



## What should primary health care practitioners know about factors influencing young people's food choices?

Louise Holmberg<sup>1</sup>, John Coveney<sup>2</sup>, Julie Henderson<sup>2</sup>, Samantha Meyer<sup>2</sup>

1. Southern Primary Health, Southern Adelaide Health Service
2. Department of Public Health, Flinders University.

---

### RESEARCH

---

Please cite this paper as: Holmberg, L., Coveney, J., Henderson, J, Meyer, S. What should primary health care practitioners know about factors influencing young people's food choices? AMJ 2010, 1, 4, 259-266.

Doi 10.4066/AMJ.2010. 246

---

#### Corresponding Author:

Louise Holmberg  
Southern Primary Health, Southern Adelaide Health Service  
Noarlunga Health Village  
Alexander Kelly Drv  
Noarlunga Centre 5168  
[Louise.Holmberg@health.sa.gov.au](mailto:Louise.Holmberg@health.sa.gov.au)

---

### Abstract

---

#### Background

To identify factors that determine the nature and extent of young consumers trust in food; sources of information which influence young consumer food choices; and how trust impacts on young people's food choices.

#### Method

In-depth qualitative research interviews were conducted with young women and men, who are the primary food purchasers in their household ( $n=8$ )

#### Results

Food choices of young adults were generally determined by cost and convenience. The overall perception was that Australian food regulation was effective and therefore, food safety need not be questioned. Health including long term health, although considered, was not central in food choice behaviour. Trustworthy nutrition information sources included family and friends. While food labels were used they were considered scientific and complex. The media and the food industry were deemed to be untrustworthy information sources.

#### Conclusion

Cost and convenience were major determinants of food choice in this group of young people who generally lacked a reflexive capacity with regards to food safety and health. A failure to prioritise health raises questions regarding the engagement of young people in public health initiatives, and should be of interest to primary health care practitioners.

These data suggest that general practitioners should be aware that cost and convenience may take priority over health issues for young people. Further research is required to confirm the findings of this small study, with future studies aiming to include young people from varying socio-demographic backgrounds in order to gain a more comprehensive view of young people's trust in food.

#### Key Words

Food choice, Trust, Young people, Qualitative research

---

### Background

The importance of understanding food choice is of significance to public health given the central role played by food preferences and diet in the prevention and development of many major chronic diseases, such as cardiovascular disease, type 2 diabetes, and some cancers.<sup>1</sup> Food choice is, however, a complex phenomenon influenced by biological, cultural, economic and psycho-social factors. One factor which affects food choice is trust in food sources.<sup>2,3</sup> Trust is a complex and often vague phenomenon, around which there are many definitions and theories. There is no commonly shared understanding of what trust means and the concept of trust has yet to be defined universally within and across disciplines.<sup>4-10</sup> Indeed Knight<sup>11</sup> et al states that "trust is a concept that is generally understood by the public, yet academics in several disciplines have devoted much effort to defining it" (p.795). However, despite the lack of agreement regarding its definition, across public health literature there is some consistency which suggests that trust is the optimistic acceptance of a vulnerable situation which is based on positive expectations of the intentions of the trusted individual or institution.<sup>4,7,12</sup>

There have been many well publicised food scandals in recent years that have highlighted the fragility of food trust<sup>13</sup>. In some countries, a lack of trust in the integrity of food has left consumers susceptible to poor dietary choices and forms of misinformation<sup>14</sup>. It is for this reason that trust and its impact on consumer relationships with food is of increasing importance in today's society as conditions of uncertainty around food production, distribution, regulation and security continue to place individuals in a state of vulnerability. Indeed, it is suggested that there is increasing anxiety surrounding food consumption in modern culture due to the process of globalization and the introduction of new food



production technologies which have made many foods increasingly unidentifiable and unfamiliar.<sup>15, 16</sup> Further to this, consumers appear to know less about food than ever before as they are faced with competing discourses on food, nutrition, and the environment, and as the food and health sectors become increasingly entwined.<sup>17, 18</sup>

Trust impacts three important areas that may be of concern to primary health care practitioners; food choice, trust in expert advice (such as advice from doctors), and food regulation.<sup>19</sup>

**Food choice:** Trust affects food purchases, which ultimately dictate food intake and nutritional status.<sup>19</sup> It has been argued that consumer distrust in food may hamper healthy food choices and discourage consumers from following the dietary recommendations of expert advice (for example healthcare professionals or public health initiatives) regarding dietary intake.<sup>20</sup> This was evident during the Bovine Spongiform Encephalopathy (BSE) crisis in the UK when a decline in consumer consumption of beef led to decreased intake of vital nutrients due to issues of distrust. One study found that nutrients such as protein, zinc, fat and energy were compromised in those who did not eat beef during this time.<sup>21</sup>

