

Parental Perceptions of Retail Promotions on Food High in Fat, Salt and Sugar in Scotland

Focus Group Research April 2025



**Obesity Action
Scotland**
Healthy weight for all

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Disclaimer

The views and opinions presented in this report are of the research participants. We thank them for their time and insights, and Fast Forward and Connect for supporting in participant recruitment.

EXECUTIVE SUMMARY

This report presents findings from a qualitative research study exploring parental perceptions of price and location promotions on food and drink high in fat, salt and sugar (HFSS) in Scotland. Conducted in March 2025, the study sought to understand the views and experiences of parents regarding how promotions influence food purchasing behaviours in the retail store environment.

Promotions are known to strongly shape consumer behaviour. In response to growing concerns about children's diets in Scotland, this study adds insight into how promotions influence parental food choices.

Two focus group discussions with 18 parents of children aged 4-16 living in Scotland were conducted — one in person in Edinburgh and the other online with participants from across Scotland. Thematic analysis of the data helped to identify key patterns and relationships in parental experiences and views on HFSS promotions in retail settings.

Focus group discussions (FGDs) revealed concerns that healthy food options are often too expensive, making it difficult to prioritise nutrition, especially when faced with children's strong preferences for branded unhealthy products.

Price promotions, particularly multibuys, temporary discounts, and seasonal offers, were widely acknowledged as influential but not genuine money savers, often leading to impulse and wasteful purchases of unhealthy food. While some parents

made conscious efforts to resist such deals, even they felt the promotions were hard to ignore, especially when shopping on tight budgets.

Location-based promotions, especially those at aisle ends and checkouts, were identified as a key contributor to unplanned purchasing, with some parents noting how store layouts influence children and make shopping with them difficult. There was a strong perception that unhealthy foods are far more likely to be promoted at strategic locations than nutritious alternatives, both in terms of price and visibility.

Parents called for changes to the food retail environment, suggesting measures like restricting unhealthy promotions or rebalancing their availability with healthier offers. While a few stressed personal responsibility, most believed government intervention was necessary to support healthier family diets. There was a sense of urgency from some participants and a desire for immediate action in prioritising children's health.

KEY FINDINGS

High Cost of Healthy Food - Many parents find healthy food unaffordable, therefore a driver for seeking unhealthy, discounted options.

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Impact of Price Promotions - Price promotions, especially multibuy and temporary price reductions are mostly on unhealthy food, strongly influence impulse buying and builds brand loyalty for some parents, often leading to the purchase of unhealthy foods and wasteful spending.

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Location-Based Promotions - Supermarket layouts, particularly the placement of promotions at checkouts and aisles also encourage impulse buying, with unhealthy foods dominating these spaces.

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Implications for inequalities - The perceived value of cost savings from promotions by most respondents and the unplanned and wasteful spends attributed to the promotional triggers suggest their disproportionate impact on low-income households and their already constrained budgets.

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Policy Suggestions - Most parents advocated for change to the retail environment, incentivising healthier choices through loyalty schemes, and implementing measures like restricting unhealthy promotions and offering healthier alternatives at lower prices.

INTRODUCTION

Promotions in retail stores and supermarkets strongly influence what consumers purchase. Empirical evidence shows consumers spending around 20% more than intended when promotions are present¹. More is spent by kilogram of total food and drink purchased in Scotland on price promotions than when these are absent (£2.19 per KG on price promotion compared to £1.67 by KG in their absence)². This suggests that it is therefore more expensive to purchase food and drink on price promotions. A fifth of total food purchased in Scotland is purchased on price promotion and these promotions account for just under 22% (21.9%) of total calories purchased².

These promotions also have a significant impact on the diets of families and consequently children's food. Promotions shape the food environment that children are exposed to and what parents/carers of children are able to access and purchase for them on food shopping. Recently published evidence on children's diets in Scotland highlights that their diets continue to be poor and regularly exceed recommended daily limits for calories, fat, sugar and salt. Sugary soft drinks, for example, were found to contribute 41% of children's daily total free sugar intake³.

Parents also report challenges with the affordability and accessibility to healthy food options, with significant inequalities between the most and least deprived. On average, healthier food is more than twice as expensive per calorie than unhealthy or less healthy food options, and prices of healthier food have also risen at twice the rate of unhealthy food in the last few years. Households with children in the most deprived Scottish Index of Multiple Deprivation (SIMD)* quintile in the UK need to spend 70% of their disposable income on food to meet the recommended diet in the Eatwell Guide^{2**}, compared to only 12% in the least deprived quintile⁴.

The Scottish Government has committed to action to restrict the promotion of high fat sugar salt (HFSS) food and drink products. In February 2024, the Scottish Government launched its latest consultation on proposed regulations to restrict price and location promotions of products (HFSS)⁵, with findings from the consultation and next steps expected in early 2025. The findings of this study offer critical evidence on key proposals in the consultation.

