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Research report

Swedish students' interpretations of food symbols and their perceptions of healthy eating. An exploratory study



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ABSTRACT

This study used focus group discussions to investigate how a group of Swedish University students (24 women and five men) interpret symbols with claims about health and/or symbols with information about nutrition. The participants mostly talked about farming methods and food processes when asked about health and nutrition symbols. The Swedish Keyhole was the most familiar symbol to the participants but they had scant knowledge of its meaning. Symbols that were judged to be the most useful in guiding food choices were, according to the participants, symbols showing information about number of calories and/or nutrients. However, the most striking finding is still that the food experts' medical discourse, i.e. the focus on physical health and nutritional effects on the individual body, seems to be inconsistent with the participants' perceptions of healthy eating and risk. The participants rather used what we call an "inauthenticity discourse" where health and risks are judged in relation to farming methods, industrial food production, additives and other aspects of the food that are unknown to the individual. Despite limitations considering the number of participations and their relative homogeneity, these findings contribute to a further understanding of the gap between experts and the public when it comes to perceptions of healthy eating and risks. If this is a broader phenomenon, then we argue that this must be acknowledged if information about health and risk is to be communicated successfully.

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Introduction

The prevention of nutrition-related illness through the promotion of healthy eating in the population has been a subject of interest to the World Health Organization (WHO) and several governments around the world for many years. Public agencies, such as the Swedish National Food Agency and their international equivalents, base their guidelines and recommendations on comprehensive evaluations of contemporary scientific knowledge which also has to be accessible and intelligibly communicated to populations (King, 2007; Margetts, Warm, Yngve, & Sjöström, 2001). One strategy to do this is by using labels and symbols on food products to guide consumers (Lobstein & Davies, 2009). Labeling food products and using symbols as tools to facilitate consumers' understanding have been used by government agencies, the market, and associations in different ways in different countries. Wahllich, Gardner, and McGowan (2013) stated that no agreed standard format exists. Nonetheless, a review by Hawley et al. (2013) indicates that a Multiple Traffic Light (MTL), i.e. green, yellow and red colors, is foremost preferred. A report by representatives from the Food and

Nutrition Board of the US Institute of Medicine (2011) paints a similar picture: studies show that traffic-light systems are correctly understood by consumers. However, different populations and segments of populations give inconsistent responses and even the traffic light systems differ in the amount of information given (only colors, colors combined with nutritional information, percentages of daily recommendations and so forth). Moreover, one must carefully consider whether understanding will correlate with actual consumer behavior and the literature is even more ambiguous on this point (Institute of Medicine, 2011; Hawley et al., 2013).

In Sweden the Keyhole symbol was introduced by the National Food Agency in 1989 as a means of guiding consumers to make informed choices about healthy eating (The National Food Agency, 2014). At present the Keyhole symbol is used on foodstuffs, food products, and dishes (in shops and in restaurants). Denmark and Norway also introduced this symbol in 2009 as a tool in their public promotion of healthy eating. Nevertheless, several symbols co-exist both in the Nordic countries and in other countries and these symbols – if they are used as a guide – must first of all be interpreted by the consumer. Secondly, the interpretation has to be in line with the consumer's own perception of health and healthy eating if the symbols are to fulfill their purpose. If a symbol is interpreted incorrectly, or if its message is in conflict with the individual's perception of healthy eating it is unlikely to be followed

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(Institute of Medicine, 2011). This article presents an exploratory study of students' interpretations of symbols with claims about health and/or symbols with information about nutrition.

Healthy foods and perceptions

Regarding research about healthy eating and about health, quite a substantial amount of studies have been conducted (Bisogni, Jastran, Seligson, & Thompson, 2012). Many of these studies show that people have some perceptions about *what* healthy eating is, for example fruits and vegetables and fiber, and that one should be wary of contaminants and toxins, should choose natural and/or organic and so forth. Still, healthy eating has often been described as problematic and difficult to achieve (Bisogni et al., 2012). There are fewer studies on these issues from a Nordic or a Swedish perspective, yet a study by Holm and Kildevang (1996) indicated that food production actually seemed more important than the nutritional aspects of food. Here, discussions of food production entailed “additives” or “E-numbers”, i.e. the number that a food additive receives when approved by the European Union (e.g. E621 for monosodium glutamate and E250 for sodium nitrite).

