

Research report

The influence of lifestyle on health behavior and preference for functional foods[☆]

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ABSTRACT

The main objective of this survey is to reveal the relationship between lifestyle, health behavior, and the consumption of functional foods on the basis of Grunert's food-related lifestyle model. In order to achieve this objective, a nationwide representative questionnaire-based survey was launched with 1000 participants in Hungary. The results indicate that a Hungarian consumer makes rational decisions, he or she seeks bargains, and he wants to know whether or not he gets good value for his money. Further on, various lifestyle segments are defined by the authors: the rational, uninvolved, conservative, careless, and adventurous consumer segments. Among these, consumers with a rational approach provide the primary target group for the functional food market, where health consciousness and moderate price sensitivity can be observed together. Adventurous food consumers stand out because they search for novelty; this makes them an equally important target group. Conservative consumers are another, one characterized by positive health behavior. According to the findings of the research, there is a significant relationship between lifestyle, health behavior, and the preference for functional food products.

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Introduction

Today, it is less possible to explain food consumption by regular segmentation techniques. Parameters such as gender, age, or place of residence on their own do not provide adequate information on the market (Berke, 2003; Hofmeister-Tóth & Töröcsik, 1996). For this reason, behavioral segmentation and the analysis of lifestyle are becoming more frequently used tools in marketing. In this case, "lifestyle" is defined as the relationship between the individual's personality and his surroundings (Kotler & Keller, 2006).

We are witnesses to changes in values nowadays. Consumers are more concerned about their health and pay more attention to the healthiness of their diet; their health behavior is shifting in a positive direction. Health behavior is a complex system that involves exercise, psychic health, hygiene, and avoidance of harmful recreational drugs in addition to conscious dietary choices.

These trends in consumption set up new challenges for the food industry: food companies need to develop and launch new products that prevent or slow down the spread of contagious diseases due to their health protection effect or ensure a longer, healthier life for the elderly. The industry calls these types of food products "functional foods," but the definition is a legally unregulated, so-called "virtual" food category (Lelovics, 2010; Lugasi, 2007, 2008).

The European Commission's Concerted Action on Functional Food Science in Europe (FuFoSE), coordinated by International Life Science Institute (ILSI) Europe, defined functional food as follows: "a food product can only be considered functional if, together with its basic nutritional impact, it has beneficial effects on one or more functions of the human organism, either improving the general and physical conditions or/and decreasing the risk of the evolution of diseases. The amount of intake and form of the functional food should be as it is normally expected for dietary purposes. Therefore, it could not be in the form of pill or capsule but only as a normal food form" (Bíró, 2004; Hawkes, 2004; Siró, Kápolna, Kápolna, & Lugasi, 2008). At the same time, a different definition, according to which only those foods that claim health related effects can be considered functional, is gaining acceptance (Fern, 2007).

The market for functional foods is growing rapidly (Menrad, 2003; Verbeke, 2005), and this trend looks set to continue in the future as well (Fern, 2007; PWC, 2009; Schmidt, 2000). The global market is estimated at 73 billion Euros with an annual 8–16% growth rate. The turnover is concentrated in three regions and countries; some 90% of total sales occurs in Europe, the USA, and Japan (Datamonitor, 2004). The European market for functional foods was estimated to be between 4 and 8 billion USD in 2003, depending on which foods are regarded as functional (Menrad, 2003). This value increased to around 15 billion USD by 2006 (Kotilainen et al., 2006; Siró et al., 2008). According to Datamonitor, the US market was estimated to reach 25 billion USD by the year of 2009 (Siró et al., 2008). With between \$20 billion and \$30 billion in sales a year, functional foods comprise about 5% of the entire US food market (PWC, 2009). It is not surprising that in

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Japan, regarded as the birthplace of functional food, the market of these products is significant (Siró et al., 2008). The market was estimated to be 5.73 billion USD in 2006, while more than 500 products were labeled as FOSHU in 2005 (Fern, 2007; Side, 2006; Siró et al., 2008).

In the 1990s, Grunert, Brunsø, and Bisp (1993) found a relationship between consumer values, lifestyle, and the purchase of certain food categories. Although in case of functional foods where health behavior plays an outstanding role, the connections to consumer lifestyle have not been studied in this complex connection yet. Thus the following objectives were set up. In the first step, the Hungarian food market was segmented on the basis of a food related lifestyle model (Grunert et al., 1993). In the second step, the objective was to find significant correlations between lifestyle segments, behavioral control (Ajzen, 2002), and the consumption of functional foods. Finally, the study hoped to find reasoning relations between lifestyle and consumer values (Kahle, 1983).