RESEARCH OVERVIEW

This report presents findings from research conducted in March 2025 with parents of children aged 4-16 in Scotland to understand their views and experiences of price and location promotions of HFSS foods and drinks in retail stores. A gap was identified in understanding how these promotions

are experienced by parents in everyday shopping contexts, particularly in relation to the decisions they make around feeding their families. This study was designed to address that gap, with recognition that such promotions may have distinct implications for households on lower incomes, who may experience unique circumstances.

The research set out to understand the perceptions and motivations of parents purchasing food and drinks on promotions. Further, it sought to examine its implications of promotions on family purchasing behaviours. Additionally, the study explored potential barriers these promotions present for accessing healthier food.

Focus group discussion was identified as the most suitable means to gather in-depth insights into parental experiences and views. The qualitative approach enabled a richer understanding of the role of promotions in shaping food choices within the broader context of family life and shopping habits.

METHODOLOGY

Focus groups discussions (FGDs) were planned with parental groups of diverse backgrounds to ensure diverse views are represented in the data. Efforts were made to enlist both in-person and online groups and resulted in a group in each of these formats.

While recruitment was largely opportunistic, efforts were made to ensure diversity in gender, household income, and geographic location. Participants included both women and men, and the majority came from lower-income households. They came from different geographical locations within Scotland.

Sampling

To be eligible to participate in the focus groups, participants were required to live in Scotland and have a child between the ages of 4 and 16 who attends school in Scotland. Individuals who did not live in Scotland and did not have a

* The Scottish Index of Multiple Deprivation: tool used by the Scottish Government to identify areas of deprivation across Scotland based on demographic factors: <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
 ** The Eatwell Guide: UK government's official food model, showing how to achieve a healthy, balanced diet: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

child at all or only had a child out with the specified age range were excluded from the sample.

Participant recruitment

Focus group 1 consisted of fathers from a support group run by a third sector organisation Fast Forward that helped recruit participants to join the discussion. All participants were ensured to be parents of children aged 4-16 based in Scotland. It was conducted on 11th March 2025 in person in Edinburgh with 9 participants.

Focus group 2 participants were recruited online using a set of eligibility criteria, requesting parents of children aged 4-16 based in Scotland. Responses to a recruitment advert circulated on Obesity Action Scotland's social media pages were screened using a Microsoft Office form that confirmed the age range of their child(ren), and the school attended. An additional demographic form also asked for details on the participant gender, age, household income, household composition, employment status, type of area lived in (i.e. urban, suburban or rural), ethnicity and education level. This focus group discussion was conducted on 20th March 2025 online via Microsoft Teams. There were 9 participants – five male and three female. Participants were located across Scotland.

Care was taken to ensure that the samples for each focus group were broadly representative of Scotland. However, as participants were largely self-selecting, it was not possible to fully control recruitment. Overall, the majority of participants were from lower income groups.

At the time of recruitment, all participants were assured of confidentiality of the data collected. They each completed a form in advance of participation in the focus groups, consenting to participate in the focus group discussion, recording of the discussions and use of their anonymised contributions, including direct quotes, in the final research report.

Each participant received a £30 shopping voucher in recognition of their participation. This was known to them in advance and its influence on their decision to participate cannot be ruled out.

Participant demographic background

All participants received a demographic information sheet ahead of the FGDs. Participants were invited to complete these forms before the session. This information was gathered using hard copies at Focus group 1 (in-person) and via an online form at Focus group 2 (online). A total of 14 of 18 participants completed the demographic sheets. Given the sensitivities around income and other personal details, this step was not mandatory. The demographic characteristics of the focus group participants are detailed in Appendix

1. These are fully anonymised so no individuals can be specifically identified.

Of the 14 participants who completed the demographic questionnaire, 11 were male and 3 were female, with an average age of 42.5 years. Participants represented a range of ethnic backgrounds and employment statuses (see appendix 1). The majority were from low income households, as shown in Figure 1, with 10 of the 14 reporting participants (71.4%) stating an annual income between £0 and £20,000. Similarly, as shown in Figure 2, a substantial proportion of participants had young children aged 5-9 years old when parents tend to be their main dietary support.

Figure 1: Participant household income

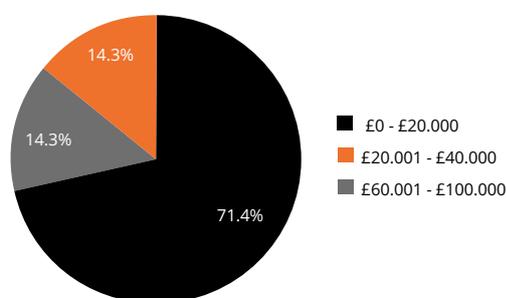
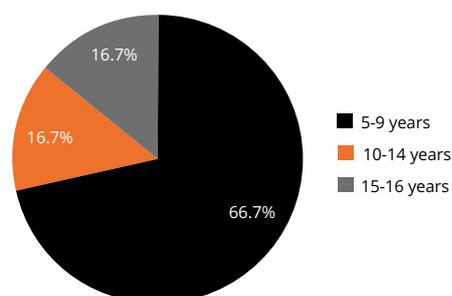


Figure 2: Age of participants' children



Focus group discussion sessions

Each session featured a short introductory presentation delivered by a member of Obesity Action Scotland team that provided an overview of the latest evidence on price and location promotions in retail sector settings in Scotland. The purpose of this presentation was to set the scene, introduce the context and terminology for participants, and inspire discussion.

