

Lifestyle of Scotland's People Since the Coronavirus Outbreak

Stories within the data

Public poll commissioned in May 2020 by Obesity Action Scotland

August 2020

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Lifestyle of Scotland's People Since the Coronavirus Outbreak: **Stories within the data**

Obesity Action Scotland commissioned Mark Diffley Consultancy and Research to carry out a representative poll among adults in Scotland, to understand the effects of the coronavirus outbreak on lifestyle, especially on diet and physical activity. The polling fieldwork was carried out online between 7th and 13th May 2020. The survey was conducted among 2079 adults (aged 16+) in Scotland.¹

This report follows the Summary Report and the Topline Results presenting the survey data. It describes results of further analysis of the data, exploring stories within it.

Story 1: Eating out of Boredom

Eating out of boredom was the biggest behaviour change that our survey identified. On average 54% of respondents said they ate more out of boredom, 36% reported no difference and 7% ate less out of boredom compared to before the outbreak of COVID-19. However, there were groups that ate out of boredom more than the average. For example, 71% of youngest adults (aged 16-24) reported eating more out of boredom (Figure 1).

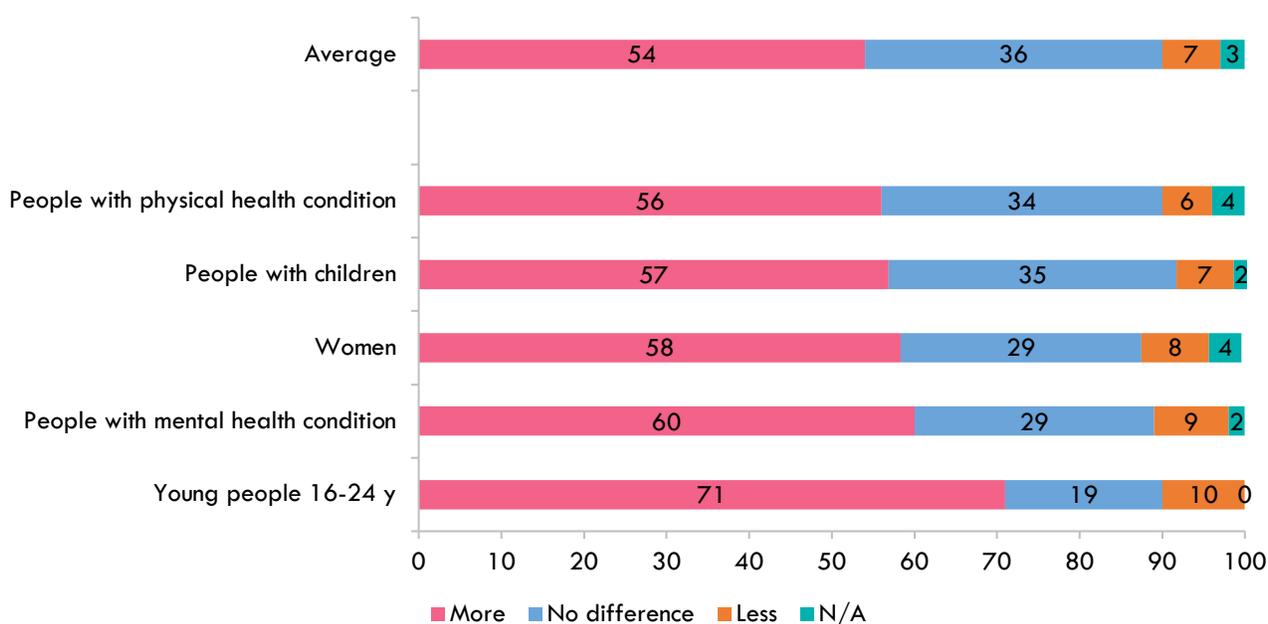


Figure 1. Eating out of boredom by population group

We also observed that depending on the type of COVID-19 related lifestyle change, some people ate out of boredom more (Figure 2). This was the case for those that sought help to afford food from family and/or friends (61%), those on reduced incomes (61%), those working from home (60%) and furloughed (58%).

