



Public Health
Agency

Health Intelligence
Unit

Obesity, physical activity and nutrition statistics: Area profile for Belfast City Council area

April 2024

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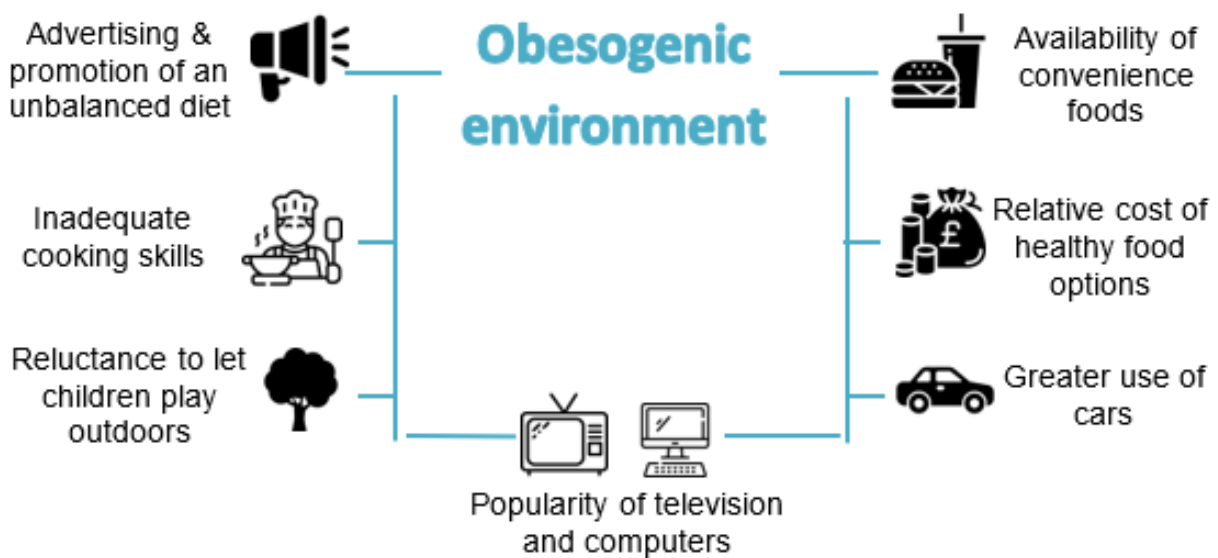
1 Overview

The World Health Organization (WHO) defines overweight and obesity asⁱ:

“abnormal or excessive fat accumulation that presents a risk to health”.

Obesity is usually measured by Body Mass Index (BMI), which is a ratio of a person’s height and weight (weight (kg)/height² (m)). There are many different factors which can cause a person to be overweight or obese. WHO believes that we now live in an obesogenic environment in which a range of factors in our physical, socio-economic and cultural environment contribute to promoting calorie intake and discourage physical activity. Some of these factors are presented in [Figure 1](#).

Figure 1: Examples of some factors which promote calorie intake



There are serious implications for health and wellbeing as a result of being overweight or obese. This includes increasing the risk of:

- heart disease;
- stroke;
- respiratory problems;
- chronic heart disease;
- cancer;
- diabetes; and
- cardiovascular disease

Furthermore, being overweight and obese can also affect mental health, with evidence suggesting it can impact on emotional wellbeing and self-esteemⁱⁱ. Evidence also suggests that there is a strong relationship between obesity and socioeconomic statusⁱⁱⁱ, with evidence suggesting that lower socioeconomic areas are around two times more likely to become obese^{iv}.

Research also suggests that childhood obesity is a strong predictor of adult obesity^v. Evidence suggests that being overweight or obese can have its roots in the early

years as young children are likely to be more receptive and are developing lifestyle choices which are likely to be determined by early life experiences, such as food preferences and physical activity^{vi}. It is argued there is a link between infant weight gain and obesity in later life, with obese children being likely to remain obese into adulthood^{vii,viii,ix} and this is more difficult to reverse^x.

The personal and social costs of obesity are incalculable; however researchers and policy makers have estimated the economic costs of overweight and obesity in a number of countries. A study commissioned by safefood¹ looked at current and projected lifetime costs of childhood overweight and obesity on the island of Ireland^{xi}. The study estimated that total current direct healthcare costs amongst children due to childhood overweight and obesity were estimated at €1.3 million for the Republic of Ireland and €0.7 million for Northern Ireland². The projected lifetime costs from the Closed Cohort Simulation Model analyses (including indirect costs) to the year 2015 that are attributable to overweight and obesity are €4.6 billion (21% of these are direct healthcare costs, and 79% are indirect costs) and €2.6 billion (26% of the costs estimated are direct healthcare costs, and 74% are indirect costs) for the Republic of Ireland and Northern Ireland respectively. The study also estimated the reduced impacts and costs that are associated with 1% and 5% reductions in population mean childhood BMI³. For the Republic of Ireland, a 1% and 5% reduction was associated with a €270 million and €1.1 billion reduction in total lifetime costs, discounted to 2015 values. For Northern Ireland, a 1% and 5% reduction in population mean BMI was associated with a €95.8 million and €396.8 million reduction in total lifetime costs.

Obesity is therefore a public health priority and to help reduce the harm related to overweight and obesity, the Department of Health has developed the 'Fitter Future for All' framework^{xii}. It aims to:

“empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and wellbeing, by creating an environment that supports and promotes a physically active lifestyle and a healthy diet”.

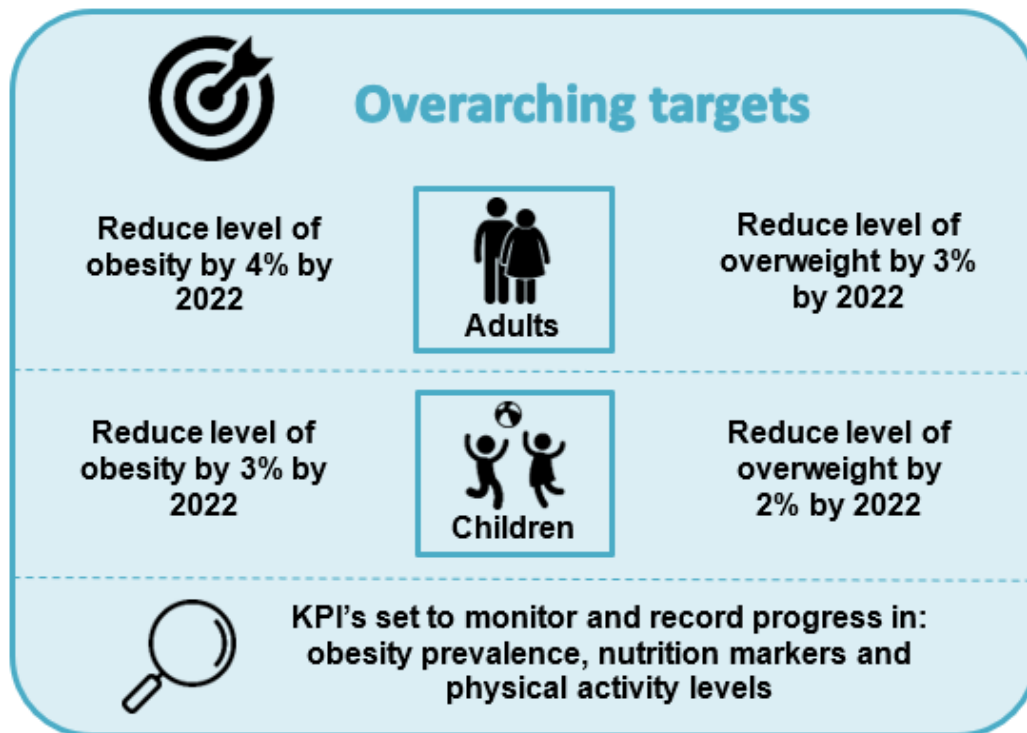
Overarching targets of the framework are outlined in [Figure 2](#).

¹ safefood is a North–South body responsible for the promotion of food safety on the island of Ireland.

² Using the Closed Cohort Simulation Model-based approach

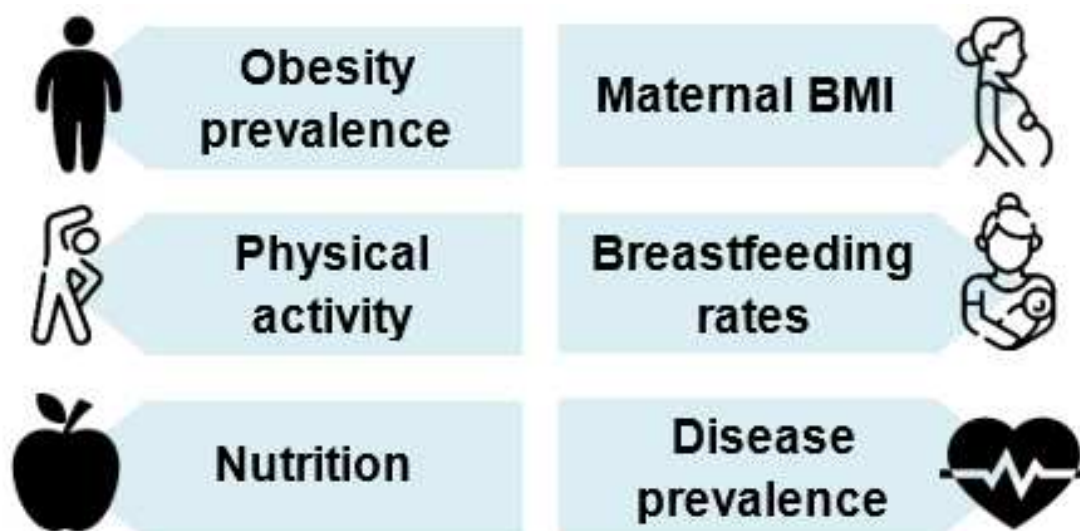
³ Using the Closed Cohort Simulation Model-based approach

Figure 2: A Fitter Future for All targets



It is clear that tackling obesity and helping people achieve or maintain a healthier weight is complex and there is no one single solution. There is a growing body of evidence that suggests whole systems approaches and collaborative working could help tackle obesity, and work is underway by the Public Health Agency and other key stakeholders in Northern Ireland to progress this approach^{xiii}. Data plays a key role in the whole systems approach and helps paint a picture of the local area. There are a number of performance measures which can be used to monitor obesity; including population level indicators and maternal indicators (see [Figure 3](#)).

Figure 3: Performance measures used to measure obesity



This paper presents an area profile for Belfast City Council area. It is important to note that not all data is available by Council area. Where it is not possible to provide a breakdown by council area, data is presented by HSC Trust, in this case the Belfast HSC Trust, to provide an insight. In some instances, data is also provided at Northern Ireland level if no further breakdowns by geography are available.

2 Obesity prevalence

2.1 Adult obesity

Adult obesity is measured by Body Mass Index (BMI), which is an index of weight-for-height that is used in order to classify overweight and obesity in adults. [Table 1](#) outlines BMI classifications in adults.

Table 1: BMI classifications in adults

BMI	Weight status
Below 18.5	Underweight
18.5 – 24.9	Normal or healthy weight
25.0 – 29.9	Overweight
30.0 and above	Obese

Data relating to the prevalence of adult obesity is gathered in the Northern Ireland Health Survey. In 2018/19, as part of a methodological review, a revised weighting methodology was adopted. For comparison purposes, trend tables have been updated to reflect the revised methodology.

[Figure 4](#) outlines the prevalence of overweight and obesity among adults (aged 16+) in Northern Ireland for between the periods 2010/11 and 2019/20. There has been a slight variation in the proportion of people who are overweight and obese:

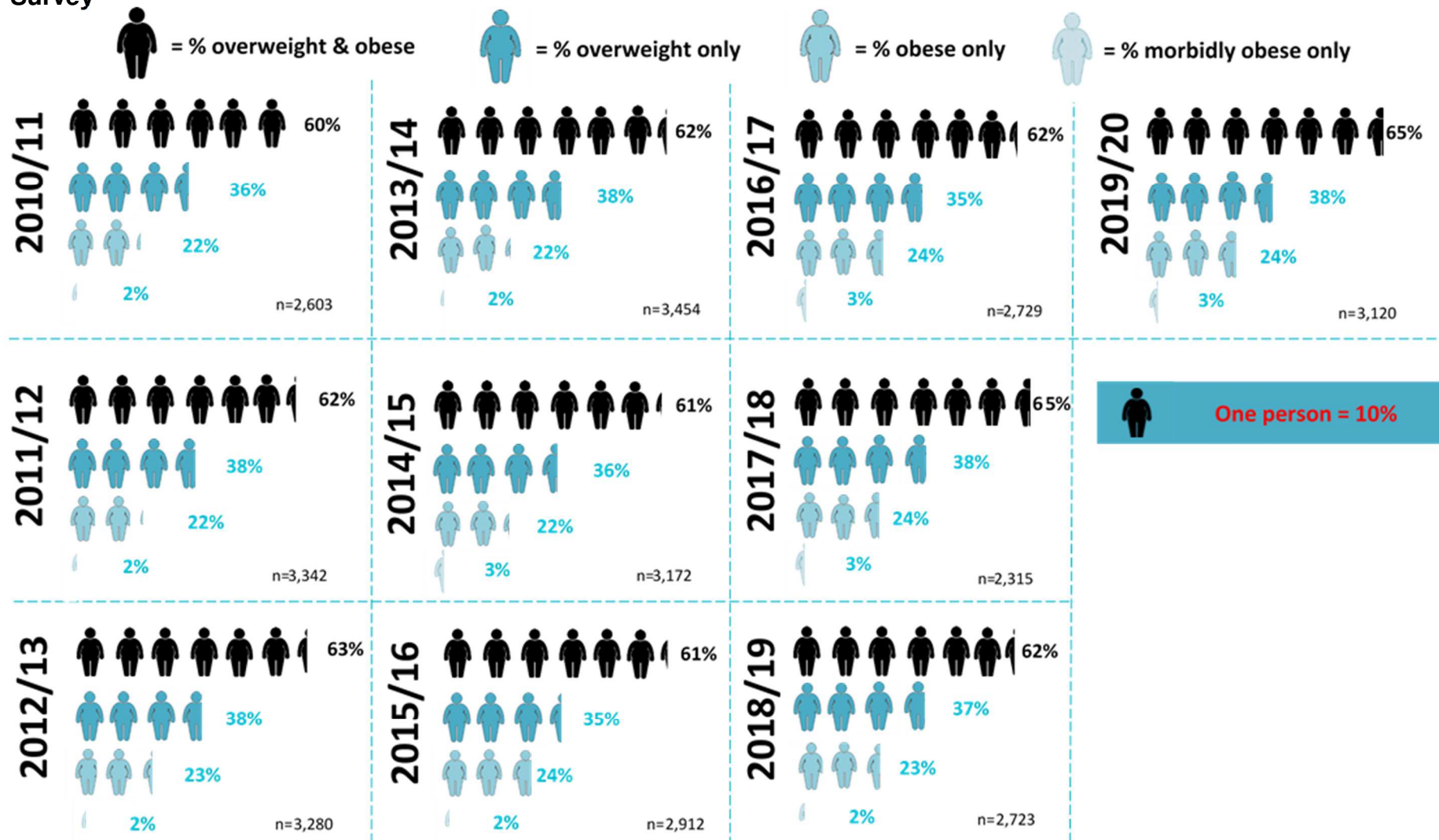
- The proportion of overweight and obese people ranged from 60% in 2010/11 to 65% in 2017/18 and 2019/20.
- The proportion of people overweight ranged between 35% (2015/16 and 2016/17) and 38% (2011/12; 2012/13; 2013/14; 2017/18 and 2019/20); and
- The proportion of people obese ranged between 22% and 24% throughout this period (2010/11 – 2019/20).

