Revealing barriers to healthier fast food consumption choices

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Abstract

Purpose – In light of growing concerns around obesity, the present work investigates why consumers continue to choose traditional unhealthy fast food options over newly offered healthier fast food alternatives.

Design/methodology/approach – A total of 24 value laddering interviews were conducted with people who had just purchased an item from the traditional menu at McDonalds. Individual reasoning for not selecting a healthier Weight Watchers’ approved alternative was aggregated across the respondent set to form a summary map which pictorially displays barriers to healthier fast food choices.

Findings – Consumers’ choices not to purchase healthier fast food options were dominated by Self Direction type values and are heavily influenced by engrained perceptions that fast food is junk food.

Practical implications – For the fast food industry, this research highlights that to help shift consumers’ choices toward healthier alternatives, they need to reposition themselves as quick service restaurants that offer good tasting food that is both convenient and healthy.

Social implications – For public policy makers, this research suggests a need to address the perceptions of personal relevance of obesity and diet related health issues.

Originality/value – The valuable in-depth information collected via the value laddering process offers substantial insights into the unexplored area of barriers to healthier fast food consumption.

Keywords Values, Barriers, Health, Consumption, Fast-food, Food-choice

1. Introduction

Since the 1970s, the dominance of the fast food industry has been linked to the Western world’s growing waistline (Currie et al., 2009). A causal link between obesity and the fast food industry has yet to be proven. However, the fast food industry’s immense resources, dominant supply chain position, and aggressive marketing tactics have fuelled accusations of responsibility and an increasing number of health professionals argue that the fast food industry giants should take some responsibility for the food culture they helped promote (Schroder and McEachern, 2005). As a result of increased pressure from lobby groups and the negative publicity that accompanies this, fast food companies have recognised that they can no longer rely on convenience, product and service consistency to keep customers.

The McDonalds Corporation is positioned as a leader of the food service industry and thus acknowledges that it must play a role in fight against obesity (Adams, 2007). In 2010, the New Zealand branch of McDonalds International launched a groundbreaking and widely publicized initiative to improve the healthiness and health perception of their product offerings. This initiative took the form of a partnership with the international dieting giant Weight Watchers. The collaboration with Weight Watchers came in the form of Weight Watchers’ approved menu items...
According to Hawthorne, the CEO of New Zealand McDonalds, this controversial pairing was intended to generate a change in behaviour, and to create consumer awareness about making healthy choices (Malkin, 2010). While health practitioners recommend that people should stop eating fast foods, Mr Hawthorne believes that is unrealistic and proposes a new tactic to address the obesity debate. He suggests that instead of insisting consumers stop these engrained behaviours, the focus should be on shifting those behaviours, encouraging consumers to choose healthier fast food options (Mace, 2011).

Whether the addition of healthy menu options are the result of genuine corporate responsibility for obesity or a self-preservation method for business, it is clear that the fast food industry is changing. The question now is how, and why, are consumers responding to these new healthier offerings? An analysis of the New Zealand McDonalds’ 2010 sales data (Mace, 2011) reveals that consumers do not seem to be adjusting their consumption behaviours as a result of the new healthier options on offer. Over a four month period, McDonalds nationwide sold only 205,000 Weight Watchers’ endorsed menu items. This is a small proportion of their average weekly sales of 1.3 million meals. To understand why consumers are not changing their fast food purchasing behaviours, despite widespread knowledge of the negative health consequences of excessive traditional fast food consumption, the present paper employs a values framework to examine the underlying motivations of McDonalds’ consumers’ fast food choices.

Values operate as “guiding principles” (Reynolds and Gutman, 2001) and can therefore provide significant insight into consumer behaviour. While a person may hold thousands of attitudes towards specific objects and behaviours, these are the result of only a handful of values (Steelman, 1976). Schwartz’s (1992) theory of values represents the single most tested and validated approach used over the past 25 years to investigate personal values. Schwartz’s theory of values operates under the assumption that values are universal, everybody possesses the same set of ten value types, but it is an individual’s weighting of importance that motivates different actions (Schwartz and Bilsky, 1987). Values have previously been identified as important guiding influences in food choices (Rokeach, 1968) and can provide a script for an individual’s food behaviour (Grunert, 1993). Past research has explored the roles of values with regard to food perceptions and choice in areas such as vegetables (see Kirchhoff et al., 2011), organics (see Makatouni, 2002), genetically modified versus organic foods (see Dreezens et al., 2005), retailer outlet (see Vannoppen et al., 2002), nutrition (Homer and Kahle, 1988), and convenience food (see Costa et al., 2007; Botonaki and Mattas, 2010; and Rose et al., 1995).

