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Nutrition and health claims: Who is interested? An empirical analysis of consumer preferences in Italy

Alessia Cavaliere, Elena Claire Ricci *, Alessandro Banterle

Department of Economics, Management and Quantitative Methods (DEMM) – Università degli Studi di Milano, via Celoria, 2, 20133 Milan, Italy

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ABSTRACT

This paper focuses on nutrition and health claims with the aim of verifying if these claims are of interest to different types of consumers, analysing the key variables that characterise their profiles. We performed a face-to-face survey on 240 consumers in charge of grocery shopping for their household in the Milan area (Italy). The analysis is based on two OLS estimation models. Our results suggest two different profiles for consumers interested in products presenting nutrition or health-related claims. Concerning nutrition claims, the analysis outlined a consumer profile particularly focused on household wellbeing. Females, family with young children, and consumers with a higher nutritional knowledge pay particular attention to such claims. Health-related claims, instead, seem to be of interest for those consumers that are older, with limited income, and with a health condition, namely, the most vulnerable segments of population.

Introduction

The growth of diet-related diseases is a major public concern (OECD, 2010a). Indeed, unhealthy diets and sedentary lifestyles are considered the main causes of a large proportion of ill-health (OECD, 2010b). In the last 20 years the rate of obesity in EU countries has more than doubled and, together with other diet-related diseases, is contributing to the rising of expenditures related to health-care (OECD, 2010a).

Public policies may help to change unhealthy behaviours through a variety of instruments that have been classified in: information measures (information campaigns, advertising regulation, nutritional education programs, labelling rules including the regulation of nutrition and health claims, etc.) and market intervention measures (taxes on unhealthy ingredients, subsidies for healthy ingredients, food standards, regulations on catering in schools and hospitals, etc.) (Mazzocchi, Traill, & Shogren, 2009). Taking into consideration information measures, in this paper we focus on nutrition and health claims, i.e., short messages concerning nutritional content or a health property of the food product. In the EU such claims are regulated to avoid misleading messages by producers. These claims represent a simple and immediate tool that can contribute to make consumer choices more aware and in line with individual preferences, favouring a higher transparency in the market. In particular, as the healthy food product market can offer profitable opportunities for producers, health claims can represent an 'information remedy' for the market failure due to the opportunistic behaviour by producers, protecting consumers and, at the same time, creating incentives for firms to disclose correct information (Beales, Craswell, & Salop, 1981).

The specific nutritional content of food products expressed by nutritional claims (for example, 'low energy', 'sugar free', etc.) may be of interest to a specific typology of consumers particularly concerned with the nutritional aspects of their diet choices. Whereas, health properties of food products, highlighted with health claims, could attract different consumers that are more interested in the direct link between food and health. Our paper aims at verifying if these claims are of interest to different types of consumers, focusing on the analysis of the key variables that characterise the profiles of consumers attracted by nutrition claims and/or health claims. Moreover, we also identify which, among the nutrition and health-related claims considered, are most of interest to the consumers interviewed. Given the limited size and geographical scope of our sample, this work is intended as a pilot study to investigate these issues.

The paper is organized in six sections. In section "Legal framework" we present the legal framework of food labelling. In section "Methodology" we describe the methodology used for the analysis. Results are reported in section "Results" and discussed in section "Discussion". The concluding remarks are drawn in the final section.

* Corresponding author. Tel.: +39 0250316497; fax: +39 0250316486.
E-mail addresses: alessia.cavaliere@unimi.it (A. Cavaliere), elenaclaire.ricci@unimi.it (E.C. Ricci), alessandro.banterle@unimi.it (A. Banterle).

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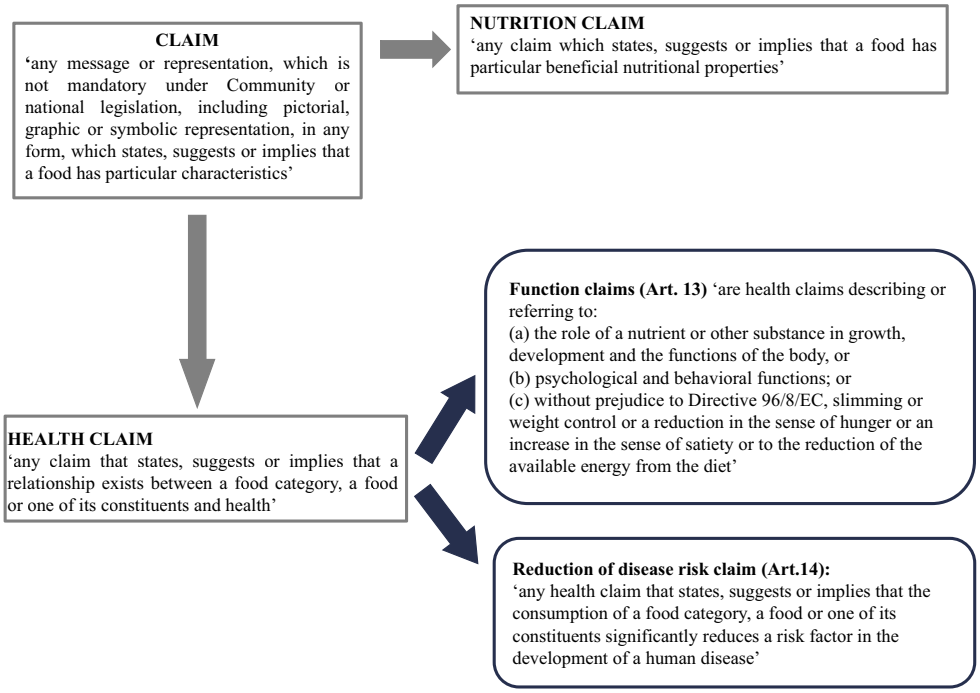

