

Contents lists available at [SciVerse ScienceDirect](http://www.sciencedirect.com)

# Food Quality and Preference

journal homepage: [www.elsevier.com/locate/foodqual](http://www.elsevier.com/locate/foodqual)

## Claiming health in food products

Liisa Lähteenmäki\*

MAPP Centre, Department of Business Administration, Business and Social Sciences, Aarhus University Haslegaardsvej 10, DK-8210 Aarhus V, Denmark

### ARTICLE INFO

#### Article history:

Received 23 January 2012

Received in revised form 15 March 2012

Accepted 19 March 2012

Available online 28 March 2012

#### Keywords:

Health claims

Consumer behaviour

Functional foods

Food choice

### ABSTRACT

Health-related information is increasingly used on food products to convey their benefits. Health claims as a subcategory of these messages link the beneficial component, functions or health outcomes with specific products. For consumers, health claims seem to carry the message of increased healthiness, but not necessarily making the product more appealing. The wording of the claim seems to have little impact on claim perception, yet the health image of carrier products is important. From consumer-related factors the relevance and attitudes towards functional foods play a role, whereas socio-demographic factors have only minor impact and the impact seems to be case-dependent. Familiarity with claims and functional foods increase perceived healthiness and acceptance of these products. Apparently consumers make rather rational interpretations of claims and their benefits when forced to assess the information, but we still know relatively little about consumer understanding of the message content in claims and even less about the assessment of personal relevance of the claimed benefits. In future studies more emphasis should be put on including contextual influences and realistic conditions in assessing consumer understanding and use of health claims in purchase decisions.

© 2012 Elsevier Ltd. All rights reserved.

### 1. Introduction

Food choices and eating behaviour are increasingly discussed from health-related viewpoints. Public concern revolves around the increasing incidence of lifestyle-related non-communicable diseases that could partly be prevented by improved dietary behaviours (WHO, 2011). For the food sector the increased health concerns offer possibilities but also create challenges. In promoting healthy eating, food manufacturers have a role as providers of better options for consumers to choose from when purchasing food. The interest among food manufacturers can be fuelled both by the pressure from the public sector to produce “healthier” options and by increased consumer attention to healthy eating. Using health as an important quality criterion in a product assortment may further be exploited as an indication of socially responsible corporate behaviour that looks beyond profit making. Health claims in products try to respond to consumers’ interest in health by conveying messages about product-specific benefits that potentially add value to products.

However, marketing products with health-related messages can be based on different aspects of perceived healthiness. Science-based nutrition or health claims with specific benefits have to compete with other health-related messages for consumers’ attention. Consumers tend to perceive organic foods as healthier than their conventional counterparts (Magnusson, Arvola, Hursti, Åberg,

& Sjöden, 2003). This may be partly based on the fact that consumers interpret naturalness per se in products as being good for them (Rozin et al., 2004). In addition to naturalness, there may be other cues and messages that consumers have learnt as indicators of healthiness, e.g. cues related to vitality and activity. Thus for the consumer, nutrition and health claims are just one piece of information they may use when assessing the products’ potential benefit for them. Second, emphasising health as a product characteristic may influence other product-related expectations and imply a negative impact on taste, naturalness and convenience of the product (Brunner, van der Horst, & Siegrist, 2010; Lähteenmäki et al., 2010; Raghunathan, Naylor, & Hoyer, 2006).

This article concentrates on exploring the impact of health claims on consumers’ perception of food products. Health claims are typically used as front-of-package information and they link the product with specific health-related functions or health outcomes. Nutrition claims convey the nutrient content without explaining the relation to the health function or outcome. Even though technically and legally it is possible to distinguish nutrition and health claims from each other, for consumers this distinction may not be clear or even very meaningful, because both are based mostly on nutritional factors and thus shared associative networks when processing information (Lawson, 2002). While concentrating on health claims, other kinds of health messages are used as reference points when comparing the impact of health claims.

Generally, giving consumers misleading information about products is illegal and thereby can be sanctioned, but in many countries the use of health claims is governed by additional specific legislation

\* Tel.: +45 8716 5143; fax: +45 86150 3988.

E-mail address: [liisal@asb.dk](mailto:liisal@asb.dk)

and regulations. In Europe the legislation requires that all health claims are based on substantiated scientific evidence, but in Japan and the USA also claims that are based on suggested scientific evidence are allowed as long as qualifying statements are provided (Lalor & Wall, 2011). In Europe the health claim regulation (Regulation (EC) No. 1924/2006) states that all health claims must be approved beforehand and only pre-approved claims can be used on food products or in any related material used in marketing. The European health claims legislation has built-in safeguards against misleading consumers. The regulation explicitly states that health claims must be worded in a form that allows an average consumer to understand the benefit of the product as aimed by the food manufacturer, but there is no reference to the way this understanding should be verified. The interpretation of what is meant by an average consumer and how to test the understanding has triggered a lot research in Europe assessing consumer responses to health claims. The second precaution in European legislation is setting boundaries on the required nutrition profile for products that are allowed to use health claims. However, so far no agreement has been reached on how to define this nutrition profile.

