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How do South Australian consumers negotiate and respond to information in the media about food and nutrition?: the importance of risk, trust and uncertainty.

Introduction

Food has always been and will always be of central concern in peoples' lives, both at corporeal and metaphysical levels (Coveney, 2006; Gabaccia, 1998). Whether the concerns are about lack of food, too much food, the quality and/or safety of food, how/what to feed family/children, or the symbolic meanings attached to different types of foods, the central issue is that we all, as human beings, have to eat in order to survive. Food, therefore, may be seen as a basic human need. Whilst this may be a case of 'the art of stating the obvious', a major set of questions for social scientists emerges around how lay people make *choices* about what (not) to eat, where (not) to eat, and with whom (not) to eat. Therefore, it is important to uncover and understand the types of information provided to the lay populace, on which it is assumed, they will then make food *choices*.

Whilst there is theoretical debate about the extent to which consumers respond to risk as reflexive and rational agents (Lupton, 1997; Tulloch & Lupton, 2002), there is much less empirically-informed research on consumer practices in response to risk (in our case, communicated through the media around food safety and risks) (Taylor-Gooby & Zinn, 2006). Although consumer behaviours and responses to media accounts of food risks may differ, it has been argued that consumers are increasingly risk conscious with regards to food as a result of recent scares dominating news media (Knight, Holdsworth, & Mather, 2007).

European research found that both the level of trust in the food system and reflexivity about food are related to recent food scares (Berg, 2004). Kjaernes, Harvey and Warde (2007), in a study of trust in the food system across six European countries, identify low levels of consumer trust in all information sources in relation to food scares, with consumer groups identified as the most trustworthy source of information and farmers, supermarkets and politicians as the least reliable

information sources. Social context plays an important role in consumer trust in food recommendations. It has been found that higher socio-economic status and education level is associated with access to a wider variety of information sources and greater trust in a personal capacity to assess food risk (Tulloch & Lupton, 2002). Likewise, it has been found that people with higher levels of education display significantly more trust in government as a source of information about food hazards, and less trust in the food industry and tabloid newspapers compared with people with fewer years of education (Frewer, Howard, Hedderly, & Shepherd, 1998). Gender differences are also evident in the level of trust placed in sources of information about food hazards. Frewer et al. (1998) found that women had greater trust in members of parliament and the food industry and less trust in both tabloid and broadsheet newspapers than men. In Australia, there is also evidence of an increase in consumer concern about food safety particularly surrounding the use of pesticides, food additives and preservatives (FSANZ, 2008), which, it has been argued, arises from difficulties in identifying and managing these food risks at a personal level (Buchler, Smith, & Lawrence, 2010).

This paper emanates from a larger study on 'trust in food', from which we have previously reported the major food stories presented in the Australian media (Henderson, Coveney, Ward, & Taylor, 2009). In this paper, we explore the responses of 47 people who are the primary food shoppers in their household as to media reporting of food issues. In so doing the paper highlights uncertainty arising from conflicting information as to what constitutes healthy eating, necessitating judgement as to what information to accept and to ignore and what food to purchase and consume. The data also highlights strategies adopted by participants to manage the uncertainty arising from conflicting and often contradictory information in the media. These issues will be explored in light of a concerted push (in terms of public health policy and practice) for increased personal responsibility for health and lifestyle, as the individual is asked to make informed choices about 'controllable' lifestyle risk from a plethora of information sources (Armstrong, 2009).

Role of the media in food choice

Diet is an important component of the management and prevention of chronic illness given the central role played by food choice and diet in the prevention and development of many major chronic diseases. A number of recent studies have demonstrated that consumers have many misconceptions about what constitutes health risk and healthy eating (Enticott, 2003; Green, Draper, & Dowler, 2003). Food experts believe that the public under-assesses the risk associated with some microbiological hazards and over-assesses the risk associated with other hazards such as genetically modified organisms and bovine spongiform encephalopathy (De Boer, McCarthy, Brennan, Kelly, & Ritson, 2005). Consumers confront increasing amounts of information on food every day and in response, simplify food choice through coping strategies such as avoiding and favouring foods; vigilance; actively seeking and using food safety information; moderation and variety; common sense based upon previous personal experience or the experiences of significant others; or lack of concern (Järvelä, Mäkelä, & Piironen, 2006). Scientific evidence is often rejected leading to behaviour that has the potential to damage health (Enticott, 2003). In practice, food choice is not only driven by health concerns but also by routine; personal food preference; ethics; food cost; convenience and access; and by previous experience (Green et al., 2003).