Data is unavailable at council level therefore data from the Belfast HSC Trust has been used to give some indication at the levels of obesity prevalence in Belfast.

[Figure 5](#) outlines the prevalence of overweight and obesity among adults in the Belfast HSC Trust. There has been a slight variation in the proportion of people who are overweight and obese in the Belfast HSC Trust and the proportions at NI level:

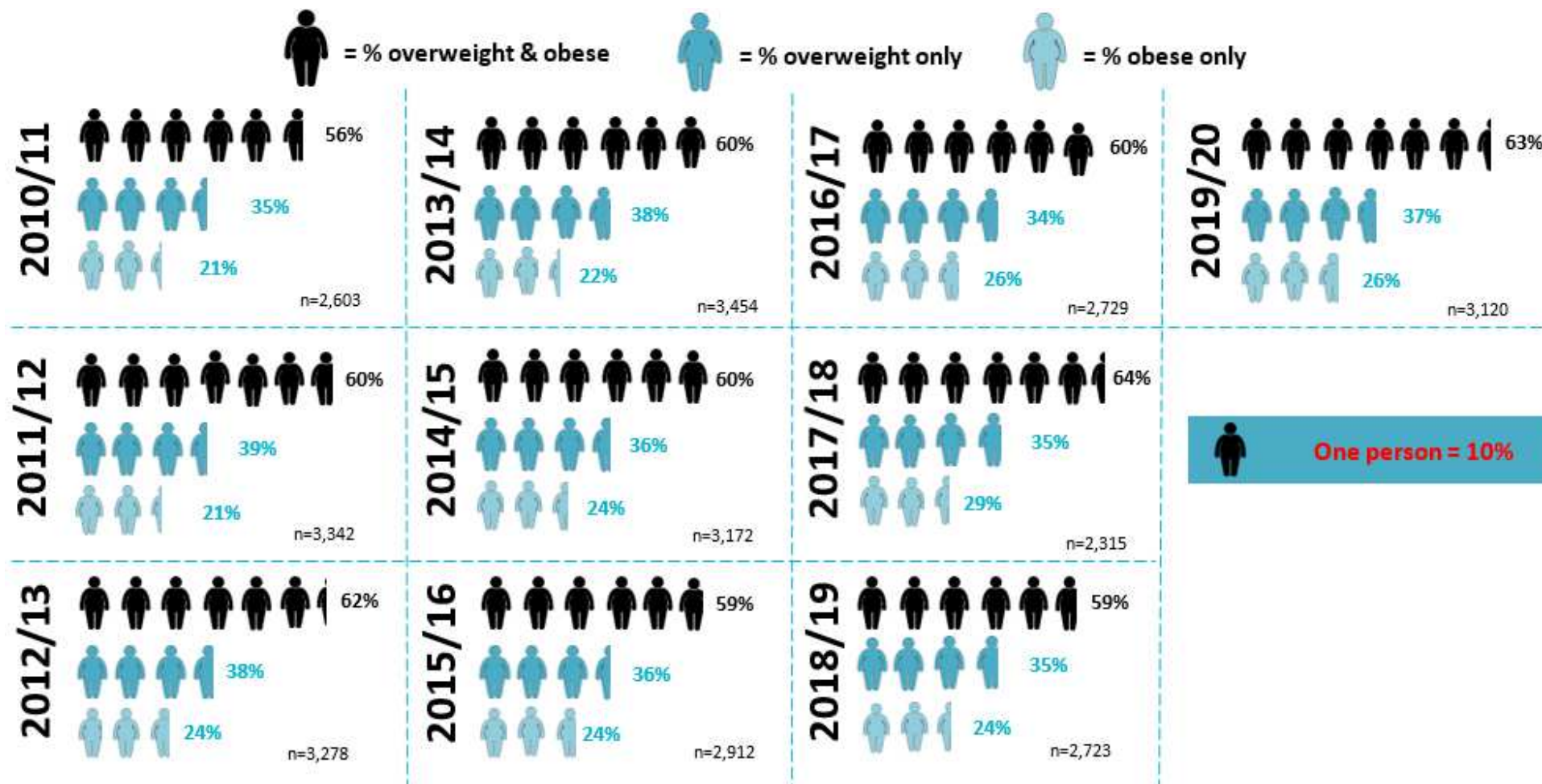
- The proportion of overweight and obese people ranged from 56% in 2010/11 to 64% in 2017/18.
- The proportion of people overweight ranged between 34% in 2016/17 to 39% in 2011/12; and
- The proportion of people obese ranged between 21% in 2010/11 and 2011/12 to 29% in 2017/18.

Figure 4: Prevalence of overweight and obesity among adults (aged 16+) in Northern Ireland 2010/11 to 2019/20, NI Health Survey



Source: Northern Ireland Health Survey. Available at: <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-201920>

Figure 5: Prevalence of overweight and obesity among adults (aged 16+) in Belfast HSC Trust 2010/11 to 2019/20, NI Health Survey



Source: Northern Ireland Health Survey. Available at: <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-201920>

2.2 Childhood obesity

[Figure 6](#) provides a breakdown of overweight and obesity in Primary 1 and Year 8 using the IOTF classification. In 2021/22 15.6% of Primary 1 children were overweight, whilst 6.1% were considered obese. In 2018/19 for Year 8, 21.2% were overweight and 6% were obese at a Northern Ireland level. There was little variation in these figures since 2014/15.

In Belfast City Council, 16.3% were overweight and 6.8% were obese in Primary 1 in 2021/22. Data showed that 23.1% were overweight and 6.9% were obese in Year 8 in 2018/19 when data was last available.

Figure 6: BMI levels in Primary 1 and Year 8 – IOTF classification⁴

		NORTHERN IRELAND		BELFAST CITY COUNCIL	
		Overweight	Obese	Overweight	Obese
Primary 1	2021/22	15.6%	6.1%	16.3%	6.8%
	2018/19	16.3%	5.5%	16.3%	5.6%
	2017/18	15.5%	5.1%	16.9%	5.8%
	2016/17	15.7%	5.0%	15.1%	6.8%
	2015/16	16.2%	5.4%	15.6%	6.3%
	2014/15	15.8%	5.1%	14.9%	6.4%
Year 8	2018/19	21.2%	6.0%	23.1%	6.9%
	2017/18	21.8%	6.0%	22.4%	7.1%
	2016/17	21.7%	5.6%	22.4%	6.3%
	2015/16	21.9%	5.4%	20.7%	6.6%
	2014/15	21.0%	5.4%	19.5%	7.4%

⁴ Year refers to school year. Children measured in Year 1 are typically between 4 ½ and 5 ½ years of age. Note that in any year all children may not be measured and so coverage may not be complete. Please note that in 2018/19, children in Western Trust did not have height and weight measurements taken. Therefore 2018/19 data is based on four out of five health trusts only. A small number of children were measured who were resident in Western Trust area (124) and these children have been included in the data above. As a result of the COVID-19 pandemic, disruption in schools resulted in some children not being measured and therefore there was insufficient coverage during 2020/21. Therefore, data for 2020/21 has not been provided. Although data for 2021/22 is provided for Primary 1, the coverage is lower than in previous years and so caution is advised when interpreting data.

The Health Intelligence Unit in the Public Health Agency produce maps which show the proportion of Primary 1 and Year 8 children who are overweight/obese in each DEA using the IOTF classification. These were last produced in 2019 for the period 2013/14 to 2017/18. The maps show that overweight and obesity levels in Primary 1 were higher in Court DEA, and Oldpark DEA. This was also the case for Year 8's.

Figure 7: Belfast City Council by DEA level Primary 1 pupils overweight and obese (2013/14 to 2017/18) (IOTF), produced by Health Intelligence Unit, PHA using Child Health data

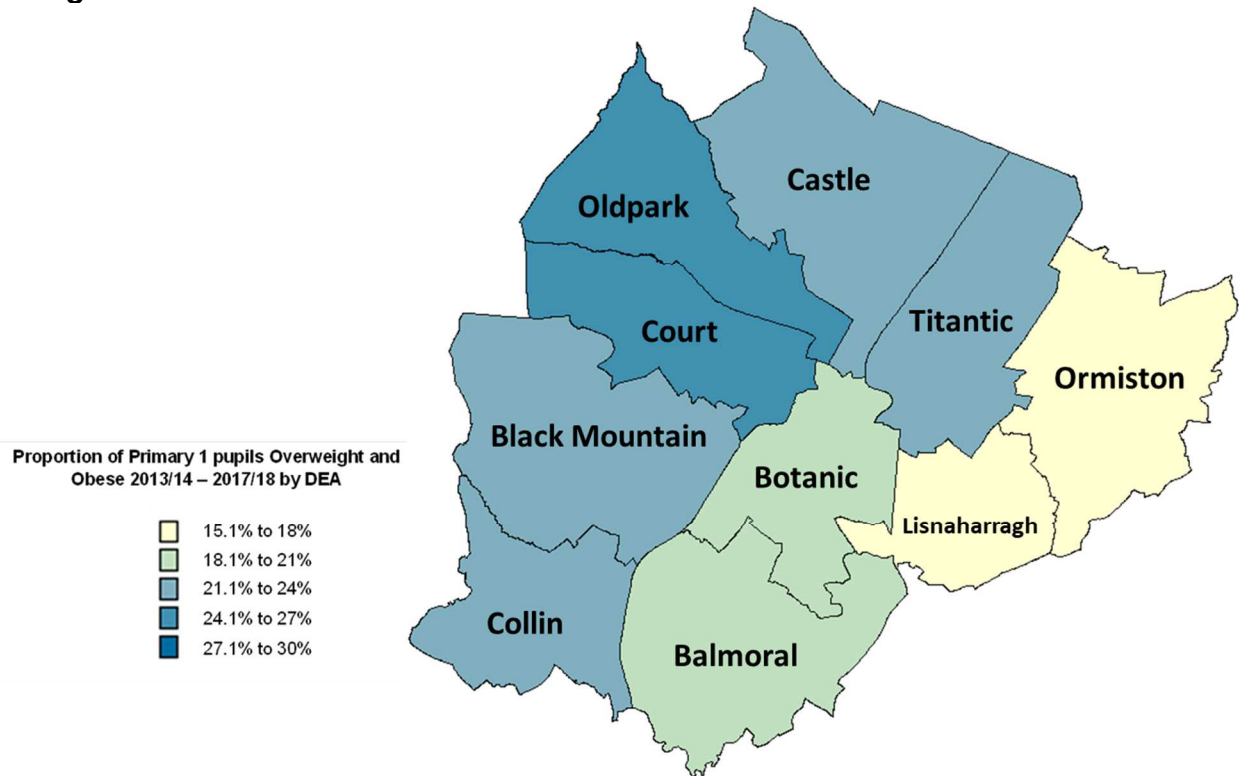
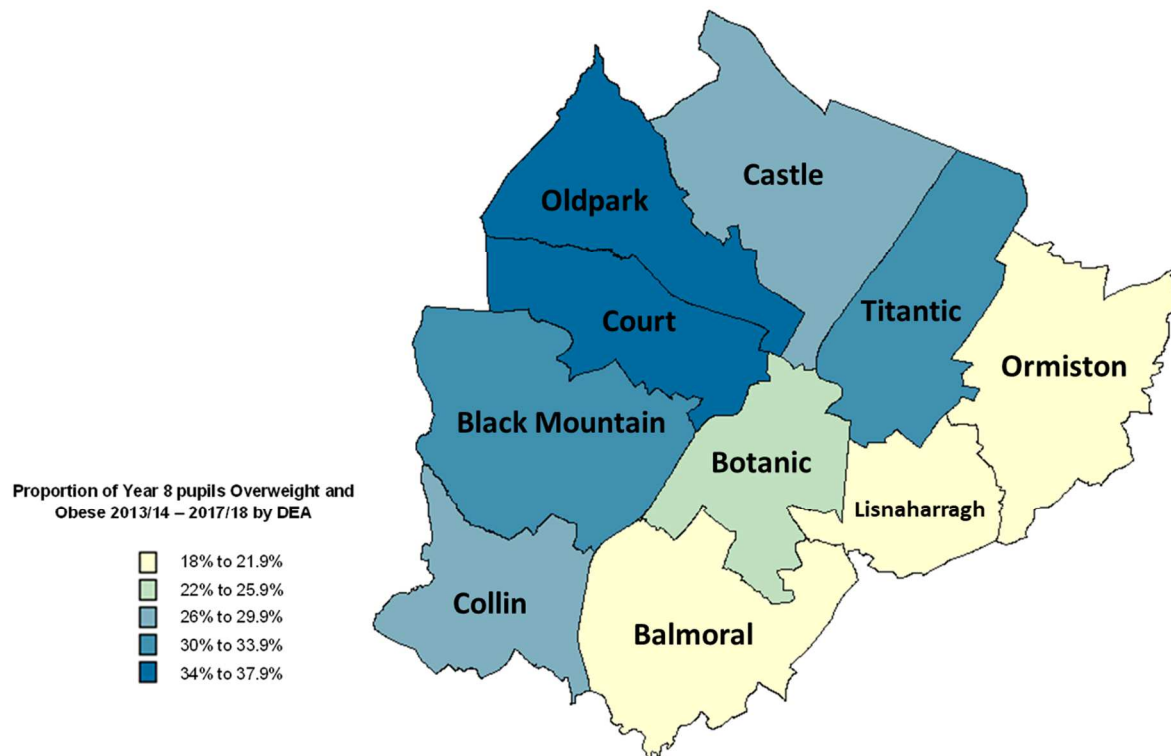


Figure 8: Belfast City Council by DEA level Year 8 pupils overweight and obese (2013/14 to 2017/18) (IOTF), produced by Health Intelligence Unit, PHA using Child Health data



[Figure 9](#) provides a breakdown of overweight and obesity in Year 1 and Year 8 using the UK90 classification. In 2021/22 13.8% of Primary 1 children were overweight, whilst 12% were considered obese in Northern Ireland. In 2018/19, for Year 8, 15.2% were overweight and 20% were obese at a Northern Ireland level. There was little variation in these figures since 2017/18.

In Belfast City Council, 13.8% were overweight and 13.3% were obese in Primary 1 in 2021/22. Data showed that 15.4% were overweight and 22.7% were obese in Year 8 in 2018/19. There was little variation in these figures compared with data in 2017/18.