Values from Schwartz’s list that have been shown to be of particular importance for driving food choices include “Security”, “Achievement”, “Self Enhancement”, “Hedonism”, and “Stimulation”. Botonaki and Mattas (2010), for example, demonstrate that “Security” is linked with both sensory appeal and with the individual’s level of involvement with their food. These same authors also show that the values “Achievement” and “Self Enhancement” are closely related to having a strong convenience orientation. Homer and Kahle (1988) show that values such as “Hedonism” and “Stimulation” influenced people’s stance in regards to nutrition. “Benevolence” has been shown to be negatively associated with a convenience orientation but positively linked with making home cooked meals as an act of caring...
and providing for family (Brunso et al., 2004). Rose et al. (1995) find that values such as “Traditional” “Self Fulfilment” and “Belonging” influenced women’s decisions regarding home cooking or eating out.

To extend this existing knowledge base linking consumer personal values and their food choices, the specific objective of the present study is to use Schwartz’s value framework to help understand why consumers continue to choose a traditional (unhealthy) fast food meal option over newly offered (healthier) alternatives.

2. Methods
2.1 Data collection process
Data were collected through 24 semi structured one-on-one interviews. Participants were recruited as they exited a busy, inner city McDonalds restaurant in New Zealand after making a purchase. Participants were only deemed eligible if they had not just purchased one of the Weight Watchers approved items. The sample size was determined by saturation with the sample added to as long as new, relevant information was being identified. Existing research suggests that anywhere between 15 and 40 interviews is usually sufficient (Ruyter and Scholl, 1998).

2.2 Laddering interviews
To identify the values that guide consumers’ fast food behaviours, Reynolds and Gutman’s (2001) laddering technique was used, where the interviewer probes respondents in the interviews with a series of “why” questions (typically “why is this important to you?”). These probes are intended to lead respondents to try and identify the attributes, rationalisations and underpinning values that drive the behaviour in question. Note that typically the second level of abstraction in a ladder is known as consequences, however in the context of the present study, the term rationalisation was deemed more appropriate for this context as it refers to the respondents’ justification for a behaviour (see Mirosa et al., 2011, who also use this term).

Initially interview participants were asked why they had decided not purchased a Weight Watchers’ approved meal while at McDonalds. The style of questioning for this project was modelled on the “soft” laddering technique described by Grunert et al. (1995), whereby consumers reveal their values through the natural flow of a conversational structure as this allowed the respondent to form their own categories.

2.3 Data analysis
Interviews were recorded and later transcribed and the data were entered into the qualitative software program NVIVO 9 for coding and analysis. Codes were allocated according to Reynolds and Gutman’s (2001) framework. This framework involves three levels of analysis, the attributes (or behaviours), the rationalisations and the values. In our study, the behaviour was predetermined (i.e. as the decision not to purchase a Weight Watchers’ menu item) so coding only took place at the latter two levels of analysis. A different coding technique was applied for each of these two levels. The rationalisation level responses were analysed according to Braun and Clarke’s (2006) thematic six-step content analysis approach. This involved developing, collapsing and extending themes throughout the coding process. The value level responses (the motivations or enduring beliefs underpinning the rationalisations) were analysed using Schwartz’s (1992) value inventory, which has been extensively
validated in academic literature. The definition provided by Schwartz for each of the personal values on his inventory was taken as a starting point for conceptualising the value and then these definitions were re-interpreted in the context of our study to make them more meaningful for coding our data. Thus the development of the coding scheme was both data and theory driven. This analysed data were used to produce an aggregate ladder summarizing the reasons given for not purchasing a Weight Watchers’ approved meal. The relationships between levels of abstraction were analysed using the Queries Function in NVIVO and then exported to Microsoft Excel for further analysis and the formation of the aggregate means end chain ladder.

3. Results and discussion
The respondents were of a relatively even gender split with 13 females, and 11 males. Over half of respondents were under the age of 30, and 42 per cent of the sample consumed McDonalds at least once a week.

Ladders were constructed to show the links between the behaviour (not purchasing a Weight Watchers’ approved menu item), the stated rationalisations and the underlying values (see Figure 1). A pathway can be traced from bottom to top signifying a potential perceptual orientation or one single ladder. Only the rationalisations and values which appeared twice or more are included in the summary map. However a boxed table of the rationalisations and values, which have appeared at least once, has been constructed to retain the unique stories of the research respondents. The thickness of the lines shows the strength of link as noted in the map’s key.

