



# PUBLIC SUPPORT FOR HEALTHIER FOOD ENVIRONMENTS IN SCOTLAND

*Findings from a representative survey of 1,415 Scottish adults*

**This briefing presents findings from a representative survey of Scottish adults on attitudes to obesity, prevention and the food environment. The results show strong public support for preventative, population-level action, particularly to improve food affordability, protect children and address health inequalities.**

These findings come at a time of continued cost-of-living pressures and rising concern about childhood obesity, reinforcing the relevance of preventative policy action.

## Survey Sample Overview (unweighted; n=1,415):

- » **Gender:** 53% female, 47% male.
- » **Age:** 16–34 (22%), 35–44 (20%), 45–54 (24%), 55–64 (17%), 65+ (17%).
- » **Social grade:** ABC1 (59%), C2DE (41%) \*.
- » **Household size:** 1 person (18%), 2 persons (41%), 3 persons (19%), 4+ persons (21%).
- » **Children in household:** 25% have children, 75% do not.
- » **Area:** West central (42%), East central (29%), North (29%).
- » **Scottish Parliament regions:** Mid Scotland & Fife (12%), West Scotland (12%), Central Scotland (11%), Highlands & Islands (14%), South Scotland (11%), Glasgow (13%), North East Scotland (14%), Lothian (13%).
- » **Scottish Index of Multiple Deprivation (SIMD) quintiles:** SIMD 1 (most deprived, 14%), SIMD 2 (18%), SIMD 3 (23%), SIMD 4 (22%), SIMD 5 (least deprived, 21%), not available (1%).



## Methodology

Designed by the Diffley Partnership in close consultation with Obesity Action Scotland, the survey received 1,415 responses from a broadly representative sample of the adult Scottish population, aged 16 and over. Invitations were issued online using the ScotPulse panel, and fieldwork was conducted between the 19th-24th February 2026. Results are weighted by age and gender to reflect Scottish population (2024 estimates).



**Obesity Action Scotland**

Healthy weight for all

## Key findings

The results show strong public support for structural, preventative action on obesity, alongside recognition of individual responsibility:

- ✓ The **cost-of-living crisis** is widely seen as making it **harder to eat healthily**, particularly in the **most deprived communities**.
- ✓ There is strong support for government action to make **healthy food more accessible and affordable**.
- ✓ Only a **small minority** think the Scottish Government should **prioritise treatment alone** to tackle obesity.
- ✓ There is widespread **concern about childhood obesity and health inequalities**.

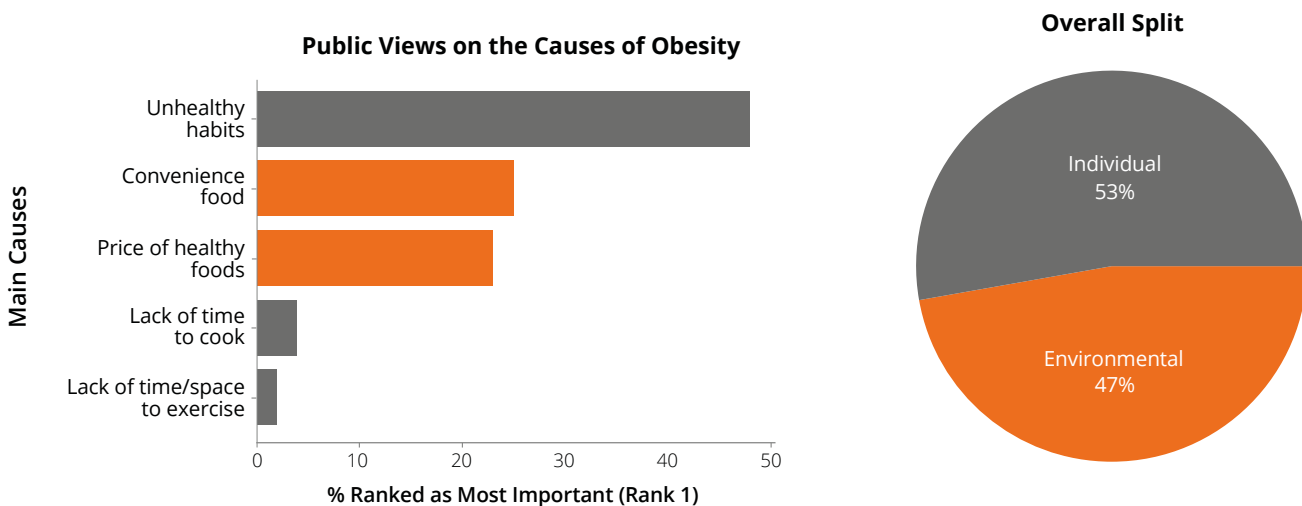


## PERCEIVED CAUSES OF OBESITY

When asked to rank the most important cause of obesity within the population, the public most commonly identify **individual behaviours, with unhealthy habits clearly ranked highest**. However, other individual-level factors — such as lack of time to cook healthy meals and lack of time or space to exercise — were consistently ranked among the least important.

