educated to primary level only compared with those educated to tertiary level.

Upon investigation of the incidence of having “no friends or relatives outside the home” among those living alone, wide inter-country variation was again observed (COV = 141). Throughout the entire EU sample this was reported by 8% of single older adults. However, while no single respondents in Denmark, Ireland and Luxembourg reported having “no friends or relatives outside the home”, the incidence in Spain and France was 31% and 25% respectively. Indeed, Spain, France and Italy accounted for 70% of the entire EU sample reporting to both live alone and have no friends or family outside the home.

## **KEY FINDINGS**

- Almost one third of the older EU sample reported eating with friends or relatives (not counting those they live with) less frequently than once a month.
- The frequency of eating with others was subject to wide inter-country variation, however, those eating out infrequently were more likely to be the oldest and least educated respondents.
- Of the entire EU sample, 8% of older adults who lived alone reported having “no friends or relatives outside the home”. This was subject to wide inter-country variation, with 70% of such respondents concentrated in Spain, France and Italy.
- There was an association between having no friends or family outside the home and reporting to have no interest in food and answering “no” to the question “have you changed your eating habits to try to eat healthier?”.

For detailed information refer to Tables A7.1-A7.9 at the end of Chapter 7

## IMPLICATIONS

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Eating in the company of others was shown in this study to be positively related to one's interest in food and healthy eating. Older adults reporting to have no interest in food were least likely to eat with others frequently, and were most likely to have no friends and relatives outside the home. In addition, those reporting to have "no friends or relatives outside the home" were less likely to have made changes towards a healthier diet. Having no friends or relatives outside the home and eating infrequently with others may therefore be a function of one another. Hence, aiming to increase one may produce a simultaneous rise in the other, with beneficial impacts on health, well being and general quality of life. Focussing on increasing social networks for elderly Europeans and incorporating food provisioning, preparation and consumption with that of social interaction, might therefore be important in order to evoke an interest in, and create a positive attitude towards, diet, food and health.

The frequency of eating with others was subject to wide inter-country variation. This was particularly true in terms of the reported frequency of having "no friends or relatives outside the home". This situation impacts not only on the social context of eating, but also many other activities which may enhance the quality of life, particularly for those living alone. Regardless of whether the individual lives alone, with a partner, or with family members, however, having no social circle external to the home may strongly impact one's ability to cope upon death of a spouse or loss of family members and friends. Thus, in those countries where a relatively high percentage of older adults indicated having "no friends or relatives", it is particularly important to address the broader social implications. Strategies to promote opportunities for social interaction and activities within the older population should be employed. Providing places to meet, clubs and organising social events and other such activities may be one means of increasing the social contacts of this group.

Although culture and tradition may play a large role in the incidence and degree of social isolation of the elderly in specific countries, it may be useful to look towards those countries where lack of friends outside the home was not an issue, such as in Denmark and Sweden, in order to help to determine how to address these problems.



# Chapter 7 -Tables



**Table A7.1:** Frequency of eating with friends or relatives(not counting those you live with) reported by EU adults 55 years and over (presented by frequency of selection within countries).

Almost daily	%	At least weekly	%	At least monthly	%	Less than monthly	%	No friends or relatives outside the home	%
Belgium	14	Denmark	36	Sweden	44	Netherlands	52	Spain	21
Portugal	10	Austria	33	Denmark	42	Finland	46	Netherlands	20
Austria	9	Sweden	32	Germany	39	Spain	38	Portugal	10
Denmark	7	UK	32	France	33	Germany	36	Belgium	8
Ireland	6	Ireland	31	Greece	33	Ireland	34	France	7
Sweden	6	Italy	31	Luxembourg	33	Italy	36	Greece	7
Luxembourg	5	Portugal	31	Finland	32	UK	33	Luxembourg	6
France	4	France	27	Austria	30	Portugal	31	Finland	5
Germany	4	Greece	27	Italy	27	Greece	29	Italy	4
Greece	4	Luxembourg	27	UK	27	Luxembourg	29	UK	4
Italy	4	Belgium	25	Ireland	26	France	28	Ireland	3
Finland	3	Spain	19	Belgium	25	Belgium	27	Austria	2
Spain	3	Germany	18	Netherlands	20	Austria	24	Germany	2
UK	3	Finland	14	Spain	19	Sweden	16	Sweden	1
Netherlands	2	Netherlands	7	Portugal	14	Denmark	15	Denmark	-
EU average*	4		25		30		33		6
Coefficient of variation	58		31		28		31		94

\* Weighted according to population size

**Table A7.2a:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by demograph age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
Almost daily	4	4	5	5	4	4	4	4	6	5	4	5
At least weekly	25	24	26	27	24	24	24	25	29	31	23	20
At least monthly	30	30	30	33	32	23	27	34	38	26	33	30
Less than monthly	33	35	32	31	34	37	36	32	24	30	34	39
No friends or relations	6	6	7	5	6	10	8	5	3	8	6	5
Don't know	1	1	1	1	1	1	1	1	-	1	-	1

\* Weighted according to population size

**Table A7.2b:** Frequency of eating with friends or relatives(not counting those you live with) reported by EU adults 55 years and over, classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤4 meals/wk	>4 meals/wk
%		53	47	76	24	27	73
Almost daily	4	4	5	4	6	5	4
At least weekly	25	27	23	25	26	25	25
At least monthly	30	29	32	29	33	29	31
Less than monthly	33	32	35	34	32	35	33
No friends or relations	6	8	5	7	3	6	7
Don't know	1	1	1	1	1	1	-

\* Weighted according to population size

**Table A7.3a:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by gender (presented by frequency of selection within countries).

	Almost daily %		At least weekly %		At least monthly %		Less than monthly %		No friends or relatives outside the home %	
Gender %	M	F	M	F	M	F	M	F	M	F
Austria	8	10	31	35	35	27	25	24	1	3
Belgium	11	17	24	26	28	22	27	28	10	7
Denmark	8	6	31	41	43	41	18	12	-	-
Finland	3	3	11	16	29	35	50	44	8	2
France	4	4	26	28	38	29	27	30	5	9
Germany	5	4	20	17	32	45	42	32	1	2
Greece	3	4	27	28	39	27	24	33	6	9
Ireland	8	6	23	38	27	25	41	28	2	4
Italy	3	6	30	33	31	25	35	31	2	5
Luxembourg	6	3	25	29	31	36	31	27	6	5
Netherlands	2	2	6	8	18	22	53	50	21	19
Portugal	9	12	34	30	19	10	29	36	9	11
Spain	5	1	21	17	18	20	36	40	20	22
Sweden	8	5	26	37	46	43	18	14	1	1
UK	3	4	29	35	28	26	35	32	5	3
EU average*	4	5	24	26	30	30	35	32	6	7

\* Weighted according to population size

**Table A7.3b:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by age (presented by frequency of selection within countries).

	Almost daily %			At least weekly %			At least monthly %			Less than monthly %			No friends or relatives outside the home %		
Age %	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	7	7	15	37	33	28	33	33	23	21	25	29	2	2	5
Belgium	14	13	17	26	26	19	29	23	20	24	29	31	6	8	13
Denmark	5	10	6	41	35	31	38	43	47	16	12	15	0	0	1
France	4	4	3	29	31	19	37	32	29	24	27	38	7	6	12
Germany	4	3	8	19	15	25	42	43	22	33	37	44	2	2	2
Greece	2	4	6	32	25	22	36	32	27	28	33	25	2	7	20
Ireland	8	5	4	32	33	26	26	28	20	32	30	46	2	4	4
Italy	5	5	2	36	28	25	28	28	25	30	34	36	1	4	11
Luxembourg	4	3	10	23	30	33	40	33	14	26	30	33	6	5	10
Netherlands	2	2	2	9	5	6	15	22	26	55	48	50	19	22	16
Portugal	11	11	9	35	30	29	20	10	10	26	37	41	8	13	11
Spain	3	3	2	25	14	17	23	19	14	36	42	36	13	22	31
Sweden	9	3	6	32	39	23	46	43	43	11	14	25	1	0	2
UK	5	3	2	29	33	37	31	28	21	32	33	37	4	4	4
EU average*	5	4	4	27	24	24	33	32	23	31	34	37	5	6	10

\* Weighted according to population size



**Table A7.3c:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by level of education (presented by frequency of selection within countries).

	Almost daily %			At least weekly %			At least monthly %			Less than monthly %			No friends or relatives outside the home %		
Education %	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Primary (P)															
Secondary (S)															
Further Education (T)															
Austria	13	8	3	24	37	45	30	28	41	29	24	11	4	2	-
Belgium	14	15	14	26	19	41	21	26	29	30	30	10	8	10	4
Denmark	8	5	10	30	35	52	46	45	28	16	14	10	-	-	-
Finland	3	1	6	10	23	17	29	37	45	52	35	33	5	5	-
France	3	4	6	23	28	33	26	39	37	35	25	21	12	3	3
Germany	4	4	4	20	14	16	37	48	42	37	32	35	2	1	3
Greece	4	3	3	27	28	26	29	39	40	31	26	24	8	5	6
Ireland	5	7	10	26	34	41	22	32	19	43	24	30	4	2	-
Italy	5	3	15	34	23	16	26	26	61	31	43	7	4	4	-
Luxembourg	2	6	20	18	29	20	33	39	20	36	24	40	11	2	-
Netherlands	3	1	3	6	7	10	8	23	35	52	52	49	31	17	4
Portugal	9	18	-	29	41	50	13	18	24	33	19	26	11	4	-
Spain	2	3	20	16	32	19	17	26	31	40	32	18	24	6	13
Sweden	7	2	12	29	35	40	43	51	39	20	11	8	1	1	2
UK	3	3	4	32	29	39	19	29	34	39	34	21	4	4	2
EU average*	4	4	6	24	25	29	27	34	38	36	32	24	8	5	3

\* Weighted according to population size

**Table A7.3d:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by number of people in household (presented by frequency of selection within countries).

	Almost daily %			At least weekly %			At least monthly %			Less than monthly %			No friends or relatives outside the home %		
Household composition %	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	10	8	19	44	28	20	24	36	20	21	27	29	2	2	11
Belgium	8	19	15	34	19	22	20	27	26	24	29	34	14	5	2
Denmark	9	4	8	36	38	30	40	45	35	15	13	28	-	-	-
Finland	3	2	9	18	11	6	34	32	17	39	51	68	7	3	-
France	5	4	-	32	24	28	21	40	35	31	27	29	12	4	8
Germany	6	3	6	24	17	14	38	41	37	31	38	40	1	2	4
Greece	1	5	3	27	28	27	19	35	35	34	25	32	19	7	-
Ireland	11	4	4	31	31	31	22	30	23	34	32	38	2	3	3
Italy	4	4	5	27	41	22	26	25	31	33	26	40	9	3	1
Luxembourg	6	2	7	42	15	34	26	37	31	19	43	17	6	2	10
Netherlands	2	2	2	18	4	1	25	23	6	38	53	64	17	18	27
Portugal	9	8	19	42	31	21	17	12	18	24	37	34	9	12	8
Spain	4	2	-	24	17	18	22	18	17	28	43	44	23	20	21
Sweden	11	2	-	32	33	18	38	51	39	17	13	43	1	1	-
UK	5	3	2	43	26	26	18	34	26	31	34	41	4	4	5
EU average*	5	4	5	31	23	20	26	33	30	30	34	39	8	6	5

\* Weighted according to population size

**Table A7.3e:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by location (presented by frequency of selection within countries).

