

Health, Hazards and Public Debate:

Lessons for risk communication
from the BSE/CJD saga

Edited by Carlos Dora

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Chapter 4

Risk and trust: determinants of public perception

Risk and trust: determinants of public perception

Alizon Draper, Judith Green, Elizabeth Dowler, Giolo Fele, Vera Hagenhoff,
Maria Rusanen, Timo Rusanen

▼ Introduction

The aims of this component of the study were to investigate consumer perceptions of BSE- and CJD-related risk, and more specifically to describe:

- how these are socially constructed;
- if and how social setting has an impact

on perceptions of risk and on trust in government and other information sources; and

- the impact of these perceptions on consumer behaviour.

BSE is only one of a number of food "scares" that have occurred in Europe during the last decade (others include *Listeria* in soft cheese, *Salmonella* in eggs and chickens and *Escherichia coli* food poisoning), although arguably none of these has produced quite the policy and public response that BSE has provoked. The reaction of the public to these food scares has been seen by some government officials and scientists as an over-reaction, and one that is not justified by the objective threat to health posed by these particular risks. This indicates a divergence, between risk as measured and assessed by official experts and scientists and risk as perceived and understood by the public. Although attention has been called to the need to communicate risk more effectively (for example, see Marmot, 1996), the huge public reaction to these food scares, and to BSE in particular, cannot be attributed simply to the misunderstanding of science by the public.

The acknowledgement that public perceptions are

at variance with risk as assessed by technical experts is the starting point of most risk perception and communication studies. There is now a very large body of academic literature on risk perception in which public perceptions of the risks associated with a range of hazards, such as nuclear power, environmental pollution, road accidents and HIV/AIDS, have been examined. Much of this research is based upon organizational theory, psychometrics and cognitive psychology. It focuses on how lay people judge the comparative probability of risky situations or activities by assessing aspects of these situations that might determine these judgements, such as whether the risk is voluntary or involuntary. While providing information on how people may rank different types of risk and their relative salience, such studies provide little insight into what can be called the "semantics of risk"; they cannot illuminate the deeper reasoning and contextual understanding that inform and shape peoples' responses to risk or the role of social, cultural, economic and political factors in shaping these. Therefore, a theoretical approach drawn from sociology, anthropology and political science was used in this component of the study, and particularly the approaches to the study of risk as developed by Douglas (1986), Giddens (1991) and Beck (1992).

This part of the study used qualitative research methods — specifically focus group discussions — to compare and analyse how consumer perceptions

of food and BSE/CJD-related risk were framed within the four countries.

▼ Methodology

• Data collection and analysis

The qualitative research method used in this study was the focus group discussion. The strength of this research method is that the group discussion format allows access to how knowledge and opinions are formed and expressed in social contexts (Kitzinger, 1994). The discussions were conducted using a common protocol that was piloted in the four countries and then revised on the basis of comments received. Natural groups (defined as those who either socialize or have some prior social relationship with each other outside the research setting, for instance via work, school or church) were used as much as possible. Their use permitted enhanced understanding of how risk is constructed and communicated in naturalistic social situations.

All discussions were taped (with the prior consent of participants) and transcribed. The analysis of transcripts was carried out inductively following the principles of grounded analysis. Such an approach involved a close reading of the focus group transcripts, aimed at providing a detailed description and analysis. The advantage of this approach is that it enabled identification both of the underlying factors that shaped people's attitudes to food risks and the contextual nature of these attitudes. Rather than searching for illustrative examples of pre-

existing models of risk attitudes, the analysis protocol was designed to facilitate the development of more grounded models, which reflected the ways in which people conceptualized and managed risk in everyday life. The first stage of analysis was thus a process of "fracturing" the data to explore the basic dimensions of how participants discuss food choice, food safety and food risks. Once this had been delineated, the study then identified how perceptions of BSE and media accounts of it fitted into more general conceptions of food. The transcripts from all four countries were coded into extracts relating to these thematic headings using a shared analytical framework. This was based on the analysis of first transcripts from the United Kingdom and summaries from other countries.