¹ See *Note on Methods* section at the end of the report

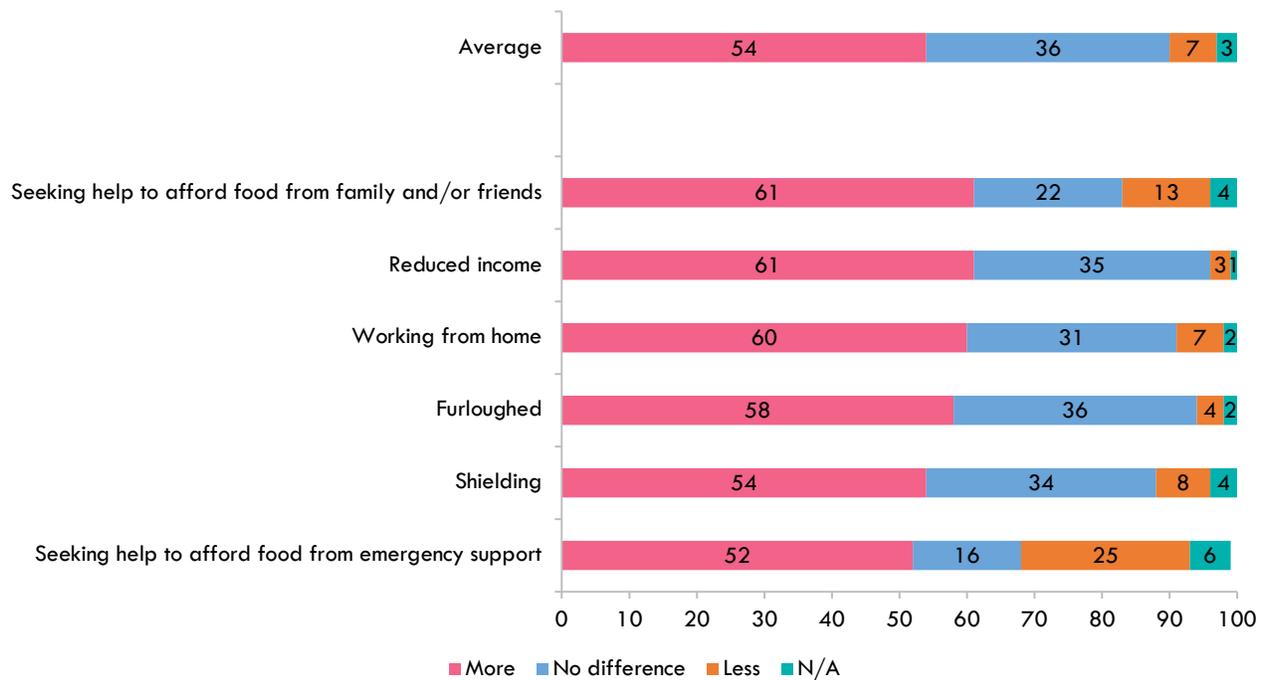


Figure 2. Eating out of boredom by COVID-19 lifestyle change

Importantly, those that reported eating out of boredom more than before the outbreak of the pandemic, also reported eating more confectionery, cakes and biscuits, savoury snacks, ice-cream and drinking alcohol. Conversely, those people that reported eating less out of boredom since the COVID-19 outbreak, reported cooking meals from scratch more, eating more fruit and vegetables and doing more indoor and outdoor physical activity.

Story 2: Knowing does not mean doing

We asked how concerned, if at all, people were about aspects of their lifestyle such as diet, physical activity, mental wellbeing and body weight. This question was asked at the beginning of May, so during the 6th or 7th week of the lockdown in Scotland. On average, respondents were concerned to some degree about their body weight (63%), mental wellbeing (56%), physical activity (53%) and diet (51%).

We wanted to see whether some groups were concerned more. A further analysis of our polling data revealed that **people who ate much more of unhealthy food (i.e. confectionery, cakes and biscuits and savoury snacks) since the beginning of the COVID-19 pandemic also were most worried about their body weight and diet** (Figure 3 and Figure 4). It also became clear that those who ate out boredom much more were also more concerned about their body weight and diet.

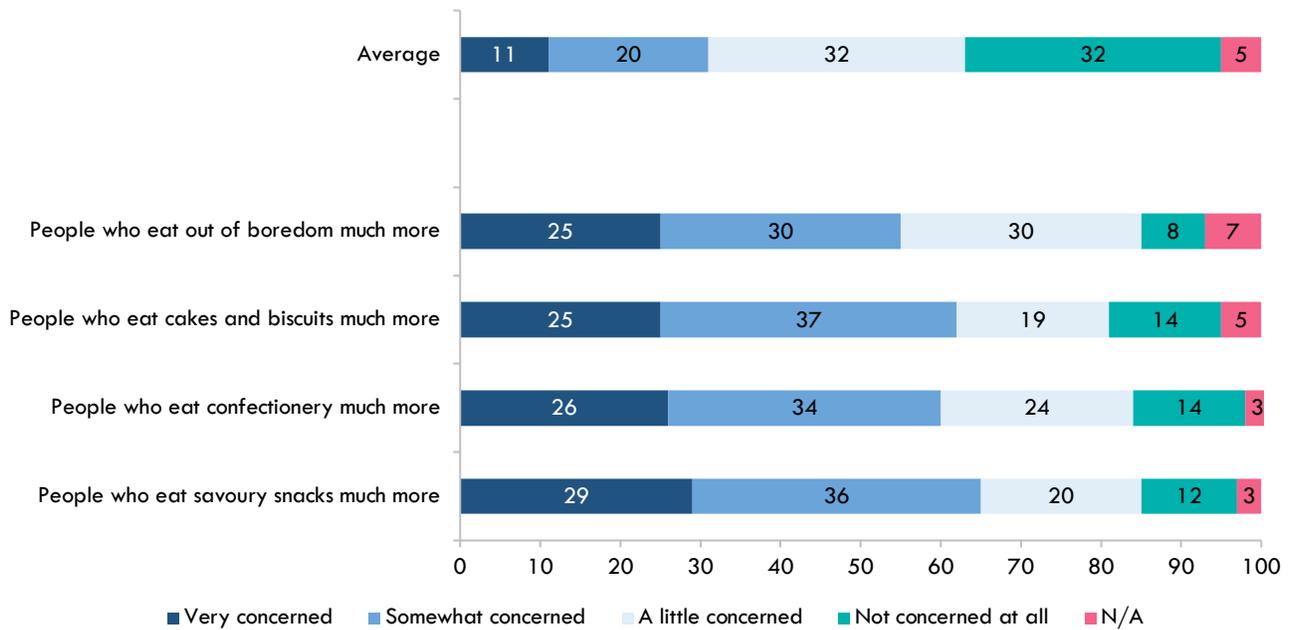


Figure 3. Concern about body weight for those whose diets were affected most by the outbreak of the pandemic