Theoretical background

Lifestyle is a social factor based on the basic needs of humans that is strongly affected by their simultaneous needs for integration (belonging to a group) and differentiation (individuality). The lifestyles of people coming from the same sub-culture or social class and having similar professions are not necessarily the same; therefore, lifestyle cannot be attributed purely to demographic parameters (e.g. gender, age, education, income). Lifestyle can either relate to integration in a certain larger social segment or be a tool for self-expression by the individual.

Most of the lifestyle models contain a dimension of value orientation as well, which, together with a further chosen attribute, defines which “lifestyle segment” a consumer occupies (Töröcsik, 2007). On the whole, lifestyle means the relationship between the individual’s personality and his or her surroundings (Kotler & Keller, 2006). Also, lifestyle relates to the economic level where people live, spend their money, and spend their time (Anderson & Golden, 1984).

One of the most important models for food consumption behavior, Grunert’s food-related lifestyle model (Grunert et al., 1993), investigates the lifestyle of the consumers by applying 69 different criteria (Fig. 1).

According to the model, the relationship between consumer values and concrete product attributes is indirect. The attributes of lifestyle are situated between the values and the product categories. Shopping situations can be characterized by purchasing motives (e.g. self-actualization), consumption situations (e.g. eating at home), cooking methods (e.g. home cooking), ways of shopping (e.g. shopping in specialized shops), and the approach to quality factors (e.g. healthiness, flavor). Brunsø, Grunert, and Bredahl (1996)

defined five food-related lifestyle segments: careless, uninvolved, rational, conservative, and adventurous. The results obtained here were also proven by international lifestyle surveys (O’Sullivan, Scholderer, & Cowan, 2005; Ryan, Cowan, McCarthy, & O’Sullivan, 2004).

On the basis of Grunert’s model Brewer, Li, and Reid (2002) developed a product group specific lifestyle model; however, a functional food group specific lifestyle model has not been developed anywhere in the world yet.

Health behavior is the complex system of behavioral scripts regarding health in which elements of healthy lifestyle manifest in behavioral patterns induced by health-related needs and motives. Baum, Krantz, and Gatchel (1997) say that health behavior is all types of behavior expressed by the individual that may impact human health as long as we are healthy. According to Harris and Guten (1979), health behavior is various types of behavior expressed by individuals to protect, maintain or promote their health status independently from the perceived level of health status and whether it is objectively efficient or not.

Health behavior has two different manifestations (Matarazzo, 1984). One of them is based in so-called “health impairing habits” (for example smoking, eating a high fat diet), which are “behavioral pathogens”. This behavior is often influenced by emotional or sometimes by unconscious motives or irrational beliefs. Another one is based in the so-called “health protective” habits, which are defined as “behavioral immunogens”. It is characterized by a whole range of active and conscious actions determined mainly by conscious powers.

If an individual feels that he or she is able to control his or her behavior to some degree, then it can be expected that he or she will take action, if the conditions for that action are favorable (Ajzen, 2002). Actual behavioral control at a level was where the individual feels capable of altering his or her behavior by means of his or her capabilities, tools, and resources. In the relevant context, it can occur when the individual is aware of his or her responsibility for his or her own health. An action or the refusal to act a certain way can clearly show the health behavior of the individual: his or her awareness of and reaction to changes or his or her adoption of irrational and risky behavior. Health behavior is not merely positive efforts by a person; it is also the exercise of behavioral control (Ajzen, 2002; Schäffer-Dudás, 2008).

Methods

Sampling

In order to achieve the set objective, a nationwide representative questionnaire-based survey was given to 1000 participants in July 2008, in Hungary. The socio-demographic diversity of the

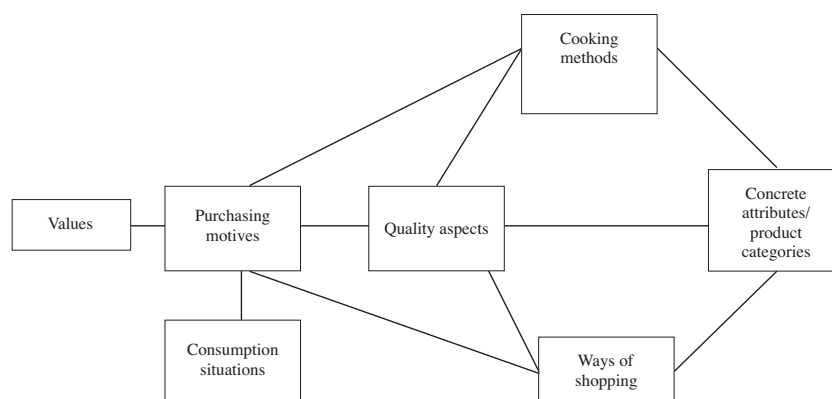


Fig. 1. Components of food-related lifestyle model based on 69 items. Source: Grunert et al. (1993).

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