Attitudes and Behaviour towards Functional Foods: Focus Groups

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Table of Contents

Executive Summary .........................................................................................................................3
1. Introduction ...............................................................................................................................4
2. Background ...............................................................................................................................5
3. Recruitment and group composition ......................................................................................6
4. Data collection and analysis .....................................................................................................8
5. Results .......................................................................................................................................9
6. Discussion and conclusion .......................................................................................................26
References .....................................................................................................................................31

Appendices .................................................................................................................................31

Appendix A - Recruitment Questionnaire .............................................................34
Appendix B – Recruitment Table .......................................................................................36
Appendix C - Focus Group Protocol ....................................................................................37
Appendix D - Strawberry Label .........................................................................................43
Executive Summary

Two focus groups (total n=18) were conducted at The University of Reading during July 2006. The aim of these was to examine consumers’ attitudes to, and willingness to pay for, functional foods. Participants reported that much of their food choice was for health reasons. Considerations of price and time were also relevant, as was the influence of habituated behaviour. Although naturally occurring functional foods, such as fruit and vegetables were purchased often, few participants reported buying enhanced functional foods each week. The main reasons for this were that participants felt they were an unnecessary addition to an already healthy diet. They also perceived these products as being too expensive. However, there was some enthusiasm for them for people with deficiencies in their diet. Also, participants said they would rather eat functional foods than take dietary supplements. Much of this scepticism was due to uncertainty over the validity of various health claims. Whilst participants were wary of government involvement in issues of food choice, they felt that regulation would be a positive way of encouraging higher levels of consumption.
1. Introduction
This focus group study forms part of a larger research project that is jointly funded by the ESRC, NERC and BBSRC research councils. The overall objective of the project is to examine the potential for competitive UK food production that delivers foods that consumers wish to buy at prices they are willing to pay, and to assess the impact on land use, the environment and the economy. As part of this, a major aim of the project is to assess the feasibility and implications of using improved farming and growing techniques to produce nutritionally enhanced and UK produced foodstuffs (e.g., soft fruits with enhanced phytochemical content). In so doing, the project draws on expertise from a wide range of disciplines including economics, psychology, ecology, crop science, animal science and human diet and health.

Given the potential for nutritionally enhanced (i.e., healthier) foods that are produced within the UK, it is important to estimate how increased consumer demand for these products will likely affect UK land use and the rural economy and environment. As a first step, and to provide information for economic (WP1) and land use (WP5) policy simulations, the aim of the current focus groups (WP2, Phase 1) is therefore, to examine consumers’ current attitudes to, and willingness to pay for functional foods versus conventional ones. The information obtained from these qualitative focus groups will be used to develop a large sample survey to provide additional quantitative data regarding consumers’ attitudes towards functional foods.

Two focus groups were conducted at The University of Reading during July 2006. This report presents the results of those discussions based on a focus group protocol (see appendix C) produced by the Department of Agricultural and Food Economics and the Department of Psychology, and by using thematic content analysis.

A brief review of existing research on functional foods will be provided. Then outlined will be the recruitment procedure, administration, logistics and demographics of the focus groups. The results section will detail the most relevant themes and contrast the opinions expressed between the two groups and participants within each group. In the discussion and conclusion, the main findings will be evaluated and relevant policy implications will be drawn.
2. Background

Functional foods are not an easily recognisable concept. Unlike organic foods, there is no statutory definition of the term ‘functional food’ (Cockbill 1993). They have been viewed by some as standing between food and drugs (Chadwick 2000); however, this tends to ignore naturally occurring functional foods. Researchers have focused on the importance of the product having enriched or added beneficial physiological effects when included in a normal daily diet (Bech-Larsen & Grunert, 2003). With that in mind this study has used the following working definition to describe these types of foods: functional food is a food that has added nutritional benefits which may be naturally occurring within the food or added to the food in the production process.

There are mixed findings on the types of consumers who buy the most functional foods (Urala, 2005); however, female and older consumers appear to be more enthusiastic (Poulsen 1999; Verbeke 2003), as are better educated consumers (Childs and Proyzees 1998). However, this is not a simple market segmentation. Although, research suggests that women are more likely to view health claims on functional products as beneficial (Urala et al 2003), and also are more likely to report an intention to incorporate more functional foods into their diet (Pelletier et al 2002), they are less supportive of products with an involvement in biotechnology, as they are seen to be unnatural (Lockie et al 2005). These foods are also used for different reasons by different groups. Some less educated and less affluent people were more interested in functional foods as a way of preventing specific ailments (Urala et al, 2003) rather than to increase general well being (IGD, 2000).

Research also suggests that consumers are more enthusiastic about the enrichment of ‘non-healthy’ foods than those that are already perceived to be health promoting (Bech-Larsen et al 2001; Bech-Larsen and Grunert, 2003). Products that provide a beneficial physical and cognitive claim were perceived as better than those claiming to enhance emotional well-being (Tuorila & Cardello 2002).

The reliability of health claims is also significant in any discussion of functional foods (Williams 2005); this can be combined with a lack of understanding by sections of the population (Gray 2002). It has been suggested that consumers are more likely to trust
independent sources of information such as their GP, dieticians and reliable internet sites (Bhaskaran & Hardley 2002), rather than food producers and government (Heasman & Mellentin 2001; McConnon et al 2004).

3. Recruitment and Group Composition

3.1 Recruitment
Recruitment of the focus groups was subcontracted to Sensory Dimensions a market research company based on The University of Reading campus.

Telephone recruitment was carried out at the beginning of July 2006 in the Reading area for two focus groups of between 8 and 10 individuals. The groups were stratified by education level, and split between those educated to degree level and those educated below degree level. Socio-economic status is often determined by occupation; however, it was felt this did not accurately reflect the status of those outside the labour market, such as the retired, students or housewives. Recruitment also aimed for a gender balance in each group, a selection of people from different age groups (18-30, 31-49, 50-70, 71+), and a split of people with and without children. Each individual was asked at the recruitment stage for these details. These recruitment criteria outlined above were employed as it was likely that attitudes towards functional foods could vary between different sub-groups (e.g., highly-educated vs. less highly educated participants).

