Consumer's perception toward health claims for healthy food selection

Muhammad Zeeshan Zafar *, Noor Azmi Hashim, Fairol Halim

School of Business Management, College of Business, University Utara Malaysia, Malaysia

Abstract: The objective of this article was to analyze that how various researchers in the past have investigated the effect of health claims on consumer food selection. To achieve the object authors have taken into his consideration most recent literature as well as some literature was belong to the first decade of millennium while very small portion was taken from last decade of 20th century. With this division authors have described that how health claims was significant for different consumers and researchers. After analyzing these literature authors have come to conclusion that yet there is a need to investigate more about the relationship between health claims and healthy food intake. The reason to suggest is that the perception of health claims varies from country to country and consumer to consumer according to the previous researchers’ outcome. The mixed kind of results are blessing for future researcher to examine more by placing this relationship in various cultures.

Key words: Health claims; Healthy food intake

1. Introduction

The rapidly increasing growth of diet oriented diseases has become major public concern (OECD, 2010a). Researchers have noted that the changing pattern of lifestyle and dietary behavior as well as modification in physical activities and human cognition have become the cause of non-communicable diseases like cardiovascular, cancer and Type 2 diabetes (Diepeveen et al., 2013; WHO, 2010). This increasing risk of dietary diseases has made consumer conscious and demanding toward healthy food intake and its promotion. Past studies have indicated that sometime consumer found in taking keen interest for the promotion of healthy food selection and lifestyle (Lalor et al., 2011).

Traditionally food selection criteria among consumer is based upon taste and price rather nutrition and healthiness behavior. In self-reported information consumer found very knowledgeable regarding nutritional information whereas in every day practice results are contrary. It is not easy task to divert consumer behavior toward nutritional and healthy food choice behavior. Nevertheless, countries are putting effort to aware consumer about nutrition and healthy food and to achieve this objective companies are providing detailed nutritional information labels for food items (Grunert & Wills, 2007).

The compulsary nutritional food labeling with nutritional and health claims was first introduced in European Union in 2007 (EC, 2011; Pravst, 2011). Later, food label frequently display the health and nutritional claims to make consumer informed choices in food (Miklavec et al., 2015). It has also been noticed in research that health and nutritional claims are category and country specific, the most commonly observed food category for health claims is yoghurt and breakfast cereal (Lalor et al., 2010; Pravst et al., 2013). Consumer perception toward health claims oriented food labeling, for selecting healthy food, is very positive (Verbeke et al., 2009). Whereas it has also been noticed that health claims found very difficult to understand and interpret among consumers due to scientific language used in health claims. Consumer understands the benefits and significance of health claims (Zezelj et al., 2012) but also demand easy to read health claim statements (Bitzios et al., 2011). Previous studies have described that there are many factors which effect on understanding of food labeling information including health claims like, socio-demographic, nutritional knowledge, familiarity with food label due to previous experiences (Cowburn & Stockley, 2005; Grunert et al., 2010; Nocella & Kennedy, 2012). Most often it has been observed that consumer search for detail information to make link between health claims and previous knowledge about nutrition (Svederberg & Wendin, 2011).

In understanding, usage and interpretation of food label information among consumers, the presentation of information with health claims, on food label, play vital role (Miklavec et al., 2015). The food retail market is expanding in the world like USA (Neiner, 2012), Japan (Sanaullah Khan et al., 2013) and European Union (LFR, 2011). Companies are assisting consumers in taking correct food, for good health, by providing health benefit information on food label. Lytton (2010) has indicated that health claims is a part of front of pack labeling scheme and primary source of providing nutritional guidance to consumer in taking quality of food. According to
marketers, the health claims not only beneficial for consumer for quality of food selection but also considered as competitive edge for food processing companies (Pearson et al., 2009; IOM, 2010; Sanaullah Khan et al., 2013). A study conducted in America on the usage of health claims at point of purchase and found that 30% consumer consult health claims while purchasing food items as well as considered that presence of health claims at food label assure the quality of food (Sloan, 2012).

