

1 **The impact of COVID-19 lockdown and consumers' risk preference and**
2 **perceptions on food purchasing and consumption behaviour in Spain**

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11
12 **Abstract:** The COVID-19 pandemic is a big challenge for global food security and it changes
13 consumers' food purchasing and consumption behaviour. This research not only investigates
14 Spanish consumers' food purchasing and consumption behaviour during the lockdown but also
15 from a point of sustainability. Data are collected from a semi-structured questionnaire which is
16 distributed online among 1203 participants. The total food consumption (**C**), food expenditure
17 (**E**) and purchase food with sustainable attributes (**S**) as three dependent variables are measured
18 and binary logistic models are estimated. Results show that gender, age, employment status and
19 experience are associated with total food consumption and expenditure during the lockdown.
20 In addition, consumers' risk perceptions, shopping places, trust level in information source and
21 risk preference are highly important factors in consumers' preferences and behaviour.
22 Consumers' objective knowledge regarding COVID-19 influences expenditure. Consumers'
23 trust level in information from the health professionals and scientists is higher than that from
24 government and News. Furthermore, family structure is only related to expenditure, while place
25 of residence only influences food consumption. Mood is associated with expenditure and
26 purchase food with sustainable attributes. Household size affects purchasing behaviour towards
27 food with sustainable attributes. This research provides references for stakeholders that helps
28 them to adapt to the new COVID-19 situation.

29
30 **Keywords:** COVID-19; food purchasing behaviour; food consumption behaviour; sustainable
31 purchasing behaviour; binary logistic model

32 **1 Introduction**

33 The novel Corona Virus Disease, named “COVID-19” by the World Health Organization
34 (WHO), was initially reported in Wuhan city, China in December 2019 [1], then it was rapidly
35 spreading around the world, resulting in a global pandemic. Spain took many prevention
36 measures such as lockdown, stay-at-home order, mass quarantine, and transport halt when the
37 COVID-19 virus started to spread in Spain. The Spanish government declared the state of
38 emergency on March 14th 2020 and increased the severity of the state of alarm from March
39 30th to April 14th 2020, which was a strict lockdown period. People could only leave home
40 when they were working in essential services (health, security, social, and economic wellbeing
41 of citizens) or when they needed to buy necessary products (groceries and medicines) during
42 the lockdown [2]. The COVID-19 pandemic situation caused several economic and social
43 changes. On the one side, the rate of unemployment increased and financial strain became more
44 severe [3], which led to an increase in depression risk, stress, and feelings of helplessness [4].
45 On the other side, the COVID-19 breakdown created new working and family situations (e.g.,
46 teleworking, e-learning, homes with narrow spaces and living spaces without direct access to
47 sunlight), which also induced stress and depression [5].

48 In this context, a big share of consumers increased their food consumption due to higher
49 anxiety levels [6]. A previous study indicated that consumers in the ten European countries
50 consumed more food, as COVID-19 lockdowns and a rise in homeworking across Europe led
51 to people spending more time at home and impacted their consumption behaviour and food
52 choices [7]. In addition, the COVID-19 lockdown also changed consumers’ purchasing
53 behaviour. Individuals focused on buying food items as a behavioural reaction to feelings of
54 stress and uncertainty [8]. Negative feelings (e.g., fear, stress and uncertainty) could cause a
55 panic buying situation [9,10]. Panic buying behaviour exacerbates stock-out situations and
56 often leads to a price increase in food products [9]. Spanish consumers are stockpiling non-
57 perishable food and other supplies during the COVID-19 lockdown [11]. Some people stockpile
58 food items in an attempt to reduce the number of future shopping trips and buying more on each
59 trip to minimize store visits aiming to reduce the risk of infection [12]. According to previous
60 research, 64% of consumers experienced product shortages at stores from which they were
61 attempting to purchase and 50% stocked up on products to avoid deficiencies in the future

62 during the COVID-19 outbreak in India [13]. Additionally, consumers' food spending increased
63 dramatically during the COVID-19 outbreak [14,15], and another report indicated that grocery
64 spending increased in Spain due to COVID-19 [16]. Besides, the COVID-19 pandemic enabled
65 people to shift to purchase food products online in an attempt to limit their perceived risk of
66 exposure to infection [17].

67 There is a considerable literature that explores consumers' attitudes, purchasing and
68 consumption behaviour towards food products with sustainable attributes (e.g., organic food,
69 animal welfare food, fair-trade food, environmentally friendly food and local food) before the
70 COVID-19 lockdown [18–21]. However, little research attempts to measure it during the
71 lockdown and it is of great importance and necessity to conduct such a study that ensure the
72 availability of food with sustainable attributes in the market during the lockdown. To date, few
73 studies focused on how COVID-19 affected Spanish consumers' purchasing or consumption
74 behaviour [2,22], and these studies mainly focused on the evolution of people's internet
75 searches, the characteristics of the most-watched YouTube videos about COVID-19 or food
76 consumption. This research includes more comprehensive potential impact factors and, to our
77 knowledge, is the first study that not only investigates Spanish consumers' food purchasing and
78 consumption behaviour during the lockdown but also explores it from a sustainability point of
79 view. In this context, the main objective of this study is to analyze how the COVID-19
80 lockdown affected the consumers' consumption and purchasing behaviour in Spain. To reach
81 the main objective, three secondary objectives were proposed as intermediate steps. Firstly, to
82 identify *changes in the determinant factors affecting consumers' total food consumption*.
83 Secondly, to explore *how consumers' food expenditure changes and find out its impact*
84 *factors*. Thirdly, to find out *changes in the purchase behaviour towards food products with*
85 *sustainable attributes*.

86

87 **2 Material and methods**

88 **2.1 Data collection**

89 A semi-structured questionnaire in an online survey (Qualtrics consumers panels) among
90 1203 participants during the lockdown situation was conducted in Spain in May 2020. The
91 sample was stratified by gender and age, and a selection criterion to be eligible was selected.

92 Only consumers who are totally or in part responsible for food purchasing were included in the
93 study. Respondents were volunteered to participate in the survey and received an explanation
94 of the objective of the study, emphasizing that the information requested would be exclusively
95 used for research and that confidentiality was guaranteed. In order to improve the response rate
96 of the questionnaire, we reward the participants. The questionnaire was approved by the Ethics
97 Committee of the Centre for Agro-food Economy and Development and was conducted
98 according to the ethical principles in social science studies.

