

# Influence of front-of-pack labelling schemes on consumer health perceptions and purchase behaviours in Trinidad and Tobago

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 02/09/2025	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 26/08/2025	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Consumption of ultra-processed foods and of processed foods with excessive amounts of nutrients-to-limit such as sugars, sodium and fats can be harmful to health, and consumers may not be aware of such risk. One strategy that has been put forward is to encourage consumers to make healthier purchases through the implementation of nutrition front-of-package labeling (FOPL). These labels are simplified information aiming at improving consumers ability to identify unhealth food products and to reduce their consumption. Although nutritional labelling on the back of the package is already mandated by law in many countries it has been found that it is insufficient or not useful for most consumers. There are different FOPL schemes available and the evidence on the best performing ones in the Caribbean region still needs to be further developed. This study aims to examine the effect of various FOPL schemes on consumers' understanding of nutritional information and ability to make healthier food choices.

### Who can participate?

Residents of Trinidad & Tobago over 18 years of age

### What does the study involve?

Participants will be randomly assigned to one of eight groups each one being designated a FOPL scheme i.e. Black Octagonal Warning Labels (OWL), Traffic Light Labels (TLL), Magnifying Glass "High-In" Multiple Icons (MGM), Magnifying Glass "High-In" Single Icon (MGS), Nutrition Info Single Icon (NIS), Guideline Daily Amounts (GDA) system, QR Code (QR), and absence of an FOPL (control). Images of packages of ultra processed foods featuring different FOPL schemes will be developed and shown to participants who will be asked about their intention to purchase the product and their perception and understanding about the nutrition quality of the product.

### What are the possible benefits and risks of participating?

There are no risks in participating in the study. Participants will not receive any direct benefit but will contribute to research that might contribute to evidence-based policies to which they will be beneficiaries.

Where is the study run from?

The University of the West Indies (Trinidad and Tobago)

When is the study starting and how long is it expected to run for?

June 2025 to November 2025

Who is funding the study?

1. Diabetes Association of Trinidad and Tobago
2. Pan American Health Organisation (USA)

Who is the main contact?

Prof. Brian Cockburn, [brian.cockburn@sta.uwi.edu](mailto:brian.cockburn@sta.uwi.edu)

## Contact information

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## **Additional identifiers**

### **Clinical Trials Information System (CTIS)**

Nil known

### **Protocol serial number**

TTO-FOPL-1

## **Study information**

### **Scientific Title**

Effects of front-of-pack labelling schemes on consumer health perceptions and purchase behaviours in Trinidad and Tobago: a parallel randomized control trial

### **Study objectives**

This study will investigate the impact of seven front-of-pack labelling (FOPL) schemes, i.e. Black Octagonal Warning Labels (OWL), Traffic Light Labels (TLL), Magnifying Glass "High-In" Multiple Icons (MGM), Magnifying Glass "High-In" Single Icon (MGS), Nutrition Info Single Icon (NIS), Guideline Daily Amounts (GDA) system and a QR Code linked to nutritional content (QR) on consumer perceptions of product healthfulness, purchase intentions and response times when evaluating pre-packaged foods in Trinidad and Tobago. Objectives: To assess the frequency with which participants choose the most healthful option across different product categories for each FOPL scheme. To evaluate the capacity of different FOPL schemes to help consumers recognize products with excessive levels of nutrients linked to non-communicable diseases. To measure consumer response times when interpreting nutrition information presented through each FOPL scheme. To explore consumer perceptions of various FOPL schemes among the Trinidad and Tobago population.

