

Consumers, nutrition policy and simplified nutritional labelling of foods

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Abstract

This paper addresses consumers' views on simplified nutritional labelling of foods in a Norwegian setting. It is interesting to focus on Norway because there is an ongoing debate and authorities have set a goal to implement simplified nutritional labelling in 2008. Simplified labelling schemes have been included in nutrition policies as a measure to inform and empower consumers. Such labelling can also have other effects and encourage health related aspects in product development processes. But it has been criticised for moving focus away from healthy diets towards the qualities of single food products. The paper has a main focus on consumers' views on simplified nutritional labelling based on a recent Norwegian survey. Overlaps in why and how consumers, policymakers and the food market support simplified nutritional labelling are discussed in relation to choice and responsibility.

1. Introduction

This paper focuses on consumers, nutrition policy and simplified nutritional labelling. The paper reflects mainly on consumers' views and why simplified nutritional labelling has received more interest in recent years in a Norwegian setting. It is interesting to focus on Norway because there is an ongoing debate and authorities have set a goal to implement simplified nutritional labelling in 2008. The questions guiding this paper are: What are the driving forces? Who are the key actors? Is the increased interest in such labelling linked to consumers' interests and demands? What is the role of health and nutrition policy? What is the role of food industry and retail? The paper will explore if there is an overlap in why and how consumers, public health policymakers and the food market support simplified nutritional labelling of foods.

Health related food labelling, including simplified nutritional labelling, has during the past few decades received accelerating attention in Europe especially among public health policymakers, food manufacturers and marketers, and consumer organisations. The explanation for this development is complex. The growing interest is both related to changes in the food system and market (globalisation, common markets, and non-tariff trade barriers) and a widespread focus on public health, nutrition policy and health issues (obesity, food safety scandals, governance and responsibility).

Obesity and overweight are viewed as major public health problems world wide (WHO 1997). It is conceptualized as an "obesity epidemic", and being overweight is increasingly understood as a disease and risk factor (Coveney 2000). The growing incidence of obesity has

in Europe in recent years put a new focus on health and nutrition policy and on finding good ways to promote better diets and empowering consumers. The notion that people should take responsibility for their own health is a major theme in public health, and thus the task for society becomes to support this (Food Ethics Council 2005, Palmblad 2003). Choice and freedom to choose have according to John Coveney (2000) become central in food and nutrition. Because of a focus on food choice, lifestyle diseases and risk factors everyone becomes the target of nutrition surveillance and you are expected to govern yourself. Coveney (2000) describes that people today have a duty to be well and to be good citizens.

This paper starts with a description of simplified nutritional labelling and the recent interest in such labelling in Norway. Next, consumers' views based on results from a Norwegian consumer survey on simplified nutrition labelling are presented. This is followed by discussions on the views of policymakers and the food industry and retail. The paper concludes with pointing to the relevance of studying the overlaps in consumers', policy makers' and industry's views for discussing why simplified nutritional labelling has become popular.

2. Simplified nutritional labelling of foods

Consumer protection and food labelling became necessary as a result of the expansion of industrial food production and urbanisation at the end of the 19th century (Elvebakken 2001).

The current food labelling regulations in Norway follow the EU legislation. The EU labelling legislation states that it is based on consumer protection and the common market (European Communities 2006). The aims are: to ensure fair competition among producers by standardisation of legislation on nutrition labelling because differences between national laws on labelling can lead to unequal conditions of competition; to increase consumers' access to information; and to reduce risks to individual consumer safety and health. The first labelling Directive was passed in 1997, and this was replaced in 2000 by a new General Labelling Directive 2000/13/EC, which has been amended a few times (some of the amendments have been to include a definition of meat and extra requirements for allergen labelling). The labelling on pre-packaged foodstuffs must include: name, list of ingredients, quantity, potential allergens, the minimum durability date and conditions for keeping.

According to the nutrition labelling Directive of 1990 (with later amendments) nutrition labelling was optional, but became compulsory if a nutrition claim appeared on the label or in advertising. The first suggestion for a new Directive on nutrition and health claims was proposed in 2003 and the Regulation No 1924/2006 was implemented starting July 1st 2007. This Regulation aims at protecting consumers' health and rights, and rebuilding consumer confidence in food safety. According to the Regulation nutrition and health claims that encourage consumers to purchase a product, but are false, misleading or not scientifically proven are prohibited. The Regulation includes a positive list of allowed claims. Simplified nutritional labelling on food packages is an example of voluntary nutritional labelling.