3.2 Administrative and logistical details
The focus groups were conducted over two evenings (Wednesday 12th July & Thursday 13th July 2006). The groups began at 6.30pm with each group scheduled to last one and a half hours. The groups were held in a meeting room in the Agriculture Building on the campus of The University of Reading. Participants were provided with a £20 cash incentive for their time and travel expenses.

The chairs and a table were set up in the room in a circle to encourage open discussion. The discussions were recorded onto an audiocassette tape and by MP3 directly onto a laptop. Each discussion lasted one and a half hours which included an
introduction and an opportunity for participants to ask any questions. Information relating to the project and the required ethical documents were provided.

The moderator had a background in consumer behaviour and food economics research as well as experience in assisting group discussions.

3.3 Demographics
Of the 20 individuals recruited, 18 participated, with 9 participants in each group. All were from Reading or surrounding areas, which is located about one hour west of London, and is generally characterised as an area with a culturally diverse population and a wide variety of different socio-economic groups.

3.3.1 Education
As previously outlined, the groups were split by education level. The first group contained 9 participants who had been educated to at least degree level; whilst the second group contained 9 participants who had been educated to below degree level.

3.3.2 Age and gender
There were 9 women and 9 men, with 4 women in Group 1, and 5 in Group 2. 22 was the age of the two youngest participants (1 male and 1 female), and the eldest was 76 years old (female). Age group 31-49 were over represented with 7 participants falling into this category. Participants in age groups 18-30 and 50-70 were underrepresented with only 3 participants from each category. There were 5 participants aged over 71.

3.3.3 Children
Recruitment had aimed to find an even split between participants that had children under16 living at home, and those who did not. However, in consultation with Sensory Dimensions, the limits of this were recognised due to the likelihood of younger and older participants meeting this criteria being very limited. Therefore, an attempt was made to recruit participants with children still living at home no matter their age. 3 participants in the graduate focus group had children living at home, whilst there were 5 participants in the non-graduate group.
4. Data collection and analysis

4.1 Protocol
To design the focus group protocol (See Appendix A), a broad range of literature on the subject of functional foods was searched and sifted for relevance. A note was made of definitions, methodology and results of each relevant article. This provided an opportunity for informed debate within the research group, with important themes then brainstormed as an outline for the protocol. The literature indicated that consumers were not very familiar with functional products. With this in mind, it was suggested that a number of functional food items already available were laid out for the focus group participants to look at during the discussion. Participants were provided with an example of a naturally occurring functional food (Yakult yogurts), and a functional food that had been enhanced through processing (Tropicana Orange Juice with calcium). This was a useful way to stimulate discussion without overwhelming participants with information on functional foods.

Two packets of strawberries were also provided. One retained the original label provided by the supermarket, and the other had a hypothetical label attached. The hypothetical label was used to market the strawberries as those grown as part of the RELU project. The label stated, ‘Strawberries contain vital antioxidants which help to prevent some forms of cancer and heart disease. These strawberries have been grown under special conditions to increase their level of antioxidants.’ (See Appendix D). This provided a visual stimulus for the discussion and gave the participants a clearer idea of the types of products that we wanted to discuss.

4.2 Analysis
The transcripts were analysed using thematic content analysis. Previous literature had suggested potential themes that were likely to be of concern to consumers, such as lack of information and trust. The discussion focused on four main areas: food choice; explanations for food choice, functional foods, and information and education. Within each of these areas a number of themes were discussed including price, health, safety, advertising and marketing, labelling and information sources. The data was independently coded by two researchers. These results were compared and those themes identified by both researchers were included. Discrepancies were resolved
through determining whether these additional themes were directly relevant to the main focus of the discussion. When this was not the case, these themes were excluded from our results. This analysis was aided by the use of the N6 (formerly NUD*IST; QSR International, 2005) software package. One of the main advantages of using computer packages when carrying out qualitative data analysis is that text searches can be easily carried out. Related themes and categories can be merged, and overlap between themes can be readily identified. For this study, the unit of analysis was a paragraph, and a paragraph could belong to more than one theme at a time. With the help of N6, paragraphs were identified which best represented participants’ attitudes and behaviour in relation to each theme. Presented in the results section are those examples that both coders selected as the most valuable illustrations.

5. Results
The discussions did not begin immediately with functional foods. More general questions about food purchasing and consumption choices were asked to encourage participants to think about the kinds of foods they bought in a typical week and why. Through understanding the reasons why people made certain food choices, it was hoped that we could determine whether the function behind functional foods would be a motivating factor in purchasing behaviour.

5.1 Food Choice
There were some small differences between the graduate group and non graduate group in their food choices. Participants in the graduate group claimed to purchase more fresh foods such as fruits, vegetables and meat. They said they only purchased a limited amount of processed foods and specifically mentioned that they did not buy packaged meals.

Fresh fruit and fresh meat, things like that. I try not to eat any processed stuff. [Graduate, female, 22, no children at home]

No processed foods whatsoever. [Graduate, male, 31, children at home]
I do use some processed foods, but not packaged meals. [Graduate, female, 71, no children at home]

We buy some convenience foods, there are certain nights of the week that we struggle to prepare something from scratch, though it’s not a packaged meal, just some processed… [Graduate, male, 45, children at home]

In contrast, the non graduate group purchased less fresh foods, and mentioned buying convenience foods each week such as pizzas and burgers.

Pizzas, buy a lot of pizzas, burgers, try and make sure we have one fresh meal a day, cooked meal. [Non graduate, male, 52, children at home]

A lot of convenience stuff, frozen foods, and try and get the kids to eat fresh vegetables - not always successful I hasten to add - but mostly its frozen meals with boiled potatoes and veg and things like that, mostly. [Non graduate, male, 41, children at home]

However, older participants and those who had a health condition, or had someone in their family with a health condition, said that they tried to buy fresh food and cook meals themselves.