### **Ethics approval required**

Ethics approval required

### **Ethics approval(s)**

1. approved 28/06/2025, The University of the West Indies - Campus Research Ethics Committee (The University of the West Indies at St Augustine, St Augustine, 868, Trinidad and Tobago; +1 868 (0)662 2002; principal@sta.uwi.edu), ref: CREC-SA.3427/07/2025

2. approved 10/07/2025, Pan American Health Organization Ethics Review Committee (PAHOERC) (525 23rd St NW, Washington DC, 20037, United States of America; +1 (0) 2029743263; PAHOERC@paho.org), ref: PAHOERC.0380.04

### **Study design**

Single-center interventional single-blind parallel-group-assignment randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Efficacy

## **Health condition(s) or problem(s) studied**

Consumer health perceptions and purchase behaviours

## **Interventions**

The randomisation of the experimental conditions and groups is completed by adopting a Williams design to ensure the order of categories of products and the order of products within categories was random and balanced for all groups. This randomisation produced four random and balanced sequences of categories of products and products within categories used for each of the eight groups, resulting in 32 possible combinations of groups and sequences ( $4 \times 8$ ), equally balanced and ordered within each group.

Allocation is random at an equal rate ( $1/8$ ) to eight study groups (seven experimental and the control group). Participants in each group are exposed to either one of the experimental conditions or allocated to the control group. Participants in the experimental groups are shown two-dimensional (2D) images of 12 different mock-up products presented in random and balanced orders between and within categories of products. The mock-up products do not correspond to real commercial products available in the Bolivian market but have similar characteristics in terms of package and graphic design and nutritional composition. Four sets of mock-ups are used. Each set includes three products from each of four product categories of ultra-processed products commonly consumed ( $3 \times 4 = 12$  mock-up products). The product categories are breakfast cereal extrudates, flavoured milk, crackers, and yoghurts. The same 12 mock-up products are used in each group; the only difference across groups is the front-of-package labelling (FOPL) scheme they feature. Mock-ups shown to participants feature solely one of the following FOPL schemes tested, according to the group they are allocated to: Black Octagonal Warning Label (OWL), Traffic Light Labels (TLL), Magnifying Glass "High-In" Multiple Icons (MGM), Magnifying Glass "High-In" Single Icon (MGS), Nutrition Info Single Icon (NIS), Guideline Daily Amounts (GDA) system, the QR Code (QR), or no FOPL (control group).

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Contribution of the different front-of-package labeling (FOPL) schemes to improving the decision of participants to buy the least harmful option more often, the selection of the least harmful option more often and the correct identification of sugars, sodium and/or saturated fats found to be in excess in the products more often, measured comparing correct responses of participants to the stimuli in different experimental/control groups at one timepoint

## **Key secondary outcome(s)**

The impact of sociodemographic variables, such as gender, age, and education level, on the differences observed in the performance of various front-of-package labeling schemes. This assessment will be measured by administering a structured questionnaire to respondents after they are shown mock-up products and provide their responses. The questionnaire will capture their opinions and perceptions of the labeling schemes at one timepoint. The goal is to

determine the extent to which sociodemographic factors contribute to the variations observed in the respondents' evaluations of the labeling schemes.

**Completion date**

28/11/2025

## Eligibility

**Key inclusion criteria**

1. Adult supermarket shoppers
2. Residing in Trinidad & Tobago
3. Aged 18 years old or older

**Participant type(s)**

Population

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Visually impaired people
2. Persons unable to give informed consent
3. People who deny being part of this study
4. People who do not meet the inclusion criteria

**Date of first enrolment**

08/09/2025

**Date of final enrolment**

24/10/2025

## Locations

**Countries of recruitment**

Trinidad and Tobago

**Study participating centre**

The University of the West Indies  
St Augustine

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## Sponsor information

### Organisation

World Health Organization Regional Office for the Americas

### ROR

<https://ror.org/008kev776>

### Organisation

University of the West Indies

### ROR

<https://ror.org/003kgv736>

## Funder(s)

### Funder type

Charity

### Funder Name

Diabetes Association of Trinidad & Tobago

### Funder Name

Pan American Health Organization

### Alternative Name(s)

Organización Panamericana de la Salud, PAHO

### Funding Body Type

Private sector organisation

### Funding Body Subtype

International organizations

### Location

United States of America

# Results and Publications

## **Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are not expected to be made available due to confidentiality

## **IPD sharing plan summary**

Not expected to be made available