Opinions and Perspectives

Health claims on foodstuffs: A focus group study of consumer attitudes

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ABSTRACT

Consumers have become increasingly concerned with the foods they eat and the impact they have on their health. To address this, the food industry has developed a wide array of foods that make health claims to reduce disease risk or to improve/maintain a persons' health. This study was conducted to examine the impact of health claims on peoples' reactions to these foods. A series of five focus groups involving 35 women were administered. Taste and price were the most influential factors in purchasing foods with health claims. Health claims do influence purchasing in older populations. Mothers of young children are inclined to consider diets which may include foods with health claims. People are positively disposed towards health claims when a friend or relative suffers from a related condition. Many individuals preferred a total diet approach, rather than focusing on individual healthy foods.

1. Introduction

In the last decades, consumer demands in the field of food production have changed considerably (Siró, Kapolna, Kapolna, & Lugasi, 2008). As consumers have become increasingly concerned about what they eat and how this affects their health, the food industry has responded by providing more detailed nutrition labelling and often making claims about the beneficial effects of certain foods.

Health claims and their related products have the potential to both assist consumers in understanding the relationship between food and health, in maintaining healthy eating patterns and also improve public health more generally (Leathwood, Richardson, Strater, Todd, & Van Trijp, 2007).

‘Functional foods’ are designed to be consumed as part of a regular diet but have a health benefit with a clear, nutritional basis (Kwak & Jukes, 2001). While there can be professional skepticism (cf. Lee, Georgiou, & Raab, 2003) about the role of these products on the market place, it is clear that the consumer is showing increasing interest in the purchase of products which could provide solutions to dietary problems or go some way towards preventing problems before they arise (McNally, 2007).

An informed food choice regarding nutrition content is only one aspect out of several when consumers choose foods. Additional factors include issues such as nutrient content, physical/chemical properties of the food, physiological effects and psychological effects (Landstrom, 2008) all of which impact on consumer decisions. When it comes to actually deciding whether or not to purchase a product however, the principal considerations still do not pertain to health, but rather taste and price (Glanz, Basil, Maibach, Goldberg, & Snyder, 1998).

Habit dictates many of our purchasing decisions. For new products however, such as functional foods, results of studies on consumer attitudes towards has gradually become established in the literature. Attitudes and lifestyle factors in addi-
Following a detailed content analysis, a thematic analysis was then conducted. Abstract themes from the coded text were refined and themes drawn up (Attride-Stirling, 2001). Detailed analysis of the transcripts yielded three major themes:

1. The Market mix.
2. Lifecycle Effects.
3. Psychological effects incl. health beliefs and personality types.

3.1. Theme 1. The market mix

As a concept, the marketing mix comprises innate product characteristics such as taste; and promotion, price, place and packaging (Kotler, Armstrong, Wong, & Saunders, 2008). For the purposes of these focus groups, ‘place’ was not a consideration. Taste, price and packaging were most frequently cited as reasons to purchase. Many (with the exception of most of those in the over 55 year age group) were more inclined to buy a product if there ‘was an offer on’ and the product was reduced in price. The other factor that was predominant was taste. Participants were not prepared to purchase foodstuffs if they did not ‘taste good’, irrespective of health or any other issue.

3.1.1. Trust

Throughout the discussions, participants were asked whom they most trusted as sources of information and advice on foodstuffs that made health claims. Almost all participants said that they trusted their doctor the most but interestingly, a small number of participants did not believe that their GP would be most familiar with these products.

A substantial body of knowledge in the social psychology of communication has consistently demonstrated that the source of a message is important when judging its eventual impact on an audience. Where a source is considered reputable and to possess a high degree of authority, any resulting communications from that source are more likely to be judged in a favourable light. This message effect may be diluted, however, if intended message recipients see an evident self-interest in the source and so may doubt the veracity of the message (Bohner & Wänke, 2002).

About half of the participants declared that they would trust big food companies to give them accurate information about their products and about one third said that they trusted family/friends as a source of information on the topic.

For some participants, familiarity with a long-standing brand encouraged them to trust the product whereas for others, a branded product produced by a multinational and available all over the world was less trustworthy and more likely to be motivated solely by profit. For these, more sceptical participants, there was a feeling that manufacturers were just using the claims as a ‘marketing gimmick’ and had limited scientific support.