Fotopoulos et al. (2003) stress that once all relations (above the cut off value of two) have been plotted on the summary map, it is desirable to look at the connection between concepts, or levels of abstraction, as they provide the essential insight into the consumers decision making process. Five rationalisations were over the cut off level and therefore determined to be the key contributors to the decision not to purchase a Weight Watchers’ approved meal. The dominant rationalisation was “Like to choose” (14 links), followed by “Not routine” (11 links), “Taste”, and “Weight loss is not important” and “(both with nine links), and ‘Dislike the Weight Watchers’ label” (five links). These five rationalisations contributed to four end values (refer to Table I), and the two most dominant of these are now explained and contextualized in turn.

3.1 Choosing own goals
“Choosing own goals” is by far the most influential value overall determining the choice not to purchase a Weight Watchers’ approved meal, with 67 per cent of the respondents expressing the influence of this value (30 links from 16 sources). Four of the five stated rationalisations for not buying Weight Watchers’ items (the exception being “Not routine”) are linked to this value above the cut off level. This value is classified under Schwartz (1992) value categorisation as a Self Direction type motivation. This value is characterised by behaviours such as examination of the ideas behind rules and regulations before simply obeying them (Bardi and Schwartz, 2003). The strongest rationalisation link to this value is “Wanting to choose” (nine links). This relationship is therefore an influencing factor on the decision not to purchase for 56 per cent of the respondents who are influenced by the value of “Choosing own goals” and 38 per cent of the total respondents. For these respondents, choice is obviously important and in this context, conscious choices seem to have been made that a visit to McDonalds is not an
occasion to eat healthy foods such as one respondent explains: “If I go to McDonalds I'm not trying to get something healthy”. These respondents appear to be using a similar strategy to the one mentioned by Guthrie et al. (2002), where they assign specific eating occasions or situations to a different category of food influences. Further illustration of
evidence of respondents wanting to make their own decisions about what to eat is provided in following quotes from two respondents: “well once in a while we have a special treat, it may as well taste good” and “we do not eat too much junk food so we just choose whatever we feel like”. The second strongest value-rationalisation link is from “Choosing own goals” was to “Taste” (nine links). Taste refers to the pleasure gained from the consumption of food. According to French (2003), taste is the most influential factor on food consumption. The socially accepted stereotype is that healthy food has less pleasurable taste characteristics (Shepherd, 1999) and this is also one of the most commonly mentioned barriers to the consumption of healthy food (French et al., 2001).

Under the guidance of “Choosing own goals”, it appears that these respondents have chosen to accept this social stereotype and to reject the stance that they should not consume these foods because they are bad for their health. For example, when asked why they had not purchased a Weight Watchers’ meal, one respondent replied that it was “coz there is vegetables in them” and expressed their distaste for vegetables. Through these discussions about having to choose between healthy and tasty, respondents demonstrated how they were forced to prioritise their personal values when choosing what to eat. For these respondents, this ability to make their own decision on what to believe and how to behave came through clearly in the data as being a driving factor on their food choice decisions. Two of the nine respondents who made this (“Taste” – “Choosing own goal”) link, talked about how they were specifically looking for a fatty tasting product (which Weight Watchers’ items are not). These two respondents were students who had been visiting McDonalds the day after a night out drinking, and it was clear that in this specific usage situation, their choice categories were adjusted to take into account their physical (i.e. hangover) state.

The third strongest value-rationalisation link is from “Choosing own goals” was to “Weight loss is not important” when making a purchase choice at McDonalds (eight links). Half of the respondents who make this link explain how they reprioritised their values when making a decision involving fast food, giving weight and general health considerations a lower priority than they usually would in an effort to prevent a value conflict. For example, one respondent states “It’s just that I would prefer chips to salad […] if I’m going there, I’m not going there to be healthy”. The label of fast food that is associated with McDonalds appears to allow consumers to use an alternative category of influence for evaluation of their purchase decisions. The McDonalds brand seems to excuse such consumers from considering the weight and health implications of their purchases. For the other half of respondents who make this link, their weight (e.g. “I’m not worried about my weight, weight doesn’t come into consideration when I’m eating”) and more generally their health (e.g. “if I’m going to eat fast food then I’m not phased about health”), are just not high on their list of priorities when considering a food purchase. Given that this rationalisation is underpinned here by the “Choosing own goals” value (which implies an element of personal control), one possible explanation is that these respondents do not prioritise health in any food considerations because they are operating under what Shepherd (1999) calls “optimistic bias”, a “it will never happen to me” type mentality, where consumers do not see health risk as applicable to them. In an interesting twist, one respondent actually spoke of the conscious effort he was making to do the contrary to what Weight Watchers is promoting: (“Diet coke, pffft, gimme full sugar, I’m not trying to lose weight, I’m trying to put it on!”). Finally, one respondent explained that his choice to
just stick with the traditional menu items was simply down to the fact that deciding between the healthy and non-healthy alternatives “is too much effort and I’m not aware of what is healthy as such”.

