

Nestlé Social Research Programme

Incorporating the Nestlé Family Monitor

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MY BODY, MY SELF

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Young people's values and motives
about healthy living

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1 FOREWORD



'My Body, My Self', the second study from the Nestlé Social Research Programme, looks at young people's values and motives about a healthy lifestyle.

Professor Haste's study is full of fascinating facts about a generation whose awareness of health risks seems not always to be reflected in their behaviour.

She notes marked differences between the sexes, especially when it comes to exercise and what motivates young people to take part in physical activities. The summary goes on to suggest that the key for this age group seems to be either enjoyment of the activity or how it improves their appearance.

The study also reveals that parents are the most important source of information about health for young people. Girls particularly, also turn to magazines for their general information on health.

Nestlé Trust is delighted to support this study which gives a valuable insight into young people's views and values on health and will be of real interest to anyone who is involved with, or has an interest in improving the health of young people today.

A handwritten signature in blue ink that reads "Alastair Sykes". The signature is fluid and cursive.

Alastair Sykes

Chairman and Chief Executive

Nestlé UK Ltd.

2 SUMMARY AND COMMENTARY

Are our young people making healthy decisions?

Why do young people exercise – and what inhibits them?

What motivates their choice of food?

How do they perceive health-related risks?

Behind these questions is the assumption that a healthy lifestyle depends on how people see themselves and their bodies, and their values and beliefs about being healthy and fit. Health education messages only work when they accord with becoming the kind of person one wants to be. The results show different patterns of motives and values around exercise, eating and risk. Some of the most important differences are between the sexes, and between people who are happy with their current body shape and those who are not. There are also differences between different parts of Britain, and between people who eat meat and fish, and those who do not.

Overall health

The picture of health is mixed. On some measures, young people are quite healthy and monitor their health: Six out of ten describes themselves as 'fairly healthy' and 'fairly fit', but only three out of ten see themselves as 'very healthy' and only one in seven as 'very fit'. More than one in five regard themselves as 'fairly' or 'very' unfit. More than eight out of ten have visited a doctor or dentist in the last year. Around a half worry about their health, and weigh themselves, at least monthly. Less than one in twelve would be defined as 'overweight'.

Exercise

They exercise moderately, and rather less than current recommendations; just over five in ten take part in sports or exercise at least weekly (apart from walking). Being in better shape is a desirable goal; more than seven out of ten aspire to be fitter, and more than six out of ten would like to take more exercise. More than four out of ten would like to weigh less.

Girls are more likely than boys to aspire to greater fitness, health and weight loss, and to monitor their health. Boys are more likely than girls to overestimate their fitness, strength and height in relation to the average, and to say that they 'never' worry about their health.

The strongest reasons for exercising are physical enjoyment or because it will improve one's appearance – particularly for girls. For some girls, how one looks while exercising can be an inhibiting factor. 'Not feeling attractive', 'not feeling

as healthy' and 'not feeling in control of my body' are the key anxieties associated with being overweight. Nearly half of girls would prefer to do the more graceful exercise of dance or yoga than do sports.

Choice of food

Eating patterns and motives reveal somewhat less commitment to health. While over half 'try to avoid too much sugar and fat' in food, the numbers who monitor calories, artificial ingredients and organic food are much lower. Nearly four out of ten agree that 'healthy food usually doesn't taste as good as unhealthy food', and nearly six out of ten 'eat what I feel like when I feel like it'. Less than half (45%) eat fresh fruit daily – well below the recognised desirable level. Nearly a half, however, avoid one of more forms of flesh (red or white meat, or fish) and one in five avoid red meat. Just under one in ten avoid meat altogether.

How are health risks perceived?

More than eight in ten see most forms of illegal substance use as 'very risky', which suggests that messages about 'hard' drugs have been absorbed – though this does not imply behavioural compliance. About seven out of ten see smoking cigarettes and cannabis as 'very risky'. But only just over half (55%) see binge drinking as 'very risky'. The messages about sex are also problematic. While eight out of ten girls see having sex without condoms as 'very risky' only just over half (56%) of boys do.

Risk-takers versus the risk-averse

Over half of boys, and just under four out of ten girls, agree that they like to take risks and sometimes do things that might be dangerous to health. Risk-takers have different health values from the risk-averse. For risk-takers appearance and peer approval, and the physical sensations of exercise, are more important whereas the risk-averse are more concerned about health and weight control. Risk-takers are more sceptical about 'healthy' food. They also perceive most health risk behaviours as less 'risky' than do the risk-averse.

Flesh-avoidance

Less than one in ten are 'vegetarians' in the sense of not eating any meat, but over two fifths (44%) of the young people avoid either meat or fish, or both; these are the 'flesh-avoiders'. 'Flesh-avoiders' have a different value profile from 'flesh-eaters'. Flesh-avoiders are more tuned into 'healthy' eating choices, and they are more concerned about the ethics of animal food production. But they also

differ on motives for exercising, being more reluctant to exercise. Also flesh-avoiding girls in particular would prefer to do yoga or dance than to do sports. The decision not to eat meat appears to be associated with more awareness of healthy eating habits, but less commitment to fitness acquired through strenuous exercise and sport.

Regional differences

For the purpose of analysis, Britain was divided into six geographical areas; the North, the South, the Midlands, Greater London, Scotland and Wales. We found marked regional differences particularly between the South and Greater London. Southerners are least likely to see themselves as fit and healthy, to take part in many kinds of sport and exercise covered by the study, and most likely to agree with reasons to avoid exercise. Those from Greater London are among the most likely to worry about their health and to monitor their bodies and their healthy eating. They are most likely to see themselves as very fit, and as stronger than average.

There are several possible reasons for these differences. One is that in Greater London there are more extensive facilities for sport and exercise, or that they are more easily accessed. Another is a possible cultural difference – that the metropolitan lifestyle includes social expectations on young people to be actively involved in health and also to be concerned about their fitness. However, one conclusion from the data is that the South is an area with somewhat substandard health and fitness.

Sources of health information

Parents are the most important source of information about health for two thirds of young people; doctors are a source for nearly six out of ten. Magazines are much more important for girls than for boys; more than two thirds of girls but barely three out of ten boys gain their health information from magazines. Possibly magazines aimed at males do not target health issues – and could do more than they do. Friends are an important source for over half of the girls but less than four in ten boys. The Internet is a source for over four in ten, and for more girls than boys.

Implications for health education

Appeals to young people to change or modify their health-related behaviour need to take account of self image and motivation, and also make use of effective communication channels. The data suggest that parents and doctors are the primary source, but for girls especially, magazines are highly salient. Television and friends are also more important sources for girls than for boys. Boys' and men's

magazines are taking more opportunity to convey health messages but their impact is still less than magazines for girls.

The message about motives and values is that there are different profiles for those who are concerned about their health – particularly their weight – from those who are not. Being concerned about fitness appears to be associated with interest in exercise, but a somewhat cavalier attitude to eating. Those who want to lose weight attend more to food choice and care more about their appearance – which can both encourage and inhibit exercise, if they feel uncomfortable in exercise clothes.

There are striking sex differences. Both sexes are highly motivated to become fitter, but there are some differences of emphasis. For girls, self image and motivation are more strongly located in appearance and weight loss; girls also care more about ethical aspects of food production. For boys, physical enjoyment of exercise, and competition, are more important, and boys generally monitor their bodies and health less.

There is a tendency for boys to be less tuned into their health, less interested in gaining health information, and less likely to monitor their food – and they are more likely to be risk-takers. This is likely to create some resistance to health information, which is one reason why male magazines could be an important and trusted source. Girls are more health-aware, and more likely to monitor their health. This may have both positive and negative aspects; girls will be sensitive to health information – particularly if it is associated with improved appearance, but the downside can be an almost obsessive concern with weight.

The sample

The data were collected for the Nestlé Social Research Programme between April 22 and May 21 2004 by MORI, with a national sample drawn from England, Scotland and Wales, of 687 young people between the ages of 11 and 21. Details of sampling and method are in Appendix 1.

Additional statistical analysis by Amy Hogan.

3 DETAILED STUDY FINDINGS

3.1 BACKGROUND

Public discussion about young people's health tends to focus either on extreme behaviour, like eating disorders or substance abuse, or on more mundane issues such as whether the growing generation are eating the right food and doing the right healthy things. The starting point of the present study is that eating and exercise are not isolated from the rest of life; what young people eat, why and how they monitor this, and their motives and rewards for exercising, are interwoven with their identity.

What values and motivations underpin various kinds of healthy – and potentially unhealthy – behaviours? Understanding how a healthy lifestyle is maintained requires understanding how the various elements of identity, values and self-image fit together. What is important to young people and what drives their choices – their values, attitudes and self-image? What worldview underpins the healthy self? Also, where do young people get information regarding different aspects of health and illness?

The purpose of health education is to enable the individual to make informed choices about their life. This requires good information, but that is not enough. To develop successful health education programmes, it is essential to understand how a particular behaviour fits into a young person's self-image. Urging people to behave – or not – in a particular way is notoriously unsuccessful; what 'works' in health education is an appeal to the underlying beliefs and self-image that predispose the individual towards, or away from, behaviour. This is not necessarily a rational process.

Risk-taking in particular is central to how one sees oneself. Is taking risks important to one's self-image, or is it more desirable to be seen as responsibly cautious? Is the world seen as a safe place or fraught with danger? Perceiving risk is not a good predictor of avoiding it. Other factors, particularly whether a person enjoys the excitement of risk or not, whether they feel able to control their lives and decisions, and also the immediate rewards (or threats) contribute strongly both to risky behaviour, and also to maintaining a healthy lifestyle where this is challenging (for example keeping to an exercise or diet regime).

Gender is a major factor. Girls are known to care more – and worry more – about their health, and particularly their weight. Girls are believed to be less risk-taking. This study looks in detail at the different patterns of beliefs associated with each sex – and the implications for health education of boys and girls.

This study explores these underlying factors, and the relationship between them, through three groups of questions:

- what motivates or inhibits exercise?
- what is important to young people in making decisions about eating?
- how risky are some potentially health-threatening activities perceived to be?

3.2 THE RESEARCH QUESTIONS

The study addresses the following questions in detail:

- how do young people feel about exercise and eating?
- are their beliefs consistent with a 'healthy lifestyle'?
- where do they go to for health information?
- what drives their health-related behaviours?
- how do they perceive risks related to health, and do those who enjoy risk hold different values and beliefs from those who avoid risk?
- what are the reasons for being a vegetarian?
- how does the goal of achieving a particular body image relate to health values?
- what differences are there between the sexes?
- are there age differences?
- are there regional differences?
- what are the implications of these questions for health education?

Footnote,¹ Body mass index is calculated as weight in kilos divided by height in metres squared. The 'normal' range is between 20 and 25; over 30 is defined as 'obese'.

3.3 HOW DO YOUNG PEOPLE FEEL ABOUT HEALTH?

Young people take a modest amount of exercise, rather less than that advised by the government. At least once a week:

- 89% walk for at least 15 minutes (75% do so daily)
- 48% take part in team sports
- 44% do a personal exercise routine at home or in a gym
- 40% take part in individual sports such as swimming, riding, rollerblading
- 30% cycle for at least half an hour, and the same proportion take part in partner sports such as tennis or martial arts
- 24% dance.