Location %	Almost daily %		At least weekly %		At least monthly %		Less than monthly %		No friends or relatives outside the home %	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Austria	14	14	25	26	23	29	30	22	8	8
Belgium	6	8	38	33	42	42	14	17	-	-
Denmark	2	4	16	10	35	27	42	54	5	5
Finland	4	3	28	24	34	30	26	35	7	8
France	4	3	28	24	34	30	26	35	7	8
Germany	3	4	18	19	44	38	33	37	1	2
Greece	4	-	27	-	33	-	29	-	7	-
Ireland	5	8	30	32	28	23	33	35	3	2
Italy	4	5	29	33	28	27	35	31	4	4
Luxembourg	6	3	28	27	32	34	30	29	4	7
Netherlands	2	2	9	5	23	18	48	54	18	20
Portugal	8	13	41	23	15	14	26	39	10	10
Spain	2	4	15	27	19	19	40	35	24	15
Sweden	7	3	29	41	44	46	18	10	1	-
UK	4	2	35	24	25	34	33	36	4	4
EU average*	4	5	27	23	29	32	32	35	8	5

\* Weighted according to population size

**Table A7.3f:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by working status (presented by frequency of selection within countries).

Working Status %	Almost daily %		At least weekly %		At least monthly %		Less than monthly %		No friends or relatives outside the home %	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	11	6	33	52	28	25	26	11	2	6
Belgium	12	25	24	31	26	18	29	20	9	7
Denmark	7	6	34	42	44	37	14	15	-	-
Finland	3	2	14	11	31	35	46	49	5	2
France	4	5	27	26	33	36	28	29	8	4
Germany	4	5	17	21	40	38	37	35	2	1
Greece	5	2	27	27	29	42	31	25	9	4
Ireland	5	9	32	28	25	28	35	33	3	3
Italy	4	7	32	29	27	30	33	32	4	1
Luxembourg	6	5	21	27	37	36	32	27	4	5
Netherlands	2	4	6	11	20	20	51	52	21	14
Portugal	10	11	33	30	14	17	32	34	11	9
Spain	2	6	18	23	17	31	40	31	24	8
Sweden	5	12	33	30	43	50	18	8	1	-
UK	3	4	32	32	27	28	34	32	4	3
EU average*	4	6	25	26	29	33	34	32	7	3

\* Weighted according to population size

**Table A7.3g:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by number meals prepared per week (presented by frequency of selection within countries).

	Almost daily %		At least weekly %		At least monthly %		Less than monthly %		No friends or relatives outside the home %	
No. of meals prepared/wk %	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk
Austria	16	7	38	32	25	32	16	27	6	2
Belgium	16	14	24	25	20	26	28	27	12	7
Denmark	12	6	36	36	38	43	12	15	1	-
Finland	11	2	9	14	36	32	37	47	7	5
France	3	5	26	28	32	34	32	24	7	8
Germany	5	4	21	18	36	41	39	35	-	2
Greece	3	4	29	26	25	38	31	28	11	5
Ireland	15	5	33	31	19	27	28	35	4	3
Italy	4	5	28	33	28	27	37	31	3	4
Luxembourg	5	4	24	29	37	31	26	31	8	4
Netherlands	2	2	6	7	19	21	50	52	24	18
Portugal	31	9	41	31	16	15	10	35	3	11
Spain	3	3	34	16	11	21	37	39	15	22
Sweden	15	5	25	33	32	46	24	15	3	1
UK	9	3	30	33	22	28	31	34	7	3
EU average*	5	4	25	25	29	31	35	33	6	7

\* Weighted according to population size

**Table A7.4:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified by reported dietary habits.

	EU average*	I can eat anything I like	I have made an effort to cut down on a few things	Due to medical reasons I am limited as to what foods I can eat
%		42	34	24
Almost daily	4	5	3	5
At least weekly	25	26	25	25
At least monthly	30	30	35	24
Less than monthly	33	33	32	37
No friends or relations	6	7	4	8
Don't know	1	-	1	1

\* Weighted according to population size

**Table A7.5:** Frequency of eating with friends or relatives (not counting those you live with) reported by EU adults 55 years and over, classified according to attitudes to eating and drinking.

	EU Average *	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty of healthy things such as fruit and vegetables	I can eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
Almost daily	4	5	4	5	5	7
At least once a week	25	23	28	30	25	20
At least once a month	30	29	33	29	29	29
Or less often than once a month	33	35	31	33	36	33
No friends / relatives	6	8	5	3	6	11

\* Weighted according to population size

**Table A7.6:** Incidence of dietary change reported by EU adults, 55 years or over, classified according to frequency of eating with friends or relatives

	EU Average*	Almost daily	At least once a week	At least monthly	Less than monthly	No friends or relatives outside the home
"Yes" have changed your eating habits to try to eat healthier	47	45	48	51	46	37
"No" have not changed your eating habits to try to eat healthier	53	55	52	49	54	63

\* Weighted according to population size

**Table A7.7a:** Percentage of single, older adults, 55 years or over, stating that they have "no friends or relatives outside the home", classified by country

	%
Austria	1
Belgium	6
Denmark	-
Finland	2
France	25
Germany	2
Greece	3
Ireland	-
Italy	14
Luxembourg	-
Netherlands	6
Portugal	2
Spain	31
Sweden	1
UK	8
EU average*	8
COV	141

\*Weighted according to population size

**Table A7.7b:** Percentage of single, older adults, 55 years and over, stating that they have "no friends or relatives outside the home", classified by demographic details (gender, age, education, location, work activity and number of meals prepared per week)

	Sex		Age (yrs.)			Education		
	Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary
%	44	56	41	38	21	60	27	13
Single older adults stating that they have "no friends or relatives outside the home"	30	70	19	26	56	74	19	7

\* Weighted according to population size

	Location		Work Activity		Number of meals prepared per week	
	U	R	Retired	Working full/part time	< 4 meals/wk	> 4 meals/wk
%	53	47	76	24	27	73
Single older adults stating that they have "no friends or relatives outside the home"	72	28	93	7	26	74

\* Weighted according to population size

**Table A7.8:** Percentage of single, older adults, 55 years or over, stating that they have “no friends or relatives outside the home”, classified by dietary habits

	I can eat anything I like	I have made an effort to cut down on a few things	Due to medical reasons I am limited as to what foods I can eat
<b>EU Average*</b>	<b>42</b>	<b>34</b>	<b>24</b>
Single older adults stating that they have “no friends or relatives outside the home”	45	23	32

\* Weighted according to population size

**Table A7.9:** Percentage of single, older adults, 55 years or over, stating that they have “no friends or relatives outside the home”, classified by attitudes to eating and drinking.

	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty of healthy things such as fruit and vegetables	I can eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
<b>EU Average *</b>	<b>40</b>	<b>40</b>	<b>4</b>	<b>14</b>	<b>2</b>
Single older adults stating that they have “no friends or relatives outside the home”	47	30	2	17	4

\* Weighted according to population size



## **CHAPTER 8**

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### **SELF-PERCEIVED BODY WEIGHT AND ESTIMATED BODY MASS INDEX (BMI)**





## CHAPTER 8 - SUMMARY

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### Self-perceived body weight and estimated Body mass index (BMI)

#### Rationale

Obesity and over-weight are ever growing problems in the Western world. Excess weight contributes to many life-style related diseases, including heart disease, stroke, hypertension and diabetes. Due to the increased health risks that accompany ageing, maintaining a “desirable” body weight may be of particular importance to this population group. However, how people perceive their own body weight may not necessarily be compatible with their actual body weight. In addition, feelings about weight may change with age, while body shape itself invariably undergoes many age-related transitions. There may be less pressure to conform to certain social ideals and what is deemed to be an “acceptable” weight may differ, both among different age groups and from country to country. These factors may influence ones perception of being over-weight or obese.

The aim of this section was to estimate the prevalence of over-weight and obesity among older adults in all 15 EU countries, whilst also investigating the degree of association between perceived and estimated body-weight. Firstly, respondents were asked to select one of five statements which best describes how they feel about their own body-weight. Self-estimated heights and weights were also recorded, and from these an estimated BMI value was calculated for each respondent. The association between perceived and estimated measures of body-weight were subsequently investigated, as was variation between both demographic and geographic groups. In addition, both perceived and estimated body weight measures were investigated according to attitudes towards food and the incidence of dietary change.

(It should be noted that BMI categories were calculated from estimated height and weight measures given by respondents and so may not accurately represent the individuals actual BMI. Hence results should be viewed with caution).

#### Summary of Findings

##### 1. SELF-PERCEIVED BODY WEIGHT

Of the entire EU sample, 45% of respondents perceived their weight as being “about right” with little inter-country variation in selection of this option (COV = 5) (Table 8.1). Those perceiving their weight to fall into this category were more likely to be male than female and more likely to be in the oldest age group (75 years plus) compared with younger adults. In addition, the percentage perceiving their weight to be “about right” decreased with increasing household number.

Perceiving oneself to be “considerably over-weight” was more prevalent among females than males and decreased with increasing age. Similarly, the percentage of respondents considering themselves to be “slightly over-weight” decreased with increasing age.

Only a small percentage of older EU adults (4%) considered themselves to be under-weight.

**Table 8.1:** Self-perceived body weight categories reported by EU adults 55 years and over.

Self-perceived body weight	EU average %
I am slightly/considerably under-weight	4
My weight is about right	45
I am slightly over-weight	40
I am considerably over-weight	11

Respondents perceiving their weight to be “slightly/considerably under-weight” or “about right” were most likely to report the dietary habit “I can eat anything I like” (see Chapter 2 for investigation of dietary habits). Moreover, individuals perceiving themselves as “under-weight” were most likely to report “I am not interested in food” and “I can eat and drink anything I like as long as I take plenty of exercise” and least likely to report “I don’t worry as long as I eat plenty of healthy foods” (attitudes examined in Chapter 3).

Individuals perceiving themselves to be “considerably over-weight” or “slightly/considerably underweight” were more likely to have the attitude “healthy eating means giving up the foods I enjoy” than those perceiving their weight to be “about right” or “slightly overweight”.

In addition, an increase in perception of weight was associated with an increased interest in “finding out more about healthy eating”.

Dietary change towards healthier eating was more likely to occur among eating individuals perceiving themselves to be “slightly” or “considerably over-weight” than those perceiving their weight to be “about right” or “slightly/considerably under-weight”

## 2. ESTIMATED BODY MASS INDEX (BMI)

Table 8.2 illustrates the percentage of respondents in each estimated BMI category (calculated from respondent’s self-estimated heights and weights) among the entire sample of older EU adults.

**Table 8.2:** Estimated BMI categories of EU adults, 55 years and above.

Estimated BMI categories	EU average %
Under-weight (BMI <20)	3
Normal-weight (BMI 20 – 24.99)	38
Over-weight (BMI 25 – 29.99)	43
Obese (BMI >30)	16

Respondents estimated to be “over-weight” were more likely to be male than female, aged between 65 and 74 years and living with at least one other person. “Obesity”, however, was least prevalent among those aged 75 years and over and educated to tertiary level.

The dietary habit of “I can eat anything I like” decreased in popularity with an increase in estimated BMI whilst the attitude “I have made an effort to cut down a few things” showed the opposite trend.

Individuals estimated as “under-weight” were more likely to report “I am not interested in food” and “I only eat and drink things that are good for my health” compared with those in the other BMI category groups. On the other hand, “over-weight” and “obese” individuals were more likely to agree “healthy eating means giving up the foods I enjoy”. Similarly an “interest in finding out more about healthy eating” increased in popularity as BMI increased.

In terms of dietary change, individuals who reported they had changed their diets to try to eat more healthily, were more likely to have estimated BMI’s suggesting that they were either “over-weight” or “obese”.

Comparing self-perceived and estimated body weight revealed a tendency for individuals to underestimate their weight. This was particularly notable in Greece, Portugal and Spain where 26%, 21% and 18% respectively perceived themselves to belong to a lower BMI category than that suggested by their estimated BMI. In addition, investigation of estimated BMI revealed that 30% of respondents who perceived their weight to be “about right” were actually over-weight according to estimated BMI calculations and 55% of those perceiving themselves to be under-weight were actually estimated to be of normal weight.