The next stage of analysis entailed examining the transcripts in relation to questions such as: Which dimensions of food safety were relevant, and in which contexts? How did participants use notions of food risk and safety in their accounts? Were there differences between groups (for instance by country or life stage) in terms of which dimensions were salient? How were these concepts and dimensions related to each other? These themes and concepts were used to code or index the transcripts to collect incidences of each theme or concept from across the data set.

The study also examined how these accounts were used in discussions. For instance, in the United

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Kingdom focus groups, examples of "sources of safety knowledge" linked to dramatic changes in behaviour were largely those of personal experience. Although most participants were "routinely sceptical" in the abstract about expert opinion, they did in fact draw upon several "expert" sources to justify behaviour and provide evidence for views.

The results of this "grounded analysis" were then used to address key project questions, and to identify how public perceptions of BSE were shaped by the contexts in which they were constructed. The final step was a comparative approach, looking at how these themes and concepts were used across the groups and countries and how they shed light on public perceptions of BSE.

• Sample characteristics

Purposive sampling was used to recruit participants from the following four population groups:

- family food purchasers: peer groups of parents with primary responsibility for buying food for a family;
- adolescents: peer groups of young people between 14 and 16 years of age;
- single consumers: young people between 20 and 25 years of age; and
- people aged 55 years and over.

These groups were chosen to reflect different life stages and, within these, differing responsibilities in relation to food purchasing and preparation within

the household: those who are dependent upon others, those who are independent and responsible only for themselves, and those with responsibility for others. As stated above, where possible, natural groups of people were recruited.

In total, 36 focus group discussions were held across the four countries. Table 4.1 below summarizes these by country, population group and fieldwork locations.

Table 4.1. Focus group summary

Country & location	Adolescents: 14–16 year-olds
Finland Kuopio	●
Germany Kiel Eckernförde	● ●
Italy Bologna Naples Trento	● ● ●
United Kingdom London and environs Coventry and environs	● ● ● ●

● = 1 focus group discussion ● ● = 2 focus group

determinants of public perception

The different fieldwork locations in each country were selected according to locally appropriate selection criteria and to reflect local regional differences.

Finland

- Kuopio: a large town of approximately 85 000 people in eastern Finland.

Germany

- Kiel: a town of approximately 230 000 people, the capital of Schleswig-Holstein, a largely rural state.

- Eckernförde: a town of approximately 23 500 people near Kiel.

Italy

- Bologna: a medium-sized city of approximately 390 000 people, the capital of a wealthy region in northern Italy.
- Naples: a large city of approximately 1 million inhabitants in southern Italy.
- Trento: a small city of approximately 100 000 in north-eastern Italy, in a mountainous region whose economy is largely dependent upon agriculture and tourism.

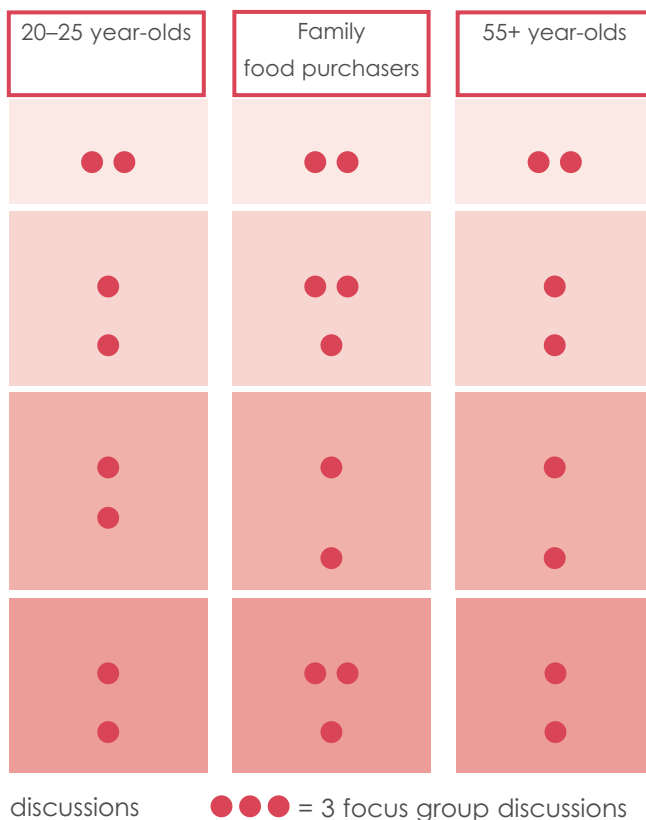
United Kingdom

- London and environs: British capital located in the south-east, a region characterized by higher than average levels of income and education.
- Coventry and environs: a city of approximately 300 000 in the Midlands area of the United Kingdom, which is characterized by low employment.

