

Food and consumers: Where are we heading?

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The translation of recent advances in nutrition sciences into enhanced population health and well-being depends on the development of a deeper understanding of human food consumption patterns and the factors which influence them. Food consumption patterns are dynamic and are influenced by complex, interrelated biological, social, cultural and psychological processes. These are evident in recent attempts to discriminate nutrition and health-related dietary patterns in terms of consumer lifestyles and belief systems. Consumers' pursuit of health and well-being through food consumption will be illustrated through reference to recent Australian studies. Some of the effects of societal changes associated with globalization: gender, work and family roles; materialism; information technology; and increasing longevity, on food consumption trends will be explored. Finally, the implications of these developments for the activities of health professionals, food companies and other agencies will be raised.

Key words: Australia, belief systems, consumers, food concerns, food consumption, public health nutrition, social environment.

Introduction

Some key questions

There are great opportunities to improve the population's health and well-being through apparently simple changes in people's consumption behaviours. For example, the Dietary Approaches to Stop Hypertension (DASH) study has highlighted how relatively minor increases in fruit and vegetable and low-fat dairy product consumption can have marked blood pressure-lowering effects;¹ the Lyon Heart study has demonstrated that small dietary changes (e.g. in *n*-3/*n*-6 fatty acid ratios) can markedly improve survival after myocardial infarction;² and increases in the consumption of fish or fish oil as well as soy and linseeds can have a variety of valuable effects on health indices.^{3,4} Indeed Wahlqvist's group have pointed out several benefits of increasing the variety of foods that we habitually consume.⁵ These and other developments in public health nutrition are described elsewhere.⁶

Although the present paper will focus on food consumers, it must be emphasized that they exist within contexts formed by other individuals and groups; by small groups such as families and friends and by large organizations such as the food industries and governments.

The following five questions will be discussed:

1. Who are food consumers?
2. Are there different types of food-related lifestyles?
3. What influences consumers' food behaviours?
4. What is happening in the social environment? How might changes in the social environment influence Australians' food consumption.
5. How can health professionals meet consumers' needs better?

Who are food consumers?

In one sense, all of us are food consumers, as we all eat and many of us purchase foods. Like all consumers, food consumers seek benefits from their purchases. Most people

expect food products to do something for them even if it is only to satisfy their hunger. Food is unlike many other products, however, in that it can satisfy many needs and wants for the consumer.

Food is a highly symbolic commodity. It is a handy 'tool set' that can be used by 'consumers' to achieve many goals. It is not surprising, then, that it is expected to fulfill a wide variety of wants and needs — many of them quite idiosyncratic, depending on the make-up of the individual consumer. It can contribute to nutritional well-being and bodily functions, it can help express feelings such as affection (e.g. giving presents of chocolate), and it can be used to underscore social roles (e.g. barbeques are often cooked by men). A consequence of this extraordinary plasticity is the expectation that there should be quite different patterns of food consumption within a society, which should differ according to the social roles and needs of the various groups and social categories. A second consequence is that as social change occurs then so may food consumption patterns.

This is a fairly optimistic view of humans as *active* decision makers. An alternative, and probably more widespread view, is that consumers are largely apathetic, passive beings. Sure, they want benefits from foods and other goods and services but they can do relatively little to gain them other than by handing money over to strangers to provide them with what they want. Thus, take-away foods and home meal replacements are examples of extreme passivity; many people don't cook food any more — they just eat it. Gabriel and Lang have described these and other alternative definitions of consumers in their excellent monograph, which examines several competing models of consumers.⁷

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Passive consumerism may be at one extreme of a continuum; at the other is the active, questioning, responsible human, in short, the citizen.⁸ Most of us are probably somewhere in the middle of this continuum. Often we do not think much about the food we eat, but at other stages of our lives we become very concerned (and occasionally, active) about food. For example, when we become parents we may wonder, 'Will this food harm my child? Will it make her/him grow well?'; or if we lose our job we may wonder, 'How can I cut down the food bill so I can pay the rent?'. This thinking about food probably occurs at several points during people's lives; for example, Craig and Truswell showed that the beginning of marriage is often a time of dietary change.⁹

One of the aims of nutrition education (and education in general) is to provide people with skills and knowledge that will enable them to take active roles in their lives and in society; that is, to become citizens.¹⁰

Are there different types of food-related lifestyles?

