

Qualitative Research to Explore Public Understanding of Sodium and Salt Labelling

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Social Science Research Unit

Food Standards Agency

March 2010

Unit Report 9



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EXECUTIVE SUMMARY

1. Background

Average salt (sodium chloride) intakes in the UK are around 8.6g per day, which is considerably higher than the recommended 6g maximum for adults (children should have even less). Sodium is a significant component of salt; the salt content of food is expressed as the sodium content multiplied by 2.5. High consumption of sodium is an important risk factor for the development of high blood pressure, which increases the chances of having heart disease or a stroke. Since 2003, the Food Standards Agency (FSA) have been conducting a programme of work to reduce UK salt intakes by working with the food industry, to reduce the salt content of a wide range of foods, and with consumers, to raise awareness of the health issues associated with a high salt intake and what they can do to reduce their intakes.

The FSA's public awareness campaigns have focused on informing consumers of the need to reduce the amount of salt, rather than sodium, in the diet as this is more readily understood by the public, and the major source of sodium in the diet is added salt in food. However, sodium in food can come from sources other than salt such as that which occurs naturally in all foods; from sodium based additives (for example monosodium glutamate and saccharin); and from other ingredients that are sodium based (for example sodium bicarbonate used in cakes). Therefore, the total sum of sodium in a product does not always directly relate to the amount of added salt.

The issues around salt/sodium labelling on food are currently being considered both within Europe and worldwide. The European Commission has recently published a proposal for a new Regulation on the provision of food information to consumers and proposes that the term 'salt' is used consistently instead of 'sodium'. A similar discussion is under way in the Codex Committee on Food and Labelling (CCFL), which is currently considering the nutrients that should be listed on labels as part of the implementation of the WHO Global Strategy on Diet, Physical Activity and Health.

The FSA has therefore commissioned qualitative research to help inform the UK position and to feed into discussions on the European Commission's and CCFL's proposals by exploring the UK public's comprehension of the terms 'salt' and 'sodium', and their preferences for how best to express this information on food labels.

2. Research objectives and method

The primary aim of the research was to explore the UK public's comprehension of, and preferences regarding, the terms 'salt' and 'sodium', with a particular focus on food labels. More specific areas to explore were the UK public's thoughts on current food labels and other information on salt and/or sodium, and what they would like to see in the future.

A combination of in depth interviews (depths) and group discussions were conducted across a range of locations in the UK, as follows:

- 12 x 1 hour depths amongst 'expert' consumers
- 12 x 1½ hour group discussions amongst the general public (6 participants in each group).

Depths were conducted amongst consumers attempting to reduce their salt or sodium consumption, or that of someone in their household to explore the views of those most likely to need and use information on salt and sodium in detail within the research. All 'expert' consumers were pre-tasked to note down or have to hand during the interview any salt or sodium related information sources that they had found useful in helping to educate or inform them about salt/sodium.

Group discussions, each comprising six participants, were conducted amongst a cross-section of the general public. It was felt that a group would provide a more supportive forum in which participants could develop their knowledge and understanding of salt and sodium. It was also thought that group discussions would help to facilitate the development of ideas for what approach would be best to take in relation to labelling and other information on salt/sodium in the future. A smaller than average number of participants (six rather than the traditional eight participants) was included in groups to allow for detailed individual, as well as group, responses to be captured. All participants were pre-tasked to choose two of the following: planning or cooking a meal, buying a snack, food shopping or eating out, and to detail the labelling information they had used. Where possible, participants also brought along to the research session the labelling information used on these occasions.

3. Findings

3.1 Understanding of the terms 'salt' and 'sodium'

Awareness and understanding of salt was much more developed across the sample than awareness and understanding of sodium, and there was a great deal of confusion regarding the relationship between salt and sodium.

When asked to describe salt, participants generally tended to talk about it as being a flavouring, condiment or ingredient; participants tended to believe that a significant proportion of salt consumption results from salt being added to food by consumers, whether during the cooking process or at the table; and there was also a consistent belief that salt enhances the flavour of foods and can also act as a preservative. In contrast, there was limited awareness and understanding of sodium. On prompting, it emerged that sodium was perceived as a 'scientific' term, in particular associated with school science lessons.

When participants were directly asked to explain their understanding of the relationship between salt and sodium, one perspective was that sodium was simply another name for salt; another view was that sodium is a constituent part of salt. However, within this, there were varying beliefs as to whether sodium is a nutritionally beneficial or harmful component of salt.

Awareness of the sources of food in which salt can be found was incomplete, however these were much better understood than the sources of sodium.

There was a general recognition that salt is prevalent in processed foods, however there was debate over which processed foods constitute the key sources of salt. The sources of sodium in food were poorly known and participants typically struggled to name any beyond salt and/or sodium bicarbonate.