Figure 9: BMI levels in Primary 1 and Year 8 – UK90 classification⁵

		NORTHERN IRELAND		BELFAST CITY COUNCIL	
		Overweight	Obese	Overweight	Obese
Primary 1	2021/22	13.8%	12.0%	13.8%	13.3%
	2018/19	14.5%	11.6%	14.2%	11.7%
	2017/18	14.0%	10.7%	14.1%	11.5%
Year 8	2018/19	15.2%	20.0%	15.4%	22.7%
	2017/18	15.2%	20.5%	15.4%	21.7%

⁵ Year refers to school year. Children measured are typically between 4½ and 5½ years of age in Year 1 and between 11½ and 12½ years of age in Year 8. Figures above are categorised using British 1990 (UK90) Growth Reference thresholds. Note that in any year all children may not be measured and so coverage may not be complete. Note that in 2018/19, children in Western Trust did not have height and weight measurements taken. Therefore 2018/19 data is based on four out of five Health Trusts only. A small number of children were measured who were resident in WHSCT area (124) and these children have been included in the data above. As a result of the COVID-19 pandemic, disruption in schools resulted in some children not being measured and therefore there was insufficient coverage during 2020/21. Therefore, data for 2020/21 has not been provided. Although data for 2021/22 is provided for Year 1, the coverage is lower than in previous years and so caution is advised when interpreting data.

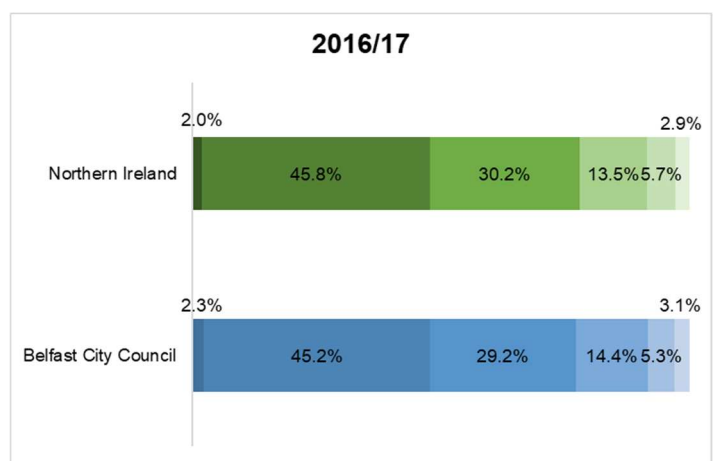
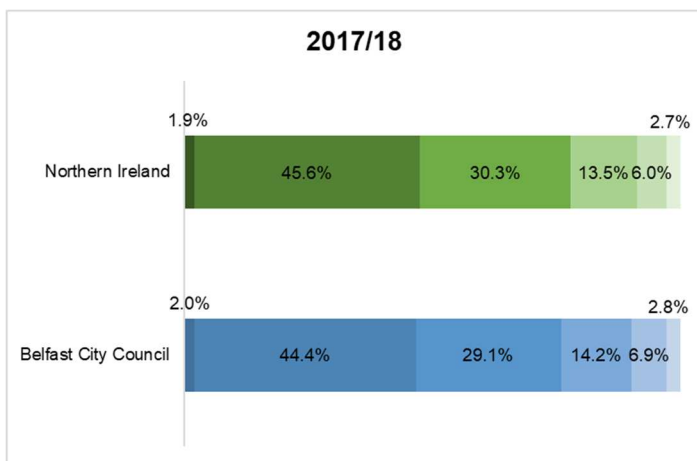
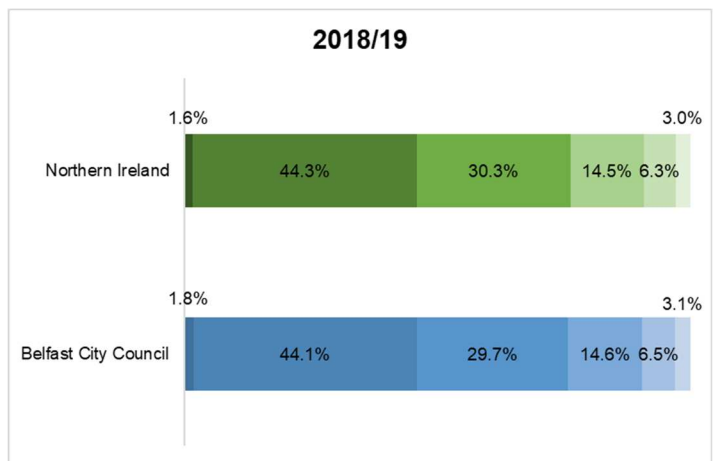
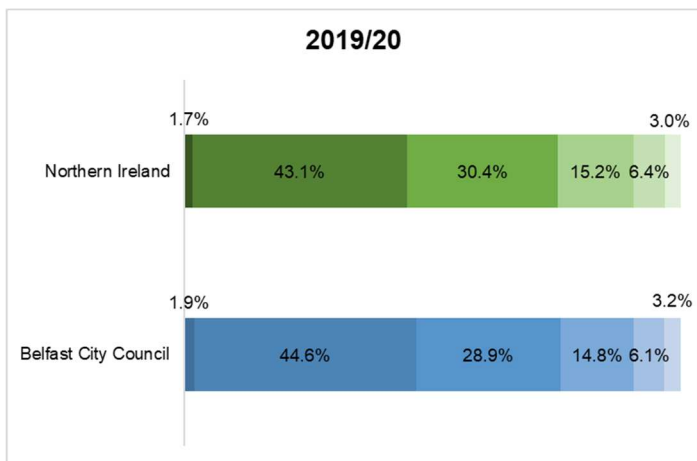
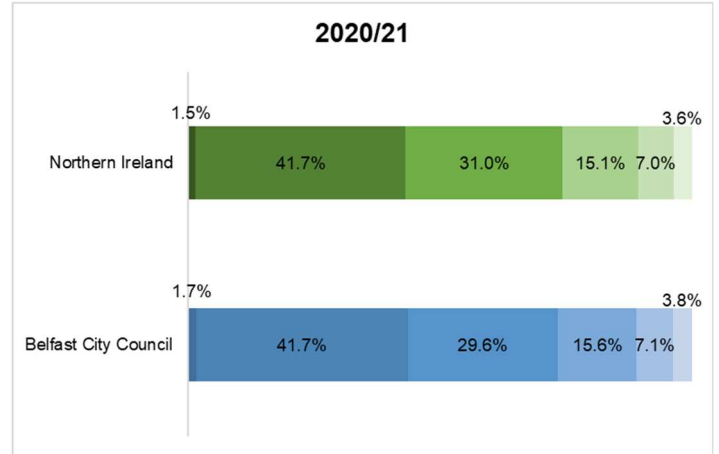
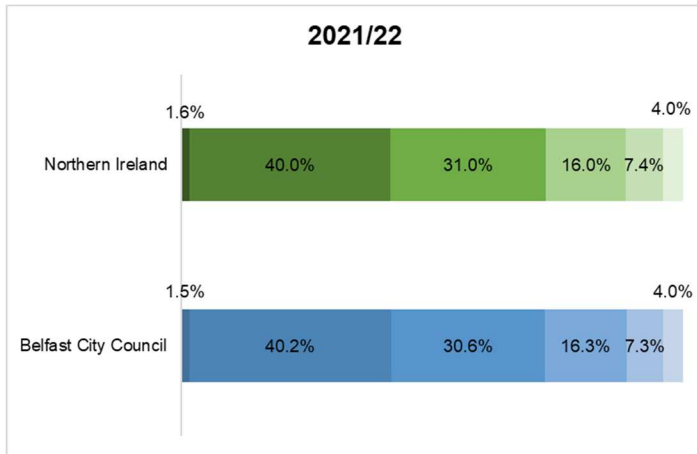
3 Maternal BMI

Over a quarter (27.4%) of mothers giving birth in Northern Ireland during 2021/22 were measured as obese at time of antenatal booking appointment (BMI = 30.00 or more). This proportion has increased year on year since 2016/17. In addition to this, in 2021/22, three in five (58.4%) mothers at the time of booking, were considered pre-obese or obese (BMI = 25.00 or more). Again, this figure has increased continually since 2016/17 (52.3%).

There was little variation in BMI at time of booking of mothers in Belfast City Council when compared to Northern Ireland figures. In 2021/22, one in four (27.6%) were measured as obese (BMI = 30.00 or more) at time of antenatal booking. Three in five mothers (58.2%) were also considered pre-obese or obese (BMI = 25.00 or more) in 2021/22. There was little variation when comparing figures to previous years.

Figure 10: Body Mass Index, at time of booking, of mothers resident in Northern Ireland who gave birth, 2016/17 – 2021/22, NIMATS

■ Underweight ■ Normal ■ Pre-obese ■ Obese I ■ Obese II ■ Obese III
 ■ Underweight ■ Normal ■ Pre-obese ■ Obese I ■ Obese II ■ Obese III

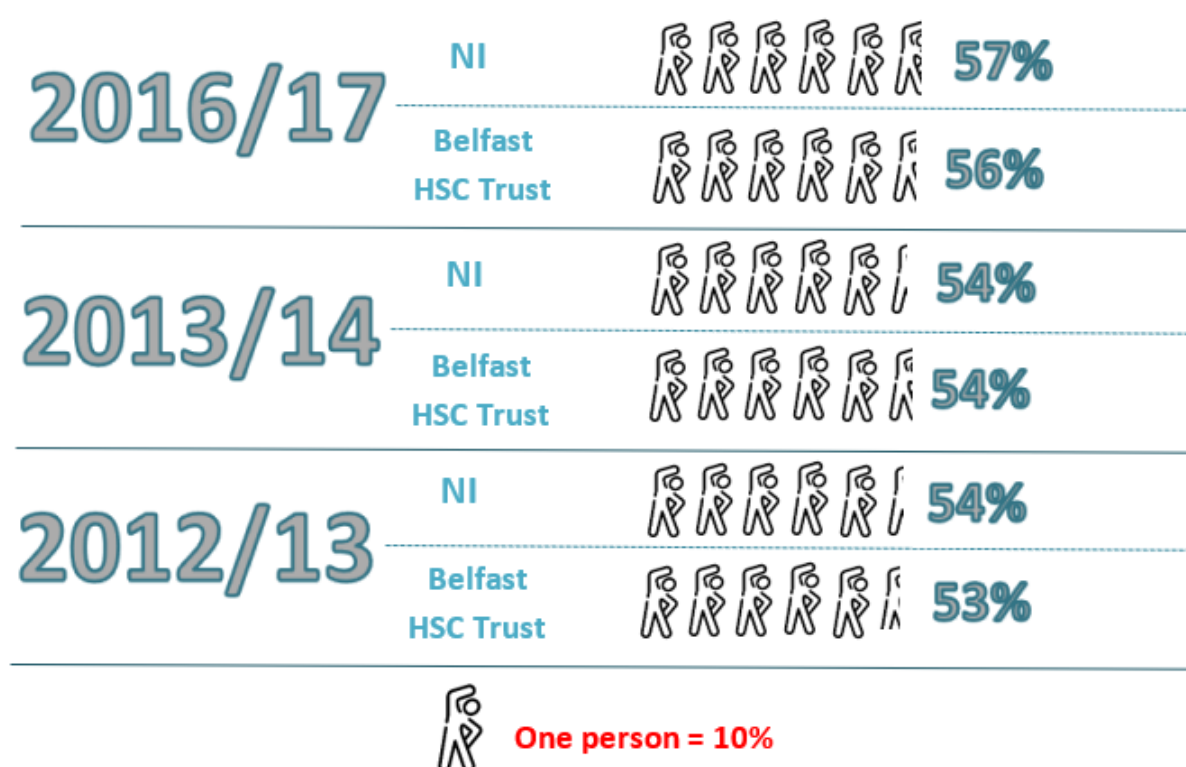


4 Physical activity

4.1 Adults

[Figure 11](#) shows the proportion of adults meeting the recommended physical activity levels. Overall, there has been a small increase in the proportion who met the recommended levels, with approximately three in five (57%) meeting the recommendations at Northern Ireland level in 2016/17. Figures for the Belfast HSC Trust have been similar each year when compared to Northern Ireland figures with 56% meeting the recommended levels in 2016/17.

Figure 11: Adults (aged 19+) meeting CMO recommended physical activity levels, NI Health Survey



4.2 Young people

The Young Persons Behaviour and Attitudes Survey provides data relating to children aged 11-16 years physical activity behaviour. Data is only available at Northern Ireland level and by Year group. The 2019 survey showed nine in ten (90%) children aged 11-16 years played any sport, done any physical activity, or played actively that made them out of breath or hot and sweaty for a total of at least 60 minutes a day at least one day over the last 7 days.

In terms of total hours spent in a typical week playing any sport, doing any physical activity, or playing actively, the most frequent answer identified was about 1-2 hours (29%), followed by 3-4 hours (25%). Indeed, as hours increased, the proportion of children who said they did this decreased.

Figure 12: Children aged 11-16 physical activity behaviour, Young People Behaviour and Attitudes Survey 2019



Nine in ten (90%) children aged 11-16 years played any sport, done any physical activity, or played actively that made them out of breath or hot and sweaty for a total of at least 60 minutes a day at least one day over the last 7 days

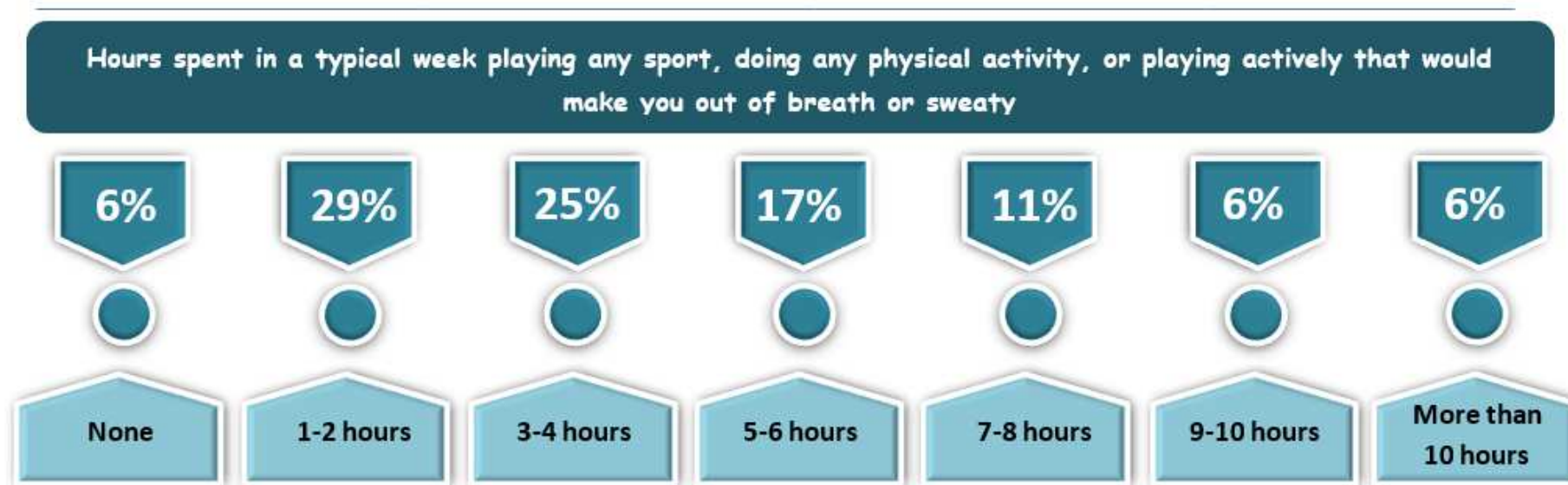


Figure 13 overleaf provides a breakdown by Year group for 2019 data. As shown in Figure 13, the proportion of children playing any sport, doing any physical activity, or playing actively that made them out of breath or hot and sweaty for a total of at least 60 minutes a day at least one day over the last 7 days decreased as children got older with 93% of Year 8's indicating they did this at least one day, compared to 84% of Year 12's. There was little difference in terms of hours spent per week by Year group, however a higher proportion of Year 12's said they spent no hours compared to other year groups (10% v 4% of Year 8's and Year 9's, 5% of Year 10's and 7% of Year 11's).