The favorable and unfavorable comments regarding the health claims go side by side. Some consumers, food processing companies and marketers have taken the health claims beneficial for consumer healthy food choices, along with these behavior some of the consumers are in favor of government attitude that health claims are difficult to understand and misleading (Glickstein et al., 2014). It has been observed that there are lawsuits series in US market regarding the two concepts of claims; qualified health claims (QHC) and nonqualified health claims (NQHC). Through research investigation consumer found confusing between QHC and NQHC (Derby and Levy, 2005; Hooker and Teratanavat, 2008; Reinhardt-Kapsak et al., 2008; Nocella and Kennedy, 2012), whereas food processing companies also not guiding consumer toward qualified and nonqualified health claims (Bone and France, 2009).

Therefore objective of this research was to analyze the effect of health claims or nutritional claims on consumer dietary quality as well as to investigate the perception of consumer toward health claims or nutritional claims at point of purchase. To achieve this objective author of this article has review several literature where past researchers have examined the role and value of claims in healthy food selection. Furthermore author of this has analyzed, with previous researches that did the presence of health or nutritional claims on food label influenced in changing consumer behavior toward unhealthy to healthy food choices.

2. Literature

Health claims are approved on food packaging and strong link has existed between health claims and reducing risk of dietary diseases (Glickstein et al., 2014). It has been noticed that the debate related to the health claim scientific level and consumer understanding is global (Grunert et al., 2011). The usage and understanding of health claims vary from consumer to consumer as well as country to country. Previous researches have indicated that Japan and Korea have designed evidence rating scheme for health claims in their food system (Yamada et al., 2008; Kim et al., 2010) whereas European Union, Australia and New Zealand have made changes in their regulatory system for the implementation of health claims packaging scheme for food labeling (FSANZ, 2012; Lugard, 2012; Starling, 2012).

It has been observed that dietary supplement manufacturer were witnessed of the benefits of health claims and later the Dietary Supplement Health and Education Act (1994) has been amended and permitted to supplement manufacturer to print health claims on packaging (Bass, 2011). Evidence has existed in past literature that the popularity of health claims among food products are more than the dietary supplements (Emord, 2000). It means that consumer response toward health claims for food products was noticeable in early 21st century. Gray (2012) has indicated that for the long lasting success of health claim labeling scheme it is necessary to determine link between health claims and normal consumer understands.

Nutritional and health claims have played vital role in correct food choices (da Fonseca and Salay, 2008; Nayga, 2008; Rimal, 2005). Health claims influence the decision making process of consumer at point of purchase. It has also been noted in previous researches that to educate consumer regarding nutrition and healthiness food, nutritional and health claims were very effective (Ares et al., 2009). To avoid any kind of misleading perception about nutritional and health claims Europe and America have made some policies for the approval of correct claims. The nature of European and American claims is similar but the adoption procedures are flexible in America as compare to Europe (Verhagen et al., 2010). The objective of these regulation and procedure is to provide informed food choice decision making process to consumers.

The popularity of health claims is not confined to specific products like meat but also inspiring the dairy and snacks industries (Vyth et al., 2010). Along with favorable opinion about health claims, previous studies have also noticed some unfavorable and critical opinions about claims. It has been observed that sometime only the claim’s perception create positive or negative image and consumer forget the real effect of food item on his/her healthy diet (Biesalski et al., 2011). Therefore it is not possible to claim that all the health claims qualify the level of consumer understanding and usage at point of purchase (Verbeke et al., 2009).

Claims are divided into two sections; health claims and nutritional claims. Consumer perceives both claims different while purchasing food product. Nutritional claims are accounted for the specific beneficial properties of nutrient like the product contains or not contains calories, whereas health claims make relation between food and health (Wezemael et al., 2014). Both claims are nutritional factor based and consumer take advantage from both claims at point of purchase (Lähteenmäki, 2012; Lawson, 2002). Moreover, some researchers have unfolded the fact that health claims are more famous among consumer as compare to nutritional claims (Barreiro-Hurlé et al., 2009). Verbeke et al. (2009) has indicated that in fruit juices, cereal and spread, consumer value health claims rather nutritional claims. Therefore it would not be wrong to state that the acceptance of claims with food label has depended on consumer perception. These claims
actually build a cognitive process in consumers mind and consumers relate claims benefits with their health deficiencies or dietary quality improvement. Finally consumer takes decision at the point where he/she has satisfied by filling gap between health deficiencies or dietary quality improvement.

