

# The Salience of Food Labeling Among Low-income Families With Overweight Children

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## ABSTRACT

**Objective:** To explore the role of food labeling among low-income families with overweight children.

**Design:** A longitudinal, qualitative study involving interviews, focus groups, and self-introspections.

**Setting:** Perth, Western Australia.

**Participants:** Thirty-seven low-income parents (35 mothers, 2 fathers) of overweight children. Recruitment was performed by a social research company to access low-income parents residing across Perth.

**Phenomenon of Interest:** Extent to which disadvantaged parents of overweight children engage with nutrition labeling on food products.

**Analysis:** Transcripts were imported into NVivo 9 for coding and analysis.

**Results:** Nutrition labeling had low salience for most study participants when purchasing food for their overweight children. Few recognized that their children had a weight problem, and as such they experienced little motivation to access or use nutrition labeling when purchasing foods for their children. An exception was apparent among some parents who were particularly concerned about food additives and actively interrogated ingredients lists to facilitate avoiding products containing contraindicated additives.

**Conclusions and Implications:** Policy makers seeking to address obesity through food labeling may need to address low levels of salience among disadvantaged families, who are more likely to suffer weight problems and are thus most in need of effective food labeling.

**Key Words:** food labeling, socioeconomic status, obesity, family health, qualitative research (*J Nutr Educ Behav.* 2013;45:332-339.)

## INTRODUCTION

Food labeling is recognized as an important mechanism for improving people's diets.<sup>1,2</sup> As such, it is of increasing policy interest in countries experiencing high levels of overweight and obesity. In Australia, almost two thirds of adults (63%) and a quarter of children (25%) are currently classified as either overweight or obese.<sup>3</sup> Among Australians with low-socioeconomic status (SES), these rates are higher, at 66% for adults and 32% for children.<sup>4,5</sup> The growing appreciation of the need for more effective food labeling has resulted in ongoing reviews of existing labeling regulations and how they may be modified to better assist consumers choose healthier food products.<sup>6</sup>

Policy changes have yet to be implemented because of the recognized need for further research into the most effective forms of nutrition labeling for the population in general, and low-SES consumers in particular.

As is the case in the United States (US),<sup>7</sup> it is mandatory for a list of ingredients and a nutrition information panel (NIP) to be included on most food packages in Australia.<sup>8,9</sup> Mandated information items are almost always located on the back of packages or on side panels, where they are not immediately visible to shoppers. Across numerous countries, research has consistently shown that substantial numbers of consumers are unable or unlikely to assess the healthfulness of foods using the information contained in the

NIP.<sup>10-12</sup> Other factors such as taste, price, and habit are often stronger determinants of product choice than healthfulness.<sup>13,14</sup> Groups that have been found to be least likely to consult and use existing nutrition information provided on food products include those with less education<sup>1,15-17</sup> and lower nutrition knowledge.<sup>18,19</sup>

The marketing information located on the front of packages often includes nutrient claims that advise consumers that the product contains certain positive nutrients or does not contain or contains limited quantities of negative nutrients. Examples include "High in calcium" or "98% fat free." Higher-level health claims that refer to a biological function or specific diseases have been recently permitted, although, as is the case in the US, the claims are limited to those that are pre-approved or for which scientific evidence can substantiate the claim.<sup>7,20</sup> Nutrient and other health claims can mislead consumers about the healthfulness of the product by (1) focusing only on the positive aspects of the product and remaining silent about the presence of negative

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nutrients, and/or (2) suggesting high levels of healthfulness rather than just relative superiority to other products.<sup>21-23</sup>

A further form of nutrition labeling is front-of-package labeling systems such as traffic lights or percentage daily intake. There is no requirement for food packages to include such labeling in Australia, but this is currently under consideration by policy makers. In practice, the percentage daily intake system has been introduced by the food industry on approximately 5,000 supermarket products.<sup>24</sup>

The aim of this longitudinal, qualitative study was to explore the role of nutrition labeling for low-income families with overweight children, to better understand the extent to which nutrition labeling factors into their food choices for their children. The emphasis on parents' child-feeding decisions reflects the critical role of parents in influencing children's diets<sup>25</sup> and the importance of preventing and addressing child obesity, because overweight in childhood increases the risk of being an overweight adult.<sup>26</sup>