Figure 13: Physical activity behaviour by Year group, Young People’s Behaviour and Attitudes Survey, 2019

	Year 8	Year 9	Year 10	Year 11	Year 12
Played any sport, done any physical activity, or played actively that made them out of breath or hot and sweaty for a total of at least 60 minutes a day at least one day over the last 7 days					
No days	7%	8%	8%	11%	16%
At least one day	93%	92%	92%	89%	84%
Hours spent in a typical week playing any sport, doing any physical activity, or playing actively that would make you out of breath or sweaty					
None	4%	4%	5%	7%	10%
1-2 hours	33%	28%	28%	28%	29%
3-4 hours	24%	26%	25%	26%	25%
5-6 hours	17%	18%	19%	17%	16%
7-8 hours	11%	11%	12%	10%	10%
9-10 hours	6%	6%	6%	6%	6%
More than 10 hours	6%	7%	6%	6%	5%

[Figure 14](#) shows that one in two respondents (56%) at Northern Ireland level believed that you should spend 60 minutes a day doing physical activity in order to be healthy. In terms of time spent doing physical activity each week, the most common answer identified was 4-6 hours (34%). There was little difference in findings per year group.





Figure 14: Knowledge of recommended physical activity levels, Young People’s Behaviour and Attitudes Survey, 2019

	NI	Year 8	Year 9	Year 10	Year 11	Year 12
How many minutes should you spend <u>each day</u> playing sport, doing physical activity, or playing actively to make you out of breath or hot or sweaty in order to be healthy						
15 mins	3%	3%	2%	3%	2%	3%
30 mins	20%	17%	18%	20%	22%	23%
60 mins	56%	48%	51%	62%	59%	60%
90 mins	13%	18%	16%	10%	11%	10%
More than 90 mins	8%	14%	12%	5%	6%	4%
Don’t know	0%	0%	0%	0%	1%	0%
How long do you think you should spend <u>each week</u> playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty to be healthy						
0-3 hours	25%	31%	26%	23%	22%	21%
4-6 hours	34%	29%	36%	36%	36%	35%
7-9 hours	30%	27%	25%	33%	31%	32%
10+ hours	10%	11%	13%	8%	10%	11%
Don’t know	1%	1%	1%	1%	2%	1%

In the 2022, Young Persons Behaviour and Attitudes Survey, two in five (62.4%) young people said they enjoyed doing sports or physical activity. The majority (95.7%) said they spent time watching TV in the last week (63.6% said less than 10 hours; 25.3% said 10-20 hours; 6.8% said more than 20 hours; 4.3% said none), whilst two in three (67.7%) said they spent time playing computer or console games (43.6% said less than 10 hours; 18.1% said 10-20 hours; 6% said more than 20 hours; 32.2% said none).

The 2019 survey also included questions about young people’s behaviour in the last week. Nine in ten children said they spent time doing sedentary things like watching TV, doing homework and spending time on social media in the last week; whilst three in five said they spent time playing computer games. The proportion who spent 10-20 hours doing so increased per Year group, with the exception of playing computer games which remained consistent.

Figure 15: Sedentary behaviour, Young People Behaviour and Attitudes Survey, 2019

	NI	Year 8	Year 9	Year 10	Year 11	Year 12	
Watching TV							
	None	7%	10%	8%	8%	6%	6%
	Less than 10 hours	68%	75%	71%	67%	65%	64%
	10 – 20 hours	19%	12%	16%	20%	24%	24%
	More than 20 hours	5%	3%	5%	6%	6%	6%
Playing computer or console games							
	None	40%	37%	36%	40%	43%	47%
	Less than 10 hours	39%	48%	42%	36%	36%	32%
	10 – 20 hours	15%	12%	15%	16%	15%	15%
	More than 20 hours	6%	4%	7%	8%	6%	6%
School homework							
	None	8%	5%	6%	9%	9%	12%
	Less than 10 hours	71%	74%	77%	75%	66%	62%
	10 – 20 hours	18%	19%	15%	13%	21%	21%
	More than 20 hours	3%	2%	2%	2%	4%	4%
Social media							
	None	9%	16%	11%	8%	5%	3%
	Less than 10 hours	55%	65%	61%	53%	50%	45%
	10 – 20 hours	26%	14%	20%	30%	32%	35%
	More than 20 hours	10%	4%	8%	10%	13%	16%

Children were also asked to indicate the extent they were active and ate healthily. The most frequent answer identified was ‘I am very active but do not eat healthily’ (41%). This answer tended to increase in proportions with Year group, with the exception of Year 12 which saw a decrease in the proportions saying this. The proportions who said ‘I am very active and eat healthily’ (32%) decreased with Year group.

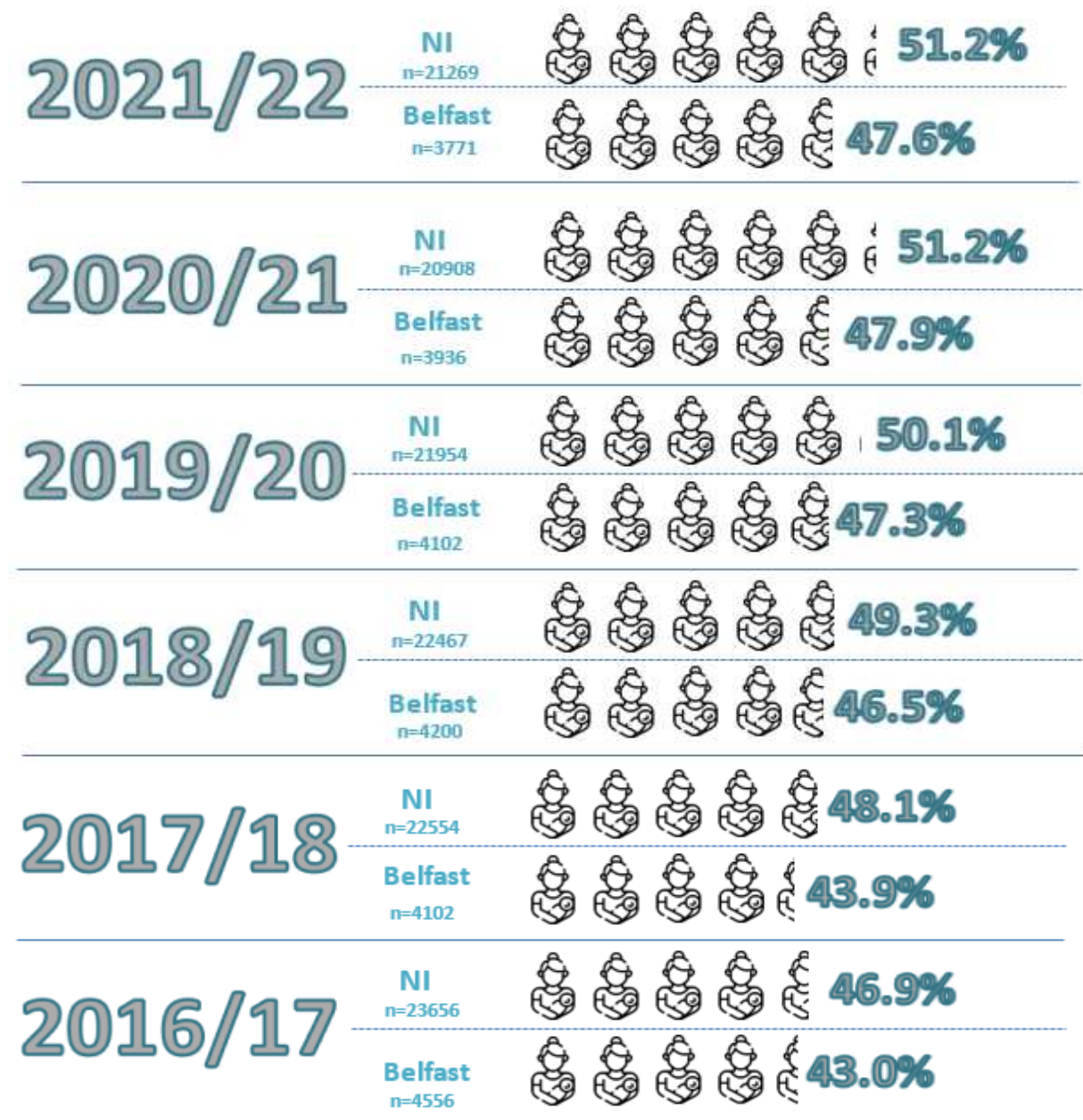
Figure 16: Extent to which children were active and ate healthily, Young People Behaviour and Attitudes Survey, 2019

	NI	Year 8	Year 9	Year 10	Year 11	Year 12
I am very active and eat healthily	32%	45%	36%	29%	25%	25%
I am very active but do not eat healthily	41%	35%	40%	45%	44%	39%
I am not very active but eat healthily	20%	16%	19%	18%	22%	25%
I am not very active and don't eat healthily	7%	4%	6%	8%	9%	11%

5 Breastfeeding

In 2021/22, 51.2% of live infants were breastfed (total/partial feeding) at discharge from hospital (feeding status known) in Northern Ireland. This has increased each year from 2016/17. The proportion of women breastfeeding at discharge in Belfast City Council was lower when compared to Northern Ireland figures. In 2021/22, almost one in two (47.6%) were breastfeeding at discharge. This was similar to previous years.

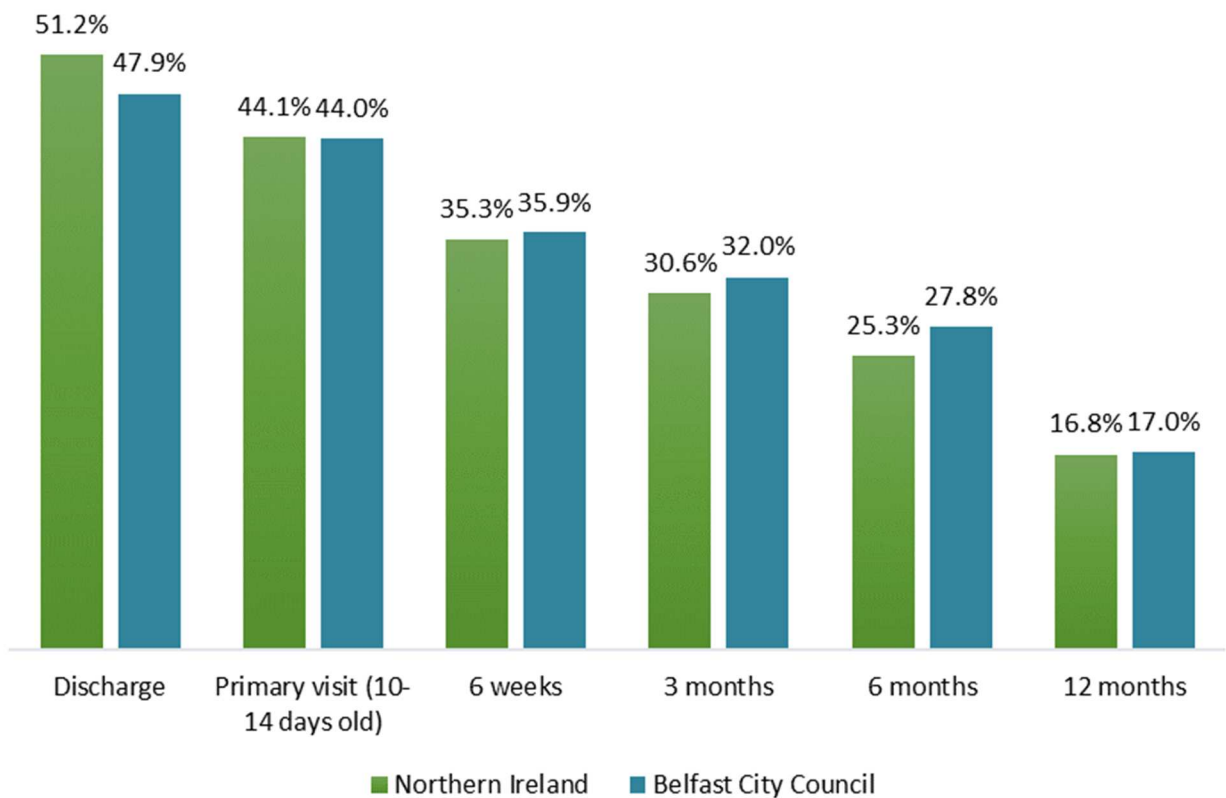
Figure 17: Breastfeeding status at discharge of live infants born to Northern Ireland residents, 2016/2017 – 2021/22, NIMATS



One person = 10%

Of mothers who delivered in 2020/21, the proportion breastfeeding gradually decreased as the child reached 12 months old – 51.2% of infants in Northern Ireland were breastfed at discharge, falling to only 16.8% of infants at 12 months old. There was a similar trend in Belfast City Council, however proportions were slightly different than those at a Northern Ireland level – 47.9% of infants in Belfast City Council were breastfed at discharge, falling to 17% of infants at 12 months old.

Figure 18: Prevalence of breastfeeding of live infants born to Northern Ireland residents, at various stages during first year of life, 2020/21, Child Health System



6 Nutrition

The sections below provide an overview of nutrition statistics. Data is presented at a Northern Ireland level where it is not available by council or HSC Trust area.

6.1 Food poverty

Figures show that the highest levels of food poverty in Northern Ireland was during 2013/14 (8%); decreasing to 4% in 2021/22. Data from the Belfast HSC Trust was fairly similar to what was recorded at the Northern Ireland level each year, with 6% indicating they were in food poverty in 2022/23.

