

Nutrient-Specific Perceptions of Food Healthiness and the Role of Nutrition Knowledge: A Comment on Rizk and Treat

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This study [1] investigates consumers' perceptions of the healthiness of foods. It contributes to a rapidly growing body of literature aiming to better understand perceived food healthiness. A Web of Science search using the search string {food AND (perception OR perceived) AND (health OR healthiness)} yields more than 2,500 results since 2005. Adding {... AND consumer} results in more than 750 hits, which is four times as many as during 1995–2004.

Knowing what nutritional attributes consumers mainly rely on when evaluating food healthiness is relevant for food policy makers and marketers in developing nutrition-related strategies. The results may imply that interventions like product reformulations or the development of food claims focusing on fat reduction or fiber enrichment [2] are potentially more successful than interventions dealing with (actual or perceived) sugar reduction or protein enrichment, for example.

This study's indirect methodological approach assumes that consumers know the nutritional composition of foods and use this knowledge in evaluating food healthiness. However, other attributes like taste or price of unhealthy relative to healthy foods may play a central role too in food healthiness perceptions. Consumers tend to associate unhealthy food with a better taste and vice versa [3], which is also referred to as the "unhealthy-equals-tasty" intuition [4]. Also, the healthier choice is often perceived as more expensive [5], which is not surprising given the generally higher price of nutrient-rich, low-energy-dense foods compared to high-energy-dense, fat- and sugar-rich foods [6].

Rizk and Treat [1] investigate the role of objective knowledge about the foods' macronutrient content. No association was found between objective nutritional knowledge and nutrient utilization when judging food healthiness. Similarly, other studies [7, 8] concluded that subjective or self-evaluated knowledge was a better predictor of food attitude formation and behavioral intention than objective knowledge. Thus, providing factual nutritional information (as part of public health campaigns or educational messages) is not sufficient but—in order to activate the resulting knowledge—this has to be complemented with triggering beliefs and conviction that consumers are indeed knowledgeable or self-efficient in evaluating the healthfulness of food [9]. The suggestion to focus intervention strategies on increasing consumers' implicit knowledge is supported by Hoefkens and Verbeke [10].

As acknowledged by Rizk and Treat [1], the nature of their sample places constraints on the generalizability of the results. Undergraduate women generally have greater weight control motives and a stronger interest in healthy eating than do men [11] or non-students [12, 13]. However, young adulthood is an important but often overlooked stage in lifecycle for health promotion and disease prevention since the majority of these young people are starting to make food choices for themselves or for their young families [14].

The study findings open interesting avenues for further research, for example, using similar methodological approaches to assess the role of micronutrients in perceived food healthiness, detecting possible interactions between macro- and micronutrients since consumer may weigh pros and cons or extending the methodology to assess the perceived healthiness of meals or dietary patterns rather than of single food items.

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