I enjoy cooking so I cook quite a bit. I like salads and things, fresh fruit. [Non graduate, female, 54, no children at home]

Loads of jacket potatoes and salad, chillies, but I always make them from fresh, because we don’t trust packaged foods. [Non graduate, female, 42, children at home]

Vegetables, fish, quite a lot of fish. Not much tinned stuff but pasta, and, bolognese and this sort of thing, I like to do it myself, I prefer to make it myself. [Non graduate, female, 73, no children at home]
Interestingly, it was male participants that said convenience and processed foods were bought in their households each week; whereas female participants stressed that they liked to cook their own meals.

5.2 Explanations for Food Choices
After providing the group with an overview of the types of foods participants bought each week, they were asked to explain why they tended to buy these foods.

5.2.1 Price
Most participants brought up price as a major issue in food choice.

It is price, it is very much price. [Non graduate, female, 73, no children at home]

I think just nowadays we’ve said it so often, it’s just price. [Graduate, female, 22, no children at home]

However, very few participants in both groups said directly that this was an important factor in their own purchasing behaviour. Instead, they tended to talk about other people who have small budgets as being limited in their food choice.

I think that a lot of people who are either on a very fixed budget and can’t afford to eat that well, or just really don’t think about the added advantages to them if they make slight variations in their shopping, instead of just buying stuff that is cheaper. [Graduate, male, 45, children at home]

I think a lot of people, if they can get something cheap, and they can get it two for one, then they’ll do it. [Graduate, male, 52, no children at home]

There was some discrepancy over whether it was cheaper to buy foods that were healthier, such as fresh fruit and vegetables, rather than convenience foods.

So many people can’t afford to spend a fortune on food, so will go out and stock up on stuff for the freezer knowing it’s not that healthy, but for their
budget that’s all that they can afford to pay. [Non graduate, female, 29, no children at home]

I agree with that, I think frozen foods are more expensive, when you are trying to feed a family with a meal, you can get a chicken for £2.50, vegetables not much, but give them all a frozen meal, cor, it’s going to cost a lot of money. [Non graduate, female, 42, children at home]

It’s not always the more expensive food that is the better food. [Graduate, male, 52, no children at home]

5.2.2 Health
Health was viewed by both groups as an important factor in food choice. This was often talked about generally in terms of eating healthily.

Most stuff that’s pre-packed has got additives in it to make it last longer and which isn’t good for you, so you try to avoid that. [Graduate, female, 22, no children at home]

I try to choose healthier options for children. Something that’s better for them. [Graduate, female, 48, children at home]

In contrast to price, health issues were talked about in terms of personal experiences; however, this was more noticeable amongst participants in the non graduate group. It is unclear if this was because this group experienced more health problems themselves, or in their families, or were more willing to share these experiences with the group. These included ADHD, kidney problems, heart attack, and high cholesterol.

Cheese, is really a big no no because I have high cholesterol. [Non graduate, male, 48, children at home]

One of my children has ADHD, and she really is different depending on what she’s eaten, so that’s largely why I just give her very plain food.
My husband was on dialysis for a while, and you basically had to do everything yourself, even if you didn’t want to, because everything had additives and things like that that he wasn’t allowed to have. [Non graduate, female, 42, children at home]

5.2.3 Time
After health and price, time was mentioned as a major influence in food choices, and overcame other considerations, such as ethical purchases.

I personally, this is going to sound awful, but I don’t let a lot of ethical reasons influence my shopping. I shop where’s convenient, where’s close. Where I can do it quickly and get back to work, so my choice is made by what’s near me unfortunately. [Graduate, female, 22, no children at home]

The most obvious difference related to time was between those participants who worked on a full time basis and those who were retired with grown up families. Working participants felt they did not have time to make all their meals from basic ingredients.

Yeah, well it's just not feasible, I don't get home till 7pm and my wife doesn't get home till 7pm... [Non graduate, male, 52, children at home]

I can cook, but I just choose not to because I just don’t have time, weekends I will. [Non graduate, female, 29, no children at home]

Whereas older participants said that having more spare time meant neither shopping, nor cooking, was difficult for them.

When you’re retired you do take your time. [Non graduate, male, 75, no children at home]

But you haven’t as much time as I have to shop, have you? So you can’t make the choices. You don’t have the same freedom. [Graduate, female, 71, no children at home]
5.2.4 Habit

Not all purchasing decisions were down to rational choices concerning price, health or time. Participants admitted that often the food they ate was a result of habitual decision making, often a consequence of influences from many years ago.

Habit. You’re brought up certain ways; it’s just what you have. [Non graduate, male, 75, no children at home]

You echo what your mother did really, don’t you? [Non graduate, female, 73, no children at home]

You do tend to go with things that you like, and things that you know work, and like you said you get habitulised and buy the same things all the time, ‘cause you know they’re ok. [Non graduate, male, 48, children at home]

5.3 Functional Foods

The discussion on functional foods tended to focus upon those products that were presented to the groups as examples of either naturally occurring or enhanced functional foodstuffs. These included a probiotic yogurt drink, orange juice with added calcium and two packets of strawberries; one conventional pack and one pack of ‘super strawberries’.

Whilst all participants bought naturally occurring functional foods, such as fruits and vegetables, only a small number of participants reported buying enhanced functional food products. Those that had, or currently did, said that they liked the taste, but were largely put off by price and the feeling that these products were an unnecessary addition to their diets.

More in-depth examples of attitudes towards functional food products are presented below.
5.3.1 Price

Enhanced functional foods were viewed as being more expensive when compared with conventional foods.

Well the Benecol products are terribly expensive. I shouldn’t have thought many people can afford them, can they? [Non graduate, female, 73, no children at home]

You see I’d say they are expensive as well. [Non graduate, female, 42, children at home]

They are expensive and when you sort of realise they’re probably not necessary. It’s quite a lot to pay. [Graduate, male, 52, no children at home]

When asked about naturally occurring functional foods, such as strawberries, participants said that they tended to buy them when there was a special offer in stores.