Figure 19: Food poverty, NI Health Survey^{††}

	Northern Ireland	Belfast HSC Trust
2022/23	6%	6%
2021/22^{‡‡}	4%	6%
2018/19	5%	4%
2017/18	4%	5%
2016/17	6%	6%
2015/16	6%	6%
2014/15	6%	7%
2013/14	8%	10%

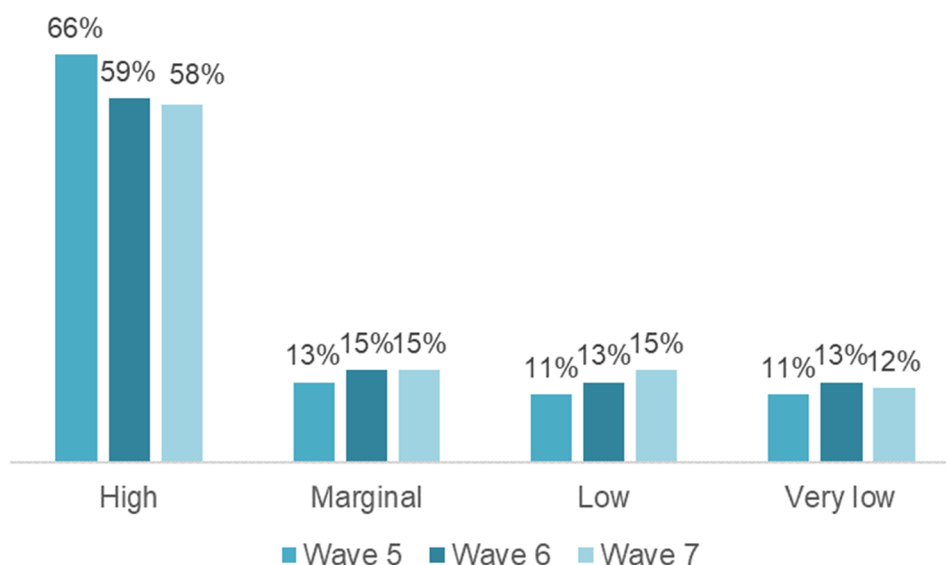
6.2 Food security

The Food and You 2 Survey Wave 5 (fieldwork conducted in 2022), Wave 6 (fieldwork conducted in 2023) and Wave 7 (fieldwork conducted in 2023) included questions around food security at a Northern Ireland level. Results from Wave 5 found that 79% of respondents were classified as food secure in Northern Ireland – 66% of respondents were classified as having high food security, 13% had marginal food security, 11% had low food security and 11% had very low food security. Findings from Wave 6 found that 74% were food secure, slightly lower than Wave 5 – 59% had high food security, 15% had marginal food security, 13% had low food security and 13% had very low food security. Findings from Wave 7 were similar. Food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food insecure than younger adults. Respondents with a lower income were more likely to report being food insecure than those with a higher income.

^{††} Please note questions were not asked in 2019/20 or 2020/21

^{‡‡} Due to the coronavirus (COVID-19) pandemic, data collection for the 2020/21 and 2021/22 Health Survey Northern Ireland moved from face-to-face interviewing to telephone mode. Caution should be taken in reaching any conclusions based on 2020/21 and 2021/22 data and comparisons with previous years as the findings may not be directly comparable with previous years.

Figure 20: Food security in Northern Ireland, Food and You 2: Wave 5, Wave 6 and Wave 7



Findings from Food and You 2: Wave 7 (2024) found that the following proportions of respondents made changes due to financial reasons:

- 52% ate out less;
- 47% ate fewer takeaways;
- 43% ate at home more;
- 43% bought items on special offer;
- 37% changed where they bought food to somewhere cheaper;
- 34% changed the food they buy to something cheaper;
- 34% bought reduced/discounted food close to its use by date more;
- 31% prepared food to be kept as leftovers/cooked in batch more;
- 27% cooked from scratch more;
- 21% made packed lunches more;
- 17% ate food past its use by date more;
- 17% reduced the amount of fresh food they bought;
- 16% kept leftovers for longer before eating;
- 15% bulked out meals with cheaper ingredients more;
- 2% ate more takeaways; and
- 2% started using a foodbank/ emergency food provider

6.3 Healthy diet

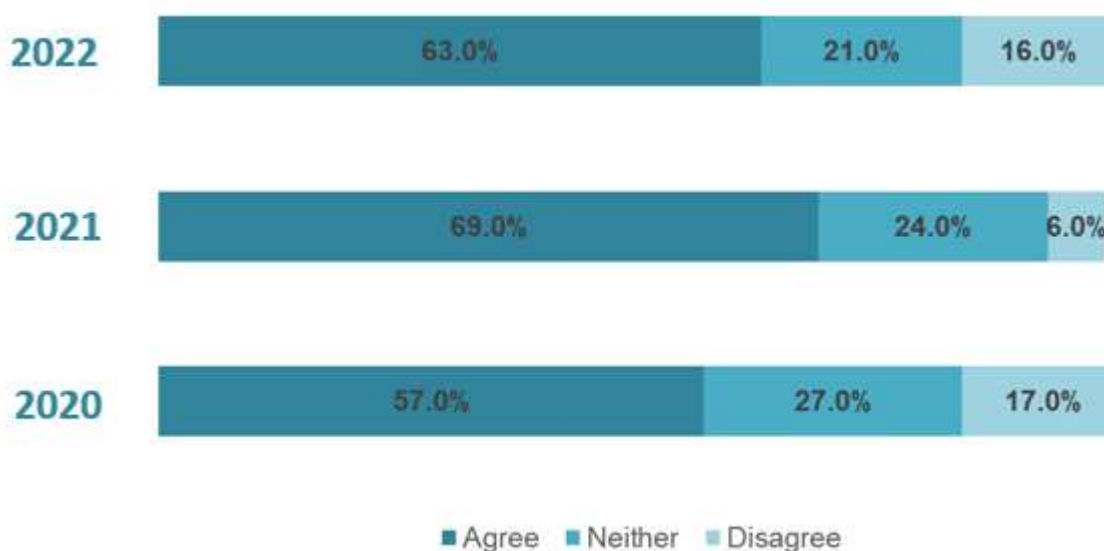
The Food and You 2 Survey wave 4 (2022) included questions to establish how healthy respondents think their diet is at a Northern Ireland level. Most respondents reported that what they usually eat is fairly healthy (67%), with a further 20% reporting that what they eat is neither healthy or unhealthy. A minority reported that their diet was very healthy (8%), fairly unhealthy (5%), or very unhealthy (1%). Results from wave 7 (2023) found that 55% said what they eat is fairly healthy, 8%

said their diet is very healthy; whilst one in four (27%) said what they eat is neither healthy or unhealthy. The remainder said what they eat is fairly unhealthy (7%) or very unhealthy (1%).

Eating fruit and vegetables (94%), drinking plenty of water (70%), eating less salt (61%) and eating fish (61%) were considered the most important factors for people to have a healthy diet. Eating a vegan diet (1%), high fat diet (1%) and eating less dairy (5%) were considered the least important factors for people to have a healthy diet.

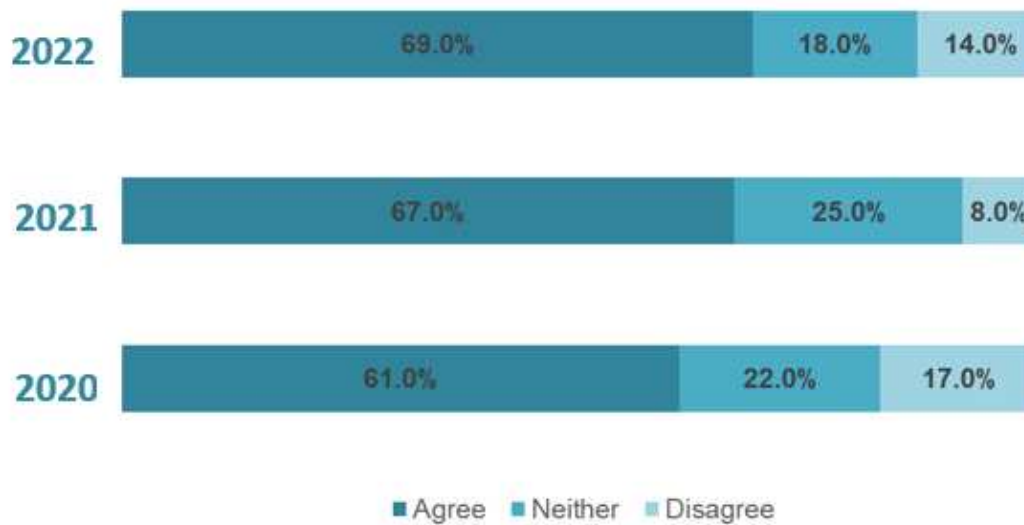
Respondents in the Eating Well Choosing Better Survey were asked the extent to which they agreed or disagreed that their personal eating habits are healthy. In 2022, 63% of participants agreed that their personal eating habits were healthy, this is lower than 2021 (69%) but higher than 2020 (57%). More participants disagreed that their personal eating habits were healthy in 2022 (16%) than in 2021 (6%).

Figure 21: Views on personal eating habits, Eating Well Choosing Better Survey, 2022



Respondents were also asked the extent to which they agreed or disagreed that they 'actively seek out healthier options when shopping' in the Eating Well Choosing Better Survey (2022). Almost seven in ten (69%) agreed that they actively seek healthier options; this was higher than 2020 (61%). The proportion of participants who disagree that they actively seek healthier options when shopping has increased from 8% in 2021 to 14% in 2022 in Northern Ireland.

Figure 22: Whether people actively seek healthier options when shopping, Eating Well Choosing Better Survey, 2022



6.4 Understanding of daily calorie intake

The government recommended daily intake of calories for males is 2,500 calories and for females is 2,000 calories. The Eating Well Choosing Better Survey (2022) includes questions to establish understanding of this. A higher proportion of females were correctly able to identify the recommended daily calorie intake for their gender in 2022, compared to males. This is a similar trend to previous years. The proportion of females who were able to correctly identify the recommended daily calorie intake for their gender increased from 20% in 2021 to 28% in 2022 but was lower than the level in 2020 (31%). There was a slight decrease in the proportion of males who correctly identified the recommended daily calorie intake in 2022 to 18% from 21% in previous years.

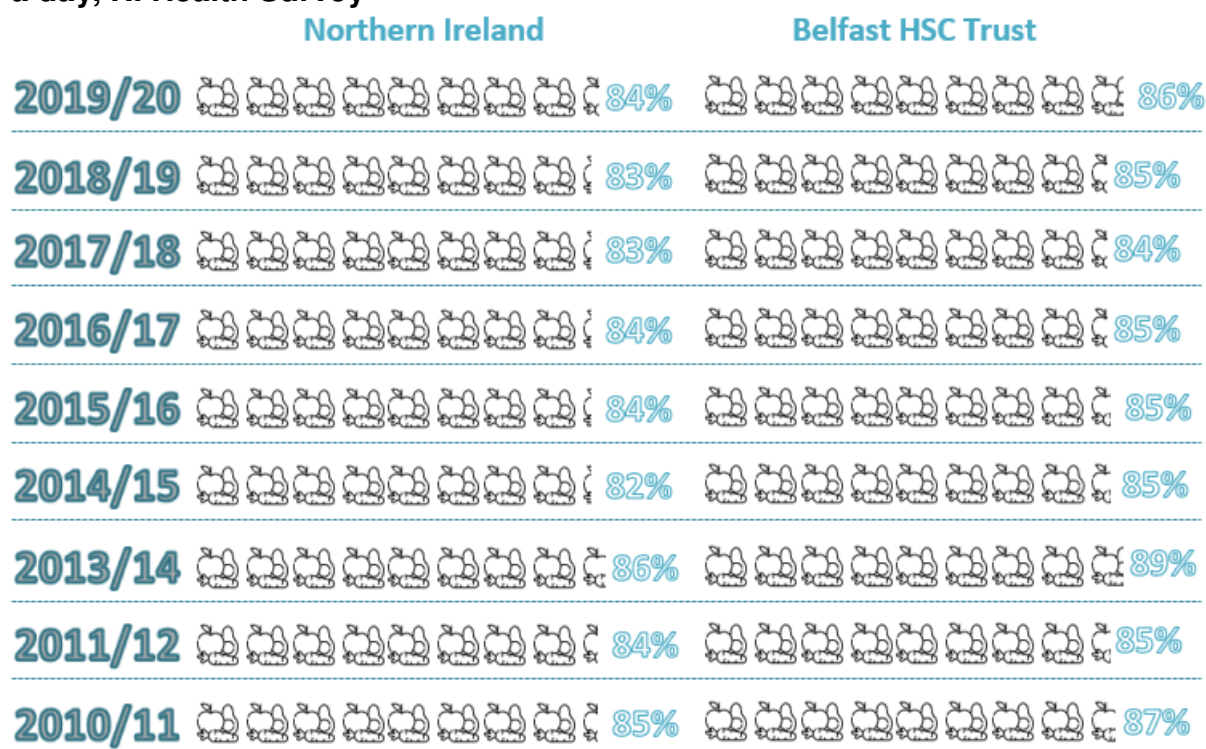
Figure 23: Knowledge of recommended daily calorie intake, Eating Well Choosing Better Survey, 2022


	Proportion of males who correctly identified daily calorie intake for their gender	Proportion of females who correctly identified daily calorie intake for their gender
2022	18%	28%
2021	21%	20%
2020	21%	31%

6.5 Knowledge of five a day

Knowledge of the Department of Health’s advice to eat five fruit and vegetables a day has remained fairly consistent over the past number of years, with at least four in five respondents in the Northern Ireland Health Survey indicating they were aware of this message. Knowledge in the Belfast HSC Trust was slightly higher when compared with figures at a Northern Ireland level.

Figure 24: Knowledge of Department of Health’s advice to eat five fruit and veg a day, NI Health Survey



 One symbol = 10%

Data from the most recent Young Persons Behaviour and Attitudes Survey in 2022 found that two in five young people (46.9%) believed you should eat five portions of fruit and vegetables each day.

