



Consumer lay theories on healthy nutrition: A Q methodology application in Germany



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ABSTRACT

Food is an important driver of individual health, and an important subject in public policy and health intervention research. Viewpoints on what constitutes healthy nutrition, however, are manifold and highly subjective in nature, suggesting there is no one-size-fits-all behavioral change intervention. This research explores fundamental lay theories regarding healthy nutrition with consumers in Germany. The study aimed at identifying and characterizing distinct groups of consumers based on similarities and differences in the lay theories individuals hold by means of Q methodology. Thirty German consumers ranked a Q set of 63 statements representing a vast spectrum of individual opinions and beliefs on healthy nutrition into a quasi-normal distribution. Factor analysis identified four major lay theories on healthy nutrition: (1) “Healthy is what tastes good, in moderation”, (2) “Healthy nutrition is expensive and inconvenient”, (3) “Healthy is everything that makes me slim and pretty”, and (4) “Only home-made, organic, and vegetarian food is healthy”. Consensus existed among the theories about the question of whom to trust regarding nutritional information and the low relevance of information from official sources. Disagreement existed concerning the overall importance of healthy nutrition in day-to-day lives and whether food healthiness is related to organic or conventional production methods. The findings underscore that specific consumer groups should be engaged separately when intervening in healthy nutrition issues. Implications for public policies and intervention strategies are discussed.

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1. Introduction

Worldwide numbers of overweight and obese people have doubled in the last thirty years (WHO, 2016), resulting in 1.9 billion adults vulnerable to non-communicable chronic diseases such as hypertension and type-2 diabetes, cardiovascular diseases, and various cancers (Swinburn et al., 2011; WHO, 2016). Accompanied by tremendous medical costs (Popkin, Kim, Rusev, Du, & Zizza, 2006) those diseases account for approximately 38 million preventable deaths yearly (WHO, 2015b). Given that an unhealthy diet is thought to be one of the major risk factors of non-communicable diseases (WHO, 2015b), policy makers and health professionals are keen on aiding consumers in following a healthy diet, for example

by developing dietary guidelines, implementing public health campaigns, and adding nutrition profiles on food packages (Capacci et al., 2012; Lobstein & Davies, 2009; van Kleef, van Trijp, Paeps, & Fernández-Celemín, 2008).

However, many of the recommendations provided are complex, difficult to understand, and even more difficult to implement (Brown et al., 2011), resulting in a low compliance with dietary guidelines across all age-groups (Abreu et al., 2013; Croll, Neumark-Sztainer, & Story, 2001; Gille et al., 2016; Mötteli, Keller, Siegrist, Barbey, & Bucher, 2016). Moreover, never before were opinions on healthy nutrition so widespread and easily accessible as today, exposing consumers to an abundance of often conflicting perspectives by the media, health professionals, and sources on the Internet (Buttriss, 2003; Jung, Walsh-Childers, & Kim, 2016). Not surprisingly, consumer beliefs on healthy nutrition are thought to vary greatly among individuals (Challem, 2011; Velardo, 2017).

Understanding nutrition and healthy foods has considerably shifted over the last century. While food intake once only served

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the functional purpose of survival and satiation, it has now emerged into a complex and multidimensional construct, including additional aspects such as taste, physical and psychological well-being, as well as ethical and environmental concerns (Bisogni, Jastran, Seligson, & Thompson, 2012; Paquette, 2005; Sørensen & Holm, 2016). Nowadays, two main motives for food choice are taste and healthiness (Grunert, 2011; Steptoe, Pollard, & Wardle, 1995). As such, taste and healthiness reflect the current conundrum of a continuous increase in obesity in the presence of a heightened awareness for healthful living. In Germany, for example, approximately 70% of consumers feel that they comply with the standards of a healthy diet; an even larger percentage considers themselves well-informed about healthy nutrition (BMEL, 2016). These self-evaluations stand in stark contrast to a national rate of overweight people which hovers around 60% (Robert Koch Institute, 2016). This discrepancy raises the question of what opinions and beliefs German consumers actually hold when it comes to healthy nutrition.

Structured beliefs of laypeople—so-called lay theories—are clearly different from scientific theories (Furnham & Cheng, 2000). While scientific theories are based on conceptual and empirical research, lay theories consist of individual and non-scientific beliefs often based on common sense, personal observations, and experience (Furnham, 1988). Due to the use of a wide variety of informational sources (Davison, Smith, & Frankel, 1991), lay theories often include inconsistent and ambiguous views (Furnham, 1988). With diet- and health-related lay theories, the use of heuristics, personal experience, and bodily feelings is especially applicable (Kristensen, Askegaard, & Jeppesen, 2013; Lupton & Chapman, 1995). Lay theories on healthy nutrition capture the complex and holistic understanding of what a person believes constitutes a healthy diet, its impact on one's personal life, and behavioral consequences (Furnham & Cheng, 2000; Furnham, 1988).

