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How Health Claims Lead to Indulgence

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Health claims are thought to contribute to the improvement of public health in that they increase intake of healthy food. We demonstrate that when exposed to a health claim-featuring non-hedonic food, consumers license the delayed, increased consumption of hedonic food. We also identify boundary conditions of the effect.

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EXTENDED ABSTRACT

Despite prevailing obesity problems, many people seem reluctant to exercise or restrain their food intake (Wansink 2014). Rather, we seem to prefer food that en passé contributes to our health and well-being. For instance, fat-, sugar- and sodium-reduced food is very popular, as are products that have certain health benefits: some nutrients may affect cardiovascular health (Engler and Engler 2006; Erdmann, Cheung, and Schroder 2008), while others may reduce the risk of dementia (Perez et al. 2012). To make these products' healthiness accessible to consumers, many producers provide health-related information front-of-package or back-of-pack. Health claims advertise a specific health benefit of the entire product or its ingredients, such as vitamins, fiber, or potassium. While nutrition claims (e.g., 'low fat') have been shown to negatively affect our diets (e.g., Belei et al. 2012; Wansink and Chandon 2006), (functional) health claims are thought to contribute to the improvement of public health (Williams 2005). Specifically, it has been argued that health claims assist people in making better informed food choices in that they increase intake of healthy food (Belei et al. 2012; Williams 2005).

A potentially negative outcome of health claims is that consumers perceive the respective products to be less caloric, thereby resulting in overconsumption of that food (Roe, Levy and Derby 1999; Wansink and Chandon 2006). In this paper, we put forth another mechanism that links health claim provision with undesired overeating. This mechanism involves exposure to a health claim-featuring non-hedonic food product and delayed increased consumption of hedonic food (that does not feature a health claim) among some consumers. Specifically, we argue that when exposed to a health claim, high self-control consumers obtain a moral license that allows indulgence later on. Our contention is based on research in the field of moral licensing (e.g., Khan and Dhar 2006; Miller and Effron 2010; Wilcox et al. 2009) indicating that thoughts about moral behavior can license subsequent indulgent consumption. We move beyond existing research and show that the presence of a health claim allows licensing the delayed, increased consumption of hedonic food. Moreover, we argue that this effect is particularly strong when the health claim addresses a consumer-relevant benefit (van Kleef, can Trijp, and Luning 2005; Verbeke 2005) and when consumers have high self-control (Wilcox et al. 2009). We examine another boundary condition to the health claim-induced licensing effect in the form of product type. While health claims on products from healthy or neutral categories (such as yogurt or soup) allow licensing, health claims on hedonic products (such as chocolate custard) may rather induce a goal conflict resulting in decreased indulgence (Belei et al. 2012).

Results from lab experiment 1 where participants first evaluated a non-hedonic product the featured either a relevant or less relevant health claim and subsequently had the opportunity to consume chocolate beans (which unbeknownst to them was measured afterwards) support our predictions: participants who were randomly assigned to the high-relevance condition consumed more chocolate beans than their counterparts in the low-relevance condition. While increasing self-control reduced hedonic food intake in the low-relevance condition, this effect was not observed in the high-relevance condition.

Results from lab experiment 2 where the relevant health claim was placed on a healthy or hedonic product (in the control conditions no health claim was featured on the product packages) are also supportive of our predictions: participants who were randomly assigned to the health claim/healthy product condition consumed more chocolate beans than participants in the no health claim/healthy product condition. At the same time, health claim presence on a hedonic product led to decreased chocolate bean consumption compared to the no health claim/hedonic product condition. While increasing self-control reduced hedonic food intake when there was no health claim featured on the product (both healthy and hedonic), this effect was not observed when a healthy product featured the health claim. In the latter case, consumption remained almost unaffected by self-control. When the hedonic product featured the health claim, high self-control consumers were particularly reluctant to eat the chocolate beans.

Our findings extend existing research in showing that the mere presence of health cues can affect lagged consumption. This is an important addition to Wilcox et al. (2009) who only focused on the health cue's effect on immediate choice. Our results also replicate previous findings that showed that in case of a health claim-induced goal conflict, subsequent consumption of indulging drinks decreased (Belei et al. 2012). However, when the product featuring the health claim was non-hedonic (soup or yogurt), lagged consumption increased. We further qualify existing research in showing that not all health cues produce similar outcomes. Although it has been shown that personal relevance of health claims is important (van Kleef, can Trijp, and Luning 2005; Verbeke 2005), research examining the downstream consequences of health claim provision (e.g., Belei et al. 2012) did not consider personal relevance. Our results indicate that particularly health claims that are personally relevant stimulate moral licensing. This boundary condition can be interpreted as speaking against a mechanism involving the magic bullet effect, where consumers generalize messages in health claims from one benefit to another (Roe et al. 1999).

On a larger scale, this paper adds to the growing body of research pointing to undesired consequences of providing nutrition information (Chandon and Wansink 2007; Elshiewy, Jahn, and Boztug 2016; Pham, Mandel, and Morales 2016; Wansink and Chandon 2006). Research that compared a large number of health claims has shown some claims are better understood than others (Grunert et al. 2009; Lähteenmäki et al. 2010; Mariotti, Kalonji, Huneau, and Margaritis 2010). Misunderstanding can become problematic when it causes health halos (Chandon and Wansink 2007; Elshiewy, Jahn, and Boztug 2016; Roe et al. 1999) and ultimately results in malnutrition. While most existing research focused on this phenomenon, we identified a mechanism where correctly understood health claims result in overeating.

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