



Do we all perceive food-related wellbeing in the same way? Results from an exploratory cross-cultural study



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ABSTRACT

Interest in measuring consumers' perceived wellbeing in a food-related context has grown in the last decade. Considering that wellbeing is one of the most important goals that people pursue to achieve a good life, studying the influence of food on this construct can contribute to our understanding of how eating behavior patterns are shaped. The conceptualization of wellbeing and the influence of specific food products on different aspects of this construct are expected to vary with consumers' cultural background. The present work aimed to investigate cross-cultural differences in perceived wellbeing of food products and to link those differences to product-specific consumer evaluations. A web-based study was carried out with 1332 participants in seven countries on four continents: Brazil, China, France, Portugal, Spain, Uruguay and USA. Nine food concepts (apple, beef, beer, broccoli, chocolate cake, coffee, fish, French fries and milk) were presented to participants by means of an incomplete balanced design. For each concept, participants gave their degree of agreement with 31 statements of a new wellbeing questionnaire, using a 7-point scale. The scores of the 31 items of the scale were significantly affected by country and food concept, as well as through their interaction. The largest differences among products were found for items related to physical and intellectual aspects of wellbeing, whereas the largest differences among countries were found for items related to emotional and spiritual aspects. Results from this research provide insights for measuring consumers' perception of the influence of foods on wellbeing and highlight the importance of taking into account cultural differences in the conceptualization of this construct.

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1. Introduction

Wellbeing is one of the ultimate end-state conditions that people pursue to achieve a good life (Diener, Scollon, & Lucas, 2003). From a theoretical point of view, wellbeing represents what is good for an individual and therefore it has been argued that our choices

and lifestyle decisions are oriented towards achieving wellbeing (Angner, 2009).

Wellbeing is a relevant concept in different disciplines, such as psychology, economy and sociology (Cronin de Chavez, Backett-Milburn, Parry, & Platt, 2005). Different authors have argued that public policies should be designed to increase feelings of wellbeing (Diener & Seligman, 2004; Kahnmenan, Krueger, Schkade, Schwartz, & Stone, 2004; Oswald, 1997). In particular, wellbeing is used increasingly in health promotion as a relevant input for

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the development of innovative and more successful public policies (Cronin de Chavez et al., 2005; Diener & Ryan, 2009; McMahan, Williams, & Tapsell, 2010).

Wellbeing is a complex concept that lacks a common definition (McGillivray & Clarke, 2006). The idea that wellbeing has multiple dimensions has long been recognized (Miller & Foster, 2010). Several authors have stressed that it is a holistic concept, related to a subjective evaluation of how people perceive different aspects of their own life (Diener & Ryan, 2009; Dodge, Daly, Huyton, & Sanders, 2012; MacMahon et al., 2010). According to Diener, Oishi, and Lucas (2003), subjective wellbeing has a hierarchical structure that includes four main components: presence of pleasant emotions, absence of negative emotions, positive global life judgments, and satisfaction with specific domains of life. In a recent cross-cultural study, consumers associated wellbeing with a complex and multidimensional construct related to psychological aspects (particularly positive moods and emotions), physical health, global evaluation of life, and satisfaction with aspects such as occupation and social life (Ares et al., 2015). Despite differences among authors, there is consensus on the fact that wellbeing involves dimensions related to physical health, intellectual stimulation, emotional status, spirituality and social support, among others (Adams, Bezner, & Steinhardt, 1997; Hettler, 1984; Renger et al., 2000; Roscoe, 2009).

Food has been reported to be one of the specific aspects of life that affects subjective wellbeing (Grunert, Dean, Raats, Nielsen, & Lumbers, 2007; Schnettler, Miranda, et al., 2013). The influence of foods on perceived wellbeing can be explained by its influence on different aspects of life, including body functioning and physical health (Dye & Blundell, 2002), mood and emotions, as well as global life judgment and social relationships (Canetti, Bachar, & Berry, 2002; Macht, 2008; Rozin, 2005). Ares, de Saldamando, Giménez, and Deliza (2014) and Ares et al. (2015) reported that people mainly referred to physical health, intellectual and emotional aspects, and social relationships when asked to list the ways in which foods affect their wellbeing.

