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RESEARCH

Factors associated with the increased consumption of sugary beverages and fast-food during Chile's first COVID-19 lockdown

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ABSTRACT

INTRODUCTION The impact of confinement on eating habits has been associated with mental health, gender, and socioeconomic status. This study examined the consumption of sugar-sweetened beverages and fast food during the COVID-19 confinement period in Chile, a country with a history of high consumption of processed foods.

METHODS A cross-sectional design was done from responses obtained through an online survey between May and August 2020. Data were collected and managed using the SurveyMonkey® electronic tool (hosted at the Institut d'Investigació en Atenció Primària (IDIAP) Jordi Gol i Gurina, Barcelona, Spain). We recruited through online platforms and social networks using convenience and snowball sampling. People aged 18 years and older were included. The consumption of sugar-sweetened beverages and fast food was analyzed in relation to socioeconomic and sociodemographic variables. Logistic and log-binomial regression models were evaluated using Stata v18. P<0.05 was considered statistically significant.

RESULTS 6971 (93%) people completed the questionnaire. The participants were predominantly born in Chile (94.6%), with a majority being women (63.5%) and under 50 years old (74%). The prevalence of consumption of sugary drinks and fast food was 15.4% (men, 14.6%; women, 15.9%) and 19.6% (men, 17.2%; women, 21%), respectively. Age 40 years and older was a protective factor for both women and men. Factors associated with the consumption of sugar-sweetened beverages included a change in employment status (prevalence ratio 1.26; 95% confidence interval 1.02 to 1.45) and, for fast food consumption, being female (1.18; 1.06 to 1.32).

CONCLUSIONS Sex, age, and change in income were associated with increased consumption of sugar-sweetened beverages and fast food during the COVID-19 pandemic. These results reaffirm the importance of implementing social and communicational strategies that promote healthy eating, especially during health emergency scenarios.

KEYWORDS COVID-19, fast food, public health, epidemiology, Chile

INTRODUCTION

During the first wave of the COVID-19 pandemic, confinement and social distancing were recommended by the World Health Organization [1], impacting over daily lifestyles, including eating habits [2,3]. Recent studies have shown a significant increase in the consumption of bakery products, instant meals, and fast-food eating habits [4] and alcohol during the confinement [5]

The forced and prolonged stay at home, the stress resulting from the pandemic [6–8], and the complex socioeconomic situation that increased unemployment figures and food costs, may decrease the acquisition of healthy foods [2,9]. In Chile, the confinement began on March 18th, 2020, and ended on October 1st, 2021. It was carried out dynamically throughout the country, where regions and communes went on and off

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MAIN MESSAGES

- This article shows the detriment of COVID-19 confinement on dietary habits. This effect was more pronounced in people under 40 years of age and women. This information may allow the generation of future plans in health emergencies involving confinement.
- This study provides information on the impact of COVID-19 confinement in Chile, which ranks second in Latin America and seventh worldwide in the consumption of ultra-processed foods and beverages.
- The results reaffirm the importance of implementing social measures to ensure healthy eating, especially during health emergencies and designing public health programs for community participation and dietary education.
- This study is subject to the inherent limitations of research conducted through online surveys. Digital divide may result in the exclusion of segments of the population with limited access to technological resources or insufficient digital literacy, thereby preventing their participation.

quarantine depending on local health indicators. In this context, changes in food consumption were influenced by production, distribution, and marketing restrictions, as well as purchasing fresh foods from local markets. This situation greatly affected most the vulnerable sectors because they were the ones who spent the longest time in confinement, had limited permissions to go grocery shopping [10], noticed a food price increase, and had difficulty storing products [9]. The COVID-19 Social Survey indicates that from June to August 2020, 47% of the population of the Metropolitan Region was affected by their income, and 18% presented food insecurity [11]. Before the pandemic in Chile, there was already evidence of inequality and inequity in food consumption according to the socioeconomic and educational level [12]. Furthermore, culturally, the nutrition in the Chilean family group has been characterized by high consumption of ultra-processed foods and sugary beverages, leading second place in Latin America and seventh when compared with 80 countries in annual per capita sales of ultra-processed food and beverages [13].

