

Revista de
NUTRICIÓN PRÁCTICA



Nº 23. Abril 2019

Edita: SPRIM España
Calle Hermosilla, 46. 5º Derecha
28001 Madrid (España)
Teléfono: 91 577 90 65
congreso.nutricion@sprim.com
www.nutricionpractica.org

Consumer perceptions of a healthy lifestyle and their impact on food and diet



Dª Ana Isabel de Almeida Costa. Doctor in Food Consumer Behaviour, Wageningen University. Principal Research Associate in Consumer Behaviour, Católica-Lisbon School of Business and Economics, Universidade Católica Portuguesa.

Ana Isabel Costa is FCT Principal Research Associate and Adjunct Assistant Professor at Católica-Lisbon School of Business and Economics (Marketing and Consumer Behaviour) and Invited Assistant Professor at Católica-Lisbon School of Human Sciences (Psychology and Policy, and Behavioural Economics). She previously held research positions at the Wageningen University, the Aarhus University and the School of Biotechnology in Porto. She holds a Ph.D. in Food Consumer Behaviour and New Product Development (Wageningen University), with a post-graduate in Research Methods in Business and Economics (Erasmus Rotterdam University and Groningen University). She also holds MSc. degrees in Agro-Industrial Engineering (Instituto Superior de Agronomia, Lisboa) and Food Quality Management (Ghent University). She has extensive experience in the coordination of publicly- and privately-funded projects. Her areas of expertise are behavioural self-regulation, food consumption, nutrition and health, public policy and persuasive technologies.

Due to current consumer concerns about health and ageing, the quest for living a healthy lifestyle is becoming one of the most distinctive hallmarks of contemporary society and a major consumer behaviour trend (Goetzke & Spiller, 2014). The general construct of lifestyle refers to the different activities, interests, hobbies and opinions consumers have and through which they construct their social identity (Raaij & Verhallen, 1994; Wells & Tigert, 1971). The specific construct of healthy lifestyle refers thus to different types of health-related consumer interests, opinions and behaviours that aim to maintain or enhance their health status and that are driven by multiple individual, social and cultural factors (Grimaldo, 2010).

Past research identified five broad behavioural domains associated by consumers to leading a healthy lifestyle: physical activity, nutrition and diet, life equilibrium (*i.e.*, stress control, sleep habits, work-life balance), absence of addictions and preventive health care (Gil, Garcia & Sanchez, 2000; He et al., 2004). Results from earlier research also suggest the existence of positive associations between perceptions of a healthy lifestyle and attitudes towards healthy eating (Bukman et al., 2014), the purchase of functional or organic foods (Goetzke & Spiller, 2014; Husic-Mehmedovic et al., 2017) and relevant dietary and health outcomes among adolescents (Küster & Vila, 2017). Yet, studies assessing the influence of healthy lifestyle perceptions on the healthy eating motivation and dietary choices of consumers remain scarce.

We conducted an online survey among a random sample of 411 young adults belonging to a large international consumer panel. This survey asked participants to describe, in an open-ended format, what constituted a healthy lifestyle in their opinion and to list up to five key aspects of leading a healthy life. It also entailed a psychometric measure of Healthy Eating Motivation (Cronbach's $\alpha = .77$), adapted from the Health Motivation (Moorman and Matulich, 1993) and Health Consciousness scales (Schifferstein & Ophuis, 1998), as well as measures of participants' Willingness-to-Pay (WTP) for an organic food basket and a one-month gym membership. A total of 405 participants from 37 different countries (mainly in Europe, North/South America and Asia), aged between 18 and 34 years old ($M = 26.3$, $SD = 7.2$), and predominantly women (55%) completed the survey. Their descriptions of a healthy lifestyle were content-analysed and consensually categorized by three independent coders into eight underlying dimensions: Physical Activity, General Dietary Habits, Specific Food and Nutrient Intakes, Control of Addictions, Mental Health and Well-Being, Social and

Lifestyle Habits, Preventive Health Care and Health Status, Motivation and Personality. Exercise and Diet were by far the most salient and popular associations to a healthy lifestyle, followed by Habits, Mental Health and Motivation. Dimensions 1 to 3 were all significantly correlated to each other ($p < .01$), indicating that respondents perceived these as alternative, rather than concurrent drivers of a healthy lifestyle, a finding corroborated by earlier research (Newson et al., 2005). Diet, in particular, was negatively associated ($p < .05$), to all other dimensions uncovered, except Motivation. Meanwhile, Exercise was positively associated with Control of Addictions, Mental Health and Habits ($p < .05$).

