NUTRITIONAL OR COMMERCIAL INFORMATION? YOUNG PEOPLE'S PREFERENCES ON FOOD LABELS

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ABSTRACT

The information on food labels, its presentation, and its reception by the consumer are important questions for those concerned with nutrition and dietary choices. Our aim was to survey the perception of food labels among normal weight, overweight, and obese groups as defined by individuals' body mass index (BMI). This survey was made by a quantitative cross sectional study at the Civil Sziget of the Sziget Festival in 2005 and 2007-2010 of people older than 18 who filled in the questionnaire voluntary. Significantly more (p < 0.05) people with optimum body weight considered the trade mark of a food unimportant. We also found that advertisements have much greater influence among the overweight and obese; every fourth overweight person considered the advertisement of a given product and thought that it was important or comparatively important. We found that the price of a product was the most important element for all the groups in the survey. Knowledge of the elements of a well-balanced diet is an indispensable part of health and nutritionally-conscious food selection. To make a prudent choice customers need adequate and comprehensible information. Keywords: food label, preference, body mass index

INTRODUCTION

According to the World Health Organization (WHO), the prevalence of obesity has more than trebled in many European countries since the 1980s. People consume more calories per day, in particular from fat, whereas their physical activity levels have gone down. According to a recent Eurobarometer survey (*European Comission*, 2006) on Europeans' physical-activity habits, only 15% are active in sports and an average EU citizen spends more than six hours per day seated.

According to GfK LHS HealthCare population survey of 2009 and GfK Hungária's 2009 study of eating habits (*GfK Hungária*, 2010), people in Hungary are interested in health-related news and knowledge, but they accept only those information which are close to their habits and thinking.

People speak about achieving a healthy lifestyle change much more, than they actually do it. The survey shows that people are aware of the importance of obesity and overweight; almost half (49%) regularly refers to the weight problems, one-fifth (20%) often explicitly speaks about it. However, only one in eight people (13%) also acts regularly, at least by paying attention of nutrition.

The knowledge of the elements of a well-balanced diet is an indispensable part of the primary and secondary health prevention, it also manifest in the customers conscious food selection. For a prudent choice there is a need for adequate amount and useable information.

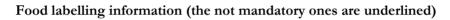
Food information in the European Union

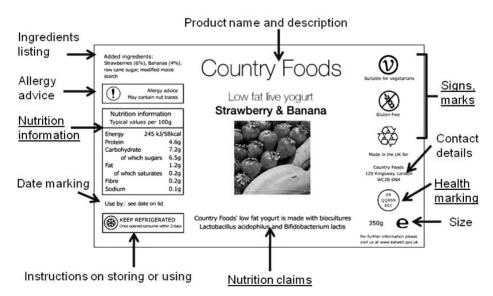
In the European Union we have strict food policy and labelling rules, which are changing constantly. The European Commission has adopted a proposal on the provision of food information to consumers. This proposal combines Directive 2000/13/ECPDF of the European Parliament and of the Council on the labelling, presentation and advertising of foodstuffs and Council Directive 90/496/EECPDF on *nutrition labelling* for foodstuffs into one instrument. In addition, the proposal simplifies the structure of the horizontal food labelling legislation in Directive 2000/13/EC, by recasting and replacing provisions already in place under this Directive.

Food labelling

There are several information on food labels-mandatory and not mandatory ones (*Figure 1*).

Figure 1





Mandatory information

- Product name, description
- Ingredients listing
- Additives and allergens. (Most food additives must be included either by name or by their E number in the ingredient list. The ingredient list must also say what type of additive it is, such as 'colour' or 'preservative'.)
- Size (Net quantity of pre-packed foods).

- Instructions on storing or using.
- Date marking (Use by and best before, other dates).
- Contact details (Contacting the manufacturer).
- Place of origin.
- Alcohol content.

Not mandatory information

- Nutrition information, Guideline Daily Amounts (GDA). Information will be given in terms of 100g or 100ml of the food for the following nutrients: energy (in kJ and kcal), protein (in g), carbohydrate (in g), fat (in g). You may also see: sugars, saturates, fibre, sodium.
- Marketing terms.
- Health and nutrition claims.
- Trade marks, brands.
- Bar code.

Nutrition information and health claims are not the mandatory part of labelling information, though most of the producers put the GDA label to their food products. The GDA label shows the number of calories and grams of sugars, fat, saturates (saturated fat) and salt per portion of food, and expresses these quantities as a percentage of your Guideline Daily Amount. Usually labels contain five icons, which are for calories, sugars, fat, saturates (saturated fat) and salt—always appearing in the same order.

MATERIALS AND METHODS

Our aim

Our aim was to survey the reading of food label facts and compare the normal weight (18.5 < BMI < 25.0), the overweight ($25.0 \le BMI < 30.0$) and obese (BMI > 30.0) groups based on theirs body mass index (BMI).

