



## Research report

Food and wellbeing. Towards a consumer-based approach <sup>☆</sup>Gastón Ares <sup>a,\*</sup>, Luis De Saldamando <sup>a</sup>, Ana Giménez <sup>a</sup>, Rosires Deliza <sup>b</sup><sup>a</sup> *Departamento de Ciencia y Tecnología de Alimentos, Facultad de Química, Universidad de la República, Uruguay*<sup>b</sup> *Embrapa Food Technology, Av. das Américas, 29501, CEP 23.020-470 Rio de Janeiro, RJ, Brazil*

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## ABSTRACT

Interest in understanding how foods affect consumers' perceived wellbeing has grown in the last decade due to the increasing need to modify dietary patterns. Considering that wellbeing is a broad concept that lacks of a unique definition, in order to use and measure this concept it is necessary to explore how consumers understand it, particularly in the context of food consumption. The aim of the present work was to investigate consumers' perception of wellbeing in a food-related context using an exploratory qualitative approach. A study was carried out with 120 Uruguayan participants using three qualitative techniques: word association, open-ended questions and free listing. Wellbeing in a food-related context was strongly associated with physical health. The expected effects of foods on wellbeing were mainly related to non-communicable diseases such as high cholesterol levels, hypertension, and cardiovascular diseases. However, hedonic and emotional aspects of food consumption were also salient for consumers perceived wellbeing. The information gathered in this study can contribute to the development of scales for measuring consumer perceived wellbeing when consuming foods.

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## Introduction

The spread of non-communicable diseases (NCD) is considered a global crisis (Beaglehole et al., 2011) and one of the top health problems worldwide (Martin, Bird, & Crichton, 2009). According to the World Health Organization, in 2008 NCD represented 63% of the global deaths, being mainly attributed to cardiovascular diseases, diabetes, cancers and chronic respiratory diseases (World Health Organization, 2011). The burden of NCD is projected to grow worldwide due to population ageing and the increase in the prevalence of risk factors, making the development of strategies to cope with this phenomenon necessary (Strong, Mathers, Epping-Jordan, & Beaglehole, 2006).

A low intake of fruits and vegetables in conjunction with a high consumption of foods rich in saturated and trans fats, salt and sugar has been reported to be the main cause of a considerable proportion of deaths associated to NCDs (World Health Organization, 2009). For this reason, interventions aiming at encouraging people to engage in healthier eating habits have been identified as one of the top priorities for reducing the burden of NCD (Beaglehole et al., 2011; Strong et al., 2006). Communication and information campaigns have been considered as good alternatives to promote healthier diets (World Health Organization, 2011).

Most recommendations and interventions for fighting against NCD have stressed the relationship between the nutritional composition of foods and health, following a normative and paternalistic model (Block et al., 2011). However, foods contribute to several functions in our lives other than providing the necessary nutrients. They also have emotional, social and symbolic values, and are a form of aesthetic expression (Rozin, 2005). According to Block et al. (2011) the fact that intervention strategies have been based on a narrow view of food products is partially responsible for their limited success. These authors suggested that emphasis should be shifted from restraint and restrictions to a more positive and holistic view about how foods affect an individual's life and her/his wellbeing.

Wellbeing is a broad concept, which lacks a unique definition (Dodge, Daly, Huyton, & Sanders, 2012). Although health and wellbeing are used as interchangeable terms in many situations, it has been recognized that wellbeing is a more holistic concept that goes beyond physical health (McMahon, Williams, & Tapsell, 2010). According to these authors wellbeing is a key concept for dismissing the medical model of managing illnesses. The Merriam-Webster dictionary defines wellbeing as "the state of being happy, healthy, or successful" (Merriam-Webster, 2004), while according to McGillivray and Clarke (2006) wellbeing is a multi dimensional evaluation of peoples life, which includes cognitive and affective aspects. In particular, subjective wellbeing is a general term that refers to people's subjective evaluation of their own lives and includes diverse aspects, which range from emotions to a global evaluation of life satisfaction (Diener, Scollon, & Lucas, 2003).

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\* Corresponding author.

E-mail address: [gares@fq.edu.uy](mailto:gares@fq.edu.uy) (G. Ares).

Understanding how subjective wellbeing can be increased has been identified as crucial for improving quality of life in different areas of research (Diener & Ryan, 2009). Specifically, understanding how consumers perceive the relationship between food and subjective wellbeing could contribute to a better understanding of consumer food choices, as well as to the development of efficient strategies for modifying consumers' eating patterns. Considering the complexity of the construct, it is necessary to understand how consumers conceptualize wellbeing in a food context, and how they perceive the impact of foods on their wellbeing (McMahon et al., 2010).

