Appetite 55 (2010) 288–297

Contents lists available at ScienceDirect

Appetite

journal homepage: www.elsevier.com/locate/appet

Research report

Social discourses of healthy eating. A market segmentation approach☆

Polymeros Chrysochou [a,*], Søren Askegaard [b], Klaus G. Grunert [a], Dorthe Brogård Kristensen [b]

[a] MAPP, Department of Marketing and Statistics, Aarhus School of Business, Aarhus University, Haslegaardsvej 10, DK-8210 Aarhus V, Denmark
[b] Department of Marketing and Management, University of Southern Denmark, Campusvej 55, DK-5230 Odense M, Denmark

ARTICLE INFO

Article history:
Received 14 April 2010
Received in revised form 10 June 2010
Accepted 23 June 2010

Keywords:
Healthy eating
Discourses
Denmark
Word association task
Latent class clustering
Multinomial logistic regression

ABSTRACT

This paper proposes a framework of discourses regarding consumers' healthy eating as a useful conceptual scheme for market segmentation purposes. The objectives are: (a) to identify the appropriate number of health-related segments based on the underlying discursive subject positions of the framework, (b) to validate and further describe the segments based on their socio-demographic characteristics and attitudes towards healthy eating, and (c) to explore differences across segments in types of associations with food and health, as well as perceptions of food healthfulness.316 Danish consumers participated in a survey that included measures of the underlying subject positions of the proposed framework, followed by a word association task that aimed to explore types of associations with food and health, and perceptions of food healthfulness. A latent class clustering approach revealed three consumer segments: the *Common*, the *Idealists* and the *Pragmatists*. Based on the addressed objectives, differences across the segments are described and implications of findings are discussed.

Introduction

It is widely agreed that healthy eating is a key factor for the prevention of many common chronic diseases (World Health Organization, 2003). Unhealthy eating and lifestyle are often mentioned as major contributors in the development of a number of common chronic diseases, such as cardiovascular disease (Trichopoulou et al., 2003), certain cancers (Trichopoulou et al., 2003), hypertension (Schulze & Hu, 2002), diabetes (Schulze & Hu, 2002), overweight and obesity (World Health Organization, 2007), as well as a number of other diseases (World Health Organization, 2003). Even though recommendations and interventions regarding healthy eating have been established internationally, the prevalence of dietary-related diseases is still on the increase (Branca, Nikogosian, & Lobstein, 2007; Mokdad et al., 2003). Therefore, actions encouraging consumers to eat more healthfully are still called for socially and politically.

Actions to further improve healthy eating have followed two major avenues. The first, and more traditional one, has focused on providing information about what constitutes healthy eating. Promotion efforts have created awareness and understanding of healthy eating: to eat a varied diet, more fruit, vegetables and fish and less fatty and sugary food, calories and salt (Eurobarometer, 2006). Similar to this avenue, yet from a public health perspective, can be considered the nutrition and obesity prevention interventions that have been applied across many countries. Aiming at changing consumers' dietary eating behaviour, these interventions have predominantly attempted to modify consumers' psychological characteristics, such as knowledge, self-efficacy and attitudes (Delormier, Frohlich, & Potvin, 2009). The second, and more recent one, comprises attempts to improve the healthiness of products. This is done by either adding functional components or removing dysfunctional ones, resulting in functional food products, or by adding or reducing the content of certain nutrients, such as reducing fat or sugar. These products have been marketed on their health benefits using nutrient content claims or health claims to the extent possible under the legal constraints (Bech-Larsen & Scholderer, 2007) and have experienced high growth rates (Bech-Larsen & Grunert, 2003; Chrysochou, 2010).

Irrespective of the type of action taken, there is a felt need to increase effectiveness of interventions. One way of achieving this is by tailoring them to different consumer target groups (Kazbare, van Trijp, & Eskildsen, 2010). Nevertheless, such efforts require a better understanding of consumers as regards the determinants of healthy eating practices. An extensive body of literature has focused on exploring consumers' beliefs, attitudes and intentions towards healthy eating (e.g. Åstrøm & Rise, 2001; Baranowski, Cullen, & Baranowski, 1999; Conner, Norman, & Bell, 2002; Hayes & Ross, 1987; Povey, Conner, Sparks, James, & Shepherd, 2000). Another stream of literature has dealt with consumers' health-related lifestyles, focusing on identifying and exploring consumer health segments (e.g. de Vries et al., 2008; Divine & Lepisto, 2005;

☆ This study presents results from the project "Health Branding" funded by the Danish Strategic Research Council.
* Corresponding author.
E-mail addresses: polyc@asb.dk, pchrysochou@gmail.com (P. Chrysochou).

0195-6663/$ – see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.appet.2010.06.015

Granzin, Olsen, & Painter, 1998). In brief, research conducted in relation to healthy eating has offered insights into consumers' understanding of healthy eating and has helped in the design of effective tailor-made interventions that apply to different consumer health segments.

Existing research on healthy eating, including the above-mentioned segmentation studies, has been criticized with regard to its emphasis on individual beliefs. This is problematic because everyday decisions about food, although being individual acts, are also deeply embedded in societal norms (Ristovski-Slijepcevic, Chapman, & Beagan, 2008). These norms both express and (re)generate a system of meanings and practices about phenomena through which individuals come to understand themselves. From the perspective of the French social analyst Michel Foucault, such systems of meanings ultimately form structures that enable and constrain what can be said (and thought) about social phenomena. In their role as empowering and disempowering ways of thought, these systems are described as discourses (Foucault, 1972). As a tool of social power, discourses make a significant contribution in terms of understanding structuration principles that influence consumers' health-related behaviours, including healthy eating (Coveney, 2005; Popay, Williams, Thomas, & Gatrell, 1998). Recent research has viewed healthy eating from a social perspective taking the form of discourses following primarily qualitative approaches (e.g. Bouwman, te Molder, Koelen, & van Woerkum, 2009; Kristensen, Askegaard, Jeppesen, & Anker, 2010; Ristovski-Slijepcevic et al., 2008).