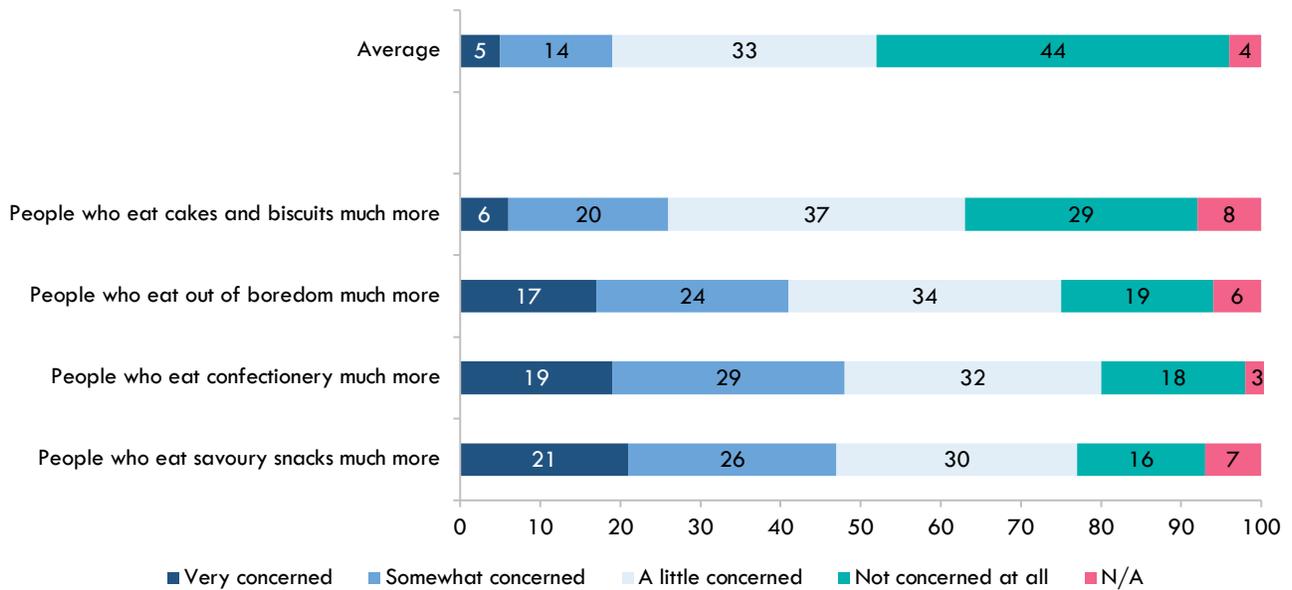


Figure 4. Concern about diet for those whose diets were affected most by the outbreak of the pandemic

Figures 3 and 4 reveal that people who have increased the amount of unhealthy food they eat are also more concerned about diet and body weight. This indicates that awareness of the effects of unhealthy diet does not guarantee action. In other words, knowing did not translate to doing but to being concerned.

Finally, we also checked who was very concerned about their body weight. On average 11% of our polling sample was very concerned about their body weight. However, this was 14% for women, 16% for those aged 25-34, 19% for people without qualifications, 20% for people with chest problems or breathing problems, and 21% for people with mental health condition.

Story 3: Inequitable impact of COVID-19 on lifestyles

Our previously published Summary Report outlines impact of COVID-19 on lifestyles. However, we have noticed that this impact was not the same for everyone. **Some of the population groups seem to have been affected by the outbreak of the epidemic more than others.** This story focuses on those groups: young people, women, those with mental health problems, those who sought help to afford food from family and/or friends, and those who sought emergency help to afford food.

Young people

There were clear age-dependent differences in how people were affected by the outbreak of COVID-19. Figure 5 shows self-reported changes in diet (a), mental wellbeing (b) and physical activity (c). Proportion of people not reporting changes grew with age for all of these issues (pink bars), clearly showing that younger age groups were more affected.

The most striking differences were observed in people's perception of their wellbeing and diet (Figure 5). While as many as 64% of 16-24 and 25-34-year-olds reported worse mental wellbeing, this was the case for 37% of those older than 65. When it comes to diet, 44% of 16-24-year-old reported worse diet compared to 24% of those over 65.

Young people were also more concerned about these changes than older age groups. Bigger proportion of those aged 16 to 24 compared to those over 65 years, were more concerned about their body weight (69% vs 56%), diet (63% vs 38%), physical activity (54% vs 41%) and their mental wellbeing (73% vs 41%).

Moreover, younger people reported more changes to their diet and physical activity than older age groups (Figure 6). The biggest differences between younger and older age groups were seen in eating confectionery, cakes and biscuits and eating out of boredom.

