# FOOD AND NUTRITION IN COLLECTIVE HEALTH

DOI: 10.12957/demetra.2020.45847



- Ana Carolina Bail Morais 1
- Lize Stangarlin-Fiori 2
- Renata Labronici Bertin <sup>1</sup>
- Caroline Opolski Medeiros 1
- ¹ Universidade Federal do Paraná, Setor de Ciências da Saúde, Departamento de Nutrição. Curitiba, PR, Brasil.
- <sup>2</sup> Universidade Federal do Paraná, Setor de Ciências da Saúde, Departamento de Nutrição, Programa de Pós- Graduação em Alimentação e Nutrição. Curitiba, PR. Brasil.

## Correspondence Caroline Opolski Medeiros caroline.opolski@gmail.com

## Consumers' knowledge and use of nutritional information on food labels

Conhecimento e uso de rótulos nutricionais por consumidores

#### Abstract

Food labelling is important to communication between food producers and consumers. For consumers to have greater autonomy in terms of their food choices, it is important to facilitate a correct interpretation about what is on a food label. This paper assessed consumers' knowledge and use of nutritional information on food labels. Cross-sectional exploratory quantitative, "blind" research carried out in 2018 in a public university in Brazil, with 415 consumers aged 18 years or older. A structured questionnaire with a score ranging from 0 to 24 was applied. Descriptive analysis, Spearman correlation coefficient, the Kruskal-Wallis test and the Mann Whitney test were employed. Participants were individuals aged  $21.02 \pm 2.89$  years, of which 58.31%were female. Many consumers reported they read food labels frequently (56.39%). The mean score was 14.99  $\pm$  4.12. The knowledge score mean was affected by age (p =0.039) and income (p = 0.020). Participants who used nutritional claims as a criterion for purchase (p = 0.004) had higher scores. The biggest issues in interpreting nutritional labels were related to mandatory nutrient claims and the terms "trans-fat free (0%)", "functional food", "diet" and "light". Food label regulation is a process currently under review in Brazil, so research on the use and knowledge of nutritional information on food labels by young adult consumers becomes important. It will contribute to the discussion of the revision of legislation, as well as helping professionals guide consumers in the interpretation of labels.

**Keywords:** Nutritional Facts. Food Labelling. Nutritional Labelling. Knowledge.

## Resumo

A rotulagem de alimentos é importante para a comunicação entre produtores e consumidores. No entanto, para ajudar os consumidores a ter maior autonomia em suas escolhas alimentares, é importante interpretar corretamente a rotulagem dos alimentos. Assim, esta pesquisa avaliou o conhecimento e o uso das informações nutricionais apresentadas nos rótulos dos alimentos. Pesquisa quantitativa, exploratória e transversal, realizada em 2018 em uma universidade pública no Brasil, com 415 consumidores com 18 anos ou mais. Para avaliar o conhecimento, aplicouse questionário estruturado com pontuação de 0 a 24. Os dados foram analisados por meio de análise descritiva, correlação de Spearman e teste de Kruskal-Wallis e Mann Whitney. Participaram indivíduos com idade de 21,02  $\pm$  2,89 anos, dos quais 58,31% eram do sexo feminino. Muitos consumidores liam frequentemente os rótulos dos alimentos (56,39%). A pontuação média de conhecimento foi de 14,99  $\pm$  4,12. A média do escore de conhecimento foi afetada pela idade (p = 0,039) e renda (p = 0,020). Os participantes que utilizaram alegações nutricionais como critério de compra (p = 0,004) obtiveram maiores pontuações. Os maiores problemas na interpretação dos

rótulos nutricionais estavam relacionados às reivindicações obrigatórias de nutrientes e aos termos "zero gordura trans (0%)", "alimento funcional", "diet" e "light". Considerando que a regulamentação dos rótulos de alimentos está em processo de revisão no Brasil, torna-se importante pesquisar seu uso e conhecimento por consumidores adultos jovens. Isso contribuirá para a discussão da revisão da legislação, além de ajudar os profissionais a orientarem os consumidores na interpretação dos rótulos.

**Palavras-chave:** Informação nutricional. Rotulagem de Alimentos. Rotulagem Nutricional. Conhecimento.

## **INTRODUCTION**

Food labels are the main means of communication between food producers and consumers.<sup>1</sup> General, nutritional and safety information on food labels give consumers greater autonomy in terms of their food choices.<sup>2-4</sup> In addition, information about nutrition yields healthier and more conscious food purchases.<sup>5,6</sup> Nutritional labelling is considered a consumer right by international bodies,<sup>1</sup> many European countries,<sup>7</sup> the United States.<sup>8</sup> Chile<sup>9</sup> and Brazil.<sup>10</sup>

Food labels influence food choices and eating behavior, besides providing nutrition information.<sup>6, 11-14</sup> The correct interpretation of information provided is a decision-making instrument for food purchase that takes into account the relationship between nutrition and health.<sup>5,15</sup> However, even if nutritional information is provided on food labels, consumer awareness of what this means is not guaranteed.<sup>3,12,16-19</sup> This indicates that there may be a need for changes in the way nutritional information is presented on food labels.<sup>20</sup>

Despite this scientific evidence, few studies in Brazil have evaluated consumer awareness related to nutritional labelling.<sup>2,14,15,21</sup> The Brazilian Institute of Consumer Protection has assessed the knowledge, perception, behavior and preferences of consumers in relation to nutritional labelling in the country and concluded that consumers have difficulties in understanding and using the information provided.<sup>21</sup> In addition, consumers were reported to have little knowledge about nutrition facts, which makes it difficult for them to make healthy food choices.<sup>14</sup>

Although there are some studies about public understanding of nutritional labelling in Brazil, <sup>14,15,21-23</sup> governmental agencies in the country have requested more scientific evidence on this nutritional labelling, in order to support changes in food labelling. In 2017, the assessment of the population's understanding of nutrition labelling was determined as one of the research priorities for the management of the National Food and Nutrition Policy in Brazil.<sup>24</sup> Additionally, the indication of further evidence on the subject was also provided in the public consultation on nutritional labelling held in 2018. Thus, this study aimed to evaluate consumer knowledge and use of nutritional labelling, and to associate this understanding with sociodemographic, health and physical activity characteristics.