The impact of trust on food choice is also evident in the organic food movement. Lockie et al<sup>17</sup> in a study of consumption of organic food found that the primary motivation for choosing organic products was the desire to consume foods that were free of additives and chemicals and which were unprocessed. Participants expressed distrust of what was felt to be industrialised food production techniques, but were also distrusting of the certification of organic food leading many consumers to re-embed trust in personal relationships with growers.<sup>22</sup>

**Expert advice:** One of the features of everyday life is constant reminders of ever present health inherent, for example, in food choice.<sup>23</sup> It is for this reason that consumers rely on systems of expert knowledge to limit the risks involved in decisions – the foods to eat, the medicines to take, etc. In other words, consumers rely on experts (medical practitioners as well as food regulators) to provide them with the necessary information to limit the risks in their decisions.

While it has been argued that individuals must rely on experts as well as systems of expert knowledge, there is ample evidence of an erosion of trust in both individuals and institutions.<sup>23, 24, 25</sup> A lack of trust is evident in Western Europe due to growing unease about food safety caused by incidents such as BSE/vCJD<sup>26</sup> In an Australian context, a small qualitative study conducted in Adelaide with participants aged 18-65 years, found a lack of trust in expert messengers, such as the National Heart Foundation and Anti Cancer Foundation, arising from the endorsement of food for companies who can afford to have their food tested.<sup>19</sup>

Whilst we are dependent on expert information, lay trust in food is being challenged as media representations of food scares fuel public concerns regarding food regulation, technology, and production, encouraging lay individuals to

question the validity of expert information. This is likely to be detrimental to public health messages regarding food choice as a lack of trust in experts may influence consumers to seek out more questionable sources of (mis)information, like the internet.<sup>27</sup>

**Food regulation:** Australians have been relatively protected from major world food scandals, however some have been subjected to other highly publicized food safety issues, such as contamination of orange juice and biscuits and E-coli in processed meat.<sup>28</sup> The extent to which food safety scares impact on the level of trust in Australian consumers is unknown, although there is evidence to suggest that public concerns about food exist.<sup>27</sup> In two recent Australian surveys, the food fears most often documented were those surrounding the use of pesticides, food additives and preservatives.<sup>27, 29</sup>

Social demographics including age, is known to play an important role in determining individual food choice.<sup>2, 3, 30-32</sup> Food choices are dynamic and evolve across the lifetime as people develop, change over time and are shaped by social environments.<sup>3</sup> Influences on food decisions also differ throughout the lifecycle.<sup>33-35</sup> Young adults, for example, are establishing themselves as new consumers and are likely to be exploring new food tastes and experiences.<sup>33</sup> Moreover, as a distinct subculture, young adults are recipients of targeted marketing of commodities, including foods and beverages.<sup>35</sup>

For many studies conducted on food and trust, a generic consumer is assumed, one who is neither gender, nor age, or class specific. As such, the results often reflect the views of a population which is predominately middle-aged, Caucasian and female. The impact of trust on the food choices of young adults is relatively unknown. Given the importance of a foundation of healthy eating habits in early adulthood, it is important to understand the role of trust in the food choices of young adults.

This paper reports on an exploratory study into food and trust from the perspectives of young Australians. The aim of the study was to examine the notion of trust and its impact on the food purchases of young people. The following three questions were used as guidance.

1. What factors determine the nature and extent of young consumers trust in food?
2. What sources of information influence trust and young consumer food choices?
3. How does (dis)trust impact on young people's food choices?

These questions were explored through a qualitative approach which captures the meanings that people attach to experiences, enabling exploration of under-researched areas such as trust and its impact on young consumer food choices.<sup>36</sup>



## Method

### The sample

Participants were enlisted to this study using three methods: Harrison’s Research, a market and health research company was used to recruit participants; a flyer explaining the study was posted at various locations on campus at the Flinders University of South Australia; and ‘snowball’ sampling was carried out, whereby potential respondents were nominated by existing participants.