While the media is only one source of information about food it is a significant one (Järvelä et al., 2006). Trust in the media as an information source is generally low, falling far behind trust in the medical profession; consumer and environmental groups; food experts and authorities and for younger audiences, teachers and family members (Coulson, 2002; Kjaernes, Harvey, & Warde, 2007). It has been argued that the media does not provide an adequate avenue for information about food risks as reporting depends upon the perceived newsworthiness of stories (Kitzinger & Reilly, 1997). Food stories attract attention when there are decisive scientific statements, disasters, fresh human interest stories, official reactions and conflict over the level of danger experienced. Risk by its nature is often poorly defined, can be ignored and involves projected outcomes, all of which

ensure that health risks are poorly reported by the media (Kitzinger & Reilly, 1997). Despite the inadequacies of media reporting of food issues and lack of trust in the media, there is evidence that the media impacts upon the attitudes and behaviours of readers. Studies have found a relationship between the volume of media reporting and people's perception of risk that is unrelated to the generalised level of trust in the media (Frewer, Miles, & Marsh, 2002; Frewer, Scholderer, & Bredahl, 2003), a convergence of the values of readers of elite press with media presentations over time (Bauer, 2005) and that acceptance of and trust in 'scientific' messages in the media depends upon regular exposure to these messages (McMahon, Tappell, Williams, Motion, & S, in press).

The role of the media in developing and maintaining consumer trust in food

The media has a key role in providing information to consumers about new research, new policies or food-related events. In this way, the media is one conduit between the producers and consumers of risk information. It is unlikely that the 'average consumer' will read scientific journals, government policy documents or environmental health reports, and therefore they rely on media reporting of such information. In this way, the media has an important function in developing, maintaining, demolishing and/or rebuilding consumer trust in food and food systems.

In relation to food and health, trust is crucial if consumers are to recognise and accept the benefits of new food technologies, follow expert advice on healthier eating habits, and feel assured that food regulation is protecting their best interests. The conceptualization of trust used in this paper regards trust as a reflexive act, and is therefore distinct from concepts such as confidence (Luhmann, 2000) and dependence (Ward, 2006). Whilst we recognize literature on so-called 'habitual trust' which view trust as taken-for-granted based on an assumption that the world will operate as it has before (Bildtgaard, 2008), we regard this as an unreflexive act, and therefore as something *other than* trust.

Since trust is influenced by socio-cultural factors, it has become of key academic concern to social scientists who are interested in both understanding the features of social life and social change. As such, trust has been variously defined within and beyond sociological literatures (Shepard & Sherman, 1998), although there are a number of similarities in terms of conceptualisations of trust. Firstly, many theorists see a link between trust and vulnerability (Hall, Dugan, Zheng, & Mishra, 2001; Sabel, 1993), trust and risk (Beck, 1992; Luhmann, 2005), and trust and knowledge/ignorance (Giddens, 1994; Luhmann, 1979). Thus, trust is required where there is a lack of knowledge about the *trusted* by the *truster* (“trust is only required where there is ignorance” (Giddens 1991: 89)), where there is a risk involved in investing trust (“Trust is only required if a bad outcome would make you regret your action” (Luhmann 2000: 95)) and where there is also a linked vulnerability on the part of the *truster* (“there is no need for trust in the absence of vulnerability” (Hall et al 2001: 615)).

In terms of the execution of trust, most theorists suggest that trust is operationalised at two inter-related levels: inter-personal trust and system-based trust. The current paper focuses purely on system-based trust, since consumers generally have little or no personal knowledge of individual newspaper reporters or editors on which to base inter-personal trust. Therefore, any trust (or distrust) is based on their knowledge of the media source, the risk involved in trusting the particular food-story (there may be a greater risk in trusting media information which suggests wholesale lifestyle changes as opposed to minimal changes) and their perceived vulnerability.