Different types of simplified labelling, signposting and logos (environment, organic, fair trade etc.) started appearing on packages in the 1980s. For example, the white swan, a Nordic logo for environmental products, was introduced in 1989. The same year Sweden and Australia introduced simplified nutritional labelling. In Sweden, it was the authorities that issued rules for a keyhole logo for foods with low content of fat, sugar and salt or high content of dietary

fibres (Figure 1). In Australia, it was the heart foundation that started the “pick the tick” campaign. New Zealand followed Australia and implemented a similar program in 1991. A heart mark was introduced in 2000 in Finland by the heart and diabetic associations. In the UK there is an ongoing debate about the voluntary traffic light labelling (green = eat plenty; orange = eat in moderation; red = eat sparingly) recommended by the authorities (Figure 1). As a response businesses have introduced their own signposting showing percentage of GDA (Guideline Daily Amounts) for different nutrients (Figure 1).

Figure 1. Examples of simplified nutrition labelling: Swedish key hole (<http://www.slv.se>), UK traffic light (<http://food.gov.uk/foodlabelling/signposting/>), and GDA (http://tesco.com/health/food/food_labelling/labelling.html?)

Today simplified nutrition labelling exists mainly at national level, but there are ongoing initiatives both at the Nordic and European level (Nordic Council of Ministers 2006a, <http://beuc.org>). The Nordic Council of Ministers supports harmonization of criteria for simplified nutritional labelling in the Nordic countries in the new Action plan on diet and physical activity (Nordic Council of Ministers 2006b), and has also recently given comments to the European Commission on food labelling legislation (Nordic Council of Ministers 2006a). The European Consumers’ Organisation (BEUC) supports the development of a simplified labelling scheme and has initiated a project to try to develop consensus with stakeholders (consumers, industry, retail, public health experts) on a EU-wide model for providing government endorsed nutritional information on packs in a simplified form. BEUC has developed guidelines for signposting system and recommends the use of a nutritional analysis table, including information in the form of Recommended Daily Amounts (RDAs), combined with a simplified front of pack “sign-posting” system that conveys certain essential information in a manner that facilitates consumer choice at the point of purchase.

Simplified labelling of foods is today in Norway mainly promoted as a tool for assisting consumers to easily identify, which foods are healthy options, and which ones are high in energy, fat, sugar, salt or fibre. NGOs and food retailers took the first initiatives to develop simplified ways of communicating nutritional information to consumers. The NGOs arranged in 2005 a conference “Why does Norway need simplified nutritional labelling of foods?” to start a debate among the key actors (<http://www.kostogtrening.com>), and a simplified labelling system (the Swedish key hole) was introduced in parts of the Norwegian grocery sector in 2006. The Norwegian authorities have now also entered the scene and have set a goal to implement simplified nutritional labelling in 2008 as part of nutrition policy (Handlingsplan for bedre kosthold i befolkningen 2007). The Norwegian Food Safety

Authority is now in the process of evaluating the various alternatives in dialogue with other key actors.

3. Consumers' views on simplified nutritional labelling

Consumers have in policy context generally been viewed as responsible individuals who need different types of information including labelling to make informed choices. However, this narrow view has been criticized because eating is influenced by social factors and everyday life (Kjærnes and Holm 2007). Food choice does not just include making choices and selecting products in the grocery store, but is a complex consumer practice that has been described to be based on routines, rationality and intuition (Berg 2005). Labelling may play a role in providing information for choices made based on rationality, and may consequently have some effect on healthy eating. A recent review of consumers and nutrition labelling showed that labelling may have a limited but important role in promoting healthy diet (Cowburn and Stockley 2005).

According to the Norwegian Food Safety Authority food labelling gives various advantages to consumers (<http://mattilsynet.no>):

- labelling makes it easier to compare products (price and quality)
- can avoid some ingredients (allergies)
- can avoid old spoiled food (date)
- get information on producer and who to contact
- information on how to prepare food.

Labelling aims at informing and protecting the consumer, but overload and complexity of information on food products may also result in misunderstanding and misinterpretation. It has been pointed out that more information is not always better for consumers. Based on this argument simplified food labelling scheme has been presented as a way to enable a broader spectre of consumers to easily identify, which foods are healthy options, and, which ones are high in energy, fat, sugar, salt or fibre. Earlier research on food labelling and consumers has shown that consumers are interested in nutrition information but that they do not always read and understand food labelling (Cowburn and Stockley 2005, Grunert 2002, Wandel 1997, Wang et al. 1995).