Relatively little is known about Australians' food consumption patterns. Much of our information is circumstantial. For example, the flourishing fast food outlets, home meal replacements, and ready-to-eat hot foods suggest that many Australians cook less than their predecessors but they haven't given up entirely as sales of TV dinners are sluggish. Cook books and recipe sections in magazines provide some evidence of the popularity of ethnic cuisine and low fat meals, but there have been few studies of the food consumption patterns of the population.

The recent National Nutrition Survey (NNS) provides some data about food consumption patterns but it awaits detailed analysis.¹¹ Its 24 h recall data should enable the characterization of the components of Australians' main meals and snacks. However, in order to understand *trends* in food consumption, a longitudinal study akin to the United States Continuing Food Survey is required.

It is likely that more detailed evidence about Australian eating habits has been collected by market research companies. For example, Brandscan routinely collects barcode information about food purchasing; and the Foodmonitor (Yann, Hoare, Campbell and Wheeler) used to collect detailed 24 h recall data across several data collection waves in all the capital cities each year. We need to find ways for these data to be brought into the public domain after their commercial usefulness has ceased.

The compilation of aggregate food consumption data often hides strong differences that may exist between social groups and categories. Consumer behaviourists, working for market research companies, often perform lifestyle segmentation studies. Their aim is to link consumption (e.g. of foods) with other features of lifestyle, such as consumer demographics, opinions, attitudes and interests. Recently, Rudder has published a series of articles in *Retail World* reporting a large segmentation survey of 799 Australian food consumers.¹² The research team identified six major 'food lifestyles' based on consumers' food attitudes, cooking and shopping habits, as well as personal and lifestyle factors, as follows:

1. *Aspiring Moderns* (18% of the sample). Mainly 18–44-year-olds who 'eagerly embrace everything that is new in food'; they are interested in health and food relationships

(e.g. vitamin B, antioxidants). They tend to be good cooks who love their kitchen. This segment is likely to grow in size.

2. *Nutrition-aware Sophisticates* (20%). Mainly older, white-collar consumers (45–54 years), but they also include some younger people, who enjoy browsing around celebrity grocers. Keen on best quality fresh foods such as organic food and free-range eggs. They will pay more for anything that is produced by 'natural' means. They are attracted to 'real' food rather than new fashions or fads; they are serious about nutrition.
3. *Fashion Afficionados* (10%). 'Culture vultures' and frequent diners — the true 'foodies' who live for the pleasure of food. Café style and convenience-orientated, they are willing to pay for quality, variety and novelty. Not all of these consumers reside in high-density trendy suburbs, quite a few are in the outer suburbs. Most are 55 years and over.
4. *Plain Conservatives* (14%). They are driven by routine, convenience and economy. They 'eat to live' and go for 'basic foods'. They tend to be suspicious of new technologies like 'genetic engineering' — 'the old ways are the best ways'. They consider shopping to be something to get over and done with; it is not a 'peak experience' as it is for other segments.
5. *Convenience Lifestylers* (17%). They are too busy to worry about food — 'convenience stores' were designed for them! They are into mobile phones and fast-moving lifestyles! They eat fast and simple meals that are often eaten on the run or skipped. They are likely to be outer suburbanites in the 25–44 years age group. There may be big opportunities to serve this rapidly growing segment with small, easy to prepare/ready to eat snacks throughout the day.

This study was conducted from a marketing point of view. It gives clear impressions of current lifestyles in Australia, which probably reflect those in other affluent Western countries. It is clear that 'nutrition' and 'environmental' concerns, in their widest sense, do feature in several of these groups' lifestyles — especially those of the affluent groups.

