

Takeaway food consumers (in Liverpool) are receptive to the idea of reformulated healthier versions of takeaway foods

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Takeaway food served by small independent outlets is a popular food choice⁽¹⁾. Previously, we have shown takeaway food to be excessive in portion size, energy density, macronutrients and salt⁽²⁾ and have shown that recipe reformulation can be used to reduce the sodium and fat content of takeaway food without decreasing consumer acceptability⁽³⁾. The aim of the subsequent study was to investigate consumers' takeaway food knowledge and their receptiveness to its reformulation. An online questionnaire was used to collect data at Liverpool John Moores University on takeaway food consumption (n = 461; 29 % male, 71 % female; age 18–66). Statistical analyses were performed using SPSS V27. Associations were assessed using multiple linear regression (statistical significance $p < 0.05$). A total health score was calculated based on consumers' takeaway knowledge (whether takeaway food is high in salt, high in fat, linked with weight gain) and a total receptiveness score, based on questions related to healthier takeaways (reducing fat, salt and sugar; smaller portion sizes; nutritional labelling). Body Mass Index (BMI) was split into categories of $<25 \text{ kg/m}^2$, $25\text{--}29.9 \text{ kg/m}^2$ and $>30 \text{ kg/m}^2$ and eating takeaway \geq once per month was considered frequent. The study showed a positive association between health score (knowledge about takeaway foods) and receptiveness to changes to takeaway food to make them healthier ($\beta = 0.255$, $p < 0.001$). Health score was negatively associated with takeaway frequency ($\beta = -1.792$, $p < 0.001$), gender ($\beta = -1.278$, $p = 0.001$) and age ($\beta = -0.91$, $p < 0.001$) and positively associated with education level ($\beta = 0.965$, $p = 0.014$) and marital status ($\beta = 0.938$, $p = 0.028$). Receptiveness score was negatively associated with gender ($\beta = -2.327$, $p < 0.001$) and positively associated with BMI ($\beta = 0.179$, $p = 0.002$) and takeaway frequency ($\beta = 2.083$, $p < 0.001$). Greater health knowledge was associated with eating takeaway food less frequently, respondents who were young (aged 18–34), were female or held a university degree, in comparison with older respondents (aged 35–46 and 47–66 years), males and the school/college-educated. In relation to changes to takeaway food, these results suggest that females and overweight/obese respondents were more receptive than males or respondents with a BMI $<25 \text{ kg/m}^2$. Furthermore, frequent takeaway consumption was associated with being more receptive to healthier takeaways. These findings provide evidence that interventions which support takeaway outlets in producing healthier takeaway meals (via recipe reformulation and the provision of smaller portion sizes) have the potential for a positive impact on public health. Larger studies with a more representative sample of socioeconomic status are warranted as well as further research on frequency of takeaway food consumption and overall diet composition of takeaway consumers.

References

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