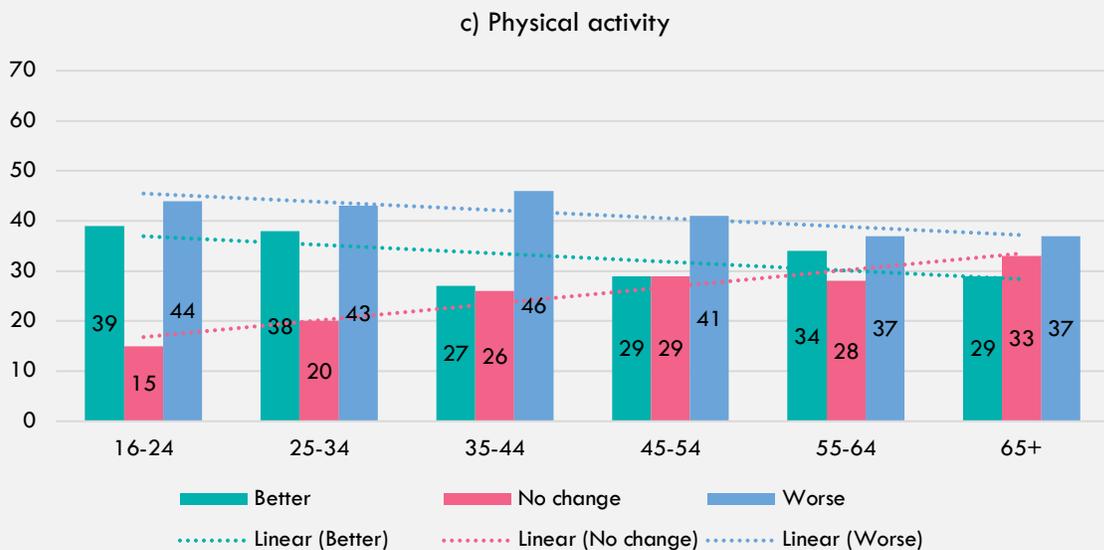
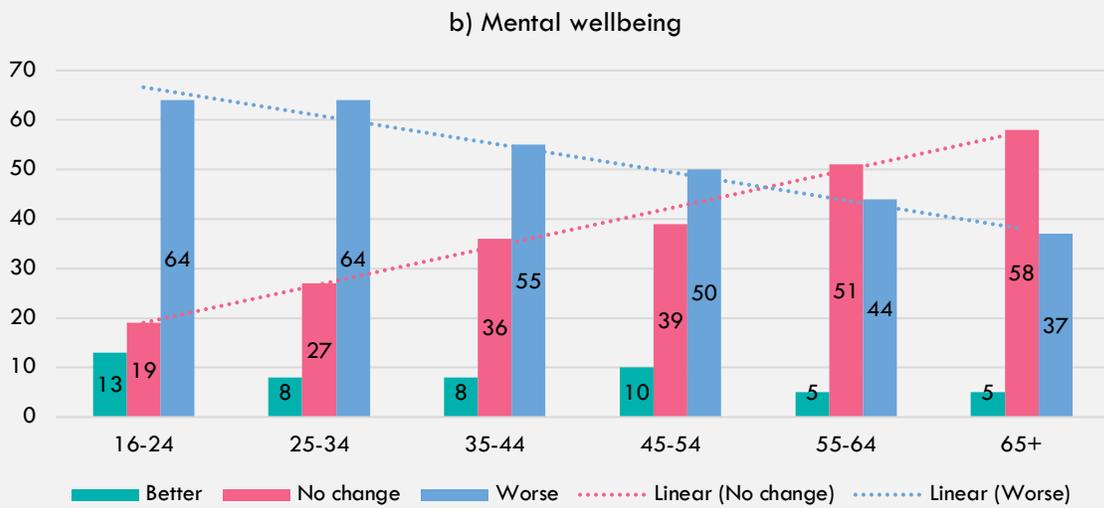
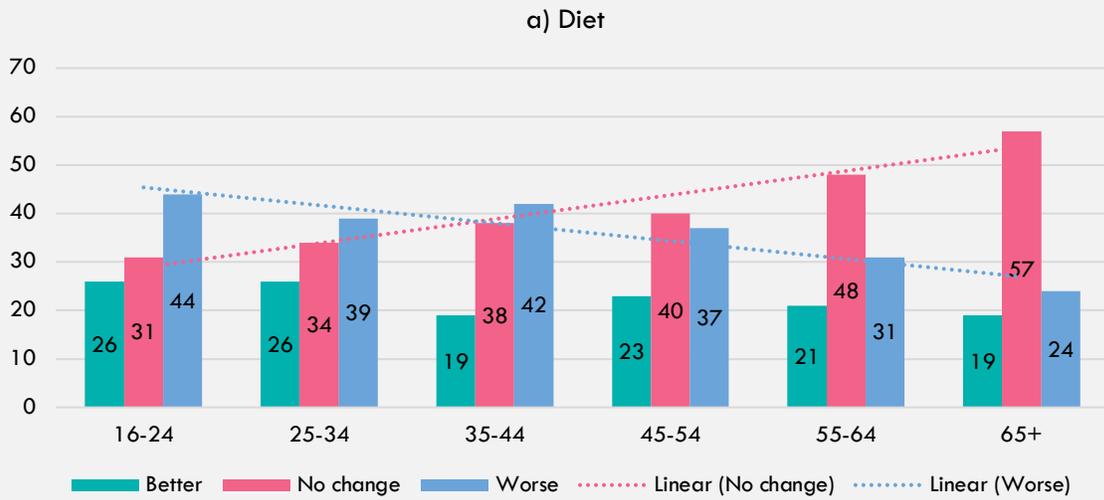


Figure 5. Perception of changes in diet (a), mental wellbeing (b) and physical activity (c), since the outbreak of the pandemic, with linear trend lines, by age group.



Figure 6. Changes to different aspects of diet and physical activity by age group. Columns represent percentage of an age group.

Additionally, younger people reported eating takeaways more often than other age groups (Figure 7). As the question about takeaways was framed ‘*Since the coronavirus pandemic begun, how often have you been eating takeaway meals?*’, it reflected practice during the first 6 or 7 weeks of lockdown in Scotland.