• Recruitment procedures

Participants were invited to come to discuss the topic "Choosing safe foods". An incentive was offered of approximately €10–25, in the form of either a store voucher or cash. They were informed that the discussions would take approximately two hours in total. A variety of recruitment strategies were used in the different countries reflecting local circumstances:

- Finland: recruited through social networks wherever possible.



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- Germany: newspaper notices (targeting family food purchasers, young singles and people aged 55+); telephone recruiting (family food purchasers and people aged 55+); leaflets distributed in supermarkets (young singles); personal communication (young singles and adolescents).

- Italy: social networks and market research company; and

- United Kingdom: social networks (London and two groups of adolescents in the Midlands); professional recruitment company (Coventry and young singles in London).

▼ Findings

• Rules for assessing food safety and risk

In the course of discussions, participants from all countries used complex sets of "rules of thumb" to assess the relative safety or riskiness of food items. These rules allowed people to make practical decisions about food choice in a context of considerable public information about food safety.

Many of these everyday rules consisted of either dichotomies of safe versus unsafe, or scales or degrees of safety. In these dichotomies, "safety" was mostly subsumed under several characteristics and articulated as a contrast of opposites. Safe food was thus variously equated with the natural, the organic, the fresh, the pure, the home-made and the traditional, as opposed to unsafe food that was associated with the chemical, the synthetic (or artificial), the commercial and the modern. In this

way, safety was bundled with other food characteristics (such as nutritional value, or moral worth) and choosing food from one side of the opposing categories was a shortcut to a "safe" choice. The following comments illustrate the way in which "safe" is tied up with other characteristics, such as being organic, not being ready-made, and not being frozen.

Finland

I absolutely prefer organic meat, though I have doubts about fish because of the farmed rainbow trout. You're not always sure whether you know the whole truth.

Italy

I place fish, fruit and vegetables and dairy products first in terms of food safety, and also because I prefer them and because they are less tampered with than meat and poultry.

(Single, Naples).

United Kingdom

... but I didn't, never have bought and she [daughter] has never liked hamburgers and all the frozen foods which are the things I might have worried more about, you know, if you were buying ready-made lasagne and hamburgers ... [that] was perhaps the beginning of my disenchantment with supermarkets possibly and wanting to use local shops more ...

(Family food purchaser, London).

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Conversely "unsafe" was associated with the opposing characteristics.

Finland

I am ambivalent about convenience food as all sorts of things have been added. I oppose them in principle, but I also use them.

Germany

Why does food contain so many additives? If it is fresh you do not need them — it is alarming!
(Older citizen).

The contrast between known versus unknown origins was a recurrent and salient theme in all countries, with knowledge of provenance an important factor in creating trust in food. Indeed, provenance was for many participants the major criterion upon which safety was assessed. Food, and meat in particular, bought from a known source such as a small local butcher or a known farmer, was seen in many groups as being more trustworthy than meat bought from large supermarkets.

Finland

The shop assistant told me that all the beef sold in Finland is Finnish. But they don't know everything and they are biased [since they know people prefer Finnish beef] but I trust their frankness.

United Kingdom

I think it's a matter of trust. I have a butcher. He is a very good butcher ... I trust the meat I buy off him and all his beef is definitely

from BSE-free herds ... therefore I am very happy to eat it. I would not be so happy buying beef at a supermarket even if that was stated ... again it comes back to trust.
(Older citizen, rural).

As these quotes illustrate, purchasing food of known provenance was one strategy for risk reduction, in that local food from local retailers was cited as preferable to that of unknown provenance.