## KEY FINDINGS

- Both self-perceived body weight and estimated BMI levels suggest that the percentage of over-weight and obese older adults, decreased with increasing age, while the percentage of normal-weight adults increased with age.
- Although females were more likely than males to perceive themselves as over-weight, estimated BMI revealed that males were more likely to actually be over-weight than were females
- The dietary habit “I can eat anything I like” was associated more with perception of ones weight being “about right” or “slightly/considerably underweight” and with having an estimated BMI within the “normal” or “under-weight” range.
- Both perceiving ones self to be “under-weight” and having an estimated weight below the normal range was associated with the attitude “I am not interested in food”
- The attitude “healthy eating means giving up the foods I enjoy” was more prevalent among individuals perceiving themselves to be “slightly over-weight” or “considerably over-weight”. Likewise, this attitude was more common among those who were estimated as “over-weight” or “obese” than among “normal” or “under-weight” individuals.
- Dietary change was more likely to have occurred among both self-perceived and estimated “over-weight” or “obese” individuals than among those suggested to be of “normal” weight or under-weight.
- Self-perception of body weight and estimated body weight followed similar patterns; however, in general there was a tendency for individuals to underestimate their weight.
- Underestimation of body weight was particularly prominent in countries such as Greece, Spain and Portugal, who reported the highest percentage of individuals estimated to be “over-weight” or “obese”

For detailed information refer to Tables A8.1-A8.16 at the end of Chapter 8



## IMPLICATIONS

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While maintaining a desirable weight is important to help reduce the risk of disease at any age, within the older population the implications of being over-weight are equally, if not more, important than for younger people. Strategies to educate the older population of the risks associated with being over-weight must be directed specifically at this group to ensure that they understand that the benefits of maintaining a desirable weight go beyond the aesthetic and are important regardless of age.

Many overweight individuals appeared to be of the opinion that healthy eating means giving up foods which they enjoy. This suggests that the over-weight elderly may dismiss many healthy foods as being boring or tasteless and may be unaware of healthy alternatives to their favourite foods. Promoting not only the health values of certain foods, but taste and enjoyment aspects, may help to increase the profile of foods which are often viewed with negativity in terms of taste and enjoyment.

One important finding was that the estimated prevalence of over-weight and obesity among older individuals was greater than the self-perceived level. This was particularly true in those countries where over-weight and obesity appeared to be most widespread and implies that perceptions of what might be categorised as over-weight or obese differs from country to country and is subject to the level of social acceptance and the actual prevalence of over-weight in individual countries. In addition, positive dietary change was more common among those considering themselves to be over-weight or obese. Providing information for older people on the weight-to-height ratio above which is associated with an increased risk of health problems, may encourage maintenance of a healthy weight and a more realistic perception of one's body weight. This may in turn encourage positive dietary change, which would not otherwise occur among those individuals perceiving their weight to be in the desirable range. It must be stressed, however, that weight loss diets and healthy eating do not always go hand-in-hand and weight-reducing diets must be undertaken with professional supervision and support, particularly among older more vulnerable adults.

Having a false perception of one's own body-weight may have different implications for males and females. Females of normal weight were more likely than males to perceive themselves over-weight, whereas males were more inclined to under-estimate their body weight.

It is important that both older males and females have a realistic perception of their own body image. If a female perceives herself as over-weight, despite being within the normal range, she may restrict energy intake, thereby unnecessarily and adversely affecting health. Conversely, for some over-weight older men, the perception that they are of an acceptable weight may again compromise health as they may perceive it unnecessary to make positive dietary changes.

Although only a small percentage of the older EU adult population was estimated to be "under-weight", the implications of being under-weight, particularly in old age, should not be ignored. The food intake of "under-weight" individuals is inadequate to maintain a "normal" body weight and so the body's supply of vital nutrients may be compromised. Lack of interest in food was associated with being under-weight, which compounds the difficulties in ensuring adequate nutrition for this group of older individuals. Maintaining an interest in food by providing attractive, yet nutritious foods and by widening social networks, particularly in relation to food provisioning and consumption, may be effective in maintaining food intake and ensuring adequate nutrient balance among the elderly.

Diet and physical activity are inextricably linked in terms of health benefits and their contribution to weight loss and maintenance. However, as a decrease in physical activity is common with increasing age, it is also important to incorporate strategies to promote physical activity participation with dietary recommendations for this population group.

## **Chapter 8 - Tables**





Table A8.1: Self-perceived body-weight categories selected by EU adults, 55 years and over.

I am considerably under-weight	%	I am slightly under-weight	%	My weight is about right	%	I am slightly over-weight	%	I am considerably over-weight	%
Luxembourg	2	Austria	6	Denmark	49	Italy	42	Spain	17
Netherlands	2	Sweden	6	Germany	48	Luxembourg	42	Belgium	15
Austria	1	Belgium	5	Portugal	47	Netherlands	42	Finland	14
Belgium	1	Ireland	5	Sweden	47	UK	42	Greece	13
Ireland	1	Portugal	5	France	46	Germany	41	France	12
Sweden	1	Denmark	4	Greece	46	Finland	39	Ireland	12
UK	1	Finland	4	Ireland	46	France	39	Austria	11
Denmark	-	Italy	4	Austria	45	Austria	38	Denmark	11
Finland	-	Spain	4	Belgium	44	Sweden	38	Portugal	11
France	-	UK	4	Italy	44	Greece	37	Italy	10
Germany	-	Germany	3	Spain	44	Denmark	36	Luxembourg	10
Greece	-	Greece	3	Finland	43	Belgium	35	Netherlands	10
Italy	-	Luxembourg	3	UK	43	Ireland	35	UK	10
Portugal	-	Netherlands	3	Luxembourg	42	Portugal	35	Sweden	9
Spain	-	France	2	Netherlands	42	Spain	35	Germany	7
EU average*	-		4		45		40		11
Cov	13		30		5		7		22

\* Weighted according to population size

Table A8.2a: Self-perceived body-weight categories selected by EU adults 55 years and over, classified by demographic details (age, gender and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
I am considerably / slightly under-weight	4	4	4	3	3	7	4	5	3	6	3	1
My weight is about right	45	50	41	40	43	58	47	42	43	49	44	41
I am slightly over-weight	40	38	42	44	42	28	38	43	43	36	42	44
I am considerably over-weight	11	8	13	12	11	7	10	11	11	10	11	11

\* Weighted according to population size

Table A8.2b: Self-perceived body-weight categories selected by EU adults 55 years and over, classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Activity		Number of Meals prepared/wk	
		Urban	Rural	Retired	Working full/part time	≤4 meals/wk	>4 meals/wk
%		53	47	76	24	27	73
I am considerably / slightly under-weight	4	5	4	4	4	4	4
My weight is about right	45	44	46	46	43	45	45
I am slightly over-weight	40	40	40	39	42	41	40
I am considerably over-weight	11	11	10	10	11	10	11

\* Weighted according to population size

**Table A8.3a:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by gender.

Gender %	I am considerably / slightly under-weight		My weight is about right for my age		I am slightly over-weight		I am considerably over-weight	
	M	F	M	F	M	F	M	F
Austria	7	7	45	44	36	39	12	10
Belgium	7	4	42	45	37	33	13	16
Denmark	5	4	52	46	35	36	7	14
Finland	5	4	46	40	36	41	12	15
France	3	2	53	41	35	43	9	13
Germany	2	4	50	46	41	42	8	7
Greece	2	4	52	42	35	40	11	15
Ireland	6	6	48	45	33	36	11	13
Italy	3	6	50	39	42	42	5	14
Luxembourg	2	6	44	41	44	42	10	8
Netherlands	9	5	33	36	48	46	9	13
Portugal	4	6	51	42	34	35	9	13
Spain	6	4	54	36	30	38	11	21
Sweden	5	8	51	44	36	40	8	9
UK	6	5	50	38	39	45	5	13
EU average*	3	4	50	41	38	42	8	13

\* Weighted according to population size

**Table A8.3b:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by age.

Age %	I am considerably / slightly under-weight			My weight is about right for my age			I am slightly over-weight			I am considerably over-weight		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	5	9	6	43	39	53	41	41	29	10	10	12
Belgium	4	6	7	37	43	59	39	35	27	20	15	6
Denmark	6	4	4	41	47	63	36	43	27	17	6	7
Finland	3	5	5	41	38	51	39	42	35	16	15	9
France	3	2	2	41	42	62	41	43	29	15	12	6
Germany	2	3	6	48	42	64	43	46	25	7	9	5
Greece	2	4	4	43	43	59	40	41	26	14	13	11
Ireland	4	6	8	42	43	59	40	39	19	13	11	11
Italy	4	2	12	42	45	48	46	43	27	8	10	13
Luxembourg	6	6	10	38	35	62	42	53	19	15	8	5
Netherlands	6	4	14	27	40	42	53	45	37	14	11	6
Portugal	5	6	7	39	52	55	40	34	23	13	8	12
Spain	5	2	9	32	52	51	44	27	31	20	19	9
Sweden	6	3	10	40	46	58	45	41	26	9	10	6
UK	4	6	4	32	37	65	49	47	27	15	9	3
EU average*	3	3	7	40	43	58	44	42	28	12	11	7

\* Weighted according to population size

**Table A8.3c:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by level of education.

Education % Primary (P) Secondary (S) Further Education (T)	I am considerably / slightly under-weight			My weight is about right for my age			I am slightly over- weight			I am considerably over-weight		
	P	S	T	P	S	T	P	S	T	P	S	T
Austria	6	6	12	43	46	45	41	36	36	10	12	7
Belgium	6	6	5	48	40	45	34	36	34	12	18	15
Denmark	5	4	4	55	43	50	31	41	29	7	11	16
Finland	3	2	13	41	44	51	39	42	27	15	12	9
France	2	4	2	49	43	43	37	38	45	12	14	9
Germany	3	4	-	47	55	43	42	37	44	7	4	13
Greece	2	5	-	47	44	47	36	38	43	14	13	9
Ireland	8	3	6	50	44	37	27	43	37	13	9	19
Italy	4	2	17	46	36	45	40	54	30	10	7	8
Luxembourg	6	2	17	48	44	33	35	44	33	11	10	-
Netherlands	6	9	4	36	31	39	47	45	52	10	15	5
Portugal	5	8	-	46	51	62	35	34	38	12	6	-
Spain	6	2	7	45	42	38	32	44	50	18	12	5
Sweden	7	5	6	48	44	49	38	38	39	7	13	6
UK	5	6	1	53	36	42	37	46	42	4	12	14
EU average*	4	5	3	47	42	43	38	43	43	10	11	11

\* Weighted according to population size

**Table A8.3d:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by household composition.

No. in household %	I am considerably / slightly under-weight			My weight is about right for my age			I am slightly over-weight			I am considerably over- weight		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	5	8	10	50	42	36	35	39	45	9	12	10
Belgium	8	6	-	52	40	32	27	39	47	13	15	21
Denmark	6	3	4	54	43	51	27	45	26	13	8	20
Finland	3	4	5	42	45	33	39	38	46	14	13	16
France	4	2	1	46	46	41	37	40	45	12	12	12
Germany	3	3	2	51	47	45	39	42	46	7	8	6
Greece	1	5	2	53	49	41	34	36	40	11	11	17
Ireland	7	7	3	53	46	40	25	40	37	13	6	19
Italy	5	4	5	51	40	44	35	45	44	10	12	7
Luxembourg	3	4	8	55	38	32	26	49	50	13	9	11
Netherlands	10	5	10	43	34	27	43	49	47	5	12	17
Portugal	3	7	6	53	43	47	33	35	36	8	13	9
Spain	10	2	8	39	48	29	32	36	35	19	14	29
Sweden	7	5	5	52	41	59	34	43	27	6	11	9
UK	8	3	2	50	40	33	35	46	46	7	10	18
EU average*	6	3	2	49	44	41	36	42	44	10	11	11