### **METHODS**

## **Sample Size and Ethics Committee**

This is a cross-sectional, exploratory, and quantitative blind study, carried out between April and May 2018 in a public university in the south of Brazil. The research was approved by the Ethics and Research Committee of the Federal University of Paraná, under document no. 1294619.

Sample size was determined from the annual report provided by the university on the number of undergraduate and graduate students enrolled and the number of staff members (N = 34,202). A confidence level of 95%, a margin of error of 5% and an unknown prevalence of 50% were considered, resulting in a minimum sample of 380 participants.

Inclusion criteria for participation in the research were: individuals aged 18 years or older, university-connected (students or employees), who were accustomed to or planned to purchase food products, and who agreed to participate in the research by signing an informed consent form (TCLE).

#### **Research Instrument**

The research instrument was based on the results of a comprehensive review, carried out in 2016, in the databases Scielo, Scopus, Pubmed, Lilacs, Cochrane Library, and Food Science and Technology Abstract, as well review of the Brazilian legislation and other official documents related to nutritional labelling.<sup>2,10,16,17,19,24-34</sup>

The questions were elaborated aiming at: 1) the use of Portuguese grammar correctly; 2) the reduction of participant ignorance on the subject; 3) the avoidance of the use of technical terms that might be unclear to the target population; 4) the provision of adequate answer options, in order not to confuse the interviewees; and 5) the formation of simple and clear questions.<sup>35</sup>

The questionnaire was reviewed with the aid of two food professionals. The final version was composed of 36 questions divided into three sections: 1) Sociodemographic data (9 questions): age, sex, income, profession, region of residence, self-reported weight and height, level of physical activity and health problems; 2) Use of nutritional information presented in food labels (3 questions): frequency of use, nutritional claims used; 3) Knowledge about nutritional labelling (24 questions): meaning of the claims "contains gluten", "trans-fat free", "functional food", "light food", "diet food", "high-fiber food", "fortified food"; interpretation of information about nutritional value, carbohydrates, cholesterol, proteins, iron, total, saturated and trans-fat, calcium, iron, dietary fiber and vitamins; interpretation of the ingredients list and portion size/nutrient content (Chart 1).

The answers used to evaluate the consumers' knowledge were through multiple-choice and true or false options, as recommended by Di Iorio.<sup>35</sup> "I do not know" was included among the alternatives.

Chart 1. Structure of the questionnaire used to assess knowledge, together with the questions used and the answer options.

Team	Question	Answer option <sup>1</sup>
Nutritional indication		•
"Contains gluten"	In relation to food labelling, by reading the claim "Contains gluten" on the front label of a product, you understand that:	<ul> <li>(a) The product contains gluten, a protein, present in food products of animal origin, and when consumed can cause allergic reactions.</li> <li>(b) The product may contain gluten, a protein, present in products of plant origin, and when consumed, it may cause allergic reactions.</li> <li>(c) The product contains gluten, a protein, present in cereals and when consumed, can cause allergic reactions.</li> </ul>
"Trans-fat free"	On the front label of a food, when there is the claim "trans-fat free (0%)" it can be said that the product is totally free of trans fat.	( ) True ( ) False
"Functional food"	When reading on a "Functional Food" label, you understand that:	<ul> <li>(a) The product prevents specific diseases, such as Arterial Hypertension.</li> <li>(b) The product may produce physiological effects beneficial to health.</li> <li>(c) The product may have beneficial health effects, but it is not scientifically proven.</li> </ul>
Mandatory nutritiona		atory to be included in the table of nutritional information on food ling to the legislation:
Energy	Energy (kcal and kJ)	( ) Mandatory ( ) Not mandatory
Carbohydrates	Carbohydrates (g)	( ) Mandatory ( ) Not mandatory
Cholesterol	Cholesterol (mg)	( ) Mandatory ( ) Not mandatory
Protein	Protein (g)	( ) Mandatory ( ) Not mandatory
Iron	Iron (mg)	( ) Mandatory ( ) Not mandatory
Total fat	Total fat (g)	( ) Mandatory ( ) Not mandatory
Saturated fat	Saturated fat (g)	( ) Mandatory ( ) Not mandatory

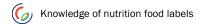


Chart 1. Structure of the questionnaire used to assess knowledge, together with the questions used and the answer options. (continues).