Provenance is related to transparency. The origins of food were ideally not only known, but also visible and obvious. For this reason, minced meat and canned foods were common examples of potentially "risky" items because they might "hide" foodstuffs classified as inedible.

Finland

If you buy some kind of canned tuna you never know what kind of muck there is inside.

United Kingdom

- A.** Minced meat is the worst because it contains all bits of bone and bits of brain.
- B.** All minced meat is so dodgy. Everything has got bits of hoof and hair in it, you can't really...
(Adolescent, London).

Scales of safety were also drawn and these were often based on geographical origin. Thus, foods of local origin were perceived as safer than those of more distant origin, on a graded scale that begins

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with home-produced (i.e. in a home garden) and moves through local or regional production to national and finally to imported foods. For those to whom it was available, home produce was cited as the most safe (with occasional disadvantages!).

Finland

We eat only berries that we have picked ourselves. I think fruits and berries contain an awful lot of preservatives.

Italy

For vegetables and fruit we bought an enormous plot of land which we cultivate as far as we can. It does have its disadvantages, however, as sometimes my husband comes home with the car full of basil! (Homemaker, Trento).

United Kingdom

We probably all agree then that if we grew the vegetables ourselves without any pesticides and things ... at least I would assume that if I grew them in my own garden and if I had got my own seed presumably, always assuming that the seed we buy is safe, one would assume that if we grew it ourselves, I would assume, that I knew that I hadn't put any chemicals on it, so I would assume that my runner beans and my tomatoes and my friend's reared in her greenhouse and she then gives them to me and then I go on with the process, I would assume that they were safe to eat. That would be my definition. (Older citizen, rural).

In the middle were foods from the region or "home" part of the country.

Germany

I think beef from Schleswig-Holstein is somewhat safer. (Adolescent, Kiel).

In contrast, foods that had travelled the greatest distance were at the other end of the spectrum, and seen as most suspect and potentially risky.

Italy

The food's kept in the refrigerators: you don't know what happens to it! (Adolescent, Trento).

United Kingdom

You know when they have to ship things in from faraway countries, they have to pump them with so much rubbish to keep them fresh all the time ... with tomatoes they have to pump them with fish genes to make them frost free. (Adolescent, London).

These scales of safety were reflections in part not just of practical concerns about food risks (such as the risks of long-distance transport or the preservatives needed to transport food) but also of symbolic boundaries of "otherness". Food classification is a key marker of cultural boundaries, and the focus group discussions reflected the way in which discourses on safety are often utilized to convey national identities and sometimes stereotypes (often chauvinistic) of others.

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Finland

I think Finnish food is safe, apart from some issues concerning fish. Compared to foreign food I think it is quite safe.

Germany

I have little trust [in food security systems outside Germany] ... because the general public is of different mentalities ... the further south you go, the less strict they are. That's the way it is.

(Family food purchaser, Eckernförde).

Among some of the younger groups there appeared to be less dietary chauvinism; meat from one African country was seen as not safe, whereas certain European countries, were seen as producing safer products.

United Kingdom

A. Germany has got a better reputation than Britain ...

B. I lived there. You go into a shop ... everything is very clean but ... all places vary ...

C. That is what they are famous for.

Question: So you would have more faith in the safety of a German sausage than the British ones?

Yes.

(Adolescent, London).

This quote shows that aesthetics — specifically the "clean" appearance of both the food and the food venues, such as shops and restaurants — was also

an important theme and a useful rule of thumb for informing safe choice. For organic produce, however, this rule was inverted: the irregular and dirty appearance of food was taken as an indicator of its authenticity and superiority, and there was suspicion of uniformity.

United Kingdom

I go to a market but for about three years now it has been selling tomatoes that are always the same size, all the same colour, always ripe, right through the winter. Those are genetically modified tomatoes.

(Older citizen, rural).