An FGD Guide was developed and used to facilitate the discussion in both the groups. The FGD Guide is provided in Appendix 2. Each session was led by a facilitator – a member of the Obesity Action Scotland team on both occasions – who took participants through the questions and coordinated the discussion. A second member of the Obesity Action Scotland team supported in observation and time management.

Both sessions were approximately 1.5 – 2 hours in length.

Data gathering

Each focus group discussion was recorded and transcribed. Focus group 1 (in-person) was audio recorded, and a digital recording of the meeting was taken of Focus group 2 (online). The discussions were recorded solely to support notetaking and were deleted once transcription was completed. All contributions by participants were fully anonymised and no individual can be identified in the report.

Data analysis

Upon completion of each focus group, the recordings were fully transcribed by a member of the Obesity Action Scotland team, with the aid of AI transcription services provided by both the audio recorder used (focus group 1 – in person) and the online meeting platform (focus group 2 – online). The transcripts were prepared for analysis.

Thematic analysis was undertaken to identify patterns and relationships in the descriptive data gathered from the parents on their opinions and views regarding price and location promotions of unhealthy food. Transcripts were reviewed several times to ensure data familiarisation before coding and theme identification occurred. The analytical framework emerged through iterative discussions of the key themes within the research team. Data was revisited to see its fit with the analytical framework. The findings in this report are based on this thematic analysis, with findings organised by major thematic heads.

including Kilmarnock, Dundee, Glasgow, Fife, and Edinburgh, resulting in a more diverse sample with participation from a wider range of income and ethnic groups.

However, the majority of the sample were male (14 out of 18 participants) and from predominantly lower income households, which could have some bearing on the findings. The results still hold good given these are parental viewpoints and brings in the nuances of inequalities and challenging socio-economic circumstances. The findings still add value, providing a useful source of evidence on parental viewpoints alongside the nuances of inequalities and challenging socio-economic circumstances, contributing to the evidence base on the impact of price and location promotions on those on lower incomes.

Additionally, participants in focus group 2 (online) were self-selecting with no scope to verify their parental status. The demographic information sheet helped address this information gap. Additionally, their parental status was confirmed by asking about the age of their child(ren) and the school they attend.

Thirdly, the research had an exclusive focus on unhealthy food promotions in the retail space, with no specific questions regarding equivalent online promotions. Therefore, the study is unable to provide detailed views and perspectives from parents regarding online promotions of unhealthy/HFSS food and drink products.

STRENGTHS AND LIMITATIONS

The study has a number of strengths and limitations.

Firstly, 2 focus groups were undertaken with a sample size of 18 participants from across Scotland, thus bringing diverse perspectives to the study. One of the focus groups were mostly of single dads from primarily low-income households. This offered the research unique perspectives from a group experiencing multiple deprivations that are relevant to children's diet.

Secondly, the online nature of focus group 2 helped to ensure a wider range of participants from different parts of Scotland,

RESULTS

Thematic analysis of the data from the two focus group discussions reflects key findings on parental perceptions of HFSS food promotions. These have been organised in terms of their views on the food environment, price and location promotions, followed by their suggested policy response.

I. Food Environment

Both parental groups were asked to reflect on their experiences with the food retail environment in the context of their grocery shopping habits. Questions focused the discussions on where participants typically shopped for groceries, their expectations when shopping for their families and primary concerns regarding the implications of food on their children's health.

1.1 Retail chain dominance

During the focus group discussions, parents consistently identified major supermarket chains as their primary source of groceries. Affordability appears to be driving this trend, with many describing their approach as "bargain hunting" or choosing "whatever is cheaper." Some parents actively searched for stores that offered the best prices, while others mentioned that it is time consuming to find the most affordable stores.

Local grocers or independent shops were not mentioned at all in the discussions, indicating a strong dependence on large retailers. In fact, some participants recalled earlier experiences of buying local produce from farms or small shops in their neighbourhoods and voiced concerns about the loss of these local options. They felt that large supermarkets now dominate the food environment and limit their choices:

"We had allotments and farms, [where] you could go get local produce that was cheap. But now it's massive supermarkets that took away the local little bits." - Participant 1

"Supermarkets are monopolising everything, I think there should be more fruit and vegetable shops." - Participant 5

1.2 Children's brand preferences

Several parents in one of the focus groups described prioritising purchasing what their children would actually eat over the healthiest options. This meant catering to children's preferences to avoid food refusal or, as one parent puts it 'the possibility of mealtime conflict'. Some participants felt they had little choice but to buy food they knew their children would accept, even if it wasn't the healthiest. Another parent observed that children now

have more say over what they eat, which can make it challenging to enforce healthier meals.

