



Motivation outweighs ability in explaining European consumers' use of health claims



Yung Hung^{a,*}, Klaus G. Grunert^b, Christine Hoefkens^a, Sophie Hieke^c, Wim Verbeke^a

^a Department of Agricultural Economics, Ghent University, Coupure Links 653, 9000 Ghent, Belgium

^b MAPP Centre, Aarhus University, Bartholins Allé 10, 8000 Aarhus C, Denmark

^c European Food Information Council (EUFIC), rue Paul-Emile Janson 6, 1000 Brussels, Belgium

ARTICLE INFO

Article history:

Received 29 September 2016

Received in revised form 22 December 2016

Accepted 4 January 2017

Available online 5 January 2017

Keywords:

Health claims

Motivation to process

Ability to process

Use

Consumer

Structural equation modelling (SEM)

ABSTRACT

Health claims promise health benefits beyond basic nutrition, but their impact on food choices is largely determined by consumers' motivation and ability to process these claims. This study investigates the role of consumers' motivation and ability to process health claims as well as attitudinal and cognitive determinants in explaining the use of health claims. Data were collected in Spring 2014 through a cross-sectional quantitative online survey with samples representative for age, gender and region in 10 European countries: United Kingdom, Germany, The Netherlands, Spain, Slovenia, Czech Republic, France, Denmark, Greece, and Lithuania ($n = 5337$). Structural equation modelling was used to simultaneously estimate the strength and direction of effects between motivation and ability to process, various determinants, and two components of health claim use. Motivation to process emerged as a key determinant of European consumers' use of health claims. Ability to process impacted claim use to a much smaller extent, but was strongly and positively influenced by the motivation to process. In order to be motivated, consumers are required to experience a need for health-related information, which in turn is driven by an interest in healthy eating. Participants with greater health claim-related knowledge tended to be more able but less motivated to process health claims. There were no substantial differences in the tested model between countries that had regulation for health claims prior to 2006 and those that did not, despite the considerable differences in their historical and current prevalence of health claims. Therefore, European food and nutrition policies and marketing strategies should focus on ways to improve consumers' motivation to process health claims by increasing their interest in healthy eating and need for health-related information.

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1. Introduction

Health claims on food products are potential aids to support consumers in making informed food choices, further healthy eating, and strengthen the competitiveness of the European food industry. Hence, they are an instrument for public policy aiming to promote public health, and a tool for the food industry to better differentiate their food products in the market and to build and maintain health-related competitive advantages. From a consumer point of view, health claims are important information cues that can guide their food-related decisions, and enable them to make better informed and healthier food choices. Therefore, health

claims are considered to play an important and useful role in European food markets (Hieke et al., 2015).

Prior to the enacting of EC Regulation 1924/2006 on nutrition and health claims in 2006, European Union (EU) Member States differed largely with regard to their history of use and regulation of health claims. Health claims were regulated in 13 out of 26 EU Member States (no information about Cyprus and Luxembourg) (Hieke, Kuljanic, Fernandez, et al., 2016). Directive 2000/13/EC was used in some Member States as a partial regulation on health claims, by which "any labelling, presentation and advertising of foodstuffs that could mislead consumers", was prohibited (EC, 2000). Apart from legislation on health claims, voluntary codes of practice were employed in 12 Member States, which included "justification when challenged" and pre-approval via national institutions. Owing to the vast difference in practices, public opinions about health claims varied largely, from favourable in some Member States to disapproving in others (e.g. Williams, 2005). In order

* Corresponding author at: Department of Agricultural Economics, Ghent University, Coupure Links 653, B-9000 Ghent, Belgium.

E-mail addresses: Yung.Hung@UGent.be (Y. Hung), kkg@mgmt.au.dk (K.G. Grunert), christine.hoefkens@gmail.com (C. Hoefkens), sophie.hieke@eufic.org (S. Hieke), wim.verbeke@ugent.be (W. Verbeke).

to harmonise the regulation of health claims and to support scientifically-sound health claims on food products in all Member States, the EC Regulation 1924/2006 was introduced (EC, 2006). Since then, all health claims are regulated in a uniform way where they have to be substantiated by solid scientific evidence and evaluated by the European Food Safety Authority (EFSA) (Buttriss, 2012). Nevertheless, the availability of health claims and corresponding legislative frameworks, regulations and monitoring procedures, do not always guarantee actual benefits for consumers, as some consumers deliberately or unintentionally ignore the provided information (Rotfeld, 2010), and others may not have the motivation or knowledge to use the information in their decision-making (Rotfeld, 2009). Any effect of health claims will depend on consumers, their preferences and their behaviour (Grunert & Wills, 2007; Hieke & Taylor, 2012).

