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Research report

Consumption of organic and functional food. A matter of well-being and health?



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ABSTRACT

Health is an important motivation for the consumption of both organic and functional foods. The aim of this study was to clarify to what extent the consumption of organic and functional foods are characterized by a healthier lifestyle and a higher level of well-being. Moreover, the influence of social desirability on the respondents' response behavior was of interest and was also analyzed. Well-being and health was measured in a sample of 555 German consumers at two levels: the cognitive-emotional and the behavioral level. The results show that although health is an important aspect for both functional food and organic food consumption, these two forms of consumption were influenced by different understandings of health: organic food consumption is influenced by an overall holistic healthy lifestyle including a healthy diet and sport, while functional food consumption is characterized by small "adjustments" to lifestyle to enhance health and to increase psychological well-being. An overlap between the consumption of organic and functional food was also observed. This study provides information which enables a better characterization of the consumption of functional food and organic food in terms of well-being and health.

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Introduction

Health is becoming an increasingly important personal and societal value. Due to the costs that are associated with curative medicine, the prevention of health problems occurring in the first place is very important. A substantial proportion of health complaints are categorized as civilization-related diseases and could be prevented by a healthier lifestyle. Besides physical activity, adequate nutrition is an essential aspect in influencing a person's health status (Altgeld et al., 2006). Consumers have started to understand that their food choices may have consequences for their health and are paying more attention to the health benefits of food to maintain a healthy lifestyle (Bachl, 2007; Chrysochou, 2010; Pech-Lopatta, 2007).

Functional food addresses this issue by offering food that can positively affect people's health. Various scientific publications have shown that health is an important motivation for functional food consumption (see Bech-Larsen & Grunert, 2003; Chen, 2011a; Diplock et al., 1999; Niva & Mäkelä, 2007; Szakály, Szenté, Kövér, Polereczki, & Szigeti, 2012). Typical functional food products are those enriched with substances such as probiotics, prebiotics or omega-3 fatty acids. In the present study, we have adhered to the broadly accepted definition of functional food by Diplock et al. (1999) which states that

a food can be regarded as 'functional' if it is satisfactorily demonstrated to affect beneficially one or more target functions in the body, beyond adequate nutritional effects, in a way that is relevant to [...] an improved state of health and well-being.

Poulsen (1999) has presented an even broader definition of functional food, specifying four categories of its production: (a) upgrading; i.e. enhancement by adding a substance which is already present in the product; (b) substitution; i.e. substituting a component with a similar, but healthier substance; (c) enrichment; i.e. adding a substance not present in the basic product; and (d) elimination; i.e. removing an unhealthy component. In accordance with Diplock et al. (1999), tablet-like foods do not comply with the definition of functional food in this paper, and functional foods need to be food like yoghurt or margarine with an additional health benefit.

Another kind of food that is usually perceived as being healthy and fulfills the criterion as being "better for me" (Pech-Lopatta, 2007) is organic food. Various studies show the importance of environmental factors or concerns about animal welfare as motives for the consumption of organic food (Davies, Titterton, & Cochrane, 1995; Harper & Makatouni, 2002; Hughner, McDonagh, Prothero, Shultz, & Stanton, 2007; Lea & Worsley, 2005; Torjusen, Lieblein, Wandel, & Francis, 2001). However, Magnusson, Arvola, Hursti, Aberg, and Sjoden (2003) come to the conclusion that egoistic motives like health concerns are more important for the consumption of organic food than the mentioned altruistic motives. Various empirical studies have underlined the significance of health as a motivating factor for the consumption of organic food in general (Baker, Thompson,

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Engelken, & Huntley, 2004; Chen, 2009; De Magistris & Gracia, 2008; Gracia & de Magistris, 2008; Haghir, Hobbs, & McNamara, 2009; Hughner et al., 2007; Lea & Worsley, 2005; Mondelaers, Verbeke, & van Huylenbroeck, 2009; Padel & Foster, 2005; Schifferstein & Oude Ophuis, 1998). Nevertheless, there is a lack of studies that focus in detail on different health-related aspects and health behaviors as predictors for the consumption of organic food.

The theoretical and empirical evidence presented above supports the rationale that for both functional and organic food types, health is a crucial consumption motive. This study develops a more multidimensional and differentiated view of factors associated with the consumption of functional food and organic food. Behavioral and cognitive-emotional aspects of well-being and health are taken into consideration that may be connected to increasing levels of organic or functional food consumption. This paper therefore represents a novel departure from other contemporary organic and functional food studies, as we have analyzed both forms of consumption using the same variables. Accordingly, it is possible to compare the associations with the different health-related variables of organic and functional food. For this purpose, 685 German consumers were interviewed regarding their consumption of these types of food, their level of well-being, and their health behavior (providing 555 valid responses).