99

100 **2.2 Independent variables in this research**

101 **2.2.1 MPL Stated Risk preference: The lotteries approach**

102 Risk preference can affect behavioural intention [23]. There are many methods to elicit it,
103 and using the MPL (multiple price list) is a very popular approach in experimental studies in
104 psychology and economics, which is an easy procedure and based on the economic theory of
105 the expected utility [24,25]. In this research, MPL, known as the “hypothetical lottery”, was
106 employed to measure consumers’ risk preference [26]. As **Table 1** presented, in this MPL
107 experiment, respondents were asked to choose between lottery A and lottery B twenty times. In
108 the first task, they have a 100% chance of receiving € 200 under lottery A; under lottery B
109 they have a 50% chance of receiving € 200 and a 50% chance of receiving nothing. By that
110 analogy, 20 tasks, until lottery A with 100% chance of receiving € 10, lottery B with the same,
111 are asked to measure consumers risk preference. This part of the questionnaire about risk
112 preference will be over when respondents choose lottery B anytime. The payoff of lottery A
113 decreases in turn, while the payoff of lottery B remains unchanged (€ 100). Lottery A is the
114 “safe” choice whose payoff is more than the potential payoff in the “risky” lottery B among the
115 top ten choices. In the 11th task, the payoff of lottery A is the same as that of lottery B. Starting
116 from the 12th task, lottery A has less payoff than lottery B.

117 According to the previous literature, only risk-loving people would choose lottery B in the
118 first task and a risk-neutral participant would choose lottery B from A in the eleventh task,
119 which means a risk-neutral person would choose A ten times before switching to B. Risk-averse
120 subjects would choose lottery A in the twentieth task [27]. The number of “safe choices”
121 (choosing Lottery A) or the switching point from choosing A to B is often used to describe risk

122 preference [28]. According to expected utility theory, one should choose A from task 1 to 10,
 123 choose B from task 11 to 20. The safe choices number of a risk-loving person should be below
 124 or equal to 9 and the number of a risk-neutral should be equal to 10. With respect to the number
 125 of risk-aversion people should be more than or equal to 11. This research used this method to
 126 analyze the risk preference data.

127

128

Table 1 Lottery experiment measuring the risk preference.

Task No.	lottery A	lottery B
1	100% of € 200	50% of € 200, 50% of € 0
2	100% of € 190	50% of € 200, 50% of € 0
3	100% of € 180	50% of € 200, 50% of € 0
4	100% of € 170	50% of € 200, 50% of € 0
5	100% of € 160	50% of € 200, 50% of € 0
6	100% of € 150	50% of € 200, 50% of € 0
7	100% of € 140	50% of € 200, 50% of € 0
8	100% of € 130	50% of € 200, 50% of € 0
9	100% of € 120	50% of € 200, 50% of € 0
10	100% of € 110	50% of € 200, 50% of € 0
11	100% of € 100	50% of € 200, 50% of € 0
12	100% of € 90	50% of € 200, 50% of € 0
13	100% of € 80	50% of € 200, 50% of € 0
14	100% of € 70	50% of € 200, 50% of € 0
15	100% of € 60	50% of € 200, 50% of € 0
16	100% of € 50	50% of € 200, 50% of € 0
17	100% of € 40	50% of € 200, 50% of € 0
18	100% of € 30	50% of € 200, 50% of € 0
19	100% of € 20	50% of € 200, 50% of € 0
20	100% of € 10	50% of € 200, 50% of € 0

129

130

131 **2.2.2 Risk perceptions**

132 Risk perception plays an important role in consumers purchase intentions [29], and it refers
 133 to people's judgments and evaluations of hazards they (or environments) are or might be
 134 exposed to. Such perceptions steer decisions about the acceptability of risks and are crucial
 135 influences on behaviour before, during, and after a disaster [30]. In this research, three types of
 136 risk perceptions were measured, consisting of health risk, food security risk and financial risk.

137 As for health risk perception, it is elicited by four items. Firstly, to use a 10-point Likert scale
138 ranging from 1 (not serious at all) to 10 (very serious) (*Q9. In case you will contract COVID-*
139 *19 in the next six months, how serious do you think your health condition will be?*). Secondly,
140 to employ a 5-point Likert scale that ranges from 1 (very unlikely) to 5 (very likely) (*Q10. How*
141 *likely do you think it is that you will develop or contract COVID-19 in the next six months?*).
142 Thirdly, to ask respondents if they contracted COVID-19 or not (*Q7. Have you contracted the*
143 *COVID-19 virus?*) and they need to choose one option (*1 = Yes, I tested positive for the COVID-*
144 *19 virus; 2 = No. I had the symptoms, but the test result came back negative; 3 = No. I did not*
145 *have the symptoms, so I did not opt for a test; 4 = I do not know. I had the symptoms but did*
146 *not have access to a test*). Fourthly, to ask participants questions that do they know someone
147 who has been diagnosed or died due to COVID-19 (*Q15. Do you know someone who has been*
148 *diagnosed or died due to the COVID-19 virus? - members of my family; friends; neighbours;*
149 *friends of my friends; colleagues; and No, I don't know any person*). If consumers have a higher
150 score from *Q9* and *Q10*, contracted COVID-19 virus (*Q7*), or know someone who has been
151 diagnosed or died due to COVID-19 (*Q15*), they will perceive a higher health risk. In addition,
152 consumers' perceived food security risk is elicited using a 7-Likert scale ranging from 1 (very
153 unlikely) to 7 (very likely) and the questions are the possibility they perceived food shortages
154 or price increases in the next six months (*Do you think the following scenarios are likely or*
155 *unlikely in the next six months?*). Regarding the financial risk, a 5-point Likert scale ranging
156 from 1 (not at all) to 5 (a great deal) (*Please indicate how you feel about your current financial*
157 *situation? – uncertainty; at risk; threatened; worry about it and think about it*) was used to
158 measure their financial risk perception.

159

160

161 **2.2.3 Mood states, experience, concerns and shopping places**

162 Negative and positive moods influence food choices [31]. Mehrabian and Riccioni pointed
163 out that a positive mood is related to high appetite levels [32]. COVID-19 brings great pressure
164 and different moods to consumers, which may affect their purchasing and consumption
165 behaviour during the lockdown. Therefore, respondents were asked about the mood status
166 (including a positive mood and negative mood) via a 5-point Likert scale ranging from 1 (none

167 of this feeling) to 5 (a great deal of this feeling) (*Considering the COVID-19 situation in the*
168 *country where you currently live, do you feel?- irritated; confident; angry; reassured; annoyed;*
169 *and aggravated*).