"I still think its all about choice, the child's choice. Its about what they want to eat, not what you want to give them" - Participant 7

Several parents opined the children's food choices to be influenced by brand exposures. Citing an example, one of them expressed their frustration at the way popular characters, colours, and packaging are used to attract children's attention, making shopping trips particularly difficult.

"Another part is using and well known faces on all the products as well, you know, you can look at all the the sweet cereals and what it's like [cartoon characters]... These are people that kids idolise and baiting them into wanting that product just for what's on the packet." - Participant 8

1.3 High cost of healthy food

Several participants noted high prices as a significant financial barrier to buying healthy food to feed their families, pointing out the cost disparity between cooking healthy meals from scratch and ready-made shop bought items. This was suggested to be compelling them to purchase unhealthy food that is promoted at a reduced price. One participant illustrated that shop bought macaroni cheese would be priced at around £1.50, where preparing the dish from scratch would cost significantly more despite being more nutritious than the shop bought option. The inability to afford to cook healthy food from scratch on account of financial constraints was in turn perceived to limit their ability to determine their children's diet.

"Cooking from scratch... it's far more expensive, you're looking at three, four times [the] cost [by] cooking from scratch to try and control what's in your kids meals." - Participant 2

The world cloud presenting participant expectations from their food shopping in Figure 3 reflects this strong emphasis on affordability, followed by access. Health-related themes like nutrition and fresh food were referenced by a few of the participants.

“After 4 o’clock you can pick up a loaf of bread for 20p.”
- Participant 4

“I’m going to [supermarket chain] principally for yellow label stuff.” - Participant 4

“I just happen to be in there at the time and I see kind of fresh fruit and veg and stuff like that, that’s on the yellow ticket.” - Participant 2

“Some meals [at home] have like 30% price reduction. I [had] already calculated in my head how much I would have to spend and that’s like me saving more money and it [was] quite helpful actually.” - Participant 13

II.1.3 Psychological pricing

Some participants were sceptical about promotional pricing tactics, particularly those like “buy one, get one free” and half-price deals. One participant noted these offers as misleading, suggesting that retailers inflate prices before applying discounts to create the illusion of a bargain. This awareness meant the true value of promotions was questioned, recognising that retailers continue to profit. Another participant remarked feeling overcharged when purchasing items at full price, reinforcing the perception that discounts are not always genuine savings.

“If you look at a lot of buy one get one free, they raise the price of that product by I don’t know, 30%, whatever. And then they give you a buy one get one free. So they’re always making profit all these half prices.” - Participant 2

“I’m thinking anybody that bought that at full price was being ripped off.” - Participant 4

II.1.4 Seasonal price promotions

Participants from both focus groups highlighted the prominence of seasonal promotions in shaping shopping habits, particularly during key holidays such as Easter and Christmas. It was observed that seasonal price discounts are frequently applied to confectionery and processed snacks, and healthier alternatives are rarely included in these promotions. One participant observed that seasonal discounts become especially prominent immediately after major seasonal events, such as Boxing Day, when Christmas-themed products are heavily reduced.

“You know, like Christmas, for example, all the Christmas stuff, bang, discounted on Boxing day.” - Participant 8

“I’ve had seasonal discounts for biscuits and all the snack foods that they give you, especially during the Easter and the Christmas holidays.” - Participant 13

“The seasonal aisle is never healthy food... it’s all sweets. Whether it’s Christmas or Easter.” - Participant 2

II.1.5 Bulk buying

Bulk buying emerged as another cost saving strategy amongst parents, often linked with batch cooking or stocking up on items where promotional offers were available. One parent who used this approach described it as a practical way to stretch their budget across multiple meals or weeks. For another parent it was a point of principle in avoiding full-price purchases by buying extra when a price promotion was available. Two parents highlighted instances where buying in bulk because of promotional prices led to unwanted items going to waste when children changed their minds or lost interest.

“So I could see a special offer on a [crisp brand], ok I’ll go and get a load of them and she only eat’s one packet, and then all of a sudden she will not eat a single packet and she’ll push you away and go back on [another crisp brand]. Meanwhile your cupboards full of the [other brand] and 3 months down the line they’ve got to go in the bin.” - Participant 1

II.1.6 Online promotions

While the research did not actively seek views on online retail experience, one of the groups drew attention to promotional tactics prevalent in online shopping. Some noted that supermarket apps prominently feature deals and discounts, making promotions just as visible when shopping from home. For one participant, online shopping was a necessity rather than a preference to accommodate children who struggle with in-store shopping. One participant suggested that easy access to bulk deals online could contribute to unhealthy consumption patterns, as shoppers may be more inclined to stock up on discounted unhealthy foods without the physical effort of going to a store.

“You still get promotions on your [supermarket brand] app. My laddie doesn’t like shops, so I can’t take him, so I go online...then you still see the promotion when you go online.” - Participant 5.

“Most of this obesity is because we’ve seen the sale [online] and you’re sat at home...50 bars of chocolate on a special deal - and you’ve not even gone for a walk because you don’t even have to go to the door.” - Participant 1.