The ultra-processed products are usually fried and rich in sugars and saturated fats [14], and are associated with an increased risk of developing overweight, obesity [15–19], and chronic non-communicable diseases (NCD), all of which are major contributors to death and disability in the world. In turn, these are the main risk factors for complications in people with COVID-19 [18].

This study aimed to evaluate factors associated with increased consumption of sugary beverages and fast food among adults in Chile during the First COVID-19 lockdown. In order to achieve this, three specific objectives were outlined: (1) to characterize sociodemographic and socioeconomic variables among participants aged 18 years or older in the Metropolitan Region; (2) to estimate the prevalence of sugary beverage and fast food consumption during the initial phase of the lockdown; and (3) to identify socioeconomic factors linked to such consumption patterns, while adjusting for age and sex.

METHODS

A cross-sectional study was conducted among adults aged 18 years and older residing in Chile during the COVID-19 lockdown period. Data were via a self-administered online survey administered between May 17 and August 17, 2020. The majority of respondents (98.3%, n = 6971) completed the survey prior to the implementation of the "Step by Step" reopening plan. Data collection and management were carried out using SurveyMonkey®, an electronic data capture platform hosted by the Fundació Institut Universitari per a la Recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (Barcelona, Spain).

Sampling

Participant recruitment was conducted through online platforms and social media using convenience and snowball sampling techniques. The online survey was developed by a multidisciplinary research team based in Spain. A pilot study was conducted to assess the clarity and comprehensibility of the instrument, and subsequent modifications were made to ensure its cultural and linguistic appropriateness for the Chilean context. The pilot included academics, administrative staff, and undergraduate and postgraduate students. At the beginning of the survey, participants were informed of the study's objectives and the estimated completion time, which was approximately 10 minutes, including the reading and electronic signing of the informed consent form.

Variables

The dependent variables were the self-perception of consumption of fast food (like burgers, fries, pizza, etc.) and sugary beverages (known as sugar-sweetened beverages), each with four response options on a Likert scale (I don't consume, I have increased consumption, I have maintained the same consumption, and I have reduced consumption), which were then dichotomized into increased consumption (yes and no).

The independent variables included sociodemographic and socioeconomic factors such as age, sex, type of health insurance (the Chilean health system consists of a mixed model, with a public system called FONASA and a private system called ISAPRE), educational level, pre-pandemic employment status, self-reported change in employment status, and region of residence (Table 1).

Table 1. Sociodemographic and socioeconomic characteristics and the frequency of consumption of sugary beverages and fast food in the respondents from Chile.

Variable		N	(%)
Sex	Male	2547	36.54
	Female	4424	63.46
Age (in years)	Less than 30	1317	18.89
	30-39	1979	28.39
	40-49	1863	26.73
	50 and over	1812	25.99
Health insurance	FONASA	2835	42.50
	ISAPRE	3430	51.42
	Other or without insurance	406	6.09
Employment situation	Has not changed	2942	44.81
	Has changed by a little	1764	26.87
	Has changed a lot	1859	28.32
Level of education	Primary	77	1.16
	Secondary	949	14.26
	Technical/vocational	976	14.66
	Higher education	4655	69.93
Increase consumption of sugary beverages	No	5081	84.56
	Yes	928	15.44
Increase consumption of fast food	No	4835	80.37
	Yes	1181	19.63
Region of residence	V Valparaíso	606	8.69
	VIII Biobío	299	4.29
	XIII Metropolitan	4681	67.15
	Other	1384	19.85

Source: Prepared by the authors of this study.

Statistical analysis

Variables were described by calculating frequencies and percentages. The association between each independent variable with each dependent variable was evaluated using the Chi-Square test. Multivariate logistic regression models were fitted to assess the association between potential factors associated with increased fast-food consumption and sugary beverages. Since the odds ratio overestimates the association's size, log-binomial models were also fitted to obtain prevalence ratios and 95% confidence intervals.