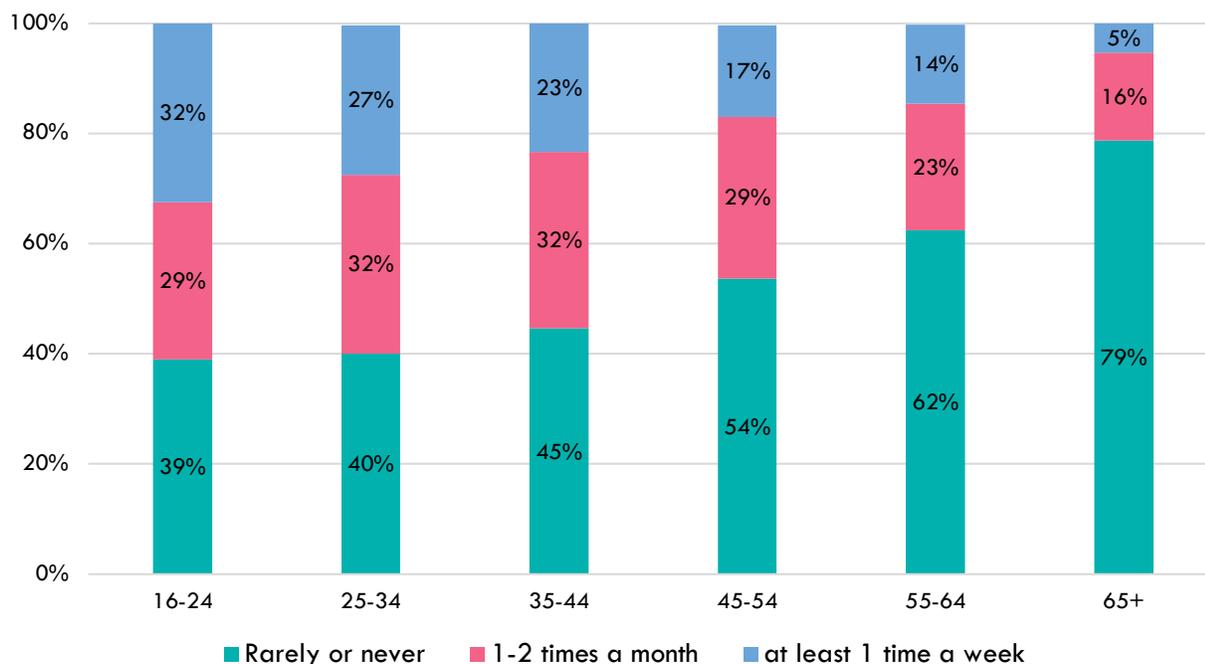


Figure 7. Frequency of eating takeaways by age group.

Women

Results of this polling strongly suggest that women are affected more than men by the outbreak of the epidemic. The differences were clear when it comes to what women said about their diet, body weight and mental wellbeing, and concern about these.

While women reported cooking from scratch more and eating more fruit and vegetables than men (47% vs 30% and 31% vs 27% respectively), they also reported significantly higher than men increases in eating confectionery (49% vs 43%), cakes and biscuits (54% vs 43%) and eating out of boredom (58% vs 48%).

Women also reported that their diet and their mental wellbeing changed more often than men did, with bigger proportion of women claiming their diet got worse (38% vs 32%) and their mental wellbeing got worse (54% vs 48%).

Finally, women were more concerned about these changes. Compared to men, women were more concerned about their mental wellbeing (60% vs 52%), diet (57% vs 47%) and physical activity (57% vs 50%). While majority of both men and women were concerned to some degree about their body weight, 14% of women were very concerned about it compared to 7% of men.

Those with mental health problems

People who declared they suffered from mental health problems constituted 20% of our polling sample (n=419). Compared to people without health conditions, those with mental health conditions were shielding more often (23% vs 5%), sought help to afford food from family and / or friends more often (10% vs 2%) and from emergency support such as foodbank (3% vs 0%).

Proportion of people for whom different aspects of life got worse since the beginning of the outbreak of COVID-19 was consistently higher among those with mental health problems compared to those without health conditions (Figure X). Those with mental health conditions were also much more concerned about their own and their families' body weight, diet, physical activity and mental wellbeing.

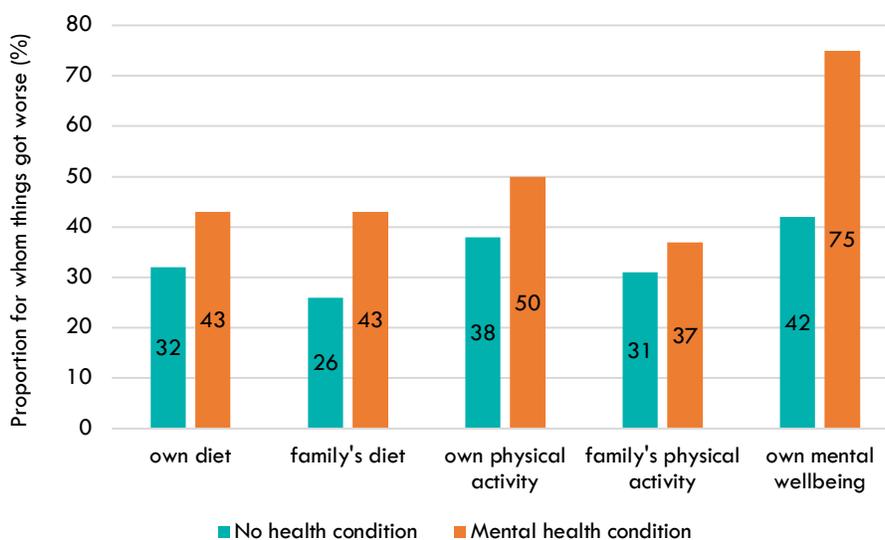


Figure X. Proportion of people for whom different aspect of lifestyle got worse since the outbreak of COVID-19.

Those who sought help to afford food from family and/or friends

People who reported seeking help to afford food from family and / or friends constituted 4% of our polling sample (n=85). Although this is relatively small proportion, this group was somewhat different from other groups. For example, as a result of the epidemic outbreak their cooking from scratch and eating ready meals was most affected, meaning that they reported bigger changes in those behaviours (Figure 6). Moreover, this group, along with those on reduced income, reported the highest increase in eating out of boredom (61%).

