

The Influence of a Factitious Free-From Food Product Label on Consumer Perceptions of Healthfulness

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ABSTRACT

Background Given the rapid rise of free-from products available in the marketplace (especially gluten-free), more research is needed to understand how these products influence consumer perceptions of healthfulness.

Objective To determine whether perceptions of healthfulness can be generated about free-from products in the absence of risk information.

Design A survey was administered to 256 adults. Two picture-based food product questions evaluated which products consumers perceived to be healthier. One free-from designation was fabricated (MUI-free), whereas gluten-free was used as the comparison designation. For each question, participants chose which product they thought was healthier (free-from, conventional, or equally healthy).

Statistical analyses A χ^2 test was run to assess the difference between responses to picture-based food product questions. Multinomial regression assessed variance in responses attributable to participant demographic characteristics.

Results Among the respondents, 21.9% selected the MUI-free product as healthier, whereas 25.5% selected the gluten-free product as healthier. Frequency data showed that a significant number of participants chose both free-from products as healthier than the conventional products ($P < 0.001$). Regression analysis found that individuals who identified as gluten intolerant or unsure of a gluten intolerance were significantly more likely than other participants to choose the free-from product as healthier compared with choosing “equally healthy” ($P = 0.040$). Hispanics and those with an associate’s degree or vocational training were significantly more likely than their referent groups (whites and those with a doctoral degree, respectively) to choose the free-from product as healthier compared with choosing “equally healthy” ($P = 0.022$ and 0.034 , respectively). Finally, African Americans were more likely than whites to choose the conventional product as healthier compared with choosing “equally healthy” ($P = 0.016$).

Conclusions Frequency data demonstrated that free-from products can generate perceptions of healthfulness in the absence of risk information. Self-reported intolerance data suggest that individuals with a heightened concern about the risks associated with gluten may perceive the larger category of free-from products as more healthful. In addition, ethnicity and education level appear to play a role in free-from product perception.

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CONSUMERS TODAY ARE MORE HEALTH CONSCIOUS than ever before; 64% of American consumers report that healthfulness influences their food and beverage purchasing decisions (up from 58% in 2006).¹ As such, a great deal of research has been conducted to uncover the factors that drive consumer perceptions of food healthfulness.²⁻⁴ These factors include, but are not limited to, consumer demographic characteristics, consumer product familiarity, product relevance, perceived risk, and the influence of popular media information. Free-from products, especially gluten-free, represent a rapidly expanding category of food products that are often viewed by consumers

as healthier than their conventional counterparts.⁵ However, the way in which free-from products and their associated health claims drive and shape consumer perceptions of healthfulness has yet to be fully explored.

Certain demographic characteristics have been shown to modify how food products are perceived. A multinational 2004 study that examined food choices in university students found that women were more likely than men to report avoiding high-fat food and attached greater importance to healthy eating in almost all countries.² In addition, women tend to exhibit a higher overall preference for products with health claims, regardless of how the claim is phrased.⁶ It has

also been found that older individuals are more willing to try products with health claims.⁷ Perceptions of disease threat appear to increase with age, thus enhancing receptivity toward “healthy” food products and supplements.⁸

Perceptions of healthfulness are further influenced by the degree of familiarity a consumer has with a given product. For example, the more familiar a consumer is with a health claim or functional food, the greater the increase in perceived healthfulness.³ Closely linked to familiarity is the idea of personal relevance, which influences consumer product perception as well. A 2012 study by Dean and colleagues⁴ demonstrated that the more personally relevant consumers found a product to be, the greater the perceived benefit of the product and the more likely consumers were to purchase it. The influence of relevance was observed to be strongest when health claims promised a targeted risk reduction and when consumers reported an interest in nutritionally healthy eating. Central to this issue is the concept of perceived risk, which has been shown to greatly influence consumer decision-making.⁹ When consumers perceive that a food product is associated with adverse health effects, they are more likely to practice risk-reducing behavior, such as avoidance of the “risky” food product.^{10,11}