Older, North European and male participants were less likely to associate diet to a healthy lifestyle than young ($p < .05$) and female ones ($p < .10$). Women were also less likely to associate Control of Addictions ($p < .05$) and Motivation than men ($p < .01$), while older participants more often associated Mental Health than younger ones, and North Europeans more often mentioned Exercise than South Europeans ($p < .05$). Mental Health associations to a healthy lifestyle significantly increased both healthy eating motivation and WTP for the organic food basket ($p < .05$). Similar associations have been uncovered in previous studies (Chen, 2011; Husic-Mehmedovic et al., 2017). Diet associations significantly increased WTP for the gym membership ($p < .01$), while Physical Activity ($p < .05$) and Habits' associations significantly decreased it ($p < .10$).

Overall, these findings suggest that perceptions of a healthy lifestyle associated with diet and weight loss/maintenance remain independent of those related to regular physical activity and engagement in healthy social and lifestyle behaviours. This has important implications to nutrition practice and the design of public health policy and obesity-related interventions.

Bibliography:

- Bukman, A. J., Teuscher, D., Feskens, E. J., van Baak, M. A., Meershoek, A., & Renes, R. J. (2014). Perceptions on healthy eating, physical activity and lifestyle advice: opportunities for adapting lifestyle interventions to individuals with low socioeconomic status. *BMC Public Health*, 14(1036), 11 pp. DOI: 10.1186/1471-2458-14-1036
- Chen, M. F. (2011). The joint moderating effect of health consciousness and healthy lifestyle on consumers' willingness to use functional foods in Taiwan. *Appetite*, 57(1), 253–262. DOI: 10.1016/j.appet.2011.05.03
- Gil, J. M., Gracia, A. & Sanchez, M. (2000). Market segmentation and willingness to pay for organic products in Spain. *International Food and Agribusiness Management Review*, 3, 207–226. DOI: 10.1016/S1096-7508(01)00040-4
- Goetzke, I. B. & Spiller, A. (2014). Health-improving lifestyles of organic and functional food consumers. *British Food Journal*, 116(3), 510–526. DOI: 10.1108/BFJ-03-2012-0073
- Grimaldo Muchotrigo, M. P. (2010). Calidad de vida y estilo de vida saludable en un grupo de estudiantes de posgrado de la ciudad de Lima. *Pensamiento Psicológico*, 8(15), 17–38. DOI: 10.11144/141
- He, K., Kramer, E., Houser, R. F., Chomitz, V. R., & Hacker, K. A. (2004). Defining and understanding healthy lifestyles choices for adolescents. *Journal of Adolescent Health*, 35(1), 26–33. DOI: 10.1016/S1054-139X(03)00369-0
- Husic-Mehmedovic, M., Arslanagic-Kalajdzic, M., Kadic-Maglaljic, S., & Vajnbirger, Z. (2017). Live, Eat, Love: life equilibrium as a driver of organic food purchase. *British Food Journal*, 119(7), 1410–1422. DOI: 10.1108/

BFJ-07-2016-0343

- Küster, I. & Vila, N. (2017). Healthy lifestyle and eating perceptions: correlations with weight and low-fat and low-sugar food consumption in adolescence, *Frontiers in Life Science*, 10 (1), 48-62. DOI: 10.1080/21553769.2017.1329170
- Moorman, C., & Matulich, E. (1993). A model of consumers' preventive health behaviors: The role of health motivation and health ability. *Journal of Consumer Research*, 20(2), 208-228. DOI: 10.1086/209344
- Newsom, J. T., McFarland, B. H., Kaplan, M. S., Huguet, N., & Zani, B. (2005). The health consciousness myth: Implications of the near independence of major health behaviors in the North American population. *Social*

Science and Medicine, 60(2), 433-437. DOI: 10.1016/j.socscimed.2004.05.015.