\* Weighted according to population size

**Table A8.3e:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by location.

Location %	I am considerably / slightly under-weight		My weight is about right for my age		I am slightly over-weight		I am considerably over-weight	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Austria	9	5	44	45	35	41	11	10
Belgium	5	10	46	39	34	37	15	15
Denmark	3	8	46	55	38	30	13	7
Finland	5	1	44	41	37	41	12	16
France	3	2	45	49	40	37	12	12
Germany	3	3	45	49	46	41	6	8
Greece	3	-	46	-	37	-	13	-
Ireland	2	4	45	49	35	34	13	11
Italy	2	5	18	26	46	40	7	11
Luxembourg	4	5	56	31	29	53	10	9
Netherlands	10	4	40	31	41	52	9	13
Portugal	6	5	40	54	44	25	10	11
Spain	6	4	47	37	30	42	17	16
Sweden	7	6	47	46	38	39	8	9
UK	5	4	42	47	42	42	11	6
EU average*	5	4	44	46	40	40	11	10

\* Weighted according to population size

**Table A8.3f:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by working status.

Working Status %	I am considerably / slightly under-weight		My weight is about right for my age		I am slightly over-weight		I am considerably over-weight	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	7	12	45	48	38	26	10	14
Belgium	6	5	42	52	36	32	16	10
Denmark	4	5	50	46	36	35	10	14
Finland	4	3	44	38	39	41	13	15
France	3	2	46	46	40	36	11	16
Germany	3	3	48	47	40	43	8	6
Greece	3	2	48	42	36	40	12	17
Ireland	6	7	49	40	33	39	12	13
Italy	4	4	43	48	43	41	10	8
Luxembourg	4	5	44	36	41	41	10	14
Netherlands	7	5	35	33	47	47	11	15
Portugal	6	5	48	45	33	38	11	10
Spain	5	6	47	30	32	44	16	20
Sweden	7	6	50	39	35	48	9	8
UK	5	5	45	35	41	47	9	13
EU average*	4	4	46	43	39	42	10	11

\* Weighted according to population size

**Table A8.3g:** Self-perceived body weight categories selected by EU adults, 55 years and over, classified by number of meals prepared per week.

No. of meals prepared/wk %	I am considerably / slightly under-weight		My weight is about right for my age		I am slightly over-weight		I am considerably over-weight	
	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk
Austria	10	6	40	46	34	39	15	9
Belgium	7	5	40	45	36	35	15	15
Denmark	3	4	45	50	44	34	8	12
Finland	7	3	27	44	37	39	29	13
France	2	4	49	43	38	41	11	12
Germany	6	2	46	49	43	41	5	8
Greece	2	3	47	46	38	37	13	13
Ireland	8	5	52	45	28	36	11	12
Italy	4	4	40	46	47	40	9	10
Luxembourg	8	4	38	43	38	44	13	9
Netherlands	11	4	33	36	45	48	11	11
Portugal	6	5	60	46	27	35	6	11
Spain	2	6	50	43	33	35	16	17
Sweden	13	5	38	48	47	37	2	9
UK	10	4	40	43	36	43	14	9
EU average*	4	4	45	45	41	40	10	11

\* Weighted according to population size

**Table A8.4:** Self-perceived body-weight categories selected by EU adults 55 years and over, classified by reported dietary habits.

	EU average*	I can eat anything I like	I have made an effort to cut down a few things	Due to medical reasons I am limited as to what foods I can eat
%		42	34	24
I am slightly/considerably under-weight	4	52	15	33
My weight is about right	45	52	27	20
I am slightly over-weight	40	33	42	25
I am considerably over-weight	11	24	46	29

\* Weighted according to population size

**Table A8.5:** Self-perceived body-weight categories selected by EU adults 55 years and over, classified according to attitudes towards eating and drinking.

	EU Average*	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty of healthy foods	I can eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
%		40	39	4	14	2
I am slightly/considerably under-weight	4	42	31	2	19	5
My weight is about right	45	41	40	6	14	2
I am slightly over-weight	41	38	43	4	13	2
I am considerably over-weight	11	40	41	2	14	2

\* Weighted according to population size

**Table A8.6:** Self-perceived body-weight categories selected by EU adults 55 years and over, classified according to different diet and health issues.

	EU average*	Healthy eating means giving up the foods I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland now than they used to	There is not a lot you can do to stay healthy, becoming ill is a matter of chance	I avoid certain foods now as I find them difficult to chew
%		43	59	64	43	30
I am slightly/considerably under-weight	4	52	50	59	56	57
My weight is about right	45	38	54	65	44	31
I am slightly over-weight	40	46	62	64	41	28
I am considerably over-weight	11	55	66	66	43	30

\* Weighted according to population size

**Table A8.7:** Self-perceived body-weight categories selected by EU adults 55 years and over, classified according to incidence of dietary change.

	EU average*	"Yes" have changed eating habits to try to eat healthier	"No" have not changed eating habits to try to eat healthier
%		47	53
I am slightly/considerably under-weight	4	47	54
My weight is about right	45	42	58
I am slightly over-weight	40	52	48
I am considerably over-weight	11	56	44

\* Weighted according to population size

**Table A8.8:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, calculated from self-estimated heights and weights.

Under-weight (BMI <20)	%	Normal-weight (BMI 20 – 24.9)	%	Over-weight (BMI (25 - 29.9)	%	Obese (BMI >30)	%
Ireland	7	Denmark	42	Luxembourg	52	Spain	27
Luxembourg	7	Germany	42	Portugal	51	Greece	26
UK	5	Ireland	41	Greece	50	Finland	18
Austria	4	Italy	39	Austria	46	Austria	18
Belgium	4	Netherlands	39	Italy	46	Belgium	18
Denmark	4	Sweden	39	Finland	45	France	17
France	4	France	38	Sweden	44	Portugal	16
Italy	4	UK	36	Netherlands	44	UK	15
Sweden	4	Belgium	35	Spain	43	Luxembourg	14
Finland	3	Finland	35	Germany	43	Germany	13
Netherlands	3	Austria	32	Belgium	42	Ireland	13
Spain	3	Portugal	30	Denmark	40	Netherlands	13
Greece	2	Luxembourg	27	UK	40	Sweden	13
Germany	1	Spain	27	France	39	Denmark	13
Portugal	1	Greece	22	Ireland	39	Italy	11
EU average*	3		38		43		16
Cov	45		17		10		29

\* Weighted according to population size

**Table A8.9a:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, calculated from self-estimated heights and weights and classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
Under-weight (BMI <20)	3	2	5	3	2	6	3	4	3	5	2	4
Normal-weight (BMI 20 – 24.99)	38	36	40	38	35	43	36	40	44	41	37	37
Over-weight (BMI 25 – 29.99)	43	49	38	42	45	39	44	41	41	39	44	45
Obese (BMI >30)	16	14	17	16	17	12	17	15	12	15	17	14

\* Weighted according to population size

**Table 8.9b:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, calculated from self-estimated heights and weights and classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤4 meals/wk	>4 meals/wk
%		53	47	76	24	27	73
Under-weight (BMI <20)	3	4	3	4	3	4	3
Normal-weight (BMI 20 – 24.99)	38	38	38	38	38	37	39
Over-weight (BMI 25 – 29.99)	43	41	45	42	45	43	43
Obese (BMI >30)	16	17	14	16	14	17	15

\* Weighted according to population size

**Table A8.10a:** Estimated Body Mass Index (BMI) categories of EU adults, 55 years and over, calculated from self-estimated heights and weights and classified by gender.

Gender %	Under-weight (BMI <20)		Normal-weight (BMI 20-24.99)		Over-weight (BMI 25-29.99)		Obese (BMI >30)	
	M	F	M	F	M	F	M	F
Austria	1	6	29	35	52	42	18	17
Belgium	3	5	30	42	51	34	16	19
Denmark	2	5	37	49	49	32	12	14
Finland	2	3	33	37	49	42	16	19
France	2	6	40	40	40	38	18	16
Germany	-	3	35	50	52	35	14	13
Greece	2	2	10	12	56	45	20	32
Ireland	3	10	38	45	45	33	14	12
Italy	2	6	36	42	55	38	7	14
Luxembourg	2	10	25	29	54	50	19	10
Netherlands	1	4	39	40	47	42	13	13
Portugal	-	2	30	34	57	46	13	19
Spain	2	3	34	23	45	42	19	32
Sweden	2	6	37	40	44	45	17	9
UK	4	7	39	40	46	35	12	18
EU average*	2	5	36	40	49	38	14	17

\* Weighted according to population size

**Table A8.10b:** Estimated Body Mass Index (BMI) categories of EU adults, 55 years or over, calculated for self-estimated heights and weights and classified by age.

Age %	Under-weight (BMI <20)			Normal-weight (BMI 20-24.99)			Over-weight (BMI 25-25.99)			Obese (BMI >30)		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	3	4	4	34	30	34	44	51	42	19	14	20
Belgium	2	1	1	34	38	38	38	44	45	24	15	12
Denmark	2	4	6	40	49	44	43	35	40	14	13	10
Finland	2	2	4	34	34	40	45	44	45	19	21	11
France	6	4	4	42	35	45	35	43	39	17	19	12
Germany	-	2	3	47	37	46	40	44	44	12	17	7
Greece	1	2	3	24	17	27	45	56	51	29	26	20
Ireland	7	6	8	35	45	48	43	36	33	15	12	10
Italy	4	2	10	42	36	39	46	49	40	8	13	11
Luxembourg	2	5	20	26	21	45	52	64	25	20	10	10
Netherlands	2	3	4	33	44	46	47	41	44	18	12	6
Portugal	2	1	-	27	34	39	53	51	47	18	14	14
Spain	3	-	5	28	25	31	44	46	39	24	29	26
Sweden	2	2	9	38	38	42	43	48	41	16	12	8
UK	5	3	11	30	39	52	44	43	30	21	15	7
EU average*	3	2	6	38	35	43	42	45	39	16	17	12

\* Weighted according to population size

**Table A8.10c:** Estimated Body Mass Index (BMI) categories of EU adults, 55 years and over, calculated for self-estimated heights and weights and classified by level of education.

Education	Under-weight (BMI <20)			Normal-weight (BMI 20-24.99)			Over-weight (BMI 25-25.99)			Obese (BMI >30)		
	P	S	T	P	S	T	P	S	T	P	S	T
Primary (P)												
Secondary (S)												
Further Education (T)												
Austria	3	4	4	30	32	45	48	45	44	19	19	7
Belgium	4	3	5	40	34	34	38	44	48	18	19	13
Denmark	6	3	2	40	40	57	44	43	26	10	14	15
Finland	2	2	7	33	33	58	45	50	25	20	15	10
France	3	6	4	38	43	40	38	36	42	20	15	13
Germany	1	3	-	41	50	46	43	40	43	15	8	11
Greece	1	3	-	22	27	15	49	44	65	27	26	20
Ireland	7	6	9	42	44	34	37	39	45	14	12	13
Italy	5	1	17	36	51	45	49	37	38	11	11	-
Luxembourg	5	8	-	27	31	50	55	45	33	14	16	17
Netherlands	3	3	1	31	36	37	50	43	37	16	13	11
Portugal	1	4	-	27	30	25	51	54	63	18	6	-
Spain	3	2	6	22	5	1	41	52	56	29	17	13
Sweden	6	3	1	36	39	50	45	46	39	13	13	11
UK	7	6	2	42	34	48	39	42	37	12	18	13
EU average*	3	4	3	36	40	44	44	41	41	17	15	12

\* Weighted according to population size



**Table A8.10d:** Estimated Body Mass Index (BMI) categories of EU adults, 55 years and over, calculated for self-estimated heights and weights and classified by household composition.

