

# Consumer perceptions of nutrition and health claims

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# Outline presentation

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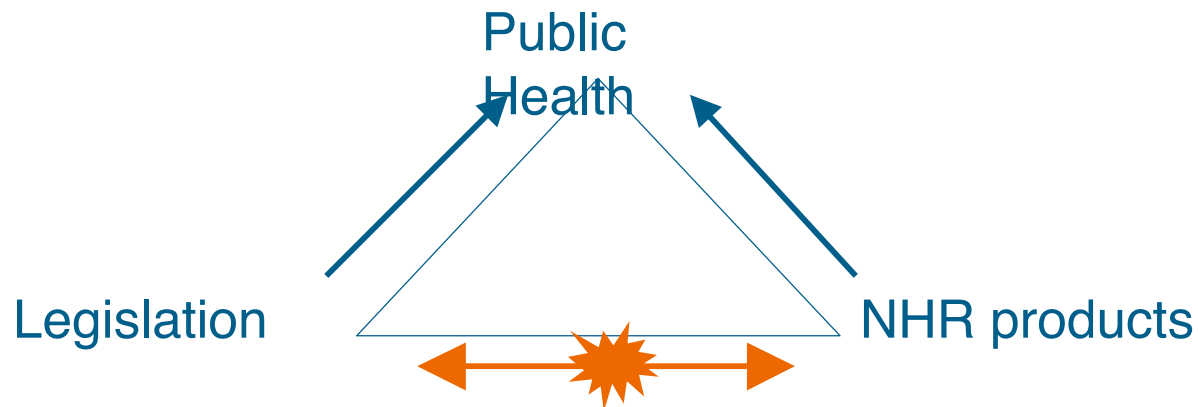
- Introduction
- Problem statement & Theoretical background
- Study design
- Results
- Conclusions & future research



# Introduction

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## ■ Potential of Nutritional and Health-Related claims



## ■ New EU legislation

- Harmonise over Member States (art 1.1)
- Allow higher level claims with strict demands
- Prohibit certain type of benefit claims
- No claims on certain products (nutritional profile)

# Problem statement

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- Implicit EU-legislation assumptions:

- 1) No country-specific consumer effects
- 2) Consumers differentiate on claims strength level
- 3) Consumers perceive soft and hard benefits different  
(Nutritional profile not considered, yoghurt as base product)

- Problem statement:

- We know very little about consumers & health claims
- Lack of systematic research in this area
- Average consumer?



# Relevant insights from consumer science

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- Most consumers are not nutritionists
    - Simplified processing of information
    - Often with limited nutritional involvement and knowledge
    - Yet for health they have to rely on 'our' information
    - Their understanding is not necessarily our understanding
    - Health claims are a powerful tool, if correct and relevant
  
  - Health claims should take this into account
    - to motivate & educate consumers to healthier choices
    - to protect consumers against wrong inferences
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# Theoretical background

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- Increasing use of claims (Caswell et al 2003; Parker, 2003)
  - Potential product biases (Roe et al. 1999)
    - Overrating, HALO effect, 'magic bullet' effect
  - Information search? (E.g. Keller et al. 1997 vs Roe et al. 2003)
  - Claim strength (e.g. Bech-Larsen and Grunert 2003)
- knowledge gap on consumer perceptions  
of different health claims



# This research

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## ■ Research objective

- Understand how consumers perceive and interpret alternative health claims formats for foods

## ■ Research questions

- How do consumers evaluate alternative health claims?
- What differences between countries, claimed benefits, claim types?

## ■ Empirical design

- Four countries: USA (n=1621), UK (n=1560), Germany (n=1620), Italy (n=1566)
- Internet panel
  - Representative for gender and age
  - Good spread in educational level
- Yoghurt with taste claim as base product



# Study design

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## Six health benefit types included

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| 1. Established physiologically based: | cardiov. disease & plant sterols   |
| 2. Psychologically based disease :    | stress & valerian extract          |
| 3. Strengthen normal function :       | intestinal infections & probiotics |
| 4. Physical performance :             | fatigue & slow release CH          |
| 5. Weight management :                | overweight & added fibres          |
| 6. Cognitive performance :            | lack of concentration & caffeine   |

## For each health benefit type, five claim levels included

1. Content claim
2. Function claim
3. Product claim
4. Disease risk reduction claim
5. Consumer benefit claim





# Example of the claims: 1. Physiological

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***Content***

**Contains plant sterols**



***Function***

**Helps lower LDL-cholesterol levels,  
because it contains plant sterols**



***Product***

**Helps lower LDL cholesterol levels**



***Disease***

**May reduce the risk of cardiovascular  
disease, because it contains plant sterols**



***Benefit***

**Helps you live a healthy live,  
because it contains plant sterols**



# Study design

30 claims plus one control (N=100 per cell)

	Content	Function	Product	Disease	Benefit	
Cvd						<i>Plant sterols</i>
Stress						<i>Valerian</i>
Infections						<i>Probiotics</i>
Fatigue						<i>Slow release CHO</i>
Overweight						<i>Added fibres</i>
Concentration						<i>Caffeine</i>