170 In addition, the COVID-19 pandemic has brought stress and uncertainty for people, which
171 could result in panic buying, thus it is a big challenge to global food security. Consumers'
172 behaviour is sometimes designed to mitigate against the risk of not being able to purchase food,
173 or indeed other items, at a later date for those who have experienced the food shortage or food
174 price increase during the COVID-19 outbreak [33]. As a consequence, experience (food
175 shortage, price increase and neither) as an independent variable is elicited in this research. (*Do*
176 *you experience the following scenarios? - You faced food shortages in your area during the*
177 *COVID-19 outbreak; You experienced an increase in food prices; Neither*).

178 Additionally, previous work indicated that consumers concern related to buying
179 behaviour. For example, health concerns and food security concerns influence consumer
180 attitude ultimately influence purchasing behaviour toward organic food [34]. During the
181 COVID-19 pandemic, people are concerned about safety and health [35], and it may affect
182 consumers' food purchasing and consumption behaviour. Hence, respondents' level of health
183 concerns about COVID-19 is also examined by using a 7-point Likert scale ranging from 1 (not
184 concerned at all) to 7 (extremely concerned) (*Please indicate your level of health concern about*
185 *COVID-19*). In addition, a previous study indicated that there was a big increase in food
186 shopping online with 45% of consumers doing more in ten European countries during the
187 lockdown [7]. The changes in shopping places may lead to changes in food consumption and
188 purchasing behaviour. Respondents were asked to answer two questions to assess shopping
189 places variable (*Where do you usually buy food products? - Before restrictions due to COVID-*
190 *19 and Where do you usually buy food products? – Now*) (*1 = hypermarkets, supermarkets; 2*
191 *= specialized food stores; 3 = malls; 4 = farmer's Market/Open markets; 5 = retailers' websites;*
192 *6 = organic food stores; 7 = others*).

193

194 **2.2.4 Trust in information sources and knowledge**

195 Consumers look for health information from a wide cluster of sources and channels [36].
196 Trust in health organizations and government health agencies has been identified as important

197 correlates of health-related decision-making and behaviour [37]. In public health emergencies
198 (e.g., a flu flare-up), people with high trust in government health agencies react more rapidly
199 and are more likely to comply with the health recommendations given by the agencies [38]. In
200 this context, consumers' trust in information sources is elicited by using a 5-point Likert scale
201 ranging from 1 (not at all trustworthy) to 5 (extremely trustworthy) (*Consider the following*
202 *sources of information regarding COVID-19. How trustworthy do you feel these sources are?*
203 *– government; social media such as Twitter, Facebook; health professionals such as doctors;*
204 *family, friends, colleagues; scientists; News such as papers, TV, radio).*

205 In addition, knowledge is divided into what individuals perceive they know (subjective
206 knowledge) and what they actually know (objective knowledge) [39]. Earlier studies showed
207 that consumers' subjective and objective knowledge levels are associated with attitudes and
208 behaviour [40]. Hence, the consumers' subjective and objective knowledge are measured to test
209 their influence on consumers' purchasing and consumption behaviour in this research.
210 Specifically, respondents are asked to respond about their perceived subjective knowledge level
211 (*Please indicate how knowledgeable you feel with regards to COVID-19*) via a 7- Likert scale
212 ranging from 1 (not knowledgeable at all) to 7 (very knowledgeable), and its result is presented
213 in percentage terms ranging from 0 (not knowledgeable at all) to 100 (very knowledgeable).
214 The level of the objective knowledge is elicited by asking them to judge whether the symptoms
215 of COVID-19 are right or false by introducing several "non-existing" symptoms (*True or False?*
216 *These are common symptoms of COVID-19*). Objective knowledge is defined as the percentage
217 of correct answers to questions of knowledge on seventeen statements. In addition, respondents'
218 discrepancy intensity between subjective and objective knowledge is also explored in this
219 research. Knowledge discrepancy has two aspects: subjective knowledge level is higher than
220 objective knowledge (overestimation), or subjective knowledge level is lower than objective
221 knowledge (underestimation) [41].

222

223 **2.3 Measuring consumers' purchasing and consumption behaviour**

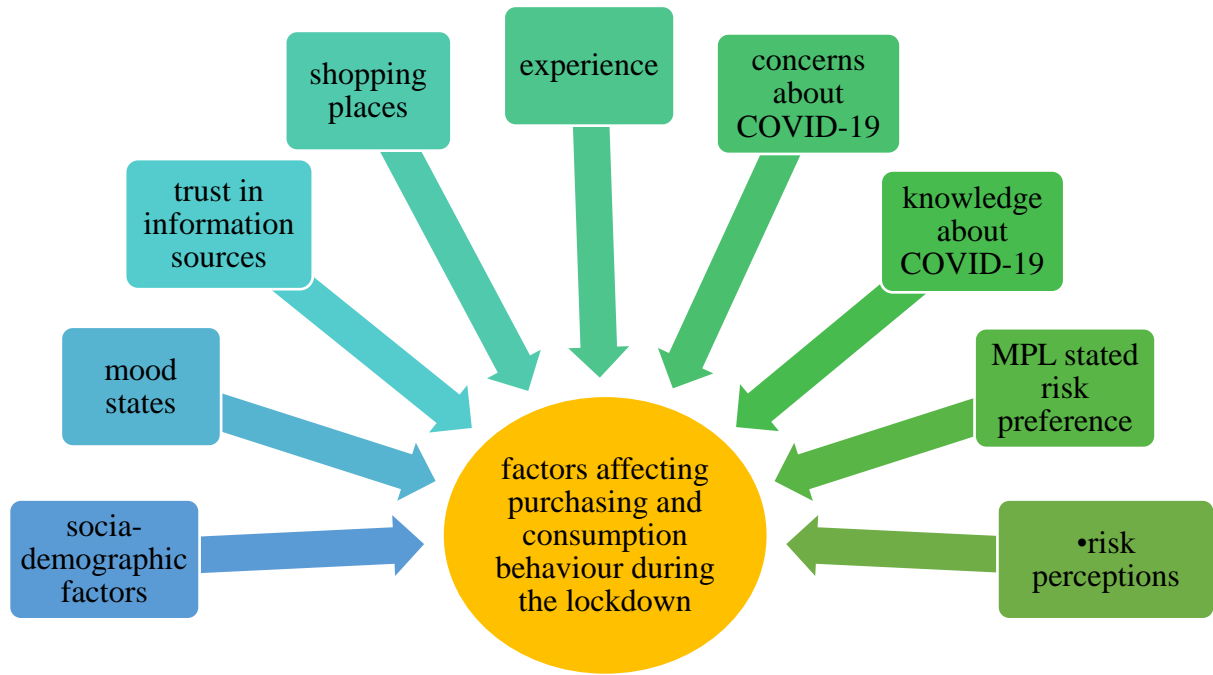
224 Three dependent variables including changes in total food consumption (**C**), food
225 expenditure (**E**) and purchasing behaviour towards food with sustainable attributes (**S**) were
226 measured in this research. Respondents were asked to answer a question (*How has COVID-19*

