

## USAGE OF FOOD HEALTH CLAIMS AND RELATED CONSUMER UNDERSTANDING

Naima KHURSHID, Wasim AHMAD, Dr. Rashid SAEED

<sup>1</sup>COMSATS Institute of Information Technology, Sahiwal, Pakistan, COMSATS Road off G.T. Road, Sahiwal, Pakistan, Phone:+9240.4305001.116, Email: naima@ciitsahiwal.edu.pk; rashidsaeed@ciitsahiwal.edu.pk

*Corresponding author:* naima@ciitsahiwal.edu.pk

### *Abstract*

*Very few studies in various countries have been conducted in the context of effect of food health claims onto consumer health and purchase behavior. Health claim messages vary from country to country; but overall consumers view these claims as useful. Generally it is observed that consumers prefer short and concise health claim messages as compared to more long and complex ones. Moreover consumers are of the viewpoint that health claims are more effective if supported and approved by government. Foods with health claims are viewed healthier by consumers, but in some cases consumers may get discouraged by health claims when they are unable to properly comprehend the intended message of nutrition claims. Consumers remain vague between distinguishing health claims, content and structure-function of nutrients. Furthermore there is past evidence that in few instances consumers have improved their dietary choices and knowledge regarding health concern because of use of health claims by manufacturers and governing bodies. This study is a review of contemporary health claim practices in the global upfront.*

*Key words:* consumers, foods, health claims, nutrition claims

### INTRODUCTION

There are several health claim statements that describe the relationship between food components and preferred position of fitness. In daily life, we see different types of health and nutrition claims and catalogue of nutrients found on packaging claiming specific features of food about existence or level of nutrients e.g.; sugar free & low fat etc. Codex Alimentarius described three types of claims:

-Nutrient function claims refer to function of nutrient in physiological development, functions and growth of human body.

-“Enhanced function claims” or “Other function claims” are those which claim that nutrients or other substances amend or advance the functions of human body such as calcium improve the bone density.

-Reductions of disease risk claims are those which may reduce the risk of some diseases e.g.; use of fruits & vegetables may reduce the risk of cancer.

The food products all over the world normally have function and content claims. However, it

is observed that promise of health improvement and reduction in disease varies widely across different products. The National regulatory body has forbidden and restricted such claims, while only permitting such claims after approval from the body. The World Health Organization recent survey in 74 countries and areas on global regulatory environment regarding health claims revealed that 35% was not exercising regulatory claims, 30% barred any claim, 23% permitted nutrient claims and function and small proportion 7% allowed particular disease reduction risk claims or they had particular skeleton for endorsement of these claims.

A debate on value of health claims has been going on for over 15 years and these is used as strategy for consumer awareness and sustain the improvement of food supply of healthier nutrients. The Pappalardo and Calfee from Bureau of Economics in the US Federal Trade Commission (FTC) reviewed the influence of Kellogg’s All-Bran promotion that had advice from National Cancer Institute on consumption of dietary fiber in prevention

of cancer. This campaign ultimately forced US Food and Drug Administration (FDA) in developing new regulatory regimes for health claims and making of the “Nutrition Labeling and Education Act 1990”. Today, the health claims changed markets from food’s promotion on convenience, taste and factors unrelated to health to markets focused on health. The health claims and nutrition labels on food packaging improve the public health by helping consumer in making better decisions about food products. The diet disease claims empower consumer to put the pressure which lead to companies to market nutrition products (Mathios A, Ippolito P. 1998). Other critics argued that health claims are awareness tools that affect consumer behavior (Patch CS et al., 2004). There is also a possibility that the consumer receive deranged messages which have extensive advertising on value-added and highly processed products instead of basic foods such as fruits and vegetables (Earl, R. 1988). There is also an apprehension that health claims cannot help consumer without encouraging educational atmosphere. In a study on health claim in Australia for folate, Bower, C. (2001) recommended that folate claims in isolation can’t appropriately answer the need for consumer literacy about claims and nutrition labels. They can be only used as means in identifying foods which have high folate and this claim gives the reason to buy and consume the food having high folate.