Considerable policy effort has been placed on consumers' understanding of health claims; it has been repeatedly emphasized in the description of the EC Regulation 1924/2006 that health claims shall be permitted only if the average consumers can be expected to understand the beneficial effects as expressed in the claim (EC, 2006). A recent study by Orquin and Scholderer (2015) showed that consumers may not be in great danger of being misled by nutrition and health claims with respect to a product's healthfulness. Yet, little attention has been paid to potential favourable effects of claims, e.g. through investigating consumers' motivation to process and use health claims. Previous consumer studies have mainly focused on consumers' attitudes towards health claims and purchase intention of carrier food or drink products (Chrysoschou & Grunert, 2014; Lähteenmäki, 2013; Pothoulaki & Chrysoschoudis, 2009; Verbeke, Scholderer, & Lähteenmäki, 2009; Wills, Storcksdieck genannt Bonsmann, Kolka, & Grunert, 2012). There are also a few studies on consumers' understanding of health claims; mostly qualitative in nature (FSA, 2002; Svederberg, 2002; Wong et al., 2014) or specifically related to certain health benefits (Grunert, Scholderer & Rogeaux, 2011; Wong et al., 2013). Relationships between consumers' motivation and ability to process and the use of health claims have not been covered previously and remain unclear.

The present study is a part of the EU-funded project CLYMBOL (contract No. FP7-311963, 2012–2016). It extends the literature on consumers' use of health claims by addressing the important role of individual differences, especially with regard to motivation and ability to process health claims on food packages. Differences in policy context, including the historical incidence and use of health claims across Europe, are taken into account. The objective of the study was to investigate the (relative) importance of consumers' motivation and ability to process health claims and certain determinants in explaining the use of health claims. Specifically, the present study addresses four research questions: (1) To what extent are European consumers motivated and/or able to process health claims?; (2) What factors explain the differences in motivation and ability to process health claims?; (3) What is the main driver of consumers' use of health claims: motivation or ability to process health claims? and (4) To what extent do motivation and ability to process health claims differ according to countries' history of use of health claims?

2. Theoretical background and conceptual model

Motivation has been defined as the desire or readiness of consumers to process health-related information (Moorman, 1990), influencing how consumers advance from health information exposure to processing, attitude formation and purchasing (Mitchell, 1981). A lack of motivation decreases cognitive effort allocated to the health information. In addition to that, *ability*

refers to the proficiency or skills in comprehending information (MacInnis & Jaworski, 1989) and is associated with the accuracy of using health-related information such as health claims (Moorman & Matulich, 1993). Low levels of ability pose challenges to encoding and understanding the messages even when attention has been attracted.

Several theoretical frameworks can be used to shed light on the role of motivation and ability in consumer information processing. The Motivation-Ability-Opportunity (M-A-O) framework (e.g. used by MacInnis & Jaworski, 1989; MacInnis, Moorman, & Jaworski, 1991) posits that consumers' level of processing depends on the opportunity, their motivation and their ability to process the information during or right after exposure to information. Assuming that the opportunity is present in which there are sufficient scientifically-sound health claims available at an appropriate moment, then the remaining determinants are the motivation and ability of consumers to process these health claims. In the Elaboration-Likelihood model (ELM), motivation and ability are the main antecedents influencing the level of information processing with a stimulus message (Petty & Cacioppo, 1986), which includes health claims, for example. Studies suggested that the interaction of motivation and ability influences consumers' health behaviours (Moorman & Matulich, 1993); the highest level of health information processing is the result of high motivation and ability (Maheswaran & Sternthal, 1990). Moreover, when motivation and ability are both high, consumers are also expected to engage in central route processing (Petty & Cacioppo, 1986), where changes in attitude will persist longer and have a stronger predictive power with regard to subsequent behaviours (Cacioppo & Petty, 1982). By contrast, low motivation and/or low ability will result in peripheral processing, with a risk for wrong inferences and less stable effects on attitude and behaviour.

Considering motivation to process health claims, literature has suggested several attitudinal determinants that are worth investigating in this context. Information-related actions are initiated by the recognition of *need for information* (Prabha, Silipigni Connaway, Olszewski, & Jenkins, 2007). When the current state of information is perceived to be less than what is needed in a particular situation, the need for information emerges and information seeking is initiated (Krikelas, 1983). Individuals with a stronger need for information tend to invest more time and effort in seeking information (Prabha et al., 2007). This need is also closely related to motivation to process information and various theories of learning (Weiler, 2005). In relation to health claims, the need for information about food, diet and health is driven by the interest in health and nutritional aspects of food, as consumers who believe in the importance of healthy eating tend to be more engaged in health promoting behaviours (Wardle & Steptoe, 1991) such as reading health-related information (Wandel, 1997). By reading more, consumers also gain more knowledge (Drichoutis, Lazaridis, & Nayga, 2005). Cowburn and Stockley (2005) concluded that this interest increases the accuracy in food label processing. Products with health claims have been considered to be part of nutritionally healthy diets (Kaur et al., 2016); and the appeal of health claims is positively linked to the *interest in healthy eating* (Dean et al., 2012). It is thus theorised that interest in healthy eating plays a role in shaping the need for information about diet and health, health claim-related knowledge, as well as the motivation and ability to process health claims.

Health claim-related knowledge is an important cognitive aspect that reflects the ability to process health claims (Moorman & Matulich, 1993). Studies have concluded that consumer knowledge is associated with a correct use of health-related information (Grunert & Wills, 2007; Moorman, 1990; Yoon & George, 2012). Knowledge is also related to the level of consumer understanding of health claims (Grunert, Wills, & Fernandez-Celemin, 2010),

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