On the other hand, for those who trusted the multinationals, a clear reason for the trust was the fact that the big companies were in a financial position to conduct the research and therefore their claims were more credible than those that may have been made by smaller, less financially viable companies.
3.2. Theme 2. Lifecycle effects

Lifecycle effects refers to the concept that peoples’ desires, preferences and choices vary as a function of their chronological stage of life and also where they are in their lives e.g. people pay more attention to healthcare systems once they have children (Alwin, 1994).

This study included only women who were principal grocery shoppers in their homes but included a mixture of women with and without children. The impact of the presence of children in the home was very apparent and while for some mothers, the diet of their children was more important than their own, for others it was felt that once their own diet was healthy and balanced and the children consumed what they themselves consumed, the health of the diet for the whole family was considered.

Preemptive concerns were voiced by mothers who believed that it was their responsibility to ensure that their children ate a healthy balanced diet to prevent them getting ill both now and in the distant future. Many of these women displayed a feeling of guilt or additional responsibility for their children’s welfare. Giving supplements or foods with additional health benefits to children is seen as a method of assuaging some degree of this guilt for mothers whose children don’t always consume a healthy diet.

At the other end of the lifecycle, older women demonstrated preemptive concerns also, however theirs were logically more self-focused than the mothers of young children. The over 55 years group particularly displayed a keenness to prevent ill health and/or maintain their own health status:

3.3. Theme 3. Psychological factors including health beliefs and personality types

3.3.1. Health beliefs

The health belief model assumes that whether or not an individual engages in any particular health behaviour depends on a number of health beliefs (Kaptein & Weinman, 2004; Rosenstock, 1974). Health beliefs can be considered both the maintenance of existing good health and the prevention of bad health.

For the younger age groups in the study, keeping cholesterol down was an important factor when shopping and for some, this was best achieved by establishing and maintaining a good balanced diet but did not include actual preventive behaviour by purchasing additional products. For others however, and particularly those in the older age group, maintaining their health status was very important and in many cases, necessitated making specific purchases, for example, cholesterol lowering dairy products, specific supplements for joints, vitamin supplements, omega 3 and 6 supplements and products fortified with these fatty acids and dairy products claiming to help boost the immune system.

Many participants had a holistic approach to health and believed that one individual product was not enough to improve an individual’s health and that their total intake and the consumption of whole fresh foods were much more important.

In line with vicarious learning and as also identified by previous studies (Childs, 1997; Verbeke, 2005) should a relative or close friend suffered from a heart condition or some problem with gut function, then these people seemed more predisposed to considering that these products may benefit them and these participants seemed more positively disposed towards products bearing health claims.

With this personal experience however, some others felt the diseases were genetic and that their diet would have no influence and therefore spending extra money on foods with claims was not likely to make any difference. This denial of a link between maladaptive health behaviours and personal health outcomes is common in the health behaviour literature (cf. Rabiau, Knauper & Miquelon, 2006).

3.3.2. Personality types – food neophobia

‘Openness to experience’ is one of five major domains of personality first published by psychologists Costa and McCrae (1985). People who score low on openness are considered to be closed to experiences and tend to be conventional and traditional in their behaviour. Food neophobia (Martins & Pliner, 2005) is generally regarded as the reluctance to eat or the avoidance of new foods and people who score low on openness often display food neophobic traits.

Many participants displayed a reluctance to buy something they had never tried before. People had a sense of comfort with products with which they are familiar and are therefore slow to change. Given that many products that make health claims are relatively new to the market place, this suggests that consumers may be slow to try them also.

Overall, positive attitudes towards these products seemed to rely on people’s health. Participants seemed more inclined to have a positive attitude if they were attempting to reverse a health issue, i.e., reduce cholesterol but if the claim was non-specific e.g. improves your immunity, they were less inclined to believe it. They needed clear instruction about the potential benefits from consuming these products. However, if price is removed from the discussion, there seemed to be little risk from consuming a product and potential benefit so it was a risk many were prepared to take.

4. Limitations of this study

This study focused on women only, some of whom were mothers and the majority of whom was in employment and had been educated up to degree level at least. These relatively affluent women were also relatively young (65% were under 40 years of age) and, while the results of this study may give some indications of people’s perceptions of health claims, as with all focus groups, one should not extrapolate the findings to the general population.

The presence of two participants with a high level of food safety knowledge may have skewed the flow of the discussion in one particular focus group and isolating the specific effect of individual participants is problematic in focus group design.

Very specific health claims such as ‘Lowers cholesterol’ were discussed most frequently in the focus groups. A study...
which looked at more generic non-specific claims could make an interesting contribution to this knowledge base.

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