• Techniques of risk assessment and risk reduction

As the data presented above show, "safety" as a discourse covered a number of different arenas for participants. These included factors related to location of origin (production, transit, preparation, storage), time-scales (immediate threats of infection through to long-term impacts on health) and different cultural frameworks for assessment (health, morality, ecology). For the majority of participants, the issue of safety had to be rooted in specific contexts, with meaningful characteristics of food, in order to influence decisions to buy or consume. As the focus groups progressed and participants talked about their own food choices and behaviour, the strategies used to manage risk or maintain confidence became apparent. In great part these flowed from the rules described above, but also involved other techniques and strategies.

Risk and trust:

The implementation of the practical rules of thumb described above enabled risks to be assessed quickly and in a routine, unremarked way. Specific risks such as BSE were also compared with other sources of risk, both in food and in other areas, to make a calculation of relative risk.

United Kingdom

A. I didn't stop buying beef ... I looked at the risks and I thought they were so infinitesimal compared to other risks that I decided I probably wasn't at risk, but it's extremely difficult for us as consumers ... to assess risk because we have so little training in that and so little information on which to base our judgement.

B. Also by the time we know the whole truth, the chances of getting [the disease] have really passed hasn't they?
(Older citizen, rural).

Aesthetic data, derived from visual and other sensory data, were important elements in risk assessment. This included inspection of both products and venues (shops, restaurants, cafes, etc.) to see if they looked or smelt "safe" or "unsafe". Interestingly, "unsafe" was often articulated as "unclean" or "unhygienic", as these quotes illustrate.

Finland

I found those pieces of beef so rough and jagged so I thought, this is the mad cow meat, and I threw it away. I lost my appetite and now I don't buy beef.

Germany

The person behind the meat counter always has her handkerchief up her sleeve. It makes me sick. Then I think of her, she touching my cold meat, and I prefer to buy pre-packed meat from the supermarket.
(Adolescent, Kiel).

On the other hand, "safe" was often associated with rather nostalgic smells, especially in Italy, as well as hygiene and cleanliness.

Italy

The pastures of Trentino ... go and drink the milk the cows produce there and smell the fragrance!
(Elderly citizen, Trento).

The foods perceived as most risky were those that could not be inspected through sensory methods, such as minced meat (commonly cited as a particularly risky food), and where ingredients could be "hidden". Thus, aesthetic appearance was recognized as not always a comprehensive guide to all potential food risks. Indeed, a theme could be discerned of suspicion of overly clean vegetables or eggs.

Italy

I feel more confident if eggs are dirty outside, rather than nice and clean.
(Single, Bologna).

In Germany, many participants and particularly adolescents and younger people felt greater confi-

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dence in pre-packaged and frozen meats than in fresh meat because of their associations with cleanliness and hygiene. This was also true for baby food in both Germany and the United Kingdom. A consumer belief that food manufacturers would take particular care in preparation of foods intended for infants meant that these pre-prepared foods were often seen as particularly safe.

Germany

[Baby food manufacturers] — they are so trustworthy.

(Family food purchaser, Kiel).

The sense that there were different arenas of safety also limited people's faith in single methods of assessment. For instance, participants noted progress in reducing risk of infectious disease and improvements in food safety, but also felt that these may present other risks that are as yet undetermined.

United Kingdom

There is always the argument too that we are becoming less resistant to bugs because we are using antibacterial handwashes and [other antibacterial products], that we are reducing bacteria that would have been good for us, that when we were young we probably had ... a "peck of dirt a day" attitude.
(Family food purchaser, London).

Finland

It has been changed [food safety after

Finland joined the EU in 1995] but it is difficult to say whether things are better. Perhaps it is 60% positive but there are also negative things: products may have long expiry dates, but is there any basis for setting them?

The sense of nostalgia for the past was not just associated with "safe" food. It was also associated with mixed feelings about recent change and the consequences of entry into the EU, and the implications of this for the regulation of foods. These quotes from Finland illustrate this sense of change.

When I was a child, we didn't have these symptoms, these epidemics. Now that there is large-scale farming, the same product is consumed by a large number of people.

In the past there was much more time for the cattle. If one wished one could take care of them and wash them, so that they felt better. I think a cow feels better when it is cleaner. There is no time for something like that with those huge units.

My friends in the country tell me about the many kinds of tests that the farmers themselves have to make now, such as testing the milk. In the past, such careful testing of so many factors didn't happen.