They monitor their health:

- 30% describe their health as 'very good' and a further 59% as 'fairly good', and 15% describe themselves as 'very fit' with 59% as 'fairly fit'. 22% describe themselves as 'fairly' or 'very' unfit
- about half (55%) worry about their health at least monthly, and 48% weigh themselves at least monthly
- in the last year 83% have visited a doctor, the same proportion have visited a dentist, and 49%, an optician
- less than 10% have visited an 'alternative' practitioner

47.8% have a body mass index (BMI¹) under 21. 25.2% have a body mass index between 21 and 27, and only 7.72% have a body mass index 27 or above.

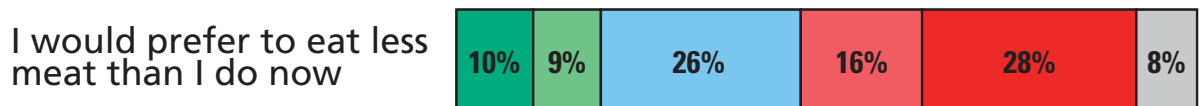
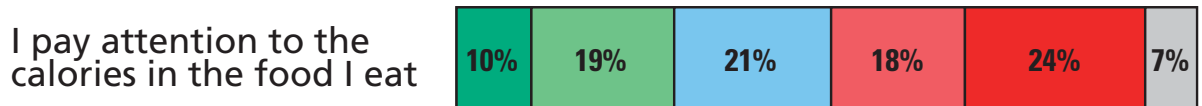
The picture of eating behaviour is somewhat less encouraging, though young people's intentions reflect some awareness of health issues surrounding food:

- 45% report that they eat fresh fruit daily, and a further 38% at least once a week – the remainder less frequently
- more than six out of ten (62%) try to eat homemade food whenever possible.
- over half (56%) avoid too much sugar and fat, and over a third (35%) avoid food that would give them spots
- 44% avoid one or more of red meat, white meat, or fish, with 21% avoiding red meat.
- nearly three out of ten (29%) 'pay attention to the calories in the food I eat'
- only about one in five make their choices on the basis of artificial ingredients, or organic food.

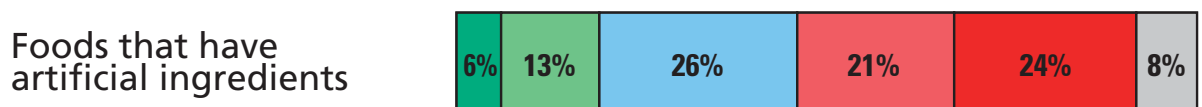
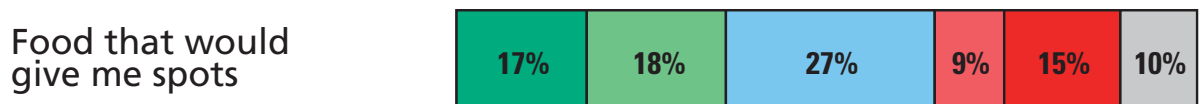
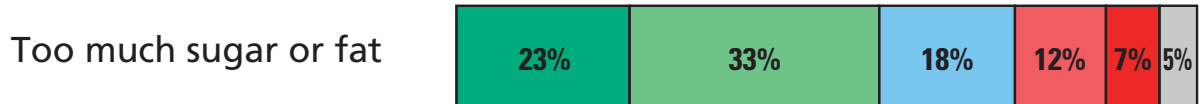
What Food to Eat?

Q19 *Thinking about food, to what extent do you agree or disagree with each of the following statements?*

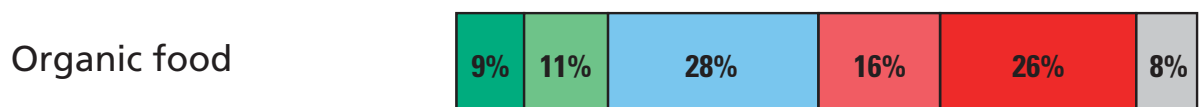
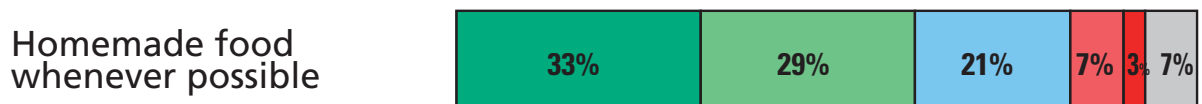
■ Agree strongly
 ■ Agree slightly
 ■ Neither
 ■ Disagree slightly
 ■ Disagree strongly
 ■ Don't know



I try to avoid/not to eat:



I try to eat:



Base: All young people aged 11 – 21 (687), April – May 2004

Source: Nestlé Social Research Programme/MORI

The goals of fitness and desirable weight are salient for both sexes, but expressed in different ways. Girls and boys monitor their bodies differently, and they perceive themselves differently in relation to people the same age and sex as themselves.

Boys tend to exaggerate their height and strength, and girls to underestimate their height. Asked to say whether they are more, the same, or less, tall or strong than their age and sex peers, 30% of boys but only 18% of girls see themselves as taller than average, and a third (34%) of boys compared to a quarter (24%) of girls see themselves as stronger than average. 30% of girls see themselves as shorter than their peers, compared to 20% of boys.

Four out of five girls (79%) compared to 68% of boys, would like to be fitter than they are now. 61% of boys, and 67% of girls, would like to take more exercise than they currently do. Only 4% say that 'being fit is **not** important to me'. Boys are more likely than girls to cycle, or take part in team or individual sports, but girls are more likely than boys to dance.

Boys are more likely than girls to report that their health is 'very good', and 79% of boys compared to 68% of girls describe themselves as 'fit' or 'very fit'. While there is little difference in the frequency with which boys and girls worry about their health, nearly a quarter (24%) of boys compared to less than one in ten (9%) girls 'never' worry about their health.

Nearly one in five (18%) of boys but only one in twenty girls would like to weigh more than they do now, and 34% of boys compared to 57% of girls would like to weigh less. Girls weigh themselves considerably more frequently than boys – 55% of girls compared to 41% of boys weigh themselves at least monthly, and 30% of girls weigh themselves at least weekly, compared to 19% of boys.

3.4 WHERE DO YOUNG PEOPLE FIND THEIR HEALTH INFORMATION?

Effective health education depends on using trusted sources of health knowledge, and knowing whether different sources are used for different conditions. We asked about four different health situations, with regard to fourteen possible information sources. The situations were where would they go for information:

- about general health care
- if they are stressed or depressed (reflecting psychological rather than physical symptoms)
- if they kept having bad headaches (worrying but unspecific physical symptoms)
- if they caught an infection as a result of doing something careless or irresponsible (symptoms that arise from their own behaviour).

The most common source - for two thirds - is parents, except for the 'careless infection' situation, where the doctor is the primary source for two thirds, and parents are a source for only a third of the young people, followed closely by 'the doctor's surgery'. Friends are important particularly when 'stressed or depressed' where they come second after parents, with 'doctor' third. Magazines are a source for health care in general and information on stress, but not so much for the other issues. The Internet comes either sixth or seventh; it is clearly an important resource, and likely to increase. Television is a source of general health information (joint fourth) but not for specific issues. The chemist is more likely to be used for headaches and infections. Newspapers seem less relevant to these young people as health information sources. Books have some role in relation to general healthcare, and for psychological problems or 'careless infections'.

Girls are considerably more likely than boys to consult magazines, the Internet, doctors, doctor's surgery, friends, teachers, newspapers and television, in pursuit of general healthcare information. When stressed or depressed, girls are nearly twice as likely to consult magazines than boys (30% compared to 17%).

DETAILED STUDY FINDINGS

The health education message is that parents and doctors are the most important resource, but girls use magazines in particular – more than doctors and almost as much as parents. Boys' and men's magazines are more likely to address health issues in the context of body-building and sports-related fitness. Possibly they could do more.

Both sexes consult friends, reflecting the importance of peer networks and word of mouth, but girls use them more. Television has some general health education value, especially for girls. The Internet is important and it is interesting that girls are using it more than boys for health information.

Source of healthcare information

Q9 From which, if any, of the following does your information about health care come?

Q10 And which, if any, of the following would you go for advice if you...

- a) were stressed or depressed?
- b) kept getting bad headaches?
- c) caught an infection as a result of doing something careless or irresponsible?

Source of Information/Advice from	General healthcare	Stressed/ Depressed	Kept getting bad headaches	Caught an infection from doing something careless or irresponsible
	%(rank)	% (rank)	% (rank)	% (rank)
Parents	67 (1)	49 (1)	52 (1)	33 (2)
Doctor	57 (2)	30 (3)	44 (2)	64 (1)
Magazines	48 (3)	23 (4)	9 (10)	7 (11)
Friends	46 (4)	45 (2)	17 (5)	15 (6)
Television	46 (4)	14 (7)	6 (12)	5 (13)
Internet	42 (6)	18 (6)	11 (7)	15 (6)
Doctor's surgery	33 (7)	14 (7)	20 (4)	31 (3)
Teachers/school	28 (8)	13 (10)	15 (6)	8 (8)
Hospital or clinic	25 (9)	13 (10)	11 (7)	27 (4)
Brothers or sisters	23 (10)	19 (5)	11 (7)	7 (11)
Newspapers	22 (11)	11 (12)	5 (13)	4 (14)
Chemist	21 (12)	8 (13)	29 (3)	19 (5)
Books	21 (12)	14 (7)	8 (11)	8 (8)
Alternative/homeopathic practitioner	4 (14)	7 (14)	5 (13)	8 (8)

NB Respondents could tick as many sources as they wished.

Base: All young people aged 11-21 (687), April-May 2004.
Source: Nestlé Social Research Programme/MORI

Sources of general healthcare information for which there are sex differences

Q9 From which, if any, of the following does your information about health care come?

	Males (Base 332) %	Females (Base 355) %
Doctor	52	63
Friends	39	53
Television	37	55
Internet	36	48
Magazines	29	68
Doctor's surgery	29	38
Teachers	23	33
Newspapers	17	27

Base: All young people aged 11-21 (687), April-May 2004.

Source: Nestlé Social Research Programme/MORI

3.5 WHAT DRIVES HEALTH-RELATED ACTIVITIES?

What values and beliefs are associated with health behaviours? What are the motives for exercising or not, what are the values relating to eating, and how they would feel if they were overweight?

Young people are quite committed to exercise and enjoy it. However there is a substantial minority who have reasons to avoid exercise. Frequent reasons for exercising are intrinsic: 'I like the feeling of exercising'(60%), 'When I exercise I like to push my body as far as I can'(56%), 'I enjoy the competition of exercising'(42%). Others exercise to achieve a goal: six out of ten would exercise to 'make me look better' and the same proportion 'to lose weight or not get any heavier'.

Boys and girls have somewhat differing motives for exercise. The intrinsic pleasures of sport and exercise seem more salient for boys, whereas for girls, the motivation lies more around appearance. Boys are more likely than girls to exercise because they like the competition, and to push their body as far as they can. Girls are more likely than boys to exercise to lose weight.

Reasons for not exercising are more diverse, but concern about appearance is important for some: 39% don't feel comfortable exercising in front of other people, 27% don't like the way they look in exercise clothes, a quarter would not like to exercise too much because they 'don't want to look too bulky or muscular'. Others do not feel athletic, a few are lazy, and some reject the 'jock' style 'I don't like the type of person who exercises a lot'. Three out of ten 'don't have time' to exercise.

Girls would particularly prefer to do dance or yoga rather than sports or gym (47% compared to 13% of boys). Girls are more likely to agree that they do not have time to exercise, that it is too expensive, that they do not like how they look in exercise clothes, that they don't feel comfortable exercising in front of other people, that they are not good at sport and exercise, and that they don't want to look too bulky and muscular.