No in household %	Under-weight (BMI <20)			Normal-weight (BMI 20-24.99)			Over-weight (BMI 25-25.99)			Obese (BMI >30)		
	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +	Single	1 other	1 +
Austria	3	4	5	35	31	30	44	47	50	18	17	16
Belgium	7	1	5	43	35	20	33	46	53	18	17	22
Denmark	5	3	4	46	42	41	37	44	25	12	11	30
Finland	3	3	-	35	36	27	44	45	42	18	15	31
France	6	3	5	36	41	44	42	37	37	15	18	14
Germany	2	1	4	49	41	39	37	44	49	13	14	8
Greece	1	2	1	17	24	23	57	49	48	25	25	28
Ireland	7	9	4	46	43	36	36	37	43	10	12	17
Italy	8	2	5	39	37	41	42	49	45	12	12	8
Luxembourg	10	7	3	37	30	14	37	48	69	17	15	14
Netherlands	6	1	3	42	43	29	45	43	46	7	13	22
Portugal	2	-	1	38	26	38	40	57	51	20	17	10
Spain	3	2	4	34	25	22	35	47	53	28	26	21
Sweden	7	1	5	44	33	43	41	48	39	8	17	13
UK	8	5	5	43	39	29	38	41	40	12	15	26
EU average*	5	2	4	41	37	37	39	44	45	15	17	14

\* Weighted according to population size

**Table A8.10e:** Estimated Body Mass Index (BMI) categories of EU adults, 55 years and over, calculated for self-estimated heights and weights and classified by location.

Location %	Under-weight (BMI <20)		Normal-weight (BMI 20-24.99)		Over-weight (BMI 25-25.99)		Obese (BMI >30)	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Austria	4	3	33	32	46	46	16	19
Belgium	4	2	36	37	42	41	17	19
Denmark	4	2	42	47	40	41	14	9
Finland	4	1	38	31	42	48	16	20
France	5	4	41	36	38	42	16	18
Germany	3	1	50	42	33	44	14	13
Greece	2	-	23	-	50	-	26	-
Ireland	10	3	37	47	39	37	13	12
Italy	2	5	39	40	47	45	12	10
Luxembourg	8	5	35	22	44	58	13	15
Netherlands	4	1	43	37	43	45	10	16
Portugal	1	1	33	30	50	53	16	16
Spain	3	1	31	21	40	50	25	29
Sweden	5	2	40	36	43	49	13	12
UK	6	6	39	40	39	43	16	11
EU average*	4	3	38	38	41	45	17	14

\* Weighted according to population size

**Table A8.10f** Estimated Body Mass Index (BMI) categories of EU adults, 55 years or over, calculated for self-estimated heights and weights and classified by working status.

Working Status %	Under-weight (BMI <20)		Normal-weight (BMI 20-24.99)		Over-weight (BMI 25-25.99)		Obese (BMI >30)	
	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time	Retired	Working full/part time
Austria	4	6	30	40	48	34	18	20
Belgium	3	5	36	41	43	37	18	17
Denmark	4	2	46	38	37	46	12	14
Finland	3	-	34	39	45	41	17	20
France	4	5	39	44	39	36	17	15
Germany	2	1	41	47	44	40	14	12
Greece	2	-	23	21	49	51	25	28
Ireland	8	4	43	39	36	44	13	14
Italy	4	5	40	36	44	54	12	5
Luxembourg	7	5	28	23	48	59	17	14
Netherlands	3	1	40	37	44	44	13	17
Portugal	1	1	34	28	50	53	15	18
Spain	2	3	29	23	42	52	28	22
Sweden	5	3	39	39	45	41	11	17
UK	6	4	43	29	37	48	14	19
EU average*	4	3	38	38	42	45	14	14

\* Weighted according to population size

**Table A8.10g:** Estimated Body Mass Index (BMI) categories of EU adults, 55 years or over, calculated for self-estimated heights and weights and classified by number of meals prepared per week.

No. of meals prepared/wk %	Under-weight (BMI <20)		Normal-weight (BMI 20-24.99)		Over-weight (BMI 25-25.99)		Obese (BMI >30)	
	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk	≤ 4 meals/wk	>4 meals/wk
Austria	4	3	32	35	47	43	17	19
Belgium	3	5	36	41	42	41	19	13
Denmark	4	1	44	43	41	34	11	22
Finland	3	-	35	33	45	34	17	33
France	4	5	40	40	39	38	17	17
Germany	1	2	45	38	43	42	11	18
Greece	1	3	26	17	47	53	26	27
Ireland	6	12	40	50	40	33	15	5
Italy	5	3	39	38	45	48	11	10
Luxembourg	6	5	28	29	54	47	12	18
Netherlands	2	5	42	34	44	44	12	16
Portugal	1	-	31	35	51	51	16	14
Spain	3	2	28	24	42	50	27	24
Sweden	4	7	38	47	46	33	13	13
UK	6	7	40	30	40	40	14	22
EU average*	4	3	37	39	43	43	17	15

\* Weighted according to population size

**Table A8.11:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, calculated from self-estimated heights and weights and classified by reported dietary habits.

	EU average*	I can eat anything I like	Have made an effort to cut down a few things	Due to medical reasons I am limited as to what foods I can eat
%		42	34	24
Under-weight (BMI <20)	3	56	20	24
Normal-weight (BMI 20 – 24.99)	38	47	32	21
Over-weight (BMI 25 – 29.99)	43	40	35	25
Obese (BMI >30)	16	31	41	28

\* Weighted according to population size

**Table A8.12:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, classified according to attitudes towards eating and drinking.

	EU Average *	I only eat and drink things that are good for my health	I don't worry too much as long as I eat plenty healthy foods	I can eat and drink anything as long as I take plenty of exercise	I eat and drink things I enjoy and don't worry about it	I am not interested in food
%		40	39	14	4	2
Under-weight (BMI <20)	3	37	35	18	5	5
Normal-weight (BMI 20-24.99)	38	41	40	13	5	2
Over-weight (BMI 25-29.99)	43	40	39	15	4	1
Obese (BMI >30)	16	38	40	16	4	1

\* Weighted according to population size

**Table A8.13:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, classified according to different diet and health issues.

	EU average*	Healthy eating means giving up the foods I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland now than they used to	There is not a lot you can do to stay healthy, becoming ill is just a matter of chance	I avoid certain foods now as I find them difficult to chew
%		43	59	64	43	30
Under-weight (BMI <20)	3	36	45	66	53	37
Normal-weight (BMI 20-24.99)	38	35	55	60	39	28
Over-weight (BMI 25-29.99)	43	46	59	64	41	31
Obese (BMI >30)	16	54	62	63	43	30

\* Weighted according to population size

**Table A8.14:** Estimated Body Mass Index (BMI) categories of EU adults 55 years and over, classified according to incidence of dietary change.

	EU average*	"Yes" have changed your eating habits to try to eat healthier	"No" have not changed your eating habits to try to eat healthier
%		43	57
Under-weight (BMI <20)	3	41	59
Normal-weight (BMI 20-24.99)	38	45	55
Over-weight (BMI 25-29.99)	43	51	49
Obese (BMI >30)	16	48	52

\* Weighted according to population size

**Table A8.15:** A comparison of self-perceived and estimated<sup>†</sup> body-weight categories of EU adults, 55 years and over.

	Under-weight		Normal-weight		Over-weight		Obese	
	Self-perceived	Estimated <sup>†</sup>	Self-perceived	Estimated <sup>†</sup>	Self-perceived	Estimated <sup>†</sup>	Self-perceived	Estimated <sup>†</sup>
Austria	7	4	45	33	38	46	11	18
Belgium	6	4	44	37	35	42	15	18
Denmark	4	4	49	44	36	40	11	13
Finland	4	3	43	35	39	45	14	18
France	2	5	46	40	39	39	12	17
Germany	3	2	48	43	41	43	7	13
Greece	3	2	46	23	37	50	13	26
Ireland	6	7	46	42	35	39	12	13
Italy	4	4	44	39	42	46	10	11
Luxembourg	5	7	42	27	42	52	10	14
Netherlands	5	3	42	40	42	44	10	13
Portugal	5	1	47	32	35	51	11	16
Spain	4	3	44	28	35	43	17	27
Sweden	7	4	47	39	38	44	9	13
UK	5	6	47	39	42	40	10	15
EU average*	4	3	45	38	40	43	11	16
Cov	31	43	5	17	7	10	22	29

\* Weighted according to population size

<sup>†</sup> Calculated from self-estimated heights and weights used to give a Body Mass Index (BMI) measurement

**Table A8.16:** Self-perceived weight categories selected by EU adults 55 years and over, classified according to estimated BMI categories

	EU Average*	Under-weight (BMI <20)	Normal (BMI 20-24.99)	Over-weight (BMI 25-29.99)	Obese (BMI >30)
I am slightly/considerably under-weight	4	33	55	11	1
My weight is about right	45	4	63	30	3
I am slightly over-weight	40	-	18	65	17
I am considerably over-weight	11	-	1	28	71
EU Average*		3	38	43	16

\* Weighted according to population size

## **CHAPTER 9**

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### **LEVEL OF TRUST IN PROVIDERS OF HEALTHY EATING INFORMATION**



## CHAPTER 9 - SUMMARY

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### LEVEL OF TRUST IN PROVIDERS OF HEALTHY EATING INFORMATION

#### Rationale

Healthy eating messages originate from many sources. The value of this information depends greatly on the level of trust in these sources. With numerous channels of information, the consumer may feel that conflicting messages, which contradict previous nutritional understanding and traditional dietary habits, are being presented. This in turn leads to scepticism of healthy eating messages and a lack of trust in sources of information. Older adults may also show a preference towards different information sources to those preferred by younger adults and as such, methods best used to convey information may not necessarily be standard for all population groups. Likewise, factors such as education may also impact the most widely available, utilised and trusted information sources. It is important to identify the sources most trusted by individual population groups in order to target older adults by the most effective means possible.

This section looks at seven different information sources and examines to what extent these were trusted by older adults. Results were subsequently investigated for variation within geographic and demographic domains and according to dietary habits, attitudes and incidence of dietary change.

#### Summary of Findings

The percentage of EU adults, 55 years and over, reporting to trust (“tend to trust” or “trust fully”) different information sources is illustrated in Table 9.1.

Across the EU, and within all individual countries, “health professionals” were indicated by the highest percentage of consumers as trustworthy providers of healthy eating information. Trust in “health professionals” was subject to little demographic variation (COV = 4). A certain amount of variation was evident among demographic groups. In general, females were more trusting of information providers than males. In addition, trust in media-related sources of information such as “TV/radio” and “newspapers/magazines” tended to be lower among the oldest group of adults (75years and above).

**Table 9.1:** Percentage of respondents indicating trust in providers of healthy eating information.

Sources of healthy eating information	EU average %
Health professionals	89
Dept. health/health institutions	68
TV/radio	51
Food packaging	49
Newspapers/magazines	39
Supermarket leaflets	26
Advertising	17

Trust in “newspapers/magazines” increased with an increased level of education, whereas trust in “advertising” showed the opposite trend.

Respondents reporting the attitudes “ I only eat and drink things that are good for my health” and “don’t worry as long as I eat plenty of healthy food” (examined in Chapter 3) were more likely to be trusting of information providers than those reporting other attitudes towards food. In addition, individuals reporting to have made positive dietary changes (examined in Chapter 4) were more likely to trust information providers than those who reported having made no dietary change.

## **KEY FINDINGS**

- Health professionals were the most widely trusted source of healthy eating information across all countries and within all demographic groups.
- Advertising was the least trusted source of healthy eating information.
- In general, females were more trusting of providers of healthy eating information than were males.
- As age increased, trust in some healthy eating information providers decreased.
- There was a positive link between healthy dietary changes and trust in providers of healthy eating information.

For detailed information refer to Tables A9.1-A9.8 at the end of Chapter 9



## IMPLICATIONS

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As providers of healthy eating information, “health professionals” were deemed as the most trustworthy source across the older EU adult population. This was consistent across all countries and demographic groups and implies that “health professionals” should play a dominant role in imparting healthy eating messages to the older EU population.