227 *impacted your consumption of the total food*), reflecting consumers' consumption behaviour
228 during the lockdown. Individual scores from “-3” (decreased a lot) to 3 (increased a lot) of total
229 food consumption (**C**). In addition, respondents were asked to respond about a question (*How*
230 *has COVID-19 impacted your food shopping behaviour? - spending money in food purchase*),
231 scoring from “-3” (decreased a lot) to 3 (increased a lot) of food expenditure to measure
232 consumers' purchasing behaviour (**E**). Consumers' change in purchasing behaviour towards
233 food with sustainable attributes (**S**) was identified, based on the following food selections: local,
234 animal welfare, fair-trade, and organic food to determine consumers purchasing behaviour in
235 the COVID-19 lockdown turned to be more or less sustainable. Respondents were asked about
236 the change in sustainable attributes of food purchasing behaviour (**S**) scoring from “-3”
237 (decreased a lot) to “+3” (increased a lot) (*How has the importance of the following attributes*
238 *changed for you during COVID-19? - local; animal welfare; fair-trade; organic*). The
239 independent variables were those noted as potentially relevant factors and were presented as
240 follows:

- 241 (1) Socio-demographic variables presented in **Table 2**;
- 242 (2) Mood states;
- 243 (3) Trust in information sources;
- 244 (4) shopping places (before and during the lockdown);
- 245 (5) Experience (food shortage, price increase and neither);
- 246 (6) Consumers' health concerns level about COVID-19;
- 247 (7) Knowledge (subjective and objective) regarding COVID-19;
- 248 (8) MPL stated risk preference;
- 249 (9) Risk perceptions (including health, financial and food security risk perceptions).

250 **Figure 1** showed the framework of factors affecting consumers food purchasing and
251 consumption behaviour during the COVID-19 lockdown.

252



253
254
255
256 **Figure 1** Framework of factors affecting consumers' food purchasing and consumption
257 behaviour during the lockdown.
258

259 **Table 2** shows participants' socio-economic characteristics. As can be seen, most
260 respondents were female (51%), the average age with 47.3 years, who stated that they were
261 healthy (57%), with an average household monthly income of 1,000-3,000 euro (53.6%), with
262 2 persons in a household (36.3%), households with no children aged 0-12 years or adults aged
263 over 70 (61.2%), living in urban places (71.8%), and with a full-time job (without variation)
264 (24.4%). According to the gender and age distribution, the sample reflected the population of
265 Spain.
266
267

Table 2 Socio-demographic variables in this research (n = 1203).

Socio-demographic variables		Percentage
Gender	Male	49.0
	Female	51.0
Age	18-39 years	28.1
	40-59 years	36.9
	More than 60 years	35.0
	Average age (years)	47.3
Monthly household income before the lockdown	< 999 euros	10.5
	1,000-3,000 euros	56.1
	> 3,001 euros	22.0
Income during the lockdown	< 999 euros	19.0
	1,000-3,000 euros	53.6
	> 3,001 euros	15.9
Stated health status	Unhealthy	43.0
	Healthy	57.0
Household size	1 person	10.7
	2 persons	36.3
	3 persons	26.9
	4 persons	20.3
	5 persons	4.0
	6 persons or more	1.7
Family structure	There are children aged 0-6 years	Yes (13.5), No (86.5)
	There are children aged 7-12 years	Yes (15.5), No (84.5)
	There are adults over 70 years	Yes (14.1), No (85.9)
	None of the above	Yes (61.2), No (38.8)
Place of residence	Urban place	71.8
	Suburban place	14.8
	Rural place	13.4
Employment status	Student	2.3
	Full time (without variation)	24.4
	Full time (telecommuting)	16.5
	ERTE ^a (partial or total)	10.8
	A homemaker	5.2
	Sick leave	2.1
	Unemployed	15.0
	Retired	21.5
	Unable to work	2.2

269 Note: ^a refers to a File of Temporary Regulation of Employment (ERTE). It consists of a temporary
270 collective dismissal, in which the company temporarily suspends employment contracts, for reasons
271 of the temporary stoppage of activity or insufficient income.

272

273 **2.4 Empirical framework**

274 The analysis is based on a binary logistic regression model in the SPSS v.24 software. This
275 model is often used when the dependent variable is a dichotomous variable rather than a
276 continuous variable to check out the factors that influence the odds ratio of the dependent
277 variable [42]. It has the form [43]:

278
$$\text{Logit}(P) = \text{Log} [P_i / (1 - P_i)] \tag{1}$$

279 where P_i is the probability of the event occurring. It denoted the probability of increasing
280 food consumption, expenditure and purchase more food with sustainable attributes in this
281 research. $1 - P_i$ represents the probability of a respondent not increasing food consumption,
282 expenditure and food with sustainable attributes. The odds ratio (OR) is the ratio of both
283 previous probabilities. In this research, the logistic model of the relationship between the
284 variable of food increase or not and its explanatory variables is specified as follows:

285
$$\ln [P_i / (1 - P_i)] = \beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \dots + \beta_{16} X_{16i} \tag{2}$$

286 where the subscript i denotes the i -th observation in the sample, P is the probability of the
287 outcome, $X_1, X_2, X_3, \dots, X_{16}$ are independent variables. β_0 is the intercept term, and $\beta_1, \beta_2, \beta_3, \dots, \beta_{16}$
288 β_{16} are the coefficients associated with each independent variable. The coefficients do not
289 directly indicate the effect of change in the corresponding explanatory variables on the
290 probability (P) of the outcome occurring. Rather, the coefficients reflect the effect of individual
291 explanatory variables on the OR of the dependent variable [44]. In addition, the model in terms
292 of OR can be written as:

293
$$P_i / (1 - P_i) = \exp (\beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \dots + \beta_{16} X_{16i}) \tag{3}$$

294 In this research, the sample was divided into two groups. The first comprised respondents
295 who increased the total food consumption, expenditure or purchased more food with sustainable
296 attributes ($Y=1$). The second group was composed of individuals who did not ($Y=0$). Hosmer-
297 Lemeshow's goodness of fit and percentage of correct classification were used to test the
298 goodness of fit.