Reasons for Exercising

Q12 To what extent do you agree or disagree with each of the statements below?

■ % Agree strongly
 ■ % Agree slightly
 ■ % Neither
 ■ % Disagree slightly
 ■ % Disagree strongly
 ■ % Don't know



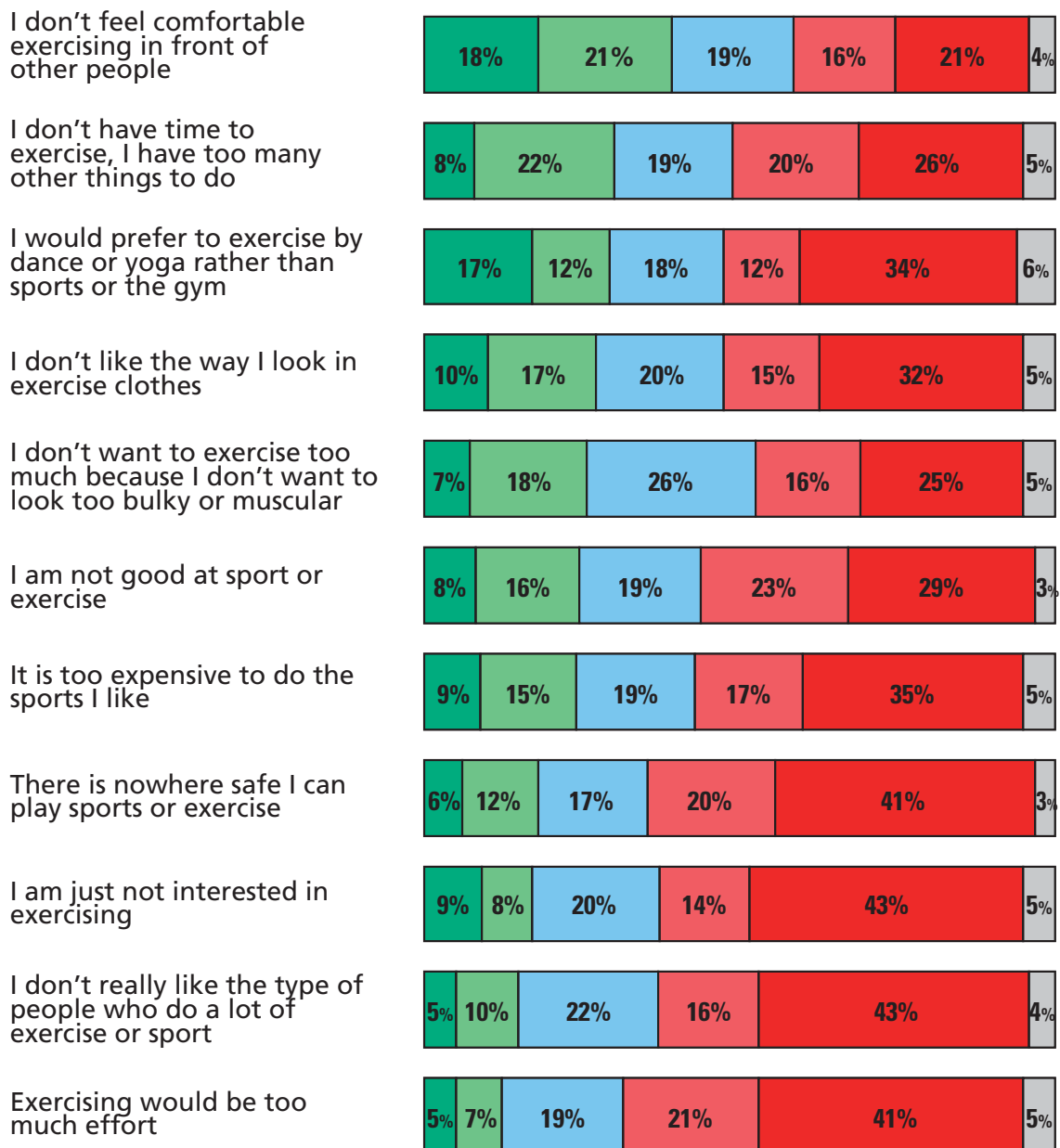
Base: All young people aged 11 - 21 (687), April - May 2004

Source: Nestlé Social Research Programme/MORI

Reasons for Not Exercising

Q12 To what extent do you agree or disagree with each of the statements below?

■ Agree strongly
 ■ Agree slightly
 ■ Neither
 ■ Disagree slightly
 ■ Disagree strongly
 ■ Don't know



Base: All young people aged 11 – 21 (687), April – May 2004

Source: Nestlé Social Research Programme/MORI

DETAILED STUDY FINDINGS

Sex Differences in Reasons for Exercise (QC12)

	Males (Base 332)		Females (Base 355)	
	Slightly agree/ agree strongly	Slightly disagree/ disagree strongly	Slightly agree/ agree strongly	Slightly disagree/ disagree strongly
Reasons to Exercise (QC12)	% across		% across	
When I exercise I like to push my body as far as I can	61	18	50	22
I exercise to make me look better	54	17	65	16
I exercise to lose weight or not get any heavier	48	23	71	12
I enjoy the competition of exercising	48	23	35	31
Reasons Not to Exercise (QC12)				
I don't feel comfortable exercising in front of other people	29	43	49	30
I don't have time to exercise, I have too many other things to do	26	50	35	40
I don't like the way I look in exercise clothes	21	50	34	43
I am not good at sport or exercise	21	58	30	46
I don't want to exercise too much because I don't want to look too bulky or muscular	18	50	33	30
I would prefer to exercise by dance or yoga rather than by sports or the gym	13	64	47	26

Base: All young people aged 11-21 (687), April-May 2004.

Source: Nestlé Social Research Programme/MORI

3.6 WHAT VALUES AND BELIEFS ARE ASSOCIATED WITH EATING?

What do young people like, in terms of taste? What are their attitudes around food preferences, and their ethical values, primarily in connection with eating meat?

The picture that emerges from asking about what is their 'favourite food' and why this is a favourite, is not very encouraging about healthy eating. The majority give as their favourite food, chips, pizza and similar high fat and carbohydrate processed products. The reasons for their choice place appetite rather than 'health' as a priority; only 22% agreed 'because it is healthy'. The most common response is 'tastes good' (67%) followed by 'fills me up'

(43%). For 23% their favourite food is 'a real treat'. For 9% it is because it is 'not fattening'. It is not unreasonable that young people should seek pleasure in food, but these choices are less than optimal in terms of health.

They are part of a certain robust enthusiasm for food. 58% 'just eat what I feel like when I feel like it'. 61% 'like to try different kinds of food from different countries', while 47% 'like simple British food'. 37% agree that 'healthy food usually doesn't taste as good as unhealthy food'. One in five agree that 'I think people who worry about what they eat are strange'.

These figures suggest a somewhat uncritical - indeed sceptical - attitude to healthy eating. However there is considerable uncertainty – evident in the fact that half agree that ‘healthy food is usually more expensive’, and that ‘sometimes it is hard to know which food is healthiest’. They are also uncertain or do not know about the healthiness of eating red meat; 45% neither agree nor disagree, or ‘do not know’ whether ‘it is healthier not to eat red meat’.

The ethics of meat production methods concern a substantial minority. 38% object to the conditions in which animals are reared for food (such as battery farming) and a quarter (24%) think it is not right to kill animals for food.

Girls are less happy than boys about meat eating on both taste and ethical grounds. They are more likely to agree that they ‘don’t like the thought of eating red meat’, less likely to ‘like the taste of meat’, more likely to think it is not right to kill animals for food, and more likely to object to the conditions under which animals are reared for food. Boys, on the other hand, are more likely to agree that ‘people who worry about what they eat are strange’, and that ‘healthy food usually doesn’t taste as good as unhealthy food’.

Q19 Thinking about food, to what extent do you agree or disagree with each of the statements?

Values about Eating

Base figures in brackets	All (687)		Males (332)		Females (355)	
	Slightly agree/ agree strongly	Slightly disagree/ disagree strongly	Slightly agree/ agree strongly	Slightly disagree/ disagree strongly	Slightly agree/ agree strongly	Slightly disagree/ disagree strongly
	% across		% across		% across	
I object to the conditions such as battery chicken farming, in which animals are reared for food	38	23	36	25	40	20
I don't like the thought of eating red meat	31	45	23	47	39	43
I don't think it is right to kill animals for food	24	43	20	48	29	37
I don't like the taste of meat	13	65	9	70	17	60
Healthy food usually doesn't taste as good as unhealthy food	37	31	42	23	31	40
I think people who worry about what they eat are strange	21	40	27	34	16	47

Base: All young people aged 11-21 (687), April-May 2004.
Source: Nestlé Social Research Programme/MORI

3.7 PERCEPTIONS OF RISK

A considerable amount of information has been directed at young people about health-related risks, especially those associated with substance use and with safe sexual practices. There is however a large gap between perceiving risk and this perception affecting behaviour. Whether an individual will act riskily or not in a particular situation will depend on personality factors – such as enjoying thrills or sensation-seeking, and seeing oneself as more glamorous if one takes risks – and on contingency or situational factors such as peer pressure, the influence of drugs and alcohol, and immediate pleasure.

The study concentrated on the perception of risk rather than on reported risk behaviours. How is risk perceived, and to what extent do young people see themselves as risk-takers or not? Looking at these alongside other health-related attitudes and values, we can build up a picture of what a 'risk-taking' person looks like, as well as seeing how far messages of risk have permeated young people's awareness.

Some activities are seen as dangerous but also as glamorous. In some activities, the risk is underestimated. Research suggests that in looking at how young people view risk, it is important to take account of the interplay of two dimensions; the extent to which a behaviour is 'risky' and the extent to which it is 'admired'.¹ According to one study, sex, heavy drinking, cigarette smoking, and smoking marijuana are seen as 'risky and admired'. Taking cocaine and metamphetamines are 'risky and not admired'. Skateboarding is seen as 'not risky, not admired'. Motorcycling is seen as 'slightly risky and slightly admired'.

We expanded this list to include protected and unprotected sex, dance drugs (replacing metamphetamines), heroin, doing daring stunts to show off, using mobile phones frequently, walking alone at night in a strange place, and sniffing solvents.

The findings suggest that the message about the dangers of drugs may have got through to young people but that there is some gap in appreciating the dangers of sex especially among boys. The six most risky activities all relate to substance use. 90% see heroin as 'very risky'. More than eight out of ten see cocaine, dance drugs and solvents as 'very risky'. Cigarette and cannabis smoking are both seen as 'very risky' by seven out of ten. Binge drinking is seen as very risky by just over half – 55%.

Only 3% see having sex using condoms as 'very risky', and a third see it as 'not risky at all'. Eight out of ten girls, but only 56% of boys, see having sex without condoms as 'very risky'.

The problem of whether risk perception translates to behaviour is apparent when we compare these figures to known usage. Cocaine and heroin are seen as 'very risky' by only a slightly higher proportion than those who see dance drugs as 'very risky'. Yet heroin and cocaine use by this age group is considerably less than is dance drug use. Some estimates are that up to half a million young people take dance drugs regularly. Government figures report that 9% of men and 4% of women aged 16 – 24 had used ecstasy in 2001. This would suggest that either they do not see this relatively familiar activity as, in practice, highly dangerous, or the danger is part of the thrill.²

Cigarettes and cannabis are seen as virtually equally dangerous by the young people in the study, and there is some equivalence in their reported usage. Government figures for 2001 indicate that 29% of women aged 16 to 19 and 22% of men of that age smoked cigarettes. 12% of 11 to 15 year olds, and 29% of men and 23% of women aged 16 to 24 had used cannabis.³ However, smoking cigarettes is normally likely to be a regular, even daily, activity, whereas using cannabis is a less frequent, recreational or leisure activity.

