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Extended Abstract

Healthy eating is considered to play a fundamental role in the promotion and maintenance of good health throughout the entire life course. Lifestyle and unhealthy eating have been listed as the main factors in the development of a number of common chronic diseases including cardiovascular disease (Trichopoulou et al. 2003), certain cancers (Trichopoulou et al. 2003), hypertension (Schulze and Hu 2002), diabetes (Schulze and Hu 2002), overweight and obesity (World Health Organization 2007), and a number of other diseases (World Health Organization 2003). In recent years, the prevalence of such dietary related diseases has increased (World Health Organization 2003; 2007). Therefore, measures to encourage consumers to eat more healthily are often called for.

Beyond a few very general principles, “healthy eating” is far from a straightforward issue, and what defines “health” is both a physiological and a cultural problem. Hence, change of consumers’ healthy eating behaviour and adoption of best health branding practices on food products call for a deeper understanding of associations and symbols that consumers relate in response to health. However, symbols and associations do not exist in a vacuum. Consumers’ perception of symbols and associations related to health are influenced by background beliefs and vary between various lifestyles (e.g. Hearty et al. 2007). Based on a lifestyle segmentation approach, proposed by Askegaard, Jensen and Holt (1999), in relation to consumer perceptions of fat consumption, this study builds on and further extends this framework towards healthy eating. In short, the two oppositions that this approach is based on relate to a medical and functionalistic approach to food as opposed to an approach that is based more on gastronomical and food cultural principles. Furthermore, the model distinguishes between an idealistic approach to the structuration of eating behaviour as opposed to a pragmatic approach.

This paper is built on two main objectives. First, is to describe the characteristics of different consumer segments, especially in relation to overall perception and knowledge about healthy eating. Second, is to explore the semantic responses and generation of symbols that consumers relate to health. For the purpose of this paper initial results from two studies are reported. First, an ethnographic research based on in-depth interviews with 25 informants recruited during parcipant observation in supermarkets in the region of Odense and Copenhagen in Denmark aiming to provide an answer to the first objective of this paper. Second, a constrained word association task (Strube, 1984), in which respondents produced associations to pairs of stimulus words (e.g. health-cheese), will explore the second objective. Results and implications for the food industry are being discussed.

References