Team	Question	Answer option <sup>1</sup>
Mandatory nutritional in		
	According to Brazilian legislation, some nutrients are mand labels. Check if the declaration is mandatory or not, accord	atory to be included in the table of nutritional information on food
Calcium	Calcium (mg)	() Mandatory
Carciann	Cardan (mg)	( ) Not mandatory
Trans fat	Trans fat (g)	( ) Mandatory
		( ) Not mandatory
Edible fiber	Edible fiber (g)	( ) Mandatory
		( ) Not mandatory
Vitamins	Vitamins (mg or mcg)	( ) Mandatory
Fiber-rich foods		( ) Not mandatory
	For a food to be considered rich in fiber it must have at least i	6g of fiber in 100g of the solid product (6g / 100g). Which food (s)
	meets the fiber-rich food claim:	68 of free in 1008 of the some product (68, 1008). 11 inch food (6)
Cassava flour	Cassava flour (6.4g/100g)	( ) Meets the claim
		( ) Does not meet the claim
White rice	White rice (1.75g/100g)	( ) Meets the claim
Lantila	Lootile /F OCa/100a)	( ) Does not meet the claim
Lentils	Lentils (5.86g/100g)	( ) Meets the claim ( ) Does not meet the claim
Brown rice	Brown rice (2.72g/100g)	( ) Meets the claim
		( ) Does not meet the claim
Meaning and interpretat	ion	1 \ /
Ingredient list  Preparation instructions	On the list of ingredients on food labels, check the correct alternative.  The preparation instructions on the food labels refer to the appropriate way of preparing the product, which may include reconstitution, heat treatment or cooking and / or thawing procedures which must be carried out by the consumer, for the consumption of the product.	<ul> <li>(a) The ingredients are presented in descending order, that is, the first ingredient is the one that is in the highest quantity and the last one, in the least quantity in the product.</li> <li>(b) The ingredients are presented in ascending order, that is, the first ingredient is the one that is in the least quantity in the product and the last one, in the highest quantity.</li> <li>(c) For the description of the ingredients, the manufacturer randomly selects the arrangement of the ingredients from the list on the product label.</li> <li>( ) True</li> <li>( ) False</li> </ul>
Protein content (cheese)	If you wanted to eat more protein at a meal and could eat a single slice of cheese, you would choose *:  Product 1 - cheese 1 Portion 30g (2 slices) Energy value: 94 Kcal = 391 kJ, % VD = 5 Proteins: 5.8g, % DV = 8 []  Product 2 - cheese 2 Portion 30g (1 slice) Energy value: 116 Kcal = 479 kJ, % VD = 6 Proteins: 6.1g, % DV = 8 []	(a) Product 1 (b) Product 2 (c) Either, as both have the same protein content.
Diet food Light food	When reading on a package claiming that the food is diet, you would understand that:  "Light" foods are those that are reduced in calories only.	<ul> <li>(a) The expression diet on food packaging necessarily means that the product does not contain sugar.</li> <li>(b) Diet products are the same as light foods. That is, there is no added sugar and fat.</li> <li>(c) Diet foods are those intended for nutrient-restricted diets, which may be carbohydrates, fats, proteins or sodium.</li> <li>( ) True</li> </ul>
20111000	Light joods are those that are reduced in calonies only.	( ) False

Chart 1. Structure of the questionnaire used to assess knowledge, together with the questions used and the answer options.(continues).

Team	Question		Answer option <sup>1</sup>
Meaning and interpret	ation		
Enriched food	Regarding "Enriched Foods" and "Nutrient Replacement Foods", observe the front label of the product and mark the correct alternative*:	(a)	It is a "Food with Nutrient Replacement", in which the amount of iron, vitamins A, C and D that were already present in the product was naturally restored.
	Information on the label:	(b)	It is both an "Enriched Food" and a "Food with Nutrient Replacement", in which iron, vitamins A, C and D were added, and were already present in the product
	Iron and Vitamins - C, D, A	(c)	naturally. It is an Enriched Food, in which iron, vitamins A, C and D have been added to enrich the nutritional value of the
	(the hypothetical front label of a powdered milk was presented)		product.

<sup>\*</sup>An illustrative image of a label, designed for research, was presented for the consumer to analyze and to respond.

### **Data Collection**

The data collection was by convenience. Data were collected by trained collaborators from April to May 2018. Participants were approached randomly on the university's campus. Those who agreed to participate and signed the TCLE were included in the research.

## **Data Analysis**

In the knowledge analysis, each correct answer was assigned a score of 1 point. Incorrect and "I do not know" answers received a score of zero. The sum of the correct answers was computed in order to obtain the total score of each participant's knowledge, 35 in a range between 0 and 24. Additionally, the "I do not know" option was analyzed by means of simple frequency.

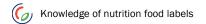
The nutritional status of the participants was evaluated by Body Mass Index (BMI), obtained from their self-reported weight and height. Participants were classified accordingly as underweight (BMI  $\leq$  18.49 kg/m²), eutrophic (BMI  $\geq$  18.50 and  $\leq$  24.99 kg/m²) and overweight (overweight and obesity) (BMI  $\geq$  25.00 kg/m²).

The results were analyzed by the Statistical Analysis System (SAS), version 9.2. Descriptive statistical measures were calculated for quantitative variables and frequency tables were constructed for categorical variables. The assumption of data normality was verified by the Shapiro Wilk Test. The correlation between the knowledge score and the variables age, weight, height and BMI was obtained by calculating the Spearman correlation coefficient. Statistical differences between knowledge scores as a function of sociodemographic variables, health, physical activity, and use of nutritional labeling were calculated by the Mann Whitney or Kruskal-Wallis test (supplemented by the DMS test). The significance level employed was 5%.

## **RESULTS**

As shown in Table 1, the 415 participants had a mean age of  $21.02 \pm 2.89$  years, surpassing the sample calculation. Most participants were female (58.31%), with a monthly income of 3 to 10 times the minimum wage (41.45%), were students (96.87%) and practiced physical activity (60.48%).

<sup>&</sup>lt;sup>1</sup>The alternative in bold corresponds to the correct alternative answer to the question. All questions also had the option of answering with the alternative "I do not know".