By taking into consideration that food label is a suitable source for delivering information to consumer regarding healthy or unhealthy food, European Union has legislated to protect consumer from any kind of misleading or false information or claims printed on food package (Carrillo et al., 2014). Therefore to remove the doubt and misconception about health claims European Union legislation has defined the claims as guidance for food processing companies as well as for end consumer, so the claims is “any message or representation, which is not mandatory under Community or national legislation, including pictorial, graphic or symbolic representation, in any form, which states, suggests or implies that a food has particular characteristics” (EC No, 1924/2006). Now this definition is a yard stick for company and consumer to analyze the qualified or unqualified food claims. Some researchers have their opinion that the comprehensive definition of claims also distinguishes between nutritional and health claims (Carrillo et al., 2014). Whereas some have found through research that consumer was unable to distinguish between both claims at point of purchase (Lawson, 2002).

Furthermore, health claims are very effective for cereal foods and consumer associates health claims with healthy food and likelihood of products which contains health claims on package. The second dimension which researchers have realized that claims are culture specific and consumer accept the health claims according to their need and requirement (Saba et al., 2010). After recognizing the significance of health and nutritional claims, international standards and laws at national level have tried to harmonies and control the claims to make it truthful and trust worthy for the consumers (Aschemann-Witzel, 2011). Health claims are necessary for the communicating and educating consumers about the functionalities of food and its effect on consumer health and dietary quality (Hawkes, 2004; Urala et al., 2003). According to the definition of Codex Alimentarius Commission (CAC, 2004) the health claims is “any representation that states, suggests, or implies that a relationship exists between a food or a constituent of that food and health”.

Consumer perception, understanding and attitude toward healthy food eating and healthy food selection differ from product to product as well as from consumer to consumer (Luomala et al., 2006; Ronteltap et al., 2012). Consumer acceptance about organic food healthiness would be different from rest of the food healthiness concept (Lähteenmäki, 2013). There are some studies exist where researchers have found negative expressions about health claims labeling schemes. It has been observed that presence of health claims on any food label considered as less natural by some consumers (Kahl et al., 2012; Lähteenmäki et al., 2010). Even with this negative opinion in some research results, the health and nutritional claims are commonly used by food processing companies (Caswell et al., 2003). A survey conducted in Irish market and results have indicated that 47% products are featured by nutritional claims and 18% were health claims based food products (Lalor et al., 2010). In some countries of the world like UK and Sweden, the control of nutritional health claims are self-regulatory (Patel et al., 2012). It means that states initiate the code of conduct for nutritional and health claims to protect consumer from doubtful and fictitious claims and confined companies to follow the claims according to regulation.

Patterson, Sadler and Cooper (2012) have indicated that health claims are only acceptable, if average consumer understand the benefits of health claims. Consumer some time responded in research that health claims oriented products are resembled with medicated or medicine which effect on specific physiological wellbeing of consumer (Dean et al., 2012). Designing qualified health claims is not an easy task for companies. Companies have involved skilled human resource for effective health claims. It has been considered that health claims actually transfer information from food processing companies to consumer with disclosing all the healthy benefits in a precise way. The success of health claims in market is beneficial for companies as well as consumers. According to a research the cost incurred on health claims in Europe is 4.57 to 7.65 million euros (Brookes, 2010). Therefore the rejection of health claims by consumer, who is ignorant about the cost of health claims, throw drastic effect on food market and vice versa.

In several countries in the world, health claims have received special attention by country legislation policies. The reason behind this attention is the growing perception that health claims is a better source of conveying nutritional and healthy information to consumers and therefore companies are also giving strategic place to health claims labeling schemes while producing food products and designing food labels. Hawkes (2004) has indicated that in some countries health claims are mandatory; few countries are adopting health claims on voluntary bases whereas in some countries health claims are popular among consumers as well as among food companies. Therefore health claims labeling scheme is country and consumer specific.