Based on a similar context, this paper advances such views by offering a quantitative approach that builds on social food and health discourses. The development of such an approach takes its point of departure in an earlier study by Askegaard, Jensen, and Holt (1999), in which a framework of consumer relations to fat consumption was proposed. Although that paper adopted Holt's post-structuralist lifestyle approach (Holt, 1995), and therefore not explicitly applying the discourse concept, the dimensionalities of its framework of analysis were extended and validated by Kristensen et al. (2010) in an analysis of consumer discourses in healthy eating and their relation to contemporary moralities of food consumption. We adopt the discourse-based framework proposed by Kristensen et al. (2010), and aim to define consumer segments based on that framework, something Kristensen et al. refrained from doing due to the qualitative nature of their approach. The objectives are thus: (a) to identify the appropriate number of health-related segments based on the underlying discursive subject positions of the framework, (b) to validate and further describe the segments based on their socio-demographic characteristics and attitudes towards healthy eating, and (c) to explore differences across segments in types of associations with food and health, as well as perceptions of food healthfulness.

The remainder of this paper is organized as follows. First, it illustrates the fundamentals of the proposed framework on the basis of its main dimensions and discursive subject positions. The following section describes the method employed in the study. Next, the results are reported on the basis of the resulting segments. This includes their differences in socio-demographics and health-oriented attitudes as well as in types of associations with food and health, and perceptions of food healthfulness. The paper ends with conclusions and areas for future research.

Social discourses in healthy eating

The proposed framework of discourses regarding consumers' healthy eating is rooted in two fundamental discursive oppositions that have been found to be essential in structuring relations to food and health. One version of these oppositions was proposed by Askegaard et al. (1999) in order to distinguish a medical from a gastronomic relation to fat consumption and an idealistic from a pragmatic attitude. This dichotomy represents a moral anchoring of human food consumption which contrasts two fundamental approaches to food and eating that have set fundamental divides in western thinking since antiquity, namely the distinction between asceticism and hedonism (Leipämaa-Leskinen, 2007; Lupton, 1996). In the present, broader health-related context, the terms (culinary) experiential discourse versus (nutritionist) functional discourse are applied. This schism is supplemented by a second dimension distinguishing between two ways of relating to the principles established by the normative value systems expressed in experientialism versus functionalism. One discourse underlines the significance of highly involved observance of the normative values, whereas the opposite discourse prescribes, or at least represents, a more pragmatic attitude.

The opposition between *experiential* and *functional* discourses is reflected in a variety of ways in the prior literature on (food) consumption. The *experiential* discourse represents consumers' view on food within the culinary context, thus incorporating the notions of gastronomy such as pleasure, taste and quality. The prime reference for establishing norms about eating is thus what Fischler (1990) referred to as the culinary order. The *functional* discourse represents consumers' view on food within the context of nutritionism (Pollan, 2008; Scrinis, 2008) that is associated to a bio-medical notion of health and the concept of "healthism" (Bouwman et al., 2009; Crawford, 1980). The basic paradigm behind this opposition has been extensively documented in previous research and recaptures Lupton's (1996) distinction between release and control. From this perspective eating in modern societies (and possible in most societies) inevitably involves negotiating issues of health with other functions such as taste, pleasure and convenience (Connors, Bisogni, Sobal, & Devine, 2001; Rozin, Fischler, Imada, Sarubin, & Wrzesniewski, 1999) considered more important by some consumers and/or in some situations than bio-medical health (McQueen, 1996). Eating thus involves not just a functionalist aspect but also a dimension of corporeal and sensory pleasure, which is culturally instituted (Fischler, 1990). The modern eater is discursively presented with a number of choices and temptations that are often expressed in terms of the alternatives of health versus indulgence (Warde, 1997). Therefore, consumers tending towards an *experiential* discourse may sacrifice healthy eating for the sake of experiencing quality and taste in their food choices, whereas consumers tending towards a *functional* discourse may – to achieve physical health – compromise on taste or quality by optimizing the nutritional content of their food choices. In real life, however, consumers are able to construct a variety of compromise positions that to some degree negates the opposition such that the culinary order that they represent is interpreted as the healthier one, if not in purely nutritional terms at least from a holistic quality-of-life perspective (Kristensen, Askegaard, & Jeppesen, in press).

The second opposition relates to the *idealistic* discourse as opposed to the *pragmatic* discourse towards principles of the culinary and/or the nutritionist/scientific order of eating. This opposition can be attributed to consumers' negotiation concerning conflicting goals as related to their consumption systems (Warde, 1997). In this respect, *idealism* can be linked discourses expressing strong and firm principles concerning culinary and/or nutritionist eating ideals. Oppositely, *pragmatism* can be linked to discourses prescribing a striving to attain guilt-free compromises between healthy eating ideals and competing life demands and situational circumstances, something that Thompson and Troester (2002) referred to as value of flexibility. Therefore, consumers representing the idealistic discourse have firm principles towards healthy eating, whereas consumers expressing a pragmatic discourse have a moderated view of healthy eating and more often set compromises.