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“Please sir, can I have some more?” A Quantitative study into the Impact of the COVID-19 Pandemic on People with Specific Dietary Requirements

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The first cases of a new SARS virus SARS-cov-2 were identified in the Chinese city of Wuhan at the end of 2019 and its subsequent spread across the globe lead the World Health organisation to declare a pandemic on the 11th March 2020. In order to help control the spread of the virus, the UK government introduced its first national lockdown on the 23rd March 2020. The aim of the lockdown was to reduce the transmission of the virus, thus reducing the number of cases, which would in turn reduce the pressure on the National Health Service (NHS) by having fewer people hospitalised and limiting the number of fatalities due to COVID-19. This lockdown closed all non-essential businesses and only allowed citizens to leave their home for essential purposes, such as food shopping and an hour of exercise every day.

Whilst undoubtedly this lockdown was successful in reducing the number of COVID-19 cases in the country, it did in itself give rise to a number of significant Public Health issues: mental health services saw an increase in service users as a result of increased social isolation, depression and people worrying about food insecurity and food poverty. In particular, issues arising from food insecurities and food poverty were exasperated due to school closures and home schooling which initially meant there was no access to the free school meal system [1] However, within this there were significant hidden risks for those with specific dietary requirements, especially in the early stages of COVID-19 pandemic.

This research aimed to explore the impacts on COVID-19 on people with specific dietary requirements (SDR). For the purpose of the research, the term SDR relates to people who identify as having food allergies, food intolerances and food preferences (specifically vegetarian or vegan).

These groups represent a significant proportion of the UK population. The number of people in the UK suffering with food allergies has increased with an estimated 2 million now having been diagnosed with a food allergy. This represents about 1-2% of all adults and 5-8% of children. As a result, hospital admissions for food allergies have increased by 700% since 1990 [2] In respect of food intolerances, the Wycombe Health Authority undertook a population study and discovered that just over 20% of their nationwide sample had a food intolerance [3] For food preferences, increasingly year upon year more of the UK population are following a meat free diet, with the vegetarian diet accounting for 6% and the vegan diet

3%. Indeed by the end of 2021, people aiming to have a meat free diet combined with those already practising could be 13 million, (26%), of the British population.[4] For people with a SDR, the importance of ensuring they are able to access appropriate and safe food which ensures both their physical and mental health cannot be underestimated.

In the weeks prior to and during the first national lockdown, the British media reported food shortages across the food chain, as a result of consumers stockpiling – especially toiletries and long- life food such as rice, pasta and tinned foods. [5]. Consumer confidence in the UK food supply and distribution chain was further eroded, due to media reports highlighting issues in countries that had been affected by the impact of the pandemic earlier than the UK. The Food Standards Agency established that concerns around food insecurity more than doubled during lockdown. [6]

This combination of panic buying and pressures on the food supply chain lead to concerns this would impact more significantly on people with SDRs, who already faced a more limited choice of food to purchase. The lack of basic staple foods within the supermarkets caused people to buy alternatives from the sections dedicated to SDRs leaving no alternatives for those who could not substitute.

Data for the research was collected using a quantitative questionnaire, specially designed for the research. This questionnaire was posted on a number of social media sites which focused on people with SDRs and was available from December 2020 until January 2021. Potential participants then had the opportunity to self-select to engage in the research and whilst this sampling methodology may not capture all of the relevant population, it does allow for relevant data to be collected. As this research was undertaken as part of the BSc (Hons) Environmental Health degree programme, prior to collection of any data, ethical approval was obtained from Liverpool John Moores University. In all a total of 72 participants were recruited for the research study.

The results established that 90% of all participants (n=64) felt that prior to the pandemic they found it easy to purchase appropriate foods. However, during the pandemic only 39% (n=28) of all respondents still thought it was easy to buy appropriate foods. This impact was felt most by those identifying as vegan/vegetarian (93% pre-pandemic compared to 47% during the pandemic) and least by those identifying as having a food allergy (100% pre-pandemic compared to 80% during the pandemic). Yet despite feeling that appropriate food was available, participants who identified as having a food allergy were far more willing to make compromises in relation to their food (60%) compared to participants identifying as having a food intolerance (57%) and participants identifying as vegan/vegetarian (46%). This is also reflected in the fact that participants who identified as having a food allergy were far more worried about being able to access appropriate food (60%) compared to participants identifying as having a food intolerance (49%) and participants identifying as vegan/vegetarian (33%).

As panic buying increased in the UK, the range of foods available decreased and so it not unexpected that shoppers would turn to products they would not normally buy, as there was or no alternative available. This meant that the smaller range of products normally available to people with SDRs was now being purchased by the general population. Given this, it is expected that the research should indicate a fall in the ease in which appropriate SDR food could be purchased. It is not perhaps surprising that participants who identified as having a

food allergy were most worried, as the potential health impacts for these participants could be significantly worse than for the other participants. So, it is therefore surprising that they appear to be the most willing to have compromised over their food choices, as the potential risks to their health appear to be the greatest. Whereas participants who identified as vegan/vegetarian seemed the least willing to compromise, even though their food preference may be determined by more ethical or moral issues as opposed to health issues.

The outcome of this panic buying therefore placed a section of the UK population at significant risk because they feel they were then forced to compromise their own safety. In response to the perceived severity of this problem, several organisations representing SDRs contacted key industry stakeholders and supermarkets explaining the impact and asking for interventions to be put into place. As a result of this, signage was provided in some stores asking for co-operation from other shoppers not to buy SDR foods unless they would normally do so [7]. Yet the problem seemed to persist until the wave of panic buying had subsided and normal shopping behaviours had resumed. Although the UK has subsequently entered two further periods of lockdown, episodes of panic buying have not been as prevalent, as consumers have regained confidence in the supply chain mechanisms. However, disruptions to local, national and international supply chains may occur in the future (which may or may not be related to COVID-19) and so thought must be given to protect those with SDRs.

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