299

300 **3 Results and discussion**

301 **3.1 Results of the independent variables included in the model**

302 **Table 3** presented the results of the independent variables: changes in total food
303 consumption (*C*), food expenditure (*E*) and purchasing behaviour towards food with sustainable
304 attributes (*S*), included in the model. Results shows that Spanish consumers' subjective and
305 objective knowledge level regarding COVID-19 is above average (77.26% > 50.00%, 67.44% >
306 50.00%). In addition, the discrepancy intensity between knowledge is 9.82%, indicating that
307 consumers believed that they know more than they really know (overestimation of their
308 knowledge level). This may be related to the fact that the Spanish government and media
309 publicized a lot of COVID-19 virus knowledge and information, which increased consumers'
310 confidence that led them to believe that they know more than they really know. This is
311 inconsistent with the study which showed that when respondents received sufficient
312 information, their perceived knowledge also increased [45]. Results also show that 65.7% of
313 respondents were risk-averse, 13.6% were risk-neutral, while 20.7% were risk-loving. This
314 result is in line with previous studies that showed the majority of respondents were risk-averse
315 [46], and only a small share of participants was risk-loving [47]. In addition, 29.2% of
316 participants stated that they experienced a food shortage during the lockdown, 60.7%
317 experienced a price increase.

318 Participants' concern level about COVID-19 is above average (4.77 > 3.5 points on a 7-
319 point scale), which is consistent with the research showing that levels of concern of COVID-
320 19 are relatively high in Spain [48]. The value of the probability of facing a food shortage in
321 the next 6 months is below average (2.34 < 3.5 points on a 7-point scale). With respect to the
322 probability of facing the food price increase, it is above average (5.01 > 3.5 points on a 7-point
323 scale). The news reported that in Spain, fruit and vegetable become between 25 and 30% more
324 expensive due to the increase in transport costs during the COVID-19 pandemic [49], which
325 will increase consumers' perceived food price (food security) risk. In addition, it is supported
326 by the result of experience in this research (as shown earlier), which shows that 60.7% of
327 consumers experienced the food price increase during the lockdown, increasing their food
328 security risk perceptions. Consumers' experience of food insecurity increases their risk
329 perception because direct exposure to risk events usually enhances consumers' memories and

330 imaginations of hazard [50].

331

332

Table 3 Results of the independent variables included in the logit model.

Variables	Percentage	Scales
Knowledge		
Subjective knowledge level	77.26%	1-100%
Objective knowledge level	67.44%	1-100%
Discrepancy intensity between knowledge	9.82%	
Risk preference		
Risk-loving	20.7%	
Risk-neutral	13.6%	
Risk-averse	65.7%	
Experience		
Experienced a food shortage	Yes 29.2%; No 70.8%	
Experienced a price increase	Yes 60.7%; No 39.3%	
Neither of them	Yes 28.4%; No 71.6%	
	Mean (SD)	
Concerns about COVID-19	4.77 (1.70)	7-point Likert scale
Food security risk perception		
The probability of facing food shortage in the next 6 months	2.34 (1.49)	7-point Likert scale
The probability of facing a food price increase	5.01 (1.61)	7-point Likert scale
Health risk perception		
The severity of health condition will be if contract COVID-19	6.04 (2.40)	10-point Likert scale
The probability of contracting COVID-19	2.65 (0.95)	5-point Likert scale
<i>Q7. Have you contracted the COVID-19 virus?</i>		
Yes. I tested positive for the COVID-19 virus.	1.5%	
No, I had the symptoms, but the test result was negative.	5.1%	
No. I did not have the symptoms, so I did not opt for a test.	71.7%	
I don't know. I had the symptoms but did not have access to tests.	21.7%	
<i>Q15. Do you know someone who has been diagnosed or died due to the COVID-19 virus?</i>		
Members of my family	Yes 19.0%; No 81.0%	
Friends	Yes 26.4%; No 73.6%	
Neighbours	Yes 14.3%; No 85.7%	
Friends of my friends	Yes 25.6%; No 74.4 %	
Colleagues	Yes 6.6%; No 93.4%	
No, I don't know any person	Yes 37.2%; No 62.8%	
Trust in information source		
Government	2.52 (1.27)	5-point Likert scale
Social Media	2.70 (1.09)	
Health professionals (e.g., doctor)	4.27 (0.82)	
Family, friends, colleague	2.91 (1.04)	
Scientists	4.13 (0.91)	

333 SD: Standard Deviation.

334

335 As for the severity of the perceived risk, it shows that the severity is above average (6.04 >
 336 5 points on a 10-point scale), which demonstrates that consumers perceived a high health risk.
 337 Regarding the probability of contracting COVID-19 in the next 6 months, it indicates that
 338 consumers assessed their risk of being infected as high (2.65 > 2.5 points on a 5-point Likert
 339 scale). These outcomes converge with the findings that Spain was the second country with the
 340 highest risk perception of COVID-19 among ten countries across Europe, America, and Asia
 341 [48]. Additionally, results also show that 71.7% of respondents stated that they did not have the
 342 symptoms, so did not opt for a test. Only 1.5% of respondents tested positive for the COVID-
 343 19 virus. 21.7% of consumers did not know due to no access to a test. 37.2% of respondents do
 344 not know anyone who has been diagnosed or died due to the COVID-19 virus. Consumers' trust
 345 level in information source from the highest to lowest is health professionals, scientists, family
 346 (friends, colleague), social media, government and News. It is in line with the study which
 347 concluded that consumers stated information from experts or scientists were the most reliable
 348 [2].

349

350 **3.2 Results of consumers' purchasing and consumption behaviour**

351 **3.2.1 Changes in the total food consumption (C) during the lockdown**

352 As reported in **Table 4**, the percentage of the model correct classification was 75.2% and
 353 the Hosmer-Lemeshow's goodness of fit was equal to 0.353. The null hypothesis was accepted,
 354 denoting there were no differences between observed and model-predicted values [51]. Both
 355 tests pointed out that the model fitted well. Results show a significant positive relationship
 356 between gender and the increase in total food consumption. The OR of gender was equal to
 357 1.394, which means that females were 1.394 times more likely to increase the total food
 358 consumption than males during the lockdown. One possible reason was that many food-away-
 359 from-home establishments were closed because of the shutdown restrictions during COVID-19
 360 in Spain, such that an increasing number of working women had to cook at home, who tended
 361 to consume more food. Another reason may be that women were more prone to depression,

362 stress and anxiety which results in over-eating than men [52].

363

364

365 **Table 4** Logit model of total food consumption (C).