Perceptions of Risk

Q15 For each of the following activities please indicate whether you consider them to be risky or not. Please indicate whether that is very risky, not risky if they are done in moderation, not very risky if you are careful, or not risky at all.

	Very risky	Not risky in moderation and Not risky if you are careful	Not risky at all	Don't know
	% across			
Taking heroin	90	3	1	4
Taking cocaine	86	7	1	4
Taking dance drugs eg ecstasy, speed	81	12	2	3
Sniffing solvents/glues	81	10	2	5
Smoking cigarettes	70	23	1	4
Smoking cannabis	69	21	4	4
Having sex without using condoms	67	23	3	5
Walking alone at night in an area strange to you	57	34	4	3
Binge drinking	55	35	4	5
Doing daring stunts to show off	52	37	4	5
Riding a motorcycle	21	64	10	4
Skateboarding	14	72	9	3
Using mobile phones frequently	6	49	37	6
Having sex using condoms	3	55	33	7

Base: All young people aged 11-21 (687), April-May 2004.
Source: Nestlé Social Research Programme/MORI

DETAILED STUDY FINDINGS

What is the relationship between seeing oneself as a risk-taker, and perceptions of risk? The measure of being a risk-taker deliberately focused on health risk-taking: 'I like taking risks and sometimes do things that might be dangerous to my health'.

46% of the young people, whom we will term 'risk-takers', agree or agree strongly with this statement, and 32%, whom we will term 'risk-averse', disagree or disagree strongly. (19% neither agree nor disagree and 8% 'don't know'.) Boys are more risk-taking than girls; 53% are risk-takers compared to 38% of girls, and 25% of boys are risk-averse, compared to 39% of girls.

Risk-takers see nearly all the activities as less risky than did those who are risk-averse, suggesting that risk-takers are more likely to underestimate the riskiness of activities than are the risk-averse.

Risk-taking also relates to other health values and some activities. It would appear that health or weight control are not the primary reasons for taking – or not taking – exercise for risk-takers, but appearance and peer approval are more important. Compared to the risk-averse, risk-takers are more likely to agree as the reasons for exercising, 'to be with my friends', to push their body to the limits, because they like the feeling of exercise, and because they like competition. This is consistent with the general research that sensation-seeking is one of the core features of risk-taking.¹

Risk-takers also agree with somewhat different reasons than non-risk takers for avoiding exercise; they are more likely to agree that they don't like the way they look in exercise clothes, and they don't really like the type of person who does a lot of exercise. They are also more likely to agree that exercise would be too much effort, and that they are just not interested in exercising.

Risk-takers take a rather robust attitude to food. They are more likely than the risk-averse to 'like to try different kinds of food', and to 'just eat what I feel like when I feel like it'. They are more likely to be sceptical about healthy food – agreeing that it is usually more expensive, and does not taste as good – and to agree that 'I think people who worry about what they eat are strange'. They are likely to object less to the conditions under which animals are reared for food.

Comparison of Risk-takers and Risk-Averse on Reasons for exercise, and Food and Eating Values

Scale:	Risk-takers (Base 318)	Risk-averse (Base 219)
1= agree strongly	Mean scores	Mean scores
2=agree slightly		
3=neither agree nor disagree		
4=disagree slightly		
5 =disagree strongly		

Reasons for exercise (QC12)

I like the feeling of exercising	2.06	2.18
When I exercise I like to push my body	2.13	2.35
I exercise to be with my friends	2.41	2.86
I enjoy the competition of exercise	2.55	3.02

Reasons not to exercise (QC12)

I don't really like the type of person who exercises	2.78	3.17
I am just not interested in exercise	2.80	3.03
Exercising would be too much effort	2.82	3.13
I don't like the way I look in exercise clothes	3.30	3.72

Food and Eating values (QC19)

I just eat what I feel like when I feel like it	1.98	2.48
I like to try different kinds of food from different countries	1.98	2.32
Healthy food is usually more expensive	2.25	2.60
I think people who worry about what they eat are strange	2.36	2.67
I think it is healthier not to eat red meat	2.37	2.59
Healthy food usually doesn't taste as good as unhealthy food	2.74	3.32
I object to the conditions under which animals are reared for food	2.70	2.49

Base: All young people aged 11-21 (687), April-May 2004.
Source: Nestlé Social Research Programme/MORI

3.8 ON BEING THE RIGHT SIZE AND SHAPE

We have seen from the overall findings, and the gender differences, that appearance and achieving the desired shape are an integral part of being fit for girls in particular. For both sexes, being fit is an important goal, and is central to self-image. Therefore understanding what 'being fit' and being 'the right size and shape' mean to young people is crucial to effective health education. By looking at the relationship between motives for exercise, and values and attitudes around food choices, we can see the constellation of factors that create 'self-image'. There are distinct patterns of consistency between self-perception, and eating and exercise values and preferences, supporting the view that a person's self-image and worldview lead them to attend selectively to different aspects of eating, and to different motives for exercising.

The key elements are self-perceived level of fitness and health, the extent to which they worry about their health, and desired body image.

Those who *describe their health as 'very good'* compared to those who see it as 'fairly good' or 'fairly poor' are also more likely to take part in all the exercise activities except walking and dancing. They worry less frequently about their health. They are more enthusiastic about nearly all the reasons for exercising. They perceive the intake of substances as more risky than do the less healthy. With regard to choices about eating, the very healthy eat more fresh fruit and vegetables and organic food, and avoid artificial ingredients and food that would cause spots.

A very similar pattern of exercise motives is associated with *self-perceived fitness*; those who see themselves as 'very fit' are more positive than the less fit about most of the reasons for exercising, and negative about reasons for not exercising. They also measure their body more frequently. The more fit agree more that they eat what they like when they feel like it, but they are more likely to avoid sugar and fat and artificial ingredients, and they dislike meat more and see it as less healthy – but they do not object more to the conditions in which animals are reared for food.

Those who *worry about their health more frequently* are more motivated by the desire to look good, but also by health. They choose the more healthy options, while at the same time thinking that healthy food is more expensive. Those who worry more often are concerned about their appearance, feeling more uncomfortable exercising in front of others, and liking less how they look in exercise clothes. They are more likely to exercise to lose weight or to look

better. They are also more likely to agree that they are not good at sports, and would prefer to dance or do yoga. They are more likely to think that if they were overweight their friends would like them less, they would be less attractive and less healthy, and feel less in control of their body. However, those who worry more frequently also like the feeling of exercising, and pushing their body as far as they can.

Body Mass Index (BMI) in combination with desired weight creates a useful guide to self-image. It is convenient to distinguish three groups: those who are happy with their weight (whatever their BMI), those with a normal or high BMI who want to lose weight, and those who are light but want to lose weight, who constitute a potential eating problem.

Those who are happy with their weight appear to regard exercise and food in a relaxed and pragmatic way. They are the group most likely to exercise to be with their friends, and because they enjoy the competition. They are least likely to dislike people who exercise too much, to feel uncomfortable exercising in front of others, to exercise to make themselves look better, to agree that they are not good at sports, or to want to take more exercise than they do. They are less likely to pay attention to calories, and more likely to think that people who worry about what they eat are strange.

Those with a normal or high BMI who want to lose weight, agree that they exercise to lose weight, and would like to take more exercise. They are less likely to feel comfortable exercising in front of others, or to enjoy competition, and they are most likely to say that they are not interested in exercising, or good at sports. They are less likely to eat what they feel like when they feel like it, and are less likely to eat organic food. Those who wish to lose weight, whatever their BMI, worry more frequently about their health.

There is a small group (8% of the total) who are already slender - BMI less than 21 - want to lose more weight; as a possible problem group they reflect an extreme position. They are most likely, of all the groups, to exercise to look better and to lose weight. They are most likely to avoid sugar and fat, to pay attention to calories, to eat organic food, and to avoid food that would give them spots. They are least likely to agree that 'people who worry about what they eat are strange'.

3.9 FEELINGS ABOUT BEING OVERWEIGHT

In addition to asking about desired shape and size, we asked a hypothetical question about how much they would agree or disagree with a range of statements 'if you thought you were overweight'. Asking this reveals personal anxieties about one's own weight, but also the cultural image of the ideal weight and the reasons to maintain it. The most powerful concern – for nearly eight out of ten – is that 'I would not feel as healthy'. This is closely followed by 72% agreeing that 'I would feel less attractive'. Nearly three out of five (58%) 'would not feel in control of my body'. Much less important are that 'My friends would not like me as much' (23%) and 'I would feel that people would think I wasn't very intelligent' (22%).

These figures show clearly that young people are strongly affected by a negative cultural image of being overweight. But there is also quite a lot of resistance. Between four and five out of ten agreed that 'I would not mind because my personality is more important than what I look like' (45%), 'I wouldn't mind because

people should like me however much I weigh' (50%) or 'I would not mind because I think that people take too much notice of what magazines present as "the right weight"' (43%). It would seem that anxieties about being overweight coexist with a reluctance to admit to conventional social pressures, and a desire to affirm a more intrinsic evaluation of self.

Satisfaction with body weight influences the nature of anxiety about being overweight:

- *those who would like to lose weight* whatever their BMI, would be more concerned about being less attractive if they were overweight than those with a comparable BMI who are happy with their weight
- they are less likely to agree that their personality is more important than what they look like, or that their friends should like them no matter what they look like, or to worry that their friends won't like them
- *those with low BMI who want to lose more weight* are considerably less likely to resist the image of 'the right weight' that magazines present.

3.10 WHAT MAKES A VEGETARIAN?

People become vegetarian for three main reasons: health, taste or ethics. These reflect different values and motives for avoiding flesh.¹ Amongst the young people there are different degrees of flesh avoidance. Two useful categories emerged. The kinds of food that people might choose not to eat include red meat, white meat, and fish. The category 'flesh-avoider' comprises anyone who excludes *any* of those products from their diet (in whatever combination). Of those who answered the question (97% of the sample) 44% are 'flesh-avoiders', and 56% are 'flesh-eaters'. 39% of boys and 50% of girls are classified as 'flesh-avoiders'.

'Flesh-avoiders' by this criterion, are not strictly vegetarian in the accepted sense. A narrower category, 'vegetarian' comprises only those who exclude meat, or meat in combination with fish. Of the flesh-avoiders, 28.6% exclude red meat only, 44% exclude fish only, and 21.4% exclude red meat in combination with fish and/or white meat. This latter group constitutes the conventional definition of 'vegetarian', and they comprise 9.45% of the total sample.

There are considerable differences between flesh-avoiders and flesh-eaters on a number of values and attitudes. This suggests a somewhat differing worldview and a heightened awareness of some health and food-related issues.

The eating-related items on which flesh-avoiders differ from flesh-eaters include ethical, health and taste items. Unsurprisingly, they like the taste of meat less than do flesh-eaters. They are also more likely to regard not eating red meat as healthier. The 'ethical' items with which flesh-avoiders agree more than flesh-eaters include not liking the thought of eating meat, and not thinking it is right to kill animals for food.

Flesh-avoiders are more likely to pay attention to calories, eat organic food, and avoid food that might give them spots. They also eat more fresh fruit and vegetables.