As is the case in qualitative research more importance was given to the quality of participants’ experience, than to the number or size of the sample. As such, participants were purposefully sampled for recruitment. Purposive sampling involves the selection of participants who are information rich<sup>37</sup>, and Popay et al<sup>38</sup> identify information richness as a marker of quality in qualitative research. Purposive sampling in this study was achieved by selecting participants between 19-27 years of age who were the primary food provider in their household, as earlier research suggests that these people are more likely to consider the safety and quality of their food.<sup>39</sup> Seven of the eight participants were students when data was collected with the eighth participant being unemployed (see Table 1). Participants experienced a variety of living arrangements including shared households, living with partners, with 2 living with one or more parent. All were responsible for the household grocery shopping. As we were also interested in the views of a broad range of respondents a vegan and an participant with a background in health and nutrition were actively recruited.

### Methods

Data were collected through semi-structured in-depth interviews. Interviews provide a way of extracting and querying the meanings that people attach to their experiences. This is of importance in qualitative research where one aims to have evidence of people’s own experiences.<sup>38</sup> The semi-structured interviews followed a schedule which served as a guide. The schedule, which was generated by the research team on the basis of social theories of trust, was piloted with two volunteers before the interviews. As pertinent issues arose during interviews, these were added into the questioning. However, core questions remained constant throughout the interviews to provide a basis for contrast and comparison. All interviews were conducted by the primary researcher. Interviews were audio-taped with permission and were transcribed. All respondents’ names were changed to maintain confidentiality. The study was approved by the Flinders University and Southern Adelaide Health Service Social and Behavioural Research Ethics committee.

### Analysis

Data were coded and managed using NVivo, version 8. Three orders of analysis were employed: first, second and third order. In first stage analysis, categories were constructed in relation to responses to the interview schedule questions.

Second order analysis examined the data from a theoretically informed perspective to generate ideas and to frame the data. Third order analysis reflected on the original research questions in light of the new data that has been collected. These three levels systematically progressed the analysis beyond mere description to an interpretation of the data contextualised within existing knowledge.<sup>38</sup>

## Results

Eight participants consisting of four males and four females were recruited for in-depth interviews. A short description of the participants is given in Table 1.

**Table 1: Names (given for research), age, occupation and living arrangements of research participants**

Name	Age	Occupation	Living arrangement
Daniel*	23	Student	Share household
Susan	23	Student	With parent(s)
Amir	19	Student	Share household
David	24	Student	With partner in share household
Luke	23	Student	Share household
Samantha	21	Student	With partner in share household
Marilyn	21	Unemployed	With parent(s)
Elizabeth	27	Student	With partner

(\*all participants were given pseudonyms)

### First order analysis

Four dominant categories arose from the interview data. These were (1) cost, convenience and food choice, (2) perception of Australian food governance, (3) health and young people and (4) young people’s experience of food and trust. These will be discussed in turn.

#### 1. Cost, convenience and food choice

Throughout all of the interviews, food choice was most frequently spoken about in relation to cost. This is highlighted by David and Samantha in the following excerpts.

*David: I know what I want to buy, but then I’ll choose the one that’s on special I s’pose. (Age 24)*

*Samantha: I tend to think about it [health] a little bit, but price is one of the biggest things for me...I’ve got a mortgage and I’m a fulltime student so yeah, it’s just other things get in the way. (Age 21)*

Convenience, in terms of ease of preparation and procurement were also factors in the food choices of the young people who were interviewed as highlighted by Luke, below. People often shopped where they had always shopped and bought similar foods each week.



*Luke: I guess the reason people buy them from a supermarket - me as well, why I buy pasta sauce and beans - is because: one, I don't really know how to make my own pasta sauce correctly, and two, because it takes a lot of the effort out, getting it from a supermarket, and beans as well, to prepare them beforehand takes a long time, you have to let them soak for a bit and just getting them from a can is a lot easier (Age 23)*

Cost was also viewed as a measure of quality. It was often acknowledged that if one is to expect a better quality, safer product than one must expect to pay more for it.

*Susan: So yeah if it is going to be expensive then I'd rather buy that then, I dunno a packet of black and gold yoyos or something like that (Age 23).*

However, the ability to purchase these superior products was often seen as being beyond the reach of the young participants due to financial strains, and therefore other alternatives had to be relied upon, as indicated by the responses below.

*Daniel: If I wanna eat well I am going to have to spend a lot more money (Age 23).*

*Elizabeth: I'd love to buy organic and free range meats, but I don't really at the moment just because it does cost more still (Age 27).*

## 2. Perception of Australian food governance

Overall, participants believed that Australia has satisfactory regulations in place to keep food safe. However, they had limited knowledge of where and how food regulation occurred. None of the participants could name Food Standards Australia and New Zealand, the organization responsible for food regulation in Australia; instead they placed responsibility with the government, individual supermarkets and shop owners. While there was a general perception that Australian standards and food governance were world-class, other countries were viewed as more questionable.

