When I Go Out to Eat I Want to Enjoy Myself: an Investigation Into Consumers' Use of Nutrition Information

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WHEN I GO OUT TO EAT I WANT TO ENJOY MYSELF: AN INVESTIGATION INTO CONSUMERS’ USE OF NUTRITION INFORMATION

ABSTRACT

Over the past decade, the world has been facing an obesity epidemic. In the popular press and certain governmental and public policy circles, this seems to be attributed to the marketing efforts of fast-food and chain restaurants. In two studies models are tested to enlighten the discussion of consumers’ reactions to nutrition information when it is present on restaurant menus. The results in both studies indicate that when consumers eat out at restaurants their decisions are based on taste and preference rather than nutrition information if it is presented on a menu. These results may have implications for the proposed legislation of nutrition information on restaurant menus.

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Smoke Gets in Your Eyes: The Stigmatization of Smokers
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This exploratory research looks at how anti-smoking messages, legislation and environmental changes have affected non-smokers and their attitudes towards, and treatment of smokers. Preliminary research suggests that a negative smoker stereotype has been created with various possible effects on the smokers themselves. Ex-smokers also appear to enjoy a particularly positive perception. The data collected allows the construction of composite images of each of these stereotypes. Finally, this research seeks to shed light on the possible implications of these attitudinal changes for the efficacy of the anti-smoking campaign.

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Extended Abstract

Over the past several decades, the populations of the world have become more and more overweight. As we have seen from the recent round of legal claims filed in the United States against many of the fast food companies and several best-selling books (i.e. Nestle 2002, Schlosser 2002), many people and organizations are firmly convinced that the fast food companies and their marketing representatives are to blame for this public health epidemic. As a result, many have sought legislative action in the form of new laws and regulations from the USDA to control what aspects of food products are marketed and to which age brackets certain products can be targeted (Nestle 2002). For example, The Center for Science in the Public Interest (CSPI) released a report in early 2005, urging that nutrition information be included on fast food and chain restaurant menus. They found that when nutrition information is provided, consumers have the ability to make healthier food choices off of restaurant menus. They also noted in their report that in a study of nutritionists, nutrition information was grossly underestimated for restaurant menu items (CSPI 2005). Also, within the past year the HeLP America Act of 2005 (S1074) has been introduced in the United States Congress to require restaurants to list the standard nutrition information on their menus for their regular offerings. While this legislation may not pass, this issue is not going away and will play a major role in the way restaurants and other food service establishments develop their marketing strategies for the future. Despite the increased government and public interest group efforts to include nutrition information on restaurant menus because they feel it is in the consumers best interest, the key question from a consumer research perspective is: whether consumers will in fact use the nutrition information if it is presented on a menu to make healthier food choices?

The current consumer literature on nutrition information began with the public policy research surrounding the Nutrition Labeling and Education Act (NLEA) of 1990, which regulated the nutritional labeling of packaged foods. This literature covers a wide variety of topics ranging from how consumers use nutrition information from a food package (Balasubramanian and Cole, 2002) to how nutritional labeling has affected the way in which food products are advertised (Pappalardo and Ringold, 2000). However, the consumption of food at home and the consumption of food in a restaurant seem to be different activities in that one meal can take place in a private setting (e.g. at home), while the other takes place in a more public location (e.g. at a restaurant). As Rainer and Kahn (2002) find, consumers make different decisions in public and private contexts and so we should reasonably expect that they also use different information to make decisions in public and private contexts (e.g. at home or in a restaurant). In an effort to study consumers’ choices from a restaurant menu, recent research has shown that evaluations of a restaurant are affected by the presence of health claims and nutrition information on the menus (Kozup, Creyer, and Burton 2003). Also, consumers have been shown to be willing to pay more for healthier food options at a restaurant (Burton et al. 2004). However, the consumers’ decision process is not thoroughly explored in the above studies and as a result, this paper will attempt to shed some light on the decision making process for consumers’ choices at a chain restaurant.

One model frequently used in the public health literature may help to explain why consumers have differing reactions to the addition of nutrition information to restaurant menus, and may use or not use the information presented. The Stages of Change Model (Prochaska and DiClemente 1992) posits that there are five stages consumers pass through when they are changing their behaviors (from precontemplation to maintenance) and at each stage, the consumers use different strategies to make decisions. This model was previously used to examine consumption-control processes in a self-chosen problem behavior area (Lawson 2001). As a result, in this context, consumers should have different reactions to the nutrition information (i.e. whether the information is used, and what types of affect are generated by the presence of nutrition information) based on the stage in which their current behaviors fall.

In an effort to study this issue, Study 1 involved an experiment with 121 subjects in three different settings, a community barbecue on the Mid-Atlantic and a weight loss center and student subject pool in the Southeast of the United States. The study consisted of a menu of selected items from a nationally-recognized chain restaurant, questions to determine the subject’s stage of change, food choices, and evaluation of the menu. The quantitative results from this study indicate that there are no effects of stage of change on the use of nutrition information or on the decisions made by consumers. Also, the presence of nutrition information on the menu in this study has no effect on the evaluation of the menu (p=0.13). As a result, the responses to the open-ended questions on the survey were analyzed and some interesting patterns were noted. These results show that a majority of the consumers made their food choices based on the description of the menu option and their food preferences. For example, as one respondent noted, “When I eat out I get what I like, regardless of money or health.” These results provide some preliminary insights into why consumers’ make certain (usually unhealthy) decisions when they eat out at restaurants. They also contribute to the literature on the Stages of Change model, which contains a debate about the appropriateness of the Stages of Change model for complex decisions like food choices (Jeffrey et al. 1999).
Since the results of Study 1 did not support the predicted hypotheses, Study 2 was developed to try to further uncover some factors that could explain an individual’s reactions to nutrition information on a restaurant menu. The purpose of this study was to examine the function of dietary restraint in food choices and whether there was a moderating effect of the presence or absence of nutrition information on this relationship. The secondary purpose of this study was to examine the role of health knowledge in food choice decisions. Study 2 involved an experiment with 124 subjects that again used the menu items from a national chain restaurant and the manipulation of either nutrition information being present or absent on the menu. In this study, the measured variables included dietary restraint (Herman and Polivy 1980), self-esteem (Heatherton and Polivy 1991), self-objectification (Fredrickson et al. 1998), and health knowledge (Moorman 1990; Moorman and Matulich 1993). The results support the hypotheses that self-esteem (F (1,103)=19.017, p<0.001) and self-objectification (F (1,103)=3.481, p=0.06) are predictors of dietary restraint. The results also indicate that health knowledge has a significant effect on food choices (F (1,119)=4.755, p<0.05). The results of the moderation of nutrition information on the relationship between dietary restraint and food choices are in the predicted direction, such that when an individual is a restrained eater, if nutrition information is presented on the menu, they order meals with fewer calories than unrestrained eaters. However, the moderation was not significant.

In conclusion, when examining the two studies together, we may be able to gain some interesting insights into how adults chose foods from restaurant menus. From the results of the qualitative data in each study, we can see that the main reason people state for choosing foods are that they like the way to food tastes or that these are the foods they prefer. Results so far are mixed in answering the question of whether or not individuals make healthier decisions when nutrition information is on the menu. Future research in this area could continue to investigate the role of health knowledge as well as dietary restraint in food choices. The framework developed in Study 2 may also be tested in restaurants that serve different types of food since the restaurant in this study offered mainly American food. Overall, the results of this series of studies may have some implications for the current legislation as well as further public policy efforts to regulate the provision of nutrition information at restaurants.

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