**Table 1**. Mean knowledge about nutritional information by consumers in a public institution, according to sociodemographic characteristics, health and physical activity practice (n = 415). Curitiba, Paraná, Brazil, 2018.

Variables	Description	Frequency		Mean ± SD of	<i>p</i> -value*	
variables	Description	n	%	Knowledge score	p-value*	
Candar	Female	242	58.31	15.33 ± 3.79	0.132	
Gender	Male	173	41.69	14.49 ± 4.51		
	Up to 20 years	223	53.73	15.42 ± 3.98ª		
Age	21-25 years	165	39.76	14.50 ± 4.18 <sup>b</sup>	0.039*	
	≥ 26 years	27	6.51	14.37 ± 4.62 <sup>ab</sup>		
	Student	402	96.87	15.00 ± 4.14		
Profession	Other	6	1.45	13.16 ± 5.03	0.669	
	Both	7	1.69	15.57 ± 1.90		
	Up to 3 MW	149	35.90	14.33 ± 4.42°	0.020*	
Income	More than 3 to 10 MW	172	41.45	15.16 ± 4.03 <sup>ab</sup>		
meome	More than 10 MW	48	11.57	16.47 ± 3.30 <sup>b</sup>		
	Not declared	46	11.08	14.86 ± 3.86 <sup>ab</sup>		
	Underweight	38	9.16	15.23 ± 3.48	0.999	
Nutritional condition	Eutrophic	289	69.64	14.94 ± 4.19		
	Overweight	88	21.20	15.02 ± 4.20		
Dhysical matinity	Yes	251	60.48	15.13 ± 4.38	0.100	
Physical activity	No	164	39.52	14.75 ± 3.68	0.100	
Health problems	Yes	125	30.12	15.28 ± 4.01	0.346	
riediui problems	No	290	69.88	14.85 ± 4.16	0.540	

n = number of consumers; MW = minimum wage; % = percentage of consumers; \*p<0.05, Statistical difference by the Mann-Whitney or *Kruskal-Wallis* test; Different letters in a column present results that are significantly different (p<0.05)

A total of 42.41% of the consumers had eventually used the nutrition information on a package label at the time of purchase of a packaged or canned food, while 13.98% reported always using it. The most used food labelling information were the claims "trans-fat free" (42.17%), "source of vitamins and minerals" (36.87%) and "rich in fiber / fiber source" (34.70%), followed by "lactose free" (14.46%) and "gluten free" (11.08%), as shown in table 2.

**Table 2**. Mean knowledge about nutritional information by consumers of a public institution, according to use of nutritional information (n = 415). Curitiba, Paraná, Brazil, 2018.

) / a vi a la la a	Description	Fr	equency	Mean ± SD of		
Variables	Description	n	%	Knowledge score	p-value*	
	Never	38	9.16	12.78 ± 4.48 <sup>a</sup>	<0.001*	
_	Rarely	143	34.46	14.05 ± 3.99 <sup>a</sup>		
Frequency of use	Sometimes	176	42.41	15.81 ± 3.90 <sup>b</sup>		
	Always	58	13.98	16.20 ± 3.85 <sup>b</sup>		
	Yes	309	74.46	15.44 ± 3.68	0.004*	
Use of nutritional indications	No	106	25.54	13.66 ± 4.98		
11	Yes	175	42.17	16.04 ± 3.38		
Use of indication "trans-fat free"	No	240	57.83	14.22 ± 4.44	<0.001*	
	Yes	46	11.08	14.89 ± 3.61		
Use of indication "gluten free"	No	369	88.92	15.00 ± 4.18	0.451	
	Yes	60	14.46	14.93 ± 3.81	0.645	
Use of indication "lactose free"	No	355	85.54	14.99 ± 4.18		
Use of indication "rich in	Yes	144	34.70	15.76 ± 3.42		
fibre/source of fibre"	No	271	65.30	14.57 ± 4.40	0.023*	
Use of indication "source of	Yes	153	36.87	15.57 ± 3.51		
vitamins and minerals"	No	262	63.13	14.64 ± 4.41	0.065	
Use of nutritional information for	Yes	175	42.17	15.24 ± 3.80		
the purchase of milk and dairy products	No	240	57.83	14.80 ± 4.34	0.541	
Use of nutritional information for	Yes	165	39.76	15.52 ± 3.71		
the purchase of canned food and sausages	No	250	60.24	14.63 ± 4.34	0.076	
Use of nutritional information for	Yes	114	27.47	16.39 ± 3.70		
the purchase of diet and light products	No	301	72.53	14.45 ± 4.15	<0.001*	
Use of nutritional information for	Yes	140	33.73	15.42 ± 3.80		
the purchase of breads and crackers	No	275	66.27	14.76 ± 4.26	0.188	
Use of nutritional information for	Yes	186	44.82	15.53 ± 3.66	0.004	
the purchase of biscuits and snacks	No	229	55.18	14.54 ± 4.42	0.061	

n = number of consumers; % = percentage of consumers; \*p < 0.05, Statistical difference by the Mann-Whitney or Kruskal-Wallis test; Different letters in a column present results that are significantly different (p < 0.05).

The mean number of correct answers with regard to the knowledge on nutritional information was  $14.99 \pm 4.12$ .

The knowledge score mean was affected by age (p = 0.039) and income (p = 0.020). People with a monthly income higher than 10 minimum wages obtained greater scores than those who earn up to 3 minimum wages (table 1). In addition, there was an inversely proportional correlation between the knowledge score and the consumers' age: the older the age, the lower the score (p = 0.027, r = -0.10889). There was no correlation between knowledge score and consumers' weight (p = 0.447), height (p = 0.317), BMI (p = 0.734), physical activity (p = 0.100) or health problems (p = 0.346).