Nocella and Kennedy (2012) have indicated that it is unclear yet that to what extent health claims are effective for consumer understanding and educating about nutrients or healthy food intake. The health claim regulations, which were first time introduced in Japan and USA in 1990 (Arai, 2002), only permit those claims which satisfy and interpret average consumers (Asp and Bryngelsson, 2008; Richardson, 2003). It means for contemporary food industry the adoption of health claims can only approved when it is analyzed, by health claim experts, that average
consumer understand the claims. The consultation of health claims, while purchasing food products, among educated consumers are higher than the illiterate consumers (Nocella and Kennedy, 2012). The past researches have unfolded the fact that well-educated consumer better know the relationship between diet and diseases (Cotunga et al., 1992; Ippolito and Mathios, 1991) and demonstrate better understanding of health related messages delivered by food companies through food labeling (Fuller et al., 1991; Moorman, 1990).

The role of consumer knowledge and interest toward healthy food is very pivotal. It has been observed that consumer interest and knowledge in health claims is increasing day by day. The reason behind this increasing trend is the awareness of consumer that appropriate diet reduce the disease risk and even premature death (Cowburn and Stockley, 2004; Gracia et al., 2007; van Trijp, 2008). Some studies in the past have noted that consumer understanding regarding the relationship between diet and diseases vary from customer to customer (Brennan et al., 2008). Consumer is aware about the relationship between saturated fat and heart diseases and cancer risk is linked with dietary fiber, but not well aware about fat connection with cancer and dietary fiber relation with heart diseases (Garretson and Burton, 2000). The knowledge about health claims reduce the risk of misperception about health claims and also guide consumer to take healthy food by using health claims labeling scheme (Andrews et al., 2000; Brennan et al., 2008; Williams, 2005).

Spiller (2011) has indicated that consumer most of the time need to process extra information related to nutrition and for this purpose he/she trade off with health claims and save time to satisfy the health related need. Grunert et al. (2011) has investigated the impact of health claims to motivate and to process information and found that the problem of average consumer understanding concept still exist. Therefore the level of consumer understanding toward health claims is most decisive one before displaying health claims on food label, because if the food company would not consider the consumer interpretation level of health claims then the health claims on food label would merely a claim and not achieve the intended goal of company.

Žeželj, Milošević, Stojanović and Ognjanov (2012) has indicated that the health claims serve to consumer beyond the fundamental utilities of nutrition, and should guide consumer in taking correct food which is good for health. Studies have indicated that dairy products are the most suitable for health claims front of pack labeling schemes (Stojanovic et al., 2011). Health claims not only convey message about specific nutrients but also communicate the overall value about food products (Žeželj et al., 2012). One past study on health claims has indicate that for the effectiveness of health claims there are two basic conditions, one is consumer well aware that the targeted nutrient claim exist in the product and second is consumer well aware that existing nutrient is beneficial for his/her health (Wansink and Cheney, 2005).

It has been observed that beverages having rich nutrients are getting popular among consumer due to the consumer’s interest in healthy eating and drinking, whereas different beverage companies are taking competitive edge by displaying health claims on beverage labels (Sabbe et al., 2009). Nutrition and health claims have been widely used by companies for product differentiations to affect the consumer responses (Sabbe et al., 2009; Hailu et al., 2009; Siegrist et al., 2008). It has also been noted in some studies that the impact of health claims become more positive when consumer found the health claims benefits for himself or for someone else who is close to him (Verbeke, 2005). There are several studies conducted in the past to investigate the significant role of health claims on consumer awareness, understanding and its impact on consumer dietary or health quality. Table 1 would give the brief description of past literature targeted to health claims dimensions;