Food stories, risk and the self-reflexive consumer

There has been a great deal of sociological enterprise around the ‘sociology of risk’ and the development of what Beck describes as the ‘risk society’ (Beck, 1992, 2005). Rather than being shaped by the production and consumption of wealth and power, Beck argues that society (and social change) can be understood by the production and consumption of risks. In other words, we

focus our attentions on minimising and managing ‘controllable’ risks. Giddens argues that risk is the dominant organising principle in contemporary culture: “to live in the universe of high modernity is to live in an environment of chance and risk.... Fate and destiny have no part to play in such a system” (Giddens 1991: 109). For Giddens, risk is associated with responsibility and blame – on the part of humans. The process of modernity was supposed to bring the world under ‘control’ although the unintended consequence has been the generation of global risks whereby individuals are held accountable and encouraged to regulate themselves and their lifestyles. In relation to food risks, this would require consumers to observe (often second-order observations, via the media), recognise and appropriately respond to the identified risks in ways which minimise harm and maximise wellbeing.

A key argument focuses on the problem of the interpretation of information and evidence about risks (e.g. through stories in the media). Beck suggests that partly because of the speed of dissemination of information about risk, and the reflexive nature of risk, factual information on which to base judgements and decisions is difficult to establish with any certainty. According to this scenario, all information sources are seen as multiple and competing, which promotes questioning, debate, and reflexivity within and between the lay populace and ‘expert science’. In addition, *consumers* are morally and ideologically obliged to present themselves as responsible, self-reflexive decision makers, even though they may not have the time or information in order to control the outcomes. This process has been termed reflexive modernisation (Beck, 1992; Beck, Giddens, & Lash, 1994; Giddens, 1994) - greater knowledge, which is an outcome of modernity, has led in turn to greater uncertainty and the search for alternative expertise and knowledge claims. In such a situation, it is argued, the contested nature of risk allows more and more groups to comment on risk and act as ‘experts’. For Schafer (2009: 476) this is reflected in a shift in media reporting of scientific information from a ‘deficit’ to a ‘dialogue model’. A ‘medialisation’ of science has resulted in more extensive science reporting; increasing plurality in the views presented

and greater critique of science, all of which have the potential to increase uncertainty (Schafer, 2009).

There are many examples in health sociology of the divergent views of so-called 'lay' and 'expert' knowledges, (Brownlie & Howson, 2005; Williams, 2000; Williams & Popay, 2001) which present a cultural critique of scientific rationality and its inability to provide objective guidance on matters of public health and safety to a lay public which is increasingly assertive and knowledgeable about risk. Beck (1992: 57-59) makes specific reference to lay and professional knowledges of risk (or as he terms them, social and scientific rationalities) and in reference to ideas of lay perceptions being 'false or irrational', states "the scientists withdraw their borrowed notions of cultural acceptance from empirical criticism, elevate their own views of other people's notions to dogma and mount this shaky throne to serve as judges of the 'irrationality' of the population, whose ideas they ought to ascertain and make the foundation of their work" (1992: 58, emphasis in original). It is to this latter point that this paper focuses – understanding consumer responses to media reporting of food 'stories', which are often constructed on the basis of scientific rationality (Henderson et al., 2009).

Overall, this paper situates 'media food stories' within a complex web of discourses, which include the centrality of the risk society (focused on the production (via the media) and consumption (by lay people) of food risks), and the importance of consumer trust in food, the media (as a social system) and food stories (as the medium of communication). The paper now turns to a description of our methodological approach followed by an analysis of interview data pertaining to trust in, management of, and responses to risk information received through the media.

Methods

The data for this paper were collected through 44 semi-structured interviews with 47 primary shoppers for the household. Three interviews were conducted with couples, two with farming

families who co-owned and managed the family farm and a third with a couple with long standing food intolerances. In each case food provision was a shared responsibility and there was a degree of commonality in the views held about food regulation and safety. Where views diverged, participants were questioned separately as to their views. The study used purposive sampling techniques.. It has been argued that one of the markers of quality in qualitative research is sampling via relevance; that is choosing a sample which produces “the type of knowledge needed to understand the structures and processes within which the individuals or situation are located” (Popay, Rogers, & Williams, 1998) (p.346). The sample for this study was structured by location, age and gender (see Table 1). Participants were sought from three locations: from the high socioeconomic status (SES) eastern suburbs¹ (n=17) and low SES southern suburbs of Adelaide (n=16) with a third group of participants drawn from rural South Australia (n=14). The sample was structured by location as existing research (Lupton, 2003; Shilling, 2002) suggests that the information seeking (in our case around food) is stratified by class.