To get an understanding of how Norwegians consumers today view food labelling and especially simplified nutritional labelling a survey was conducted in 2007 (Roos 2007). The target was the population between 18-80 years of age and a sample consisting of 1000 respondents was telephone interviewed.

The survey reveals that when presented with a list of possible information that consumers read on labels, Norwegian consumers in general look at product information (date, price, brand name, ingredients, weight) and less often on specific nutritional information (including fat content, sugar content, calories, salt content). About half of the respondents report that they at least sometimes look at the content of fat, sugar or additives. However, many (70%) also report that they choose their daily diet based on what they think is healthy. There may be various reasons for consumers reporting that they do not very often look at nutritional information. The survey showed that many Norwegian consumers report that they are actually content with the current food labelling. This may reflect the fairly limited choices in the Norwegian food market and the observations that Norwegians trust food and food authorities

(Torjusen 2004, Kjærnes et al. 2007, + other Sifo reports). It may also be that consumers are not very interested in nutritional labelling because they report that they think that they already have a healthy diet and also that they think it is fairly easy to find healthy foods in the grocery store. However, the survey doesn't really give an answer to this question. It may also be that their response reflects that they know based on experience that it is not easy to find this type of information on the package and thus report that they do not look for it today.

The majority of participants (90%) are positive to simplified nutritional labelling and almost 70% think it would make it easier to make healthy choices in the grocery store. One in four report that they have seen or heard about symbol labelling of healthy foods in Norwegian grocery stores. The survey included a question about the type of simplified nutritional labelling that consumers prefer if it would be implemented in Norway. The majority (68%) said that they would prefer a traffic light type of logo that identifies both healthy and unhealthy foods. This result was somewhat surprising considering that many (40%) also said that they do not read nutritional information on the current label. This may to some degree be a methodological issue – people usually tend to say that they wish to get as much information as possible and to respond on the phone on something that is hypothetical is difficult. But it may also in part reflect that a traffic light type of labelling fits better with people's perceptions of the healthiness of food as a continuum and not a dichotomy (healthy vs. unhealthy food) in their everyday life (Johansson et al. 2006). The keyhole labelling, which only puts logos on the products that are the healthy choices, is thus not maybe seen as useful as the traffic light. However, more in-depth research is needed to clarify why consumers said that they preferred traffic light labelling. In the public debate a traffic light type of simplified nutritional labelling is supported by the Norwegian Consumer Council.

Norwegian consumers seem to have a somewhat ambivalent view of simplified nutrition labelling. They are mostly positive to it when asked, but they are not individually demanding such labelling. It remains unclear how much consumers would really use it when choosing foods in the grocery store, and if it really would motivate and make it easier for them to make healthy choices. It is important in this context to consider that health information is only one of many potential factors consumers take into consideration because food choice is a complex process influenced by both social processes in everyday life and individual decision-making (Kjærnes and Holm 2007).

4. Government and policymakers

Obesity and food scandals have in recent years made food, nutrition and health important political topics (Lien 2004). Food and nutrition have become central to policy because of scientific evidence of their potential to improve public health (Duff 1999). Therefore, one of the major health challenges facing governments and health policymakers today is to find successful ways to modify food choice (Buttriss et al. 2004). In the area of food and nutrition it means that policies have to depend on consumers' food choices. Regulation of the supply and marketing of unhealthy food products has been suggested. There is a focus on partnership between public and private actors and shared responsibility.

Health policy makers today focus on motivating and supporting people to make food and other lifestyle choices that are better for their health and prevent obesity. This means that the success of policies comes to rest heavily on consumer behaviour. Public health policy is underpinned by the notion that people should take responsibility for their own health and the

choices of policy measures also reflect this view (Food Ethics Council 2005, Palmblad 2003). Empowerment, choice and responsibility are central themes. Information and labelling gets a lot of attention, but critics emphasize that people should not have to choose health in order to eat healthily. This has been criticised for actually reducing consumers' autonomy by assuming that rational consumers see food primarily as a means to health. It is pointed out that it is limited to treat food like a medicine when we know that food and eating play important roles in social bonding, in shaping individual and group identities (Food Ethics Council 2005).