In contrast to this sort of market segmentation, Slattery *et al.* report a more public health-orientated segmentation analysis of an American case-control study of bowel cancer. They identified several different food consumption patterns that had varying degrees of risk for bowel cancer.¹³ For example, prudent, low-animal fat eaters had a much lower risk of bowel cancer when other lifestyle factors (such as age and smoking status) were controlled. So far, a similar study has not been conducted in Australia.

What are some of the key influences on human food behaviours?

Many food marketers would suggest that 'taste, value for money, convenience and healthiness' are key 'end of chain' attributes that influence consumers' choice of foods. Certainly, this is a useful short list. Problems arise, however, when these concepts are examined in detail. For example, what is an attractive taste to one person may be aversive to another (e.g. saltiness or sweetness); what is an important aspect of health for one person (e.g. freedom from depression) may be quite irrelevant to another. Several theorists

have proposed a number of food consumption models that may influence these complex behaviours^{14–16} (Fig. 1).

Briefly, Grunert *et al.*¹⁵ suggest that seven key sets of variables make up consumers' food lifestyles, including:

Shopping scripts: the ways in which people shop and the reasons they do so (e.g. whether they read labels, take advice of shop assistants, whether they shop for themselves or others).

Meal preparation scripts: the ways food products are transformed into meals (e.g. the use of technologies like microwave ovens, the time devoted to preparation, the involvement of family members, whether it is planned or spontaneous, etc.).

Desired higher-order product attributes: the types of abstract attributes that may apply to foods in general, such as 'healthy', 'nutritious', 'natural', 'convenient', etc.

Usage situations: the types and timing of 'meals'; their settings, their social membership and significance.

Concrete attributes/product categories: include the product's perceived sensory properties, its price, its packaging, its similarity to general category characteristics (e.g. 'it is a dairy food'), its specific health claims (like 'low cholesterol'), etc.

Consequences: the specific consequences likely to follow from purchase of the product, such as acceptance by the children of the family; its likelihood of increasing one's body weight, its safety (e.g. whether it is likely to cause food poisoning), etc.

Values: the personal values of the purchaser (e.g. her/his desires for self-transcendence or self-enhancement, their conservatism, etc.).

Central to many of these models is the notion of value. It is generally proposed that people have sets of standards¹⁷ (personal values), which they use to evaluate the outcomes of possible actions they might take, such as eating a meat pie. These standards or personal values can be grouped into *community values* (e.g. tradition, conformity, benevolence, harmony), *small group values* (e.g. sociability, power) and *individual values* (e.g. independence, hedonism, self-gratification). These form the basis of our attitudes to foods and other objects and behaviours.¹⁸ It appears that people in society differ in the extent to which they hold these different values. Furthermore, values are related to the consumption of particular foods; for example, people who hold strong hedo-

nistic values often are high consumers of soft drinks and snacks.^{19–21} Indeed, personal values may form the core of general belief systems (or 'world views' or 'social ideologies'). These include major belief and behaviour clusters such as 'feminism', 'environmentalism' and 'vegetarianism'. These belief systems may be closely associated with food consumption patterns; for example, a person who holds strong environmental beliefs may be more likely to think about environmental issues and take actions to support the environment compared to others.

This is illustrated in research conducted by Worsley and Skrzypiec in 1994 of 2000 South Australian teenagers.^{22–24} They were asked how often they consumed each of 36 foods and, in addition, to give detailed descriptions of their views and experiences about a variety of issues such as their appearance, the environment, gender equity, animal welfare and vegetarianism.