Statistically significant differences were considered when the p-value was $p < 0.05$. All analyses were performed using Stata 18 (Statistical Software Stata: Release 18 College Station, TX: StataCorp LP).

Ethics approval

This study was approved by the Research Ethics Committee on Human Beings (CEISH) of the School of Medicine-University of Chile (Project: N° 053-2020, act: N°017, date 05-12-2020) with the authorization to obtain online informed consent before the start of the survey.

RESULTS

6971 answered the online survey, of which 63.5% were females, 74% were under the age of 50, and only 4.9% were foreign. 51.4% had private health insurance (ISAPRE), and 69.9% had higher education. The regions with the greatest participation were the Metropolitan region 67.2%, the Valparaíso region 8.7%, and the Biobío region 4.3%. Regarding the employment situation, 28.3% indicated it worsened and 15.4% indicated an increase in the consumption of sugary beverages, and 19.6% indicated an increase in fast food (Table 1).

Table 2 shows the prevalence and crude association of the sociodemographic variables and socioeconomic conditions according to the increased consumption of sugary beverages. The highest prevalence is observed in those under the age of 50 ($p < 0.001$), in those whose employment situation worsened by "little" or "a lot" ($p < 0.004$), and in those with a secondary or higher level of education ($p < 0.017$). Statistically significant differences were not observed according to sex, health insurance, and region of residence.

Regarding the increased consumption of fast food, the prevalence and its crude association with the sociodemographic variables and socioeconomic characteristics are shown in Table 3. The highest prevalence of increased consumption is observed in females (20.9%, $p < 0.001$), and in those under the age of 40 (52.8%, $p < 0.001$). Also, differences were found between geographical areas, where the Biobío region (14.1%) presented an increased consumption significantly lower than the other regions. Variables such as health insurance, employment situation, and level of education did not show statistical significance (Table 3).

tables 4 and 5 describe the fitted multivariable models for increased consumption of sugary beverages and fast-food

Table 2. Prevalence of increased consumption of sugary beverages and the association with the sociodemographic and socioeconomic variables.

	No	Yes		
Variable	N (%)	N (%)	Total	p value
Sex				0.188
Male	1817 (85.39%)	311 (14.61%)	2128	
Female	3264 (84.10%)	617 (15.90%)	3881	
Total	5081 (84.56%)	928 (15.44%)	6009	
Age (in years)				< 0.001
Less than 30	860 (74.14%)	219 (20.30%)	1079	
30-39	1369 (80.39%)	334 (19.61%)	1703	
40-49	1404 (85.09%)	246 (14.91%)	165	
50 and over	1448 (91.82%)	129 (8.18%)	1577	
Total	5081 (84.56%)	928 (15.44%)	6009	
Health insurance				0.399
FONASA	2108 (84.08%)	399 (15.92%)	2507	
ISAPRE	2668 (85.10%)	467 (14.90%)	3135	
Other or without insurance	292 (82.95%)	60 (17.05%)	352	
Total	5068 (84.55%)	926 (15.45%)	5994	
Employment situation				0.004
Has not changed	2313 (85.95%)	378 (14.05%)	2691	
Has changed by a little	1315 (82.19%)	285 (17.82%)	1600	
Has changed a lot	1432 (84.38%)	265 (15.62%)	1697	
Total	5060 (84.50%)	978 (15.50%)	5988	
Level of education				0.017
Primary	47 (92.16%)	4 (7.84%)	51	
Secondary	682 (81.38%)	156 (18.62%)	838	
Technical/vocational	743 (86.00%)	121 (14.00%)	864	
Higher education	3583 (84.76%)	644 (15.24%)	4227	
Total	5055 (84.53%)	925 (15.47%)	5980	
Region				0.570
V Valparaíso	423 (83.93%)	81 (16.07%)	504	
VIII Biobío	204 (84.65%)	37 (15.35%)	241	
XIII Metropolitan	3,547 (84.96%)	628 (15.04%)	4175	
Other	907 (84.56%)	182 (16.71%)	1089	
Total	5,081 (84.56%)	928 (15.44%)	6009	

Source: Prepared by the authors of this study.

consumption, using logistic and log-binomial regression models.