Flesh-avoiders also differ from flesh-eaters on other areas of health and exercise. They worry more frequently about their health. They are generally less comfortable about exercising, and how they look in exercise clothes, and more reluctant to become too bulky or muscular. They are more likely to agree that 'exercising would be too much effort'. They would prefer more to dance or do yoga – especially girls. However, they enjoy the competition of exercising more than do flesh-eaters.

Given these clear differences in health values and motives between flesh-avoiders and flesh-eaters, what is distinctive about the specific group of true vegetarians? In particular, is fish-avoidance in the same ethical or taste domain as meat avoidance? In contrast to those who avoid meat, those who avoid fish *only* (but not meat) are significantly less concerned about the taste of meat, the thought of eating meat, and whether avoiding red meat is healthier. They are less concerned about killing animals for food, and about the conditions under which animals are reared. This suggests that those who only exclude fish, but not meat, from their diet are more concerned about taste than ethics.

However, fish-avoiders in combination with meat-avoiders comprise the large group of flesh-avoiders, who significantly differ from flesh-eaters in terms of their awareness of and sensitivity to health issues.

DETAILED STUDY FINDINGS

Differences between “Flesh-avoiders” and “Flesh-eaters” in relation to values about food, and reasons for exercising or not – mean scores

Values and Food (QC19)	Flesh-avoiders		Flesh-eaters	
	Males (Base 138)	Females (Base 158)	Males (Base 216)	Females (Base 157)
I think it is healthier not to eat red meat	2.00	2.11	2.72	2.65
It’s against my religion to eat certain foods	2.21	2.55	2.73	2.79
I would prefer to eat less meat than I do now	2.29	2.24	2.93	2.74
I try to eat organic food	2.35	2.30	2.64	2.87
I try to avoid food that would give me spots	2.51	2.53	2.75	2.89
I don’t like the thought of eating meat	2.72	2.32	3.93	3.80
I don’t like the taste of meat	2.94	2.48	3.60	3.43
I don’t think it’s right to kill animals for food	3.10	2.70	3.90	3.63
I pay attention to the calories in the food I eat	3.12	3.08	3.74	3.10
Reasons for exercising or not (QC12)				
I enjoy the competition of exercise	2.48	2.89	2.61	3.15
Exercising would be too much effort	3.00	2.79	2.84	3.07
I don’t like the way I look in exercise clothes	3.33	3.26	3.73	3.29
I don’t want to exercise too much because I don’t want to look too bulky or muscular	3.51	2.75	3.79	3.34
I am not good at sport or exercise	3.53	3.28	3.74	3.47
It is too expensive to do the sport I like	3.63	3.30	3.75	3.52
I would prefer to exercise by doing yoga or dance	3.99	2.45	4.08	2.84

Scale:

1 = agree strongly;

2 = agree slightly;

3 = neither agree nor disagree;

4 = disagree slightly;

5 = disagree strongly

Base: All young people aged 11-21 for whom data are available (669), April-May 2004.

Source: Nestlé Social Research Programme/MORI

3.11 DOES AGE MAKE A DIFFERENCE?

Given the considerable physical and psychological changes between age 11 and age 21, it would be surprising if there were no age differences. Furthermore, being in a school or college may provide opportunities for exercise that are not found in the workplace. The three age categories we explore are:

- under sixteen (and therefore in fulltime education)
- over sixteen in fulltime education at school, college or university
- over sixteen in the workforce.

The younger group is more likely than the other two groups to participate in team and individual sports. They also worry most frequently about their health. If they were overweight, the younger group would be more likely than the others to fear their friends would not like them, or that they would not be attractive. However they are also most likely to not mind because their personality is more important than what they look like.

The younger group are most likely of the three to exercise to lose weight, to be with their friends, because they enjoy the competition, and to push their body as far as they can.

They are most likely to avoid fat and sugar, food that will give them spots, and red meat. They are most likely to agree that it is not right to kill animals, however they are the group least concerned about the conditions under which animals are reared. They are the group who most like simple British food.

In terms of risk, the under sixteens are the group who consider having sex using condoms least risky.

Those over sixteen in fulltime education are the group most likely to prefer to dance or do yoga, and to like the feeling of exercising. They eat fresh fruit more frequently, and they are least likely to eat what they feel like when they feel like it.

Those over sixteen in the workforce worry least often about their health of the three age groups. They are most likely to say they feel uncomfortable exercising in front of others, not to have the time, or that it is too expensive. They are also least interested in exercising.

These findings suggest that it is the under sixteens who are most sensitive to health messages and also most concerned about their appearance. They are also the most ethically engaged about meat production.

DETAILED STUDY FINDINGS

Age differences in Food Values, Reasons for Exercising and Self Image

<i>Greatest agreement or frequency marked in italics</i>	Under Sixteen (Base 354)	16+ in fulltime education (Base 148)	16+ in the workforce (Base 185)
Worry about health (frequency *) (QC4)	2.77	3.04	3.31
If I was overweight ** (QC11)			
I would feel less attractive	1.77	2.01	1.96
I would not mind because my personality is more important than what I look like	2.57	2.72	2.99
My friends would not like me as much	3.30	3.99	3.73
Reasons for exercising ** (QC12)			
I exercise to lose weight or not get any heavier	2.11	2.25	2.43
I like the feeling of exercising	2.12	2.04	2.34
When I exercise I like to push my body as far as I can	2.15	2.20	2.84
I enjoy the competition of exercising	2.46	2.81	3.21
I exercise to be with my friends	2.50	2.64	2.84
Reasons for not exercising** (QC 12)			
I am just not interested in exercising	3.05	2.95	2.52
Exercising would be too much effort	3.08	2.96	2.74
I don't feel comfortable exercising in front of other people	3.14	2.99	2.80
I would prefer to exercise by dance or yoga rather than by sports or the gym	3.45	3.09	3.42
I don't have the time to exercise, I have too many other things to do	3.51	3.26	3.13
I am not good at sport or exercise	3.64	3.54	3.24
It is too expensive to do the sports I like	3.86	3.37	3.18
Eating and food values** (QC19)			
I think it is healthier not to eat red meat	2.18	2.59	2.64
I just eat what I feel like when I feel like it	2.19	2.40	2.10
I try not to eat too much sugar or fat	2.23	2.35	2.55
I like simple British food	2.28	2.46	2.59
I try to eat organic food	2.41	2.45	2.83
I try to avoid food that would give me spots	2.43	2.90	2.92
I would prefer to eat less meat than I do now	2.44	2.73	2.73
Healthy food is usually more expensive	2.59	2.28	2.04
I object to the conditions, such as battery chicken farming, in which animals are reared for food	2.72	2.46	2.45
I don't like the thought of eating red meat	2.93	3.48	3.72
I don't think it's right to kill animals for food	3.07	3.60	3.72
Eat fresh fruit (frequency) *** (QC20)	1.90	1.69	2.40

Scales:

- *
1 = daily; 5 = never
- **
1 = agree strongly;
2 = agree slightly;
3 = neither agree nor disagree;
4 = disagree slightly;
5 = disagree strongly

- ***
1 = at least once a day;
2 = 3-6 times per week;
3 = 1-2 times per week;
4 = less often;
5 = never

Base: All young people aged 11-21 (687),
April-May 2004.

Source: Nestlé Social Research
Programme/MORI

3.12 ARE THERE DIFFERENCES BETWEEN DIFFERENT REGIONS?

Six regions are included in the study; the South, the North, the Midlands, Greater London, Scotland, and Wales. The main findings are the difference between the South, and Greater London; on many items the South emerges as least fit, and least healthy, and Greater London as most.

The South is defined as the South East and the South West. Southerners play team and individual sports least. More Southerners than those in other regions, would like to lose weight, and they see themselves as least fit. Southerners are most likely to say that it is too expensive to do the sports they like, not to like how they look in exercise clothes, or not to feel comfortable exercising in front of others. They are least likely to enjoy the competition of exercising, or pushing their body as far as they can. Southerners are most likely to see healthy

food as more expensive. Southerners are least likely to eat organic food. Southerners are also less likely than those in other regions to be risk-takers.

Londoners are likely to worry about their health most often. More Londoners see themselves as stronger than others of their age and sex than do those in other regions, and more of them see themselves as very fit. However they are also most likely to agree strongly that they eat what they like when they feel like it.

Londoners are more likely than those in other regions to get their health information from books and newspapers.

These figures suggest that both opportunities for exercise are greater in London than elsewhere, and also that there is a stronger culture of fitness in London than elsewhere.

Regional Differences

Region and Base	South (121)	North (256)	Midlands (235)	Greater London (75)	Scotland (62)	Wales (38)
Items on which Greater London scores highest, and the South lowest	%	%	%	%	%	%
I would describe myself as being very fit (QC2)	6	15	13	32	21	15
Get health information from newspapers (QC9)	16	21	20	37	28	29
Get health information from books (QC9)	18	19	20	37	26	21
Agree strongly + agree with the following statements						
I like the competition of exercising (QC12)	33	43	45	49	37	46
I try to eat organic food (QC19)	14	17	26	26	17	21
Items on which Greater London scores lowest, and the South highest						
Agree strongly + agree that						
Would like to weigh less (QC7B)	54	43	45	32	39	48
I am not good at sport or exercise (QC12)	31	23	24	18	19	19
Sometimes it's hard to know which food is healthiest (QC19)	58	46	48	42	48	38

Continued on next page

DETAILED STUDY FINDINGS

Region and Base	South (121)	North (256)	Midlands (235)	Greater London (75)	Scotland (62)	Wales (38)
Items on which Greater London scores highest	%	%	%	%	%	%
Worry about health at least once a month (QC4)	54	50	55	64	45	53
See self as stronger than peers (QC6D)	28	26	25	49	31	12
Get health information from brothers or sisters (QC9)	23	19	20	40	18	4
Agree strongly + agree						
I just eat what I feel like when I feel like it (QC19)	59	57	56	69	61	59
Items on which the South scores highest						
Agree strongly + agree						
It is too expensive to do the sports I like (QC12)	34	22	23	17	13	20
I don't feel comfortable exercising in front of other people (QC12)	52	31	35	44	29	28
I don't like the way I look in exercise clothes (QC12)	42	20	24	25	12	31
Healthy food is usually more expensive (QC19)	68	49	43	35	43	46
I object to the conditions such as battery chicken farming in which animals are reared for food (QC12)	48	34	38	26	34	33
Items on which the South scores lowest						
Take part in team sports at least once a week (QC3)	30	52	51	61	59	63
Take part in individual sports at least once a week (QC3)	25	45	42	48	40	63
Agree strongly + agree that						
I like taking risks (QC12)	34	54	46	48	53	52
When I exercise I like to push my body as far as I can (QC12)	45	63	56	54	66	64

Base: All young people aged 11-21 (687), April-May 2004.
Source: Nestlé Social Research Programme/MORI

4 IMPLICATIONS FOR HEALTH EDUCATION

The overall picture is that most young people seem motivated to be healthy and fit. However this applies more to exercise and weight control; they fall rather short on healthy eating and being motivated to choose healthy food. In relation to behaviour that would pose a health risk, they seem very aware of the dangers of substance abuse (though they are less aware of the dangers of binge drinking). They are less sure about sexual risk.

Effective health education appeals to motives and self-image. Being fit and achieving the desired weight are strong motives; this fuels exercise. Being 'healthy' may include being fit, but is associated perhaps more with food control, and this as we have seen is a more problematic basis for education. The primary motives for exercise are the enjoyment of the physical experience – particularly for boys but also for many girls – and the benefits in terms of improved appearance – more for girls than boys. Several reasons for avoiding exercise also concern appearance and personal attractiveness. The appeal to girls of yoga and dance are probably because these activities are seen as more physically graceful and less 'sport-like'; this has considerable implication for encouraging girls into exercise regimes.