Table 1 about here

Participants were primarily recruited from the electronic white pages (an electronic record of listed phone numbers). However, this was skewed towards homeowners and renters, so younger participants who displayed less reflexivity around food safety and greater mistrust of media were purposively recruited through flyers on campus at Flinders University (followed by snowball sampling from the initial younger participants). Participants from farming families (in rural South Australia) were also purposively recruited through snowball sampling as initial interviews indicated that these respondents were more sceptical about food regulation.

The interviews were of approximately one hour duration and information collected on the factors which influenced food choice; where participants received information about food and level of trust

in that information; view of food safety and governance of food; as well as trust in institutions and overall level of trust in the food supply. The data for this paper are primarily drawn from discussion of level of trust in the food supply and level of trust in media reporting of food issues. The interviews were audio-taped and transcribed verbatim and data analysed using techniques from grounded theory. The data were initially coded using open codes. Open coding relates specifically to the naming, labelling and coding of phenomena through close examination of the data. In this way, the transcripts were read, and re-read, and each discrete incident, idea or concept labelled. Similar incidents or ideas were given the same label, thereby allowing comparison both within and between transcripts (Strauss & Corbin, 2004). The next stage was axial coding which makes links between the concepts (Strauss & Corbin, 1990). In this stage the conceptual labels were grouped under common themes allowing us to look for similarities and differences in the data (Strauss & Corbin 2004). Data were managed using NVivo8.

Findings

Trust in the Australian food supply

Contrary to European studies (Berg, 2004; Kjaernes et al 2007), the participants in this study generally displayed a high level of trust in the safety of the food supply. One younger woman exemplifies this belief stating that “[o]verall I assume that it’s fairly safe all the time. Yeah I probably I would always assume that it’s safe” (L8)². Likewise, a rural male who is responsible for the family shopping states “I’d be very confident yes. I wouldn’t be buying food and feeling like ‘oh, I’m not sure about this’ sort of thing” (J42). For these participants trust is based upon assumption and a taken-for-granted belief in the safety of the food supply calling into question the extent to which these participants are reflexive on this issue confirming what Biltgard (2008) calls ‘habitual trust’.

When questioned as to why they perceive Australian food to be safe, participants cite the rigour of Australian food standards; general cleanliness of the environment in Australia; a lack of personal bad experience and exposure to major food scares; and personal food safety strategies. A woman from the higher SES Eastern suburbs states for example that “...our standards in Australia are quite high” (J21) while another states that “We’re very lucky in this country because ...we’re told that our farmers are the best in the world and you know, they probably are...they’re very efficient, they’re very clean (J24). A lack of reflection upon food safety is best exemplified however, by a younger male from a low SES community who states that:

...unless you’ve got a reason, not to trust, like you’ve had an experience or you’ve, you know, something has happened, then, I think then perhaps you wouldn’t trust them, but I always grew up that you trust things until there’s a reason not to” (L4).

This perspective was adopted by many participants for whom trust in the food supply is the default position; that is they assume that food supply is safe unless proven otherwise. In this way, a lack of previous experience (Luhmann 2000 calls this ‘familiarity’) of food scares implicitly creates trust (by default).

Trust in media reporting

Perception of media reporting of food risk was ascertained via two sets of questions. The first set of questions related to how participants received knowledge of food scares, with a second set of questions specifically addressing trust in media reporting of food issues. The majority of participants received information about food scares from three media sources: newspapers, television and radio, with a smaller minority identifying supermarket recalls and information received through the internet and from email mailing lists as information sources.

When questioned about trust in media reporting of food scares opinion is divided. For some, the nature of food leads them to believe that media reporting is accurate. This perspective is reflected in the following quote from a male from southern Adelaide.

“I would presume that with food poisoning or food scares or something like that, they would report it properly and not try and either beef it up or you know hide something” (J4)

The more prevailing alternative view however, is one where participants are more sceptical, citing lack of evidence and sensationalism in media reporting. A younger woman from eastern Adelaide states for example: “I think the media often try and make it sound a bit sort of scandalous and increase the – their viewing from it, so they – it might not be portrayed in strictly the right light” (J23).

While the media was identified as creating uncertainty through diminishing trust in the Australian food supply, level of trust depends upon the media source. While participants identified some trusted media sources such as the ABC television, radio stations and websites and broadsheet newspapers, they generally expressed little trust in food reporting in other media. This perspective is exemplified by a younger woman from the eastern suburbs who states that “I tend to trust the likes of the ABC and some of the established papers like *The Australian*, whereas the other ones that are more commercial...” (J18) Tabloid newspapers and commercial television services are generally viewed as untrustworthy sources:

“Well I think there’s probably a part of our media that’s not tabloid.Where they just tell the facts yeah you probably need to listen to them a take notice and take the precautions....“ (J15).

