

Survey

Current scenario of health and nutrition claims on food labels in India: a study of pre-packaged food

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Abstract

The objective of this research was to attain a better understanding of the current practices pertaining to health and nutrition claims on food labels in India.

A pre-tested format was used to gather information on mandatory aspects and nutrition labeling. Claims made on the food labels were checked for compliance with the Indian FSSAGSR664 standard. 1,219 items of pre-packaged food in 21 categories were surveyed in local supermarkets.

It was found that 80% of labels were in compliance. Of this group, 39% made claims, 68% nutrition claims, 78% health claims and 46% were risk reduction claims. Nutrition labeling is a relatively new concept in India and regulations and testing are necessary for consumer protection and to ensure that products are able to meet their claims.

Keywords: consumer protection, standards

Introduction

Consumers in the past could make individual decisions after thorough examination of food products by viewing or handling the open item. With the advent of processing technology a number of pre-packaged food items are now available in the market. The modern package label has taken the responsibility for educating the consumer about the product by multitasking such as, attracting, promoting and motivating at the point of purchase through the information on the label. The information about nutrition labeling and health benefits of the food is one of the important

factors that influence decision making. When such information is labeled on food package, it is referred to as “Nutrition label” or “Nutrition claim” or “Health claim”.

Claims made by the manufacturer are likely to benefit the consumer, as this policy increases opportunity, creates pressure on the companies to market nutrition features of the food. This is mostly observed on products with high saturated fat, sodium or sugar and more often used on products marketed towards children [1]. Greater freedom to make valid claims spreads information more effectively. The presence of a shorter health claim on the front of the package in combination with more complete and valid information on the back, leads the consumer to give more attribute specific thought regarding the product. Longer health claims may lead to general evaluative thought. Short claims may lead to more favourable beliefs about the product and thereby a more positive image of the product [2].

Nutrition labeling has been practiced in developed countries for the last two decades, whereas in India it is still not regulated completely. The present study aims to understand the existing practice of nutrition claims with special reference to health claims made on food products.

Materials and Methods

The study was carried out in the Metropolitan City of Hyderabad, Andhra Pradesh State, India. It has a population of about 8 million. The city has been divided into four sectors i.e. South, North, East and West. The well known supermarkets were visited and available pre-packaged food products were collected. The label information was documented in pre-tested format.

For the purpose of this survey, the entire package area available for printing information was considered and was divided into Principle Display Panel (PDP) and Information Panel (IP). Together these two were considered as mandatory information. Remaining information is considered as Consumer Panel (CP) and this information is perceived as optional information.

Definitions

Prepackaged food: Food packaged before being offered to consumer which is enclosed wholly or partly and cannot be altered without opening or changing the package.

The labels were closely observed for nutrient contents declaration on calories, fat, protein dietary fibre, vitamins and mineral content either as percentage daily value or recommended dietary intake (RDI), or per 100 gms or 100 ml. or per serving size.

Claims

The labels were closely observed for claims. When a claim is made about any voluntary component whether nutrition information is available or not is checked. For this purpose definitions given under GSR 664 by FSSA 2006 have been taken into consideration..

A claim was defined as: “*means of any representation we state suggest are implied that a food has particular qualities relating to its origin, nutrition property, nature, processing composition or any other quality*”.

The claims were considered under three headings; Nutrition claims, Health claims and Risk Reduction claims.

***Nutrition claim** is defined as any representation with states, suggest or implies that a food has particular nutrition property including which is not limited to the energy value but include protein fat and carbohydrates, vitamins and minerals.*

***Health claim** means any representation that states, suggest or implies that a relationship exists between a food or a food constant of that food and health and include the nutrition claims which describe the physiological role of the nutrient in growth, development, and normal functions of the body.*

Example: Food 'A' is rich in calcium and calcium is good for bone health.

Other functional claims concerning specific beneficial effect of the consumption of food or its constituents in the context of the total diet or normal function or biological activities of the body and such claims relate to a positive contribution to health or to the improvement of function or to modifying or preserving health or decease.

Example: Food 'A' is low GI food. Low GI food helps in sugar management.

***Risk Reduction claims** relate to the consumption of food or food constituents in the context are total diet to the reduced risk of developing a disease or health related condition.*

“Risk Reduction” in the context of health claims means significantly altering a major risk factor for a disease or health related condition.

Example: Food A which is a source of soluble fibre when consumed as a part of a diet low in saturated fat and cholesterol may reduce risk of heart disease.

The data collected was scrutinized to observe the compliance as per the framework made and the results obtained were subjected to discussion.

Results and Discussion

A total of 1,219 pre-packaged food products were observed and labels were collected and scrutinized. For the study the products are categorized into 21 major items and the number of labels per each category of food were also given (Table 1).

Table 1. Pre-packaged Food Scrutinized for Present Study.

S.No.	Type of Food	Total No. of products
1.	Cereals and their products`	108
2.	Legumes and Dhals	36
3.	Attas	12
4.	Noodles	7
5.	Ready to eat Foods	32
6.	Fats & Oils	36
7.	Sugars & Jaggery	11
8.	Spices and condiments (whole)	29
9.	Spice Mixtures	108
10.	Dry Fruits and nuts	42
11.	Juices	36
12.	Convenience foods	156
13.	Bakery items	96
14.	Coffee & Tea	18
15.	BFC	24
16.	Snack items	206
17.	Milk & Dairy foods	76
18.	Salts	12
19.	Frozen foods	64
20.	Chocolates and confectionary	84
21.	Health drinks	26

80% of the labels were observed to be in compliance with minimum general information such as food name or product name, MRP, date of manufacture and 60% of the labels were observed to be in compliance with net contents, name and address of the manufacturer.