Those who are happy with their weight do exercise for its inherent enjoyment and seem to pay relatively little attention to the health dimensions of their diet. Those who want to lose weight are both less comfortable exercising, and also do so more for weight control reasons. Again, the emphasis on appearance could be an inhibiting factor for those who need and want to lose weight, as well as a motivator.

Those who consider themselves very healthy, or very fit, are motivated to maintain this state and would predispose a young person to take note of behaviour that does so. It is of note, for example, that those who saw themselves as 'very healthy' are those most likely to see substance use as 'very risky'. Many of these young people do monitor their eating and avoid at least some unhealthy foods. However, it seems that it is also the sensation associated with exercise that differentiates them from the less fit and healthy – they enjoy it more.

Worrying about one's health frequently seems to be associated with awareness of what is healthy about foods, but it also goes with feeling somewhat uncomfortable in public exercise and sport (apart from dance and yoga). Looking good seems to be as important as being healthy, for those who worry about their health.

For risk-takers, the pursuit of 'health' as such seems less important, compared to the risk-averse; what is likely to appeal to them is a combination of sensation, public acceptance and appearance.

Boys and girls respond to somewhat different messages, and through different media. Girls particularly use magazines as a source of health information, and for girls the peer group is a more important information resource than it is for boys. The results suggest a timely opportunity for boys' and men's magazines to widen their coverage of health advice.

Both sexes want to be fitter than they are, but this seems to mean different things for boys and girls. Improved appearance including weight loss, and also ethically acceptable food, matter more to girls than to boys. For boys, the goal of greater fitness needs to be seen alongside greater risk-taking, and also, the higher proportion of boys than girls who 'never' worry about their health. We can see that worrying about one's health, or one's appearance, sensitises one to ways to improve both – but also to anxieties about whether one falls short of some standard. On the other hand, those who resist worry, particularly when this is combined with the conviction that they are already in good shape, are likely to have less susceptibility to appropriate information.

Research on risk perception and risk behaviour constantly highlights the problem of how intentions (or awareness of threat) in relation to risky behaviours translate into action. The present study can only identify the perception of risk, and the relationship between risk-taking and other health values. There is an apparent gap between a quite high level of perceived risk of substance use, and the national figures on the extent of usage by this age group. It is as though they have a rather exaggerated perception of certain kinds of risk which in fact has little relation to their or their peers' actual behaviour, and at the same time they have an insufficient perception of risk in other areas. The relatively moderate perception of the risks of binge drinking, compared to other 'leisure' drugs on the list, suggests a need for more information.

In the case of sexual behaviour, the fact that only two-thirds see sex without condoms as 'very risky' suggests that the message has not entirely penetrated this group. This is particularly significant in view of the data from boys, only just over half (56%) of whom see this as 'very risky'. The view that sex with condoms is virtually without serious risk – and for a third 'not risky at all' may be seen as an encouraging sign the message about condoms has got through, but it could also reflect over-confidence - in particular because it is the youngest group who see having sex using condoms as least risky.

APPENDICES

APPENDIX 1: Technical note

METHODOLOGY

A sample of 1,058 children and young adults aged between 11 and 21 were interviewed between 22 April and 21 May 2004. 600 interviews were conducted with school and college pupils (aged 11-18), 159 with university students (up to the age of 21), and 299 with those no longer in full time education (16-21 years). Interviews among school and college pupils were conducted in schools, on paper during self completion sessions. Interviews with university students and others not studying were conducted via an on-line self completion questionnaire. Further details for each methodology are provided below. The questionnaire was versioned due to its length with each respondent answering two out of three sections and all demographics. 687 respondents answered the questions on health and wellbeing being reported on in this document.

Schools and Colleges

Stage 1: Sampling Schools

A random sample of 200 schools and colleges was provided by the Schools Publishing Company. The sample comprised secondary state and independent schools and sixth form/FE colleges in England, Scotland and Wales. The sampling universe included Local Education Authority (LEA), voluntary aided/controlled, foundation schools, independent schools, and sixth form/FE colleges in England, Scotland and Wales, but excluded special schools. This sampling frame was stratified by Government Office Regions (GORs) and within each stratum, schools/colleges were selected proportional to the size of the school/colleges register, thus producing a nationally representative sample of schools/colleges. The age groups included in the survey were 11-18 year olds in curriculum years 7 to 13.

Stage 2: Selecting Schools to Take Part

A letter was sent by MORI to the head teachers of sampled schools and colleges, asking for their agreement to participate in the survey. Schools/colleges that were willing to participate were asked to name a main point of contact with whom MORI would be able to arrange details of the research. In addition, all schools/colleges willing to participate in the survey were asked to indicate how many pupils were on their school/college roll in order to help calculate the number of pupils to be selected. Once the schools/colleges had agreed to participate, the MORI team selected 25 schools to take part – stratifying the sample by region and school type to ensure a representative sample was included across the age groups. The number of pupils to be interviewed in each school, along with the sampling interval for each particular school was calculated taking into consideration the total number of pupils aged 11-18 years old in all of the selected schools/colleges.

Stage 3: Sampling Pupils

MORI interviewers made an appointment with schools/colleges to conduct the sampling visit and select pupils to participate in the research. Contacts at the schools/colleges were asked to arrange for registers, or up-to-date computer listings of pupils on their school/college rolls, to be made available (in adherence with the Data Protection Act, the names of those pupils selected to participate were not removed from the school/college premises).

The procedures for selecting the sample of pupils were as follows:

- the interviewer collected all school/college registers/listings;
- checks were made on the registers/listings to ensure that pupils who had left the school/college were not included, and that pupils who had moved class were only included once. Long-term absentees were included in the selection. Interviewers checked that pupils who have recently joined the school/college were also included;
- registers/listings were ordered by form/year (youngest through to oldest);
- a random number was provided to select a random start point to enable the identification of the first pupil to be selected to the sample;
- a sampling interval was used to select the next pupil (i.e. every nth pupil), and so on until all registers/listings had been completed;
- MORI interviewers were provided with full instructions, prior to the sampling visit.

Conducting the Fieldwork

The survey was administered by means of self-completion sessions conducted in the participating schools/colleges. The MORI interviewer arranged a convenient time and date for the self-completion session. The MORI interviewer was present during the self-completion session to explain the survey to pupils selected to the sample, to reassure them about the confidentiality of the survey, to assist them in completing the questionnaire by clarifying question wording and routing instructions, and to collect completed questionnaires. In all classroom sessions, teachers were requested to remain present throughout to assist with discipline and other issues, but not to participate in the conduct of the survey itself. As a thank you, all schools and colleges participating were sent a donation of £100.

University and Not in Full-time Education Sample

The interviews among 16-21 year olds at university or among those no longer in full-time education were conducted using an on-line panel.

Multiple sources are used to recruit the members of the on-line panel used, working with a variety of partners. These include Internet Service Providers, portals, direct marketing specialists, online advertising agencies and list brokers.

Recruitment methods range from direct emails, banner ads, pop-ups, interstitial ads, in-page links, etc. There is also an affiliate program and a 'friends and family' referral scheme, available on the panel website.

The key purpose of using a mixture of partners and methods is to get a diverse sample of panel members. Single source recruitment is not favoured because there are invariable biases in nearly all sources, and using one source only introduces systematic bias into the panel, whenever the panel is used.

All panel sign-ups are validated using a double opt-in process. After completing the registration survey panellists are instantly sent an email to validate the email address exists and belongs to the person who has completed the sign-up survey. It is only after the recipient has responded by clicking on a confirmation link in the email, that they are considered to be a full panel member and become available for selection to surveys.

Panellists will not be removed due to length of membership. However, periodically panel members with a history of non-response will be removed. Furthermore, in all correspondence to the panellists there is a 'remove' link so they could easily opt-out of the panel if they chose. Panel recruitment is an ongoing process so the panel is being constantly refreshed with new panel members.

Panel members are invited to take part in up to two surveys per month to strike a balance between keeping panellists involved, motivated and rewarded but preventing over use.

For this survey entry into a prize draw was used as an incentive.

Weighting and Data Processing

Data processing and analysis were carried out by MORI Data Services. The data were weighted to reflect the known profile of the sample population by gender within age, school type, whether in full-time education or not and area.

Interpretation of the Data

A sample of the population aged 16-21 has been interviewed, not the entire population. Consequently, all results are subject to sampling tolerances which means that we cannot assume that all differences between sub-groups are statistically significant. As a guide, figures from the main sample are subject to a margin of error of plus or minus 5 percentage points (taking into account the design effect).

Sample Profile

The sample profile is based on all 1,058 respondents as follows:

	Unweighted	Weighted
Gender	%	%
Male	45	51
Female	55	49
Year Group	%	%
Years 7 -9	30	33
Years 10 - 13	26	31
University	14	8
Working	28	26

Age	%	%
11	3	9
12	10	9
13	12	9
14	10	9
15	9	9
16	8	9
17	7	9
18	7	9
19	12	9
20	12	9
21	11	9

Region	%	%
London	11	13
South East	13	14
South West	4	9
East Anglia	11	9
East Midlands	9	7
West Midlands	9	9
Yorkshire and Humberside	11	9
North East	5	4
North West	12	12
Wales	6	5
Scotland	9	9

APPENDIX 2: Topline results

- A sample of 1,058 children and young adults aged between 11 and 21 were interviewed across England, Scotland and Wales.
- All questionnaires were completed between 22 April and 21 May 2004.
- 600 interviews were conducted with school and college pupils (aged 11-18), 159 with university students (up to the age of 21), and 299 with those no longer in full time education (16-21 years).
- Interviews among school and college pupils were conducted in 25 schools, on paper during self completion sessions.
- Interviews with university students and others not studying were conducted via an on-line self completion questionnaire.
- The questionnaire was versioned due its length with each respondent answering two out of three sections and all demographics.
- A total of 687 respondents answered the questions on health and wellbeing being reported on in this document.
- All figures are expressed in percentage terms unless otherwise stated.
- Number may not always add up to 100% due to computer rounding or multiple answers, or a number of not stated answers.
An asterisk (*) denotes a figure less than 0.5% but greater than zero

SECTION A: About You

First of all we would like to ask some questions about you. Please remember that your answers are confidential.

A1 How old are you?

Base: All (1,058)

	%
11	9
12	9
13	9
14	9
15	9
16	9
17	9
18	9
19	9
20	9
21	9

A3 And what year group are you in?

PLEASE TICK ✓ ONE BOX ONLY
Base: All pupils / students (759)

	%
Year 7	21
Year 8	12
Year 9	13
Year 10	14
Year 11	11
Year 12	8
Year 13	9
First year university	5
Second year university	4
Third year university	3

A4 Are you male or female?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (1,058)

	%
I am a boy / male	51
I am a girl / female	49

A5 Which of the following best describes you?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (1,058)

	%
White	88
British Black	1
Black Caribbean	1
Black African	1
Black Other	*
British Asian	2
Indian	2
Pakistani	1
Bangladeshi	-
Chinese	1
East African Asian	*
Other	*
Don't know	*

A6 For which, if any, of the following are you currently studying?