Figure 25: Knowledge of five a day, Young Person’s Behaviour and Attitudes Survey 2022

1 portion	4.2%
2 portions	7.6%
3 portions	12.2%
4 portions	10.0%
5 portions	46.9%
More than 5 portions	16.0%
None	3.0%

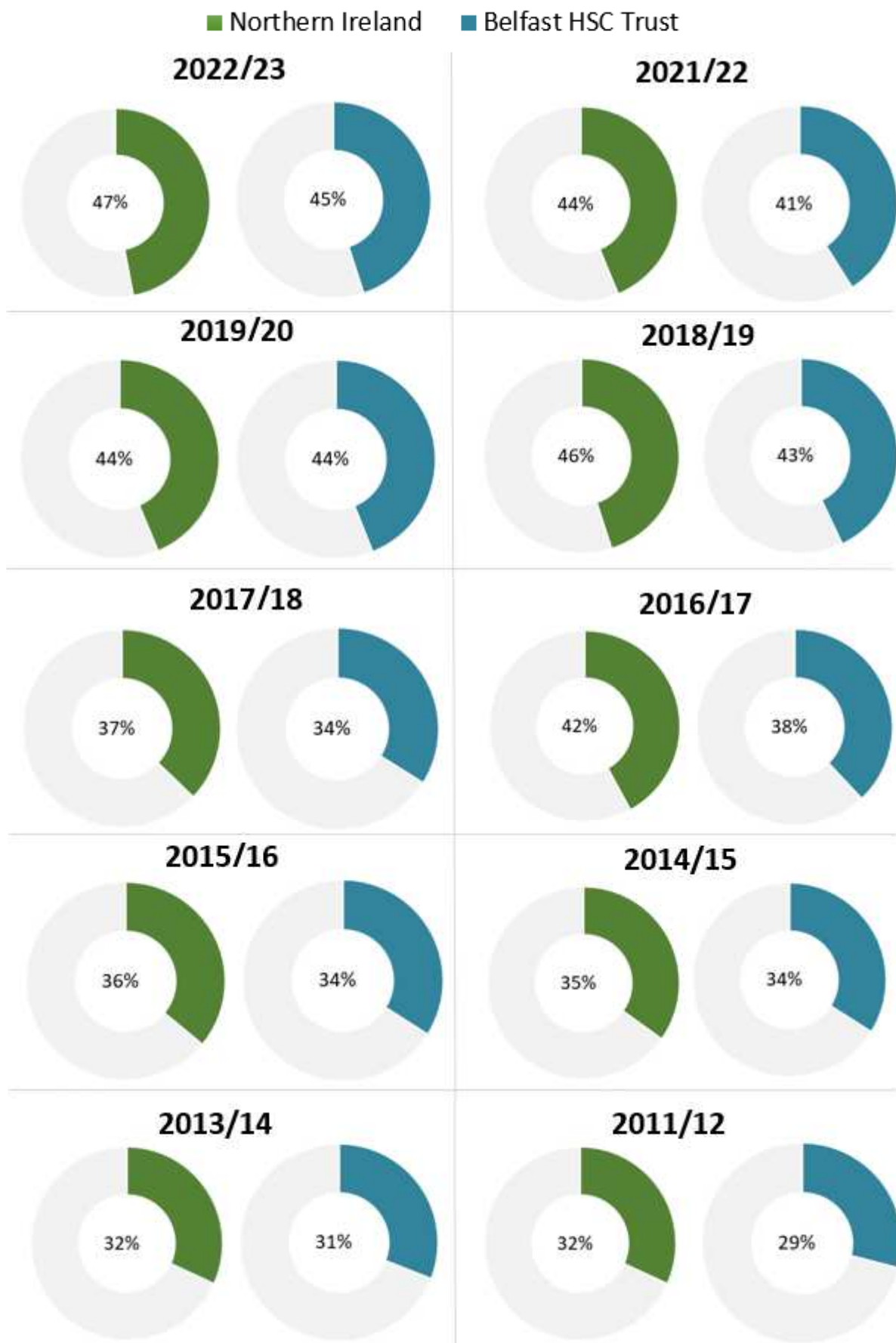
6.6 Consumption of five a day

Questions have been included in the Northern Ireland Health Survey to determine if respondents meet the recommended five a day consumption of fruit and vegetables.

Data is unavailable at council level therefore data from the Belfast HSC Trust has been used to give some indication at the levels of consumption of five a day fruit and vegetables in Belfast City Council area.

Figures show that the highest levels of five a day consumption in Northern Ireland was during 2022/23 (47%). Data from the Belfast HSC Trust was fairly similar to what was recorded at the Northern Ireland level each year, with 45% indicating they consumed five a day in 2022/23.

Figure 26: Consumption of five a day fruit and veg, NI Health Survey



Data from the most recent Young Persons Behaviour and Attitudes Survey in 2022 found that one in ten young people (10.1%) said they usually ate five portions of fruit and vegetables each day. Three in five (60.3%) said they usually ate between one to three portions per day.

Figure 27: Consumption of five a day, Young Person’s Behaviour and Attitudes Survey 2022

1 portion	13.4%
2 portions	20.8%
3 portions	26.3%
4 portions	17.5%
5 portions	10.1%
More than 5 portions	6.2%
None	5.7%

6.7 Eating habits

The Food and You 2 Survey includes questions to establish eating out behaviour in wave 5 (2023). The survey found that eating habits had changed for most respondents with only 24% of respondents indicating that there had been no change in their eating habits in the last 12 months. The most common changes related to what and where respondents ate (47% ate out less, 41% ate fewer takeaways, 41% cooked more at home, 40% ate at home more), reducing food costs (40% bought items on special offer, 34% changed the food they buy for cheaper alternatives, 33% changed where they buy food for cheaper alternatives) and increased food management behaviours (24% prepared food that could be kept as leftovers, 24% made more packed lunches). In addition, 17% of respondents reported that they had bought food close to its use-by date more, 11% had eaten food past its use-by date more and 11% kept leftovers for longer before eating.

Respondents who reported a change in their eating habits in the last 12 months were asked to indicate why their eating habits had changed. The main causes of reported changes in eating habits were financial reasons (69%), health reasons (47%), and because of COVID-19 and lockdown (41%). A small proportion of respondents reported changes in eating habits due to food safety reasons (i.e., to avoid food poisoning) (6%). Respondents with a lower income were more likely to have made changes to eating habits due to financial reasons compared to those with a higher income.

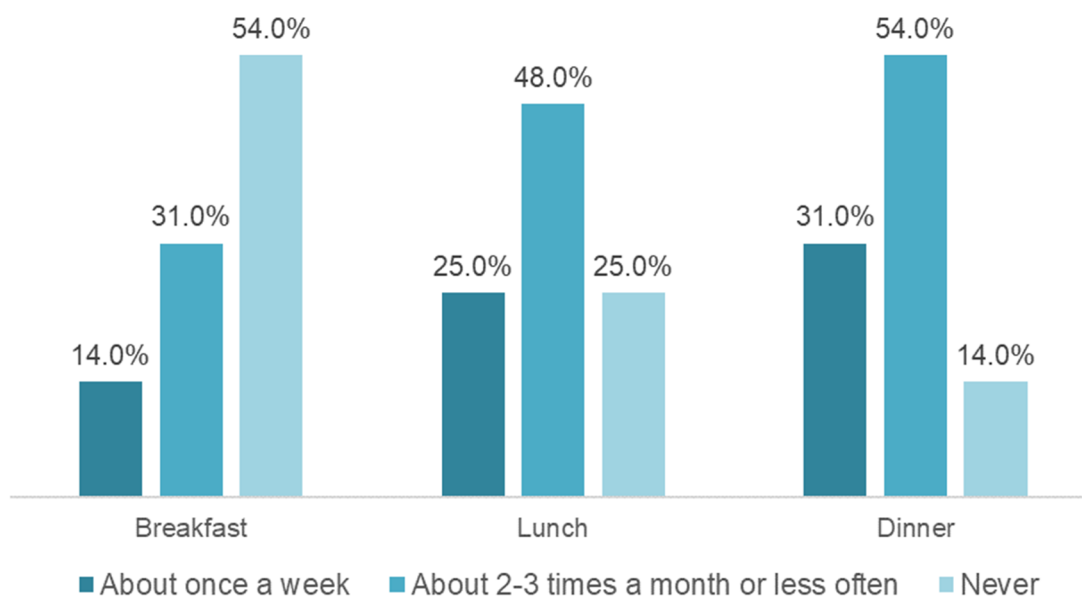
6.8 Eating out

The Food and You 2 Survey included questions to establish eating out behaviour in wave 4 (2022). Around six in ten respondents had ordered a takeaway directly from a takeaway shop or restaurant (59%), from a café, coffee shop or sandwich shop (either to eat in or take out) (58%), or eaten out in a restaurant (57%). Less than one in ten (8%) respondents had not eaten food from any of the listed food businesses in

the previous four weeks. Younger respondents were more likely to have eaten out in a restaurant, pub or bar, or from a takeaway (ordered directly or online) in the previous four weeks compared to older respondents. Those who had a higher income were also more likely to have ate out in the last four weeks.

When people in the Wave 4 survey (2022) were asked how often they purchased take-aways, 14% of people buy takeaway for breakfast everyday or about once-a-week, 25% buy take-away for lunch often, and 31% buy take-away for dinner often. Of those who had ordered food from a takeaway, the factors most commonly considered when deciding where to place an order were the respondents' previous experience of the takeaway (80%) and the quality of food (78%). In addition, four in ten (40%) respondents considered the food hygiene rating when deciding where to order a takeaway from.

Figure 28: Frequency of eating out or buying food to takeout by mealtimes, Food and You 2: Wave 4 (2022)



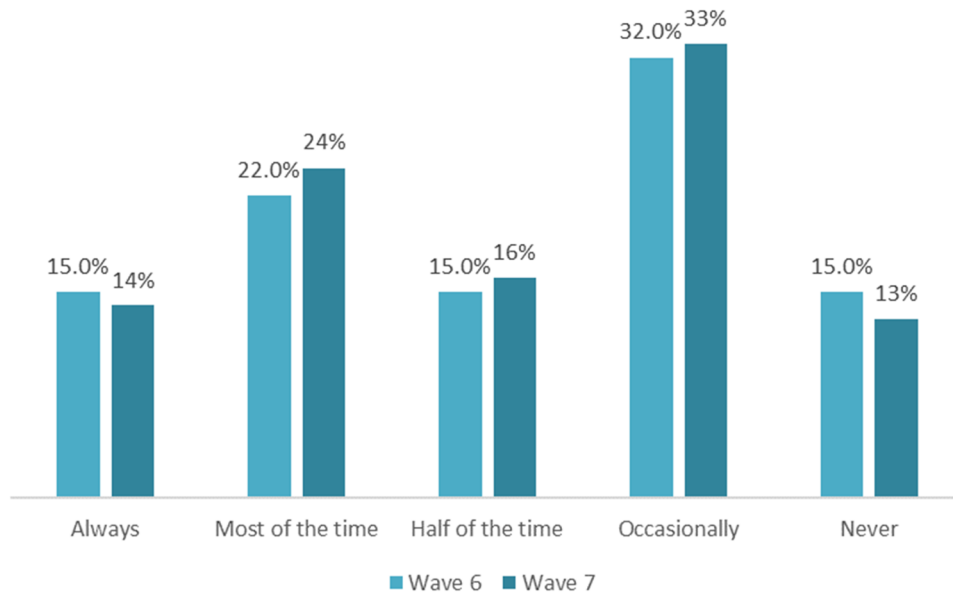
Respondents were asked how healthy they thought that the food they eat out or take out is compared to the food they eat at home. The majority (84%) of respondents thought that the food they eat outside the home is less healthy (i.e. a bit less healthy or a lot less healthy). Only 3% stated that the food they eat out or take out is healthier than the food they eat at home.

The Eating Well Choose Better Survey (2022) found that Northern Ireland consumers report finding it difficult to make healthier choices when eating out. Most people found it difficult to choose healthier food in takeaways (72%), leisure facilities such as cinemas and bowling alleys (63%), fast food restaurants (63%). However, Northern Ireland consumers report finding it easier to make healthier choices in supermarkets (87%) and local shops and garages (62%). In addition to this, around half of those surveyed would like to see more food reduced in sugar (47%), fat (42%), and salt (51%) when purchasing food.

6.9 Checking nutritional information when shopping

The Food and You 2 survey (2023) asked respondents when shopping, how often, if at all do you check nutritional information such as calories, salt, fat and sugar. Of the people who do shopping in wave 7, 14% of people always check nutritional information, 24% check it most of the time, 16% check about half of the time, 33% check occasionally and 13% never check nutritional information. There was little variation when compared with wave 6.

Figure 29: Checking nutritional information when shopping, Food and You 2, wave 6 and 7 (2023)



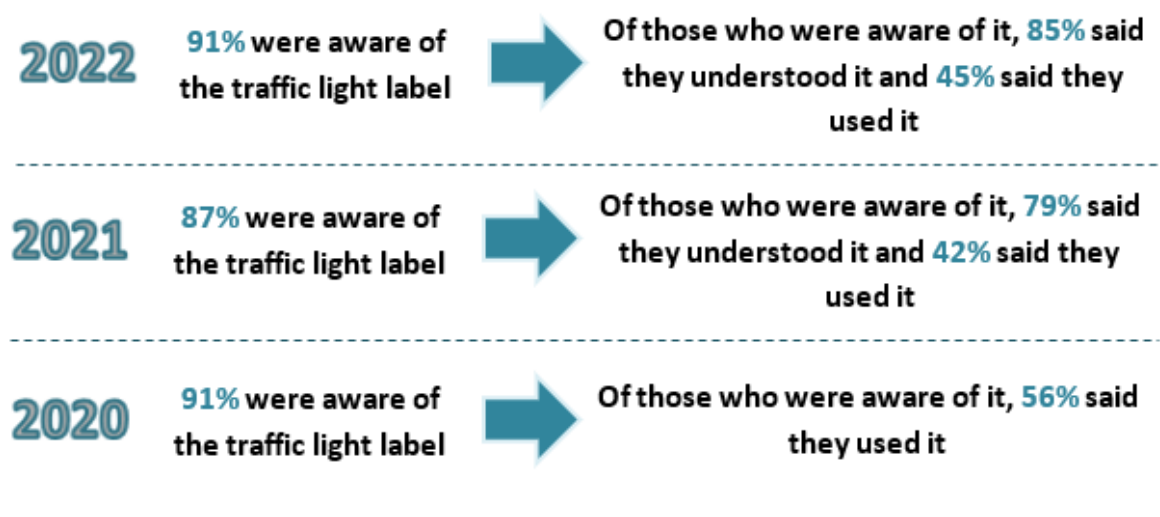
The Eating Well Choosing Better Survey (2022) also includes questions to determine how respondents use nutritional labelling to make informed food purchasing decisions. Looking at information on the front of the packet (34%) is the most common method used to check for nutritional information in 2022, which is higher when compared to 2020 (24%). Use of the traffic light labelling system is the second most common method used to check for nutritional information (29%), this has not changed when compared to previous years. One quarter (25%) look at the information on the back of the packet, and this is higher than in 2021 (20%) but less than 2020 (36%). In 2022, 37% of participants who shop for food in-store stated that they do not try to find nutritional information when shopping in-store. This is a smaller proportion than 2021 (49%), but similar to 2020 (35%).

Figure 30: How people find nutritional information when food shopping in store, Eating Well Choosing Better

	2020	2021	2022
I don't try to find this out	35%	49%	37%
Look at the information on the front of the pack	24%	36%	34%
Use the traffic light labelling system on the front of the packet	33%	31%	29%
Look at the nutritional information on the back of the packet	36%	20%	25%
Look at the ingredient list	19%	23%	21%

The Eating Well Choosing Better Survey (2022) has found that approximately nine in ten respondents were aware of the traffic light label. Of these, roughly two in five said they used it. This was similar to previous years. The majority who use traffic light labelling use it to understand the amount of sugar in products (70%); whilst one in two use it to understand the amount of saturated fat (57%) and fat (57%).

Figure 31: Awareness and use of the traffic light label, Eating Well Choosing Better



6.10 Purchasing behaviours

Data shows that each household in Northern Ireland shopped an average of 234 times a year, bought 58 food and drink packages per week, spends approximately £94 per week, with an average 17% of volume purchased on promotion, and 21% of total spend on promotion products.