The average knowledge of consumers about what nutritional labelling meant was higher among those who used nutritional information as a purchasing criterion more often (sometimes and always) (p < 0.001). Participants who used nutritional claims at the time of food purchase obtained higher mean scores (p = 0.004) (table 2). Moreover, consumers who used information about "trans-fat free" (p < 0.001) and "rich in fiber /source of fiber" (p = 0.023) also obtained higher mean scores. Additionally, people who used dietary information to buy diet and light foods had a higher mean knowledge score than those who did not (p < 0.001), according to table 2.

Finally, there was considerable knowledge about the mandatory presence of energy value (89.16%) and macronutrient information (≥ 75.18%), including saturated fat content (80.00%). Nearly half of the individuals knew the meaning of the nutritional claim "contains gluten" (51.57%), while less than half understood the meaning of the other information "trans-fat free" (47.71%) and "functional food" (38.31%) (table 3).

Table 3. Knowledge on nutritional information (n=415). Curitiba, Paraná, Brazil, 2018.

Quertien	Correct answer		Incorrect answer		No answer	
Question -	n	%	n	%	n	%
Nutritional claim						
"contains gluten"	214	51.57	141	33.98	60	14.46
"trans-fat free (0%)"	198	47.71	127	30.60	90	21.69
"functional food"	159	38.31	109	26.27	147	35.42
Mandatory nutritional information						
Energy	370	89.16	11	2.65	34	8.19
Carbohydrates	353	85.06	12	2.89	50	12.05
Cholesterol	154	37.11	152	36.63	109	26.27
Protein	312	75.18	34	8.19	69	16.63
Iron	169	40.72	116	27.95	130	31.33
Total fat	355	85.54	10	2.41	50	12.05
Saturated fat	332	80.00	29	6.99	54	13.01
Calcium	188	45.30	92	22.17	135	32.53
Trans fat	198	47.71	127	30.60	90	21.69
Edible fiber	189	45.54	119	28.67	107	25.78
Vitamins	131	31.57	185	44.58	99	23.86
Fibre rich foods						
Cassava flour	378	91.08	8	1.93	29	6.99
White rice	359	86.51	16	3.86	40	9.64
Lentils	333	80.24	41	9.88	41	9.88
Brown rice	350	84.34	26	6.27	39	9.40
Meaning and interpretation						
Ingredient list	218	52.53	81	19.52	116	27.95
Preparation instructions	281	67.71	36	8.67	98	23.61
Protein content (cheese)	303	73.01	90	21.69	22	5.30
Diet food	144	34.70	204	49.16	67	16.14
Light food	184	44.34	138	33.25	93	22.41
Enriched food	199	47.95	98	23.61	118	28.43

n = number of consumers; % = percentage of consumers.

## **DISCUSSION**

From the mean score of correct answers, an average knowledge about nutritional labelling was observed among the participants. Individuals who actually read and used nutritional information as a criterion for food purchase had greater knowledge about nutritional labelling.

Most consumers understand that preparation instructions and the list of ingredients must be presented in descending order.<sup>26</sup> However, more than 20% were not able to answer this question. It should be noted that understanding these two concepts is important as it is this list of ingredients that makes it possible to evaluate the food composition and identify the presence of specific nutrients.<sup>3,26</sup> In addition, the list of ingredients indicates the presence of specific ingredients (e.g. salt, sugar and fat) that can cause harm to the consumer's health when consumed in excess.<sup>3</sup>

Consumers who reported using nutritional information on a label obtained a higher knowledge score, although the knowledge level was average. In contrast, few consumers understood the meaning of the information "contains gluten", "trans-fat free" and "functional product".

The indication "trans-fat free" may mislead consumers, because, according to Brazilian legislation, when the food contains up to 0.1 g of trans fat,<sup>25</sup> the label can specify "does not contain" or "free" in the nutrition labelling. This does not mean that this food is exempt or free from "trans-fat", but only that the amount in this food is not considered significant enough for the use of other terminology. Therefore, the need to revise this guideline is evident. Moreover, the possibility of misleading the consumer was made evident in this study by the fact that there was no significant difference between the knowledge of the meaning of the "trans-fat free" claim and the use of this claim as a reason to purchase one food over another.

Carrillo et al.<sup>29</sup> interviewed 200 Spanish consumers regarding functional foods, and found that 65% considered these foods to be beneficial to their health, while 32% did not know what their benefits were. The authors concluded that functional foods were more easily recognized by consumers as beneficial to health when the word "enriched" appeared on the label. In contrast, our study showed that few people understood that the term "functional food" indicates a food with beneficial health effects. Regarding the mandatory items in food labelling, energy value and macronutrients were correctly identified by the participants, possibly because these are the most sought after nutritional information by consumers.<sup>22,38</sup>

The awareness about the meaning of energy value was also observed by Sinclair et al.<sup>39</sup> when interviewing 639 adults: 71.5% answered questions about energy value correctly. These results are positive because the energy value information is a widely used strategy to combat obesity.<sup>40</sup> In addition, this information is frequently used in the media and is associated with weight gain and health conditions such as diabetes and cardiovascular diseases.<sup>18</sup>

Most individuals correctly identified foods that were high in fiber. This result is similar to that found by Carrillo et al.,<sup>29</sup> who reported that 94% (n = 188) of their interviewees were able to recognize the fiber content in the nutritional information on food labels. Nevertheless, the fiber content of a food should be used along with further nutritional information, since high-fiber foods may contain excessive amounts of certain ingredients (e.g. fat and sodium) and may be processed (e.g. ultra-processed food).