Significant variables	Base variables	B	Sig.	Exp (B)
Gender				
Female	Male	0.332	0.063	1.394
Age				
40-59 years old	18-39 years old	-0.622	0.003	0.537
More than 60 years old		-0.977	0.001	0.376
Household monthly income				
Income (before the lockdown) > 3,000 euros	< 999 euros	1.086	0.021	2.963
Employment status				
ERTE (partial or total)	Student	-1.061	0.080	0.346
Sick leave		-2.142	0.017	0.117
Unemployed		-1.020	0.087	0.361
Unable to work		-1.979	0.023	0.138
Place of residence				
Living in rural place	Urban	-0.437	0.077	0.646
Risk preference				
Risk-averse	Risk-loving	-0.365	0.085	0.694
Experience				
Did not experience food shortage or price increase	Experienced	-0.785	0.026	0.456
Shopping places				
Specialized food stores (before the lockdown)	Supermarkets	-0.750	0.021	0.473
Farmer's Market/Open markets (before the lockdown)		-1.480	0.052	0.228
Trust in information sources				
A little trustworthy about health professionals	Not at all	-3.078	0.042	0.046
Food security risk perception				
A lot unlikely to face a food shortage in the next 6 months	Very unlikely	0.643	0.003	1.903
Health risk perception				
A lot serious if contracting in the next 6 months	Not at all	1.595	0.003	4.930
Very serious if contracting in the next 6 months		1.596	0.012	4.934
"I know a friend of my friends has been diagnosed or died due to COVID-19"	Do not know	0.564	0.011	1.759
Percentage of correct classification			75.2%	
Hosmer-Lemeshow's goodness of fit			0.353	

366

367 In addition, people aged 40-59 years and more than 60 years were less likely to increase

368 the total food consumption than those aged 18-39 years when compared to the situation before

369 the lockdown. It was in line with the study which showed that old people consumed less than

370 the younger ones during the COVID-19 lockdown [53]. Results also demonstrate a positive and
371 significant association between income and total food consumption. It means that households
372 whose monthly income before the lockdown was more than 3,000 euros were 2.963 times more
373 likely to increase the total food consumption than those less than 999 euros. Not surprisingly,
374 more income in a household denoted a strong purchasing power to provide food for their
375 members, such that they were more likely to increase the total food consumption during the
376 COVID-19 lockdown. People whose current employment were ERTE (partial or total), sick
377 leave, unemployed and unable to work were less likely to increase their food consumption
378 during the lockdown. It was expected that these people's jobs were suspended or they were
379 unable to work, such that their sources of income were cut off by COVID-19 and they were less
380 likely to increase their consumption level, while there was little change in income (no income)
381 before and during the lockdown for students. Results also indicate that people who live in rural
382 places were less likely to consume more food than those living in urban places. It may be related
383 to several reasons. Firstly, population flow is more frequent in urban areas than that in rural
384 places, resulting in a higher risk to contract COVID-19 in urban areas. Consequently, people
385 living in urban places will feel worried, anxious or negative about themselves, thus they tended
386 to display emotional eating behaviour to avoid these negative feelings by turning their attention
387 to food during the lockdown [54]. Secondly, consumers living in urban areas usually have a
388 higher income than those living in rural places, that is, they have a stronger purchasing power
389 and consumption power.

390 As for consumers' stated risk preference, it shows that risk-averse persons were less likely
391 to increase their total food consumption than risk-loving persons. The previous study indicated
392 that risk-averse respondents may seek out more insurance after a disaster [55], thus risk-averse
393 people may focus on health insurance, or save money to make themselves feel more secure and
394 use it when there is a health threat in the future. Respondents who did not experience food
395 shortage or price increase were less likely to consume more food than those who experienced
396 them. It could be explained by the fact that subjects who experienced the food shortage or price
397 increase were more likely to shift to stock-up on food to reduce the food security risk, which
398 leads to more likelihood of consuming more during the lockdown. Regarding shopping places,
399 people who went to specialized food stores and farmers' markets to purchase food before the

400 lockdown were less likely to consume more food than those who went to supermarkets. It may
401 be because specialized food stores and farmers' markets only sell food, while supermarkets
402 have more varieties, not just food, but also other necessities, such as toilet paper, shampoo and
403 pet supplies. Therefore, in order to reduce the number of visits to stores and reduce the risk of
404 infection, consumers who used to buy food from specialized food stores and farmers' markets
405 may prefer to buy food from supermarkets during the lockdown, such that those who go to
406 supermarkets consume more food.

407 Results also show that consumers were less likely to increase their food consumption when
408 perceived a higher trust about health professionals (e.g., doctor) during the lockdown. Trust in
409 reliable scientific information contributes to reducing unnecessary scares and inappropriate risk
410 perceptions [56]. Hence, consumers who trust health professionals could reduce risk perception
411 and are less likely to panic buy and consume food. Regarding health risk perception, it
412 demonstrates that consumers who perceived a higher health risk were more likely to increase
413 their total food consumption than those who perceived a lower health risk during the lockdown.
414 Similarly, if consumers think it is serious or they know someone who gets infected, they will
415 be worried about themselves and tend to display emotional eating behaviour. As for food
416 security risk perception, it shows that consumers who perceived a higher risk for food shortage
417 in the next six months were more likely to increase the total food consumption than those
418 perceiving the lowest food security risk. It was not surprising that people with a higher risk
419 perception tended to stockpile food products to reduce the risk, thus turned to increase food
420 consumption.

421

422 **3.2.2 Changes in the total food expenditure (E) during the lockdown**

423 In **Table 5**, the percentage of correct classification was 70.3% and the value of Hosmer-
424 Lemeshow's goodness of fit was 0.311, indicating that the model presented acceptable
425 goodness of fit. Results show that females were less likely to spend more on food than males
426 during the lockdown. The data from the National Statistics Institute in Spain show that the
427 unemployment rates of females and males in the first quarter of 2020 in Spain are 16.24% and
428 12.79%, respectively. In the second quarter, they stand at 16.72% (female) and 14.13% (male)
429 [57], indicating that females have a higher likelihood of being unemployed than males during

430 the lockdown. Hence, females were more cautious of their income and less likely to increase
 431 food expenditure. Another potential reason was that females were the main meal preparers and
 432 “food gatekeepers” in the household [58]. As a result, they were more familiar with the
 433 characteristics (e.g., the price and the quality) of food products and always know what food to
 434 buy, such that female was less likely to increase the food expenditure. Conversely, males were
 435 not usual food buyers and not familiar with food products, therefore, males may increase the
 436 expenditure on food.

437

438 **Table 5** logit model result of food expenditure (E).