II.2 Impact of price promotions

Participant responses indicate price promotions have an influence on unhealthy food purchases. Figure 4 shows the various ways participants felt price promotions influenced their vulnerability to purchasing unhealthy foods. For example, the concentration of price reductions on unhealthy food over healthier options were seen as building on their financial constraints and need for affordable food. Lack of availability of price promotions on healthier food during festive seasons was cited to increase purchase of unhealthy products.

Figure 4. Price promotion triggers to unhealthy food purchases – thematic mapping



II.2.1 Influence on purchasing

When discussing price promotions of unhealthy food, most participants perceived these deals to influence purchasing behaviours. Their responses suggest a variety of ways in which price promotions make consumers vulnerable to commercial actions.

Some of the participants were personally drawn in by promotional offers, while one participant suggested how seemingly good deals tempt others into buying more than necessary. Another opined that, while promotions can create the illusion of savings, they often lead to unnecessary purchases, making it a “rabbit hole to go down.”

“Gullible people think great I’ll get two box of [a chocolate brand] for the price of one. And then they’re sitting in the house with two boxes.” - Participant 4

Some participants pointed to the addictive nature of heavily promoted products, particularly those high in fat, sugar, and salt. They considered these promotions to be designed to get people addicted to unhealthy products.

“There’s always promotions on that type a product, whether it’s fizzy drinks, whether it’s crisps, whether it’s chocolates, whether it’s pizzas and like ready made meals... maybe to get people hooked on them.” - Participant 9

There were a few participants who practiced self-discipline and did not think they were personally susceptible to price promotion tactics. They highlighted making a conscious effort to avoid promotions, although recognised that it can be difficult for others to practice such self-discipline.

“My thing is, ignore it, you know, just go past it, you know. But I know a lot of people can’t do that.” - Participant 17

II.2.2 Brand building

Participants also reflected on how price promotions are used strategically to build brand loyalty. One participant observed that repeated exposure to discounted products reinforces preferences for specific brands, making it more likely that these items become regular purchases. This was especially evident where another participant noted children had developed a strong attachment to particular branded products, often tied to store specific availability and makes shopping with them challenging.

“I think a lot of these promotions are there for brand, for brand loyalty or company loyalty.” - Participant 4

“Some of our kids have a specific liking to certain types of foods, certain brands from certain shops.” - Participant 2

“You’re paying for the brand. Like bottles of [sports drink brand]. Everyone wants to buy it because its a thing... you have to buy your kid that because you don’t want them to be less popular.” - Participant 6

II.2.3 Healthy food price promotions

Several participants across both focus groups pointed out that promotional price offers rarely apply to healthier options but are prioritised on unhealthy foods. One participant was concerned that this exacerbated the challenge of maintaining a balanced diet.

“When have you ever seen that? Promotions on fresh fruit and veg?” - Participant 2

“I also observe that some price promotions may prioritise unhealthy or processed foods, which tempts shoppers to make less nutritious choices.” - Participant 14

III. Location Promotions

Participants were asked about their experiences of location-based promotions in the retail environment. Across both groups, participants noted how supermarket layouts and product placement influence purchasing. A thematic mapping of how location based promotions were perceived to trigger unhealthy food purchases is presented in Figure 5.

Figure 5. Thematic mapping of triggers for unhealthy food purchases through location promotions



III. 1 Promotions at aisles and checkout terminals

Both checkouts and end-of-aisle displays were described by participants as consistently featuring unhealthy snack foods, reinforcing purchasing behaviours that favour taste over nutrition.

Participants frequently mentioned the deliberate positioning of promotions within stores, particularly in high-traffic areas such as entrances, main aisles, and checkouts. Many observed that promotional displays are designed to “hook” shoppers upon entry, with one participant noting that some of the most appealing promotions are placed right at the front when the trolley is still empty.

“They’ve always got promotions in the main aisles as you come in to try and hook you.” - Participant 9

“I notice the end of aisle nonsense, like there’s always junk in like every aisle.” - Participant 3

“I have to just, you know, buy because it just just there in front of me and I could just see it and it actually seems like it’s calling to you.” - Participant 13

III. 2 Child-targeted promotions

Reflecting specifically on their experiences as parents, members from both groups expressed difficulty navigating supermarket aisles with children due to the strong presence of branding and promotions targeting children. One participant remarked on the overwhelming number of ‘triggers’ for children, noting that nearly every aisle contained products at their eye level designed to capture their attention. Another parent highlighted the strategic placement of items like sweets at checkout areas, making it difficult to avoid their child’s requests. The responses indicate parents being pressured into unplanned purchases. One parent viewed the strategic placement of junk food items as intended to particularly put pressure on low-income parents. The deliberate positioning of these products was seen as a marketing tactic designed to reach children, ultimately encouraging impulse purchases by parents.