*Elizabeth: It's like yeah you do assume that we have all of those regulations here even though you don't know a thing about them and you don't know who's responsible for it (Age 27).*

*Samantha: I think everybody thinks Australia has better controls than say some Asian countries and that kind of thing. And you hear about health scares a lot more overseas than here. (Age 21)*

## 3. Health and young people

Participants were asked about health and the impact that this had on food purchases. Data was analysed in terms of short term health and long term health impacts. Short term health was viewed by participants as consisting of good and bad food choices. Good food choices were often spoken about with respect to fresh or organic food, which was viewed, despite

being expensive, as a superior product that was both healthier and more natural than other foods. Foods that were believed to be bad were those that were packaged, not considered as "wholesome" or contained too many unspecified chemicals.

*Elizabeth: mostly I just buy fresh as in raw food so yeah, fruit and veg and fresh meats that don't have anything done to them most of the time. And I don't buy a whole lot of packaged stuff just cos I don't think it's very good for you (Age 27).*

While participants were conscious of long term health and believed it to be important, these concerns were not reflected in everyday purchases. Other factors such as cost and convenience were spoken about more frequently in regards to food choice.

*Amir: [Thinking about long term health] Not at this stage actually, maybe in 40, 50 years, two grandkids, maybe (Age 19).*

*Daniel: I have a family problem with heart disease, and pretty much the doctor said yeah cut that out, so I am conscious, but then again I know I am not eating as well as I should, I don't eat enough vegetables and things like that (Age 23).*

## 4. Young people's experience of food and trust

A final category explores young people's experience of food and trust. This category can be broken down into three sections pertaining to personal responsibility, risk taking, and trust in information sources.

Participants spoke at length about personal practices to keep food safe, such as checking dates, the smell and the appearance of foods, and storing food correctly. These practices were often carried out on a daily basis and were seen to be one's own responsibility and part of the routine of shopping. These practices, as highlighted by David and Samantha, served to enhance trust in the food.

*David: and when it comes down to fresh produce, fruit and vegetables and meats and things, I s'pose it is just a matter of experience as to know what, what's good and what's not, so that's up to me I s'pose. (Age 24)*

*Samantha: Yeah I'm big on the fridge, meat down the bottom and anything else up top. I've always been big on that (Age 21).*

Evident in some participants' responses was a willingness to take risks with food. This was demonstrated through the re-purchasing of food with which participants had had prior negative experiences, such as food poisoning, and through risky behaviours such as so-called "dumpster diving" (the practice of sifting through commercial or residential trash to find items that have been discarded by their owners) and eating contaminated food.



*Susan: I knew what I was getting myself into [food poisoning], it was just the romance of having a curry at Brick Lane and it was cheap (Age 23).*

*Daniel: We found a maggot in our rice and it didn't bother me in the slightest I kept eating, and I wasn't sick (Age 23).*

A final aspect of experience relates to trust in information sources. Utilisation and preference for food and nutrition information sources varied amongst participants. Generally, the young participants sourced food and nutrition information from places such as friends and family as well as expert sources, such as scientific reports and food labels. The information on food labels was however, often viewed by participants as scientific and too complex.

*Elizabeth: There's a lot of ingredients in the packaged stuff that you don't know really what it is even if you read on the box, like I don't know what it is (Age 27).*

Participants were also asked about their knowledge and opinions of media coverage of food scares. Media reports were generally trusted, in the sense that participants believed that media information needed to be factually correct. However, participants also acknowledged that media stories tend to be exaggerated and therefore risk was blown out of proportion.

*Samantha: I do keep in mind that it probably is sensationalised. If ... they report on something really big like a study or something and I'm interested in it I'll definitely go to other sources that are a bit more trustworthy (Age 21).*

Food manufacturers were also generally viewed as untrustworthy sources of information, particularly in relation to the marketing strategies which are used to promote foods. Some participants questioned practices around manufacturers' labelling of food.

*Susan: ...everyone puts on their packets the 99% fat free, but when you actually turn it over and look at the actual nutrition content and everything its not necessarily fat free (Age 23).*

A major theme running through the first order analysis is the notion that young people, within their day to day lives, are not concerned with issues surrounding trust and food as life presents other, more necessary, demands. This idea will now be examined as second order analysis within the frame of social theories of trust.

## Discussion

### Second order analysis

Second order analysis explores the findings in light of a number of theoretical 'lenses' which have been developed by various authors.