Common Claims

As per PFA regulations, PDP should have the food name or product name and the net quantity of the content. 39% of food items were found to have one or more claims Most of the single ingredient items such as atta, oil, rice and frozen items were observed to have claims which emphasized either quality or processing. The observed claims are presented in Table 2.

Table 2. Common Claims.

S.No.	Type of Claim	Percentage of Food Products
1.	Quality Claim	45
2.	Process Claim	60
3.	Assurance Claim	52
4.	Implied Claim	68

Most of the fruit juices and some of the dairy products were observed to have claims that emphasized freshness, which amounted to 45% of the total products observed.

More than 60% of the products such as, oil and atta, were observed to have claims emphasizing the refining process with terms such as double, super, triple, superlight, etc. As per PFA the usage of these terms has been prohibited.

It was observed that amongst 52% of the products, some kind of an assurance is given that just by incorporating a food in the regular diet or consumption of a product automatically can improve the health or might take care of the lives which is actually influenced by many other factors such as, health, exercise, lifestyle etc.,

Around 68% of the products have phrases and sentences which can be implied in different ways for example, “energy inside” might be perceived as high energy and the product may be rejected or may be accepted depending on the needs of the individual consumer.

Nutrition Information

Labels were scrutinized for nutrition information as they will help consumer to make healthy choices and consumers recognize them as a tool to improve health [3]. To achieve this goal, labels first should be used and then should be understood. In India, nutrition labeling is given on more than 90% of the food products however, some pre-packaged food products which are regionally manufactured, such as cereals and their products, legumes, sugar and jaggery, dry fruit and nuts, do not have nutritional labeling. However, these food items were observed to have claims such as “best” “quality” “premium” “style” “real” “original” etc.

It was found that the various food products in the market carry a variety of health and nutritional claims as observed amongst 39% of the total products.

The claims were classified as per FSSA 2006 – GSR 664. Existing claims on the food labels were checked for compliance with the definitions (Table 3).

Table 3. Scenario of Current Nutrition Claims in India.

S.No.	Type of Claim	% of Food Items with a Claim
1.	Nutrition Claim	68%
2.	Health Claim	78%
3.	Risk Reduction claim	46%

Nutrition labels can simplify the whole concept of healthy eating. It helps to keep track of the amount of fat and sugar, sodium and fibre, proteins and carbohydrates, so as to help the consumer to make an informed judgment of a product [4]. Consumers can use health claims which appear on the front of food packages with certain nutrition qualities, related to risk factors and wellness. 78% of labels have health claims. The claims about the relationship between nutrient or food and the risk of disease or health related conditions are appreciated, provided the link is understood by the reader of the label [5]. 68% of labels seem to have nutrition claims, for example, “Iron rich”, “Anti Cholesterol”, “Heart strengthening”.

Nutrition information given on the label should help the consumer to switch away from unhealthy products to healthy food products in the same food category easily [3]. The information should

encourage the consumer to form their own opinion about a product, however, exaggerating phrases might lead to under or over estimation of the content of particular nutrients.

Example: “High protein” or “Low fat”

FSSAI has not defined the terms like “whole”, “free”, “light”, “low” “high” “more” “modified” “contains or provides” with specific meaning. More than 90% of the products were observed with the claim or seen to have words the similar meaning to symbolize either increased content of a nutrient or decreased content of cholesterol.

8% of the products such as breakfast cereals and improved rice were found to have claims related to weight loss or improvement of health on the PDP which is not allowed as per regulations and they are not substantiated by the nutrition facts.

Different statements appearing on food labeling might interfere with the inferences about the food as the claims may impress upon, or interact or may influence positively or may create a halo effect or may even rebound [6]. This status was observed among 46% of the Risk Reduction Claims seen on the food labels.

Example: 1. “Rice with fat free, cholesterol free, gluten free and salt free claims. 2. Biscuits with a claim comparing one nutrient content available with other food items”.

Although nutrition claims were widespread, the claims were observed to be more among single ingredient food items and ready to eat food, than multi ingredient food. Internationally, some doubts are now arising as to the validity of these claims [7]. Also, there is clearly a need for more uniformity of labeling within the region [8].

Example: “Oils, Atta vs. Biscuits” claims are observed to be more in breakfast cereals, snack food items, fruit juices and health drinks.

FSSAI has exempted some food products from nutrition labeling as they are a negligible source of nutrients, for example, coffee, tea, spice mixtures, etc., but this is still being practiced by more than 90% of food products in these categories. There is a possibility for the consumer to be confused that a product of similar category without nutrition information may not be as good in terms of quality.

Dried fruit were observed as not having nutrition information when they are traditionally a good source of nutrients, while for some products like tamarind nutrition information is provided by some manufacturers. This might be a further cause of confusion for the consumer.

Percentage daily values are mandated on the labels for 10 food components and are optional for 22 components, if a claim is made and this is not being practiced on the majority of products included in the 32%.

Energy values are provided in kilo calories and joules also for some food items such as breakfast cereals, which may also be confusing for the consumer.

Labeling on single pack items was observed to be containing nutrition information for 100 gm or 100 ml, which requires some form of calculation to be made, so as to understand what is the actual content available in the pack.

Example: Single serving of fruit juices in tetra pack.

Conclusion

Labeling of pre-packaged food in India is observed to be in compliance with regard to mandatory information, however, appearance of a claim in the PDP either high lighting quality or health or nutrient content is not observed to be substantiated by nutrition facts in the majority of the products. As the number of food items bearing health and nutrition claims are increasing, the question whether these products really have a positive effect on health and doubts about the benefits of such food is arising. In this regard there is a need to provide permitted health claims and nutritional claims as is practiced in developed countries such as the USA.

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