The interviewees' understanding of the terms "diet", "light", "enriched" was low in the present study. In another research carried out in Brazil among university students, Hipólito et al.<sup>23</sup> reported that the nutritional attributes "light", "diet", "enriched" and "source of vitamins" exerted an average influence at the time of purchase. Although half of the participants claimed to understand these attributes, according to the researchers, these terms were actually unclear to the vast majority.

According to the Brazilian legislation, the term "light" comprises a reduction of at least 25% of a nutrient when compared to the traditional product, while the term "diet" indicates insignificant amounts or total absence of a certain nutrient.<sup>25</sup> It should be noted that these terminologies are defined in Brazilian legislation, but many consumers are still unaware of the meaning of each term<sup>41,42</sup> and/or or may not know how to differentiate a light food from a diet food.<sup>43</sup>

In this study, a greater awareness of nutritional labelling was observed in younger individuals, which may be related to the fact that the research was carried out in a university. In a study of 14,230 French adults aged between 18 and 65 years or more, even though there were only 2,121 participants aged between 18-30 years compared to 12,109 participants aged between 30-65 years or more, the authors demonstrated that there was greater knowledge about nutritional labelling among younger participants, and those with a higher educational level and incomes.<sup>44</sup>

The relationship between knowledge about nutritional labelling/ or the use of information provided on food labels tend to increase with the increase of income and education level. 38,39,45-47

Finally, although the consumers' awareness of nutritional labelling was found to be average in this research, a need for greater clarification around nutrition facts to the population is indicated. Similar results had already been identified in a national survey conducted by IDEC, which detected the need for nutritional information on food packaging to be simpler and clearer, in order to help consumers make healthier food choices.<sup>21</sup>

It is worth mentioning that currently, there are proposals to improve nutritional rotation in Brazil, following the example that occurs in Chile, 48,49 with an emphasis on the use of layouts with fewer numbers, more colors and/or symbols, 5,18,39,50-52 which will ensure clearer and more legible information that not open to errors of interpretation and in this way, can promote greater understanding, interest and motivation on the part of the population. Although the change in nutrition labelling has not yet been legislated in Brazil, it has already been well accepted by Brazilians. 53

Finally, although this study achieved its objective, there are some limitations, such as the fact that the research was carried out only in an city with a non-probabilistic sample. As the data may not reflect the reality of consumers in other regions, the results cannot be generalized to other contexts. In addition, because the research was carried out at a higher education institution, it is possible that some students had studied nutritional information or food labelling content in their course curriculum, which may have contributed to greater knowledge on the subject. The study showed, however, even having greater access to information on food labelling, consumers still need clarification about what the information means.

#### **CONCLUSIONS AND IMPLICATIONS**

Although most interviewees make use of nutritional labelling, for many the basic information difficult to understand. There was greater knowledge about the mandatory presence of energy and macronutrient information and the interpretation of the fiber content and trans-fat free. However, the meaning of certain terms, such as "diet" and "light", was unclear to many people.

A greater awareness of nutritional labelling was observed in younger individuals and who had higher income. There was, however, no correlation between knowledge score and consumers' weight, height, BMI, physical activity and health problems.

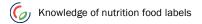
This study has implications for the area of Nutrition and Public Health while contributing to the increase of scientific evidence that supports the need for greater clarification about nutritional labelling for the general

population. At the time of discussion about changes in food labelling in Brazil, the assessment of popular understanding on about this subject in different contexts is relevant. Such changes are important to enable consumers to choose their foods more consciously.