#### *Trust as routine – "taken for grantedness"*

The nature of trust is an elusive and complex phenomenon.<sup>40</sup> Möllering<sup>41</sup> views the concept of trust as routine, capturing

the idea of trust as being taken for granted. He argues that we trust others every day, generally never pausing to reason if that trust is, in fact, justified; we are therefore in a position of vulnerability towards others from whom we anticipate no harm. Möllering<sup>41</sup> also points out that when trust is a matter of routine, routine is undertaken without question, without assessing other alternatives and without justification. This notion of trust as "taken for granted" was evident throughout the responses of the participants within this study as most of the participants were not concerned with the safety and quality of their food, and some had not even considered this to be an issue before being questioned. There was a general presumption that food regulation was occurring somewhere and somehow, the exact details of which could not be nominated by any of the young people. All of these characteristics suggest young people's trust in food is routine and taken for granted.

#### *Trust and risk – "confidence"*

Möllering's<sup>41</sup> suggestion that trust is 'routine' is contested by Luhmann's theory of trust. Luhmann<sup>42</sup> argues that risk is an important dimension of trust; what or how much is at risk has an impact on one's decision to trust. He suggests that if there is no risk considered in an individual's decision, they have confidence or expectation rather than trust. Consequently, young people were not *consciously* weighing the risks involved in health and food safety. For this reason, we argue that there is no investment of trust in their food choices; they simply placed confidence in the notion that someone (or something) was responsible for food safety and regulation. Luhmann<sup>43</sup> argues that there is a difference between confidence and trust, in that trust requires an element of risk. In other words, in order for an individual to invest trust, the associated benefits must outweigh the risks involved. This level of thinking was not apparent in the young people in this study indicating a lack of reflexivity in young peoples' consideration of health.

#### *Reflexivity, trust and young people*

To be reflexive is to see one's life as something that does not just unfold, but is actively constructed through one's own efforts.<sup>44</sup> The idea of reflexivity is at large in trust research, as it has been theorised that in modern society we are constantly forced to anticipate outcomes and assess risk through reflexive thought.<sup>45</sup> The concept of reflexivity was pertinent to understanding young people's trust in food and has become a prominent theme throughout this analysis. Giddens<sup>45</sup> would argue that the young people in this study are non-reflexive; that is, they do not *consciously* think about food regulation when making food choices. This was evident in a number of interviews where participants said that they had never considered the idea of food regulation and its role in food safety. The participants made the assumption that the food system was functioning in their best interest, and demonstrated an apparent lack of consideration



regarding food safety and regulation. This is not to say that these young people lacked an overall reflexive capacity. On the contrary, there is evidence to suggest that they were reflexive in other areas which directly impacted on their lives such as cost of consumables, which was prominent in the participants' responses. Moreover, younger people often display more reflexivity around visual display of identity and appearance than investing time in concerns about long term health issues or food safety.<sup>44</sup>

#### *Young people, food and health*

The literature demonstrates that there has been a significant increase in consumer concerns regarding food safety and the quality of food.<sup>27, 28, 46, 47</sup> Berg<sup>40</sup> and Shaw<sup>48</sup> have demonstrated that consumer trust can be jeopardised by food scares, such as that of BSE crisis in Britain. Australia, whilst isolated from major international food scares, has demonstrated similar trends. In an Australian survey, Williams et al.<sup>27</sup> found that 45% of their respondents aged 18 years and over were more concerned about food safety and quality than five years ago. Within Australian research, concerns focus upon pesticides, food additives and preservatives and food poisoning.<sup>27, 28</sup> While few studies focus exclusively upon younger people, the literature suggests that young people are less concerned about food choice and diet and more likely to engage in behaviours which are in opposition to public health messages, such as snacking on convenience foods that are high in fat and sugar.<sup>2, 28, 30</sup> The results from this study support this finding.

Food choice is dynamic across the lifespan.<sup>2, 3, 30-32</sup> The results of this study suggest that this is the case in regards to young people's trust in food. Our results contrast with other studies with older population groups that have shown greater levels of concern about food safety and a greater level of reflection about food and health issues.<sup>19, 28</sup>

#### **Third order analysis**

In terms of the research questions that framed the study, the following comments can be made. The first aim was to identify factors that determine the nature of young consumer trust in food. Respondents in this study were more likely to speak about food choices in terms of cost and convenience, rather than considering trust, which was generally taken for granted. Similar findings have been suggested in other empirical research, for example Chambers et al.<sup>49</sup> found that cost, time, health and appearance were motivators of food choice, with cost being a barrier to healthy eating in those aged 18-30 years. Time and convenience motivators, which were evident in the results presented here were identified by Chambers et al.<sup>49</sup> and Maquis<sup>50</sup> as important factors in the food choices of young adults. In relation to long term health issues, Lupton<sup>28</sup> and Green et al.<sup>30</sup> both found that younger participants were less concerned than older participants with food choice and healthy diets and were more likely to take risks in terms of food choice and health. This trend was evident in this study suggesting that younger participants are more concerned with issues of cost and convenience than trust in the safety and quality of food.