[Figure 32](#) outlines the average nutrient purchased per person per day from take home shopping in 2018, 2019 and 2022. From 2018 to 2022, there was a decline in energy, total sugars, total fats and saturated fats. It is important to note that there are a lot of factors to consider when looking at the 2020 data due to the impact of COVID 19 and restrictions that were in place.

Figure 32: Average nutrients purchased per person per day from take home shopping, Kantar, Northern Ireland Take home food and drink purchase

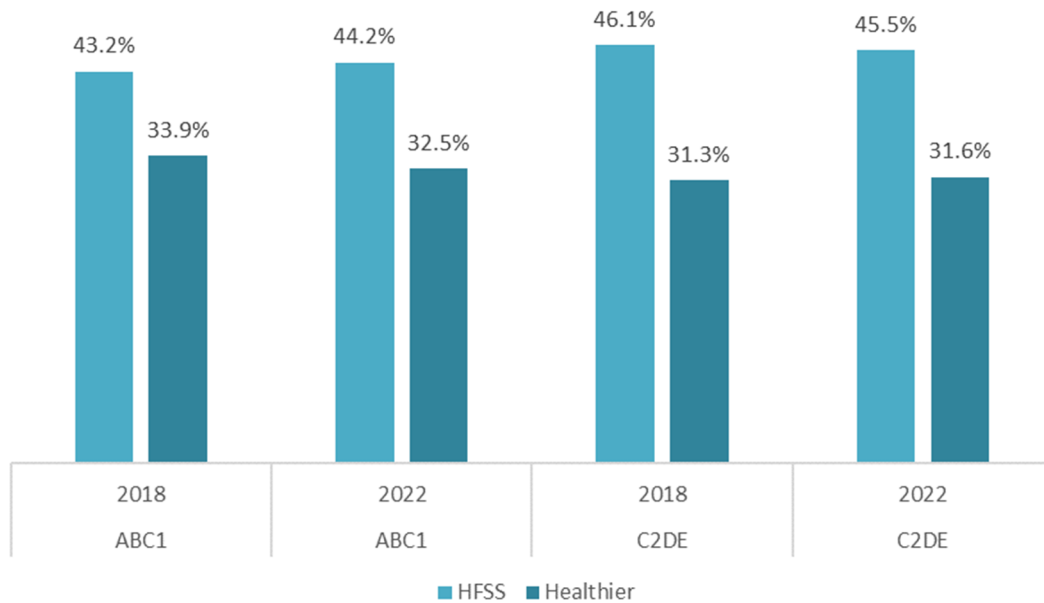
	2018	2019	2022
Energy	1980	1970	1939
Total sugars	105	103	100
Total fat	78	78	76
Saturated fat	30	30	28
Fibre	18	18	18
Salt	6	6	6

[Figure 33](#) shows purchasing behaviour in 2018 and 2022 for each social class. ABC1 households purchasing of products higher in saturated fat, sugar or salt (HFSS) increased and their purchasing of healthier products decreased from 2018 to 2022. The opposite was true for C2DE households with their HFSS purchasing decreasing and their Healthier purchasing increasing. This resulted in little difference between ABC1 and C2DE HFSS and Healthier product purchasing in 2022^{§§***}.

§§ HFSS food included: milk based drinks; regular soft drinks; morning goods; breakfast cereals; chocolate confectionary; sweet confectionary; ice cream, lollies or sorbets; biscuits (sweets); savoury biscuits and crackers; cakes; puddings; crisps and savoury snacks; pizza; meat products and processed meats; cooking sauces and table sauces and dressings; dips and salads.

*** Healthier food included: pure fruit juice; plain breads; breads with additions; pasta rice and noodles; potato products; vegetables; fruit; fish; yoghurts and fromage frais; cheese; milk; and soups.

Figure 33: HFSS and healthier purchasing by ABC1 and C2DE households in 2018 and 2022, Kantar's world panel purchasing behaviour survey



[Figure 34](#) outlines the categories which have seen the highest percentage increase in volume purchased from 2019 to 2020. Beer and lager saw the biggest percentage increase at 40%.

Figure 34: Top ten categories with highest percentage increase in volume purchased from 2019 to 2020, Kantar, Northern Ireland Take home food and drink purchase

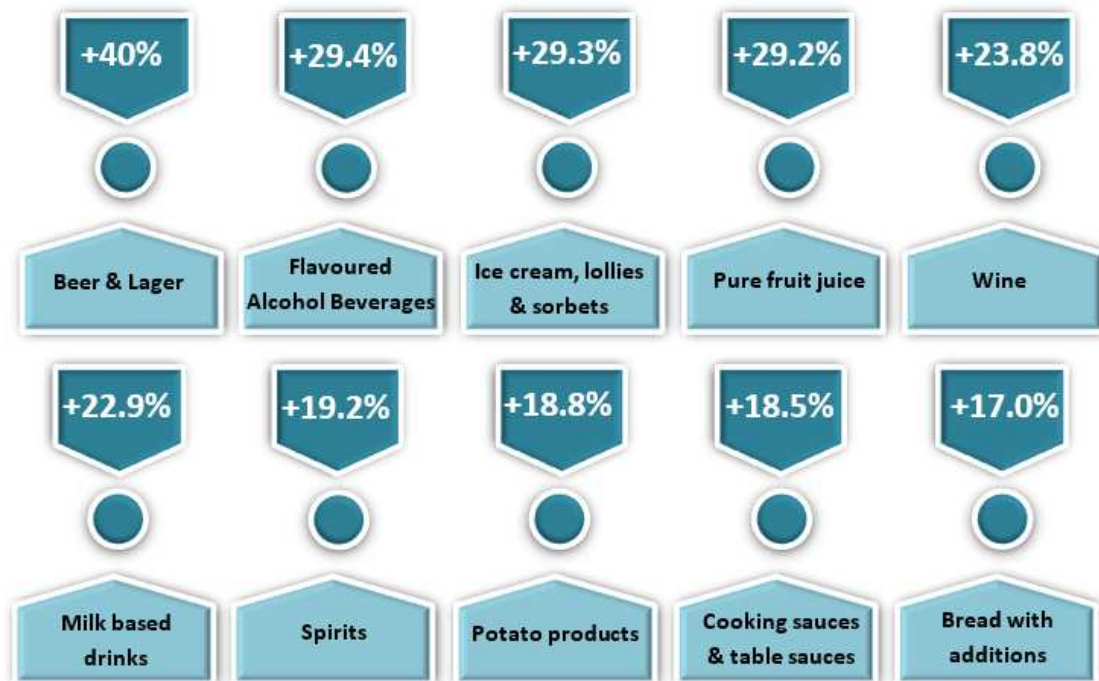



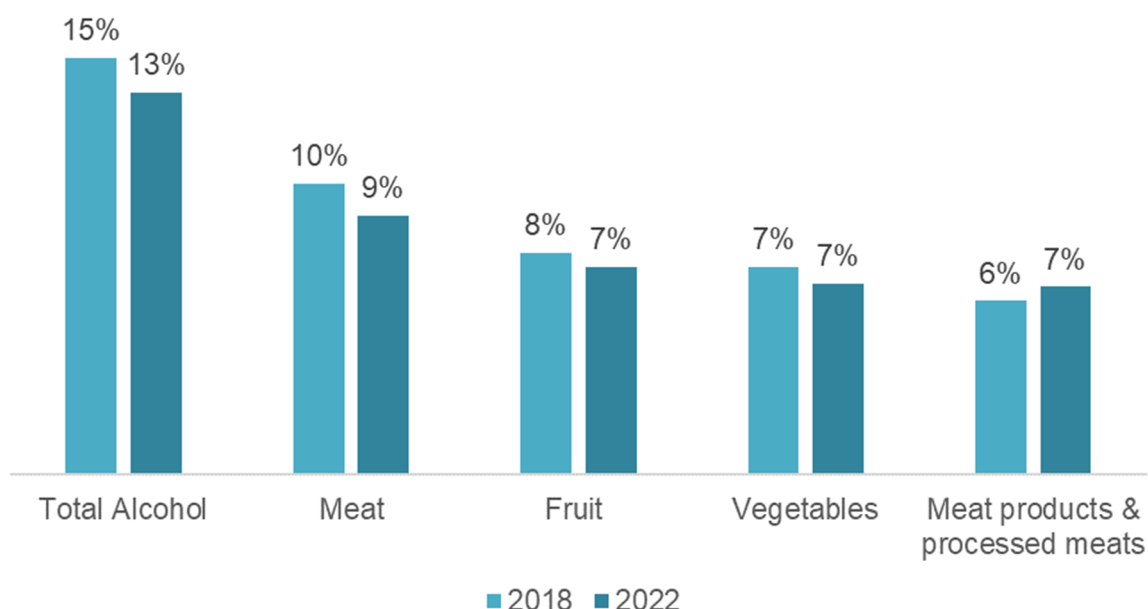
Figure 35 shows the top five categories purchased on promotion by volume in 2018, 2019 and 2022 in Northern Ireland. In 2022, some of the most popular promotion products were high fat sugar salt categories, such as diet soft drinks (34.8%) and pizza (33.5%).

Figure 35: Top five categories purchased on promotion by volume in 2018, 2019 and 2022 (excludes alcohol categories), Kantar’s world panel purchasing behaviour survey

	2018		2019		2022	
	Yoghurts & fromage frais	42.5%	Yoghurts & fromage frais	40.3%	Diet soft drinks	34.8%
	Diet soft drinks	37.8%	Diet soft drinks	37.7%	Pizza	33.5%
	Crisps & savoury snacks	37.2%	Ice cream lollies sorbets	37.0%	Yoghurts & fromage frais	30.7%
	Chocolate confectionary	36.7%	Crisps & savoury snacks	34.9%	Ice cream lollies sorbets	30.2%
	Ice cream lollies sorbets	36.4%	Chocolate confectionary	34.3%	Cheese	25.0%

Data purchased by the Foods Standards Agency from Kantar’s world panel take home food and drink purchasing for Northern Ireland from the period 2018 to 2022 found that total alcohol had the highest contribution to percentage share of spend in 2022 at 13.4%, followed by meat (9.1%), fruit (7.3%), vegetables (6.7%) and meat products & processed meats (6.6%).

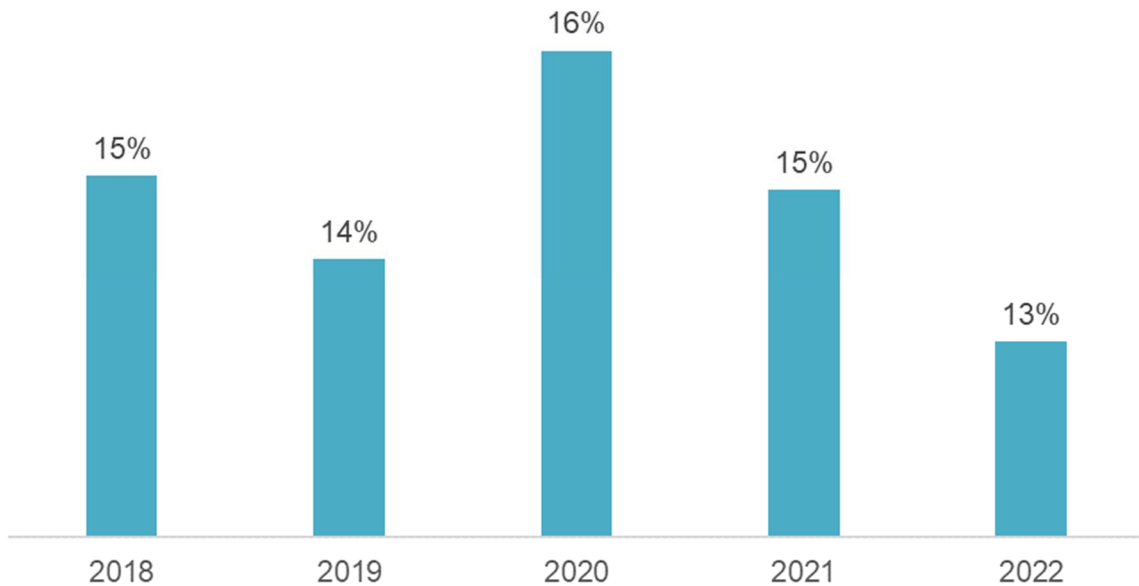
Figure 36: Percentage share of total spend in Northern Ireland, 2018 and 2022, Kantar’s world panel purchasing behaviour survey



Data showed that total alcohol had the highest share of total spend in 2022 in Northern Ireland and has maintained the highest share since 2018. An increase in spend was observed in 2020 during COVID 19 restrictions when bars and

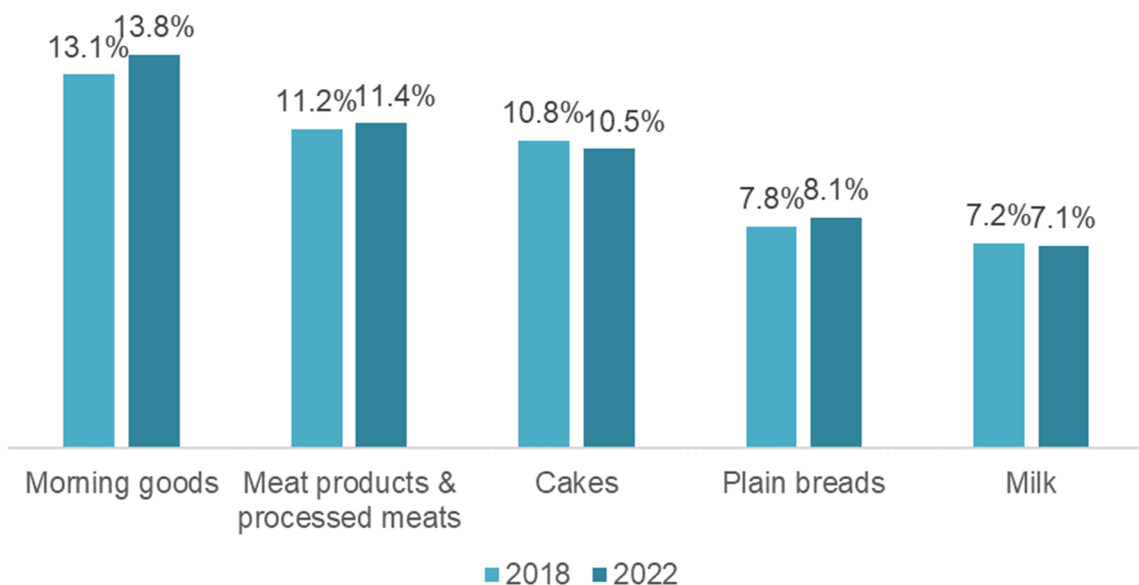
restaurants were closed. Since then, contribution to share of total spend has reduced for this category.

Figure 37: Total alcohol share of spend in Northern Ireland, Kantar’s world panel purchasing behaviour survey



Data purchased by the Foods Standards Agency from Kantar’s world panel take home food and drink purchasing for Northern Ireland found that morning goods had the highest contribution to percentage share of volume in 2022 at 13.8%.