Base: All pupils / students (759)

	%
SCHOOL/COLLEGE/FE COLLEGE:	
ENGLAND AND WALES	
GCSEs	30
AS / A levels	10
NVQs (National Vocational Qualifications)	1
GNVQs (General National Vocational Qualifications)	2
Vocational A levels (also known as VCEs)	2
SCOTLAND	
School Leaving Certificate	1
O Grade, Standard grade, GCSE, Senior Certificate or equivalent	4
GSVQ Foundation or intermediate, SVQ Level 1 or 2, SCOTVEC module or equivalent	1
Higher grade/CSYS/A Level, Advanced Senior Certificate or equivalent	2
GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma or equivalent	-
City and Guilds	-
UNIVERSITY	
ENGLAND, SCOTLAND & WALES	
Undergraduates	
HNC, HND, SVQ Levels 4 or 5 equivalent	*
Undergraduate degree	11
Post graduates	
Post Graduate Taught Course	-
Post Graduate Research	-
Post Graduate professional qualifications e.g. teaching, accountancy	*
Other	9
None of these	14
Don't know	7

A9 How tall are you?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (1,058)

	%
Less than 4 Feet (Less than 122 cm)	*
4 Feet – Up to 4 Feet, 2 inches (122 – Up to 127 cm)	1
4 Feet, 2 inches - Up to 4 Feet, 4 inches (127 – Up to 132 cm)	*
4 Feet, 4 inches - Up to 4 Feet, 6 inches (132 – Up to 137cm)	1
4 Feet, 6 inches - Up to 4 Feet, 8 inches (137 – Up to 142cm)	1
4 Feet, 8 inches - Up to 4 Feet, 10 inches (142 – Up to 147cm)	2
4 Feet, 10 inches - Up to 5 Feet (147 – Up to 152cm)	1
5 Feet – Up to 5 Feet, 2 inches (152 – Up to 157 cm)	7
5 Feet, 2 inches - Up to 5 Feet, 4 inches (157 – Up to 163 cm)	9
5 Feet, 4 inches - Up to 5 Feet, 6 inches (163 – Up to 168cm)	8
5 Feet, 6 inches - Up to 5 Feet, 8 inches (168 – Up to 173cm)	9
5 Feet, 8 inches - Up to 5 Feet, 10 inches (173 – Up to 178cm)	8
5 Feet, 10 inches - Up to 6 Feet (178 – Up to 183cm)	10
6 Feet – Up to 6 Feet, 2 inches (183 - Up to 188 cm)	5
6 Feet, 2 inches - Up to 6 Feet, 4 inches (188 – Up to 193 cm)	2
6 Feet, 4 inches or over (193 cm or over)	1
Don't Know	10

APPENDICES

A10 How much do you weigh?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (1,058)

	%
Less than 4 Stone (Less than 25 kg)	-
4 Stone – Up to 4½ Stone (25 - Up to 29 kg)	*
4½ Stone – Up to 5 Stone (29 - Up to 32 kg)	1
5 Stone – Up to 5½ Stone (32 - Up to 35 kg)	2
5½ Stone – Up to 6 Stone (35 - Up to 38 kg)	2
6 Stone – Up to 6½ Stone (38 - Up to 41 kg)	2
6½ Stone – Up to 7 Stone (41 - Up to 44 kg)	2
7 Stone – Up to 7½ Stone (44 - Up to 48 kg)	4
7½ Stone – Up to 8 Stone (48 - Up to 51 kg)	6
8 Stone – Up to 8½ Stone (51 - Up to 54 kg)	5
8½ Stone – Up to 9 Stone (54 - Up to 57 kg)	3
9 Stone – Up to 9½ Stone (57 - Up to 60 kg)	6
9½ Stone – Up to 10 Stone (60 - Up to 64 kg)	6
10 Stone – Up to 10½ Stone (64 - Up to 67 kg)	4
10½ Stone – Up to 11 Stone (67 - Up to 70 kg)	5
11 Stone – Up to 11½ Stone (70 - Up to 73 kg)	5
11½ Stone – Up to 12 Stone (73 - Up to 76 kg)	4
12 Stone – Up to 12½ Stone (76 - Up to 79 kg)	2
12½ Stone – Up to 13 Stone (79 - Up to 83 kg)	3
13 Stone – Up to 13½ Stone (83 - Up to 86 kg)	1
13½ Stone – Up to 14 Stone (86 - Up to 89 kg)	1
14 Stone – Up to 14½ Stone (89 - Up to 92 kg)	1
14½ Stone – Up to 15 Stone (92 - Up to 95 kg)	1
15 Stone – Up to 15½ Stone (95 - Up to 98 kg)	*
15½ Stone – Up to 16 Stone (98 - Up to 101 kg)	1
16 Stone – Up to 16½ Stone (101 - Up to 104 kg)	*
16½ Stone – Up to 17 Stone (104 - Up to 107 kg)	*
17 Stone or over (107 kg or over)	1
Don't Know	8

W2 In which of the following areas do you live?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (1,058)

	%
London	13
South East	14
South West	9
East Anglia	9
East Midlands	7
West Midlands	9
Yorkshire and Humberside	9
North East	4
North West	12
Wales	5
Scotland	9

W3 Which, if any, of the following best describes your current work status?

PLEASE TICK ✓ ONE BOX ONLY
Base: All non-pupils (458)

	%
Paid full-time work (30+ hours per week)	43
Paid full-time work (8 – 29 hours per week)	17
Student	26
Looking after house / children	11
Other	3

W5 Which, if any, of these qualifications is the highest that you have obtained to date?

PLEASE TICK ✓ ONE BOX ONLY
Base: All working respondents (299)

	%
O-Level / GCSE	36
Vocational qualifications (NVQ1+2)	13
A-Level or equivalent (NVQ3)	35
University degree or diploma or equivalent (NVQ4)	4
Higher university degree / Doctorate / MBA or equivalent	2
Other	6
No formal qualifications	-
Don't know	3

SECTION C: Your Health and Wellbeing

This section asks about your views on your health and wellbeing.
Base for Section C: 687

C1. How do you feel about your health in general? Would you say that, for your age, your health is....

PLEASE TICK ✓ ONE BOX ONLY
Base: All (687)

	%
Very good	30
Fairly good	59
Fairly poor	8
Very poor	2
Don't know	1

C2. Which one, if any, of the following is how you would describe yourself at the moment?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (687)

	%
Very fit	15
Fairly fit	59
Fairly unfit	18
Very unfit	4
Don't know	3

C3 On average, how often, if at all, do you do each of the things (A-G) listed below?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH LINE A – G
Base: All (687)

		Every day	Once a week	Every 2 weeks	Once a month	Less often	Never
% across							
A	Walk for at least 15 minutes	75	14	1	3	3	1
B	Cycle for at least half an hour	10	20	7	7	25	12
C	Do a personal exercise routine at home or in a gym	18	26	7	6	16	11
D	Take part in team sports (eg football, hockey)	12	36	6	4	16	8
E	Take part in partner sports (eg tennis, martial arts)	5	25	6	7	19	16
F	Take part in individual sports (eg swimming, riding, running, rollerblading)	13	27	10	11	19	7
G	Take part in dancing	7	17	5	6	16	33

C4 How often, if at all, do you worry about your health?

Would you say it was...
PLEASE TICK ✓ ONE BOX ONLY
Base: All (687)

	%
Daily	16
Weekly	22
Monthly	17
Twice a year	4
Once a year	2
Less often	12
Never	17
Don't know	8
Not stated	1

C5 How often, if at all, do you or somebody else measure you for each of the following?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH ROW A – D
Base: All (687)

		Daily	Weekly	Monthly	Every 3 – Up to 6 months	Every 6 - 12 months	Less often	Never
% across								
A	Height	2	3	10	18	16	23	13
B	Weight	5	20	23	14	8	16	7
C	Chest	2	4	8	12	11	25	20
D	Waist	2	3	8	14	10	29	17

C6 Thinking about people who are the same age and sex (boy/girl) as yourself, do you think that YOU are?

PLEASE TICK ✓ ONE BOX FOR EACH PART A – D BELOW
Base: All (687)

		%	
A	Taller than most of them	24	
	About the same height as most of them	50	
	Shorter than most of them	25	TICK ONE BOX
B	More energetic than most of them	26	
	About the same as most of them	61	
	Less energetic than most of them	13	TICK ONE BOX
C	Lighter than most of them	27	
	About the same weight as most of them	48	
	Heavier than most of them	25	TICK ONE BOX
D	Stronger than most of them	29	
	About the same strength as most of them	61	
	Weaker than most of them	10	TICK ONE BOX

C7 C7 Thinking about your current level of fitness and weight for each parts A and B below please indicate which apply

PLEASE TICK ✓ ONE BOX FOR EACH PART A – B BELOW
Base: All (687)

		%	
A	I would like to be fitter than I am now	73	
	I think I am fit enough	23	
	Being fit is not important to me	4	TICK ONE BOX
B	I would like to weigh more than I do now	12	
	I weigh about the right amount	43	
	I would like to weigh less than I do now	45	TICK ONE BOX

C8 When did you last visit each of the following types of people personally?

PLEASE TICK ✓ ONE BOX FOR EACH PART A – F
Base: All (687)

		In last month	In last six months	In last year	In last 3 years	Longer ago	Never	Don't know
% across								
A	Doctor	31	36	15	7	5	1	3
B	Dentist	27	41	16	8	4	1	2
C	Optician (to have your eyes tested)	6	23	20	15	14	15	5
D	Physiotherapist	2	4	6	6	8	62	9
E	Chiropractor or osteopath	*	2	2	1	2	72	16
F	Homeopathic practitioner or other alternative medical person	3	3	3	2	4	66	16

APPENDICES

C9 From which, if any, of the following does your information about health care come?

PLEASE TICK ✓ ONE BOX ONLY
Base: All (687)

	%
Magazines	48
Books	21
Internet	42
Doctors	57
Doctor's surgery	33
Parents	67
Friends	46
Teacher/school	28
Chemist	21
Alternative practitioner/homeopathic practitioner	4
Hospital/Clinic	25
Newspapers	22
Brothers or sisters	23
Television	46
Somewhere else	6
Nowhere	3
Don't know	2
Not stated	*
Base: All students in higher education (64)	
Tutor / Uni	11

C10 And which, if any, of the following would you go to for advice if you...

a) Were stressed or depressed?

PLEASE TICK ✓ ALL THAT APPLY UNDER a BELOW

b) Kept getting bad headaches?

PLEASE TICK ✓ ALL THAT APPLY UNDER b BELOW

c) Caught an infection as a result of doing something careless or irresponsible? PLEASE TICK ✓ ALL THAT APPLY UNDER c BELOW

Base: All (687)

	a) Stress	b) Headache	c) Infection
	%	%	%
Magazines	23	9	7
Books	14	8	8
Internet	18	11	15
Doctors	30	44	64
Doctor's surgery	14	20	31
Parents	49	52	33
Friends	45	17	15
Teacher/school	13	15	8
Chemist	8	29	19
Alternative practitioner/homeopathic practitioner	7	5	8
Hospital/Clinic	13	11	27
Newspapers	11	5	4
Brothers or sisters	19	11	7
Television	14	6	5
Other	1	2	1
Would not go anywhere/see anybody	4	4	1
Don't know	4	3	5
Not stated	3	4	7

Base: All students in higher education (64)

* Tutor / Uni	3	0	0
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C11 Below are some things young people have said about people who are overweight.

How much would you agree or disagree with each of the following statements if you thought you were overweight?