In Australia, Public Health Association of Australia opposed the preface of health claims in Australia by giving the support that health claims which improve food choices and inform consumers in full of loopholes. Other critics claim that health claims improve the sales of more nutritious products. Some other claim that health claims put a positive impact on healthy choices of consumers (Lawrence, M. Rayner, M. 1998). Some consumers are willing to pay more for those products which have added functional benefits and health claims (Van Assema, P. et al. 1996). The FMCG companies are doubtful of their value and philosophy and they have argued that the processed foods health claims help people

who are trying to sell food. Some companies make health claim in creating arts which contain only healthful effects but they do not provide the name of disease (Katan, M. 2004). The health claims have different results in different countries. In US and Europe, health claims help in increasing market share and also help in communicating consumers about responsibility of diet in disease avoidance, wires research on food ingredients and in product development. On the other hand, there are also some product failures which have such claims (Fulgoni, VL. 2001). In WHO research, it is proved that health claims have small role in nutrition literacy, and there is scarce support regarding claims’ effect on diet of people ( Hawkes C. 2005).

There is a methodological challenge in measuring impact of health claims on consumer behavior. Marketers of food companies recommended that health claims impact one third sales of products. The literature of this is based on published and unpublished articles related to health claim, labeling, packaging and nutritious products and behavioral patterns of consumers.

The basic purpose of this review is to examine the consumer behavior when they are exposed to health claims. The objectives of review are to evaluate:

- To what extent health claims have relationship with health outcomes;*
- To what extent consumer react to health claims;*
- To assess the influence of health claims on consumer knowledge and purchasing patterns;*
- How consumers recognize and infer health claims; and*
- Gaps those still stay alive in current study in this area.*

## **MATERIALS AND METHODS**

In order to reach its goals, the research work is based on survey and group methodologies for evaluating and predicting consumer behaviour regarding nutritious products and health claims.

## RESULTS AND DISCUSSIONS

In order to check effect of health claim on purchase behavior, the consumers have to be exposed to them.

In a survey in US, claim that there is a little evidence of impact of health claims on consumption of food. In US where health claims have been allowed for over ten years, there are a small proportion of companies found without health claims on labeling. The cereal products have highest level of usage of these claims. A range of surveys across different countries specify that health claims do affect the attitude of people. In Canada of survey of functional products, 45% people believed that packaging should have health messages whereas 34% believe that components are enough to make consumers aware of nutritious products and they also favored health claims more than content claims.

In countries across Europe, like Ireland (Shine. A, et al. 1999), Denmark (Bech-Larsen, T. and Grunert, K. (2003), Finland (Urala, N. 2003), Scotland (Tessier, S. et al. 2000), the United Kingdom, and Australia and US, the studies regarding health claims have similar results. Sometimes the liking of health claims are related to difficulty in interpretation of health claims messages. In a study in France, the consumers said that they never used the nutrition information because of its complexity. In a study in UK in 2003, 29% of participants believed that the labeling has insufficient information to facilitate them to reach healthy products.

Consumers said that they perceived the claims more effective whose are not clear to them. Consumer said that use information available on label in finding healthier food products. it has also been recommended that claims have more impact on consumers which are exposed to nutritious products for many times rather than consumer who is going to purchase product for first time. In an Australian research in 2003 found that 14% of people using health claim and in UK, 20% of people use health claims in purchase of a product. It is proved that claim usage is higher among

older, educated and female consumers because of their high interest in nutrition habits. The consumers have limited or lacks of knowledge have limited abilities to assess health claim and this phenomenon can reduce reliability of those claims. The consumers are doubtful about information available on labels and there is also a concern regarding manufacturers in using health claims as using a sales tool. People show trust on these messages which are shown frequently by various trusted sources. Most of their consumers also believed that the health claims are approved by government agencies which facilitate the acceptance of health claims among consumers (Mason, M. and Scammon, D. 2000).