One control condition (taste):  
• This yoghurt “tastes delicious”



# Analysis strategy

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Model selection from exploratory ANOVA's

Dependents:

- Health impact, consumer appeal, newness and difficulty to understand

Independents:

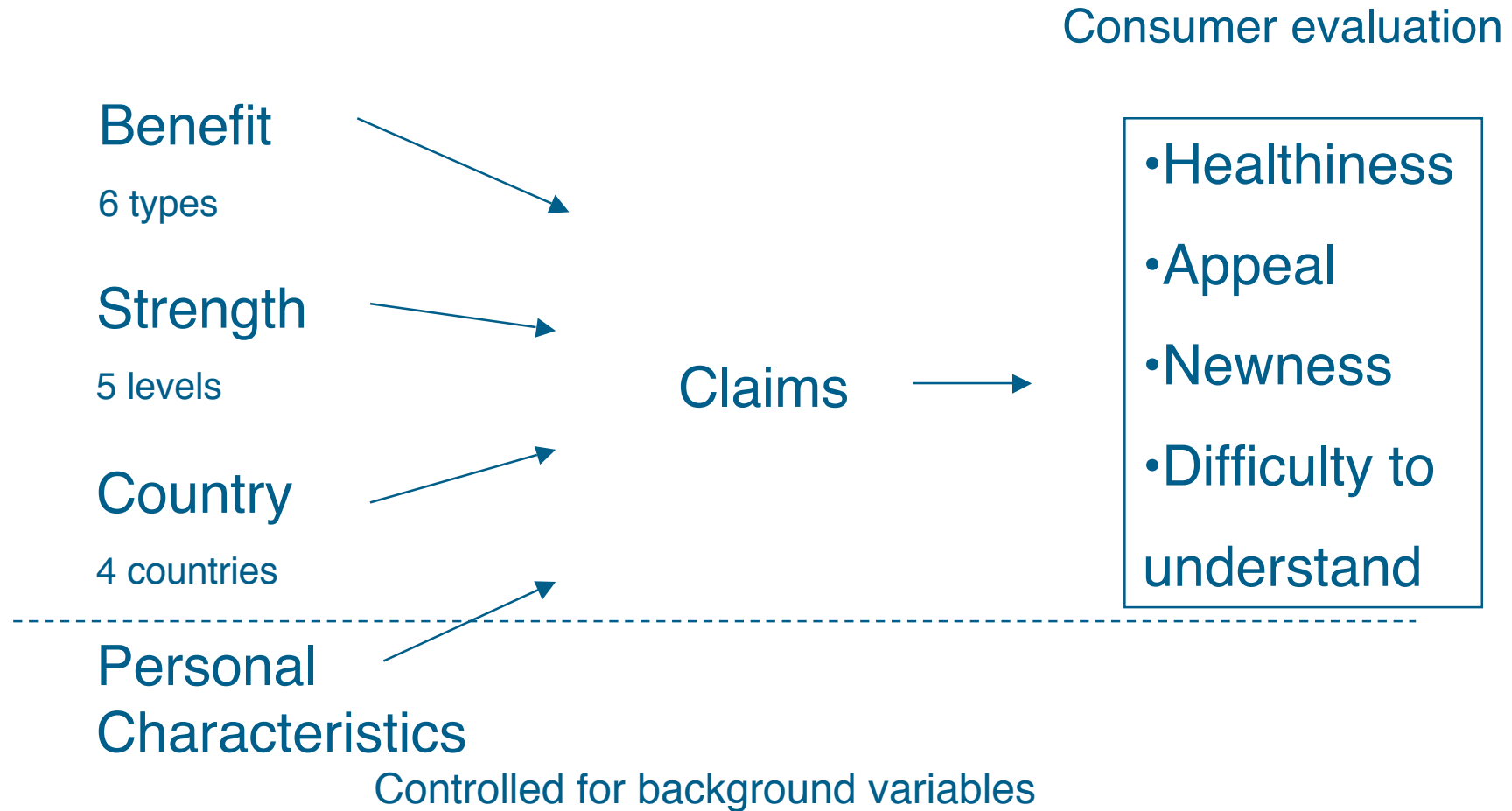
- Benefit, claim level, country
- All first order interaction with benefit, claim level, country
- Healthy food choices, nutritional knowledge, overall health, confidence in functional foods (controlled/covariate)
- Age, education, gender, kids in household (controlled/covariate)

And: same analysis by Country & Benefit



## In short:

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# Conclusions

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- Relevant differences between countries
  - Legislation should leave sufficient flexibility
- Little effect of claim-strength level
  - Discussion on claim strength level seems irrelevant
- Appeal 'hard' benefits (CVD, weight) higher than 'soft' (concentration)
  - Chance to influence public health
  - Prohibition necessary?



# Future research

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## ■ Limitations

- Not generalizable to other countries
- Internet panel
- Wording of specific claim
- Mentioning ingredients

## ■ Future research

- Consumer background characteristics (Van Trijp & Van der Lans, forthcoming)
- In-depth, qualitative research on claim perception
- New countries & claims
- Other food products



# Thank you for your attention!

## Any questions?



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