At the same time, there is also **clear recognition of the wider food environment as a key influence**. The **availability and price of convenience foods**, alongside the cost of healthy and fresh options, are ranked second and third, respectively, as contributing factors.

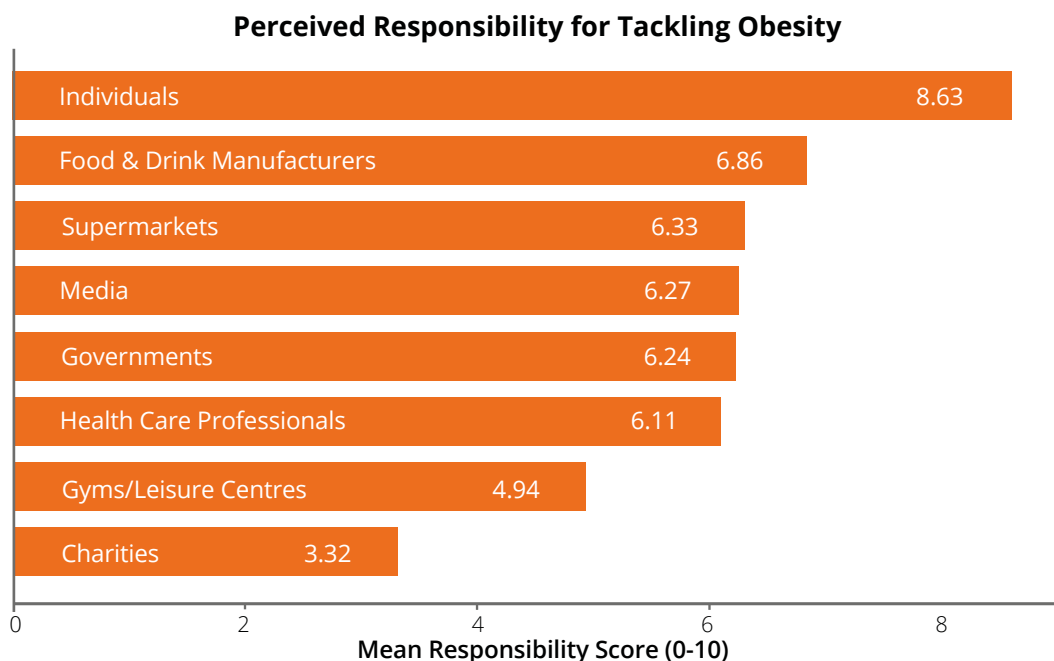
This suggests a nuanced public perspective: while personal responsibility is seen as central, there is also a strong awareness of the structural and economic conditions that shape choices. Overall, **obesity is understood not only as a matter of individual behaviour but as a consequence of a food environment** in which unhealthy options are often more accessible and affordable than healthier alternatives. These views on the perceived drivers of obesity are reflected in attitudes towards responsibility and the role of government.



# SUPPORT FOR GOVERNMENT ACTION

Views on responsibility for reducing and preventing obesity further reinforce the public's balanced perspective between individual and systemic factors. On a scale of 0-10, **individuals are seen as bearing the greatest responsibility**, with a high mean score of 8.63, which is consistent with the strong emphasis placed on personal healthy habits elsewhere in the findings.

At the same time, there is **recognition that responsibility extends beyond the individual**. Food and drink manufacturers (6.86), supermarkets (6.33), the media (6.27), governments (6.24) and healthcare professionals (6.11) are all seen as having a meaningful role to play. In contrast, gyms and leisure centres (4.94) and charities (3.32) are seen as less central.