Understanding the influence of foods on wellbeing can contribute to our understanding of how eating patterns are shaped and has been claimed to be one of the most relevant topics in sensory and consumer science (Meiselman, 2013). Several approaches have been used to evaluate the influence of food on wellbeing. Chanfreau et al. (2008) found a correlation between general measures of wellbeing and the consumption frequency of fruits and vegetables in adults, as well as the frequency of consumption of fast food and take-away foods in adolescents. Other authors have assessed food-related wellbeing by means of satisfaction with their food-related life (Grunert et al., 2007; Schnettler, Peña, et al., 2013). Using this approach Schnettler, Miranda, et al. (2013) reported that adults who eat frequently with their families and consume healthful foods tend to be more satisfied with their life in general and food-related life in particular. However, it is still not clear if a causal relationship between healthy eating and satisfaction exists. More recently, Guillemin et al. (2015) developed the Well-BFQ questionnaire to assess consumers' perceived wellbeing in relation to food and eating habits considering potential immediate, short-term and long-term benefits of eating.

Moreover, questionnaires that directly evaluate the perceived influence of specific products on wellbeing have also been developed. Boelsma, Brink, Stafleu, & Hendricks (2010) used scales to evaluate physiological (satiety and satiety) and subjective aspects (satisfaction, pleasantness, relaxation, physical energy, alertness, sleepiness) of consumers' perceived wellbeing when eating protein-carbohydrate meals. More recently, King et al. (2015) developed a questionnaire comprising 45 items related to five dimensions of wellbeing (physical, emotional, intellectual, social and spiritual) for measuring consumer perception of the influence

of foods on wellbeing. In the present work a questionnaire that also incorporates consumers' conceptualization of wellbeing in five countries (Ares et al., 2015) was used.

The exploration of the influence of foods on wellbeing should take into account cultural differences among consumers. Culture is one of the main factors that determine our food choices (Rozin, 1998). It has been reported to have a large influence on chemosensory perception and preferences (Prescott & Bell, 1995), as well as attitudes, beliefs and the meanings and social appeal of foods (Rozin, 2005). Besides, people in different cultures are likely to give different relative importance to different criteria when evaluating their subjective wellbeing (Diener & Suh, 2000). Therefore, it can be assumed that consumers in different cultures may differ in the way that they perceive the impact of foods on wellbeing and, specifically, in the trade-offs they make between different product characteristics when evaluating their degree of wellbeing. Despite the importance of cultural aspects for the conceptualization of wellbeing, the great majority of wellbeing questionnaires have not incorporated a cross-cultural element, since they have been developed considering the conceptualization of wellbeing in a single country.

The aim of the present work was to explore cross-cultural differences in how consumers perceive food-related wellbeing and link those differences to product-specific evaluations. Cross-cultural evaluations of food-related wellbeing have not been reported before in the literature and could provide useful insights to guide practitioners when measuring food-related wellbeing.

2. Materials and methods

2.1. Participants

The study was carried out in seven countries on four continents: Brazil, China, France, Portugal, Spain, Uruguay and USA. Between 164 and 204 people participated in each country, yielding a total of 1382 participants.

In each country, participants were recruited from consumer databases of market research agencies or sensory evaluation laboratories, using a convenient, intentional and reasoned sampling with predetermined quotas for age and gender (Kinnear & Taylor, 1993). No additional criteria were considered in the recruitment. Table 1 shows the socio-demographic characteristics of the participants. No significant differences in age and gender distribution were found among countries ($p > 0.92$). However, differences in educational level distribution among countries were significant ($p < 0.001$). At the recruitment stage, no information about the specific aim of the study was provided. Data were collected between September 2014 and July 2015. Institutional approval for conducting the study was obtained in each country.

2.2. Design of the wellbeing questionnaire

Consumers' perception of wellbeing associated with specific products was evaluated using a new questionnaire consisting of 31 items, which was developed on the basis of results from qualitative studies in five of the seven countries examined in the present study, as well as published studies. The questionnaire was constructed through a procedure that involved the following steps:

- (i) Definition of the dimensions of wellbeing to be included in the questionnaire. The questionnaire was designed to include items related to a direct evaluation of wellbeing, as well as items related to the five most common dimensions included in wellbeing questionnaires: Physical, Intellectual, Emotional, Social and Spiritual (Roscoe, 2009).

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