The variables that showed an association with increased consumption of sugary beverages were the same as those observed in the bivariate analysis, except for the level of education (Table 2). A decrease was observed in the prevalence of consumption as age increased between the ages of 40 to 49 (prevalence ratio (PR): 0.74; 95% confidence interval (CI): 0.63 to 0.89) and 50 and over (PR: 0.41; 95% CI: 0.33 to 0.51). Concerning the employment situation, it was observed that in those whose employment situation worsened by a little, the prevalence was higher (26%, $p < 0.001$) (Table 4).

Table 5 shows the results of the multivariable-fitted logistic and log-binomial models. The statistical significance variables in both models are similar, with a slight difference in the magnitude of the effect measures in odds ratio (OR) and PR. For example, the prevalence of increased fast-food consumption was 18% higher in females than males ($p < 0.002$). Regarding age, there was a gradient decrease in consumption as age increased, observing a 39% decrease between the ages of 40 to 49 years old (PR: 0.67; 95% CI: 0.58 to 0.78; $p < 0.001$) and 64% in those aged 50 and over (PR: 0.36; 95% CI: 0.30 to 0.44; $p < 0.001$). Regarding the comparison between geographical areas, the Biobío region presented a lower risk than the other regions but without showing statistically significant differences with the Metropolitan Region (Table 5).

DISCUSSION

The findings of this study during the first stage of confinement show a 15.4% and 19.6% increase in the consumption of sugary beverages and fast food, respectively. This increased consumption is greater in females, decreases with age, and varies depending on the region of residence in Chile.

The increased consumption of sugary beverages and fast food during confinement has been previously described in international studies [2,3,19,20]. These studies, which mostly applied online questionnaires to adults, have reported increased consumption of fast food, frozen food, snacks, sweets, and sugary beverages, among other ultra-processed foods.

We found a higher prevalence of increased consumption of sugary beverages and fast food in females, this difference was only statistically significant for fast food. This finding aligns with several studies [21–24]. One of the studies conducted in the Netherlands showed that females had more difficulties

Table 3. Prevalence of increased fast-food consumption and the association with sociodemographic and socioeconomic variables.

	No	**Yes**		
Variable	N (%)	N (%)	Total	p value
Sex				< 0.001
Male	1767 (82.80%)	367 (17.20%)	2134	
Female	3068 (79.03%)	814 (20.97%)	3882	
Total	4835 (80.37%)	1181 (19.63%)	6016	
Age (in years)				< 0.001
Less than 30	800 (74.14%)	219 (25.86%)	1079	
30-39	1245 (72.98%)	461 (27.02%)	1706	
40-49	1362 (82.45 %)	290 (17.55%)	1652	
50 and over	1428 (90.44%)	151 (9.56%)	1579	
Total	4835 (80.37%)	1181 (19.63%)	6016	
Health insurance				0.715
FONASA	2026 (80.78 %)	482 (19.22%)	2508	
ISAPRE	2511 (79.97%)	629 (20.03%)	3140	
Other or without insurance	285 (80.97%)	67 (19.03%)	352	
Total	4822 (80.37%)	1178 (19.63%)	6000	
Employment situation				0.101
Has not changed	2188 (81.16%)	508 (18.84%)	2696	
Has changed by a little	1259 (78.59%)	343 (21.41%)	1602	
Has changed a lot	1373 (80.91%)	324 (19.09%)	1697	
Total	4820 (80.40%)	1175 (19.60%)	5995	
Level of education				0.606
Primary	44 (86.27%)	7 (13.73%)	51	
Secondary	665 (79.45%)	172 (20.55%)	837	
Technical/vocational	702 (81.06%)	164 (18.94%)	866	
Higher education	3401 (80.36%)	831 (19.64%)	4232	
Total	4812 (80.39%)	1174 (19.61%)	5986	
Region				0.031
V Valparaíso	411 (81.71%)	91 (18.29%)	503	
VIII Biobío	207 (85.89%)	34 (14.11%)	241	
XIII Metropolitan	3365 (80.48%)	816 (19.52%)	4181	
Other	852 (78.09%)	239 (21.91%)	1091	
Total	4835 (80.37%)	1181 (19.63%)	6016	