A second aim was to identify sources of information that influence young consumer food choices. Participants were generally very trusting of their own practices in choosing and storing food, but when sources of information were sought, trustworthy sources were considered to include family, friends and experts such as medical sources and food labels. Similar preferences for information sources have been found elsewhere with adolescents and older population groups.<sup>34, 35, 51</sup> Media sources of information were seen to exaggerate risk, but the information was still deemed credible and useful. Information originating from the food industry or private business was perceived to be less trustworthy than that from more impartial sources such as the government, reflecting the results of Coulson's<sup>35</sup> research with adolescents.

The final aim of this study was to investigate how (mis)trust impacts on young people's food choices. The data suggest that there are no overt levels of mistrust as responses were generally positive towards the food system and there was an element of risk taking in regards to food safety. This could be attributed to a number of factors. Firstly, it was evident that many of the respondents – perhaps because of their youth – had never had negative experiences with food that warranted mistrust. As noted earlier, Luhmann<sup>42</sup> argues that if there is no risk involved in a decision, investment is regarded as confidence, not trust. However, he also argues that an experience of risk may lead to a shift from confidence (considered by Luhmann to be blind faith) to trust or mistrust as an individual becomes aware of possible consequences of misplaced trust.<sup>42</sup> Therefore, if an individual has never experienced the risks involved with food choice, it is likely that they have confidence rather than (mis)trust with regards to food. Secondly, the taken for granted nature of food safety and the noted lack of reflexivity regarding the food system may be a reason for the nonchalant attitude expressed by the participants about food safety and quality. Participants did not consider food safety issues, and indeed took risks with food. These behaviours suggest that mis(trust) does not play a major role in the food choices of the participants.

#### *Implications of the study*

While the purpose of this study was to gain the opinions of young people generally, accessing participants proved challenging, thus most of the participants were university-educated students. This may be seen as a study limitation since the viewpoints presented may only be those harboured by this particular group. This homogeneity does, however, provide an interesting conundrum. Tulloch and Lupton<sup>52</sup> associate better education with a capacity to access a greater range of information sources and to assess the information provided. If this were true, it would have been expected that the educated group of participants in this study would be more reflexive in their food choices. Yet what was found suggested the opposite: despite a supposed high reflexive capacity, issues of mistrust in food choices were not overly apparent within this group. Rather, food choices were determined mostly



by cost issues, perhaps reflecting the financial status of university students.

Regardless of possible limitations of the study, the research holds important implications for primary health care practice. Firstly, the data collected here questions young people's engagement in public health imperatives, due to an apparent lack of interest and consideration of food choice and health. Given the importance of a foundation of healthy food practices in the younger adult years, engaging young people within health messages should be of greater priority to health promoters. Better understanding the motivators for healthy food practices within this age group, particularly in relation to food choice, could be explored through further research.

Furthermore, in an age where we are often heavily reliant on food labels for health information, this research calls into question the effectiveness of food labelling as a means of delivering nutrition information.<sup>53</sup> Participants in this study often found food labels to be 'scientific' and much of the information presented, such as ingredients lists and complete nutrient breakdown, was not utilized. This should be of concern for new labelling systems which are currently being generated for general use, as participants in this study were relatively well educated individuals. Further research should be conducted to gain an understanding from where young people are accessing their food and health information so appropriate nutrition messages can be more efficiently directed.

## Conclusion

Few studies have delved into the impact of trust on the food choices of young adults. While the results of the qualitative study presented here are exploratory, and are not meant to generalize for all young people, the findings suggest that the young people in this study are concerned with issues of cost and convenience in regards to food choice rather than the safety of food. The group of young people in this study was conscious of health, but issues of long term health did not greatly impact on their food choices, reflecting findings from research elsewhere. Analysis shows that these young people, despite being educated are not generally reflexive in regards to food choice, food safety or quality and instead have confidence in the food system to provide a safe product and are therefore, content to take risks with food choice and health.

These findings present a challenge to the impact and value of public health nutrition messages towards this age group. The findings suggests that further attention be given to how to engage younger populations in the importance of nutrition messages, as the findings suggest that young people are often consumed with other pressing issues such as financial and career building issues. These factors should not be seen as barriers to engagement, but could be actively used to engage this age group. Further research in this domain should endeavour to include a range of young people from a range of socio-demographic groups to gain a more comprehensive

understanding of food and trust from a young person's perspective.