Trust in media reporting of health risks

While media reporting of food scares appears to have little impact on public concerns about food, the same cannot be said about reporting of the relationship between food and health risks. When questioned about trust in media reporting, responses focus almost exclusively upon information about healthy eating. The interviews provide evidence of confusion arising from media reporting of healthy eating. When asked about trust in food reporting participants most commonly reflect upon conflicting messages about the healthiness of food, for example:

“You can’t believe a thing you read in the paper because you know everyday there’s [a] different story. You know one day they’ll tell you that something is bad for you and the next day it’s good for you” (J17)

This leads to confusion as to what foods to eat. A male from the eastern suburbs notes for example, that “with these people saying ‘this is bad, that is good’ ... it’s just a confusing time” (J26). Other participants note inconsistencies in the data presented in the media. A woman from a rural community with long standing food intolerances notes that “some of the figures, you wonder whether they play with them, particularly if you watch the news and then read the paper and you get two different figures” (J40).

Other participants identify feeling overwhelmed by the volume of information they read in the media, and in particular newspapers, and to a lesser extent TV news and current affairs programs. In response to talk about the information in the media, a mother of young children from eastern Adelaide notes that “More choices; I don’t need more choices, there’s enough to choose.”(J30) For this woman the volume of information in the media undermines her trust in her own judgement-. She states:

“ I don’t trust myself as much as I’d like to because of all this extra information that - I think it sometimes inhibits our ability to do some things like parent and prepare food and all sorts of things” (J30).

Whilst the aforementioned quotes were specifically related to the increase in information about food, nutrition and diet in the media, it could be the case that participants also received information from broader social networks and in everyday social intercourse, and that the 'media' was in some way shorthand for these various sources. Nevertheless, our participants used the term media and talked specifically about newspapers, TV news and current affairs programs.

Media reporting of the relationship between food and health also often conflicts with 'commonsense' understandings of what constitutes healthy eating. A female rural participant states that "10 years ago they were saying eggs were terrible for you and today they're starting to say again they're one of the best foods for you."(J42) Furthermore, confusion has the potential to undermine treatment regimes as people with chronic illness seek appropriate information to maintain health. This point is exemplified by the following quote from a participant with a history of cancer who states:

"...there's so many things about you know, food causing cancer. One of the things I have a problem with is, is the way they test things so there might be something in, at one stage it was cabbage caused cancer" (J9).

Managing uncertainty

Respondents adopt a number of different strategies to manage confusion about food and healthy eating. Some participants manage uncertainty arising from conflicting information through seeking information from alternate sources they deem to be credible including consumer, science or health magazines and websites of consumer groups or health foundations. In line with Tulloch and Lupton (2002) this option is most commonly adopted by younger women from high SES suburbs. A young woman from eastern Adelaide describes seeking information about the risks of plastic water bottles.

"I actually did research that to see, well, what's the background with that? So I went to some sites that were – they were Cancer Council type organisations in various countries, so the

Canadian one, the Australian one, the British one, I think, and researched what those organisations said about the issue” (J25)

Others consider factors such as funding and sponsorship in determining which information they will consider. Another young woman from eastern Adelaide states that the amount of credence she gives information depends on “who is – well, has the greater influence on them or who needs something or who is sponsoring it or who is supporting it or whatever.”(J21) For a third young woman the answer is found in comparing findings.

“...you have to sort of look critically at everything and look at what the majority of sources have found I guess so, if it’s you know hundreds of them all say one thing and one says something else well you can’t sort of freak out too much over that” (L8).

Some participants respond to confusing information through rejecting it outright. A younger male respondent states for example that:

“They’re telling us all this stuff – bad stuff – about food but you go back a few years before this hype and we were still eating it ...back then, they were happy with all the stuff they ate. They didn’t have all this crap about high cholesterol or high sugar intake and everything” (J26).