Fig. 1. Claim definition by Regulation No. 1924/2006.

Legal framework

Regulated nutrition and health claims may represent a signal able to correct asymmetric information in the food market to help consumers make better and more conscious choices, and avoid opportunistic behaviour by producers, improving the efficiency of the market for quality in food products (Beales et al., 1981; Caswell & Mojduszka, 1996; Golan, Kuchler, & Mitchell, 2001).

In the EU, food labelling legislation was introduced in 1979 (79/112/EEC Directive). In 2000, the European Commission enacted a new Directive (2000/13/EC) establishing the compulsory information to be reported on food labels (Holland & Pope, 2004).

The first Regulation targeted at nutrition and health claims is Regulation No. 1924/2006, Fig. 1 reports the specific definitions for the different claims.

Regarding nutrition claims, this Regulation introduced fixed parameters for front labels, proposing standard short messages concerning the nutritional content of products such as energy, fat, sugar, sodium, fibre, vitamin, etc.[1] Concerning energy, for example, the admitted claims are 'low energy', 'energy-reduced', 'energy free'. Such claims can be put on labels only if the product fits the specific quantitative indications reported in the Annex to the Regulation.

Concerning health claims, Regulation No. 1924/2006 forbids any health-related message that has not previously been authorised. Claims need to be based on generally accepted scientific evidence[2] and approved by the European Food Safety Authority (EFSA). Such regulation imposes that health claims need to be accompanied by additional labelled information, such as the importance of a varied and balanced diet, the food-quantity needed to obtain the beneficial effect, who should avoid consumption, health risks connected to excess consumption, etc. This is intended to avoid 'deception by omission', but it may introduce information overloading issues as shown by Hartmann, Lensch, Simons, and Thrams (2008) and Wansink, Sonka, and Hasler (2004). Moreover, health claims regarding the effects of non-consumption of the product, weight-loss properties, and effects on bodily functions are forbidden, except for specific cases. Furthermore, article 5.2 also states that 'the use of nutrition and health claims shall only be permitted if the average consumer can be expected to understand the beneficial effects as expressed in the claim', even if there is no indication on the criteria that should be used to evaluate the level of consumer understanding (Leathwood, Richardson, Sträter, Todd, & van Trijp, 2007).

EU Regulation No. 1169/2011 amends Regulation No. 1924/2006, and repeals Commission Directive 2000/13/EC, building a new general legal framework for food product labelling by establishing rules in terms of mandatory information and specific characteristics of labels.

A crucial aspect of this Regulation regards the change from voluntary to mandatory nutrition information. Indeed, it imposes that pre-packaged-food labels must include the nutritional declaration regarding energy value and the amounts (expressed per 100 g or per 100 ml) of fat (and saturated fat), carbohydrate, sugar, protein, and salt. The list of allergenic is also confirmed as mandatory.

The latest Regulation No. 432/2012 has introduced a list of 222 health claims permitted by the EU Commission, these were selected by the EFSA 'Dietetic Products, Nutrition and Allergies' (NDA) panel of experts on the basis of the 2010 list.[3] These allowed claims regard especially vitamins and minerals, but include also omega 3 (with one claim related to cholesterol), beta-glucans (with one claim related to cholesterol), live cultures, and olive-oil polyphenols. This regulation has strongly affected the market as 95% of

[1] Regulation No. 116/2010 amends Regulation No. 1924/2006 adding to the list of admitted nutrition claims also those regarding: omega-3 fatty acids, monounsaturated fats, polyunsaturated fats, and unsaturated fats.

[2] Hartman et al. (2008) analyse critically the issues connected to the scientific substantiation of health claims.

[3] Following articles 13.2 and 13.3 of the Regulation No. 1924/2006, the European Commission, between 2008 and 2010, provided a list of health claims to be evaluated by EFSA to serve as basis for future more precise regulation. More in detail, starting from about 44,000 requests from the Member States, the EC Commission provided in 2008 a list of 4637 claims to be evaluated by EFSA, then reduced to 2758 in 2010. In 2012 the final list of health claims permitted by EFSA is made of 222 claims, then extended to 223 with Regulation No. 40/2014.