The fourth and final rationalisation linking to this value is “Dislike the Weight Watchers’ label. The five respondents who mentioned this as a reason for not purchasing a healthy menu item gave a range of reasons as to why they disliked the Weight Watchers brand, some of which were quite concrete (e.g. because there isn’t much point, it’s usually more expensive and less food so it’s not really worth the value for money”) and some of which were slightly more ambiguous (“I’m just not that not interested in Weight Watchers, not my thing”). Three of these respondents discussed a level of scepticism with the idea of Weight Watchers and McDonalds being in partnership and questioned the true healthiness of a salad for sale at McDonald as the following quote attests: “I do not trust a McDonalds’ salad […] I do not know why really […] I guess because they are trying to associate themselves with being healthy but in my opinion they are not”.

3.2 Respect for tradition

“Respect for tradition” is the second most influential value (16 links from seven sources). The two rationalisations linked to this value, above the cut off level, are “Not routine” (11 links) and “Like to choose” (five links). According to Bardi and Schwartz (2003), “Respect for tradition”, is associated with behaviour that expresses commitment. Schwartz (1992) outlined that this type of motivational goal is centred on respect and acceptance of the customs and ideas that one’s culture imposes on the individual. This value seemed to influence the non-purchase of Weight Watchers’ meals in two main ways. First, respondents described that they did not even consider buying Weight Watchers’ menu items because they had never done it in the past (e.g. “yeah, I knew they were there, I suppose I just didn’t really consider them”. Rapport et al. (1992) found that traditions or rituals were one of the top four reasons behind consumer’s food choices. This relationship (between habitual purchasing behaviour and the value “Respect for Tradition”) appears to have been established because of the positive association that the respondents had had with past experiences at McDonalds. It was the memory of these experiences which keeps consumers purchasing the same items, leading to the formation of a habit (Verplanken and Wood, 2006). One respondent, for example, tells how he is very compulsive about his food habits and since he was 15, he has always purchased a Quarter pounder combo when he visits McDonalds – “I just get my usual […] I have a habit …, I just eat the same thing”. Steelman (1976) noted that once a habit is this cemented it is very difficult to change. Values do still influence behaviours through habits but it often occurs at an unconscious level (Bardi and Schwartz, 2003).

Second, on a similar note, our study shows that “Like to choose” (in this case, the traditional menu items) is a significant barrier to consumers’ adoption of the healthier alternatives offered at fast food restaurants. Again, this appeared to be related to the fact that the act of consumption of fast food is associated with prior memories, which given their frequent occurrence, have become part of the individuals and society’s traditions and customs. As one respondent puts it “You go into McDonalds growing up, just getting, you know, the combos that they have”. In particular, respondents under that age of 35 (McDonalds opened in New Zealand in 1976) talks about how they
have grown up with the fast food giant, associating trips to this establishment with special occasions such as birthdays or family outings, and that it was the traditional menu items that were also brought on such occasions. In the minds of these respondents, McDonalds is still classified as “a burger and fries place, they are fast foods not salads”. These differing means-end chains (from the two rationalisations “Not routine” and “Like to choose”, through to the same “Respect for Tradition” value) demonstrate different ways that consumers can achieve the same end goal. This phenomenon has been mentioned previously in the food values literature, with Baker et al. (2004), for example, noting that the same end value can motivate a range of consumers, who may each take different paths to ultimately achieve the same values.

