Attitudes towards products with health claims

-Syntetic report from Focus group research-

FOCUS
FOOD CONSUMER SCIENCE IN THE BALKANS

SEVENTH FRAMEWORK PROGRAMME

Respondents. Who was targeted and why?

- ELDERLY (people over fifty)

Because it was expected them to have more health related problems, due to their age. This should result in more attention to healthy diet.

- MOTHERS of children up to 15 years of age

Because they should be more awareness of healthy nutrition in this group, since they are in charge of their children's eating.

Methodology : recruiting procedure

Two or three recruiters per country. Recruitment was done face to face or by telephone interview. The number of participants per group varied from 6 to 11.

- Recruitment questionnaire :
  - seven questions collecting basic socio-demographic data
  - two questions that eliminated as potential discussants
    - (a) marketing or food experts
    - (b) persons who are not aware of their family's food purchase and consumption.

- Blind recruitment procedure (participants were not informed about the discussion topic) in order to avoid self-selection according to interest in food and healthy food in particular.

Methodology : conducting the FGDs

Timeline:

- Detailed focus grouop guideline, with specific instructions
- Supervizing of matherial acquisition
- Recording and note taking for every group
- Collecting and storing the matherial (e.g. collages)

Methodology: reporting synchronization

- Report template
- National reports
- Synthetic report

Goals of focus groups on food with health claims

- Healthy life style, healthy diet
- Model of food purchase and food consumption
- Purchase process: information that make a difference for buyers
- Nutritive claims
- Health claims
- Motives for purchase and consumption of products with h.c.
- Barriers for purchase and consumption of products with h.c.
- Perception of typical consumer of products with h.c.
- Future expectations

Results summary

Healthy diet, spontaneous associations

- All WBC, dominant associations: healthy food, practicing physical activity, cleanness, economic and social security.

  It is essential to have economic well being in order to be healthy, (Elderly, 58, Macedonia)

- Additionally, all WBC, elderly: practicing daily routines (i.e. sound sleep, regular meals) as well as restraint and moderation: a life without stress, alcohol, drugs and cigarettes.

  After retiring people could freeze on sofa (Elderly 63, Slovenia)

Food ------Health

Healthy food:

- **Safe** (safety issue more raised in Macedonia, Serbia & Montenegro)
- *Like those cookies we used to get from America. They were made in 1944. their own war reserves. " (Retired , 65, BIH).*
- *"People sell products that nobody controlles for quality. Ther is also the thing with storing the food: during the summer they take out fruit, vegetables, greens on the sidewalk near busy crossroads, they store the juices and oil and they don't think about the heat, about the sun... " (Housewife, 55, Montenegro)*

&

Beneficial for health (mothers are better informed on up to date nutritional recomendations)

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Nutritional labels: what do they tell the consumers

Detailed nutritional information: quality guarantee. It indicates it has been properly analyzed. It is important for it to be translated in local language.

BUT There is no habit of reading and no understanding of nutritional labels.

No differentiation between list of contents, nutrition facts and other product information available on packaging.

"I am no expert, it doesn't mean anything to me" (Mother, BIH 28)

If nutritional labels are read, they are scrutinized for NEGATIVE INFORMATION: dangerous additives or preservatives.

"I am searching for the 'E' signs- if there are too many, no way I will buy the product" (Housewife, Serbia 53)

Nutritional labels: what do they tell the consumers

Detailed scrutinizing of nutritive labels: only for SOME products and SOME populations:

- Only for a few products, consumers know what to look for content-wise, they are aware of quality indicators (e.g. percentage of cocoa in chocolate)

- Specific subpopulations (chronically ill, allergy prone, on special dietary regiment) are forced to be informed about nutritive content: percentage of fat, sugar, allergens.

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Rationalle for product choice (regular vs HC products)

Group of products	Type of product	Reason for the selection
Yoghurt	3,2% fat yoghurt	1. Fat essential for children 2. Tastes better by far 3. Habit 4. Traditional brand 5. Natural
	Lgg yoghurt	6. Good for digestion (personal experience) 7. Boosts up the immune system (health claim) 8. Innovative
	0% fat yoghurt	9. Lowers the cholesterol level 10. Cardio vascular disease risk prevention 11. Fewer calories 12. Good for the figure
Cookies	Classic	13. Habit 14. Ritual with tea (milk, coffee) 15. Traditional brand (associated with childhood)
	Whole-wheat	16. Healthy 17. Fewer calories 18. Good for digestion
	Diabetic	19. Healthy 20. Fewer calories 21. Low in fat
Margarine	Classic	22. Habit (for meal, especially cookies preparation) 23. Traditional brand
	Light	24. Healthy 25. Fewer calories 26. Low in fat
	Omegol	27. Good for the bone structure 28. Good for immunity
Juice	50% /50%	29. Habit 30. Taste
	100% juice	31. Natural 32. Healthy
	Added Ca and vitamins	33. Healthy

Rationalle for product choice (regular vs HC products)

All WBC

- Diary products: consumers familiar with benefits of low fat, probiotics and omega acid enriched products.
- Juices: familiar with added vitamins. BUTconsidered healthy “by default”.
- Cookies: no mention of fibres (whole weat is sometimes mentioned). Choosen hedonicaly (taste). BUT some whole-weat low sugar products often perceived as tasty.