#### REFERENCES

- 1. World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO). Codex Alimentarius: Food Labelling. 5th ed. OMS–FAO, Roma. 2007.
- 2. Brasil. Ministério da Saúde. Resolução RDC nº 259, de 20 de setembro de 2002. Aprova o regulamento técnico sobre rotulagem de alimentos embalados. Diário Oficial da República Federativa do Brasil, Poder Executivo. [Approves the technical regulation on labelling of packaged foods. Official Report of the Federative Republic of Brazil, Executive Power]. Brasília: 2002.
- 3. Miller LM, Cassady DL. The effects of nutrition knowledge on food label use: A review of the literature. Appetite. 2015;92:207-216.
- 4. Hiekea S, Pieniaka Z, Verbekeb W. European consumers' interest in nutrition information on (sugar-free) chewing gum. Food Quality and Preference. 2018;64:172-180.
- **5.** Pereira MCS, Jesus MCP, Vassimon HS, Tavares MFL. Perspective of Federal Public Policy Representatives on Food Labels. Demetra: Alimentação, Nutrição & Saúde. 2017;12(4):1147-1163.
- **6.** Mhurchu CN, Eyles H, Jiang Y, Blakely T. Do nutrition labels influence healthier food choices? Analysis of label viewing behaviour and subsequent food purchases in a labelling intervention trial. Appetite. 2018;121: 360-365.
- 7. European Parliament and of the Council. Regulation nº 1169/2011 of the European Parliament and of the Council of 25 October 2011. 2011. [accessed 10 January 2019]. Available at: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32011R1169
- **8.** Food and Drug Administration. Code of Federal Regulations. Title 21 Food and Drugs. 2008. [accessed 10 January 2019]. Available at: https://www.govinfo.gov/content/pkg/CFR-2008-title21-vol2/xml/CFR-2008-title21-vol2-part101.xml
- **9.** Chile. Ministerio de salud. Ley 20606: sobre composición nutricional de los alimentos y supublicidad. 2015. [accessed 10 January 2019]. Available at: https://www.leychile.cl/Navegar?idNorma=1041570
- **10.** Brasil. Lei nº. 8.078, de 11 de setembro de 1990. Código de Defesa do Consumidor. 1990. [accessed 10 January 2019]. Available at: http://www.planalto.gov.br/ccivil\_03/Leis/L8078.htm
- 11. Kerr MA, McCann MT, Livingstone MB. Food and the consumer: could labelling be the answer?. Proc Nutr Soc. 2015;74:158–163.
- **12.** Viola GCV, Bianchi F, Croce E, Ceretti E. Are food labels effective as a means of health prevention?. Journal Of Public Health Research. 2016;5(3):139-142.
- **13.** Kumar N, Kapoor S. Do labels influence purchase decisions of food products? Study of young consumers of an emerging market. British Food Journal. 2017;119(2):218-229.
- **14.** Christoph MJ, Loth KA, Eisenberg ME, Haynos AF, Larson N, Neumark-Sztainer D. Nutrition Facts Use in Relation to Eating Behaviors and Healthy and Unhealthy Weight Control Behaviors. J Nutr Educ Behav. 2018;50(3):267–274.
- **15.** Silva AMP, Senger MH. Mandatory nutrition labelling of foods in Brazil: perceptions on motivating factors and difficulties in the reading and understanding of labels. Results of an exploratory study with focal groups. Nutrire. 2014;39(3):327-337.
- **16.** Gregori D et al. How to Communicate Nutritional Information to People: the Attitudes of Chile Population Toward Food. The Open Obesity Journal. 2013;5:36-42.
- **17.** McLean R, Hoek J. Sodium and nutrition labelling: a qualitative study exploring New Zealand consumers' food purchasing behaviours. Public Health Nutr. 2013;17(05):1138-1146.
- **18.** Crockett RA, Jebb SA, Hankins M, Marteau TM. The impact of nutritional labels and socioeconomic status on energy intake. An experimental field study. Appetite. 2012;81:12-19.
- **19.** Vanderlee L, White CM, Bordes I, Hobin EP, Hammond D. The efficacy of sugar labeling formats: Implications for labeling policy. Obesity (Silver Spring). 2015;23(12):2406-2413.
- 20. Agência Nacional de Vigilância Sanitária (ANVISA). Relatório Preliminar de Análise de Impacto Regulatório sobre Rotulagem Nutricional. Brasília, 2018. [accessed 14 January 2019]. Available at: http://portal.anvisa.gov.br/documents/219201/219401/Análise+de+Impacto+Regulatório+sobre+Rotulagem+Nutricional.pdf/c63f2471-4343-481d-80cb-00f4b2f72118

13



- 21. Instituto Brasileiro de Defesa do Consumidor (IDEC). Rotulagem de alimentos e doenças crônicas: perspectiva do consumidor no Brasil.
  2014. [accessed 02 March 2019]. Available at: http://www.idec.org.br/uploads/publicacoes/publicacoes/rotulagem-de-alimentos-e-doencas-cronicas.pdf
- 22. Cavada GS, Paiva FF, Helbig E, Borges LR. Nutritional labelling: do you know that are you eating? Brazilian Journal of Food Technology. 2012;15:84-88.
- 23. Hipólito A, Oliveira AF, Francisco WC. Compreensão da rotulagem nutricional por universitários da Universidade Tecnológica Federal do Paraná, campus Londrina. Tópicos em Ciências e Tecnologia de Alimentos: Resultados de Pesquisas Acadêmicas. 2017;3:21-59.
- 24. Brasil. Ministério da Saúde (MS). Sumário Executivo: Prioridades de pesquisa para a gestão da Política Nacional de Alimentação e Nutrição. Brasília, 2017. [accessed 02 February 2018]. Available at: <a href="http://189.28.128.100/dab/docs/portaldab/documentos/sumario\_executivo\_agenda\_pesquisa.pdf">http://189.28.128.100/dab/docs/portaldab/documentos/sumario\_executivo\_agenda\_pesquisa.pdf</a>
- **25.** Brasil. Ministério da Saúde (MS). Resolução RDC nº 54, de 12 de novembro de 2012. Regulamento Técnico sobre Informação Nutricional Complementar. Brasília: 2012.
- 26. Agência Nacional De Vigilância Sanitária (ANVISA); Fundação De Empreendimentos Científicos e Tecnológicos (FINATEC); Departamento De Nutrição Da Universidade De Brasília (NUT-UnB). Manual de Orientação aos Consumidores Educação para o Consumo Saudável. 2008. [accessed 02 March 2019]. Available at: http://portal.anvisa.gov.br/documents/33916/396679/manual\_consumidor.pdf/e31144d3-0207-4a37-9b3b-e4638d48934b
- **27.** Jasti S, Kovacs S. Use of Trans Fat Information on Food Labels and Its Determinants in a Multiethnic College Student Population. Journal Of Nutrition Education And Behavior. 2010;42(5):307-314. Elsevier BV.
- **28.** Labiner-Wolfe J, Lin CTJ, Verrill L. Effect of Low- carbohydrate Claims on Consumer Perceptions about Food Products; Healthfulness and Helpfulness for Weight Management. Journal of Nutrition Education and Behavior. 2010;42(5):315-320. Elsevier BV.
- **29.** Carrillo E, Varela P, Fiszman S. Influence of Nutritional Knowledge on the Use and Interpretation of Spanish Nutritional Food Labels. J Food Sci. 2011;77(1):H1-8.
- **30.** Méjean C et al. Perception of front-of-pack labels according to social characteristics, nutritional knowledge and food purchasing habits. Public Health Nutrition. 2012;16(03):392-402. Cambridge University Press (CUP).
- **31.** Ahmadi A et al. Nutrition Knowledge: Application and Perception of Food Labels Among Women. Pakistan Journal Of Biological Sciences. 2013;16(24):2026-2030. Science Alert.
- **32.** Chopera P, Chagwena DT, Mushonga NGT. Food label reading and understanding in parts of rural and urban Zimbabwe. African Health Sciences. 2014;14(3):576-584. African Journals Online (AJOL).
- **33.** Wong C L et al. Consumer attitudes and understanding of cholesterol-lowering claims on food: randomize mock-package experiments with plant sterol and oat fibre claims. European Journal Of Clinical Nutrition. 2014;68(8):946-952. Springer Nature.
- **34.** Nasreddine L et al. Consumer Knowledge, Attitudes and Salt-Related Behavior in the Middle-East: The Case of Lebanon. Nutrients. 2014;6(11):5079-5102, MDPI AG.
- 35. Di Iorio CK. Measurement in health behavior methods for research and education. Jossey-Bass, San Francisco. 2005.
- **36.** World Health Organization (WHO). WHO Expert Committee on Physical Status: the Use and Interpretation of Anthropometry (1993: Geneva, Switzerland) & World Health Organization. Physical status: the use of and interpretation of anthropometry, report of a WHO expert committee. 1995. [accessed 02 March 2019]. Available at: http://www.who.int/iris/handle/10665/37003
- **37.** World Health Organization (WHO). Obesity: Preventing And Managing The Global Epidemic. Report of a WHO Consultation (WHO Technical Report Series 894). 2000. [accessed 02 March 2019]. Available at: https://www.who.int/nutrition/publications/obesity/WHO\_TRS\_894/en/
- **38.** Christoph MJ, Larson N, Laska MN, Neumark-Sztainer D. Nutrition Facts Panels: Who Uses Them, What Do They Use, and How Does Use Relate to Dietary Intake? J Acad Nutr Diet. 2018;118(2):217-228.
- **39.** Sinclair S, Hammond D, Goodman S. Sociodemographic Differences in the Comprehension of Nutritional Labels on Food Products. J Nutr Educ Behav. 2013;45(6):767-772.
- 40. Gustafson CR, Zeballos E. The effect of ingredient-specific calorie information on calories ordered. Prev Med Rep. 2018;12:186–190.
- **41.** Lohn SK, Eskelsen MW, Ramos RJ. Avaliação do conhecimento sobre produtos diet e light por funcionários e universitários de instituição de ensino superior. Higiene Alimentar, 2017; 31(264/265):30-37. Disponível em: http://docs.bvsalud.org/biblioref/2017/03/832657/264-265-sitecompressed-30-37.pdf