Significant variables	Base variable	B	Sig.	Exp (B)
Gender				
Female	Male	-0.458	0.008	0.632
Age				
40-59 years old	18-39 years old	-0.572	0.006	0.564
More than 60 years old		-0.675	0.015	0.509
Employment status				
Sick leave	Student	-1.617	0.054	0.199
Unable to work		-1.485	0.060	0.226
Family structure				
There are children aged 7-12 years in the household	No	0.797	0.079	2.218
Experience				
Experienced food shortage during the lockdown	Did not experience it	0.524	0.017	1.688
Shopping places				
Buy food on retailers' websites during the lockdown	Supermarkets	1.520	0.015	4.574
Mood				
Feel <i>a little</i> reassured	None of this feeling	0.794	0.004	2.213
Feel <i>moderately</i> reassured		0.582	0.044	1.789
Feel <i>moderately</i> angry		-0.859	0.017	0.424
Feel <i>a great deal</i> of angry		-0.722	0.095	0.486
Risk preference				
Risk-neutral	Risk-loving	-0.505	0.066	0.604
Risk-averse		-0.528	0.009	0.590
Trust in information source				
A little trustworthy about government information regarding COVID-19	Not trustworthy at all	-0.425	0.092	0.654
Very trustworthy about News information regarding COVID-19		-1.021	0.030	0.360
Food security risk perception				
A little unlikely to face a food shortage in the next 6 months	Very unlikely	0.543	0.036	1.722
Health risk perception				
A lot unlikely to contract COVID-19	Very likely	0.819	0.004	2.268

They did not have the symptoms, so did not test	They tested positive for the COVID-19	-1.265	0.078	0.282
They did not know anyone who has been diagnosed or died due to COVID-19	They know	-0.784	0.002	0.457
Financial risk perception				
Feel threatened <i>moderately</i> about financial situation	Not at all	-0.836	0.033	0.434
Feel threatened <i>considerably</i> about financial situation		-0.981	0.035	0.375
Feel threatened <i>a great deal</i> about financial situation		-1.502	0.009	0.223
Knowledge regarding COVID-19				
Objective knowledge		0.944	0.075	2.570
Percentage of correct classification			70.3%	
Hosmer-Lemeshow's goodness of fit			0.311	

439

440 People aged 40-59 years and more than 60 years were less likely to increase the
441 expenditure than those aged 18-39 years when compared to the situation before the lockdown.
442 The elderly were at a high risk of death due to COVID-19, which may increase their worry and
443 further affect their appetite [59]. Therefore, their cost was not likely to increase than younger
444 people during the COVID-19 lockdown. Results also indicate that respondents whose
445 employment status was sick leave and unable to work were less likely to spend more on food
446 during the lockdown, which may be related to the interruption of their income. In addition,
447 households with children aged 7-12 years were 2.218 times more likely to increase the food
448 expenditure than those without that. It was expected that primary schools were closed due to
449 COVID-19, such that children aged 7-12 years have to stay at home, which resulting in more
450 expenditure. Participants who experienced food shortage during the COVID-19 lockdown were
451 1.688 times more likely to increase the expenditure of food than those who did not face the food
452 shortage. People would spend more expenses and stock up on more food products to reduce the
453 food security risk if they experienced a food shortage in case of possible limitations in the
454 availability of food in the future. As for shopping places, consumers who buy food on retailers'
455 websites during the lockdown were 4.574 times more likely to spend more on food than those
456 who buy food in the supermarkets. It is consistent with the study which found a significant
457 increase in online shopping due to the COVID-19 [7]. It was expected that consumers tended
458 to shop online rather than in supermarkets to minimize store visits aiming to reduce the risk of
459 infection.

460 In addition, our results demonstrate that consumers with a positive mood (reassured) were
461 more likely to increase the expenditure of food while those with a negative mood (angry) were
462 less likely. This outcome was supported by Mehrabian and Riccioni, who found that positive
463 mood was associated with high appetite levels [32]. Therefore, people with a positive mood
464 during the lockdown tended to purchase more food and increase the food expenditure, while a
465 negative mood will decrease consumers' appetite, thus they were less likely to increase the
466 expenditure. With regard to risk preference, it demonstrates that risk-neutral and risk-averse
467 people were less likely to increase the food expenditure than those with risk-loving during the
468 lockdown. This may be related to risk-averse people's aversion to the uncertainty that risk-
469 averse consumers prefer certainty to uncertainty than risk-loving ones. Due to the COVID-19
470 outbreak, they may tend to reduce food expenditure and save more money to prevent
471 insufficient money when uncontrollable situations arise in the future. Result also indicates that
472 consumers were less likely to spend more on food when perceived a greater trust in government
473 and News information regarding COVID-19 during the lockdown. It was supported by the study
474 which demonstrated that higher trust in the national government had positive effects such as
475 reducing the likelihood of respondents' fears and worry of food shortages [60]. Consequently,
476 these consumers perceived a lower food security risk and were less likely to stock up on food
477 and increase expenditure.

478 As for consumers' risk perceptions, result demonstrates that the higher the health risk and
479 food security risk the consumers exhibit, the more expenditure is. It was in line with the study
480 which shows that consumers tend to purchase more stock goods when perceiving a higher risk,
481 and it indicates that a high-risk perception during the COVID-19 pandemic will cause the
482 intention to buy goods leading to a higher probability of increasing the food expenditure[61].
483 Another research also demonstrates that risk perception of the COVID-19 pandemic has
484 positively affected consumer behaviour to tend to keep stockpiling of food [62]. Result also
485 shows that consumers would not increase the food expenditure when perceiving a higher
486 financial risk, which highlighted the previous research showing that the risk perception
487 negatively affected attitude and purchasing behaviour [63]. It was expected because when
488 consumers feel threatened about their current financial situation, people who perceived a higher
489 financial risk would be more cautious of spending money. Additionally, consumers with a

490 higher objective knowledge level regarding COVID-19 were found to have a higher likelihood
 491 of increasing food expenditure. It was expected that the more knowledge consumers had, the
 492 more severity about COVID-19 they perceive, such that they were more likely to increase the
 493 expenditure to stock food.

494

495 3.2.3 Changes in purchasing food with sustainable attributes (S) during the lockdown

496 As shown in **Table 6**, the fit was acceptable as indicated by Hosmer-Lemeshow's goodness
 497 of fit measures and the percentage of correct classification. Result shows that households with
 498 5 members were 2.551 times more likely to purchase more food with sustainable attributes than
 499 those with 1 member when compared to the situation before the lockdown. It is in line with the
 500 study which indicates that consumers living in larger households are more likely to purchase
 501 organic food products [18].