Methodology

Procedure and sample

The study was carried out in two stages. First, a pretest with 40 randomly selected consumers recruited from an online access panel was conducted to improve the quality of the statements, which had been translated from English into German. The pretest showed that some of the statements were not fully understood and needed to be adjusted. In addition, by means of a confirmatory factor analysis, the entire item set was reduced, and the most highly loaded items were identified. The pretest also proved the assumption of social desirability of some well-being statements.

Social desirability describes the tendency of a person to deny traits that are socially undesirable and to claim social desirable traits. It also includes the bias to say things that sheds a good light on the person making the statement (Atteslander & Kneubühler, 1975). A large number of empirical studies indicate an association between reports of well-being and social desirability (Brajša-Žganec, Ivanović, & Lipovčan, 2011; Fastame & Penna, 2013; Kozmna & Stones, 1987; Lawal, 2008). Because of our suspicion that the answers of some items of the Perceived Wellness Survey (PWS) could be influenced by social desirability, we decided to include questions to measure the presence of social desirability.

In the second stage, a total of 685 German consumers were surveyed. The participants were recruited and randomly selected by an online access panel provider. To ensure a nationally representative sample, we used gender, age, and income quotas reflecting the composition of the German population. The sample included 349 female (51%) and 336 male (49%) participants; 71% were over 40 years old and 29% under 40 years old. They ranged in age from 14 to 85 years with a mean age of 48.76 (standard deviation 15.63). Table 1 describes the characteristics of the participants by gender, age, and monthly household net income in comparison to the entire German population.

Measures

According to the World Health Organization, health is more than the absence of illness and disability: it is a state of well-being (World Health Organization, 1986). Health is characterized by multidimensionality, and its construct includes physical, social, emotional,

Table 1
Sample description.

Characteristics	Overall sample (n = 685)		Population ^a
	n	Percent	Percent
Gender			
Male	336	49	49
Female	349	51	51
Age			
Under 20 years	54	8	4
21–40 years	147	21	29
41–60 years	259	38	35
61 years and over	225	33	32
Monthly household net income			
Less than €900	54	8	13
€901–€1500	136	21	24
€1501–€2600	225	36	32
More than €2601	219	34	31
No answer	51		

^a Source: German Federal Office for Statistics (Statistisches Bundesamt [German Federal Office of Statistics, 2011]).

mental, spiritual, and behavioral aspects from the subjective view of an individual (Schumacher, Klaiberg, & Brähler, 2003). In order to reduce the complexity of this construct, well-being was recognized at two levels in this study. In line with the definition of Schumacher et al. (2003), we have distinguished between a behavioral level and a cognitive-emotional level. The latter includes all aspects (social, psychological, physical, spiritual, emotional, and intellectual) that are not directly related to behavior.

The cognitive-emotional level of well-being and health

To assess the cognitive-emotional level of well-being and health, the Perceived Wellness Survey from Adams, Bezner, and Steinhardt (1997) was used. This survey includes the same basic dimensions of wellness as other wellness measures (e.g. Ardell, 1977; Hettler, 1980; Travis & Ryan, 2004). It was developed on scientific foundations such as the “Medical Outcomes Survey-36” from Ware and Sherbourne (1992) and the “Existential Well-Being Scale” from Paloutzian and Ellison (1982), and has been empirically validated (Adams, Bezner, Garner, & Woodruff, 1998; Harari, Waehler, & Rogers, 2005). The Perceived Wellness Survey measures perceptual rather than clinical, physiological, or behavioral variables (Adams et al., 1998). The questionnaire is divided into six separate subscales: physical, spiritual, psychological, social, emotional, and intellectual wellness. Each subscale includes six items measuring self-reported wellness. Higher scores indicate a higher perceived well-being.

The “physical wellness” dimension primarily aims to positively assess physical health and its perception. The key aspect of “spiritual wellness” is a positive perception of the meaning of one’s life and purposeful living. “Psychological wellness” represents optimism and positive life expectations in an individual’s life, while the “emotional wellness” dimension addresses self-esteem. “Social wellness” is characterized by being supported by family or friends, whereas the “intellectual wellness” dimension assesses the amount of mental and intellectual activity.

As reviews of the literature have shown that “occupational wellness” is an important aspect for wellness (Miller & Foster, 2010; Roscoe, 2009), we added occupational wellness items from the Lifestyle Assessment Questionnaire from Hettler (1980). In general, occupational wellness is defined as “the level of satisfaction and enrichment gained by one’s work and the extent to which one’s occupation allows for the expression of one’s values” (Roscoe, 2009, p. 221). Each item was rated on a six-point Likert-type rating scale, ranging from “very strongly disagree” to “very strongly agree.”

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