Source: Prepared by the authors of this study.

making healthy decisions (OR: 2.07; 95% CI: 1.33 to 3.23) and opted to order fast food (OR: 2.38; 95% CI: 1.15 to 4.93) [20]. Another study in 16 countries revealed that females increased their consumption of sweet foods and ultra-processed foods, not sugary beverages [23]. Another study indicated that women consumed more sugary beverages than men during confinement [24]. In contrast to our results, a study carried out during confinement in Portugal reported a significant increase in the consumption of fast food and sugary beverages among males than in females [25]. It should be noted that the reported results in the articles are not uniform by gender. In addition, the data in this study were self-reported, which may limit the representativeness of the estimated prevalences.

Some studies have attributed the increased consumption of sugary drinks and fast food to the psychological impact of confinement, where anxiety, stress, and depression are associated with increased consumption [2,21–26]. In Chile, the COVID-19 Social Survey shows gender inequality by indicating that 26% of women presented severe symptoms of anxiety and depression [11]. This may also be due to the burden of domestic work, caring for relatives and children, and the family's economic situation. In addition, remote working and limited social support from extended family and friends have made it difficult to buy and prepare healthy food, leading to increased fast-food consumption [23,27].

Regarding age, this study's results are similar with other studies [2,3,12,28], where the consumption of sugary beverages and fast food were higher in adolescents and young adults compared to older adults. Previous studies carried out in Chile reveal similar results, where people under the age of 49 consumed sugary and soft beverages, candy, and sweet foods more than older adults [12]. Also, the consumption of fast food may be generational as youth are the ones who consume this type of food and purchase fast food through different virtual platforms for home deliveries. On the other hand, consumption of unhealthy foods has been attributed to group influence amongst adolescents and young adults [28]. Another study showed increased teleworking in young adults during confinement, which may have influenced the preference for ready-to-eat foods due to the lack of time to prepare fresh foods at home [29]. Lastly, increased exposure to sugary beverages and fast-food advertisements had a greater influence on adolescents and young adults due to the greater use of screens [21,30,31].

Table 4. Factors associated with increased consumption of sugary beverages. Estimated odds ratio and prevalence ratio from fitted multivariable models.

	Logistic regression		Log-binomial regression	
Variable	OR (95% CI)	p-value	PR (95% CI)	p-value
Sex				
Male	1	1	1	
Female	1.09 (0.94 to 1.26)	0.268	1.07 (0.94 to1.21)	0.279
Age (in years)				
Less than 30	1	1	1	
30-39	0.98 (0.80 to 1.20)	0.863	0.98 (0.84 to 1.15)	0.876
40-49	0.70 (0.57 to 0.87)	0.001	0.74 (0.63 to 0.89)	0.001
50 and over	0.36 (0.28 to 0.46)	< 0.001	0.41 (0.33 to 0.51)	< 0.001
Employment situation				
Has not changed	1	1	1	
Has changed by a little	1.31 (1.11 to 1.56)	0.001	1.26 (1.09 to 1.45)	0.001
Has changed a lot	1.16 (0.98 to1.38)	0.080	1.13 (0.98 to 1.31)	0.080
Level of education				
Primary	1	1	1	
Secondary	1.95 (0.68 to 5.55)	0.210	1.77 (0.69 to 4.55)	0.233
Technical/vocational	1.60 (0.56 to 4.58)	0.375	1.51 (0.58 to 3.89)	0.392
Higher education	1.63 (0.57 to 4.58)	0.354	1.52 (0.59 to 3.87)	0.377
Region				
XIII Metropolitan	1	1	1	
V Valparaíso	1.12 (0.87 to 1.45)	0.352	1.10 (0.90 to 1.36)	0.331
VIII Biobío	1.04 (0.72 to 1.50)	0.825	1.01 (0.74 to 1.38)	0.917
Other	1.15 (0.96 to 1.38)	0.128	1.11 (0.96 to 1.29)	0.147