Risk and trust:

Strategies for risk reduction included choosing to buy food with known provenance or from known sources, such as a local butcher. Knowledge of provenance and trust were often cited as aids to decision-making while shopping.

Finland

There are many kinds of eggs available. You don't need to buy eggs from battery hens, you can buy organic eggs. It would be nice to know more about the conditions under which hens are kept.

Germany

I prefer that the farm sells directly to the consumers, so you can buy directly from the farmer.

(Family food purchaser, Kiel).

Although few people reported having reduced their meat consumption, either partially or totally, in response to BSE, some participants took care only to buy meat of national origin or to avoid British meat if buying meat from other countries.

Finland

If there is Finnish meat in the shop I will buy it. It is the origin that is important. We have not yet bought any imported meat.

Italy

I avoid meat from Great Britain. If I see the words "Great Britain" on meat I don't buy it.

(Family food purchaser, Trento).

United Kingdom

If I am buying mince or something, if I buy it in the supermarket I make sure I buy the best, farm-assured British beef ... rather than the cheap stuff, not that I ever bought it before but I would specially make sure.

(Family food purchaser, rural).

In Finland participants reported reducing beef consumption, but this was explained as being for reasons of health (to reduce fat consumption and hence cardiovascular disease risk) rather than because of BSE.

The utilization of "rules of thumb" to typify certain groups of food (such as organic, fresh, locally produced) as relatively safe was more common than abandoning beef as a strategy for choosing safe foods. Domestic hygiene practices were also seen as important, particularly in Germany and the United Kingdom. These include practices regarding the storage, preparation and cooking of food (e.g. peeling fruit and vegetables before consumption) and also kitchen hygiene.

United Kingdom

A. The only thing that I have become more aware of is food preparation and keeping surfaces cleaner than I used to maybe.

I think that is because I watched something on television, a Watchdog thing [consumer protection group], about all these

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wonderful antibacterial agents that you can get are actually rubbish. I was avidly buying all these things and really getting into all my extra-clean chopping boards, and this bit of research they had done [showed] that it was actually ... the cleaning that you did rather than the products that you used that was important, and that buying all these expensive products did nothing. And it really took me by surprise and made me actually think about what I was actually doing and not just buying things which I knew.

B. But it's comforting to know a quick spray ... is fine, rather than actually a good scrub.

C. Like my gran did, used to boil up her dishcloths every day or every few days.

D. That's right.

(Family food purchasers, London).

• Bulwarks against uncertainty

Participants' strategies for assessing and managing risk in everyday life included certain factors that acted as bulwarks against uncertainty. These included knowledge of the provenance of a food, a factor that emerged in all countries as important in establishing peoples' confidence. For many, labelling and certification systems (e.g. date stamps) were a potential source of confidence and used as a "shortcut" to safety.

United Kingdom

But with eggs, which are just as much a

[potential] killer as meat or poultry could be, you can develop infection from these things. You can't tell from looking at an egg, so therefore dating is very important in eggs and they are dated.

(Older citizen, rural).

However participants in all countries expressed some cynicism about the trustworthiness of organic product certifications.

Finland

I once made a mistake and bought organic meat. At that time "the organic industry" was a novelty. The shopkeeper asked me to see whether I could tell the difference between the organic meat and ordinary meat. The next time I saw him I said the only difference I could find was the price!

Germany

I have my doubts about organic food. A lot of farmers use pesticides, the pesticides pollute the organic farmers' fields, and the product isn't organic after all.

(Older citizen, Eckernförde).

An interesting contrast emerged in trust in different levels of regulation. Although geographical distance was associated with least trust in the safety of food in all countries, in Italy and the United Kingdom distance was often associated with most trust in the reliability of monitoring or certification systems

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— and more trust was placed in supra-national regulation and agencies such as the EU and WHO.

United Kingdom

The EU will make a stop to things, I think it will make things safer because they are going to stop dodgy things going on. I mean if they are passing laws and stuff, then they are going to be stopping a lot of things. (Adolescent, Midlands).