Several dimensions have been identified as the main contributors to wellbeing and many of them can be strongly affected by food. According to Hettler (1984) wellbeing is defined by six interdependent dimensions: physical, intellectual, social, emotional, occupational and spiritual. Veenhoven (2000) identified four dimensions of wellbeing: livability of the environment (good living conditions), utility of life (extent to which higher values are achieved), life ability of the person (how well a person is prepared to cope with life) and appreciation of life (related to subjective wellbeing). Of these four dimensions, foods have been claimed to affect life ability and appreciation of life (Boelsma, Brink, Stafleu, & Hendricks, 2010). Furthermore, according to Diener et al. (2003) subjective wellbeing has a hierarchical structure that includes four main components: pleasant emotions, negative emotions, global life judgments and domain satisfaction; which could be potentially affected by our own eating patterns. Foods have been reported to have a strong influence on our emotions (Canetti, Bachar, & Berry, 2002; Macht, 2008) but it is not clear how these food-elicited emotions affect consumers' evaluation of their subjective wellbeing. Besides, foods can also affect global life judgments by influencing life satisfaction and fulfillment, as well as domain satisfaction by affecting our health (World Health Organization, 2011). However, a clear understanding of how consumers perceive the influence of foods on perceived wellbeing is still lacking (McMahon et al., 2010; Meiselman, 2013).

Different strategies have been incipiently used to measure food related wellbeing. Boelsma et al. (2010) measured perceived wellbeing of two protein-carbohydrate meals by asking consumers to evaluate physiological (satiety and satiety) and subjective aspects (satisfaction, pleasantness, relaxation, physical energy, alertness and sleepiness) of food consumption using scales. Similarly, King et al. (2012) measured perceived wellness of different food products using a questionnaire, which included five dimensions: physical, emotional, intellectual, social and spiritual. These approaches have been based on a review on wellbeing and have not considered consumer perception of the relationship between food and wellbeing.

In this context, the aim of the present work was to investigate consumers' perception of wellbeing in a food-related context using an explorative qualitative approach.

## Materials and methods

### Participants

One hundred and twenty people from Montevideo (Uruguay) participated in the study. They were selected from the consumers' database of Departamento de Ciencia y Tecnología de Alimentos (Universidad de la República, Uruguay) in June 2012, using a convenient, intentional and reasoned sampling with predetermined quotas (Kinneer & Taylor, 1993). Participants were recruited according to three age groups: 18–29 year old, 30–54, and older than 55, balanced by gender. Table 1 shows the socio-demographic characteristics of the participants. At the recruitment stage, no information about the specific aim of the study was provided.

**Table 1**  
Demographic characteristics of participants ( $n = 120$ ).

	Participants (%)
<i>Gender</i>	
Female	50
Male	50
<i>Age (years)</i>	
18–29	33.3
30–54	33.3
55 and older	33.3
<i>Occupation</i>	
Student	25
Worker	68
Retired	5
Housewife	2

### Data collection

Three qualitative techniques were selected to explore consumer perception of wellbeing in a food-related context using both an indirect and a direct approach: word association (Ares, Giménez, & Gámbaro, 2008a; Roininen, Arvola, & Lähteenmäki, 2006), open-ended questions and free listing (Hough & Ferraris, 2010; Russell Bernard, 2005). These techniques involve tasks that are less structured than quantitative approaches, and therefore allow deeper probing of consumers' behaviour (Lawless & Heymann, 2010). Word association has been chosen because it allows an indirect approach to identify consumers' spontaneous associations with wellbeing in a general and a food-specific context (Steinmann, 2009), whereas open-ended questions and free-listing were used to explore specific aspects of wellbeing in a food-related context.

Seven different tasks were included in the questionnaire including two word association tasks (Questions 1 and 2), two open-ended questions (Questions 3 and 4) and three free listing tasks (Questions 5 to 7). The wording of the seven questions is shown in Table 2.

The questionnaires were printed and handed to participants, who were asked to complete them in less than 20 min. The questions were presented on separate sheets and participants were told to complete each question at a time without browsing the entire questionnaire. A researcher was present during the test to verify that participants answered the questions one at a time in the specified order, but did not interact with the respondents. Also, participants signed an informed consent form before completing the study.

### Data analyses

When completing qualitative tasks participants usually use a large number of different terms and expressions to refer to the same concept. For this reason, the analysis of responses to qualitative tasks is usually performed by grouping the responses into exclusive and exhaustive categories (Krippendorff, 2004). In the present work the phrases and words elicited by participants in the seven tasks were grouped into categories by triangulation. First, a search for recurrent terms within each task was performed, and terms with similar meaning were grouped into categories. This classification was performed based on the personal interpretation of three researchers. After individually evaluating the data, the final categories were obtained by consensus. In the last question (Question 7 from Table 1) categories were merged into different dimensions using the same procedure. Categories and dimensions mentioned by at least 5% of the participants were considered for further analysis. Considering the exploratory nature of the study, 5% was selected as a cut-off point to avoid losing a large amount

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