Others adopt a more moderate approach arguing that worrying about what you are eating is counterproductive. This view is exemplified by an older rural woman who states that:

“I mean all this stuff, of preservative 212 and 639 or whatever, unless I’ve got a book how the heck do I know what 639 is and whether that’s good for me or not good for me? I wouldn’t have a clue so in the end you can’t become too worried about too much stuff otherwise you just end up living your whole life being crazy” (J32)

A third group adopt a wait and see approach. A woman from southern Adelaide states: “I would have to have it proved to me, if someone said to me look you know, what’s your 100% thoughts on something I like proof before I’ll be 100% on anything basically” (J13) while an older participant who had a history of cancer states that media reporting says: “you shouldn’t have this for cancer and you shouldn’t have that. Well, okay. Let’s wait and see what happens down the track.” (J20) For many however, the solution is found in commonsense with participants opting to “buy what we believe is healthy” (J1) and using and trusting their own judgment as to what constitutes a healthy diet. This view is best exemplified by a mother of young children who states that: “I figure as long as my kids have fruit and that, and don’t have hardly any of that stuff [food high in fat], it’s all good” (J38).

In summary, our findings reveal that some participants, predominantly from higher SES areas, were more likely to both seek out and question information about food and nutrition, whereas participants from lower SES areas were more likely to either accept the information, ignore the information or rely on their own ‘commonsense’ in order to manage their diets. Whilst not wanting to set up a static binary position, our findings suggest a difference in reflexivity whereby the higher SES participants both want to and are able to engage in a questioning behaviour, whereas lower SES participants were less likely to question the information or data sources and more likely to ‘get on with everyday life’.

Discussion

The production and consumption of food risks within an uncertain world

The data in this paper highlighted a problem related to the inconsistency of messages around food risks, particularly for participants from low SES areas. Therefore, rather than a production of singular risks which can be understood by lay people, there are multiple and competing risks. Rather than empowering citizens through reflexive modernisation leading to informed consumer

choice, this situation may be contributing to uncertainty or a decline in trust in sources of information which as noted above, may lead to continuous vigilance and anxiety within society (Crawford, 2004); the consumer's right to know. Consequently, the individual is reliant upon themselves; a form of self trust to reduce the complexity of their decisions (Lehrer, 1997), evident in this study in participants using their own judgment as to what constitutes healthy food.

The increased prevalence of 'food stories' in the print and electronic media seems to be implicitly predicated on the notion that it will be ingested by the lay populace, who can then make informed choices about what to eat in order to be healthy. This is certainly what is implicated within the Risk Society thesis. In other words, *ceteris paribus*, there is both a direct and causal link between the production and consumption of food risks. In this study however, few participants, especially in low SES areas, were actively seeking to confirm or deny media reporting, and were more likely to either accept what they were told or simply ignore the information, which was often regarded as conflicting and contradictory. Participants have obviously made a decision at some point in the past to ignore future information in relation to food and nutrition (due to its contradictory nature in different information sources), which reveals a level of reflexivity in the past but also reveals a lack of reflexivity in the present, and maybe in the future.

A number of participants talked explicitly about placing trust in food or media stories until they were confronted with counter-evidence. This fits with Bildtgard's ideas about the importance of habitual trust or 'routine' (as opposed to consumers constantly making reflexive choices about food) in late modernity, whereby "routine becomes the rule until problems arise" (Bildtgard 2008: 118). In this way, trust becomes the default position, which runs counter to the arguments that in late modern democratic society, trust can no longer be simply taken for granted or expected (Giddens, 1994) and distrust (or at least healthy scepticism) becomes the norm (Sztompka, 1999) and vitality of democracy (Warren, 2004). However, there was also a group of participants who

chose to 'ignore' media information about healthy eating, due to what they regarded as confusing and often contradictory messages. This paralysis or stasis (Ward, 2006) was constructed as a rational response to the sheer volume and diversity of food and health-related information in the media. In this way, the 'blame' was laid at the feet of both the scientific community for changing ideas about the 'truth' and the media for scaremongering. Whilst ignoring media information did not reduce the uncertainties around food and diet, it was a useful risk management strategy which allowed participants to both negate personal blame and allow them to get on with their lives.