**42.** Nunes ST, Galon CW. Conhecimento e consumo dos produtos diet e light e a compreensão dos rótulos alimentares por consumidores de um supermercado do município de Caxias do Sul, RS/ Brasil. Nutrire 2013; 38(2):156-171.

- **43.** Santos DPS, Barbosa MLJ, Delboni JV, Weber, ML. Adolescentes e alimentos diet e light: definição, frequência e razões para o consume. Demetra: Alimentação, Nutrição & Saúde. 2015; 10(4):919-932.
- **44.** Ducrot P et al. Objective Understanding of Front-of-Package Nutrition Labels among Nutritionally At-Risk Individuals. Nutrients. 2015;7(8):7106-7125.
- 45. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: A systematic review. Public Health Nutr. 2007;(1):21-28.
- **46.** Ollberding NJ, Wolf RL, Contento I. Food label use and its relation to dietary intake among US adults. J Am Diet Assoc. 2010;110(8):1233-1237.
- **47.** Christoph MJ, An R, Ellison B. Correlates of nutrition label use among college students and young adults: a review. Public Health Nutr. 2016;19(12):2135-2148.
- **48.** Chile. Ministerio de salud. Ley 20606: sobre composición nutricional de los alimentos y su publicidad. [acesso 2020 fev 27]. Disponível em: https://www.leychile.cl/Navegar?idNorma=1041570.
- **49.** IDEC. Idec apresenta novo modelo de rotulagem nutricional à Anvisa. 2017. [acesso 2020 fev 27]. Disponível em: https://idec.org.br/noticia/idec-apresenta-novo-modelo-de-rotulagem-nutricional-anvisa
- **50.** Downs JS, Wisdom J, Loewenstein G. Helping consumers use nutrition information: effects of format and presentation. Am. J. Health Econ. 2015; 1(3):326-344.
- **51.** Graham DJ, Roberto CA. Evaluating the Impact of U.S. Food and Drug Administration–Proposed Nutrition Facts Label Changes on Young Adults' Visual Attention and Purchase Intentions. Health Educ Behav. 2016;43(4):389-398.
- **52.** Magistris T, Gracia A, Barreiro-Hurle J. Do consumers care about European food labels? An empirical evaluation using best-worst method. British Food Journal. 2017;119 (12):2698-2711.
- **53.** Khandpur N, Mais LA, Morais Sato P, Martins APB, Spinillo CG, Rojas CFU. Choosing a front-of-package warning label for Brazil: A randomized, controlled comparison of three different label designs. Food Research International, 2019; 121(1): 854-861. https://doi.org/10.1016/j.foodres.2019.01.008

#### Contributors

Morais ACB, Stangarlin-Fiori L, Bertin RL and Medeiros CO participated in all stages, from conception of the study until the review of the final version of the article.

Conflict of interest: the authors declare that there is no conflict of interest.

Received: October 8, 2019 Accepted: March 12, 2020