Previous research in this area has typically either asked consumers to self-report their food label usage or required them to assess the healthfulness of products displayed with different types of nutrition labeling (for a comprehensive review, see Grunert et al<sup>19</sup>). Such approaches make nutrition information highly salient at the time of data collection, and hence are likely to result in skewed estimations of the role and importance of food labeling. They also fail to locate food labeling within the broader context of consumers' lives. The methodological approach adopted in the present study provides an alternative perspective by allowing data relating to food labeling to emerge from ongoing discussions with a sample of low-SES parents of overweight children about the factors influencing their child-feeding practices.

## METHODS

The present study was part of a larger project that investigated disadvantaged parents' attitudes and behaviors in relation to their children's diets and physical activity. Given the lack of in-

formation available relating to the coping strategies of low-SES parents with overweight children, a grounded approach was used to explore those aspects of the parenting experience that are likely to have implications for their children's weight status. Similar to grounded theory,<sup>27</sup> this entailed allowing an emergent interpretation to be developed from the data collected rather than attempting to fit the findings to an existing conceptual framework, but did not proceed to the development of core categories or properties as required by formal grounded theory.<sup>28</sup>

A longitudinal design was adopted in the present study to accommodate the particular need of low-SES individuals to build rapport with researchers before feeling adequately comfortable to disclose information about their beliefs and behaviors.<sup>29</sup> Over a 12-month period, detailed information was gathered from participants using a variety of data collection techniques including interviews, focus groups, and self-introspections. This extended data collection process enabled participants to report on their beliefs and practices on a regular basis, thereby reducing the reliance on memory and minimizing the tendency to gloss over details that may be considered inappropriate to share with unknown others.

The University of Western Australia Human Ethics Committee granted ethics clearance for the project. All parents involved in the study were given comprehensive information documents and were required to sign informed consent forms before the commencement of data collection. A social research agency was used to recruit parents from across Perth who met the following criteria: at least 1 overweight or obese child aged 5–9 years (as per the body mass index cutoffs of Cole et al<sup>30</sup>); no education beyond high school; and a gross annual household income below 60,000 Australian dollars (AU\$) (approximately 61,248 US dollars [US\$]; the average household income in Australia is AU\$76,000 [US\$77,580]).<sup>31</sup> The selected age range for participants' children represented the early school years before children's taste preferences solidify.<sup>32</sup> The exclusion of individuals with higher education reflects the role education has in determining

SES. To determine eligibility on the basis of their children's weight status, potential participants provided their children's weight and height data to permit calculation of body mass index. The maximum household income threshold reflects the situation in Western Australia (the study location), where average incomes and cost of living as reflected by housing costs are higher than national averages.<sup>31,33</sup>

Potential participants were advised that they were being invited to participate in a study about children's health that would require them to provide information relating to their beliefs and behaviors via interviews, focus groups, and fortnightly self-introspections.<sup>34</sup> Potential participants were also advised that they would receive financial remuneration to recognize the substantial effort required to participate in the study. They could receive up to AU\$75 [US\$76] per month, with the exact amount determined by their level of participation. The average amount received per month was AU\$71 [US\$72].

A total of 37 parents (35 mothers and 2 fathers) commenced the study, two thirds of whom were single parents with very low incomes (Table 1). This high proportion of single parents reflects the greater representation of single-parent families in low-SES households.<sup>35</sup> At the completion of data collection 12 months later, 17 parents remained actively involved in the study. The average number of participating parents across the year was 22. This level of retention is consistent with the small number of other longitudinal studies that have included low-SES individuals.<sup>36-38</sup> The primary reasons for cessation provided by withdrawing participants were time constraints and personal problems that arose within their families during the study period.

The interviews and focus groups were semi-structured to allow participants to introduce topics they considered relevant to their children's health. Interview guides were developed based on issues raised in the child obesity literature, including the foods served for meals and snacks, family interactions during meals, physical activity routines, parents' and children's food preferences, and children's school lunchboxes.<sup>39</sup> The self-introspections involved participants

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