Several findings emerged from this research. First, cluster analysis suggested that there were five major food consumption patterns. These centred on a continuum of restraint versus excess; some respondents restrained their consumption of high fat foods while others ('vegetarians') restrained their consumption of animal and other foods. Second, the various belief systems were highly associated with particular food consumption patterns. For example, females who believed strongly in total gender equity and environmentalism tended to be vegetarians. Third, about one-third of the females either were vegetarian or had vegetarian sympathies^{22,23} Fourth, almost all the teenagers expressed strong pro-environmental attitudes.²⁴

Therefore, these findings suggest that not only are social ideologies important predictors of food consumption but also that the upcoming generation is likely to demand food products that are consistent with both animal welfare and the environment.

Such links between beliefs and food consumption are likely to be quite extensive. Other work by Worsley and Scott has shown that consumers have several sets of concerns about food and health issues.²⁵ These include concerns about the safety and quality of food, additives, food system problems (e.g. the amount of food packaging), non-communicable diseases (e.g. cancers and heart disease), food imports, animal welfare and helpless people.²⁵

The key point for health professionals and marketers is that there are many aspects of food in which consumers are interested. However, only a few of these are of direct interest to most health professionals (e.g. heart disease, cancers, high fat diets). Further, some people are more interested in some issues than others. These concerns are related to the personal values that they hold;²⁶ for example, people who hold strong 'pro-nature' values tend to hold more negative views about additives compared to other people.

The segmentation of food consumers according to lifestyles, benefits, ideologies and values is one example of psychographic segmentation. At present, we have imperfect knowledge of the types of psychographic factors that influence food consumption. Moreover, there are other variables that can have marked influence on food consumption, several of which are in a state of flux. These are demographic influences such as social class, employment status, occupation, age group, gender, household and discretionary income, ethnic identification, etc.

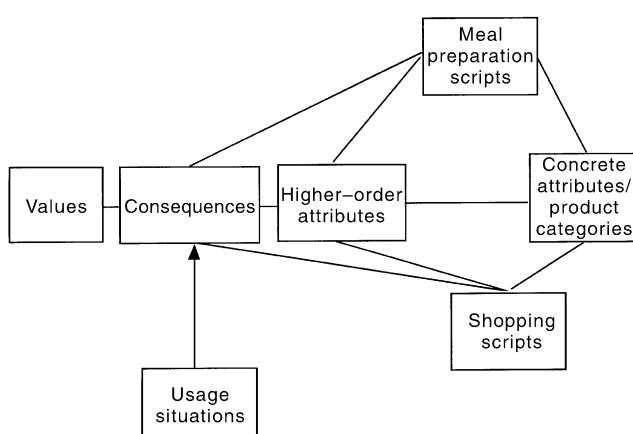


Figure 1. The Food Lifestyle Model (adapted from Grunert *et al.*¹⁵).

Important changes in these demographic influences can probably be traced back to the 1960s. They include the greater economic independence of women, demonstrated by the greater proportions of women who continue to work outside the home after childbirth; the survival of large cohorts past the age of 60; and the decline of well paid full-time work with its replacement by casual, poorly paid part-time work. These changes will continue well into the 21st century and will affect food consumption trends.

It is likely that as we learn more about food consumers, combinations of demographics with psychographics will prove to be powerful predictors of food consumption patterns.

How might changes in the social environment influence Australians' food consumption?

A useful way of coming to grips with the contradictory, unpredictable and complex nature of contemporary society is

through postmodernism. Postmodern philosophers emphasize the importance of individual contexts and histories for the understanding of social life.²⁷ They draw attention to the fragmentation of society. There is no longer any one central authority that dictates what is correct or fashionable. Instead there are competing vested interests that promote their viewpoints energetically (e.g. the National Heart Foundation, Nutrimetics, the Department of Health, margarine manufacturers, butter manufacturers...). All these different foci create uncertainty and rapid change. What is true one year may be false next year. The plethora of nutritional ideas carried by the mass media is a good example of postmodern vitality — and confusion. It is hard for many consumers to know what is 'true' and what is not.

Some recent trends that affect consumers' lives are listed in Table 1 together with their food implications.

