Assignment 3
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Food Preferences and discrete choice experiment survey

To build up the policy or program that could potentially improve their wellbeing and social welfare, we need to understand the basic behavior and the causes of doing that behavior.
Food consumption is one of the key factors that affect health outcomes. Health is also related to the labor market success. Health can explain individual productivity. Good health can improve individual output by enhancing physical energy and mental acuity, reducing sickness absence and decreasing morbidity. These will be able to lead to the increase in labor productivity and higher living standards. On the other hand, poor health can lead to lower productivity and also reduce the household savings hence pushing into individual poverty.

There are factors that can explain why eating healthy is sometimes difficult. Food costs are one of the reasons. It seems that the price of healthy food is almost twice as high as the price of unhealthy food. There are more unhealthy foods available for people. Food options are limited in their areas. Therefore people end up having unhealthy food. Food preferences such as taste, convenience and food allergy are also the reasons.

Food attributes that affect the food preferences can be separated into two categories which are Intrinsic food attributes and extrinsic food attributes. Intrinsic food attributes are related to physical aspects of the products such as taste, texture and nutrients. Consumers are more likely to focus on the access of the negative nutrients.

In Likert scale surveys, choices are completely independent. It is possible to find everything that is important in the result. Ranking scale survey is the survey that every choice interacts with each other. Discrete choice experiment survey (DCE survey) better represents trade-offs between subjects to make the decisions. To make the decisions in reality, there are a combination of attributes. In the lecture, there are several examples of DCE surveys such as the preference for existing COVID-19 lockdown measures in Germany in which there are two different situations with different attributes.
There are limitations for the DCE survey. For the DCE survey, there is the cognitive burden. (We can not do this with kids as we need to think first before doing the survey) The endogeneity bias can occur. DCE can only elicit the stated preferences which create the hypothetical bias. And sometimes the decisions we get will be the decisions that are likely to be controlled as they know which they should prefer for this experimental setting.

Lastly, I really enjoy listening to her speaking and it is very useful. Thank you ka