CI: confidence interval.OR: odds ratio. PR: prevalence ratio.
Source: Prepared by the authors of this study.

Table 5. Factors associated with increased consumption of fast food. Estimated odds ratio and prevalence ratio from fitted multivariable models.

	Logistic regression		Log-binomial regression	
Variable	OR (95% CI)	p-value	PR (95% CI)	p value
Sex				
Male	1	1	1	
Female	1.25 (1.09 to 1.44)	0.001	1.18 (1.06 to 1.32)	0.002
Age (in years)				
Less than 30	1	1	1	
30-39	1.06 (0.88 to 1.27)	0.514	1.03 (0.90 to 1.18)	0.617
40-49	0.61 (0.50 to 0.74)	<0.001	0.67 (0.58 to 0.78)	<0.001
50 and over	0.30 (0.24 to 0.37)	<0.001	0.36 (0.30 to 0.44)	<0.001
Employment situation				
Has not changed	1	1	1	
Has changed by a little	1.15 (0.98 to 1.34)	0.079	1.11 (0.98 to 1.25)	0.074
Has changed a lot	1.03 (0.88 to 1.21)	0.634	1.02 (0.90 to 1.16)	0.701
Level of education				
Primary	1	1	1	
Secondary	1.08 (0.47 to 2.50)	0.844	1.11 (0.55 to 2.26)	0.760
Technical/vocational	1.20 (0.52 to 2.77)	0.66	1.22 (0.60 to 2.49)	0.570
Higher education	1.10 (0.48 to 2.50)	0.81	1.13 (0.56 to 2.28)	0.714
Region				
XIII Metropolitan	1	1	1	
V Valparaíso	0.97 (0.76 to 1.24)	0.836	0.99 (0.82 to 1.20)	0.941
VIII Biobío	0.70 (0.48 to 1.02)	0.069	0.74 (0.54 to 1.02)	0.073
Other	1.16 (0.98 to1.37)	0.072	1.11 (0.98 to 1.26)	0.089

CI: confidence interval.OR: odds ratio. PR: prevalence ratio.
Source: Prepared by the authors of this study.

Regarding the employment situation, we found that consumption of sugary beverages increased with worsened employment situation , but not in fast food consumption. The lower cost of sugary drinks could influence this difference compared to fast food. In Chile, people affected by their employment situation had a greater consumption of fast food and sugary beverages since they carried out informal and manual jobs, mainly in sectors such as commerce, tourism, or

construction. The loss of employment and decreased income [11,32] are associated with food insecurity [33], given that 68% reduced their expenses (on food, health, education, and electric heater). In Mexico, a study done during the COVID-19 confinement shows that households with reduced spending and food insecurity had a greater likelihood of a worsening in their diet, including an increase in sugary beverages [34]. On the other hand, in Chile, another study showed an increase in healthy food consumption during the pandemic and a decrease in the consumption of ultra-processed foods and sugary beverages, contrary to the data analyzed in our study [35]. Moreover, a study in Spain showed that people with accelssibility and financial stability had an easier time consuming healthy food and improved their diet [36].

The consumption pattern was relatively similar throughout different regions of the country, although a smaller increase in the prevalence of consumption of fast food was evident in the Biobío region, possibly attributed to the environment, socioeconomic level, availability, and access.