It is generally assumed that people will make healthy choices if they get information on the nutritional quality of foods. Nutrition policies have traditionally emphasized measures that encourage individuals to adopt healthy eating habits (Kjærnes 2003, Lien 1990), and information and food labelling have been included as measures to help consumers make informed choices. Labelling is viewed as a useful measure by policymakers, but a limitation is that this type of information at point-of-purchase probably only benefits those who are motivated to change and read labels (Buttriss et al. 2004).

Policies have been criticized for focusing on rational individual choice and thus failing to take adequately into account the impact of structure, including the food market. There is also a potential conflict between public health and corporate interests. Food industry has influenced in some countries the direction and wording of dietary guidelines (for example, "avoid" has been changed to "eat a moderate amount") because the document has strategic importance for industry (Duff 1999).

5. Food industry and retailers

Competitiveness is distinctive for today's markets and it has also become a key issue for the food sector. Corporate concentration in the food supply chain has resulted in that today a few large global companies have a lot of power within the food system (Lang and Heasman 2004).

The food chain is said to have changed from a supply system to a demand system and as a result producers increasingly seem to consider what their customers want. However, consumers' food choices are shaped and largely determined by the actors involved in production, processing and distribution. The food market describes that consumers worry about health and the safety of food production and question the ability of the modern food system to provide safe food (Henneberry et al. 1998, Macfarlane 2002). Information and transparency have become part of the strategies used by large retail chains in their competition for market shares. Health is used in information and advertising of products and also new types of products, functional foods. Retailers also undertake some of the regulatory work previously done by national governments. They are interested in self-regulation as a way to add value and reduce liability.

Businesses need to add value to food in order to survive in the marketplace, and a popular way to do this is processing ingredients to give them new qualities because little money is made by selling fresh fruits and vegetables that form the mainstay of healthy eating advice. Thus food manufacturers and retailers are interested in adding value to products (including developing functional foods), marketing value-added food products and pursuing health related labelling to be able to use health claims in marketing their products. Functional foods have been criticized for promoting individualization of eating (Holm 2003a). Food industry has been interested in lobbying and influencing the development of the regulations on

nutrition and health claims to try to get permission to use health claims on functional foods. They argue that health claims are a legitimate nutrition education tool. Opponents of functional foods state that the total diet is important for health and that technological interventions cannot solve complex social problems (Lawrence and Germov 1999).

Simplified nutritional labelling of foods may serve as bench-markers potentially rewarding health related aspects in product development processes. Manufacturers and retailers may improve the nutrient profile of foods. Labelling may thus have positive effects for consumers without them reading the labels. For example, in Australia and New Zealand the salt content in some foods (breakfast cereals, bread, margarine) was reduced in the late 1990s after the introduction of the tick logo (Williams et al 2003, Young and Swinburn 2002).

It has been objected that simplified nutritional labelling and health claims may move focus away from the diet as whole and lifestyles towards the qualities of single industrial food products (thereby also taking attention away from healthier fresh produce). It has also been objected that in technologically and otherwise dynamic fields like food production, such labelling may hamper product developments as “good enough” solutions are rewarded on equal footing with those who search to optimize the healthiness of their product. Businesses have been criticized for their focus on differentiating products not on raising base-line standards of nutrition (Food Ethics Council 2005). A standard response from industry has been what also is well established in nutrition “there is no such thing as good or bad foods – only good or bad diets.”

6. Overlaps – consumers, policymakers and food market

To get an understanding of why health related food labelling today has received more attention and support among different actors it is useful to explore similarities and differences in the actors' views in a wider context.

The obesity epidemic has been referred to as a driving force for simplified nutritional labelling in Norway by different actors. NGOs and retailers were the first to put this on the agenda, but now the authorities have decided to implement some type of simplified nutritional labelling. However, it is not new that many actors are involved in patterns and processes related to food labelling. Marion Nestle (2002) has in her book “Food Politics” described that interactions in the beginning of the twentieth century in the United States among the industry, regulatory agencies, the public, the Congress established a cyclical pattern: manufacturers market products with health claims, the FDA responds with regulations, marketers file objections, the courts rule in favour of food industry, lobbying, Congress passes laws limiting FDA authority, and marketers take advantage.