<table>
<thead>
<tr>
<th>Author, Year, Country, Variable</th>
<th>Objective</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Williams, Leisa RIDGES, Marijka Batterham, Bridget Ripper and Man Chi Hung</td>
<td>How appealing the health Claims are for consumer in healthy food selection and the comparison of Dutch and Australian Consumers</td>
<td>For Australian consumers the health claim’s perception toward healthy food was lower than the Dutch consumers.</td>
</tr>
<tr>
<td>E. Carrillo, S. Fiszman, Liisa Lähteenmäki and P. Varela</td>
<td>Link of non-verbal symbols with healthy food, consumer perception and attitude toward health claims and symbols, the difference between symbols and health claims as well as cultural difference in perceiving health claims and symbols</td>
<td>For Spanish consumers symbols or pictorial cues are more significant and health oriented whereas for Danish health claims are more decisive for correct food selection. But the overall point of view is that combination of both is important for healthy food selection.</td>
</tr>
<tr>
<td>Lynn Van Wezemael, Vincenzina Caputo, Rodolfo M. Nayga Jr.</td>
<td>The association between nutritional and health claims with beef nutrients, the</td>
<td>The nutritional and health claims play vital role in selecting healthy food, for beef</td>
</tr>
<tr>
<td>Authors</td>
<td>Country</td>
<td>Type of Research</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>George Chryssochoidis and Wim Verbeke</td>
<td>UK and USA</td>
<td>Claims</td>
</tr>
<tr>
<td>N. J. Patterson, M. J. Sadler and J. M. Cooper</td>
<td>United Kingdom</td>
<td>Health Claims</td>
</tr>
<tr>
<td>Klaus G. Grunert, Joachim Scholderer and Michel Rogeaux</td>
<td>Germany</td>
<td>Health Claims</td>
</tr>
<tr>
<td>Wanki Moon, Siva K. Balasubramanian and Arbindra Rimal</td>
<td>USA</td>
<td>Health Claims of Soy products</td>
</tr>
<tr>
<td>Fiona Lalor, Ciara Madden, Kenneth McKenzie and Patrick G. Wall</td>
<td>Ireland</td>
<td>Health Claims</td>
</tr>
<tr>
<td>Márcia C.T.R. Vidigal, Valéria P.R. Minim, Naiara B. Carvalho, Maria Patrícia Milagres, Aline C.A. Gonçalves</td>
<td>Brazil</td>
<td>Health Claims</td>
</tr>
<tr>
<td>L. Lähteenmäki</td>
<td>Denmark</td>
<td>Health Claims</td>
</tr>
<tr>
<td>Krista Miklavec, Igor Prašt, Klaus G.</td>
<td>Denmark</td>
<td>Health Claims</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Country</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Grunert, Marija Klopčič and Jure Pohar</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>Alie de Boer, Ellen Vos and Aalt Bast</td>
<td>2014</td>
<td>Netherland</td>
</tr>
<tr>
<td>Ann-Marie Lynam, Aideen McKevitt and Michael J Gihney</td>
<td>2011</td>
<td>Ireland</td>
</tr>
<tr>
<td>Ji Yeon Kim, Eun Jin Kang, Oran Kwon and Gun-Hee Kim</td>
<td>2010</td>
<td>Korea</td>
</tr>
<tr>
<td>Amanda Berhaupt-Glickstein, Mary L. Nucci, Neal H. Hooker and William K. Hallman</td>
<td>2014</td>
<td>USA</td>
</tr>
<tr>
<td>Iris Z’ez’elj, Jasna Miloševic, Z’aklina Stojanovic’ and Galjina Ognjanov</td>
<td>2012</td>
<td>Serbia</td>
</tr>
<tr>
<td>Jesu’s Barreiro-Hurle, Azucena Gracia and Tiziana de-Magistris</td>
<td>2010</td>
<td>Spain</td>
</tr>
<tr>
<td>Hans Verhagen, Ellen Vos, Sheila Francel, Marina Heinonen and Henk van Loveren</td>
<td>2010</td>
<td>Netherland and UK</td>
</tr>
<tr>
<td>Alessia Cavaliere, Elena Claire Ricci and Alessandro Banterle</td>
<td>2015</td>
<td>Italy</td>
</tr>
<tr>
<td>M. Dean, P. Lampila, R. Shepherd, A. Arvola, A. Saha, M. Vassallo, E. Caupein, M. Winkelmann and L. Lahteenmäki</td>
<td>2012</td>
<td>Finland, UK, Germany and Italy</td>
</tr>
</tbody>
</table>
3. Discussion