One of the issues here is the age-old problem of the relationship between information-knowledge-behaviour. Just by increasing the number of newspaper stories on food risks does not, in and of itself, necessarily increase knowledge of those risks and lead to changes in behaviours. In addition, even if food risk information was increased, the effects of such access are unlikely to be socially neutral (Bildtgaard, 2008). It has been argued that the ability to make informed choices is not equally open to all people/groups within society (Meyer, Ward, Coveney, & Rogers, 2008) and that the reflexive modernisation thesis fails to acknowledge the discrepancies between the 'information rich' and the 'information poor' (Elliot, 2001), which has also been referred to as the structural patterning of reflexivity, or 'stratified reflexivity' (Ward & Coates, 2006; Ward, Thompson, Barber, Armitage, Boote, Cooper et al., 2010). In this study, the people most actively seeking further information around food risks are younger women from higher SES suburbs. Lupton (2003: 125) states that "those who are socio-economically disadvantaged have less access to education, resources and such publications as consumer guides compared with people of greater socio-economic advantage". Thus, it seems likely that those with the economic, cultural and social capital will remain more likely to access and ingest the information in food stories and go on to make 'informed food choices'. In this way, increasing individual responsibility, tied with the increased information flows required in order to facilitate the 'reflexive agent', may well have led to an inequitable position for some groups in the lay populace.

In addition to the problem of stratified reflexivity, there is an added dimension related to the power of science (*qua* food information via the media) which presupposes that lay people should, and can, interpret and manage food risks within the context of their everyday lives. Managing risks seems to be a key responsibility of a 'good citizen' in late modern society (Bauman, 1992), and there is a propensity in late-modern society for responsibilities for health to be individualised:

Keeping fit, taking exercise, 'balancing the diet'.....are all feasible tasks, tasks that can be performed and that redefine the unmanageable problem (or, rather non-problem) of death (which one can do nothing about) as a series of utterly manageable problems (which one can do something about, indeed, which one can do a lot about) (Bauman 1992: 130).

One of the difficulties here is both the capacity and desire of individuals to access and respond to media stories on food. Participants in this study describe confusion and feeling overwhelmed by the plethora of food information they receive via media sources. In response, they reject this information, defer judgment or use their own judgement as to what constitute healthy eating. The question therefore emerges around whether people can make their way through the maze of risk factor information, and subsequently whether they can 'deal' with all of the many and often conflicting risk factors. A further question also emerges around the extent to which consumers 'need' to reflect on and respond to all media stories about food. This question arises from the so-called knowledge society (Ungar, 2003), and more specifically within the notion of functional knowledge and functional knowledge deficits (Ungar, 2008). The concept of functional knowledge is around the idea that different people require different levels of knowledge (and hence information via the media) in order to function within their roles in society. Using this frame, it may be completely *rational* to ignore certain types of food-related information if that information is not required in terms of the functional knowledge of certain groups of consumers. Nevertheless, consumers are constantly bombarded with information which overwhelms them to a point where

they no longer know what they 'should' be *choosing* to eat. Therefore, whilst the *production* of risks may be increasing like a runaway train, the *consumption* of risks may stall like an old car in the damp.

Conclusion

Our analysis of responses to the role of media in reporting consumer foods highlights the impact of conflicting messages about the healthiness of food upon consumer food choice. The paper argues that trust in media depends to some extent, upon the perceived quality of the media source, with some sources such as tabloid press and commercial television and radio stations being viewed as unreliable sources of information. For Beck (1992) the emergence of new risks as part of modernity lead to a greater uncertainty, which in turn contributes to greater self-reliance and a moral and ideological responsibility to become a self-reflexive decision maker. The media is a vital source of information with which to make informed decisions. Our data suggests however, that few participants actively source information from credible sources and that this option was primarily pursued by younger women from the Eastern suburbs (areas of high SES), suggesting that for this sample at least, reflexivity is stratified (Ward and Coates 2006). For the majority of participants, information about food was viewed as confusing and overwhelming, leading consumers to ignore (which questions reflexivity) or to reserve judgement on health messages about food as a means of reducing and managing uncertainty. Given an increasing societal and governmental emphasis on life planning and what Giddens calls this a 'reflexive project of the self' (Giddens, 1991), the data highlights a contradiction in that access to multiple information sources rather than creating certainty, undermines it and leads to behaviours which are potentially detrimental to health, an outcome which is the antithesis of the reflexive project of self.

Endnotes

¹ Determined on the basis of SIEFA score. Rural participants came from a range of economic backgrounds. Data was collected on household income which was generally in the lower range for rural participants.

² Interviewees are labelled according to the interviewer. Therefore, L8 is the eighth interview undertaken by this interviewer.

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Table 1: Demographic characteristics of interview participants

	N=47
Location	
Outer southern suburbs (low SES)	16
Eastern suburbs (high SES)	17
Rural	14
Gender	
Males	13
Females	34
Age	
18-29 years	10
30-39 years	8
40-49 years	13
50-59 years	12
60-65 years	4