Similar findings were presented by Lundkvist, Fjellström, Sidenvall, Lumbers, and Raats (2010) among older Swedes and Danes. Nordic adolescents, in contrast, expressed perceptions of healthy eating as consumption of vegetables and fruit, and Swedes particularly mentioned less fatty foods (Kainulainen, Benn, Fjellström, & Palojoki, 2012). Only two of all 574 adolescents who answered the questionnaire mentioned foods labeled as Ecological (a Swedish label similar to, albeit not exactly the same as, Organic) in relation to healthier eating. As Holm (2008) has illuminated in her categorization of how people talk about healthy food, it becomes clear that people can perceive health in different ways. For instance, she showed that people perceived food as healthy in relation to nutrition but also that foods should be free of additives and pesticides and, further to this, to be perceived as natural.

Interpretations of symbols and labels

Perceptions of health and healthy eating are something that is part of everyday life in today's consumer society, as are the visual representations of these issues – the symbols and labels. The terminology used in the literature does not show any clear distinction between symbols and labels albeit labels are more often used when specific products are discussed and less in relation to menus at restaurants for instance. Since this study is focusing on the latter – a lunch restaurant at a university campus – we use the term symbol(s) henceforth. Wahlich et al. (2013), based on a study in the UK, stated that nutrition information used as tools in public health presupposes that consumers make their food choices based on rational cost–benefit reasoning. Yet, people could find it difficult to convert information into personally meaningful terms. An example from a Swedish context indicates that when the Keyhole symbol was interpreted among men and women, 25–64 years old, women, people of higher education and of younger age had more knowledge about this symbol than other groups in the society (Larsson, Lissner, & Wilhelmsen, 1999). Having “knowledge” was defined by the authors as knowing that the Keyhole meant “low fat” and/or “high fiber” as well as words indicating that it is generally healthier.

The impact and interpretations of food symbols have been presented in several recently published studies. For example, one study suggested that the directiveness of food symbol messages (i.e. clearly stating that a product is healthy or not) seem to increase the likelihood of how they are understood (Hodgkins et al., 2012). Swedish consumers' perceptions about healthy eating, and the trustworthiness of health claims regarding specific foods, have been explained by lack of credibility and suspicion toward products

(Svederberg & Wendin, 2011). However, to a certain extent the Swedes' confidence in manufacturers, retailers, and/or Swedish food legislations seem to counterbalance these perceptions. An experiment of the American Smart Choice label on cereals resulted in small effects on the estimation of caloric levels (Roberto et al., 2012). Still, there was no effect on intent to purchase, perceived content of sugar or vitamins, rated taste or rated healthfulness. Sharf et al. (2012) further showed that females, more highly educated people, and people who exercised more also tended to note food labels, especially nutrition values. Nonetheless, when they were tested for knowledge about the labels it was clear that they overestimated their knowledge.

To sum up, studies emphasize that people to various degrees are concerned with and interested in labels and symbols related to health, yet it is not clear if they understand what they actually mean and if they can trust them. What is more, experimental effects on behaviors and/or intents are small, although direct messages (such as traffic light systems) seem to be the most effective alternative. Nevertheless, the studies mentioned above have mainly investigated knowledge about particular health claims, nutritional claims and/or symbols that are related to these claims. The purpose of this study is rather to study how these symbols are discussed, interpreted, perceived, judged as useful or not and what people associate with them, which is an area where research is more scarce. Moreover, all of the non-experimental studies referred to above have either used methods such as questionnaires and structured interviews. Thus we attempt to expand upon the existing literature by providing qualitative data on how labels and symbols are interpreted and how healthy eating is perceived.

Risk society of the second modernity

Before proceeding to the aim, we present our theoretical framework. The discussion of the findings is guided by the theory of risk society of the second modernity, developed by Beck (see for example Beck, 1989, 2006). According to this theory, people entrust their lives to the hands of scientists and agencies that are expected to provide for their health and safety, although a lot of the risks of today are unknown even to the experts and/or beyond the scope of calculability. The very agencies and scientists that serve to protect us are paradoxically also the very ones to construct our anxiety about what we know, and perhaps most unexpectedly what we don't know that we don't know. Beck discusses the unknown unknowns, i.e. anxiety about unknown things that we cannot even depict and how people constantly perceive risks but are unaware of what and where, as well as the severity of these risks (Beck, 2006, pp. 334–335). In addition to this, they are told, on the one hand, to be concerned and to be informed consumers with a personal responsibility to make the right decisions and, on the other hand, that they do not have the expertise to make their own judgments. In this context labels and symbols about health and nutrition would represent the very tools that have been constructed by the experts with the aim of guiding people to make the “right” decisions. Symbols with claims about health and/or with information about nutrition are designed to facilitate food choices, yet the reviewed research indicates a gap between experts' intentions and consumers' knowledge of the symbols. It is therefore of interest to explore how people interpret these symbols.

Aim

The aim is to explore interpretations of a large number of symbols with health claims and/or nutritional information, and what the students associate with these symbols, as well as their perceptions of healthy eating.

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