The type of health messages favored by consumer is vague. A study in Sweden recommended that consumers prefer those claims having advertising of health rather than avoidance of disease, but in United Kingdom, United States and in other Scandinavian countries studies report that claims of prevention of diseases were more important near consumers rather than health protection. The cultural forces play big role behind these influences. The content, length and wording are also important factors in understanding the claims. The consumers don't like complex, lengthy and scientifically worded statements of claims. Consumers favor split claims with a short and snappy statement on front and detailed information anywhere on the label. The words like "may" and "could" create doubtful claims and consumers in United States favored "may reduce" and "helps reduce" statements for claims (Bruhn, CM. et al. (2).

## CONCLUSIONS

There is need of more research in understanding impact of health claims on food choice or preferences of consumers. The present studies provided the different results among different consumers segments and different food products across different countries. The different other factors such as innovativeness and openness to normative

influence other than advertising and price influence consumer purchasing behavior. There are some universal results:

-Consumer preferred to use products with health claims.

-Consumers are doubtful about health claims and they strongly believe that health claims should be approved by government agencies.

-Consumers do not like complex, lengthy and difficult worded statements but the clear and easy claims with information on the front of packaging.

-The results from case studies prove that people got nutrition awareness and make better food choices because of health claims.

-There are not any unfavorable consequences of health claims.

[12]Tessier, S. et al., 2000, Use and knowledge of food labels of shoppers in a city with a high proportion of heart disease, *Journal of Consumer Studies and Home Economics*, Volume. 24, pp. 35–40.

[13]Urala, N., 2003, Strength of health-related claims and their perceived advantage, *International Journal of Food Science and Technology*, Volume. 38, pp. 815–826.

[14]Mason, M., Scammon, D., 2000, Health claims and disclaimers: extended boundaries and research opportunities in consumer interpretation *Journal of Public Policy and Marketing*, Volume. 19, pp. 144–150.

[15]Bruhn, CM. et al., 2002, Consumer attitudes toward use of probiotic cultures, *Journal of Food Science*, Volume. 67, pp. 1969–1972.

## REFERENCES

[1]Hawkes C., 2004, *Nutrition Labels and Health Claims: The Global Regulatory Environment*. Geneva: World Health Organization. <http://whqlibdoc.who.int/publications/2004/9241591714.pdf>. Accessed June 8, 2005.

[2]Mathios, A. and Ippolito, P., 1998, Food companies spread nutrition information through advertising and labels, *Food Reviews*, pp. 38–44.

[3]Patch, C.S. Tapsell, L.C. and Williams, PG., 2004, Dietetics and functional foods, *Nutrition and Dietetics*, Volume. 61, pp. 22–29.

[4]Earl, R., 1988, Health claims on food labels: an American Dietetic Association perspective (ADA timely statement), *J Am Diet Assoc*, Volume. 88, No.234, pp. 236-238.

[5]Bower, C., 2001, What can we say about health claims?, *Australian Journal of Nutrition and Dietetics*, Volume.58, pp. 209–210.

[6]Lawrence, M. and Rayner, M., 1998, Functional foods and health claims: a public health policy perspective, *Public Health Nutrition*, Volume. 1, pp. 75–82.

[7]Van Assema, P. et al., 1996, Effects of health claims on eating habits of the Dutch population, *European Journal of Public Health*, Volume. 6, pp. 281–287.

[8]Katan, M., 2004, Health claims for functional foods, *BMJ*, Volume. 328, pp. 180–181.

[9]Fulgioni, V.L., 2001, History and industry benefits of health claims, *Nutrition Today*, Volume. 36, pp. 119–120.

[10]Bech-Larsen, T., Grunert, K., 2003, The perceived healthfulness of functional foods. A conjoint study of Danish, Finnish and American consumers' perceptions of functional foods. *Appetite*, Volume. 40, pp. 9–14.

[11]Shine. A, et al., 1999, Consumer use of nutrition labels, *British Food Journal*, Volume. 99, pp. 290–296.