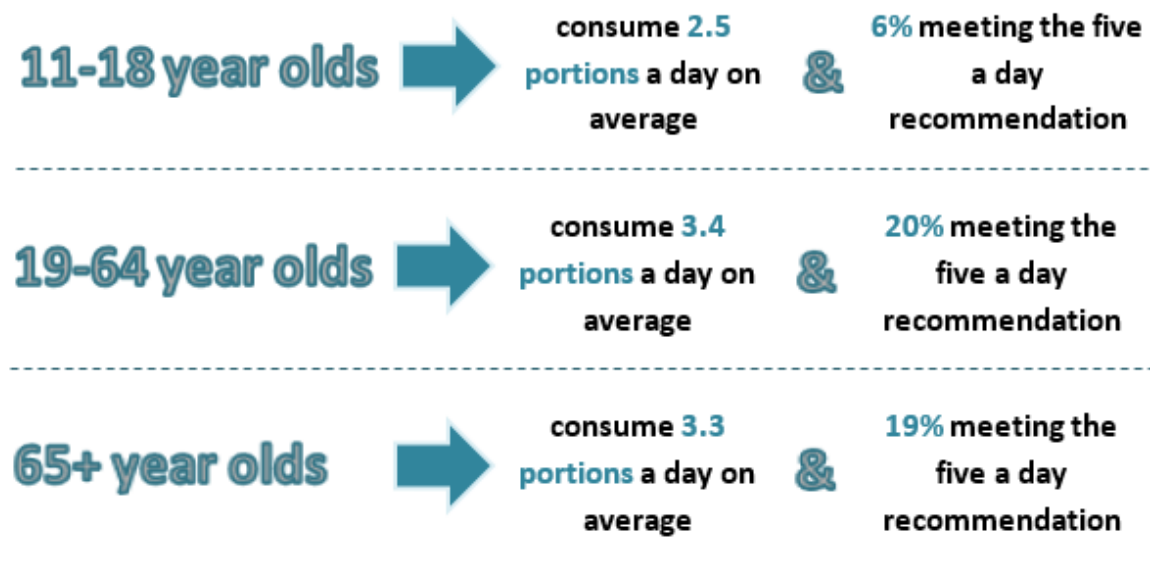
Figure 38: Top five food and drink categories with highest percentage share of total volume in 2022 compared to 2018, Kantar’s world panel purchasing behaviour survey



6.11 Nutritional behaviours

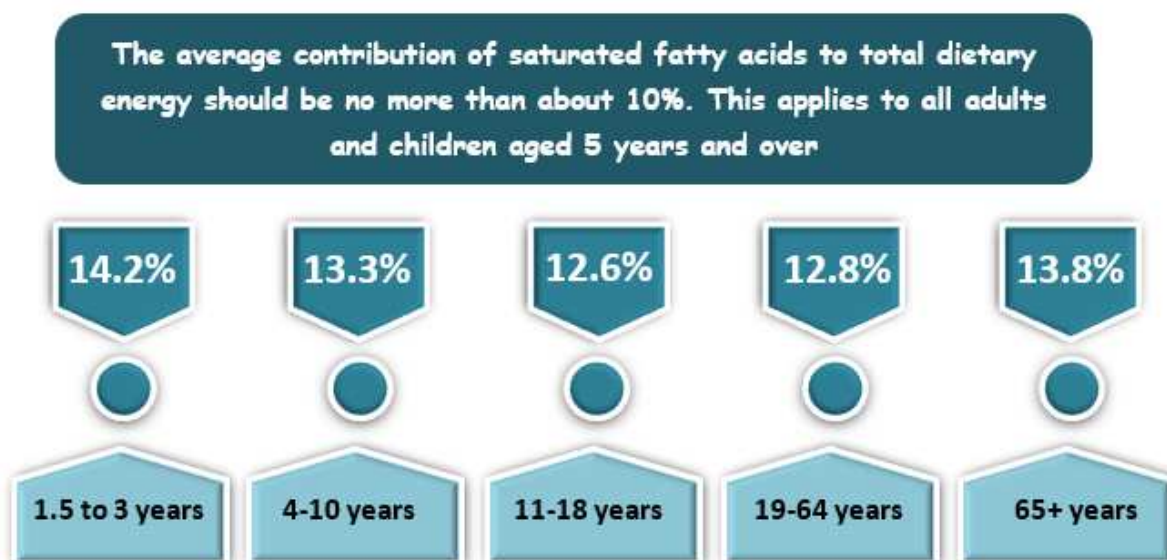
The National Diet and Nutrition Rolling Survey (year 5-9 combined, 2012/13 – 2016/17) found that consumption of five a day fruit and vegetable portions was below the recommendation for all age/sex groups in Northern Ireland. On average, older age groups consume a higher number of portions per day (3.4 for 19-64 year olds and 3.3 for 65+ year olds v 2.5 for 11-18 year olds). Furthermore, one in five of those aged 19-64 years and 65+ years met the five a day recommendation, whilst 6% of 11-18 year olds meeting this recommendation. There was evidence of greater intake of fruit and vegetables with increasing income.

Figure 39: Consumption of five a day, National Diet and Nutrition Rolling Survey, year 5-9 combined (2012/13 – 2016/17)



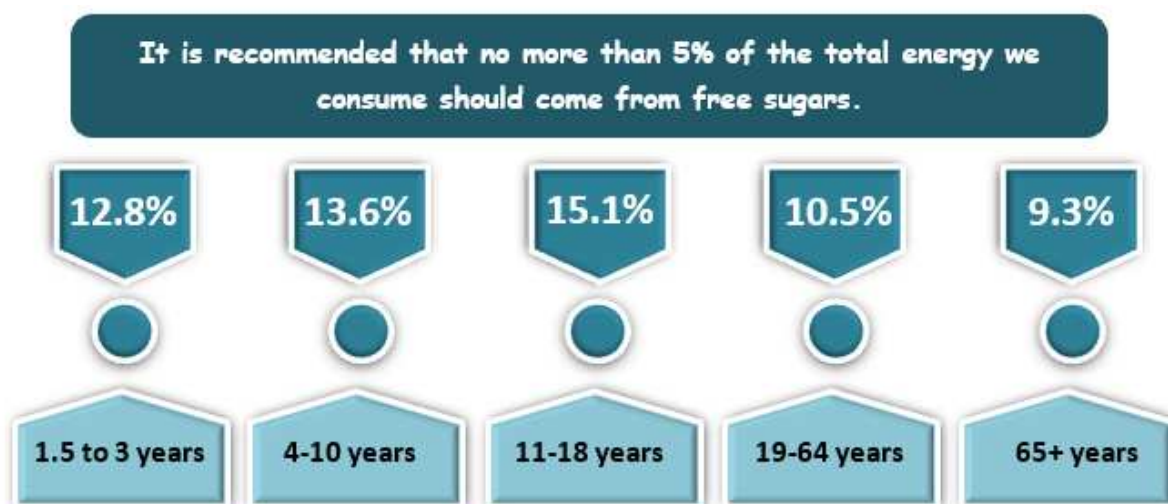
It is recommended that adults and children aged five years and over should consume no more than 10% saturated fatty acids on average. As shown below, mean intake of saturated fatty acids exceeded the recommendation in all age groups. Intake of total fat as a percentage of energy tended to increase with increasing income for adults but decrease with increasing income for children.

Figure 40: Average daily saturated fat intake, National Diet and Nutrition Rolling Survey, year 5-9 combined (2012/13 – 2016/17)



It is recommended that no more than 5% of the total energy we consume should come from free sugars. Free sugars refer to any added sugar to food or drink products by the manufacturer, cook or consumer. As shown below, all age groups exceeded the recommendation for sugar. Those aged 11-18 years consume the most sugar on a daily basis.

Figure 41: Average daily intake of free sugar, National Diet and Nutrition Rolling Survey, year 5-9 combined (2012/13 – 2016/17)



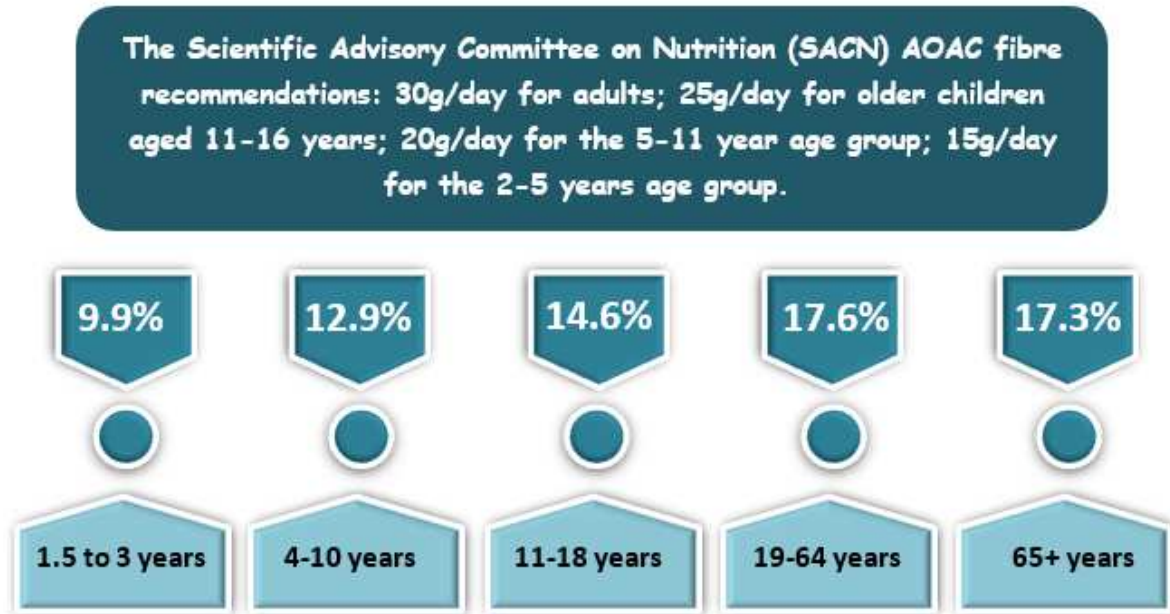
The Scientific Advisory Committee on Nutrition (SACN) AOAC fibre recommends the following fibre intake for different age groups:

- 15g/day for the 2-5 years age group
- 20g/day for the 5-11 year age group
- 25g/day for older children aged 11-16 years

- 30g/day for adults

As shown below, no age group met their recommended intake. Overall, 94-98% of the population were not meeting this recommendation. Intakes of AOAC fibre tended to increase with increasing income.

Figure 42: Average daily intake of fibre, National Diet and Nutrition Rolling Survey, year 5-9 combined (2012/13 – 2016/17)

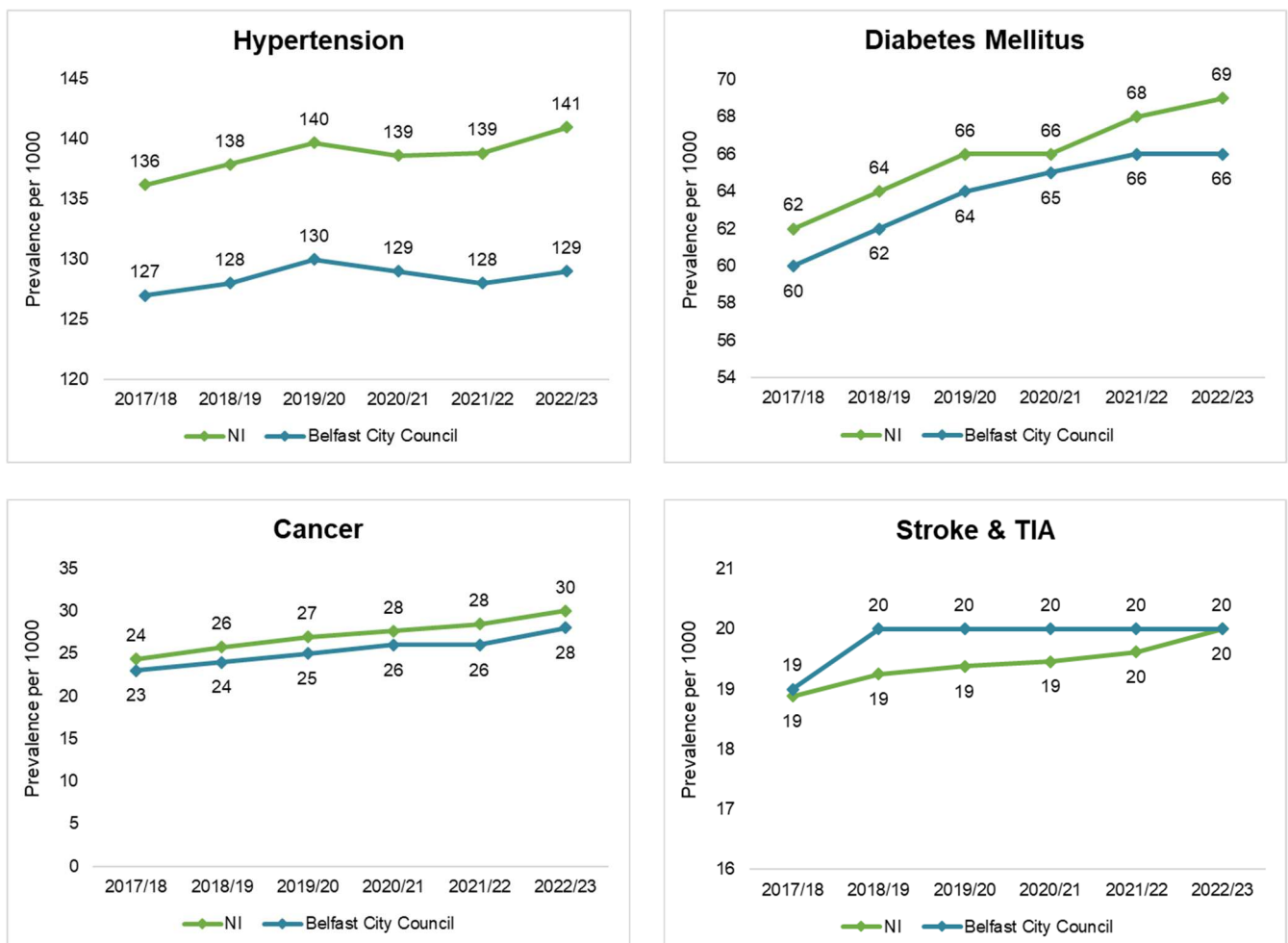


7 Disease prevalence

There are serious implications for health and wellbeing as a result of being overweight or obese. Obesity is associated with an increased risk of a range of serious health conditions, including heart disease, stroke, type 2 diabetes, some cancers, respiratory problems and joint pain. It can also contribute to anxiety and depression.

The charts below show the raw disease prevalence data per 1000 patients for some of these conditions, including hypertension, diabetes mellitus, cancer, and stroke and TIA. For each of these conditions, the disease prevalence has been increasing over time. In each year, the disease prevalence per 1000 for each of these conditions has been slightly lower in Belfast City Council than at a Northern Ireland level, with the exception of cancer and stroke and TIA which were similar to Northern Ireland levels.

Figure 43: Disease prevalence, Quality Outcomes Framework, NISRA



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