Location and method

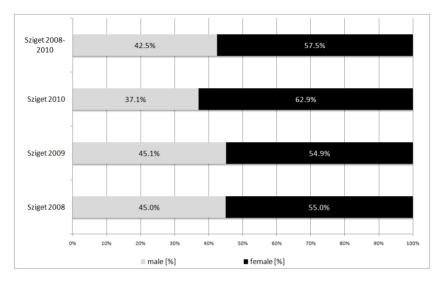
This survey was made by a quantitative cross sectional study at the *Civil Island* of the *Sziget Festival 2008-2010*. Sziget is among the five best open-air music festivals of Europe, where visitors get to enjoy programs in a stunning environment, day and night for a week. This festival is host to a wide and varied population of Hungarian and foreign youth, impressive not only for its vast size, but also for the variety of musical and cultural entertainment such as Civil Island programmes.

We studied the people more than 18 years old who filled in the questionnaires voluntarily researching the opinion of the young adults about their own lifestyle and their nutrition. Primary data were analyzed with SPSS 13.0 for Windows statistical software and Microsoft Excel.

RESULTS AND DISCUSSION

The demographic structure of our sample (*Figure 2*, *Figure 3*, *Figure 4* and *Figure 5*) is similar to the results of the former Sziget surveys (*Gábor and Szemerszki*, 2008). We found little more female participants, than male.

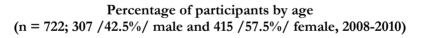
Figure 2

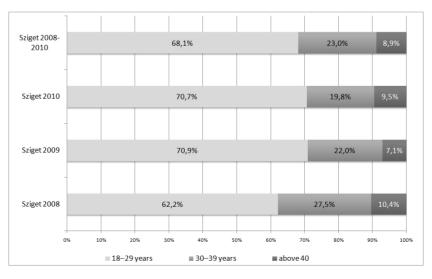


Percentage of participants by sex (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)

The dominant category of age was 18-29 years because of the characteristics of the event (*Figure 3*). Nearly 70% of the questioned were under 30 years, as the former Sziget surveys also showed (*Gábor and Szemerszki*, 2008).

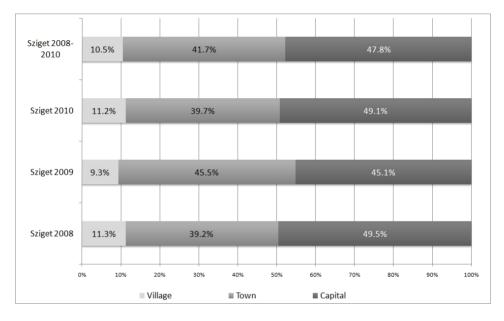
Figure 3





The participants came mostly from towns (42%) or from the capital (48%) (*Figure 4*). The composition of the Sziget Festival had significantly changed considering that in 2006 one third, in 2007 more than half of the Sziget visitors were from abroad (*Gábor and Szemerszki*, 2008).

Figure 4



Percentage of participants by residence (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)

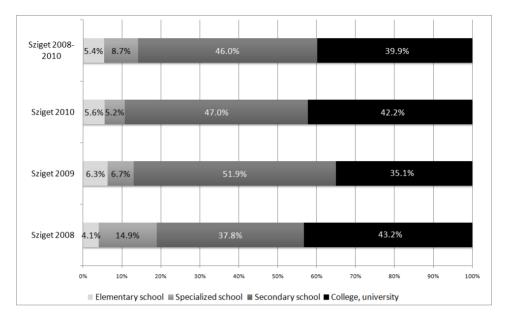
College and university students, as well as college and university graduates were over-represented among Sziget visitors. A national analysis of 2004 reinforced the trend that young festival participants, including Sziget participants, represent the youth of the school period (*EIKKA*, 2007). Our results were very similar: nearly 40% of the participants had a degree (*Figure 5*).

We found nearly the same proportion of normal BMI, the proportion of the underweight people increased, the number of overweight decreased in 2010 (*Figure 6*).

75% of the people always, 19% often pay attention to the price of the product, it was the most important information they look at. The next most important was the date marking (55% always, 30% often read best before information). 33% of the population never look at the nutrition information on a label, only 14% often (*Figure 7*).

We found that the commercial information (food price) was the most interesting for all the groups in the survey. It is interesting, that obese people (above BMI 30) pay less attention (66.7%) to the price than overweight and persons with normal weight (75.3%) (*Figure 8*), even though assumed, that they buy the highest amount of food.