Despite a general understanding of the health consequences of eating too much salt, there was only limited awareness that sodium is the component of salt that is damaging to health.

3.2 Current use of salt/sodium labels and other information.

There was a general sense that participants wanted labelling in this area, as far as possible, to be consistent across products.

Those using salt related information generally reported looking for information referring to salt rather than sodium on food labelling and used a number of different strategies to do so.

Reflecting the lower levels of awareness and understanding of the term 'sodium', those who used labelling were more likely to claim to be looking at salt, rather than sodium, labelling information. The strategies that these people used to judge the amount of salt in products included making reference to front of pack labelling by using 'traffic lights', assessing the absolute salt content of a product and/or the proportion of the maximum recommended daily amount contained in the product. Where back of pack nutrition labelling was used, this tended to be to compare the salt levels in different products or to avoid products with salt content above a certain level per 100g. There were also reports of using the back of pack ingredients list to gauge the relative position of salt in the ingredients hierarchy.

Those not using salt/sodium labelling information were not doing so for a variety of reasons ranging from lack of perceived relevance to them through to confusion over salt/sodium labelling information.

Reasons given for not using salt/sodium labelling ranged from not being convinced of the personal need to reduce salt, to not understanding salt/sodium labelling information.

Participants reported receiving other information on salt and sodium from a range of different sources including health professionals, government public health messaging (within this, the FSA salt campaign) and retailers/manufacturers.

There were requests for consistency in communication across food labelling and other information sources.

3.3 Response to current salt/sodium labelling and other information and preferences for this information

There was an overall desire for labelling to show information on salt/ sodium content as consistently, clearly, prominently and unambiguously as possible.

There was a strong overall preference for the use of the term 'salt' rather than the term 'sodium' on labelling information.

As part of the research process, participants were given information on salt and sodium put together by the FSA. Before education, preference for the term 'salt' related to a relative lack of understanding of the term 'sodium', coupled with familiarity with the term 'salt'. There was also a common belief that removing the term 'salt' from products would lead consumers to think that products contained no salt. Participants generally disliked the term 'sodium' because of its scientific associations. Further, there were concerns that a change in terminology would confuse or dilute public health messages to date on this issue.

After having been provided with information about salt and sodium the overall preference remained for salt due to strong attachment to the use of the term 'salt', because of its familiarity; the fact that most products that contain sodium but not salt do not contain sodium in high levels; and the fact that the relationship between salt and sodium proved difficult for some participants to understand.

There were, however, also participants who were interested in/concerned about salt/sodium who initially preferred the focus on food labelling to be on sodium.

Initial reasons for preferring sodium were that sodium is more scientifically precise than salt and that use of the term 'sodium' facilitates the clear and straightforward communication of the full range of foods and ingredients that contain sodium beyond salt and foods containing salt.

However, on further reflection these participants felt it may be better to focus on salt but to be provided with additional information about the relationship between salt and sodium so they could use this if they wanted to.

These participants tended to change their minds once they had thought more broadly about the potential confusion amongst consumers that may result from a shift in focus to sodium, given the fact that the term 'salt' is already so established. They tended to conclude that the best solution would be to continue with a primary focus on the term 'salt' but also to provide clear information about salt's relationship to sodium for those who wanted to use it.

Participants generally welcomed front of pack labelling as a convenient and straightforward way of highlighting salt content within products.

There was a generally positive response to the inclusion of a mechanism for indicating whether the level of salt in a product was high/medium/low, through the use of a 'traffic light' using both text and colour. There were those amongst the most interested/concerned participants who did, however, query whether and how sodium would be referenced on the front of pack labelling and some felt that the relationship between salt and sodium should be referred to on the 'traffic light' using a convention that mirrors that used on back of pack labelling.

Current back of pack salt/sodium labelling information was very poorly understood and often incorrectly interpreted.

A number of items on back of pack were discussed including the term 'salt equivalent'. On exposure to the term 'salt equivalent' participants tended to understand it to mean 'salt substitute'.

Specifically, the low position of salt/sodium on the nutrition panel encouraged participants to believe that salt/sodium are less important to focus on than other, higher placed nutrients.

This belief was exacerbated by the fact that sodium commonly appears close on the list to nutrients that are perceived as being beneficial for health, such as fibre. This could lead participants to suggest that the key nutrients that need monitoring, namely fat/saturated fat, sugar and salt/sodium, should be grouped together on the nutrition panel in a way that reflects the approach taken on front of pack labelling.

Another issue to emerge was that on some of the products shown, both salt and sodium were listed on the nutrition panel as separate entities. This served to support the belief that salt and sodium are distinct substances, which could generate confusion regarding whether both of these need to be added up when assessing a product.