4. Conclusion and implications
This study has investigated the deep-seated reasons driving consumer’s fast food choices, and more specifically, the reasons behind consumers continued selection of the unhealthy options, even when presented with a new healthier alternative. Most notably, the findings show that consumers’ fast food choices are repeatedly linked with the influence of past consumption habits and with what consumers chose to associate with the term “fast food”. The results of this study have a number of practical implications for the fast food industry. McDonalds’ consumers chose not to associate McDonalds with healthy food, but rather, their preconception of what McDonalds is, appears to be inextricably linked to the traditional (unhealthy) menu items. Such engrained food habits have previously been found to be very difficult to change. This appears to have contributed to the respondents overlooking the introduction of the new Weight Watchers’ meals as an alternative to their traditional purchase. The label of “fast food” itself appears to allow consumers to use an alternative set of criteria to evaluate their purchase decision, noticeably excusing health from the factors being considered. Traditional perceptions of fast food as quick, cheap and tasty “burgers and fries” appears, in many cases, to have a “halo” like effect, classifying a fast food consumption experience as a junk food choice. If fast food companies want to increase their sales of the healthy menu items, they will need to change public perception of their brands. Instead of aligning themselves with the traditional label of fast food, McDonalds and others need to move towards being seen as a quick service restaurant provider offering healthy food. Management needs to be aware that changing engrained consumer perceptions is a lengthy process. A good place to focus attention here is on current initiatives that aim to limit teaching unhealthy food consumption practices to the next generation of consumers. McDonalds, for example, has announced that they are changing the default option in Happy Meals to Apple slices and a reduced portion of chips, which is to be congratulated as a positive step in making healthier food options more readily available. Another potential option to help shift the traditional view of McDonalds would be to remove playgrounds, birthday parties, school team sponsorships and the controversial toys with Happy Meals. With young consumers not viewing a trip to McDonalds as a special eating occasion, it could help change consumers’ tactic of using an altered set of criteria to evaluate food choices at McDonalds, thereby reintroducing health as a more prominent consideration.

These research results also have a number of important implications for public policy makers. The dominance of the value “Choosing own goals”, which places an emphasis on the importance of personal control, appears to have a significant influence
on consumers’ decisions not to purchase a Weight Watchers’ meal. Previous research has found that when consumers perceive their dietary habits as under their own control, they have a tendency to disregard the dietary issues that affect society at large, believing they cannot be affected by them, in other words acting under optimistic bias. It appears that this mindset is preventing many of this study’s respondents from selecting McDonald’s’ healthy options; they do not perceive a need to change towards the healthier alternative when choosing fast food. Future research exploring how consumers interpret nutrition and diet related fast food information would be useful to help find ways to overcome this optimistic bias phenomenon. This could include examination of whether fear of the consequences of obesity is a more effective way to change behaviour than a focus on the Hedonistic value of feeling better from healthy choices which has been the focus of many campaigns to date. Results from this study also suggest that is a need to address the perceptions of personal relevance of obesity and diet related health issues. Consumers’ belief in the personal relevance of a message is known to be one of the most common barriers to dietary change. In order to instigate change and engage consumers, a social marketing campaign could be launched, in a similar manner to other high-risk behaviours such as smoking or drink driving. Focus of this campaign should be on the relevance of the obesity risk to the individual rather than on nutrition education.

In summary, while there are limitations to attempting to understand behaviours on the basis of values alone, this study has shown how a greater understanding of consumers’ rationalisations and values can provide both industry and policy makers with more relevant information on which factors inhibit people from choosing healthier fast food options, thus allowing them to devise more targeted behaviour-change interventions.

References


Further reading

About the authors
Mrs Katherine Anderson recently graduated with a Bachelor of Applied Science with First Class Honours (majoring in Consumer Food Science) from the University of Otago, New Zealand. The title of Katherine’s thesis is “Traditional Fast Food Consumption: Choices and Barriers to Healthier Alternatives”. The thesis uses a semi-qualitative research methodology to explore how personal values influence fast food purchase decisions.

Dr Miranda Mirosa lectures in the Food Science Department at the University of Otago. Miranda labels herself as an Interdisciplinarian who has a background in consumer behaviour research. Her research interests have to date primarily revolved around the influence of personal values and ideologies on consumer behaviour. Her work considers how values and ideologies drive and/or inhibit consumption behaviour at both the micro level (i.e. how values and ideologies influence individual consumption patterns) and at the macro level (i.e. how values and ideologies influence consumer movements’ positioning, recruitment, and communication strategies). Under the banner of “sustainable consumption”, her interest in this area has been focused in the domains of food and energy. Miranda Mirosa is the corresponding author and can be contacted at: miranda.mirosa@otago.ac.nz

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