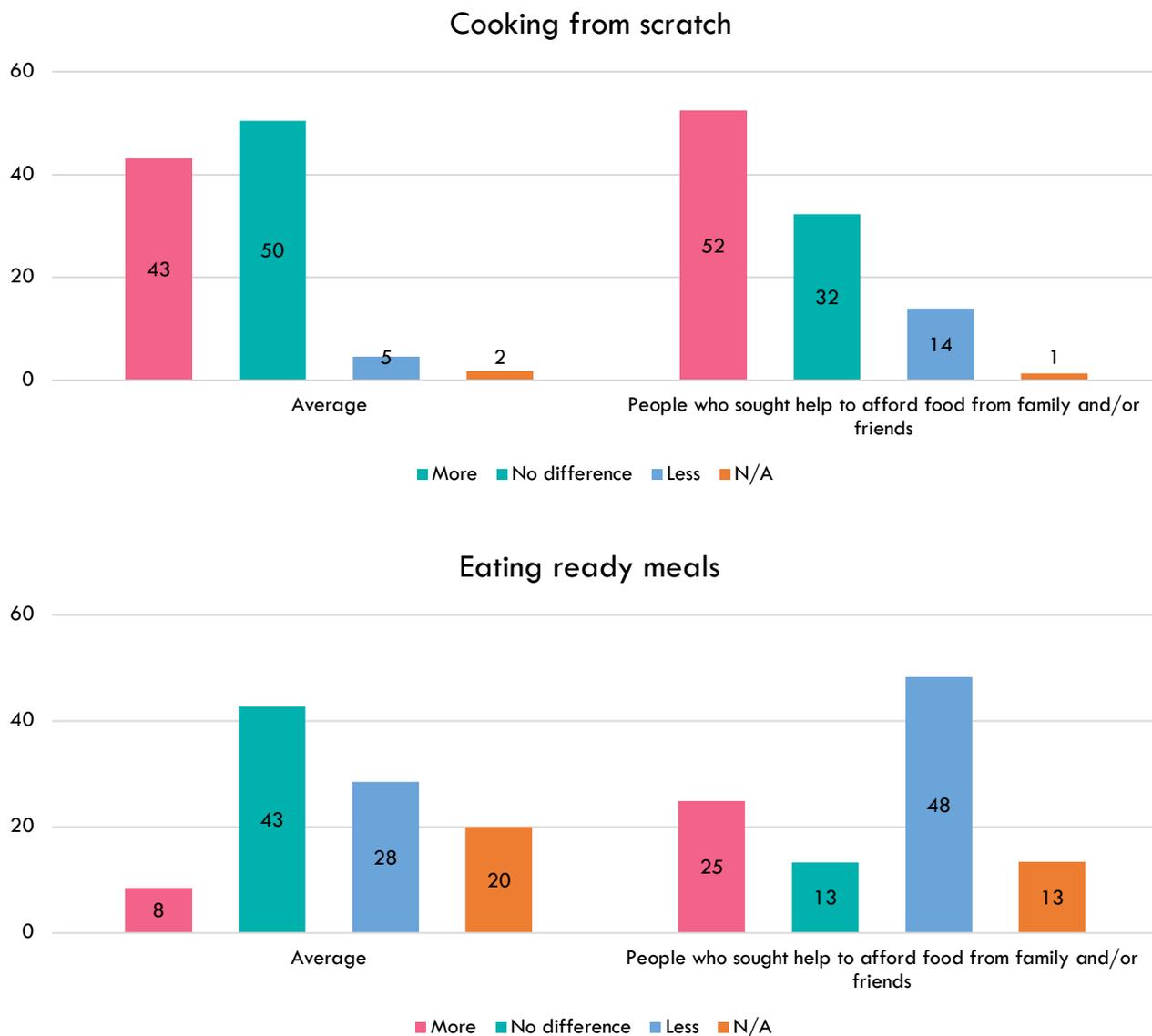
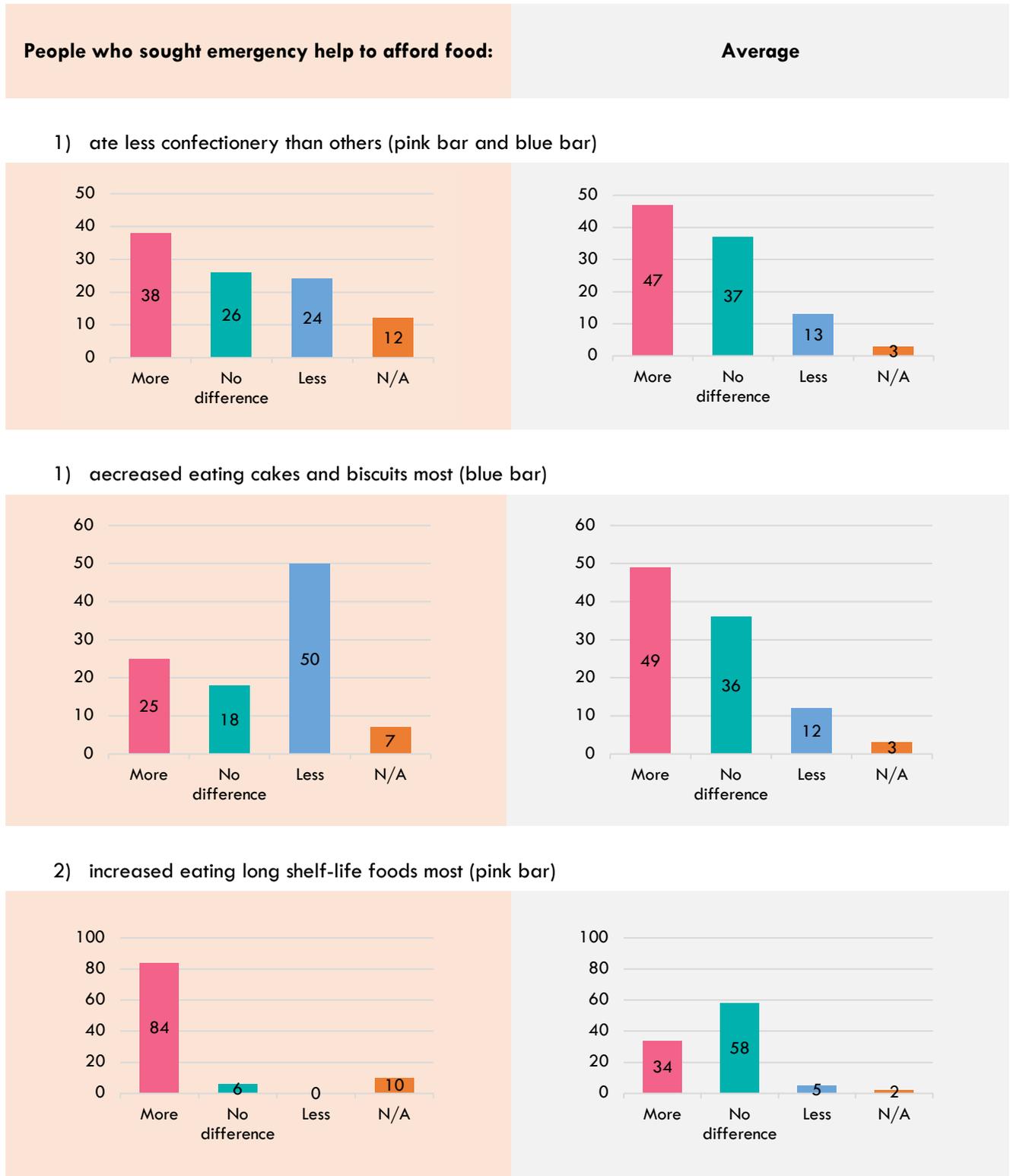