502

503 **Table 6** logit model of purchasing food with sustainable attributes (S).

Significant variables	Base variables	B	Sig.	Exp (B)
Household size				
Households with 5 members	1 member	0.936	0.066	2.551
Risk preference				
Risk-averse	Risk-loving	-0.403	0.058	0.668
Shopping places				
Specialized food stores (before the lockdown)	Supermarkets	-0.710	0.028	0.492
Mood				
Feel <i>considerably</i> reassured	None of this feeling	0.773	0.036	2.166
Feel <i>moderately</i> angry		-0.953	0.010	0.386
Trust in information source				
Very trustworthy about government information regarding COVID-19	Not at all	0.481	0.095	1.618
Food security risk perception				
<i>A lot</i> unlikely to face a food shortage in the next 6 months	Very unlikely	0.369	0.082	1.446
<i>A little</i> likely to face a food shortage in the next 6 months		1.152	0.064	3.163
Health risk perception				
<i>A lot</i> unlikely to contract COVID-19	Very unlikely	0.748	0.015	2.113
Financial risk perception				
Feel threatened <i>moderately</i> about financial situation	Not at all	-0.675	0.093	0.509
Feel threatened <i>a great deal</i> about financial situation		-1.125	0.051	0.325

Percentage of correct classification	73.0%
Hosmer-Lemeshow's goodness of fit	0.095

504

505 In addition, risk-averse consumers were less likely to increase their purchase of food with
506 sustainable attributes during the lockdown. It may relate to the uncertainty consumers feel that
507 when consumers feel uncertain about food with sustainable attributes (e.g., whether organic
508 certification can be trusted), they prefer the certainty of conventional products to the uncertainty
509 that may come from sustainable ones [64]. Result also indicates that people who were used to
510 purchase food from the specialized food stores (before the lockdown) were less likely to buy
511 more food with sustainable attributes than those who usually went to supermarkets. Similar to
512 the previous explanation, one possible reason is that specialized food stores only have food,
513 while supermarkets have a more complete variety (e.g., food, alcohol, toilet paper, and pet
514 supplies). As a consequence, consumers who used to purchase food from the specialized food
515 stores may be inclined to buy food (including food with sustainable attributes) and other
516 necessities from the supermarkets during the lockdown to minimize trips to the store and the
517 risk of infection. Additionally, consumers with a positive mood (reassured) were more likely to
518 purchase more food with sustainable attributes while those with a negative mood (angry) were
519 less likely. One possible explanation is that positive emotions make consumers think organic
520 food is more attractive and eager to purchase and consume healthy food [65].

521 Our results show that consumers with a higher trust level in government were more likely
522 to increase the purchase of food with sustainable attributes, which was supported by the study
523 indicating that in public health emergencies, people who have high trust in government health
524 agencies are more likely to follow health recommendations (including food choice
525 recommendations) made by the government [38] and they regard sustainable food (e.g., organic
526 food) as healthier food, thus they are more likely to purchase more food with sustainable
527 attributes. Result also shows that consumers with a higher food security and health risk
528 perception were more likely to buy more food with sustainable attributes. Consumers in Spain
529 perceived these products were healthier than conventional ones [66], which contributes to
530 improving their immunity and reducing health risks. Result also demonstrates that respondents
531 who have higher financial risk were less likely to purchase more food products with sustainable

532 attributes when compared to the situation before the lockdown. Not surprisingly, food products
533 with sustainable attributes were more expensive than conventional food [67], resulting in less
534 purchasing them when consumers perceived a higher financial risk, and they would be more
535 cautious about spending money during the COVID-19 lockdown.

536

537 **3.3 Practical implications**

538 Firstly, based on the result of the increased expenditure on the retailers' websites, retailers
539 should design a more visually attractive and convenient website taking advantage of this
540 opportunity to retain customers. Secondly, the Spanish government should make efforts to
541 design more effective information communication with people and enhance the quality and
542 level of details of the information that they share in such an emergency because consumers
543 stated a low trust in government and News, while they have high trust in health professions and
544 scientists, inspiring health professions and scientists to share more reliable and trustworthy
545 information about COVID-19 and recommendations of food choice and consumption. Thirdly,
546 households with children aged 7-12 years were more likely to increase food expenditure. As a
547 result, retailers could carry out promotion activities (e.g., children's related food can be given
548 as a gift if spend a certain amount of money in the store), so as to attract families with children.
549 Finally, consumers who live with large households and those who often go to the supermarket
550 to buy food were more likely to purchase more food with sustainable attributes, reminding
551 retailers to focus on these people by using this argument to first place and highlight sustainable
552 items (e.g., organic items) in hotlines in the shelves.

553

554 **4 Conclusion**

555 This research focused on dealing with the influence of the COVID-19 lockdown on
556 consumers' buying and consumption behaviour in Spain, regarding the total food consumption,
557 food expenditure and purchasing food with sustainable attributes as three dependent variables.
558 Results show that females tended to consume more food but with less expenditure on food than
559 males during the lockdown. Age is found to have a significant association with total food
560 consumption and expenditure when compared to the situation before the lockdown. Result also
561 indicates that consumers with a higher income are more likely to increase their total food

562 consumption during the lockdown. In addition, when consumers are unable to go to work or
563 take sick leave, their total food consumption and expenditure are less likely to increase during
564 the lockdown. Risk preference, shopping places and trust in information sources have a
565 significant impact on consumers' preferences and behaviour. Results also suggest that
566 experience (food shortage, price increase and neither) is a determinant factor influencing food
567 consumption and expenditure. Results also show that consumers' food security, financial and
568 health risk perceptions are highly important factors in understanding consumers' purchasing
569 and consumption behaviour during the lockdown. Objective knowledge levels regarding
570 COVID-19 influence consumers' food expenditure during the lockdown. Family structure is
571 only related to expenditure, while the place of residence only influences food consumption.
572 Mood is associated with expenditure and purchase food with sustainable attributes. Household
573 size is a statistically significant factor affecting purchasing behaviour towards sustainable
574 attributes. Results do not identify significant impacts of subjective knowledge, concerns or
575 stated health status on food purchasing and consumption behaviour defined in this study.

576 There are some limitations in this research. For example, the data are based on stated rather
577 than revealed behaviour. In addition, this research explored consumers' behaviour before and
578 during the lockdown but did not measure the changes after the lockdown. Therefore, further
579 research could explore whether this change in consumption and purchasing behaviour is in the
580 long-term in this global crisis, and they can focus on other consumption and purchasing
581 behaviour.

582

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