- Schifferstein, H. N., & Ophuis, P. A. O. (1998). Health-related determinants of organic food consumption in the Netherlands. *Food Quality and Preference*, 9(3), 119-133. DOI: 10.1016/S0950-3293(97)00044-X
- Van Raaij W.F. & Verhallen T. M. M. (1994). Domain-specific market segmentation. *European Journal of Marketing*, 28, 49-66. DOI: 10.1108/03090569410075786
- Wells, W. D. & Tigert, D. J. (1971). Activities, interests and opinions. *Journal of Advertising Research*, 11, 27-35.

TECNOLOGÍA ALIMENTARIA

■ Salud digital, nutrición digital... Ganador digital



D. Pablo Sánchez Cassinello. Managing Director Health & Public Service España, Accenture.

Responsable del área de Sanidad de Accenture en Iberia, ha desarrollado su carrera profesional prestando servicios de consultoría en organizaciones sanitarias públicas y privadas. Pasión por la salud digital, de la que disfruta aportando su granito de arena y ante la que se muestra ilusionado y expectante por lo que está por venir.

La irrupción de dispositivos (médicos o no) orientados a mejorar la salud de los ciudadanos vive una revolución sin precedentes. Ante la aparición de nuevas tecnologías y la madurez de otras, la nutrición digital no es ajena a esta nueva ola de apps y dispositivos conectados. Sin embargo, el desembarco se está produciendo de forma

tímida frente a otros ámbitos de la salud digital... ¿Es cuestión de tiempo? ¿Miedo a compartir datos? ¿Modelo de negocio poco claro? ¿Mercado de nicho? ¿Diseño inapropiado? Ante estas preguntas, las respuestas son variadas y apuntan en distintas direcciones, siendo el denominador común que el valor no acaba de ser percibido por los usuarios.

■ Modificación de la conducta alimentaria mediante nuevas tecnologías



Dra. Maribí Pereira. Psicóloga, docente del Máster en Psicoterapia del Bienestar emocional. Barcelona.

Psicóloga general sanitaria. Directora de ISEP Madrid. Máster en Psicología Clínica y de la Salud. Curso ISEP LIDERA. Curso de Escritura Terapéutica. Proyecto Armonía: Nivel I en liderazgo en aprendizaje experiencial y de aventura. Terapeuta orientada al desarrollo y fortalecimiento del autoconocimiento, autocontrol y habilidades comunicativas en el abordaje individual, de pareja y del sistema familiar. Profesora de Filosofía y Psicología. Formadora en comunicación, asertividad y resolución de conflictos. Psicóloga en centros educativos. Con experiencia en coaching personal y profesional. Colaboradora de publicaciones en distintos medios de comunicación. Oradora en charlas y talleres.

Los trastornos de la alimentación (TCA) son patologías que han aumentado marcadamente su incidencia durante las dos últimas décadas. Estos trastornos han sido abordados con métodos diversos según la hipótesis etiológica de la que se parta para explicarlos. En los últimos quince años, la terapia cognitivo- conductual ha demostrado ser la más efectiva en el tratamiento de dichos trastornos.

auge de la tecnología conductual, existen herramientas que han mostrado su utilidad para trabajar directamente una actitud negativa hacia el cuerpo: técnicas de relajación, videofeedback o videoconfrontación, por citar algunos ejemplos.

No obstante, un problema que presentan los diferentes enfoques de tratamiento ha sido sus deficiencias para eliminar el trastorno de la imagen corporal (IC) que presentan estos pacientes. Es por lo que, en la actualidad, y con el

Aun así, es importante destacar la necesidad de abordar no solo la distorsión de la imagen corporal, sino además la autorregulación emocional que el paciente debe adquirir para enfrentarse con éxito a estos trastornos.

■ Inteligencia Artificial: del concepto a la clínica



Dr. Ignacio Hernández Medrano. Neurólogo, fundador de Savana y Mendelian.

Ignacio Hernández Medrano es neurólogo y coordina la estrategia de investigación en el Hospital Ramón y Cajal en Madrid. Además de desarrollar su carrera hacia la gestión sanitaria, Ignacio es máster en dirección médica y máster en gestión de I+D+i en ciencias de la salud (Escuela Nacional de Sanidad-ISCIII), es licenciado por la Singularity University (NASA-Silicon Valley) en emprendimiento con tecnologías exponenciales, ponente TED y CEO-fundador de Savana, una start up enfocada a inteligencia artificial en Historia Clínica Electrónica, así como fundador de Mendelian, una plataforma encaminada a democratizar el uso de la información genómica para el diagnóstico.