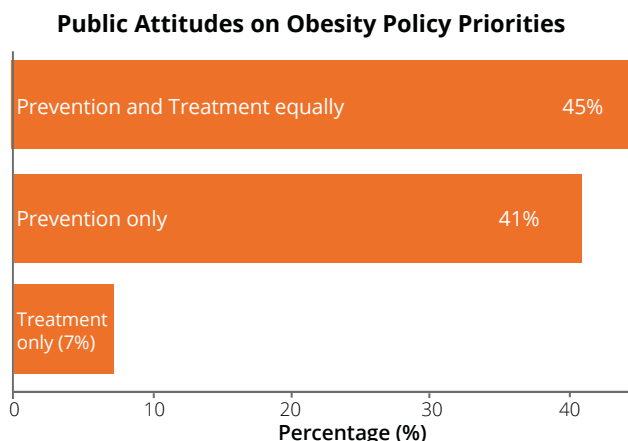


Overall, while individuals are viewed as primarily responsible, there is **clear acknowledgement of shared responsibility**, highlighting a stronger role for government, industry and institutions in enabling healthier choices, and underscoring the case for government action.

Supporting this, when asked to select the statement that comes closest to their view, **65% of respondents agreed that the Scottish Government should promote healthy options to protect the health of the public**, while 35% believe that the Scottish Government should not seek to change current food options and leave choices to individuals. This helps explain strong public support for preventative approaches, explored below.

## ATTITUDES ON PREVENTION VS TREATMENT

**Most respondents support preventative action on obesity.** Almost half (45%) believe the Scottish Government should prioritise both prevention and treatment equally, while 41% think prevention policies should be prioritised alone, for example, by improving access to healthy food, limiting access to unhealthy food or promoting healthy lifestyle choices. In contrast, only 7% support focusing on treatment alone, such as supporting individual clinical interventions and improving access to weight-loss injections.





## SUPPORT FOR FOOD ENVIRONMENT CHANGE

65% reported that the cost-of-living crisis has made it harder to buy healthy food, rising to 78% in the most deprived communities (SIMD1).

A large majority (83%) agree the Scottish Government needs to take action to make healthy food convenient and affordable for everyone. 72% further reported they would be more likely to support a political party that committed to making healthy food more affordable.

There is also widespread support for clearer nutritional information, with 79% agreeing that all retailers should be required to have clear front of pack calorie and nutrient labelling on all packaged and unpackaged items. The public also recognise the role that local planning can play: 71% agree that local communities should have more influence over decisions about new fast-food outlets in their area, while 67% support giving local councils stronger powers to limit the number of fast-food outlets in their area.

### Nutrition Facts

Serving Size 77

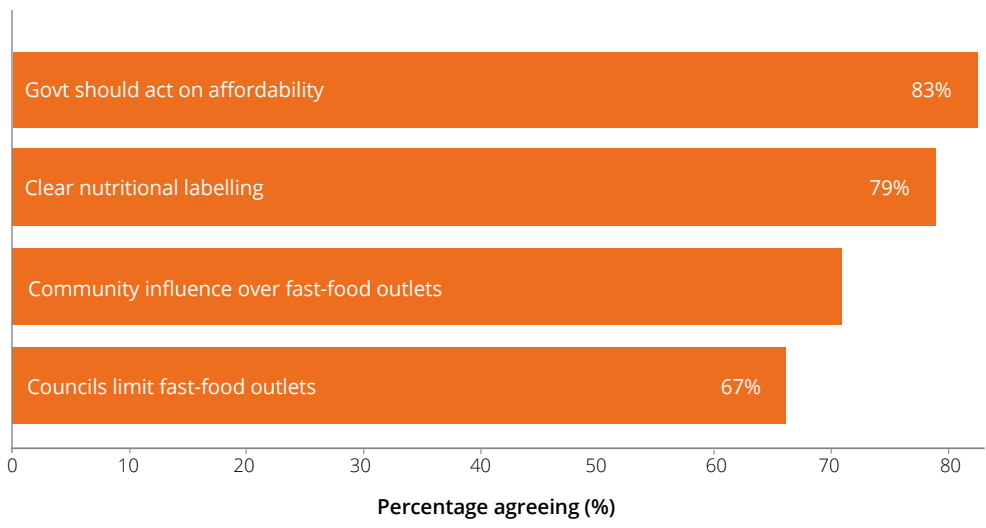
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**Amount Per Serving**

|                                |                             |
|--------------------------------|-----------------------------|
| <b>Calories</b> 130            | <b>Calories from Fat</b> 79 |
| % Daily Value *                |                             |
| <b>Total Fat</b> 8.8g          | 13 %                        |
| Saturated Fat 2.6g             | 15 %                        |
| Trans Fat 0.0g                 |                             |
| <b>Cholesterol</b> 5 mg        | 1 %                         |
| <b>Sodium</b> 69mg             | 3 %                         |
| <b>Total Carbohydrate</b> 9.9g | 3 %                         |
| Dietary Fiber 1.8g             | 7 %                         |
| Sugars 4.8g                    |                             |
| <b>Protein</b> 4.9g            |                             |
| <b>Vitamin A</b> 2%            | Vitamin C 4%                |
| <b>Calcium</b> 7%              | Iron 11%                    |
| <b>Love</b>                    | <b>100%</b>                 |