Rationalle for product choice (regular vs HC products)

- Limitations: awareness, knowledge.

Food for thought: Taste? Price? (Consumer expectations?)

- Consumers prefer familiar products. Slovenia and Croatia: higher consumer ethnocentrism

- *Dukat liquid yogurt because it is Croatian brand, Cappy orange juice again because it is Croatian brand and I think that they have less preservatives and additives than imported juices. Margo light yogurt is my choice because it has less calories." (Elderly, Croatia)*
- *"Cappy juice, because it is Croatian domestic brand margarine omegol – best Croatian brand, has a fine taste, favourable ratio of omega 3 and omega 6, which is healthy Cookie - digestive, the fine taste of the cake for them ... they are healthy, believe in cereals." (Mother, Croatia)*

Food with health claims: typical consumer

All WBC! (media stereotype?)

over 50

health problems

female

well situated

well informed

urban

younger than 25

appearance

trendy

Mothers

Elderly

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Perception of product claims:commercial, nutritive, health

- All three types of claims are equally chosen within the groups. Mothers favor commercial statement, while elderly favor health claim.
- **Commercial statement** is viewed as catchy, but not "too much", so it doesn't provoke suspicion. It is persuasive and calls for consumption. **Nutritive claim** is perceived as excessively technical, too long and "scary". **Health claim** promises health benefits- this is appealing to some, but a "turn-off" for the groups without specific health problems.
- In Slovenia, consumers expressed highest level of suspicion calling the health claims "fashion" or even "fraud". Consumers in majority of WBC wanted to know which government agencies check the accuracy of the claims and if this was done or not.
- Consumers state they do not base their choice upon these claims. At best, the claims could be a trigger to try it once.

Products with h.c., motives for purchase

Innovative, scientific

"It is scientifically proven to be beneficial for health. There is research behind it."(Engineer, 71)

Specific ingredient (familiar health claim)

" It is important for me that is bioactive." (Serbia, Mother, 43)

"I look for probiotics." (Croatia, Retired, 58)

" It contains magnesium. Magnesium relaxes." (Macedonia, Housewife, 58)

Prior experience

"I tried it before, it seems to improve my digestion." (Slovenia, Retired, 62)

Word of mouth

" I buy Balans with cereals for the kids, everyone says it's healthy."(Montenegro, Mother, 41)

Trend

"My daughter is always searching for new things to help her loose weight". (Serbia, Mother, 43)

Products with h.c., barriers for purchase

Doubt in added ingredients : vitamins, minerals, Q10 and other enzymes- they are untraceable.

" I don't know if they added it, I don't know how much they added. If I am to take supplements, I will buy those in pharmacy, so I can have some control to what I am consuming." (Engineer, Serbia 54)

Some adding is unnatural and unnecessary.

"You tell me what are added vitamins looking for in yoghurt! The yoghu contains

enough vitamins itself." (Retired teacher, Slovenia, 65)

"Why should one add Calcium in the fruit juice- there are natural sourc Calcium" (Mother, Montenegro, 28)

Health claim doesn't communicate to consumers

"This claim is too long. Too many scientific terms. Not for me." (Clerk, BIH, 43)

Products perceived as products for specific groups. Part of the population doesn't view themselves as potential consumers.

"This is for people with health problems. I will try it when I am old" (Mother, Serbia, 28)

"Why should I try this- I have no problems with my bones yet?" (Mother, 33)

Products with h.c., barriers for purchase

We cannot automatically assume that consumers will accept novel foods if there is a concrete and tangible consumer benefit associated with them, which implies that functional foods would quickly be accepted.

there is evidence that individuals are likely to differ in the extent to which they are likely to buy products with particular functional properties.

Gender: more female

Age: young (in their 20ies) or elderly. Children? (limited to vitamins)

Health status: with chronic illnesses or health troubles

Understanding consumers' risk perceptions and concerns associated with emerging scientific innovations and their own health status may enable the development of information strategies that are relevant to wider groups of individuals in the population, and deliver real health benefits to people at risk of, or suffering from, different illnesses.