Trust in information providers was linked to positive dietary changes and healthier attitudes towards eating and drinking. Thus, imparting healthy eating messages through established and trusted means will help promote positive dietary change and favourable attitudes towards food.

As age increased, trust in information sources (with the exception of “health professionals” decreased. Again, it is important for the older elderly groups to receive healthy eating messages from the most relevant sources to encourage positive changes. As age increases, medical problems often increase and so the health professional may be consulted more regularly. Thus, the “health professional”, as a channel for providing healthy eating advice, should be exploited. Greater emphasis should be placed on the relationship between diet and health at doctors’ surgeries and medical centres, and where possible dietitians or nutritionists should be available to provide information and advice on healthy eating.

Trust in healthy eating information providers other than health professionals was subject to some inter-country variation. Appropriate channels should be used within each country to ensure that healthy eating information is provided by sources deemed trustworthy to that particular country. Advertising was the least trusted information provider in all countries; however, for many, exposure to advertising may be high. Endorsement of products or healthy eating messages by health professionals may increase trust in messages communicated via this channel and improve credibility of this widely used communication resource.



## **Chapter 9 - Tables**



**Table A9.1:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by demographic details (sex, age, education and number in household).

Health professionals	%	Dept. health/ health institutions	%	TV / radio	Food packaging	%	Newspapers/ magazines	Supermarket leaflets	%	Advertising	%
Netherlands	95	Ireland	86	Austria	62	Finland	73	Netherlands	52	Sweden	52
Ireland	94	Portugal	80	Germany	60	Netherlands	73	Austria	50	Netherlands	42
Luxembourg	94	Finland	77	Netherlands	58	Sweden	67	Germany	50	Finland	40
Sweden	94	Austria	75	Finland	57	Denmark	54	Finland	48	Ireland	40
Finland	93	Netherlands	75	Portugal	57	UK	54	Ireland	41	UK	38
Austria	92	Spain	73	Sweden	57	Belgium	52	Sweden	41	Belgium	34
Germany	91	Italy	72	Ireland	55	France	52	Denmark	40	Portugal	34
Spain	91	Luxembourg	72	Italy	54	Austria	51	Portugal	40	Denmark	31
Greece	89	UK	67	Spain	51	Ireland	51	Greece	37	Spain	29
Portugal	88	France	66	Denmark	50	Italy	51	Italy	35	Luxembourg	27
Italy	87	Germany	63	UK	45	Spain	51	Spain	35	Austria	26
UK	87	Belgium	62	Greece	44	Luxembourg	50	France	32	France	23
Belgium	86	Greece	62	Belgium	38	Portugal	45	Luxembourg	32	Italy	23
France	86	Denmark	57	Luxembourg	37	Germany	39	Belgium	30	Germany	15
Denmark	81	Sweden	55	France	35	Greece	26	UK	29	Greece	11
EU average*	89		68		51		49		39		26
Coefficient of variation	4		13		17		23		19		35
											24

\* Weighted according to population size

**Table A9.2:** Sources of healthy eating information by EU adults 55 years and over, ranked in order of trust

	1	2	3	4	5
Austria	Health professionals	Dept. health / health institutions	TV / radio	Food packaging	Newspapers / Magazines
Belgium	Health professionals	Dept. health / health institutions	Food packaging	TV / radio	Supermarket leaflets
Denmark	Health professionals	Dept. health / health institutions	Food packaging	TV / radio	Newspapers / magazines
Finland	Health professionals	Dept. health / health institutions	Food packaging	TV / radio	Newspapers / magazines
France	Health professionals	Dept. health / health institutions	Food packaging	TV / radio	Newspapers / magazines
Germany	Health professionals	Dept. health / health institutions	TV / radio	Newspapers / magazines	Food packaging
Greece	Health professionals	Dept. health / health institutions	TV / radio	Newspapers / magazines	Food packaging
Ireland	Health professionals	Dept. health / health institutions	TV / radio	Food packaging	Newspapers / magazines
Italy	Health professionals	Dept. health / health institutions	TV / radio	Food packaging	Newspapers / magazines
Luxembourg	Health professionals	Dept. health / health institutions	Food packaging	TV / radio	Newspapers / magazines
Netherlands	Health professionals	Dept. health / health institutions	Food packaging	TV / radio	Newspapers / magazines
Portugal	Health professionals	Dept. health / health institutions	TV / radio	Food packaging	Newspapers / magazines
Spain	Health professionals	Dept. health / health institutions	TV / radio <sup>†</sup>	Food packaging <sup>†</sup>	Newspapers / magazines
Sweden	Health professionals	Food packaging	TV / radio	Dept. of Health / Health institutions	Supermarket leaflets
UK	Health professionals	Dept. Health / Health institutions	Food packaging	TV / radio	Supermarket leaflets
EU average*	Health professionals	Dept. Health / Health institutions	TV / radio	Food packaging	Newspaper / magazines

\* Weighted according to population size

**Table A9.3a:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by demographic details (sex, age, education and number in household).

	EU average*	Sex		Age (yrs.)			Education			Number in household		
		Male	Female	55-64	65-74	75+	Primary	Secondary	Tertiary	Single	1 other	>1 other
%		44	56	41	38	21	60	27	13	31	53	16
Health professionals	89	88	90	89	90	88	89	90	87	88	90	88
Dept. health / health institutions	68	65	70	68	69	66	67	70	67	67	69	67
TV / radio	51	47	53	52	52	46	51	51	48	49	51	52
Food packaging	49	46	52	50	49	50	48	52	52	49	50	50
Newspapers / magazines	39	36	41	41	39	34	37	41	43	40	39	36
Supermarket leaflets	26	25	27	26	26	26	25	30	23	25	27	24
Advertising	17	15	20	18	17	18	18	20	11	18	17	19

\* Weighted according to population size

**Table A9.3b:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by demographic details (location, work activity and number of meals prepared per week).

	EU average*	Location		Work activity		Number of meals prepared per week	
		Urban	Rural	Retired	Working full/part time	≤ 4 meals/wk	> 4 meals/wk
%		53	47	76	24	27	73
Health professionals	89	89	89	89	88	86	90
Dept. health / Health institutions	68	68	67	69	64	66	69
TV / radio	51	48	54	51	46	44	53
Food packaging	49	54	44	51	50	44	51
Newspapers / Magazines	39	36	42	38	40	36	39
Supermarket leaflets	26	28	24	27	22	25	27
Advertising	17	18	16	18	16	20	17

\* Weighted according to population size

**Table A9.4a:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by gender (presented by frequency of selection within countries).

Gender %	Health professionals		Dept. health/health institutions		TV/radio		Food packaging		Newspapers/magazines		Supermarket leaflets		Advertising	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Austria	90	93	75	75	56	66	46	54	48	51	27	25	20	24
Belgium	87	85	64	60	39	37	50	53	32	29	32	36	15	21
Denmark	81	82	57	56	48	51	51	56	38	43	31	32	13	14
Finland	94	92	74	79	54	59	71	75	45	50	39	40	12	22
France	85	87	65	66	35	35	50	53	30	33	23	24	12	16
Germany	88	93	55	69	53	64	35	42	43	56	17	13	10	11
Greece	89	89	62	62	37	50	26	25	39	36	11	12	18	16
Ireland	94	95	87	86	53	56	52	50	41	40	38	41	21	22
Italy	89	86	71	73	52	56	47	53	34	35	25	21	19	26
Luxembourg	94	93	77	69	33	38	44	54	23	38	18	33	16	25
Netherlands	93	96	73	76	56	60	66	78	46	56	38	46	16	22
Portugal	87	88	79	80	60	54	43	48	40	41	30	37	30	28
Spain	88	93	74	73	47	55	49	52	34	36	26	31	19	27
Sweden	93	95	58	52	54	60	63	70	41	40	50	53	17	17
UK	85	89	62	71	39	49	47	59	24	33	31	44	12	23
EU average*	88	90	65	70	47	53	46	52	36	41	25	27	15	20

\* Weighted according to population size

**Table A9.4b:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by age (presented by frequency of selection within countries).

Age yrs %	Health professionals			Dept. health/health institutions			TV/radio			Food packaging			Newspapers/magazines			Supermarket leaflets			Advertising		
	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+	55-64	65-74	75+
Austria	94	90	91	79	78	66	60	66	59	50	54	46	48	53	49	23	32	23	20	25	22
Belgium	87	85	87	61	62	64	43	39	27	53	49	56	35	27	28	32	37	33	18	20	16
Denmark	81	81	81	67	54	43	52	48	48	59	52	48	42	41	37	31	31	31	16	8	15
Finland	95	92	91	78	82	70	58	60	51	74	79	65	55	43	43	42	42	32	19	18	16
France	87	87	82	66	64	68	35	33	37	56	49	50	36	29	31	25	22	23	15	12	17
Germany	89	94	90	61	68	56	57	66	50	37	41	38	47	53	53	11	19	15	8	13	11
Greece	91	89	86	54	67	73	46	47	36	28	24	22	42	32	33	11	12	11	13	22	18
Ireland	95	94	93	85	88	87	51	59	54	53	51	48	36	45	42	41	39	38	23	24	17
Italy	88	87	84	73	71	72	54	56	52	51	49	53	37	34	27	25	20	22	26	18	22
Luxembourg	94	93	95	66	78	71	32	30	55	45	60	45	23	43	30	19	36	25	23	13	30
Netherlands	94	96	93	77	71	78	61	57	55	74	72	71	54	54	43	47	41	37	25	16	13
Portugal	87	92	83	81	81	76	56	59	53	49	49	30	45	40	31	34	39	23	26	35	24
Spain	89	92	93	69	74	78	52	52	49	49	52	51	36	35	34	32	26	30	24	22	23
Sweden	96	93	92	62	49	51	58	57	58	71	64	63	43	42	34	53	53	48	17	15	19
UK	89	86	87	69	70	61	50	44	39	58	50	55	34	29	22	44	38	31	20	17	18
EU average*	87	90	88	68	69	66	52	52	46	50	49	50	41	39	34	26	26	26	18	17	18

\* Weighted according to population size

**Table A9.4c:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by education (presented by frequency of selection within countries).

Education % Primary (P) Secondary (S) Further Education (T)	Health professionals			Dept. health/health institutions			TV/radio			Food packaging			Newspapers/magazines			Supermarket leaflets			Advertising		
	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T
Austria	91	92	95	72	74	87	59	64	63	52	51	44	40	55	56	23	28	23	24	21	19
Belgium	85	87	89	62	60	68	38	39	35	56	51	44	26	35	26	35	36	22	21	17	17
Denmark	78	82	86	45	59	73	41	50	62	49	52	68	42	40	39	31	31	33	14	17	4
Finland	93	95	87	77	79	71	55	61	62	71	74	84	46	48	65	41	38	31	18	18	9
France	87	88	82	67	66	63	35	39	31	53	51	52	29	39	32	28	21	20	17	15	10
Germany	90	92	95	60	72	66	60	57	63	41	34	34	49	52	55	17	12	9	11	10	9
Greece	90	88	91	65	52	69	40	50	60	24	25	38	31	44	63	12	10	7	19	14	14
Ireland	95	94	94	88	83	90	58	50	55	50	51	55	44	35	44	41	37	43	27	19	8
Italy	87	86	83	73	67	67	55	49	70	48	57	63	32	42	62	24	19	8	21	29	23
Luxembourg	93	96	80	74	68	60	40	34	60	51	44	50	24	28	60	27	20	20	17	28	20
Netherlands	95	95	93	70	76	82	58	58	57	67	75	75	42	54	63	44	45	33	23	22	5
Portugal	89	79	87	79	90	74	56	59	87	43	53	87	39	49	62	32	39	62	29	28	26
Spain	92	92	70	71	86	70	53	49	26	51	52	38	34	42	32	27	41	6	22	34	6
Sweden	93	97	93	51	55	69	53	63	63	66	70	62	36	43	53	52	53	47	16	19	18
UK	83	91	87	64	69	67	35	50	49	48	56	61	24	30	37	31	44	37	16	23	10
EU average*	89	90	87	67	70	67	51	81	48	48	52	52	37	41	43	25	30	23	18	20	11

\* Weighted according to population size

Table A9.4d: Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by number in household (presented by frequency of selection within countries).