Price is the first thing. Nearly all the shops are selling them at the moment at half price. [Non graduate, male, 75, no children at home]

Sometimes they can be a bit expensive but usually the supermarkets are doing buy one get one free. [Graduate, female, 22, no children at home]

When asked if they would be willing to pay extra for the ‘super strawberries’ which had been nutritionally enhanced during the growing process, participants did not seem particularly enthusiastic. Any willingness to pay would only be a small amount extra:

It would depend a lot on the price wouldn’t it? It goes back to a factor of say 50% higher price it would put a lot of people off. [Graduate, male, 45, children at home]

If they were the same price side by side then obviously you’d go for the one that claimed to be healthier, but if they cost a £1 more for a claim you didn’t
really understand, I don’t think id spend an extra £1. [Non graduate, female, 42, children at home]

They certainly look nice, and they look as nice as the ordinary strawberries, if there was a small difference in price, I’d probably buy… [Graduate, female, 48, children at home]

There appeared to be a greater willingness to pay for enhanced lamb amongst participants. When asked if they would be willing to pay extra for lamb rather than strawberries there was widespread agreement with one participant commenting:

Strawberries are a luxury aren’t they? [Non graduate, male, 52, children at home]

5.3.2 Health

Much of the debate over willingness to pay for these products focused on whether they provided a clear health benefit.

If I know these products are actually gonna do something for me, then I wouldn’t mind spending a bit more money on them. [Non graduate, male, 52, children at home]

You have to prove it does what it says on the tin. [Graduate, male, 45, children at home]

Participants in both groups were sceptical about ‘super strawberries’. Although they felt these were a healthier choice than chocolate, strawberries were not typically bought for health reasons.

But I buy strawberries to enjoy a strawberry in summer. I don’t think about antioxidants. [Graduate, female, 71, no children at home]

It was pointed out that often strawberries are accompanied by unhealthy foods, such as cream or ice cream, and therefore, cannot always be considered a healthy choice.
In contrast there was greater support for healthier lamb that had been grown to increase the number of fatty acids present in the meat. When informing participants that the lamb would have similar health benefits to eating oily fish, a female participant responded,

Really?! That sounds fantastic, it really does. [Non graduate, female, 42, children at home]

Omega-3 was a popular enhancement in both groups. It was mentioned that this could be especially useful for people who did not eat a large quantity of fish.

For people who don’t naturally tend to eat a lot of fish it’s [milk with added-Omega 3] probably not such a bad idea actually. [Graduate, male, 45, children at home]

It’s probably good for families with children…‘cause sometimes children can be very fussy about what they eat. [Graduate, female, 22, no children at home]

I’m generally a sceptic, but I probably would be swayed by that because I’m a heavy meat eater, but I don’t eat a lot of oily fish. [Graduate, male, 31, children at home]

Support for lamb that had been enhanced naturally, therefore, seems to be greater than naturally enhanced strawberries.

Despite this enthusiasm, participants in both groups believed that enhanced functional products were unnecessary if you were eating an overall healthy diet with plenty of fresh foods.

If you’re buying a lot of fruit and vegetables why do you have to buy extra antioxidants in your strawberries? [Graduate, female, 76, no children at home]
I tend to think if you’re having a balanced diet you shouldn’t need added stuff like that. [Non graduate, female, 42, children at home]

I think if people are just eating a balanced diet, unless they are really deficient in one thing then surely they’re getting everything they need out of a broad spectrum balanced diet and you don’t need to go having extra calcium. [Non graduate, female, 34, children at home]

Deficiencies and ill health were problems for some participants, and they said they would prefer to consume functional foods rather than tablets to treat their conditions.

If they could prove to me that some of these strawberries, or cherries or whatever it is, were doing the same as the tablets I was taking I would swap. [Non graduate, male, 75, no children at home]

I’d probably have a glass of that [orange juice with calcium] then, because I don’t like milk. I could stop taking my tablets. [Graduate, female, 22, no children at home]

However, they were sceptical that food could provide the same benefits and successes. A female participant expressed concern that if would be difficult to determine the amount of food needed to provide the same health benefits of a specific dosage of medication:

But if you take a pill and it’s sort of medically 5mg or something, but if you drank [orange juice] instead, then you wouldn’t really know how much of that to drink to get the same effect as the pill, would you? [Non graduate, female, 54, no children at home].

5.3.3 Safety
Participants in both groups were suspicious of functional food products that had a benefit that was added during processing.
I’m a bit dubious about things that have got something added to them to make them better for me. [Graduate, female, 71, no children at home]

Back to the meat issue and saying there is something added, when it comes to meat I don’t really want to know that anything else has been added. [Graduate, female, 22, no children at home]

These products were viewed as being artificial, and therefore, harmful rather than beneficial to consumers.

I’d rather just know it was just a piece of cow or a piece of lamb, as opposed to having stuff stuck in it. [Graduate, female, 22, no children at home]

I still think the more complex we make our foods, the more complicated, the more we are tampering with our bodies. [Non graduate, female, 42, children at home]

Participants expressing these opinions were less sceptical about the strawberry and lamb products described, as these had been enhanced through natural rather than chemical processes.

5.3.4 Advertising and Marketing

Much of the cynicism expressed in relation to functional foods was due to marketing and advertising by their producers. They used a recurring vocabulary which emphasised that these foods were currently fashionable, and this was why they were being discussed. They were described by participants in both groups as a ‘fad’, ‘phase’ or ‘craze’.

It’s a phase we’re going through, adding extra stuff in our food. [Graduate, female, 22, no children at home]

I think it goes in fads as well, you know saying that these foods will give you an added benefit. A couple of years ago it was low fat and less salt and less
sugar. I think it just goes round in fads. [Non graduate, female, 34, children at home]

They believed that many health claims were exaggerated in an attempt to sell more of a certain product.

I would have thought it’s just another way of trying to sell their product. [Non graduate, female, 42, children at home]

I think a lot of people do get sucked in you know, otherwise the marketing companies wouldn’t continue to do it, advertise all these extra things. [Graduate, female, 22, no children at home]

One participant expressed anger that advertising was misleading in that the quantity required to effect positive changes in health was unrealistic.