What the general public understands contributes to a healthy nutrition ranges from eating specific foods such as fruits and vegetables to attending to product characteristics such as a low sugar and fat or high vitamin and mineral content (e.g., Bisogni et al., 2012; Margetts et al., 1997; Paquette, 2005). Other perceived determinants of healthy nutrition include consuming from environmental friendly production (Lazzarini, Zimmermann, Visschers, & Siegrist, 2016), home-cooking (Lavelle et al., 2016), eating concepts such as moderation, balance, and variety (Paquette, 2005) as well as a low weight (Spiteri Cornish & Moraes, 2015). Anticipated consequences of a healthy nutrition include physical (e.g., fitness, weight loss, prolonged life) and psychosocial (e.g., feeling good) elements (Bisogni et al., 2012; Blake, Bisogni, Sobal, Devine, & Jastran, 2007; Falk, Sobal, Bisogni, Connors, & Devine, 2001). In laypeople's minds the concept of healthy nutrition even extends to topics such as personal goals, moral aspects of consumption and production, and eating restrictions (Bisogni et al., 2012; Croll et al., 2001; Paquette, 2005; Povey, Conner, Sparks, James, & Shepherd, 1998). This diversity in beliefs could be due to the fact that lay people base their interpretations on their understanding of official nutrition guidelines (Paquette, 2005), but augment academic definitions through their personal experiences, common sense, feelings, personal knowledge, and other parts of individual life (Bisogni et al., 2012; Kristensen et al., 2013; Maubach, Hoek, & McCreanor, 2009). In addition, lay people use friends and family as major sources to gain nutrition information (Hiddink, Hautvast, van Woerkum, Fieren, & vant Hof, 1997; Pedersen, Gronhoj, & Thøgersen, 2015). Lay theories have also been shown to be influenced by public discourse on social norms and may thus be guided by government strategies as well as contemporary trends in society (Chrysochou, Askegaard, Grunert, & Kristensen, 2010; Kristensen et al., 2013; Ristovski-Slijepcevic, Chapman, & Beagan, 2008).

Using an exploratory approach, Ronteltap, Sijtsema, Dagevos, and de Winter (2012) explored how consumers actually interpret the concept of healthy food. Through qualitative and quantitative research, their findings indicate that individuals use a multitude of concepts, and associations to identify food healthiness, thereby interpreting the concept on very different levels of abstraction. Taken together, previous research indicates diverse and multifaceted lay interpretations of healthy eating embedded in the complex environment of a person's life.

Especially where individuals' health is concerned, lay theories are key drivers of consumer behavior (Shaw Hughner & Schultz Kleine, 2008). This finding is further reflected in the fact that misconceptions about healthy nutrition strongly influence food consumption (Dickson-Spillmann & Siegrist, 2011). Similarly, being interested in health issues, light, or natural products and seeking nutrition knowledge determines consumption of unhealthy snacks, fruits and vegetable intake as well as general dietary behavior (Roininen et al., 2001; Spronk, Kullen, Burdon, & O'Connor, 2014; Zandstra, Graaf, & van Staveren, 2001). To aid policy makers in more successfully intervening with specific consumer segments, it is crucial that they become aware of the different beliefs, experiences, values, or needs consumers hold (Andreasen, 2002; Bos, van der Lans, van Rijnsoever, & van Trijp, 2013). Yet, only limited research has investigated consumer segments that share an underlying belief system concerning healthy nutrition. For example, using open-end interviews, Falk et al. (2001) identified seven prominent themes that guide beliefs on healthy nutrition in a U.S. sample. Those beliefs include healthy as being low in fat and home-cooked, unprocessed/natural, balanced, disease management and prevention, weight control, and achieving a balance in nutrients. Similarly, Chrysochou et al. (2010) utilized a latent class analysis to identify health-related segments including their attitudes towards healthy eating and perceptions of food healthiness. According to this study the majority of the consumers belong to the "Common" segment that only exhibits moderate interest in health and healthy foods. "Idealists", on the other hand, are highly interested in and involved with healthy foods, whereas the "Pragmatics", overstrained by the abundance of available health information, show low interest in healthy foods and do not adhere to guidelines. Similarly, by analyzing healthy eating discourses between various ethnocultural groups in Canada, Ristovski-Slijepcevic et al. (2008) uncovered three discourses people draw upon for an interpretation of healthy eating: A cultural/traditional, a mainstream, and a complementary/ethical discourse. Geeroms, Verbeke, and van Kenhove (2008) identified five consumer segments based on health-related motives in Belgium (the health motives being energy, emotional well-being, social responsibility, management/outward appearance, and physical well-being/functional) and tested the effectiveness of different health advertisement for each segment. They found target-group tailored advertisements consistently to evoke more positive responses than generic advertisements aimed at the whole population. Given their conclusion that a one-size-fits-all approach to public health interventions appears to not reach all intended audiences, it may be necessary to differentiate between consumer groups varying in their understanding of healthy nutrition. Therefore, whether the task is developing nutrition guidelines or designing public health interventions, professionals need to account for the perspective of their target audience. Understanding lay theories is, therefore, crucial in improving health nutrition interventions (Popay & Williams, 1996).

Hence, the purpose of the current research is to identify, explore, and classify major lay theories regarding healthy nutrition. For illustrative purposes, it focuses on German consumers and the similarities and differences in the lay theories they hold. Results

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