



Consumer judgments of explicit and implied health claims on foods: Misguided but not misled



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ABSTRACT

The regulation of nutrition and health claims made on foods is to a large extent based on the belief that consumers are easily misled by persuasive marketing communication and should therefore be protected. One common concern is that nutrition and health claims create 'magic bullet' or 'halo' effects that lead consumers to believe that a food carrying such a claim is healthier than it actually is. Five experiments were carried out to examine the extent to which nutrition and health claims used in marketing communication affect consumer judgments of food healthfulness. The studies manipulated both explicit health and nutrition claims and implied claims related to suggestive brand names, package design, and imagery. The results show that health and nutrition claims might not be as misleading as suspected. In fact, the studied claims had little effect on consumer judgments of food healthfulness. The claims, however, had detrimental effects on sensory expectations and purchase intentions for the carrier products. These effects were found both for misleading claims as well as for officially approved claims intended to guide consumer food choice.

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Introduction

Nutrition labeling policy and regulation of nutrition and health claims (NH claims) has two main goals; to allow for easy recognition of food healthfulness characteristics and thus empower consumers to make healthier food choices, and simultaneously ensure that consumers are not misled by that selfsame nutrition information. Hence, the objective of front-of-pack nutrition labeling schemes like the Scandinavian keyhole label (Ministry of Food, Agriculture and Fisheries, 2009), the British traffic light label (Food Standards Agency, 2007), and the European GDA label (IDG, 2006) is to enable consumers to correctly distinguish between healthy and unhealthy foods.

Unfortunately, the distance between guiding and misleading is sometimes short which has been the cause of several conflicts between food industry on the one hand and policy makers and consumer activists on the other hand. Recently a major soft drink producer was forced to change their advertising for a line of products claimed to be 'nutritious' which referred to the fact that the drink contained 100% of the recommended daily allowance of vitamin C. A group of consumers complained to the UK Advertising

Standards Authority who decided that the claim 'nutritious' was misleading based on the fact that the drink, besides the daily allowance of vitamin C, contained one quarter of a consumer's recommended daily amount of sugar (Advertising Standards Authority, 2011). Front-of-pack nutrition labels have been at the center of similar disputes, particularly the industry-led labeling initiative Guideline Daily Amount (GDA) which has been claimed by consumer activists to make unhealthy foods appear healthier than they actually are. Whether or not the GDA label actually guides or misleads consumers is not certain (Feunekes et al., 2008).

The debate about misleading nutrition labels and NH claims has prompted a considerable amount of research on consumer understanding of labels and claims (for reviews see (Cowburn and Stockley, 2005; Drichoutis et al., 2006; Grunert and Wills, 2007; Leathwood et al., 2007; Pothoulaki and Chrysoschoidis, 2009; Williams, 2005) with research topics ranging from consumer perception and understanding of NH claims (Andrews et al., 1998; Ford et al., 1996; Mazis and Raymond, 1997) and the effects of such claims on purchase decisions and consumption (Chandon and Wansink, 2007; Lee et al., 2007; Teratanavat and Hooker, 2006; Wansink and Chandon, 2006) to moderating effects of information and trust (Garretson and Burton, 2000; Patch et al., 2005; Urala and Lähteenmäki, 2003) and framing and context (Kozup et al., 2003; Verbeke et al., 2009; Wansink, 2003; Wansink et al., 2004). The impact of the particular structure and composition of NH claims

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has also been studied, including studies of claim length and functional claims versus reduction of disease risk claims (Bech-Larsen and Grunert, 2003; Grunert et al., 2009; Van Kleef et al., 2005; van Trijp and van der Lans, 2007).

One of the seminal papers in this area interprets consumer misunderstanding of NH claims in terms of ‘magic bullet’ and ‘halo’ effects (Roe et al., 1999). A magic bullet effect occurs when consumers overgeneralize a claim and make inferences about the overall healthfulness of the product although the claim merely refers to a specific health benefit. A consumer might, for instance, understand the claim ‘phytosterols reduce cholesterol’ as a statement that the product carrying the claim protects against cardiovascular disease, which would be an unsubstantiated inference. A halo effect occurs when a claim colors the general perception of the product in such a way that more positive inferences are made about other product attributes as well. Demonstrations of magic bullet and halo effects have shown that NH claims have the potential to mislead consumers.