Everyone says you know, the big advertising thing about Flora Light stuff, yeah? If you do this, and you do that, it will reduce that. Yeah providing you eat three and a half tonnes of it. [Non graduate, male, 48, children at home]

Although still critical of functional food advertising, participants in the graduate group expressed the belief that it was necessary to inform people about new products.

I think to get products like these new ones added value foods you need to invest a lot of careful marketing to ensure the message gets across. [Graduate, male, 45, children at home]

But yeah, but you don’t know the stuff is out there, buying the same stuff every week; it’s got to be advertised otherwise you don’t know it’s there available for you. [Graduate, female, 22, no children at home]

Within the graduate group there was a difference between the way male and female participants wanted to see these types of products advertised. Male participants said they would prefer an authoritative figure to endorse the product; however, female
participants said they preferred the depiction of real life situations that they could identify with.

Yeah, the good bacteria, it’s just such a pathetic advert… whereas, I don’t know with something like that if you have some authoritarian scientist type person maybe that would… [Graduate, male, 52, no children at home]

You want to be able to relate to it, not some authoritarian scientist. I don’t want to be preached to personally. I know the advert is a fake situation, but I could relate more to two girls chatting about it than some dude in a suit.
[Graduate, female, 22, no children at home]

Isn’t the idea of the advert that they are trying to introduce a lifestyle?
[Graduate, female, 48, children at home]

Participants in the non graduate group mentioned celebrities endorsing products, expressing cynicism about the validity of some of their claims. Some respected celebrities were more likely to be trusted such as Jamie Oliver or Robert Winston

5.4 Information and Education
Much food advertising was viewed cynically due to the manipulation of consumers’ lack of knowledge. The themes of information and education recurred throughout both discussions.

5.4.1 Healthy Eating Messages
A major problem that was identified in both groups with health information and food choice was that it had changed in recent years. Foods that were considered healthy when participants were younger were now being communicated as foods to be avoided.

It’s changed from when I was little. My parents used to pump milk and cheese into me because it was calcium. Calcium, and now you’re told cheese has got too much fat in it. [Graduate, male, 52, no children at home]
Well everything changes, you are told one minute, and I never thought I’d say this but, when I was a kid we were told to eat certain things. This was good for you and all of a sudden they told not to then we are told to eat it again. [Non graduate, male, 48, children at home]

I think they change, from one minute to another, like you say one week this is good for you, and the next week its bad for you, and it’s the same government telling you, you know… [Non graduate, female, 54, no children at home]

5.4.2 Schools and Education
In an attempt to make sense of these contradictions, participants felt that consumers needed to be educated better, and criticised the school system for much of these failures.

I’d say that children are learning to cook at school, but they learn more about cooking at home…but they don’t seem to learn more about nutrition. [Graduate, female, 48, children at home]

My two children, they’re knowledge of cooking has mostly come from me and my wife, not from what they’ve learnt at school. [Graduate, male, 52, no children at home]

Yeah, but I think the government definitely needs to do something to obviously educate, not just people at school, but you know people generally…adults, because some people are just going by what they were taught in school and there are just grown up with that and what their parents have taught them, and if their parents have not known and it just goes on and on and on… [Non graduate, female, 29, no children at home]

5.4.3 Retailers
Participants also felt that there was an important role to be played by retailers in providing consumers with health information about different foods. One participant felt that the supermarket was where he would go first to find out this information.
I’d probably start at the supermarket. [Non graduate, male, 52, children at home]

As things are you might trust the image of the retailer, the store. Like Waitrose I think it’s the USP nowadays, isn’t it ‘We can trace our food right back to the farmer, or the grower’. [Graduate, male, 74, no children at home]

It was argued that there was less trust in retailers as consumers’ relationships with them had become less personal over the years.

It’s too impersonal now yes, I mean we used to go always in Oxford, to the same butcher and the same people. [Non graduate, female, 73, no children at home]

However, participants did tend to trust supermarkets to provide them with accurate information, mentioning certain health campaigns launched by various stores.

I’d like to think you can trust supermarkets. I’d like to think they’ve been made accountable. [Graduate, male, 31, children at home]

There’s a lot of supermarkets taking the approach on the salt thing, like Tesco’s recently. [Graduate, female, 22, no children at home]

Didn’t Sainsbury’s do a thing about 5 A DAY or something? [Non graduate, female, 73, no children at home]

5.4.4 Internet
For younger participants the internet was the place they would look for information about unfamiliar food products, with search engines such as Google being the first place they would try.

You can find anything on the internet, I mean anything about anything. [Non graduate, female, 29, no children at home]
Participants in the graduate group acknowledged that information found on the internet wasn’t always reliable, and therefore, had to be treated with caution.

A lot of information on the internet is loaded though; it’s got sponsors at the back. [Graduate, female, 71, no children at home]

I could just put up a whole load of rubbish on the internet tonight, and people would read it and believe it. [Graduate, male, 45, children at home]

One participant suggested that, as already done on some labels, there should be a website address provided by the company where people could go directly to find out more information if they wanted it.

5.4.5 Government

Neither group was particularly enthusiastic about information being provided by government. A number of participants engaged in conversations where they expressed the view that food choice was a private area, and that the government were trying to take away freedom of choice.

There’s also the question of allowing people to do what they want to do. If they want to smoke then they can smoke. It’s not a question of revenue versus health. It’s… [Graduate, male, 22, no children at home]

Personal choice. [Graduate, male, 52, no children at home]

Yeah, and not making the state too powerful. [Graduate, male, 22, no children at home]

We don’t like too much government intervention in this sort of private area; you can lay it down education, can’t you? [Non graduate, female, 73, no children at home]

Well, you need some free will, don’t you? [Non graduate, male, 48, children at home]
However, this was a complex and ambiguous theme. Participants in the graduate group felt that the government could have a positive influence on the food purchasing decisions consumers make.

It’s not all bad though. Isn’t the latest campaign about lowering salt in diets? It’s not slammed to us by Tesco or Asda, it’s actually government backed I think. [Graduate, male, 45, children at home]

I’d probably trust the government more than I would the supermarkets. [Graduate, male, 31, children at home]

The government are also guided by health and scientific advisors who can say these are the areas you need to target. [Graduate, male, 45, children at home]

Also, in the non graduate group participants felt that there was an important role for government in the regulation of functional foods.