---

## References

1. Australian Institute of Health and Welfare. Australia's Health 2008. Canberra Australian Institute of Health and Welfare; 2008.
2. Caplan P, Keane A, Willetts A, Williams J. Studying food choice in its social and cultural contexts: approaches from a social anthropological perspective Food, Health and Identity London, New York Routledge 1997.
3. Sobal J, Bisogni C, Devine C, Jastran M. A Conceptual Model of the Food Choice Process over the Life Course In: Shepherd R, Raats M, editors. The Psychology of Food Choice Oxfordshire 2006. p. 1-18.
4. Hall MA, Dugan E, Zheung B, Mishra AK. Trust in Physicians and Medical Institutions: What IS IT, Can It Be Measured, and Does It Matter? The Milbank Quarterly. 2001;79(4):613-39.
5. Schoorman DF, Mayer RC, Davis JH. An Integrative Model of Organizational Trust: Past, Present, and Future. Academy of Management Review. 2007;32(2):344-54.
6. Mollering G. The Nature of Trust: From Georg Simmel to a Theory of Expectation, Interpretation and Suspension. Sociology. 2001;35(2):403-20.
7. Gilson L. Trust and the development of health care as a social institution. Social Science and Medicine. 2003;56(7):1453-68.
8. Crease RP. The paradox of trust in science. Physics World. 2004 March 2004:18.
9. Brownlie J, Howson A. 'Leaps of Faith' and MMR: An empirical Study of Trust. Sociology. 2005;39(2):221-39.
10. Baier A. Trust and Antitrust. Ethics. 1986;96(2):231-60.
11. Knight, A. Intervening Effects of Knowledge, Morality, Trust, and Benefits on Support for Animal and Plant Biotechnology Applications. Risk Analysis 2007; 27(6): 1553-1563.
12. Dugan E, Trachtenberg F, Hall MA. Development of abbreviated measures to assess patient trust in a physician, a health insurer, and the medical profession. BMC Health Services Research. 2005;5(64).
13. Meijboom FLB, Visak T, Brom FWA. From Trust to Trustworthiness: Why Information is Not Enough in the Food Sector. Journal of Agricultural and Environmental Ethics. 2006;19(5):427-42.
14. Heasman LT. The Food Wars, Public Health and the Battle for Mouths, Minds and Markets. London: Earthscan Publication; 2004.
15. Bildtgaard T. Trust in food in modern and late-modern societies Social Science Information. 2008;47(1):99-128.
16. Fischler C. Food, self and identity. Social Science Information. 1988 June 1, 1988; 27(2):275-92.
17. Lockie S, Lyons K, Lawrence G, Mummery K. Eating 'Green': Motivations behind organic food consumption in Australia. Sociologia Ruralis 2002;42(1):23-40.