Figure 5



Percentage of participants by education (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)

Figure 6

Percentage of participants by Body Mass Index (BMI) (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)

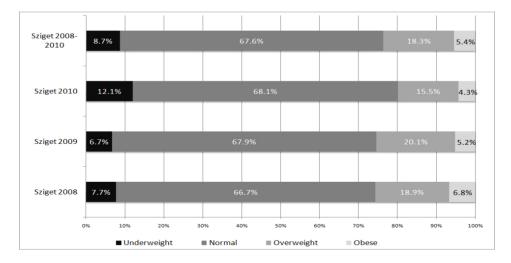
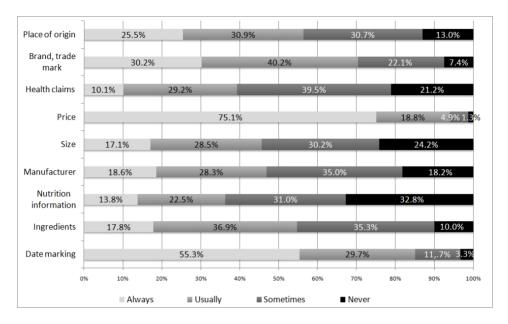


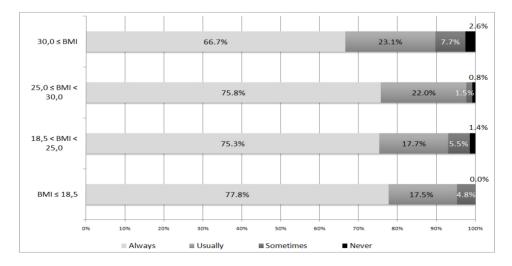
Figure 7



Reading of food label facts (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)

Figure 8

Reading prices by BMI (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)



We can see similar interest (53%) in the underweight and normal weight group in reading (always and usually) the food ingredients list. The frequency of reading is higher in overweight (58%) and obese groups (61%). However, 13% of the obese people never read the ingredients on food labels, more then in the other weight groups (*Figure 9*).

We can't be satisfied with the frequency of reading of the health claims on food labels either. 63% of the obese people only sometimes, 17% never read health claims on the food labels, normal and overweigh people pay more attention to that information (*Figure 10*).

CONCLUSIONS

It is clear from the study that the respondents from the Civil Sziget are typically of higher qualification (39.9% graduated at university or college) and represent the younger age-group (mean age 27.5 ± 8.3) living in towns (89.5%). The composition of the sample in our study is similar to the sociodemographic data from other surveys done in Sziget where most participants were also from a younger age-group and have higher qualification.

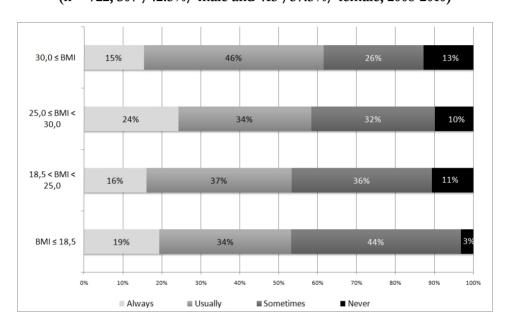
Roefs and Jansen (2004) surprisingly did not find differences in the food label watching of respondents with different body weight. Opposite to this we found that food label watching is different in the different categories (life style, body weight, sex) so we found that beside many other factors the body weight and life style also influence the food label watching habits of the customers.

Label reading and label interpretation are at less than satisfactory level even among health-conscious people: 33% of the population never look at the nutrition information on a label, only 14% often. 61% of the obese, 58% of the overweight people read the ingredients list always or usually, more than normal or underweighted persons (53%). 63% of the obese people only sometimes, 17% never read health claims on the food labels, normal and overweight people pay more attention to that information. 75% of the people always, 19% often pay attention to the price of the product, it was the most important information they look at, the next was the date marking (55% always, 30% often read best before information).

Obese people (above BMI 30) pay less attention to the price than overweight and normal weight people (67% vs 75%) even though assumed, that the obese people buy the highest amount of food.

We do not know, if the interest related to body weight is cause or effect, so the shopping habits contribute to obesity, or vice versa. Are they ready to a little change to reduce their energy intake and choose food with higher nutrient density? We did not find data in relation to this in the literature, so we think that further studies needed to get the answers to that question. We got substantive answers to the questions and we identified the deficiencies of the sample, but this survey is non-representative so the results only informative.

The number of obese people increases year by year in Hungary; consequently we need to apply every possible measure for the prevention. The conscious nutrition is part of healthy life, and reading and watching of food labels are part of conscious nutrition, thus the education of customers about food labels is imperative. We must warn the overweight and obese people in the course of their diet therapy that the nutrition intake has both qualitative and quantitative characteristics, and they need to pay attention to both of them to achieve an efficient and effective weight reduction.

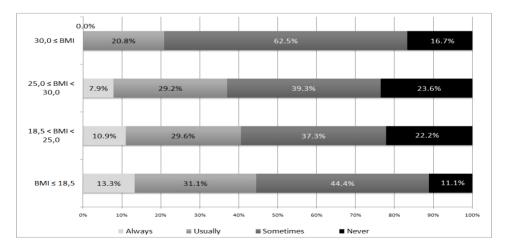


Reading ingredients by BMI (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)

Figure 10

Figure 9

Reading health claims by BMI (n = 722; 307 /42.5%/ male and 415 /57.5%/ female, 2008-2010)



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