I think the government should introduce…like specific labels for certain foods that fit into a certain category, ‘that has certain vitamins’ and stuff like that. [Non graduate, female, 29, no children at home]

I’m guessing that if you knew for a fact that it was illegal for any company to make any claim that was completely misleading, if you knew that for a fact, then you wouldn’t have to investigate it all the time, you could trust it more. [Non graduate, female, 42, children at home]

5.4.6 Labelling
It was acknowledged that government did have some power to ensure that claims were accurate, but it was felt that this power had to be more visible through labelling. Participants felt that information needed to be made simpler. Labels were often considered to be too complex in the amount of information they conveyed, especially by older participants.
Yeah, well a bit overwhelmed compared to all the other reasons you would be buying a product for...scientific information would be for me about 5% of the attraction. [Graduate, male, 74, no children at home]

I’m not being funny but you start reading all the labels, and as you’re going through it …by the time you actually try to do the math on everything you’ve got even in a small basket I mean quite frankly you need a calculator. [Non graduate, male, 48, children at home]

Plus the fact that the writing is pretty small and you have a job to read it. [Non graduate, male, 75, no children at home]

Whilst some participants felt there was information overload, others felt that not enough was provided on different types of food and how they affect the body:

I don’t think you can have too much information. I think people should be informed of what they’re putting in their bodies. [Graduate, female, 22, no children at home]

Clearer communication of nutritional information was suggested in both groups through the use of either colour coded system or a simple logo.

Coloured stickers on them or something, obvious from a distance. [Non graduate, female, 54, no children at home]

A red sticker if it’s bad and a green sticker if it’s good. [Non graduate, male, 48, children at home]

Having some sort of logo. A picture on the front of a heart with a plus sign on it. [Graduate, male, 45, children at home]

Health claims on the labels of the functional food products presented to the participants provoked discussion in both groups. Both read the health claims on the Tropicana carton ‘Glass for glass, Tropicana Calcium contains the same level of
calcium as milk’. This health claim seemed to surprise participants, but they did not question the validity of it.

Participants were sceptical about the hypothetical health claim on the ‘super strawberries’.

Its weasely words though ‘contains vital antioxidants which help to prevent some forms of cancer’. [Graduate, female, 71, no children at home]

I think in a way it’s almost a form of blackmail because no one wants to get cancer and you read this and it’s almost like a threat, ‘if you don’t buy these you might get cancer’. [Graduate, female, 76, no children at home]

Interestingly, despite the only difference in the strawberries being their label, the ‘super strawberries’ were viewed as being of a higher quality than the regular strawberries, suggesting that labels can have a major influence on consumers’ perceptions of certain foods.

I think we’ve all been conned by the label because we all thought the strawberries looked much nicer and smelt nicer. [Non graduate, female, 54, no children at home]

Well we did all say we thought they smelt much nicer… [Non graduate, male, 48, children at home]

6. Discussion and Conclusion
Participants in both groups reported buying a lot of fresh food including, fruit, vegetables, meat and fish. Some processed foods were also bought; however, a greater amount of these types of products were reported as being bought each week by those in the non graduate group. Very few participants admitted buying enhanced functional foods, though a number of people had tried various products. Male participants more readily admitted to eating processed foods, whilst female participants stressed fresh, home cooked meals. This pattern has been found in other
studies where women are more likely to avoid non healthy foods and to be interested in nutrition (Wardle et al 2004; Bowman 2005). However, it may also be the case that women are less likely to admit to more unhealthy eating behaviours due to social stigma.

The reasons given for food choices centred around 4 main themes: price, health, time and habit. Interestingly, participants tended to talk about price and food choice in terms of how people on lower budgets may find it difficult to make certain food choices, rather than themselves. It is possible that people do not want to be seen as being ‘cheap’ in relation to an important, and highly publicised, issue like food.

In contrast, health, especially amongst the non graduate group, was talked about in the first person. Various health problems had led participants, and their families, to modify their diets. It is unclear whether these participants had more health problems, or whether they were more comfortable with talking about these with the group.

Another important factor that affected food choice was time. This was a more significant factor for younger participants who had little time to prepare meals using fresh ingredients each day. Older participants who were retired said that time played almost no role in their decision making. Finally, participants admitted that not all food choices were the result of rational decisions. Often certain foods or meals were eaten through habits that had been developed when participants were very young. This suggests that changing peoples’ diets is especially difficult, as long standing habits are difficult to break. This would suggest that food choices cannot be easily changed through education, promotions and health concerns. A few participants with health problems mentioned that they continued to eat some foods that were harmful to them.

Participants did not have a very positive view of functional foods. Their main argument against them was that if a person was eating a balanced diet, there was little need to supplement it with nutritionally enhanced products. Female participants particularly stressed this. Even though participants had little idea of how much these products actually cost, they viewed them as being too expensive to add to regular food shopping. Despite being mainly positive about the taste of these products, they still
felt that the additional cost was too high. Participants thought that functional foods may be useful for those with deficiencies in their diet, or for those who couldn’t eat certain other foods, for example milk. Also, participants said they would rather consume functional foods than take pills or medication for an illness or nutrient deficiency. There was some concern about nutritional and medicinal benefits in relation to information and portion size, and this would have to be conveyed on labelling to consumers wishing to substitute foods for pills.

Previous literature had suggested that consumers were less enthusiastic about the enrichment of foods that were already considered to be healthy. Similar results were found in our focus groups, especially amongst non graduates. They were more enthusiastic about lamb with higher levels of fatty acids than strawberries with higher levels of antioxidants. Participants mentioned that lamb tended to have a lot of fat, and therefore, could readily accept lamb as having the potential to be healthier. Also, enthusiasm was due to lamb being considered a more essential food item than strawberries, which were viewed as a luxury fruit.

Despite participants being supportive of the method described to produce the enhanced lamb and strawberries, there were concerns about the alteration of conventional foods to make them healthier. Participants in both groups said they preferred their food to be as natural as possible, without additives.