\*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Public Support for a Healthier Food Environment**





## SUPPORT FOR POLICIES AFFECTING CHILDREN

Public Health Scotland data<sup>1</sup> show that children in the most deprived areas are twice as likely to be at risk of obesity compared to those in the least deprived areas. 82% of respondents – a very clear majority – expressed concern about this disparity, indicating **strong public support for further preventative policies to protect children's health and close the inequalities gap.**

The public showed strong support for population level policies to protect children's health. **82%** support providing **nutritious, free school meals** to all primary children, with **64%** support the **restriction of fast-food outlets** in areas used by children and young people, such as schools and parks.



## SUPPORT FOR ADVERTISING RESTRICTIONS

The public reported **high visibility of food and drink exposure to children across various everyday spaces.** 68% said they perceive high visibility of ads online, on social media and instore, 64% perceive high visibility on television and 50% perceive high visibility on outdoor advertising.

This suggests that junk food and drink advertising is widely **perceived as pervasive across digital and physical spaces** and raises questions about the effectiveness of current regulations around TV advertising in limiting children's exposure, and particularly since there are currently no statutory restrictions on outdoor advertising of HFSS products in Scotland. **\*\*** It also highlights **strong public support for further action on online and social media advertising,** which would require coordinated efforts between the Scottish and UK Governments.

The public also showed **strong support for policies around advertising restrictions.** 78% support restricting unhealthy food and drink advertising to children online, such as social media, gaming platforms and streaming services, while 64% support that unhealthy food and drink advertising to children in public places such as billboards, buses and sports sponsorships, should not be allowed at all. 55% reported that they would be more likely to support a political party that committed to protecting children from unhealthy food marketing.

<sup>1</sup> Public Health Scotland (2025) Primary 1 Body Mass Index (BMI) statistics Scotland. Available at: <https://statics.teams.cdn.office.net/evergreen-assets/safelinks/2/atpsafelinks.html>

## POLICY IMPLICATIONS

**The findings provide a clear public mandate for preventative, population-level policies to improve Scotland's food environments.** The public strongly supports measures that improve access to healthier food, address affordability and restrict exposure to unhealthy food marketing — particularly for children.

The results highlight food affordability as a key barrier to healthy eating, especially in deprived areas, and show widespread concern about childhood obesity and health inequalities. The stronger reported impact in more deprived communities highlights the need for **equitable policy implementation to address inequalities.**

Implications include the need for coordinated cross-government action, particularly to strengthen the regulation of digital advertising, as well as a **greater prioritisation of upstream prevention by the Scottish Government rather than treatment alone.** There is also evidence of a political incentive to act, with many respondents indicating they would be more likely to support parties that commit to improving the food environment.

Taken together, the findings indicate a clear public mandate for government-led action to create healthier food environments, particularly where this **supports affordability, protects children and addresses inequalities.**

## LIMITATIONS

Findings are based on self-reported attitudes and perceptions, which may not always reflect actual behaviour. The survey was conducted online and, while weighted by age and gender, may underrepresent those with limited digital access. **Results should therefore be interpreted as indicative of public attitudes rather than direct measures of behaviour.**





**Obesity Action  
Scotland**  
Healthy weight for all.

## WHO ARE WE?

**Obesity Action Scotland** is a leading third-sector organisation dedicated to providing leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland. We work to raise awareness of the causes and health impacts of obesity, tackle weight stigma, evaluate evidence-based strategies for prevention and collaborate with national and international partners to promote healthy weight and wellbeing.

**For more information please contact:**  
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\* Social grade is based on standard UK occupational classification. ABC1 represents middleclass, managerial and clerical roles, while C2DE represents working-class skilled, semi-skilled and unskilled manual labour, plus pensioners and unemployed people.

\*\* Obesity Action Scotland has commissioned scoping research to pilot a healthy advertising and sponsorship policy in Ayrshire and Arran.