“It puts a tremendous pressure on parents who don’t have the money and these things are strategically there to get the parents say, OK, go on, we’ll buy it for you.” - Participant 17

III. 3 Impulse buying in response to location promotions

Similar to the effect of price promotions, participants also noted location promotions as a key driver of impulse buying. Strategic placement of promotions at checkouts and within main shopping routes within the store was noted as a trigger for impulse purchases. While some participants stated that they remain unaffected by such tactics due to strict budgets, others acknowledged making unplanned purchases when products were within their immediate line of sight.

“Yes, when at the checkout and I see a little snack or any product on display, because it is just in the periphery of my view, I tend to make most impromptu purchases because of that.” - Participant 12

III. 3 Seasonal promotion stands

The display and location of seasonal promotions was another key concern regarding location promotions, with participants again noting that supermarkets prioritise unhealthy foods in their seasonal aisles displays. Easter eggs, Christmas confectionery, and other snacks were described as being displayed more prominently, making them hard to ignore.

III.4 Healthy food promotions

In contrast to the promotion of unhealthy items through displays at prime locations within stores, a few participants noted the lack of in-store appeal around the display of healthy food. The fruit and vegetable sections were frequently described as unappealing, with one participant reflecting that produce often appeared ‘rotten’ or ‘peely wally.’ Another participant noted that these areas were poorly lit compared to other aisles, which were brighter and more inviting. Additionally, one focus group member pointed out the inconvenient placement of discounted fresh produce. Unlike unhealthy items positioned for easy impulse access, healthier options were seen to be overlooked and poorly placed within stores.

“In [supermarket chain], right at the self scan check out you’ve got all these boxes of veg for £1.50, £2.50 but you’ve already done your shopping so you’d have to go back round.” - Participant 8.

IV. Policy Responses

Parents’ views were sought on how promotions in the retail environment could be approached to better support their family’s health and how government policy might address the influence of unhealthy food promotions.

IV.1 Regulating unhealthy promotions

Overall, most participants sought changes to promotions in the retail environment. Two of the participants outlined possible measures to restrict the volume and visibility of promotional marketing within stores, by relegating them to areas with less foot fall and placing a limit on the number of items on price promotions within stores at any given time.

Participants across both focus groups widely advised increasing the volume of price promotions on healthy to be more than unhealthy products. This was based on their observation of rarely seeing healthy items like fruit and vegetables included in promotional offers. They believed that increasing the frequency of promotions on healthy options would support families in making more nutritious choices.

One participant proposed a mandatory system requiring that any promotion on a less healthy product be matched with an offer on a healthier alternative:

“Price promotions on healthier choices of food would make it quite easy for families to shop more healthy, personally I would shift to a healthier choice of food for myself and my family.” - Participant 15

“If you’re going to have an unhealthy promotion, you have to have a healthy promotion to balance it out.” - Participant 3

IV.2 Incentivising healthier choices

In one focus group, two participants highlighted the potential to encourage healthier purchasing through reward schemes. They suggested restructuring existing supermarket loyalty programmes to provide more frequent and meaningful incentives for buying nutritious foods. Another participant recommended creating a new points based system or offering targeted discounts to promote the purchase of fruit, vegetables, and other healthy items:

“I think some type of reward scheme for buying healthier food, and obviously there is a reward scheme but scrap the junk food part and it have it just for healthy options to give you rewards.” - Participant 8

IV.3 Promoting healthier choices in key store locations

Two participants in the second focus group felt there was need for autonomy as parents when considering the possibility of changes to location promotions in the retail environment. However others called for more prominent placement of healthy food promotions within stores. The latter particularly emphasised the importance of featuring healthier options at checkout areas, where impulse purchases were highlighted.

“I disagree with [participant 9], there should be a shift to more healthier options at checkouts.” - Participant 12

“If adults are left to be adults this is great, but healthier options are better to have at checkouts because of impulse buying to promote a healthier Scotland.” - Participant 15

IV.4 Further actionable suggestions

Participants also put forward additional ideas to support a healthier retail environment. Some suggested that supermarkets should discount imperfect or “bashed” produce to reduce food waste and make nutritious items more affordable. Another participant, drawing inspiration from cigarette packaging warnings, proposed displaying health statistics related to junk food, such as rates of childhood obesity or overconsumption, to help consumers make more informed decisions at the point of purchase.

Some participants highlighted the limited range and visibility of fresh and diverse produce in UK supermarkets. They expressed a desire for greater variety beyond the ‘basic’, noting that it can be difficult to find less common or more culturally diverse items such as exotic fruits and vegetables.

The possibility of taxation efforts was proposed by two participants. They supported the idea of taxing unhealthy foods, drawing parallels to taxes on other harmful products. One participant emphasised that any revenue should be reinvested into community health initiatives such as youth sports or local wellness programmes, rather than boosting retailer profits.

IV.5 Balancing personal responsibility and the need for protection

When discussing possible government action in the retail environment, most participants expressed that government has a role to play in protecting children’s health. They also stressed the need for information and resources to support parents in offering healthy diets to children. A small number of participants expressed need for trust and autonomy for parents to make their own food choices for their families.