The objective of this paper is to review the existing evidence on how consumers perceive health claims, reflect the findings against more general principles of information processing in humans, and discuss the implications for health claims producing adding value to products, mainly from a European perspective. The next part of the paper reviews the existing findings on consumer perception of health claims on food products by looking at the claim, products and consumer-related factors and in the third part the findings are reflected against the theoretical background of information processing and the fourth section discusses whether health claims can bring added value to consumers. The final part looks at the future research needs in consumer research related to health claims.

## 2. Factors influencing how claims are perceived

Consumer responses to health claims have been studied in several studies that varied in their design, measures used and stimuli. The most typical designs have presented a set of claims and asked respondents to rate their opinions on a set of verbally anchored scales. The ratings measured perceived healthiness or benefit, convincingness or credibility of the claim, or appeal or liking for the product with a health claim. Very few studies have attempted to measure consumer understanding of the claim. As behavioural measure, use intentions or willingness to use have been the most commonly applied ones – the latter being more natural in the case of products with limited availability in the market or with hypothetical purpose-created product descriptions.

In the following the results from the previous literature Fig. 1 grouped into three major categories influencing consumer responses: claim structure and content, product category and consumer-related factors.

### 2.1. Claim-related factors

In most studies, adding health claims to the product has increased perceived healthiness, but the impact has been small or moderate at best (Lyly, Roininen, Honkapää, Poutanen, & Lähteenmäki, 2007; Saba et al., 2010; van Trijp & van der Lans, 2007). There are also exceptions demonstrating that increased perceived healthiness is not certain and several factors can influence consumers' responses (Lähteenmäki et al., 2010).

Health claims can contain a varying amount of information. The typical three elements that health claims can be built from are the compound or component that triggers the function, function as such and the outcome benefit derived from the physiological or

psychological function. Having all three components in the claim provides consumers with information about how the health benefit has been achieved and what it is based on, whereas a short claim containing only one of these elements leaves consumer to fill out any lacking information from their existing knowledge. In risk reduction claims, the European Commission seems to favour long claims: e.g. a recently accepted claim contains the whole chain of information "Oat beta-glucan has been shown to lower/reduce blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease" (Commission Regulation (EU) No. 1160/2011).

Although the claims increase perceived healthiness, the responses to appeal or use interest vary greatly between studies. In some studies consumers preferred short claims stating the content or the benefit (Lynam, McKeivitt, & Gibney, 2011) or the response depended on the type of benefit (van Kleef, van Trijp, & Luning, 2005; Verbeke, Scholderer, & Lähteenmäki, 2009) or on the country of the respondent (Saba et al., 2010; van Trijp & van der Lans, 2007). In a large survey ( $N = 4612$ ) carried out in Denmark, Finland, Iceland, Norway and Sweden, consumers could be divided into two equally-sized groups according to their responses to different types of health claims: those who preferred the long set of information and those who preferred the shorter benefit-only claims (Grunert et al., 2009). The preference for the long and extensive information was related to country where previous market exposure to claims (Finland and Sweden) seems to play a mediating role, positive attitude towards products with health claims and trust in authorities and scientists together with self-rated mental health, although these background variables could only explain a small part of the variance.

Health claims can be also divided in terms of those describing positive effects (benefits) and those promising reduced risk of diseases. In a study by van Kleef et al. (2005), risk reduction claim was preferred in relation to heart benefits, whereas for fatigue the benefit claim was perceived as more attractive. These results illustrate the difficulty of operationalizing claims in a manner that has both theoretical and practical relevance. Basically the messages in claims can be divided into those appealing to approach motives for gaining a benefit and those appealing to avoidance motives for evading a negative outcome. According to the Prospect Theory, people are more sensitive to possible losses than possible gains. Based on this, health claims that are negatively framed should be perceived as more persuasive (Kahneman & Tversky, 1979). However, formulating disease-related claims as approach claims, e.g. "helps achieve lower blood cholesterol levels" is artificial in most cases and "good for heart" does not necessarily relate to reduced disease risk. Furthermore, beneficial influences like the curbing of fatigue vs. an energising effect are hard to relate as risk factors to any specific diseases or dysfunctions per se (e.g. reducing the risk of fatigue). Familiarity seems to play an important role in the way consumers respond to these claims: risk reduction claims are seen as more liked in contexts where benefits are typically linked to diseases and their risk factors, whereas benefits that increase well-being are preferred in approach form gaining a benefit. In their cross-cultural study, van Trijp and van der Lans (2007) found that the benefit in itself was more important to the perception of the claims than the type of claim. Framing the message positively as promising a benefit did not have any major impact on consumer responses (Grunert et al., 2009; van Kleef et al., 2005). The certainty of wording in the claim seems to have a very limited effect on how credible or convincing the claim is perceived to be (Grunert et al., 2009; Hooker & Teratanavat, 2008).

### 2.2. Product-related factors

Health claims are more accepted on products that already are considered as having a healthy image (Bech-Larsen & Grunert,

Download English Version:

<https://daneshyari.com/en/article/4317423>

Download Persian Version:

<https://daneshyari.com/article/4317423>

[Daneshyari.com](https://daneshyari.com)