No. household %	Health professionals			Dept. health/health institutions			TV/radio			Food packaging			Newspapers/magazines			Supermarket leaflets			Advertising		
	Single	1+	1 other	Single	1+	1 other	Single	1+	1 other	Single	1+	1 other	Single	1+	1 other	Single	1+	1 other	Single	1+	1 other
Austria	94	91	90	73	76	85	65	58	73	50	50	60	53	48	44	27	24	35	23	21	24
Belgium	86	85	89	64	61	61	35	40	41	53	51	52	32	28	37	35	32	41	21	16	21
Denmark	85	79	71	57	56	59	52	50	30	57	51	56	41	42	23	33	31	21	16	11	14
Finland	90	97	81	74	82	67	55	56	71	68	78	74	43	50	62	36	42	40	18	16	27
France	84	86	94	64	65	77	38	32	39	49	52	60	31	32	35	22	24	27	14	15	11
Germany	91	91	91	62	64	62	57	60	63	41	38	40	56	48	45	12	17	11	12	9	12
Greece	82	91	89	67	65	56	36	45	45	22	25	27	24	40	38	9	12	11	16	18	16
Ireland	92	95	97	83	90	85	57	56	50	48	50	56	39	45	36	37	42	40	18	23	24
Italy	84	90	86	73	74	69	52	56	54	50	49	52	38	36	32	21	24	22	21	23	23
Luxembourg	93	96	96	68	66	83	48	34	27	39	55	50	37	19	41	33	19	31	27	22	10
Netherlands	92	96	94	73	75	78	60	55	64	75	71	74	51	52	52	38	41	52	18	16	29
Portugal	86	91	83	81	81	76	56	62	46	39	47	49	41	43	34	33	34	33	30	31	23
Spain	92	91	83	75	75	50	52	52	43	47	54	43	36	36	25	29	30	15	25	22	25
Sweden	93	95	100	52	57	65	58	57	55	66	67	65	43	38	40	48	55	51	18	16	20
UK	86	89	84	66	69	58	40	48	45	49	58	53	30	28	28	35	40	39	20	17	17
EU average*	88	90	88	67	64	67	49	51	52	49	50	50	40	39	36	25	27	24	18	17	19

\* Weighted according to population size

Table A9.4e: Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by location (presented by frequency of selection within countries).

Location %	Health professionals		Dept. health/health institutions		TV/radio		Food packaging		Newspapers/magazines		Supermarket leaflets		Advertising	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Austria	90	94	77	72	67	56	55	45	59	38	30	20	27	16
Belgium	85	88	61	63	35	44	49	59	31	28	32	39	16	23
Denmark	80	83	56	57	49	53	56	49	39	43	30	34	12	18
Finland	94	91	78	76	58	55	73	73	49	46	37	44	15	21
France	87	82	68	60	35	35	53	47	31	34	23	26	13	19
Germany	96	90	69	62	72	57	55	36	59	48	17	14	14	10
Greece	89	-	62	-	44	-	26	-	37	-	11	-	17	-
Ireland	93	96	83	90	50	61	48	55	35	48	38	43	16	30
Italy	86	88	70	73	52	56	61	43	29	38	24	21	26	20
Luxembourg	94	93	76	69	51	24	49	50	41	24	35	21	27	16
Netherlands	93	95	74	75	59	58	75	71	53	51	41	43	21	18
Portugal	89	87	83	76	61	53	48	43	51	29	38	29	37	21
Spain	90	93	73	74	47	60	48	55	32	42	24	38	19	32
Sweden	94	95	55	55	58	54	68	61	43	33	55	43	19	13
UK	87	88	67	67	46	41	56	50	30	26	38	39	18	19
EU average*	89	85	68	67	48	54	54	44	36	42	28	24	18	16

\* Weighted according to population size



**Table A9.4f:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by working status (presented by frequency of selection within countries).

Working Status %	Health professionals		Dept. health/health institutions		TV/radio		Food packaging		Newspapers/magazines		Supermarket leaflets		Advertising	
	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time	Retired	Work full/part time
Austria	91	97	74	94	64	60	51	52	50	54	29	21	24	15
Belgium	86	85	61	65	38	37	52	52	30	31	34	35	19	16
Denmark	81	81	54	63	47	56	50	62	39	43	29	36	12	17
Finland	93	93	76	81	57	56	73	72	46	54	42	30	17	20
France	86	86	66	65	36	29	52	54	32	30	24	19	15	11
Germany	92	90	66	57	61	58	41	35	54	43	18	9	12	7
Greece	89	91	64	55	44	44	23	32	34	45	10	13	18	14
Ireland	93	97	85	90	54	56	51	51	41	40	39	42	20	26
Italy	89	81	72	73	55	49	53	40	34	39	23	20	21	27
Luxembourg	94	90	72	73	41	27	52	36	28	24	25	14	27	9
Netherlands	95	94	75	75	58	60	71	77	50	56	42	42	18	24
Portugal	87	88	79	81	63	48	42	50	41	39	34	33	31	26
Spain	93	81	76	62	51	52	52	44	33	43	29	30	23	22
Sweden	93	97	53	62	58	54	65	72	39	46	51	53	16	19
UK	87	88	68	64	44	48	53	58	27	34	38	39	17	22
EU average*	89	85	68	67	48	54	54	44	36	42	28	24	18	16

\* Weighted according to population size

**Table A9.4g:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by number of meals prepared per week (presented by frequency of selection within countries).

No. of meals prepared/wk %	Health professionals		Dept. health/health institutions		TV/radio		Food packaging		Newspapers/magazines		Supermarket leaflets		Advertising	
	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk	≤4 meals/wk	>4 meals/wk
Austria	86	94	64	78	62	62	46	52	57	48	29	25	28	20
Belgium	82	87	68	60	36	38	50	53	36	29	33	34	22	18
Denmark	79	82	55	57	51	50	49	55	41	40	29	32	10	14
Finland	90	93	83	77	47	57	60	74	46	48	38	40	14	18
France	85	87	66	65	30	40	50	54	29	35	24	23	15	13
Germany	86	93	55	66	50	63	30	43	46	52	15	15	14	9
Greece	85	92	58	64	35	50	22	28	22	47	11	11	17	17
Ireland	94	94	91	85	66	52	54	50	48	39	43	39	28	21
Italy	85	88	69	73	44	59	44	54	33	35	23	22	26	21
Luxembourg	92	94	76	71	46	32	38	55	37	29	24	29	13	26
Netherlands	96	94	72	76	60	57	70	73	46	54	38	44	21	19
Portugal	88	88	85	79	76	55	49	45	46	40	43	33	34	28
Spain	95	90	89	70	55	51	60	49	33	36	42	27	36	21
Sweden	95	94	54	55	55	58	67	66	42	40	46	52	16	17
UK	82	88	70	67	47	44	54	54	37	28	45	37	25	17
EU average*	90	86	69	66	53	44	51	44	39	36	27	25	20	17

\* Weighted according to population size

**Table A9.5:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified by dietary habits.

	EU average*	I can eat anything I like	I have made an effort to cut down a few things	Due to medical reasons there are a few foods I cannot eat	Due to medical reasons I am very limited as to what foods I can eat
%	47	21	62	70	78
Health professionals	89	86	91	91	92
Dept. health / health institutions	68	64	71	71	71
TV / radio	51	47	55	52	44
Food packaging	49	48	52	49	50
Newspapers / magazines	39	35	43	40	30
Supermarket leaflets	26	27	26	26	27
Advertising	17	18	15	20	22

\* Weighted according to population size

**Table A9.6:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified according to attitudes to eating and drinking.

	EU average*	I only eat and drink things that are good for my health	I don't worry too much as long as I eat enough healthy things such as fruit and vegetables	I can eat and drink anything as long as I take plenty of exercise	I eat and drink the things I enjoy and don't worry about it	I am not interested in food
Health professionals	89	91	91	80	84	83
Dept. health/health institutions	68	70	69	59	61	69
TV/radio	51	52	53	47	41	42
Food packaging	49	49	53	40	44	47
Newspapers/magazines	39	41	40	34	30	30
Supermarket leaflets	26	26	27	27	25	19
Advertising	17	20	15	22	15	18

\* Weighted according to population size

**Table A9.7:** Percentage of EU adults 55 years and over, who trust ("tend to trust" or "trust fully") the following sources of healthy eating information, classified according to attitudes to different diet and health issues.

	EU Average*	Healthy eating means giving up the things I enjoy	I am interested in finding out more about healthy eating	Foods taste more bland now than they used to	There is not a lot you can do to stay healthy.. becoming ill is a matter of chance	I avoid certain foods now as I find them difficult to chew
Health professionals	89	89	91	88	87	90
Dept. health/health institutions	68	70	73	67	65	69
TV/radio	51	52	57	49	48	51
Food packaging	49	48	53	47	48	49
Newspapers/magazines	39	39	43	36	35	38
Supermarket leaflets	26	28	28	24	28	28
Advertising	17	19	20	17	20	22

\* Weighted according to population size

**Table A9.8:** Level of trust in sources of healthy eating information classified according to dietary change towards trying to eat healthier.

Information source	EU Average*	"Yes" have changed eating habits to try to eat healthier	"No" have not changed eating habits to try to eat healthier
Health professionals	89	92	86
Dept. health/health institutions	67	71	64
TV/radio	51	56	46
Food packaging	49	50	48
Newspapers/magazines	38	44	34
Supermarket leaflets	26	28	24
Advertising	17	18	17

\* Weighted according to population size

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# APPENDICES

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**APPENDIX 1 – Sample Questionnaire**



Country I.D.  
(1-2)

PAN-EUROPEAN OLDER  
POPULATION SURVEY

Qst. No.  
(3-7)

Good morning/afternoon/evening. My name is ..... from MRBI Ltd., and we are carrying out a survey on people's eating habits. Would you mind answering a few questions?

SHOW CARD

Q.1 This card lists some things which people can do in order to promote long term good health. Thinking of people in general which are the **two** most important in your view?

CODE TWO RESPONSES MAXIMUM

- Eat a healthy diet ..... 1
- Avoid too much alcohol ..... 2
- Give up or cut down on smoking ..... 3
- Take regular physical exercise ..... 4
- Regularly allow some time for relaxation and rest ..... 5
- Regularly go for medical check-ups ..... 6
- Avoid getting over-weight ..... 7
- Involve yourself in different social activities ..... 8
- Don't know ..... 9

SHOW CARD

Q.2 There are many reasons why we choose the foods that we eat. Looking at this list, which **two** factors would you say have the greatest influence on your choice of foods?

CODE TWO RESPONSES MAXIMUM

- Country of origin ..... 1
- Habit or routine ..... 2
- Price of food ..... 3
- What my family / spouse / partner will eat ..... 4
- Trying to eat a healthy diet ..... 5
- Taste of food ..... 6
- Brand ..... 7
- Convenience in preparation ..... 8
- Ease of handling ..... 9
- Watching one's weight ..... 0
- Diet prescribed by doctor ..... 1
- Content of additives or colours or preservatives ..... 2
- Foods that are organically grown ..... 3
- Someone else decides on most of the food I eat ..... 4
- Don't know ..... 5



### SHOW CARD

**Q.3** Which of the statements on this card best describes how much or how often you do each of the following activities?