Figure 6. Cooking from scratch and eating ready meals among those who sought help to afford food from family and/or friends compared to the whole sample (average). The proportion for whom there was no difference (in pink) in these behaviours was much lower in this group than in the whole sample.

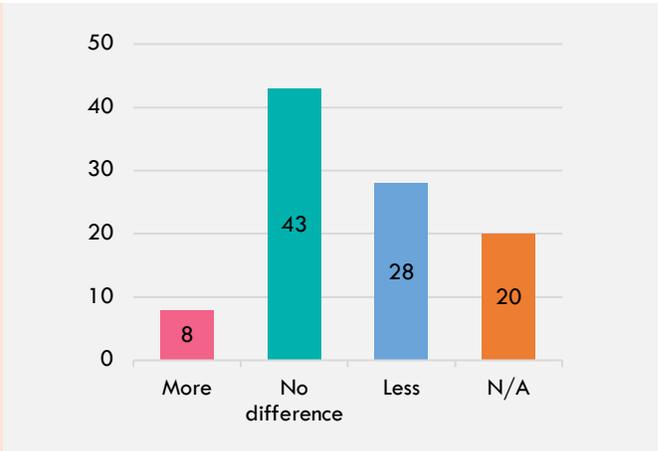
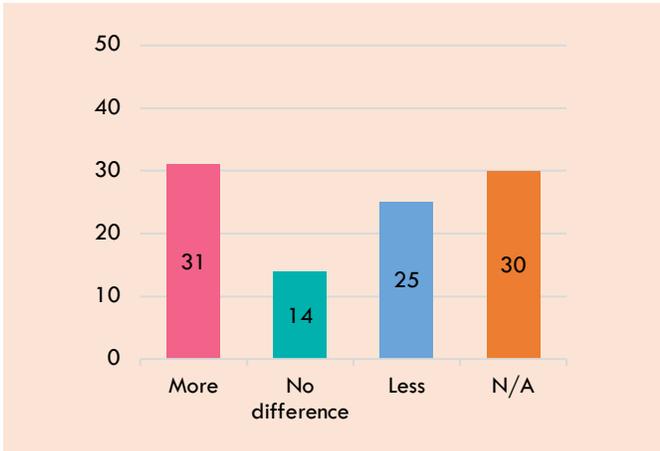
Those who sought emergency help to afford food

Although those who sought emergency help to afford food constituted only 1% of this polling sample (n = 20), they reported being affected by the outbreak of the COVID-19 much more than any other group, even those shielding. First, over half of this group reported watching portion sizes, compared to only 12% to 19% in other groups. Second, they reported the highest decrease in outdoor physical activity (59%), this was higher than those shielding (56%). Finally, they reported different changes in diet to the average of the polling sample; they ate less of confectionery and cakes and biscuits but more of long shelf-life foods, ready meals and savoury snacks (Table 1).

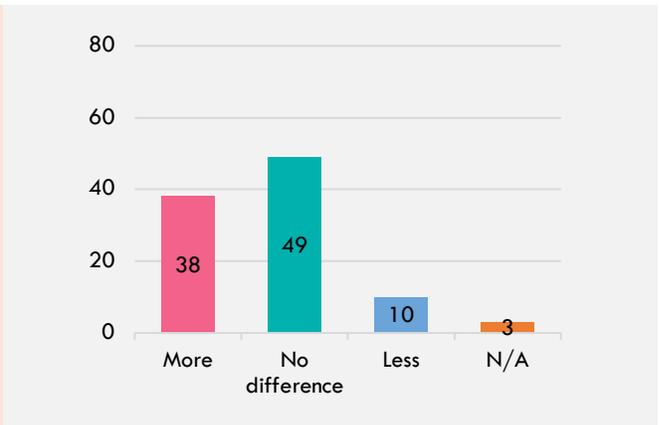
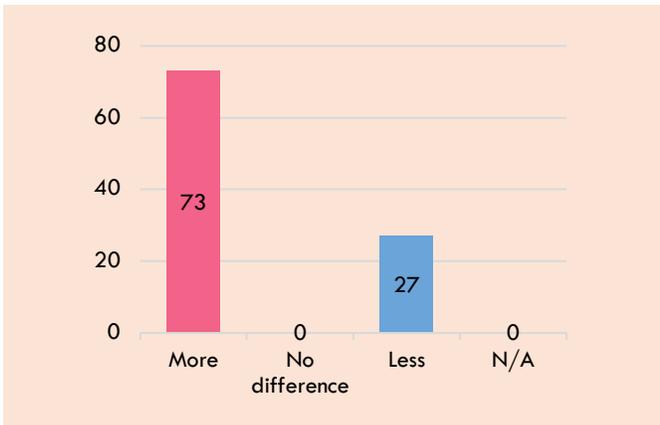
Table 1. Change in diet-related behaviours among those who sought emergency help to afford food compared to the average of this polling sample.