There were also concerns over the various health claims put forward for functional foods. Participants felt that they had to be convinced that these products would provide the function they were advertising. They felt that companies may exaggerate claims to sell their products, and that people could be manipulated by clever marketing. However, they also agreed that marketing was necessary to keep people informed of new products, and that special offers, such as half price and ‘two-for-one’, were needed to promote these products more widely. Male and female participants disagreed over the type of advertising they wanted to see for these products. Male participants wanted the use of authoritative figures, whereas female participants preferred adverts that they could identify with.
Cynicism over health claims appears to be related to a lack of information and education. A lack of nutritional education in schools was blamed for widespread ignorance throughout society about food choices. Participants claimed if they wanted to find out more information they would use the internet as a first reference point. Older participants said that they would trust their retailer to provide them with information. As suggested from previous literature, government was not trusted by many participants. They felt that the advice they gave was often misleading, as it had changed so much over the years.

Yet, participants also felt that there was a role for government in regulating the health claims on the labels of functional foods. They argued that the government would provide more accurate information than food producers. To do this, simple labelling systems were suggested, for example, utilising a colour coding. This would prevent consumers being overwhelmed with information, yet still allow them to make informed choices about the foods they were buying. Participants felt that if they could have confidence in various health claims then they may be willing to pay a small amount extra for functional foods.

The results from the focus groups suggest that consumers are yet to be convinced about the benefits of functional foods. Although it was acknowledged there could be some benefit for those who had certain deficiencies and could not consume some foods, participants expressed the belief that functional foods were an expensive marketing ploy, unnecessary for those who already eat a balanced diet.

As younger participants in full time employment said they found it difficult to make freshly prepared meals each day, they may be the best group to market functional foods to. These foods could contribute essential nutrients to the diets of those who are often too busy to buy fresh foods requiring preparation and time. Older participants expressed feelings of being overwhelmed by labelling; this may also suggest that functional foods are more appropriately targeted at a younger market. However, older people may be more enthusiastic about these products if they are recommended and advertised by retailers.
There were differences in the ways in which participants would like these products to be advertised. Male participants preferred an authoritative figure whom they could trust; however, female participants felt they could identify more readily with real life situations and would be more likely to buy a product advertised with such a depiction. Non-graduate participants talked about celebrity endorsements and expressed cynicism about this kind of marketing. Graduate participants were more accepting of the need to advertise new products, as they felt it was the only way to find out what is available to consumers. Therefore, advertising may have to be targeted in different ways to different groups, for example, through women’s magazines, in male-dominated workplaces, as well as wider mediums such as television and radio.

With an increasing number of advertising campaigns and health claims, participants believed there was a need for increased regulation over labelling. Despite distrusting Government, participants felt this was an important role that it could fulfil. As participants tended to trust information they read on the internet, government could become more involved in promoting healthier foods through this medium, with readily accessible, and well advertised, websites providing information. Retailers may also play a role in the promotion of functional foods as participants said they trusted their healthy eating advice, and mentioned healthy eating campaigns that were currently being carried out by supermarkets. However, if food choices are habitualised as described, changes in eating patterns may be slow and difficult to change, and reliance on special offers and promotions may only affect demand in the short term.
References


Appendix A – Recruitment Questionnaire

Functional Food Focus Groups
Recruitment Questionnaire

RESPONDENT DETAILS: GROUP NUMBER: 1 2

NAME ________________________________________________________________

ADDRESS ___________________________________________________________

POSTCODE __________________________________________________________

PHONE __________________________

CLASSIFICATION DETAILS:

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<td>20%</td>
</tr>
<tr>
<td></td>
<td>&gt;71 5</td>
<td>20%</td>
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Age in years: _________

Occupation: __________________________________________________________
Q1: Do you have any children who are aged 16 or under?

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Q3: Have you ever taken part in a focus group or discussion group before?

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Q4: Are you willing to participate in a group discussion on food and your attitude towards food? This will be recorded by….

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THANK RESPONDENT FOR THEIR TIME

INTERVIEWER DECLARATION

You must complete this section neatly for the interview to be valid. Please complete it once the respondent has agreed to participate.

I declare that I have conducted this interview within the MRS Code of Conduct and in accordance with the written instructions.

NAME (PRINT)  

SIGNATURE  

DATE
Appendix B – Recruitment Table

**Group 1 - Graduates**

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**Group 2 - Non Graduates**

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Appendix C – Focus Group Protocol

RELU WP2, Phase 2(i)
Focus Group Protocol – functional foods

General instructions

a) The focus group should last no longer than 90 minutes. Timing of each part can be adjusted a little as required – however the facilitator should aim to spend at least 15 minutes on each of parts 1-4.

b) Progressive numbers refer to issues to be covered. Questions can be slightly adapted in consideration of language and cultural context.

c) Text in *italics* contains indications for facilitators.

d) The set of pointers under the heading "memo for facilitators" are meant to clarify which dimensions and aspects of an issue are of interest for the research. Lists are not necessary exhaustive nor must each point be addressed. By no means the pointers are to be interpreted as questions to be asked as such. They are to be used as reminders to facilitators for keeping discussion within the research aims.
FOCUS GROUP 2
Perspectives functional foods

INTRODUCTION (15 minutes)

Introduction by moderator
Introduce yourself. Introduce the project and research theme (See ‘Blurb’ below). Explain facilitators’ role. Explain what use will be made of audio recordings: the recordings will only be used by the researchers, and the identity of the participants will not be revealed. The group will be discussing attitudes towards foods. Explain that participants are free to express their opinions, that their opinions matter, that there are no right or wrong answers, and that this should be enjoyable.

Blurb:

This project is jointly funded by the ESRC, NERC and BBSRC research councils. The overall objective of the research is to examine the potential for the development of internationally competitive food chains capable of delivering foods that consumers wish to buy at prices they are willing to pay and to assess the impact on land use, the environment and the economy.

