Consumer knowledge of the health properties of fish

Fish has long been recognised as good for health and hence, increased fish consumption is desirable. A study was conducted by the UCD Institute of Health in 2013 to assess consumers’ knowledge of the health properties of fish. The study complements two previous surveys, i.e. ‘National Adult Nutrition Survey’ (NANS, 2013) and ‘Fish and the Dublin Consumer: A supermarket Survey’ (Fernandez-Celemin et al., 1995). The former was on the total diet of 1500 persons, including fish consumption; the latter on species preferences, cooking methods and consumer response to simple questions on the health properties of fish.

In the 2013 study face to face interviews were held with 371 consumers (classified in seven age categories) chosen at random who were shopping in three major retail stores in Dublin in February/March 2013. This number was interviewed in order to get 100 consumers in each outlet who purchased and ate fish. Store 1 was in a working class area and stores 2 and 3 in middle class areas. About 32% of consumers interviewed were male and 68% were female. Store 2 had more young persons in the sample than stores 1 and 3. Each interview took about 10 minutes and the 12 questions asked of each consumer were: (Q1) how often do you buy fish; (Q2) what form is it in; (Q3) which species do you prefer; (Q4) why do you buy fish; (Q5) is fish good for health; (Q6) why is fish good for health; (Q7) have you heard of omega-3 fish oils; (Q8) why are omega-3 fish oils good for health; (Q9) which fish species contain significant amounts of omega-3 oils; (Q10) have you heard of EPA and DHA; (Q11) what are EPA and DHA; (Q12) is fish good value for money.

Conclusions from the survey

- 19% of the 371 consumers interviewed did not purchase or eat fish while 74% of the 300 consumers who did buy fish did so at least once per week. Fish from the ice counter was by far the most popular form purchased and cod and salmon were by far the most popular species. Overall, fish was considered expensive.
Health was cited by 56% of the consumers as the reason they bought fish and when prompted 100% said that fish was good for health. Consumer knowledge of why fish is good for health was only reasonable with ‘contains fish oils’ and ‘is low calorie/fat’ the main responses. Relatively few consumers responded ‘good source of protein or of minerals/vitamins’ and none were aware of beneficial bio-actives such as peptides and amino acids.

Most (98%) consumers interviewed had heard of omega-3 fish oils but 35% did not know why they were good for health. Heart and brain health were the two most cited reasons as to why the oils are good for health. Only 30% of the 300 consumers had heard of EPA and DHA and of these only 12% classified them correctly as PUFAs or constituents of fish oils. Knowledge of oil containing fish species was good.

Female consumers were more knowledgeable of the health aspects of fish than males as were middle class consumers compared with working class.

Results from this survey indicate the need for continued promotion of the health properties of fish by the seafood sector, retailers and health professionals as a route to increased fish sales/consumption and to better population health.

It is stressed that this is a survey of 300 consumers and the results may or may not reflect the overall position in Dublin or nationwide.

A 32 table supplement to this article is available on line at http://www.ucd.ie/foodandhealth/whatsnew/seahhealth/ as are previous issues of SeaHealth-ucd. A pdf copy of the supplement is also available from ronan.gormley@ucd.ie

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References