18. Meijboom FLB. Trust, Food and Health. Questions of Trust at the interface between Food and Health Journal of Agricultural and Environmental Ethics. 2007;20(3):231-5.
19. Coveney J. Food and trust in Australia: Building a picture. Public Health Nutr 2007;11(3):237-45.
20. de Jonge J, van Trijp H, Renes RJ, Frewer L. Understanding Consumer Confidence in the Safety of Food: Its Two-Dimensional Structure and Determinants. Risk Analysis. 2007;27(3):729-40.
21. Cade J, Calvert C, Barrett J. How could the BSE crisis affect nutrient intake? Comparison of the beef and non-beef eating meat eaters from the UK Women's Cohort Study Eur J of Clin Nutr. 1998;52:151-2.
22. Moore, O. Understanding postorganic fresh fruit and vegetable consumers at participatory farmers' markets in Ireland: reflexivity, trust and social movements. International Journal of Consumer Studies. 2006; 30: 416-426.
23. Giddens A. The Consequences of Modernity. Stanford: Stanford University Press; 1990.
24. Beck, U. *World Risk Society*. Cambridge: Polity Press; 2005.
25. Giddens A. *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Stanford: Stanford University Press; 1991.
26. Hansen J, Holm L, Frewer L, Robinson P, Sandoe P. Beyond the knowledge deficit: recent research into lay and expert attitudes to food risks. Appetite. 2003;41(2):111-21.
27. Williams P, Stirling E, Keynes N. Food fears: a national survey on the attitudes of Australian adults about the safety and quality of food Asia Pac J Clin Nutr. 2004;13(1):32-9.
28. Lupton D. Lay discourses and beliefs related to food risks: An Australian perspective. Sociol Health Illn. 2005;27(4):448-67.
29. Food Standards Australia New Zealand. Consumer Attitudes Survey 2007: A benchmark survey of consumers' attitudes to food issues Canberra Food Standards Australia New Zealand 2008.
30. Green J, Draper A, Dowler E. Short cuts to safety: risk and "rules of thumb" in accounts of food choice. Health Risk and Society 2003;5(1):33-52.
31. Huffman WE, Rousu M, Shogren JF, Tegene A. Who do consumers trust for information: The case of genetically modified foods? Am J of Agric Econ. 2004;86(5):1222-9.
32. Macintyre S, Reilly J, Miller D, Eldridge J. Food choice, food scares and health: the role of the media. . In: Murcott A, editor. *The Nation's Diet: The Social Science of Food Choice*. New York Addison Wesley Longman 1998. p. 228-49.
33. Schafer RB, Keith PM. Influences on food decisions across the family life cycle Journal of the American Dietetic Association 1981;78:144-8.
34. Worsley A, Lea E. Consumers' Personal Values and Sources of Nutrition Information Ecology of Food and Nutrition 2003;42:129-51.
35. Coulson N. Source of food information: whom do adolescents trust? Appetite. 2002;38:199-200.
36. Liamputtong P, Ezzy D, editors. *Qualitative Research Methods*. 2 ed. Melbourne Oxford Press 2005.
37. Patton, M. *Qualitative Research and Evaluation methods*. Sage Thousand Oaks: California: 2002.
38. Popay J. Rationale and standards for the systematic review of qualitative literature in health services research. Qual Health Res. 1998;8:341-51.
39. Coveney J. *Food, Morals and Meaning: The Pleasure and Anxiety of Eating*. London Routledge 2006.
40. Berg L. Trust in food in the age of mad cow disease: a comparative study of consumers' evaluation of food safety in Belgium, Britain and Norway. Appetite. 2004;42(1):21-32.
41. Mollering G. *Trust: Reason, Routine, Reflexivity* Oxford Elsevier; 2006.
42. Luhmann N. *Risk: A Sociological Theory*. New Brunswick, New Jersey: Transaction Publishers; 2005.
43. Luhmann, N. (1979) *Trust and Power: Two works by Niklas Luhmann*. Brisbane: John Wiley and Sons.
44. White R, Wyn J, editors. *Youth and Society: Exploring the social dynamics of youth experience*. Second ed. Melbourne Oxford 2008.
45. Giddens A. Risk, trust, reflexivity. In: Beck U, Giddens A, Lash S, editors. *Reflexive Modernization: Politics, Tradition, and Aesthetics is the Modern Social Order*. Cambridge: Polity Press; 1994. p. 194-7.
46. Järvelä K, Mäkelä J, Piironen S. Consumers' everyday food choice strategies in Finland. International Journal of Consumer Studies. 2006;30(4):309-17.
47. Tucker M, Whaley SR, Sharp J. Consumer perceptions of food related risks. International Journal of Food Science and Technology 2006;41:135-46.
48. Shaw A. Discourses of risk in lay accounts of microbiological safety and BSE: a qualitative interview study Health Risk and Society. 2004;6(2):151-71.
49. Chambers S, Lobb A, Butler L, Traill WB. The Influence of age and gender on food choice: a focus group exploration International Journal of Consumer Studies. 2008;32:356-65.
50. Marquis M. Exploring convenience orientation as a food motivation for college students living in residence halls. International Journal of Consumer Studies. 2005; 29(1):55-63.
51. Kornelis M, de Jonge J, Frewer L, Dagevos H. Consumer Selection of Food-Safety Information Sources Risk Anal. 2007; 27(2):327-35.
52. Tulloch J., Lupton, D. Consuming risk, consuming science. Journal of Consumer Culture 2002; 2(3): 363-383.
53. Wandel M, Bugge A. Environmental Concerns in Consumer Evaluation of Food Quality Food Quality and Preference. 1997;8(1):19-26.

#### ACKNOWLEDGEMENTS

Food and Trust Team, Professor John Coveney, Professor Paul Ward, Associate Professor Anne Taylor, Dr Julie Henderson, Samantha Meyer and Trish Clark

#### PEER REVIEW

Not commissioned. Externally peer reviewed.

#### CONFLICTS OF INTEREST

The authors declare that they have no competing interests

#### FUNDING

Australian Research Council funded "Food and Trust" project (ID: DP0878774)