3) increased eating ready meals most (pink bar)



4) increased eating savoury snacks most (pink bar)



Summary and Conclusions

To summarise, further analysing of the polling results revealed that:

- 1) Eating out of boredom was the biggest change in behaviour identified by this survey. Those eating out of boredom also ate more unhealthy food. Some groups, such as young adults, ate out of boredom much more than others
- 2) Those who reported eating more unhealthy food since the outbreak of the pandemic also were most worried about diet and body weight. In other words, knowing did not translate to action but instead to being concerned
- 3) This survey indicated that lifestyles of young adults, women, those with mental health problems and those who sought help to afford food from family and friends and from emergency services such as foodbank were affected by the outbreak of COVID-19 in different ways and more than others

Based on the above findings we recommend:

- As the outbreak of COVID-19 likely caused worsening of the already poor Scottish diet² as well as the increased concern about this situation, the Scottish Government should help people in Scotland eat healthier diets. To do that the actions announced in the *Diet and Healthy Weight Delivery Plan*³ should be adapted to the current situation, integrated in the COVID-19 recovery plan and implemented as soon as possible
- Findings from this survey highlighted that knowing does not lead to action. At the same time, we saw how rapidly and dramatically changes to the environment can affect lifestyles, including diet. Therefore, apart from the commitments from the *Diet and Healthy Weight Delivery Plan* the Scottish Government should consider additional environmental modifications to help people in Scotland be healthier, such as the actions proposed in the recently published by the House of Lords *Hungry for change: fixing the failures in food* report⁴
- As impact of COVID-19 on lifestyles and health is not equitable, the groups most affected should receive more and tailored support

² Food Standards Scotland (2018) The Scottish Diet – It needs to change. 2018 Update. Aberdeen, Food Standards Scotland

³ The Scottish Government (2018) Diet and Healthy Weight Delivery Plan

⁴ Select Committee on Food, Poverty, Health and the Environment (2020) Report of Session 2019-2020. Hungry for change: fixing the failures in food. HL Paper 85. London, House of Lords.

Note on methods

A sample of 2079 adults, invited from the *ScotPulse* panel of 28,000 adults (16+) in Scotland, completed the survey online. The geographic and demographic balance of the sample is evidenced in the sample breakdown (see Table 1 below). The sample size allows the ability to undertake sub-group analysis among, for example, different age groups, those from different socioeconomic backgrounds and those with existing health conditions. Overall, the sample allows for robust and reliable estimates, which policymakers can use for decision-making.

The questions used in this survey combine (1) questions used in official government surveys and the census to measure existing health conditions and educational qualifications, (2) questions used in GB-wide surveys, and (3) questions using well-defined and used 'Likert' scales.

This Summary Report is accompanied by the Topline Results document summarising answers to the questions we asked. We are planning further analysis of this data exploring stories within it. We will publish this further analysis soon.

Table 1. Sociodemographic description of the survey sample (n=2079, weighted).

Sociodemographic variable	Categories	Survey sample, n=2079
Gender (%)	Male	998 (48)
	Female	1081 (52)
Age (%)	16-24	270 (13)
	25-34	312 (15)
	35-44	333 (16)
	45-54	374 (18)
	55-64	374 (18)
	65+	416 (20)
Social grade (%)	ABC1	1152 (55)
	C2DE	927 (45)
Number of people in household (%)	1	341 (16)
	2	879 (42)
	3	423 (20)
	4	342 (16)
	5+	94 (5)
Children in household (%)	No children	1609 (77)
	1 child	291 (14)
	2 children	142 (7)
	3 children	7 (0)
	4+ children	3 (0)
Local authority area* (%)	North	608 (29)
	East	649 (31)
	West	820 (39)
Urban/Rural (%)	Urban	1690 (81)
	Rural	386 (19)
Education (%)	No qualifications	108 (5)
	Level 1 to 3 (O grade, Standard Grade, Higher)	655 (32)
	Degree or equivalent	690 (33)
	Professional qualifications	447 (22)
	Other (please say what)	130 (6)
	Don't know	44 (2)
Physical or mental health conditions / illnesses (%)	None	770 (37)
	Mental health problems	419 (20)

	Heart, blood pressure or circulation problems	388 (19)
	Arthritis	336 (16)
	Chest or breathing problems (asthma/ bronchitis)	277 (13)
	Some other health problem or disability	243 (12)
	Problems or disabilities related to back or neck	210 (10)
	Problems or disabilities related to legs or feet	201 (10)
	Diabetes	148 (7)
	Problems or disabilities related to arms or hands	132 (6)
	Severe stomach, liver, kidney or digestive problem	85 (4)
	Severe disfigurement, skin condition or allergies	79 (4)
	Rather not say	61 (3)
	Some other progressive disability or illness	56 (3)
	Learning or behavioural problems (e.g. autism, Down's Syndrome)	27 (1)
Coronavirus-related lifestyle change (%)	Working from home	609 (29)
	Having a reduced income	448 (22)
	Shielding (vulnerable and not leaving home and minimising all non-essential contact within home)	434 (21)
	Furloughed	307 (15)
	Seeking help to afford food from family and/or friends	85 (4)
	Seeking help to afford food from emergency support such as a foodbank	20 (1)

* Local authority areas included North (Highland, Shetland, Orkney, Western Isles, Aberdeenshire, Aberdeen City, Moray, Dundee City, Angus and Perth and Kinross), West (Glasgow City, North Lanarkshire, South Lanarkshire, Dumfries and Galloway, Renfrewshire, East Renfrewshire, Inverclyde, West Dunbartonshire, East Dunbartonshire, Argyll and Bute, North Ayrshire, East Ayrshire and South Ayrshire), and East (Edinburgh City, Scottish Borders, Midlothian, East Lothian, West Lothian, Fife, Stirling, Falkirk, and Clackmannanshire).