PLEASE TICK ✓ ONE BOX ONLY ON EACH LINE A – H
Base: All (687)

If I was overweight ..	Agree strongly	Agree slightly	Neither agree nor dis-agree	dis-agree slightly	Disagree strongly	Don't know	Not stated
	% across						
A My friends would not like me as much	7	16	23	11	36	6	2
B I would feel less attractive	43	29	13	3	5	4	2
C I would not mind because my personality is more important than what I look like	19	26	21	17	10	5	2
D I would not feel as healthy	51	27	8	2	4	5	2
E I would not feel in control of my body	32	26	18	7	7	7	2
F I would feel that people would think I wasn't very intelligent	9	13	19	15	32	9	2
G I wouldn't mind because people should like me how ever much I weigh	26	24	25	11	6	6	2
H I would not mind because I think that people take too much notice of what magazines present as "the right weight"	19	24	21	14	8	11	3
Base: All working respondents (193)							
I I would be less successful at work	9	10	26	17	35	3	0

C12 To what extent do you agree or disagree with each of the statements below?

PLEASE TICK ✓ ONE BOX ONLY ON EACH LINE A – T
Base: All (687)

		Agree strongly	Agree slightly	Neither agree nor dis-agree	Dis-agree slightly	Dis-agree strongly	Don't know
		% across					
A	I like taking risks and sometimes do things that might be dangerous to my health	14	32	19	14	18	3
B	I am physically disabled or can't exercise because of ill health	3	6	10	6	64	10
C	I exercise to be with my friends	6	17	21	17	32	6
D	I don't have the time to exercise, I have too many other things to do	8	22	19	20	26	5
E	There is nowhere safe I can play sports or exercise	6	12	17	20	41	3
F	I don't really like the type of people who do a lot of exercise and sport	5	10	22	16	43	4
G	It is too expensive to do the sports I like	9	15	19	17	35	5
H	I don't like the way I look in exercise clothes	10	17	20	15	32	5
I	I like the feeling of exercising	28	32	19	6	6	6
J	I would prefer to exercise by dance or yoga rather than by sports or the gym	17	12	18	12	34	6
K	I don't feel comfortable exercising in front of other people	18	21	19	16	21	4
L	Exercising would be too much effort	5	7	19	21	41	5
M	I exercise to make me look better	30	30	19	10	7	4
N	I exercise to lose weight or not get any heavier	31	27	17	8	10	5
O	I enjoy the competition of exercising	22	21	25	13	14	5
P	I'm just not interested in exercising	9	8	20	14	43	5
Q	When I exercise I like to push my body as far as I can	27	29	21	13	7	3
R	I am not good at sport or exercise	8	16	19	23	29	3
S	I would like to take more exercise than I currently do	34	30	17	6	3	5
T	I don't want to exercise too much because I don't want to look too bulky and muscular	7	18	26	16	25	5

C13 Which, if any, of the following medical conditions do you currently have?

PLEASE TICK ✓ ALL BOXES THAT APPLY
Base: All (687)

	%
Diabetes	1
Asthma	17
Allergies	15
Acne/spots	14
None of these	55
Don't know	6
Not stated	4

ANSWER C14 IF YOU CURRENTLY HAVE DIABETES, ASTHMA OR SUFFER FROM ALLERGIES – OTHERS GO TO C15

C14 Thinking generally, to what extent do you agree or disagree with each of the statements below?

PLEASE TICK ✓ ONE BOX ONLY ON EACH LINE A – B
Base: All who currently have diabetes, asthma or suffer from allergies (179)

		Agree strongly	Agree slightly	Neither agree nor dis-agree	Dis-agree slightly	Disagree strongly	Don't know
		% across					
A	If I take my medication I can lead a normal life	36	26	19	5	4	5
B	Having the illnesses I have interferes a lot with my normal life	14	16	13	10	36	6

APPENDICES

ALL TO ANSWER

C15 For each of the following activities please indicate whether you consider them to be risky or not. Please indicate whether that is very risky, not risky if they are done in moderation, not very risky if you are careful or not risky at all?

PLEASE TICK ✓ ONE BOX FOR EACH LINE A – N
Base: All (687)

		Very risky	Not risky in moderation	Not very risky if you are careful	Not risky at all	Don't know
% across						
A	Skateboarding	14	33	39	9	3
B	Walking alone at night in an area strange to you	57	17	17	4	3
C	Smoking cigarettes	70	19	3	1	4
D	Smoking cannabis	69	16	5	4	4
E	Taking cocaine	86	6	1	1	4
F	Using mobile phones frequently	6	30	19	37	6
G	Taking dance drugs e.g. ecstasy, speed	81	8	3	2	3
H	Taking heroin	90	2	1	1	4
I	Binge drinking	55	29	6	4	5
J	Having sex without using condoms	67	14	10	3	5
K	Doing daring stunts to show off	52	24	12	4	5
L	Riding a motorcycle	21	27	37	10	4
M	Sniffing Solvents/glues	81	8	1	2	5
N	Having sex using condoms	3	7	49	33	7

C17 Which two or three of the following describes why this is your favourite food?

PLEASE TICK ✓ THE TWO OR THREE BOXES THAT APPLY MOST
Base: All who have a favourite food (685)

	%
Tastes good	67
Fills me up	43
Is healthy	22
Is not fattening	9
It's what everyone's eating these days	3
Is the type of food I eat every day	8
Is a real treat	23
Gives me energy	17
Is something my parents encourage me to eat	6
None of these	*
Don't know	2
Do not have a favourite food	5
Not stated	22

The next section is about eating

C16 What is your favourite food? Please write in the space below. If you do not have a favourite food please tick one of the boxes below.

PLEASE WRITE IN BELOW Base: All (687)

Favourite FOOD:

	%
Pasta	9
Chips	7
Pizza	6
Vegetables	4
Other meat	4
Curry / rice & curry	4
Chicken	4
McDonald's	3
Chinese	3
Salad	3
Roast dinner / Sunday dinner	2
Spaghetti Bolognese	2
Sweets and chocolate	2
KFC	2
Lasagne	1
Fish	1
Cheese	1
Italian food	1
Fruit	1
Beans	1
Chicken curry	1
Ice cream	1
Meat pies	1
Sausages	1
Pot noodles	1
Kebabs	1
Shepherds pie	*
Indian	*
Cakes	*
Others	7
I do <u>not</u> have a favourite food	0
Don't know	0

GO TO C18

C18 Which one, if any, of the statements below best describes who decides what you eat for:

a) snacks b) meals at home?

PLEASE TICK ✓ ONE BOX ONLY UNDER a) AND ONE BOX ONLY UNDER b) BELOW
Base: All (687)

	a) Snacks	b) Meals at home
%		
Only parents (or someone else), never me	4	13
Mostly parents (or someone else), partly me	7	32
Equal parents (or someone else) and me	16	28
Mostly me, partly parents (or someone else)	21	14
Only me	50	15
Me and friends / partner (or someone else)	11	6
Don't know	6	4
Not stated	2	4

C19 Thinking about food, to what extent do you agree or disagree with each of the statements below?

PLEASE TICK ✓ ONE BOX ONLY ON EACH LINE A – T
Base: All (687)

		Agree strongly	Agree slightly	Neither agree nor disagree	Dis-agree slightly	Dis-agree strongly	Don't know
% across							
A	I try to eat homemade food whenever possible	33	29	21	7	3	7
B	I try not to eat too much sugar and fat	23	33	18	12	7	5
C	I don't like the thought of eating red meat	19	12	16	14	31	6
D	I pay attention to the calories in the food I eat	10	19	21	18	24	7
E	I just eat what I feel like when I feel like it	32	26	17	12	5	5
F	I avoid foods that have artificial ingredients	6	13	26	21	24	8
G	I like to try different kinds of food from different countries	36	26	16	9	7	5
H	I don't like the taste of meat	5	8	13	12	53	6
I	Healthy food is usually more expensive	25	24	20	8	10	10
J	Sometimes it's hard to know which food is healthiest	21	28	22	11	7	9
K	I try to eat organic food	9	11	28	16	26	8
L	I like simple British food	21	25	30	7	8	6
M	I don't think it's right to kill animals for food	14	11	24	14	29	7
N	It is against my religion to eat certain foods	5	3	13	5	62	9
O	I object to the conditions, such as battery chicken farming, in which animals are reared for food	21	17	24	8	15	13
P	I would prefer to eat less meat than I do now	10	9	26	16	28	8
Q	I think people who worry about what they eat are strange	8	14	29	18	22	6
R	Healthy food usually doesn't taste as good as unhealthy food	15	22	22	14	18	7
S	I think it is healthier not to eat red meat	10	9	31	13	20	14
T	I try to avoid food that would give me spots	17	18	27	9	15	10

C20 Nowadays, how often, if at all, do you eat fresh fruit?

PLEASE TICK ✓ ONE BOX
Base: All (687)

	%
At least once a day	45
3-6 times a week	19
1-2 times a week	19
Less often	9
Never	4
Don't know	2

C21 Which, if any, of the following things do you NOT eat nowadays?

PLEASE TICK ✓ ALL THAT APPLY
Base: All (687)

	%
Red meat (e.g Beef)	21
White meat (e.g chicken)	9
Fish	24
Eggs, milk and other dairy products	7
Eat all of these	54
Not stated	3

APPENDICES

C22 Thinking about other people in your household apart from you, which of the following is true?

PLEASE TICK ✓ ALL THAT APPLY

Base: All who do not live alone (668)

	%
One or more do <u>not</u> eat red meat (e.g Beef)	19
One or more do <u>not</u> eat white meat (e.g chicken)	15
One or more do <u>not</u> eat fish	19
One or more do <u>not</u> eat eggs, milk and other dairy products	27
Others in my household eat all of these things	32
None of these	6
Don't know	7

APPENDIX 3: Bibliography

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APPENDIX 4: About the Author



Helen Haste is the first Director of Research for the Nestlé Social Research Programme. She is Professor of Psychology at the University of Bath and Visiting Professor at Harvard Graduate School of Education.

Her research has mainly been with samples of young people. She has a long record of publication in moral, social and political values and on ethics and citizenship. She is currently working on a book on citizenship and education.

Her work includes research on the interface of science and culture, on the public image of science particularly in the media, and on culture and metaphor. She has also been involved extensively in research on sex roles, and social and psychological aspects of gender, including issues in gender and science.

She has published in popular science journals and magazines and news media as well as extensively in the academic literature.

Her books include:

The Sexual Metaphor 1994 Harvard University Press

The Development of Political Understanding (with Judith Torney-Purta) 1992 Jossey Bass

Making Sense: the child's conception of the world (with J S Bruner) 1987 Methuen

Morality in the Making (with Don Locke) 1983 Wiley

Helen Haste regularly broadcasts on radio and television. She also frequently gives public lectures, in addition to her university work. She has been involved for over twenty years in the British Association for the Advancement of Science, an organisation dedicated to making science accessible to the public, which works closely with the media. She is currently Chair of the BA Council, and Vice-President.

Her interest in values and citizenship is reflected in her involvement with the International Society of Political Psychology, of which she was President in 2002. She is on the editorial boards of several scholarly journals relating to values. She directed a Nestlé Family Monitor project on Moral Values in 1999.

The goal of the Nestlé Social Research Programme is to produce independent social research that will over time build up a picture of the health, lifestyle and aspirations of the nation's young people.

The research is supported by the Nestlé Trust and is consistent with its commitment to the welfare of young people.

Projects are selected through consultation with professional experts. The focus is on research that has relevance and usefulness to the community at large, especially to agencies, institutions and individuals working with and on behalf of young people, under 35.

The Nestlé Social Research Programme was formed in 2004.

The first study, 'Science in My Future' was published in July 2004.

Nestlé Social Research Programme

Incorporating the Nestlé Family Monitor

The Nestlé Social Research Programme succeeds the Nestlé Family Monitor which started in 1997 and which published 17 studies (details available from the address which follows).

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