The change in income, female, age, and region of residence, and their relationship to the consumption of sugary drinks and fast food during the COVID-19 pandemic was possibly also influenced by changes in food systems at the level of food production, distribution, marketing, transport (packaging and storage), all of which directly influenced household food purchasing and provision [11].

Our results suggest a significant association between increased consumption of fast food and sugar-sweetened beverages during confinement, with changes in income, being female, and age. The fact that this study relies on self-reported data may introduce reporting bias. In addition, the fact that this research had a high participation of upper-middle-income individuals and was conducted during a period of heightened public health awareness due to the COVID-19 pandemic may influence the generalizability of the study results.

Contributor roles CJA and OHC contributed to the scientific conception of the idea. OHC and RV drafted the manuscript and analyzed the data. MM, NG, MSA, GGJ, and JCV contributed to the editing of the manuscript and scientific validation. All authors read and approved the final manuscript.

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Factores asociados al aumento del consumo de bebidas azucaradas y comida rápida durante el primer confinamiento por COVID-19 en Chile

RESUMEN

INTRODUCCIÓN El impacto del confinamiento en los hábitos alimentarios se ha relacionado con salud mental, género y situación socioeconómica. Este estudio evaluó el consumo de bebidas azucaradas y comida rápida durante el confinamiento por COVID-19 en Chile, país con antecedentes de elevado consumo de alimentos procesados.
MÉTODOS Diseño transversal realizado a partir de las respuestas obtenidas mediante encuesta online entre mayo-agosto 2020. Los datos se recogieron y gestionaron mediante la herramienta electrónica SurveyMonkey® (alojadas en el Institut d'Investigació en Atenció Primària (IDIAP) Jordi Gol i Gurina, Barcelona, España). Se reclutó a través de plataformas on-line y redes sociales usando muestreo por conveniencia y bola de nieve. Se incluyeron personas≥18 años. Se analizó el incremento del consumo de bebidas azucaradas y comida rápida en relación con variables socioeconómicas y sociodemográficas. Las asociaciones se evaluaron mediante modelos de regresión logística y log-binomial a través de Stata v18. Se consideró estadísticamente significativo p≤0,05.
RESULTADOS 6.971 (93%) personas completaron el cuestionario, 94,6% eran nacidos en Chile, 63,5% fueron mujeres y 74% tuvieron menos de 50 años. La prevalencia de consumo de bebidas azucaradas y comida rápida fue 15,4% (hombres 14,6% y mujeres 15,9%) y 19,6% (hombres 17,2% y mujeres 21%), respectivamente. La edad de 40 años y más fue un factor protector para mujeres y hombres. Los factores asociados al consumo de bebidas azucaradas fue el cambio en la situación laboral (razón de prevalencias 1,26; intervalo de confianza 95%: 1,02 a 1,45) y para el consumo de comida rápida fue el ser mujer (1,18; 1,06 a 1,32).6.971 (93%) personas completaron el cuestionario, 94,6% eran nacidos en Chile, 63,5% fueron mujeres y 74% tuvieron menos de 50 años. La prevalencia de consumo de bebidas azucaradas y comida rápida fue 15,4% (hombres 14,6% y mujeres 15,9%) y 19,6% (hombres 17,2% y mujeres 21%), respectivamente. La edad de 40 años y más fue un factor protector para mujeres y hombres. Los factores asociados al consumo de bebidas azucaradas fue el cambio en la situación laboral (razón de prevalencia (RP) 1,26; intervalo de confianza (IC) 95% 1,02 a 1,45) y para el consumo de comida rápida fue el ser mujer (RP 1,18; IC95% 1,06 a 1,32).
CONCLUSIONES El sexo, la edad y el cambio en los ingresos económicos se relacionaron con el aumento en el consumo de bebidas azucaradas y comida rápida durante la pandemia COVID-19. Estos resultados reafirman la importancia de implementar estrategias sociales y comunicacionales que promuevan una alimentación saludable especialmente durante escenarios de emergencia sanitaria.