“Obviously adults should be adults to a degree, but when it comes to diet in particular and children, it’s also taking a gamble because you’re expecting those parents to make educated decisions when it comes to their kids’ diet.” - Participant 17

IV.6 Urgent and bold action

There was a clear call from some participants for immediate policy response. Participants expressed frustration at what they perceived as delays in addressing the known impacts of unhealthy food promotion. They felt that time and resources were being spent on consultations and data gathering when ‘practical’ and ‘common sense’ measures could be implemented now. Several emphasised the need for a shift in cultural mindset that prioritises long-term public health over short-term commercial interests. This included calls to embed healthy eating more deeply into everyday thinking and policy, with some participants asserting that healthy food should simply be more affordable and accessible as a matter of principle.

“Act now, don’t wait 10 years or study data, consultations and the likes. There’s things that can be done now.” - Participant 2

“Healthy food should be cheaper, and that’s that.” - Participant 17

DISCUSSION

Past studies have indicated, and this study confirms, affordability and accessibility of food and drink options in retail settings are among the main factors that influence parental purchases for themselves and their families, with significant impacts on diets and associated health outcomes. Price and location promotions within these settings are known to be a significant contributory factor, influencing what is available, shaping dietary preferences, and leading to impulse buying and unintended spending, which can severely impact already stretched household budgets.

Evidence shows that diets of children continue to be poor in Scotland³, with parents reporting challenges in accessing and affording healthy food options, and persistent inequalities between those who are more and less affluent. Yet, beyond data and statistics, little was known about what parents in Scotland think about these promotions and their influence on food purchase for their family. This research study sought to address this gap

Findings from this research build on existing evidence and make several recommendations as detailed/outlined on page 19.

A key headline finding from the research points to the significance and influence of price in the purchasing decisions of parents when shopping for food. Promotions have been identified as a critical mechanism driving parental purchases and recognised as widespread and focused on unhealthy food options. Parents spoke to the challenges in affording healthy food for their children, and how price promotions distract and aggravate that challenge. This worsens an already untenable situation where healthy food items can cost up to twice as much per calorie, and significant inequalities remain between the most and least deprived in terms of the proportion of disposable income needed to meet the government recommended healthy diet⁴.

More than half of participants in the study self-identified as being from a low-income household (an income of £20,000 or less per year), highlighting the profound influence of price on food purchasing decisions, particularly for lower income households. This demonstrates a clear need for comprehensive regulations on price promotions of unhealthy food and drink with a shift towards more affordable healthy food options. Comprehensive regulations on all types of price promotions are required, with evidence clearly outlining this approach to be more cost effective to governments and having a greater impact on obesity outcomes, than only regulating certain types of price promotions, such as those which are volume based⁶.

Where products are located within stores also influences purchasing. Locating products at prominent, high footfall areas within stores is a tactic often employed by retailers to further promote certain items and drive their sales.

Experiences of parents/participants in the study aligned with this evidence, with them commenting on purchasing items at checkouts and at other prominent locations when they did not intend to do so. Such placement also reportedly led to their children pestering them to purchase the products displayed in these areas⁷.

The challenge is that food placed in these locations is more likely to be unhealthy. Evidence from a study carried out by the Obesity Health Alliance and Food Active following the implementation of regulations to restrict location promotions of HFSS products in England points to the need for comprehensive regulations of promotions in these high footfall areas like checkouts, store entrances and at end of aisles. Lessons from England show that retailers found ways to exploit potential loopholes within the regulations and simply shifted products to locations within aisles which were not within scope of the regulations and drew significant attention to these products through use of mechanisms such as floor stickers and ceiling mounted signs⁷. Location-based promotions therefore need to be comprehensively regulated to ensure maximum impact and effectiveness.

A current challenge in relation to progressing change is a lack of data and evidence on what retailers are actually selling, in particular on promotions, and how much revenue they are generating from selling unhealthy items on promotion. Currently, food and drink retailers are not mandated to report information on what they sell and in particular promotional sales on promotion. Mandating this information would not only fill an important data and information gap but could also lead to incentivising retailers to shift their promotions to healthier promotions⁸. The strong desire of study participants to see a shift in promotions away from unhealthy food calls for a matching policy response requiring promotions and sales expenditures. Making such reporting targets mandatory is critical as voluntary measures are known to be ineffective, as the example of the UK Government calorie and sugar reduction targets highlight.

There was a clear desire expressed by participants that the government should take action to make healthy food cheaper and improve children's health and wellbeing, and for this to be delivered through regulatory action to improve the food environment. Taxation was proposed in the research by some

participants as an option where the government could take action. An example where such action has already been taken is the Soft Drinks Industry Levy (SDIL). Introduced in 2016 by the UK Government, the Levy applies to all carbonated soft drinks which contain sugar over a certain threshold, with an upper and lower level⁹. The strong desire of study participants to see a shift in promotions away from unhealthy food calls for a matching policy response requiring promotions and sales expenditures. The research findings indicate this would be supported by parents.