Warm-up question
Firstly, if we could just start off by saying a little about ourselves (name, where you live, what you do). I’ll start…

PART 1 – FOOD PURCHASING AND CONSUMING CONTEXTS WITH RESPECT TO DIET & HEALTH (15 mins)

Ask first question around group individually
1a). Can you tell me about the types of foods you tend to buy and eat most weeks? (e.g., vegetables, soft fruits, meats, processed foods, organics etc)
1b). What are your main reasons for buying these types of food? (family members etc)
1c). Do you think there are health implications of certain food choices? (don’t make it person specific)

PART 2 – SELECTION OF RELEVANT ATTRIBUTES IN ATTITUDES TOWARDS FUNCTIONAL FOODS (25 mins)

Facilitator to define: FUNCTIONAL FOOD
Memo for facilitators:
Use physical products as examples for definitions

DEFINTION: Functional food is a food that has added nutritional benefits which may be naturally occurring within the food or added to the food in the production process

- Naturally occurring e.g. probiotic yoghurt; broccoli; oats (good for heart).
- Production e.g. Orange juice with calcium, St Ivel milk with Omega-3 fatty acids; Benecol margarine;

2a). What are the advantages of FUNCTIONAL FOODS?

2b). What are the disadvantages of FUNCTIONAL FOODS?

Including differences between
a) conventional foods versus functional foods
b) naturally occurring functional foods (e.g. broccoli) versus functionally/enhanced foods (e.g. omega 3 in milk)
c) GM foods

Memo for facilitators:
Try to cover attitudes regarding at least the following:

• Natural, GM, Pills (If you were told your diet was deficient in a certain vitamin would you consider pills rather than foods?)
• Health related benefits/costs
• Sensory (taste, flavour, appearance)
• Price (and implications for wider UK economy, why there is a price difference)

(Additional areas that could be covered)
• Practical (eg availability – nearby farmer markets etc)
• Choice
• Ethical/environmental production benefits (better animal welfare, green farming)
• Societal (farming, jobs, community)

3). What do you think about the claims of each of these products? (Relate to a specific example of a naturally occurring and enhanced product)

• Explore defining attributes of each – e.g. health and nutritional values

(If this hasn’t already been discussed).

PART 3 – EVALUATION OF THE ROLE OF PRICE PERCEPTION

4a). On average, how do you think prices for FUNCTIONAL foods compare?

Note for facilitators
4b). Why do you think there is a price difference between FUNCTIONAL and CONVENTIONAL foods?

Explore

Reasons for inequalities in prices – try to cover the following

- Labour costs
- Prestige factors (e.g., ‘smart milk’)
- Regulations (e.g. GM related issues)

PART 4 – IDENTIFICATION AND RELEVANCE OF PERCEIVED CONTROL FACTORS

Present group with tub of strawberries - conventional first.

5a). What factors do you see as important in determining your willingness to buy MORE strawberries?

Memo for facilitators:

- Explore factors such as:
  - price
  - access
  - perceived and actual health benefits
  - family needs
  - level of interest/awareness
  - better marketing (advertising – who would you trust)

5b). Which is the most important?

5c). Why would you choose strawberries over other products eg. chocolate?

Present group with ‘super strawberries’ - higher in naturally occurring (produced under special UV plastics) anti-oxidants which are beneficial in reducing cancer risks.

5d). What do you think about these ‘super strawberries’?

5e). What would make you more likely to buy these strawberries rather than conventional strawberries.

5f). Do you think your attitudes be different if you’d been presented with packs of lamb that had been fed on vegetation that increases the amount of Omega-3s fatty acids in the meat (cancer preventing, beneficial for brain development).

(Only ask if people say they do buy functional products)
6). Are there any factors that currently make buying such FUNCTIONAL foods difficult?

*Memo for facilitators*
- Draw on factors identified above.
- Encourage participants to describe in detail WHY particular factors are seen as barriers.
- What would make it easier?

---

**PART 5 – IDENTIFICATION OF REFERENTS FOR SUBJECTIVE NORM MEASUREMENT?**

7a). How do you think society in general feels about FUNCTIONAL foods?

7b). Are there particular groups or individuals that hold strong views regarding FUNCTIONAL foods? *(ask but don’t prompt)*

*Memo for facilitators*
- UK farmers
- Supermarkets/ retailers
- Health organisations
- Government

7c). Are there any groups or individuals whose views on eating FUNCTIONAL foods you would particularly value? *(Important question).*

How much do you identify with each of these?

*Memo for facilitators*
- Family/friends
- UK farmers
- Government/non government health organisations

7d). What would a best friend or family member say about you buying this product?
- Encourage discussion of reasons for the variation across participants

---

8a). Where do you look for information about food?

*Memo for facilitators*
- Media: TV (programmes vs. advertisements), newspapers, magazines, internet, word of mouth, labels etc

8b). Who do you trust to provide you with information?
• Source: the Food Standards Agency, Government depts, Doctor, Friends and family, Supermarkets, scientists etc (mention gov & supermarkets if not brought up).

8c). Who should provide you with information?

Memo for facilitators
• Draw on factors identified above

8d). What sort of information do you think should be provided?

Memo for facilitators
• Is there too much information or too little?
• Is it quantity or quality that is important?
• Logos & regulation – who should regulate?

PART 6– OTHER ISSUES

9). Aside from those already discussed, are there any other issues that are relevant in choosing between FUNCTIONAL and CONVENTIONAL foods?

FEEDBACK AND CLOSE (10 minutes)

Summarise main points of discussion and ask for their feedback. Mention that the project (of which the focus group forms an important part) will enable better understanding of the scientific and socio-economic basis for sustainable, internationally competitive, UK based food chains.

Emphasise the value of the participants’ contribution, and thank them again for attending.

If any respondents require further information about the nature of the research being undertaken or require any clarification on how these discussions will be used please contact:

Ms Stephanie Chambers
Department of Agricultural & Food Economics
The University of Reading
PO Box 237
Reading RG6 6AR
Ph: 0118 378 7693
Email: s.a.chambers@reading.ac.uk
Strawberries contain vital antioxidants which help to prevent some forms of cancer and heart disease. These strawberries have been grown under special conditions to increase their level of antioxidants.