#### READ OUT

↓	Daily	Weekly	Monthly	Less Often	Never
Take exercise / physical activity .....	1	2	3	4	5
Eat fruit .....	1	2	3	4	5
Smoke (cigarettes/ cigar / pipe) .....	1	2	3	4	5
Consume alcoholic drinks .....	1	2	3	4	5

### SHOW CARD

**Q.4** There are a number of reasons why older people in general, may change their eating habits.  
Looking at the following list, which **two** factors do you believe have the greatest influence on why older people might change their eating habits? **CODE TWO RESPONSES**  
**MAXIMUM**

Children leaving home .....	1
Becoming more health conscious .....	2
Medical reasons / illness .....	3
More time to eat healthily .....	4
Change in financial circumstances .....	5
Certain foods may be more difficult to digest .....	6
Put on weight more easily now .....	7
Retirement .....	8
May have more difficulty chewing certain foods (e.g. type of meat) .....	9
Less physically active .....	0
Many foods taste differently .....	1
Don't know .....	2

**Q.5** Have you changed your eating habits to try to eat healthier?

Yes ..... 1 **ASK Q6/Q7**  
No ..... 2 **GO TO Q8**

### SHOW CARD

**Q.6** Using this card, can you tell me please, what are those changes?  
**PROBE FOR "ANYTHING ELSE" UNTIL RESPONDENT HAS NOTHING ELSE TO SAY**

	Consume More	Consume Less
Fruit .....	1	2
Vegetables .....	1	2
Wholemeal or wholegrain foods .....	1	2
Water .....	1	2
A wider variety of foods .....	1	2
Sugar or sugary foods and drinks .....	1	2
Fish .....	1	2
Foods with additives or colours or preservatives .....	1	2
Fat or fatty foods .....	1	2
Alcohol .....	1	2
Amount of food .....	1	2
Processed foods .....	1	2

Snacking between meals .....	1	2
Light or low fat or diet or low calorie foods .....	1	2
Meat .....	1	2
Cheese .....	1	2
Milk .....	1	2
Yogurt.....	1	2
Salt .....	1	2
Bread or potatoes or pasta .....	1	2
Chicken .....	1	2
Coffee, tea, stimulants, hot drinks .....	1	2
Olive oil / vegetable oil .....	1	2

**Q.7** You said that your diet has changed. What do you think were the **two** most important reasons for this?

**CODE TWO RESPONSES MAXIMUM**

Medical reasons / illness .....	1
To lose weight.....	2
More time now to eat healthily .....	3
More healthy options available now .....	4
I am now more conscious of my health .....	5
Change in financial circumstances .....	6
Less physically active .....	7
Don't know .....	8
Other .....	9

**ASK Q8 IF RESPONDENT HAS NOT CHANGED EATING HABITS AT Q5**

**Q.8** You said your diet has not changed. What do you think were the **two** most important reasons for this?

**CODE TWO RESPONSES MAXIMUM**

I think my diet is healthy enough.....	1
I could not be bothered .....	2
I never thought about it .....	3
Changing my diet would not do me any good .....	4
I am confused about the correct way to alter my diet .....	5
My partner / children did not want to change .....	6
Too much of an effort.....	7
Too late / too old to start making changes .....	8
Don't know .....	9
Other .....	0

# **ASK ALL**

## **SHOW CARD**

**Q.9** Which one of the statements on this card best describes your attitude to eating and drinking?

- I only eat and drink things that are good for my health. .... 1
- .....
- I don't worry too much as long as I eat enough healthy things  
such as fruit and vegetables. .... 2
- I can eat and drink anything as long as I take lots of exercise. .... 3
- I eat and drink the things I enjoy and don't worry about it. .... 4
- I am not interested in food. .... 5
- Don't know ..... 6
- .....

## **SHOW CARD**

**Q.10** I would like you to tell me what extent you agree or disagree with each of the following statements, using this card. (Remember that there are no right or wrong answers).

### **READ OUT (ROTATE ORDER)**

↓	Agree Strongly	Tend to Agree	Tend to Disagree	Disagree Strongly	Don't know
Healthy eating means giving up foods that I enjoy .....	1	2	3	4	5
I am interested in finding out more about what to do so that I will have a healthy diet .....	1	2	3	4	5
Foods taste more bland now than they used to .....	1	2	3	4	5
There is not a lot you can do to stay healthy. If you become ill, it is just a matter of chance .....	1	2	3	4	5
There are certain foods I avoid now as I find them more difficult to chew .....	1	2	3	4	5

## **SHOW CARD**

**Q.11** This card shows some difficulties that people may have in trying to eat healthier. Can you tell me please,  
which do you think would be the major difficulties for you?

**PROBE FOR "ANY OTHER MAJOR DIFFICULTIES" UNTIL RESPONDENT HAS  
NOTHING**

### **ELSE TO SAY.**

	Major difficulties
Unappealing food .....	1
Lack of cooking skills .....	2
Busy lifestyle .....	3
Taste preferences of family or friends .....	4
Too great a change from my current diet.....	5
Healthy options not available in shop or canteen or home .....	6
Giving up foods that I like.....	7
Price of healthy foods .....	8
Not knowing enough about how to eat healthily .....	9
Healthy foods need more preparation .....	0
Confused because "experts" keep changing their minds .....	1

I would like to change but find it hard to resist .....	2
Don't want to change my eating habits .....	3
Don't see any need to change .....	4
No difficulty.....	5
Don't know .....	6

#### **SHOW CARD**

**Q.12** Which of the statements on this card best describe how you feel about your own weight?

I am considerably over-weight .....	1
.....	
I am slightly over-weight .....	2
My weight is about right for my age .....	3
I am slightly under-weight .....	4
I am considerably under-weight .....	5
Don't know .....	6

**Q.13** How often do you eat with friends or relations not counting those who live with you?

#### **Would you say . . .**

... almost daily .....	1
.....	
... at least once a week.....	2
... at least once a month.....	3
... or less often than that .....	4
No friends / relatives outside household .....	5
Don't know .....	6

#### **SHOW CARD**

**Q.14** There are a number of sources of information on healthy eating, some of which you may trust more than others. Can you tell me please how much you personally would trust or distrust information coming from the following sources using the card?

#### **READ OUT – ROTATE ORDER.**

	<b>Trust Fully</b>	<b>Tend to Trust</b>	<b>Tend to Distrust</b>	<b>Distrust Totally</b>	<b>Don't know</b>
Department of Health/ Health Institutions	1	2	3	4	5
Advertising .....	1	2	3	4	5
Health professional (for example doctor, nurse, nutritionist, pharmacist).....	1	2	3	4	5
Articles in newspapers or magazines .....	1	2	3	4	5
Programme on television or radio .....	1	2	3	4	5
Information on food packaging .....	1	2	3	4	5
Supermarket leaflets .....	1	2	3	4	5

**Q.15** Could you tell me approximately how much you weigh?

*Record in kg or stones / lbs*

**kg**

--	--	--	--

**stones & lbs**

--	--	--	--

(example: 9½ stone to be coded as 0907)

And approximately how tall are you?

*Record in cm or feet / inches*

**cm**

--	--	--	--

53-55

**feet & inches**

--	--	--	--

56-58

(example: 5 foot 6 inches to be coded as 506)

### CLASSIFICATION

**REGION:**

Dublin .....	1
Rest of Leinster .....	2
Munster .....	3
Connacht/Ulster. ....	4

**AGE OF RESPONDENT:**

55-64 years .....	1
65-74 years .....	2
75+ years .....	3

**SEX OF RESPONDENT:**

Male .....	1
Female .....	2

**NUMBER OF PEOPLE IN HOUSEHOLD:**

Single .....	1
With 1 other person .....	2
With more than 1 other person .....	3

**MARITAL STATUS OF RESPONDENT:**

Single .....	1
Married / cohabiting .....	2
Widowed/ divorced / separated .....	3

### **HIGHEST LEVEL OF EDUCATION**

**OF RESPONDENT:**

Primary level .....	1
Secondary level .....	2
Third level / University .....	3

**SOCIAL CLASS:**  
(OCCUPATION OF HOH)

AB .....	1
C1 .....	2
C2 .....	3
DE .....	4
F1 .....	5
F2 .....	6

**ACTIVITY:**

Retired ..... 1  
Working less than 10 hours per week ..... 2  
Working more than 10 hours per week ..... 3

**LIVING IN:**

City / town ..... 1  
Village / rural ..... 2

**Which of the following best reflects  
your dietary habits?**

I can eat anything I like ..... 1  
I have made an effort myself to cut down  
on a few things ..... 2  
For medical reasons there are a few foods  
that I cannot eat ..... 3  
For medical reasons, I am very limited  
in what I can eat these days ..... 4  
Don't know ..... 5

**How many main meals (lunch/dinner)  
each week do you &/or your companion  
shop for and / or prepare at home?**

More than 4 per week ..... 1  
3-4 per week ..... 2  
1-2 per week ..... 3  
None ..... 4  
Don't know ..... 5

I certify that I have interviewed the above named respondent in accordance with survey instructions.

**SIGNED** \_\_\_\_\_

**DATE**



## APPENDIX 2.

### List of participant market research organisations

<u>Country</u>	<u>Agency</u>
Austria	Fessel-GfK
Belgium	Taylor Nelson Sofres Dimarso
Denmark	Gallup A/S
Finland	Taloustutkimus Oy
France	Taylor Nelson Sofres
Germany	GfK Markforschung GmbH
Greece	Edge Research & Consultancy
Ireland	MRBI
Italy	TNS Abacus
Luxembourg	ILReS
Netherlands	NIPO
Portugal	TNS Euroteste
Spain	GfK EMER
Sweden	GfK Sverie AB
UK	RSGB





## APPENDIX 3

### Survey Management Group (SMG)

Austria	Dr. Beatrice de Cruz
Belgium	Dr. AnneMarie Remaut de Winter
Denmark	Dr. Lotte Holm
Finland	Dr. Raimo Lappalainen
France	Mrs. Huguette Nicod
Germany	Prof. Franz Zunft
Greece	Prof. Anthony Kafatos
Ireland	Prof. Michael Gibney
Italy	Dr. Anna Saba
Luxembourg	Dr. Sylvie Paquet
Netherlands	Dr. Cees de Graaf
Portugal	Prof. Maria Daniel Vaz de Almeida
Sweden	Dr. Gunnar Hall
Spain	Prof. Alfredo Martinez
UK	Dr. Barrie Margetts



## APPENDIX 4: Sampling procedures used in each country

Member State	Number of Sampling Points	Sample selection procedure within each sampling point
Austria	80	Respondents were selected at interviewer discretion to meet quota requirements
Belgium	85	Multi-staged sampling – sampling points selected first with random starting point. Respondents selected to match quota controls on age, sex and occupation.
Denmark	42	Within each sampling area one or several respondents were selected based upon birthday criterion. Up to three callbacks were made until the selected individuals were successfully contacted.
Finland	90	Random start sites were used from where individual respondents were selected at interviewers discretion to meet quota requirements.
France	45	Respondents were selected at interviewer discretion to meet quota requirements.
Germany	165	Selected directly by interviewers based on quotas (sex, age, occupation of head of household and household size, within region and community size.
Greece	50	A multistage area sampling approach was used where sampling points were drawn from cumulative population lists, using a random systematic procedure. A total of 8 interviews were conducted per sampling point using a pre-determined interview route.
Ireland	50	A random route procedure was used to meet quota requirements.
Italy	26	Random route procedure with quota controls by region, city size, sex and age
Luxembourg	50	A random route procedure was used to meet quota requirements.
Netherlands	428	Sample selected from panel of 30,000 households representative of the Dutch population based on quota controls for older population
Portugal	37	The country was stratified into regions. A set number of interviewees were selected dependent on building size to meet quota requirements.
Spain	23	Selected directly by interviewers based on quotas (sex, age, region and town size).
Sweden	55	Random selection of starting addresses. A minimum of 3 attempts was made at contacting each household.
UK	130	Interviewers were supplied with 2 blocks of 100 addresses drawn from postcode sectors. Within these blocks a target number of interviews were carried out to meet quota requirements.