Table 1. Food in the postmodern world

Issue	Food implications
Consumerism: Language of signifiers	Brands important, single issues, 'magic' properties of foods (e.g. 'contamination').
Social fragmentation	Importance of lobby groups of all types.
Questioned authority	No clear visions of world. Authority figures have lost credibility. No single source of clear dietary advice. People trust different authorities.
Social inequity	More malnutrition in midst of plenty.
Affluence and materialism	'Full stomach syndrome'; 'nutri-trivia'. Rise of sophisticated lifestyles, fashion foods.
Globalization	More low-quality imports likely. More demand for authentic local products. More quality export opportunities. Export brands require strong support.
Egalitarian beliefs and groups	Continuing demand for foods that are consistent with environmentalism, care for poor, animal welfare and gender equity.
Conservatism and moralization	Some foods seen as immoral without nutritional justification (e.g. chocolate). Need for basic nutrition schema.
More communications	Can be confusing. May undermine local health promotion but are often highly enlightening. Need for greater understanding of scientific world view; more explanation and education. Information overload. People have limited processing ability! Likely to be increasing use of heuristic-like logos and other signs in food choice. Internet shopping rising rapidly for durables.
Increasing longevity	Greater demand for foods that are nutritionally suitable for elderly; smaller packages for single person households.
Technology in everyday life	Expect continuing negative reactions to imposed technologies (e.g. to genetically modified foods). Food technologies should allow personal control and openness.
Nutri-fiction	Increasing confusion and scepticism due to failure to deliver nutrition research promises in everyday life.
Family and relationships	Children expensive; fewer children. Need for assistance with child rearing and domestic work.
Gender roles	Continuing demand for convenience foods and labour-saving devices.
Work	Stressful and unhealthy. Interferes with family and relationships. Increasing unsociable working hours may affect food consumption.
Chronic insecurity	Need for trustworthy professionals. Trend to look for panaceas and quackery.
Confusion	Need for consistency and durability in nutrition messages.
Alienation and lack of control	Increasing fury at containment of personal actions; magnified reactions to minor annoyances; need for open information to gain consumer confidence.
Loneliness	Widespread; smaller households require different food preparation and food products; possible influence on social eating; eating out; trend to inner city living for young and middle aged.
Pessimism and depression	Epidemic proportions. Lack of skills to deal with failure. Major community interventions required; possible role of food constituents to influence mood states. Quest for better philosophical alternatives.
Escapism and entertainment	Antidotes to a hostile world. Associated emotional eating.
Cult of Narcissus	Food used in attempts to achieve impossible social acceptance and body appearance goals. Education, counselling and community leadership required.

How can health professionals meet consumers' needs better?

In the present paper I have tried to demonstrate that:

1. Consumers seek a wide variety of benefits from food. They may seek health benefits but, in addition, they demand other benefits such as convenience, value for money and sensory qualities.
2. Consumers' behaviours are guided by a range of internalized guiding principles and external social influences. As a result there are several predominant food lifestyles in most societies.
3. People's views about food habits are part of the social beliefs and values that they have assimilated through social experience.
4. Consumers' perceptions of health and nutrition may differ radically from those of health professionals.

Therefore, health professionals (and food industry decision makers) need to:

1. Realize that there may be more important things in the lives of consumers than the pursuit of health.
2. Recognize that people may find it difficult to separate healthy eating from the rest of their lives. Particular solutions to consumers' lifestyles will have to be found.
3. Support consumers, provide clear explanations when they require them.
4. Take a flexible approach to education and counselling — there are probably many healthy lifestyles and food consumption patterns.
5. Distinguish nutrition science from general beliefs and moral positions and, whenever possible, seek sound scientific evidence for their advice and teaching.
6. Equip consumers with general principles (schema) that will enable them to assimilate new information.
7. Encourage food companies and health agencies to work together to meet consumers' needs. There is a need for companies (and government and non-government agencies) to cooperate in the public interest; for example, in the promotion of healthy food consumption patterns.
8. Develop policy positions that can be taken to government to assist the many sorts of consumers to lead healthy lives.

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