These were perceived to be more trustworthy than national governments, and as being separate from the vested interests of producers and politicians. However, Finnish and German participants were more likely to highlight the negative effects of membership of international bodies, either because the sheer scale made regulation difficult or because of a "levelling down" of regulations.

Finland

It is a very negative thing that we try to make everything so large-scale in agriculture [due to the EU membership in 1995]. Agriculture products are grown ever faster, or calves are fed feeds that make them grow faster. I think that is negative, although I think surveillance is better now.

Germany

I fear that, now that we are in Europe, more and more laws and their implementation are being scrapped because we have to fit in a little too much with others. (Older citizen, Eckernförde).

Some made a distinction between the existence of trusted regulations and the limited ability to enforce them.

Germany

I think the law is probably all right but people find loopholes and ways round it. That's the terrible thing, and it leads to confusion. (Adolescent).

A key bulwark against uncertainty was what could be called "fatalism": a sense that it was impossible to either attend to all potential risks or account for their implications. "Trust" was an element making a fatalistic attitude possible. This does not reflect a lack of concern necessarily, but rather a recognition that one cannot respond as a consumer to all potential influences on decisions, so some have to be taken in a routine or non-reflective way.

Finland

In that respect one can go shopping without undue concern, without stopping to wonder "what if this" or "what if that". That would be hysterical behaviour.

Germany

One has to accept it, otherwise one wouldn't eat anything! (Older citizen, Eckernförde).

United Kingdom

But this has gone on for centuries. We've been eating salt for centuries and only recently have been told that too much is bad for us. So I think what you have to do in principle is to eat what seems to be safe

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and if nothing goes wrong be thankful for it.
(Older citizen, rural).

Italy

Because I think there's something in everything, yet we've still got to eat. I've reached the stage where I don't give a damn.
(Elderly citizen, Bologna).

• Sources of safety knowledge

Most participants found it difficult to cite specific information sources. However, in the stories they told about food decisions, there was considerable evidence of the kinds of information sources that were used to inform, justify and change behaviour. For many of those for whom food safety was a salient issue, personal experience emerged as the most important source of knowledge. These experiences were various and included encounters with meal moths and salmonella, concern about *Listeria* while pregnant, and allergies.

Other sources cited included family and friends, radio, newspapers, television, school and food retailers. However, the degree of trust placed in these sources varied and few were explicitly cited in relation to decision-making. Schools were not cited as a major source of safety knowledge, and information received there was likely to come in an ad hoc way from particular teachers rather than as curriculum-based safety education.

As discussed below, the key characteristics of

trusted information sources were that they were perceived to have no vested interests or that their interests were known. In the United Kingdom, participants perceived supermarkets to have strong material interests, but felt they would not mislead customers through fear of losing profits.

One source that was discussed in more depth by the focus groups was information on food labels. Participants, particularly in Italy, saw food labels as a positive change for consumers in that they provide information (including safety information) that was not previously available.

Italy

I pay close attention to labels and I'd like a quality source mark on everything, that would please me greatly, at least I'd feel a bit more protected.
(Family food purchaser, Trento).

However, there were problems noted with size of writing and the difficulty in understanding some technical information, such as "E" numbers, and uncertainty (see above) over how trustworthy organic labelling was. In Germany, participants reported that overuse of quality labels by manufacturers and retailers led to declining trust in their usefulness.

Germany

On [one supermarket's] products, for example, you find the DLG [German Agricultural Society] award on every second product.
(Man, 25 years).

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• Contexts for using safety rules

Given that safety was not a key concern for many participants, the implementation of personal safety rules was often contingent on social context. Food was consumed not just for nutritional value. It also has social and cultural functions, which both shape the meaning of "safety" and also potentially constrain the utilization of more personalized safety rules.

United Kingdom

Basically I don't really worry about [safety] anyway but I do tend to buy, you know, real meat, company meat or organic meat if I am buying it for the family. But I would have no qualms about eating any of these things if I was in a restaurant or a pub, I would eat it.

(Family food purchaser, London).

In accounting for their behaviour, many participants recognized the complex ways in which beliefs about food safety, ideal accounts of behaviour and real influences on food choice interacted.

Germany

We don't eat much meat — about three times a week. If we do, we eat poultry, although this is the worst meat; we like it very much.