After consulting several articles related to health claims and its effects, author of this thesis has realized that health claims labeling scheme can play significant role on consumer food purchase behavior. But health claims are effective only by following the legislation. There is no free hand for food processing companies to adopt any health claims for products. The approved and qualified health claims are targeting consumers’ health oriented need and requirement. It has observed in past literatures, which have addressed the relationship between health claims and dietary quality or healthy food intake that consumer opinion regarding health claims benefits are mixed.

Some respondents are very conscious while purchasing food products and noticed the existence of health claims and consider that if health claims printed of label it ensure the safe food. While some of the respondents are found to be ignorant about health claims and might be not bothering even to read it at point of purchase. These consumers have feeling that health claims are just the part of labeling printing and nothing special to be read. But here it would not be wrong to state that food processing company’s intention is different while printing health claims and not just merely a part of other text printed of food label. The reason is that in one previous study it has been notice that almost 4.57 to 7.65 million euros are being incurred on health claims labeling schemes. Therefore this huge cost only on health claims front of pack labeling scheme would have some special meaning and lesson for consumers but due to some gap between consumer and food processing companies health claims strategies, the message not targeting the segment.

This communication gay can be filled with the concept, which is prevailing in the world related to health claims, that “average consumer” health claims understanding.

Most countries legislations and government authorities, concerning to health claims, consumer health and food safety, have directed to food processing companies regarding health claims. Authorities have guided them to approve the health claims which are easily understand and interpret by average consumer of their segment. The purpose behind this policy is that health claims language is scientific and not easy to understand and translated by common consumer even it has been noted in some previous researches that educated consumer has faced difficulty in consulting health claims at point of purchase. Therefore the objective of health claims is to guide consumer to take correct food which is good for health and if these targeted consumers are deprived of this message due to lack of knowledge and understanding then there would not be need of these health claims and the cost incurred on claims would go into waste. So the language used for health claims must be easy and simple which facilitate average consumer at the point of purchase.

Furthermore, previous researches have also indicated that health claims are country and culture specific. It means that it is not possible to design standardized health claims for the whole world. In some countries risk reduction health claims very popular, some countries’ consumer like health claims which are disclose the benefits of nutrients available in the specific product. Whereas in some countries’ health claims are linked with diseases and older or aged consumer are found to be more interested in consulting health claims while purchasing daily food products. Few past researches have also exposed the fact that health claims oriented food products are considered to be medicated and these products are only made for patients like, Type 2 diseases, sugar patients and cancer patients.

Therefore the mixed kind of previous results has left the unquenched thrust of health claims for future researchers. The past researchers have indicated that this area is not only crucial for changing behavior of consumer toward healthy eating but also significant for food processing companies to design consumer oriented health claims. Companies cannot take competitive advantage only by using health claims, but the health claims which will target the consumer need and requirement that product will grab the consumer attention. Because previous researches have also noted that consumer take notice of those health claims which are beneficial for himself or for the person whom he/she likes.

Moreover the relationship of health claims and healthy diet or dietary quality is still not clear and need to be investigated with in depth and comprehensive method. According to the previous literature demographical and cultural factors are influence health claims acceptance, therefore some culture of developed and developing nations yet not explored with respect to health claims and dietary quality relationship. In the light of the literature reviewed in this article, author of article has suggested to future research lovers to investigate the cultural comparison of health claims and dietary quality relationship like, European culture and Asian culture. This future research may open new dimensions of this relationship.

References


Sabbe, S., Verbeke, W., Deliza, R., Matta, V., & Van Damme, P. (2009). Effect of a health claim and personal characteristics on consumer acceptance of fruit juices with different concentrations of a??a?? (Euterpe oleracea Mart.). *Appetite, 53*(1), 84–92. doi:10.1016/j.appet.2009.05.014