It is clear that gluten is perceived by many Americans as a “risky” food product component. A recent survey found that 28% of adults claim to either be “cutting down” on gluten or “avoiding gluten completely.”¹² This number far exceeds the combined estimated prevalence numbers for celiac disease (<1% of the American population)¹³ and the condition known as non-celiac gluten sensitivity (ranging from 0.63% to 6% of the general population).¹⁴ This disparity between the number of individuals who would ostensibly need to follow a gluten-free diet and those who choose to may be partially explained by the information disseminated through the media about the risks associated with gluten consumption. *The New York Times* best-selling book *Wheat Belly*, for example, captured the attention of Americans with statements like:

*A complex range of diseases results from consumption of wheat, from celiac disease—the devastating intestinal disease that develops from exposure to wheat gluten—to an assortment of neurological disorders, diabetes, heart disease, arthritis, curious rashes, and the paralyzing delusions of schizophrenia.*¹⁵

With popular media representing the primary source of health information used by consumers,¹⁶ it is clear that a large percentage of the American population has now been exposed to this type of messaging about the potential risks of gluten.

When attempting to understand consumer perceptions around the healthfulness of free-from products, there is an area of research that has yet to be explored. In a 2010 study on consumer perceptions of products with No MSG (monosodium glutamate) labels, the authors suggested that No MSG labels may actually “generate and reinforce beliefs that MSG is harmful and/or an unsafe ingredient.”¹⁷ This is a novel idea that implies that there may be some intrinsic quality to free-from labels that influences consumer perceptions of healthfulness. If this is true, a new piece of the consumer perception puzzle would be uncovered. A type of continuous, reinforcing feedback may be occurring: consumers purchase a product because of a perceived risk reduction, which stimulates the

market to offer more of these “risk-reducing” products, which in turn generates a greater perceived risk of the food component in question. But is it true that these free-from labels can generate these beliefs on their own, or does risk information have to exist in order for consumers to perceive these products as more healthful? It is the aim of this study to answer this question by determining whether consumer perceptions of healthfulness can be generated by a factitious free-from food product label. The influence of various demographic characteristics on consumer perceptions of free-from product healthfulness will also be assessed.

METHODS

Participants and Recruitment

The venues for this study were two different grocery stores, located in the cities of Cambridge and Jamaica Plain, MA. Participants included a convenience sample of shoppers over the course of two consecutive weekends (N=256) in February and March 2014. Permission was obtained from store management before survey administration and study design. The Simmons College Institutional Review Board approved the study protocol and all participants provided informed consent. Inclusion criteria required participants to be aged 18 years or older and proficient in the English language. Survey responses were excluded if both picture-based food product questions were not answered.

Survey Instrument

A web-based survey tool was created using the program Qualtrics (Qualtrics, LLC). The computerized survey was administered in person to prevent participants from accessing third-party information while responding. The survey consisted of a consent page, two picture-based food product questions, and seven demographic questions. In each of the two picture-based food product questions, participants were shown two pictures of cracker boxes that were identical except for the presence of a free-from label on one of the boxes (Figure 1). These two boxes will be referred to as the “free-from product” and the “conventional product” henceforth. One of the questions presented a free-from label that read “MUI free” and the other question presented a free-from label that read “gluten free.” The MUI designation was fabricated for the purposes of this study to present a free-from label whose perception would not be influenced by prior risk information. The gluten-free designation was selected as a comparison category because of the widespread reach of gluten-related risk information in the media. The two picture-based food product questions were randomized both in order and left-right image orientation. Participants were given the response choices of “A is healthier,” “B is healthier,” or “A & B are equally healthy.” Demographic questions collected data on age, sex, education level, ethnicity, whether or not participants purchase food for a person younger than age 18 years, and whether or not participants are (or think that they are) MUI-intolerant and/or gluten-intolerant. An institutional review board–approved pilot test was conducted at a Boston, MA, college to judge the strength of the survey tool (n=30). Based on participant feedback and survey results from the pilot test, it was determined that the survey tool was user-friendly and comprehensible. In addition, during the exit interview

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