However, the question still remains as to what extent consumers actually are misled by such claims. Prior research on NH claims has not been particularly conclusive. Table 1 summarizes previous studies in which NH claims have been studied. The overview includes studies in which explicit or implied NH claims were used. Manipulations of claims are coded as *general claims*, such as “now healthier than ever”, or *specific claims*, such as “does your heart good” or “now with 1/3 less salt”. Abstract manipulations such as using Subway versus McDonalds as a manipulation of healthy versus unhealthy foods (Chandon and Wansink, 2007) are coded as general claims. The effect of NH claims on consumer health inferences are coded as *general*, *specific* or *no effect*. General health inferences are, for instance, measures of perceived healthfulness or nutritiousness of a product whereas specific health inferences could be perceptions about the sodium content of a product or effects on heart disease or blood pressure.

Table 1 shows that 19 studies manipulated specific claims while only four studies manipulated general claims. Eight studies found effects of NH claims on specific health inferences, seven studies found effects on general health inferences, and seven studies found no effects of NH claims on health inferences at all. Considering the ‘file drawer’ problem one should take into account that more

studies finding no effects might exist. Studies on publication bias in social science shown that papers with statistically significant results are typically accepted for publication about 80% of the time whereas papers with non-significant results are accepted 50% of the time (Hubbard and Armstrong, 1992). According to this estimate another three to four studies should exist finding effects of NH claims on general or specific inferences and another seven studies should exist in which no effects are found. This file drawer corrected estimate results in 18 or 19 studies finding effects of NH claims on either general or specific inferences and 14 studies finding no effect of NH claims.

The diverging results are difficult to explain by variation in terms of samples, target categories or time periods as the studies confirming or disconfirming the effects of NH claims cover most of these possibilities. Another possible explanation is that some studies used methods that may have prompted a deeper and more systematic processing of NH claims than would normally be observed in a typical food choice context, which could increase the effect of NH claims on specific and general health inferences. The presence of an interviewer or the disclosure of study purposes could, for instance, easily lead to different processing styles such as a central route versus peripheral route processing (Petty et al., 1983). Similarly, measuring general and specific health inferences simultaneously could have the unintended effect of cross-contaminating each other. The mere act of evaluating the potential disease risk reduction effects of a NH claim product could easily lead to more systematic thoughts about healthfulness. If this is the case it might be desirable to study specific and general health inferences separately in order to obtain a more objective assessment of their respective impact.

Another possibility is that the studied NH claims have varied to a great extent, some being closer to the types of claims that are used in actual market communication than others. It has, for instance, been shown that consumers have more negative attitudes toward claims that refer to unknown compounds compared to well-known compounds (Lähteenmäki et al., 2010). According to these results, a NH claim about added omega-3 should perform better than a claim about phytosterols because the latter is less familiar to consumers. In light of these results it would be interesting to study NH claims which are already used in marketing

Table 1

Results from studies on nutrition and health claims coded according to country, food category, claim type, and health inference.

Authors	Country	Category	Health inferences	Claim type
Andrews et al. (2000)	US	Soup	Specific	General/specific
Andrews et al. (1998)	US	Margarine	General	General/specific
Ares et al. (2009)	UR	Milk dessert	General	Specific
Bech-Larsen and Grunert (2003)	DK, US, FI	Juice, yoghurt, spread	General	Specific
Burton and Creyer (2004)	US	Pot roast	Specific	Specific
Chandon and Wansink (2007)	US	Sandwich, burger	Specific	General
Ford et al. (1996)	US	Frozen dinners	Specific	Specific
Garretson and Burton (2000)	US	Frozen dinners	No effect	Specific
Gorton et al. (2010)	NZ	Cereals	No effect	Specific
Grunert et al. (2011)	GE	Yoghurt	Specific	Specific
Keller et al. (1997)	US	Frozen dinner	No effect	Specific
Kozup et al. (2001)	US	Wine	No effect	n/a
Kozup et al. (2003)	US	Lasagna	General	Specific
Lähteenmäki et al. (2010)	DK, FI, NO, SE, IC	Bread, yoghurt, pork	No effect	Specific
Mitra et al. (1999)	US	Frozen dinner	Specific	Specific
Murphy et al. (1998)	US	Soup, cheese, margarine	No effect	Specific
Murphy et al. (2007)	US	Oil, spread	Specific	Specific
Orquin (2014)	DK	Dairy products	No effect	Specific
Orth and Malkewitz (2008)	US	Wine	General	General
Roe et al. (1999)	US	Cereal, lasagna, yoghurt	General	Specific
van Trijp and van der Lans (2007)	US, UK, GE, IT	Yoghurt	General	Specific
Wansink and Chandon (2006)	US	Granola, M&M	Specific	Specific

US = USA; UR = Uruguay; DK = Denmark; FI = Finland; NZ = New Zealand; GE = Germany; NO = Norway; SE = Sweden; IC = Iceland; UK = United Kingdom; IT = Italy.

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