The state, consumers and businesses have very different roles in the food system. The government is mainly a regulator and policy maker, consumers are involved in everyday food choice processes, and companies provide foods and services. The power of governments has been declining in the food system. Businesses have got more regulatory force and are active players in policy debates about public health. Corporate concentration has given big companies more power (Lang and Heasman 2004), and big companies in general rely on selling added-value, processed food products, not fresh fruit and vegetables.

The different actors also have different roles and expectations in relation to food, and refer to food in different ways. Food is mainly presented as nature or nutrition by health policy makers, whereas consumers present it more as culture and part of social relations and everyday life, and retailers and big companies present food as a commodity for sale and purchase (Jacobsen 2004).

Health is a central value in modern Western societies and food is very closely linked to health. The various actors focus on different aspects of food and health. People in part classify foods based on health, and they learn already as children to make a distinction between healthy and unhealthy foods, good foods and bad foods (Johansson et al. 2006). During the past decades the link between food and health has become internalised in everyday eating (Holm 2003), and health concerns are incorporated in the public debate and writings about food (Warde 1997). Consumers also report that they are interested in healthy food. But health is not often foremost in people's minds when they decide what to eat. Food is important for social bonding, for distinguishing cultures and shaping identities. Food is for many mainly associated with taste and pleasure, which is often seen as an antithesis of healthy food (Kjærnes and Holm 2007, Warde 1997, Makela 2002).

The government and authorities are concerned about public health (currently much focus on overweight and obesity) and the costs of health care. By framing overweight and obesity as an epidemic, food is mainly referred to as medicine and obesity becomes an individual problem. The role of health experts has largely become to empower people and motivate and support them to improve their own health, make healthy choices or take their 'medicine'. As a consequence health again becomes more individual responsibility. Health policy seems to assume that people choose food based on health. However, people should not have to "choose health" in order to eat healthily.

Food industry in line with government seems to prefer individualised approaches to public health. Businesses thus also treat food like medicine and emphasize consumers to improve their own health. Lawrence and Germov (1999) have described how industry and certain government bodies constitute a 'medical-food-industrial complex'. But it is important to remember that businesses are meant to make money not to improve public health. Large food companies are facing market saturation and there are limits to growth for businesses. In addition, businesses face the risk that they can be held legally and morally liable. Selling more food has become difficult and one response for companies is to differentiate products. By adding value, for example, health, are they able to charge more. Thus businesses are interested in developing functional foods (that is adding health properties to foods) and marketing their health-related products.

The different actors have different roles in simplified nutritional labelling. Simplified nutritional labelling of foods fits well in with the "obesity epidemic" and views of food as medicine. The ways health policy makers and industry and retail refer to simplified nutritional labelling overlap in many ways and thus strengthen the implementation. Consumers have a wider view of food and are more ambivalent about the role of this type of food labelling. Consumers tend to support simplified nutritional labelling but they are not active advocates for it.

Regulatory bodies generally respond to change rather than initiate change (Lawrence and Germov 1999). The new EU Regulation on nutrition and health claims shows that governments also can have an active role and require that health related information is

included on food labels through regulation. However, it is relevant to question if labelling is enough for achieving the policy goal to empower people to improve their own health. It builds on an expectation that people have the capacity and interest to do more. Much also suggests that the state assumes that information including labelling will boost the demand for healthy food. Labelling has a potential to help improve health but it is not enough. By focusing on consumers' choice and decisions government underplays the importance of supply-side decisions and other policy measures that could make a difference to people's health. They expect that the market will respond to demand and reduce salt, harmful fats, and sugars in processed food (Food Ethics Council 2005).

Consumers can use their choices and political activities to influence what is on food labels. However, as shown in this paper individual consumers have not been very active in the process with implementing simplified nutritional labelling in Norway. Simplified nutrition labelling may help consumers choose healthy products in the grocery store, and may have a positive health outcome for consumers if it induces producers to change the composition of their products to fulfil criteria for labelling. Companies select health related information for marketing and advertising, when the benefits of providing the information outweigh the cost. Health related labelling may also provide incentives to manufacturers to change composition of old products and develop new products that promote public health. However, there is also a risk that this leads to increased use of food fortification and health related marketing to boost sales of products that should be eaten only sparingly according to public health advice.

Consumer choice and responsibility are key overlapping issues in why consumers, policymakers and the food market support simplified nutritional labelling of foods. Consumers wish to be able to choose and express that they are responsible for their own health. Policymakers also wish to give consumers the right to choose healthy foods and the food market provides consumers with the choice.

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