When only sodium was listed on the nutrition panel, it tended to be either ignored or to lead to participants assuming a product contained a lower salt content than was actually the case. Furthermore, where sodium was listed without a 'traffic light' on the nutrition panel this sometimes also caused confusion. This presentation tended to be interpreted as sodium being a beneficial nutrient, especially in cases where the salt value was highlighted using a 'traffic light' and the sodium value was not.

There was a strong desire for labelling to facilitate the comparison of salt levels to the maximum recommended daily amounts for both adults and children.

Participants expressed some awareness of the adult 6g maximum recommended daily amount of salt. However, participant awareness of children's maximum recommended daily amounts was particularly low. Given this, participants wanted labelling information to support them in being able to translate information on salt quickly and easily into what this means in relation to an individual adult/child's daily intake.

Participants generally tended not to be interested in the inclusion of a reference to the conversion factor being provided on labelling and claimed they would not use it.

However, those who were most interested in/concerned about salt/sodium consumption did endorse its inclusion and felt it would provide a quick/easy reminder of the relationship between salt and sodium, particularly for products that do not contain salt (if the product contains sodium and salt is not listed on labelling information).

These participants generally claimed that, even if they made the calculation, they would not do so at point of purchase; however, it may be that they would be more likely to do so at home.

Of the conventions looked at in the research as to how to express the relationship between salt and sodium, 'salt, of which sodium' was consistently preferred.

This convention was thought to highlight the key nutritional issue that consumers are aware of and looking out for (i.e. salt); visually communicate the nature of the relationship between salt and sodium (i.e. that sodium is a constituent part of salt); and reflect the approach taken to the labelling of fats and carbohydrates.¹

Participants generally also wanted other information delivered by health professionals/public health messaging, within this the FSA salt campaign, and manufacturers/retailers to retain a focus on salt, rather than moving towards a focus on sodium.

However, the most interested/concerned participants also felt they would like to know some key pieces of information about sodium.

These participants suggested that information about sodium should be communicated via additional communications specifically aimed at them, for example via health professionals/on the FSA website/specific pieces of literature aimed at those with specific medical conditions. Specific messages that these participants were interested in included: 'salt contains sodium, which is the part of salt that is harmful to health'; 'salt is the major source of sodium in people's diets but foods without salt can contain a small amount of sodium too'; and 'to work out the salt content from sodium multiply sodium by 2½'.

It was felt to be particularly important that any communications disseminated have synergy with the way in which products are labelled, to support consumers in making informed choices.

At a broad level, participants wanted the FSA, retailers and manufacturers to work together to help consumers to reduce their salt/sodium consumption by providing consistent salt/sodium related information on labels, combined with reducing salt in products.

Specifically, there were also requests for more guidance on how to interpret and use labelling information. Participants endorsed the use of a full range of media, to disseminate information in the future on this topic.

4. Conclusions

There was an overall desire for labelling to show information on salt content as consistently, clearly, prominently and unambiguously as possible. This means that it will be important to ensure that salt/sodium labelling information is as consistent as possible across different retailers'/manufacturers' products.

¹ Given that this convention may not be technically correct if sodium exists in other ingredients as well as salt within a product, another way of expressing this may need to be developed. This would ideally highlight salt and also clearly show the relationship between salt and all of the sodium within a particular product, rather than only showing the sodium that is present within the salt.

There was a strong overall preference amongst the general public for a focus on the use of the term 'salt' rather than 'sodium' on labelling information both at the beginning of the sessions, and following education on the topic during the session.

There was initially some preference for a focus on sodium amongst those who were most interested in/concerned about salt/sodium consumption. However, these participants also acknowledged that such a change would have the potential to confuse consumers and therefore concluded that the overall focus of all information should be on salt but with the availability of additional information on sodium and its relationship to salt for those who wanted it.

Of the conventions looked at in the research as to how to express the relationship between salt and sodium, 'salt, of which sodium' was consistently preferred. However, it may be that this terminology is not technically correct in products in which sodium content does not solely relate to salt.

The inclusion of the conversion factor on back of pack labelling provides an easy means of calculating sodium content for those who are most interested in/ concerned about salt/sodium. More specifically, in the context that salt is the key focus for labelling information, the inclusion of the conversion factor on back of pack labelling is likely to be useful, particularly for the most interested/concerned about salt/sodium content and in relation to products that contain sodium but not salt.

In relation to other information about salt beyond labelling, it will be important to retain an overall focus on the key messages that are in use within the current salt campaign and to ensure that all other information, communication and terminology is synergistic with food labelling information. Additionally it will be useful to provide other information relating to sodium to those who are most interested in/concerned about salt/ sodium consumption via health professionals and other media specifically aimed at them.