Products with h.c., barriers for purchase

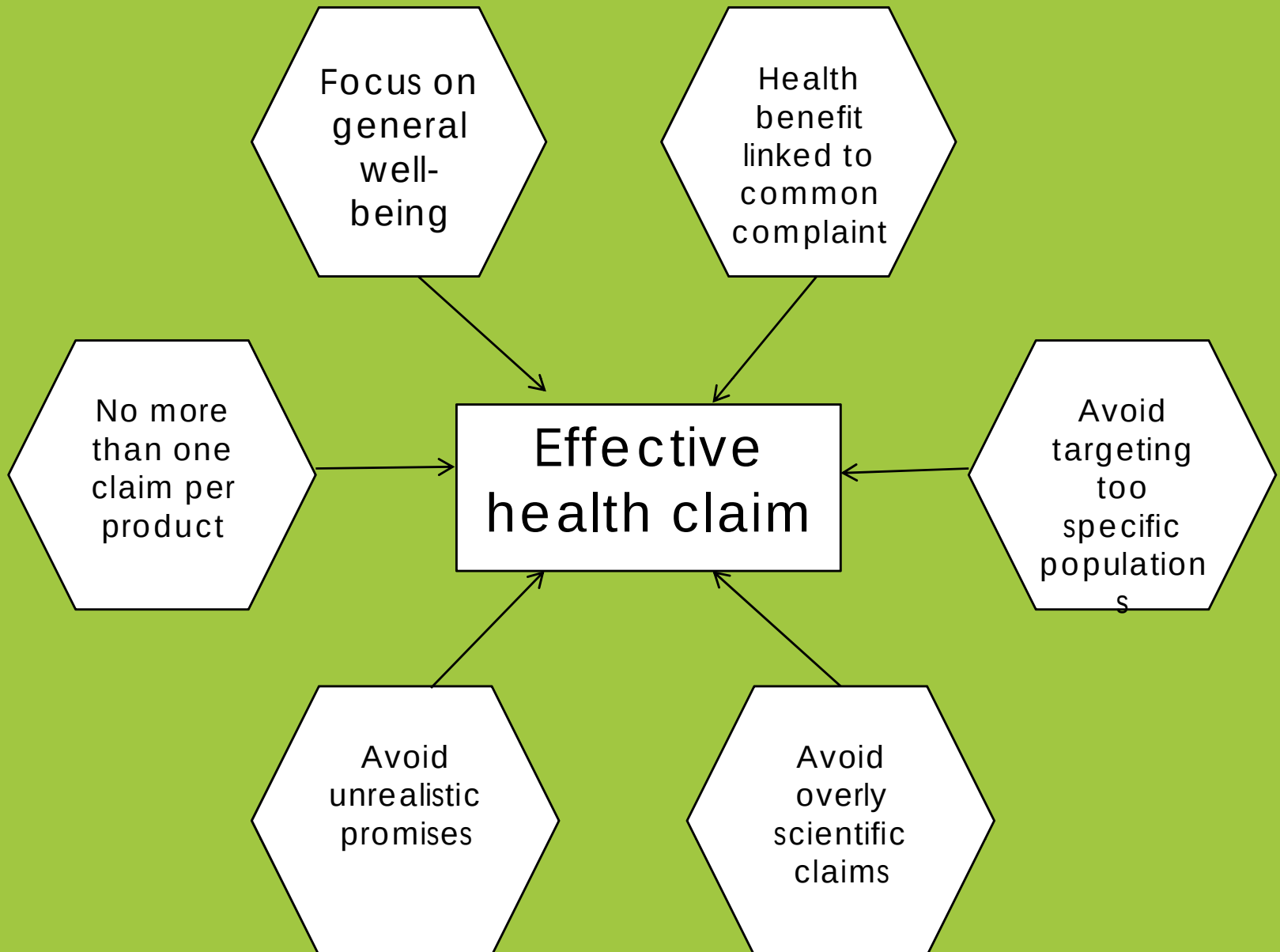
There can be two main causes to these barriers:

Knowledge: majority of consumers is still uneducated when it comes to this type of product and express resistance towards interpreting complicated scientific claims;

Accepting inovation: there is doubt and resistance to change (health claims that are longer present on the market are taken to be trustworthy, while the new ones are rejected).

Awareness – Knowledge – Trust

Macedonia, Montenegro, BIH, Serbia---Croatia, Slovenia


Focus on general well-being
Health benefit linked to common complaint
No more than one claim per product
Effective health claim
Avoid targeting too specific populations
Avoid unrealistic promises
Avoid overly scientific claims

Food with h.c. future expectations

In Montenegro, Macedonia, BIH and Serbia food with health claims is perceived to be upcoming trend in the food market, while in Croatia and Slovenia it is an actual trend, as stated by consumers.

Consumers do not have spontaneous expectations regarding health claim products. When prompted, they say they expect:

(a)greater availability (in regular supermarkets, not specialized stores);

(b) more diversified offer and

(c) more consumer awareness (health impact of different ingredients will be grow to be more commonly known).

Thank you for your attention