Healthy grocery shopping: perceptions and barriers

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Consumers’ grocery purchasing is an important activity in determining the healthfulness of their food intake and that of their household’s. Recent till receipt studies¹ have made valuable contributions to understanding the nutritional quality of the food that consumers buy. However, these studies fail to explore the reasoning behind consumers’ product selections and the way in which health considerations drive the shopping process. The aim of this study was to obtain empirical data on this, thus identifying perceived barriers to choosing healthful foods.

Fifty semi-structured face to face interviews were conducted following an accompanied shop and followed up with a telephone interview a week later. Audiotapes of all discussions were professionally transcribed, verbatim uploaded to NVIVO (9), and analysed using an inductive, thematic analysis². In addition, demographic data such as age, gender, socio-economic status and household size were gathered.

Participants justified the healthfulness of their grocery shop in four different ways: (1) the inclusion of healthy foods (e.g. fruit and vegetables); (2) the avoidance or exclusion of particular food groups (e.g. foods high in sugar); (3) restriction on the quantity of certain food groups (e.g. red meat); and; (4) a balance between healthy and unhealthy foods (e.g. healthy foods vs. treats).

Participants also identified two separate themes as barriers to making healthy choices while shopping. The first theme addressed the lack of skills for: (a) planning a healthy shop that will translate into healthy meals, taking into account all of the family’s preferences and needs (e.g. “… I have such a wide range of people in my house to cook for and to try and cook a healthy meal everyone likes … I would find that challenging”), (b) budgeting so that healthy food can be prioritised (e.g. “lack of money and time lead to quick and easy solutions, throwing stuff into the oven or microwave from packets”), (c) cooking quick healthy meals that can be made after work (e.g. “I’ve had a long day’s work and I don’t feel like going down and making myself something … maybe something quick, I’ll probably make something quick, maybe just a kind of ready cooked meal”). The second theme addressed participants’ mood and its effect on food preferences. When stressed, tired or feeling lazy participants preferred to prioritise pleasure over health (e.g. “… if I go shopping when I am hungry it’s easier and very tempting when you see all the stuff, the bad stuff … it’s easier to pick something bad”).

The results provide evidence of the different strategies consumers use to make their shopping healthy and the main barriers they perceive as preventing them from achieving this goal. This study highlights the need to develop more practical, skill-based information and tools that will assist consumers to shop for more healthful foods.

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