The recommendations from the research should not be viewed in isolation and need to be considered along with other measures to improve the food environment. It highlighted the importance of looking to the experience

of legislative controls on the marketing of other health harming commodities such as tobacco and alcohol to inform regulating promotions of HFSS food.. No one policy is a silver bullet. Instead, a comprehensive package of policy measures is required to deliver the systemic change to transform the food environment in Scotland.

This research contributes to the evidence base by providing in-depth qualitative perspectives from parents in Scotland on the impact of promotions on their food purchasing behaviours and the diets of their children. It further supports calls for the introduction of comprehensive regulations on price and location promotions of HFSS food and drink and for the introduction of mandatory reporting on their sales and marketing expenditures.

KEY RESEARCH RECOMMENDATIONS

- 1 Improve accessibility and affordability of healthier food, particularly for low-income households..
- 2 Legislate comprehensively to improve promotions on healthy food and regulate all forms of promotions of unhealthy food in the retail store environment.
- 3 Introduce mandatory targets for the promotion of healthy food options and detailed reporting of expenditures on food promotions and sales.
- 4 Promote information and resources to support households in making healthier meals and improving diet.
- 5 Channel resources from levies on soft drinks and other unhealthy food products to make healthy food affordable.
- 6 Achieve a coherent regulatory approach to the marketing of health-harming products.

APPENDIX 1

Participant demographic characteristics

Focus groups 1 & 2

Note: Analysis below is based on data received from 14 of the 18 FGD participants who completed the demographic information sheet.

Selected participant demographics illustrated in pie charts below.

Figure 6: Participant employment status

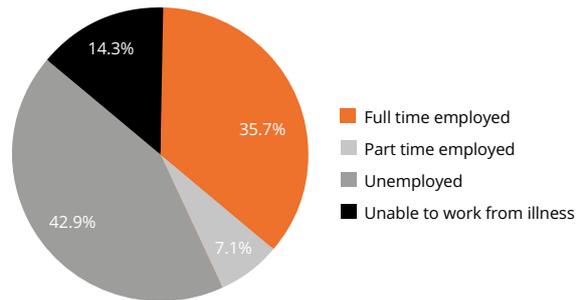


Figure 7: Participant ethnic background

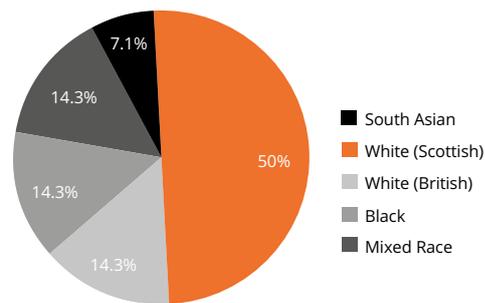
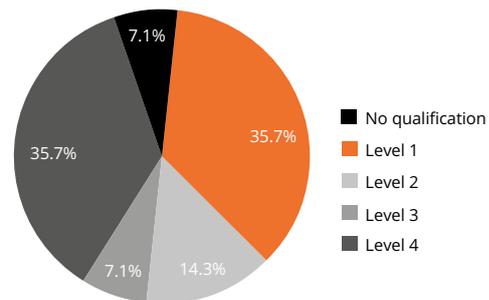
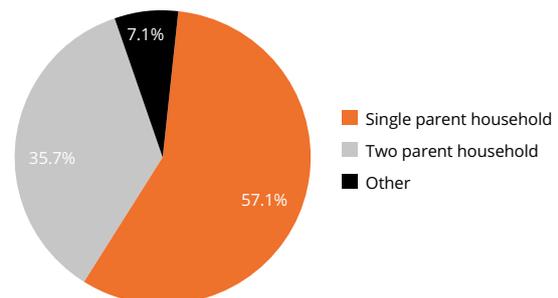


Figure 8: Participant education/qualification level



Note: Level 1 qualifications: O grade, National 5, Standard Grade, GCSE, SVQ Level 1 or 2 or equivalent; Level 2 qualifications: Higher, Advanced Higher, A level, SVQ Level 3 or equivalent; Level 3 qualifications: HNC, HND, SVQ Level 4 or equivalent; Level 4 or above: Degree, Postgraduate Qualification, Masters, PhD, SVQ Level 5 or equivalent, professional qualifications (e.g. accountancy)

Figure 9: Participant household composition



APPENDIX 2

Focus Group Discussion Guide

Purpose: Price and location promotions are frequently found during food shopping. This discussion seeks to understand your experience of the food shopping environment and promotions. It further aims to understand how promotions influence your decisions and expectations while shopping for the family and policy responses you would recommend.

All information you share will be anonymised and treated confidential.

1. Where do you usually get your groceries from?
2. What are your major expectations when you are food shopping for your family?
3. What has been your experience of price promotions during food shopping?
4. What has been your experience of junk/unhealthy food in price promotions?
5. How do you think junk food in price promotions impact your expectations from shopping for our family?
6. Based on your experience, what are some ways price promotions can deliver better health for your family?
7. During shopping, what has been your interactions with junk food promotions at key locations within the shop? What has been its influence on your purchases?
8. What in your view could be the policy responses to the influence of price and location promotions of junk food?

Thank the participants for their time and insights.

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