(Woman, 37 years).

The meaning of "natural" emerged as an important example of this kind of complexity. Although many

participants from all groups identified natural foods (those with least processing before they reach the kitchen) as healthiest, there are also elements of trust in technology as a means of ensuring safety. This was particularly true in the case of baby food: some participants had more trust in mass-produced baby foods than in home-cooked ones. Many in Germany, especially adolescents and young single people, also felt more confident about processed foods. Interestingly, foodstuffs can also be "too close" to nature — some family food purchasers identified free-range chickens and pigs as potential risks because "you didn't know where they had been".

United Kingdom

One of my concerns about chickens and pigs is that they are omnivorous ... you don't know what a pig or a chicken has eaten before it is killed. It's not that they are going to poison you at that point, it's how happy you feel about what has entered your food-chain in terms of what is going through your system, and free range chickens will eat disgusting things, because they're free range, you'll find them on top of manure heaps.

(Family food purchaser, rural).

Thus these rules of thumb for food categorization were useful shortcuts to making and justifying decisions about food choices. However, they were necessarily complex and contingent: firstly, because the constraints of real life might limit how

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far safety could be a concern; secondly, because rules could conflict by categorizing foods as both safe in terms of one dimension (e.g. natural and organic) and unsafe in another (e.g. not refined enough for a baby).

• Safety as a part of — or traded against — other concerns

Except for German participants, safety was not an explicit concern in buying and preparing food. Safety was mostly subsumed within other concerns related to food such as taste and pleasure, health and nutrition, socializing and hospitality, convenience and kinship. These concerns both included safety or implicitly had a higher priority when choosing food.

Finland

Thinking of other kinds of products, what about pastry? Rarely do you stop and think about [the safety of] pastry.

Italy

If you like something, you eat it. You can find something unhealthy in everything you eat. You can't think about it too much.

(Adolescent, Trento).

United Kingdom

But there is nobody at your elbow when you go shopping is there, saying buy this, buy that. I just go and if I like it I buy it. I don't think about a radio report or a newspaper report to buy it, I just buy it if I like it. (Older citizen, Coventry).

The exception was the cost of food. Here safety was seen as a quality of food explicitly opposed to cost, with low cost perceived to be an almost inevitable trade-off against both quality and safety.

United Kingdom

I have a big problem really with fast food because ... it's not so much food safety, there probably is [safety], but they get their burgers so cheaply. You think what corners are they cutting to get that burger? (Adolescent, London).

Cost, however, was cited as an important issue for many groups affecting food purchases.

Italy

I think about prices, not about poisons. (Single, Bologna).

Germany

But organic meat is far too expensive! We can't afford that. (Older citizen, Kiel).

• Trust in experts

In all countries, participants expressed what might be called a "routine scepticism" of government and other figures of expertise, such as scientists and figures in the media. The one significant exception to this was the trust placed in their politicians by the Finnish participants. Otherwise the British, German and Italian participants were largely distrustful and scathing about their politicians.

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Germany

Politicians are always ambiguous. They waffle their way around a subject. Therefore they are not to be trusted. (Single, Kiel).

United Kingdom

I think anything said by any politician you take with a pinch of salt, don't you? (Family food purchaser, London).

Much routine scepticism was also expressed about the media and journalists, although some distinction was made between different types of journalists. In Italy, for instance, scientific journalists were seen as more trustworthy and credible because their accounts were based on "research data". Some in the United Kingdom felt that the "broadsheet" newspapers were more trustworthy than the tabloids, and in Germany regional newspapers were rated as more trustworthy sources than national newspapers.

Scientists were trusted as long as they were perceived to be independent.

Germany

Scientists work for themselves and want to be the best, to publish and to maintain their status.

Italy

Experts are all very well, but I'd trust those who are not in the economic loop and who act not their own interests but in those

of the consumer.

(Adolescent, Trento).

Italy

... if a foreign scientist said something I'd believe it. Why foreign? Because foreigners are impartial. (Single, Naples).

Some participants viewed supermarkets with a degree of suspicion and cynicism but, as mentioned above, felt that these businesses would not risk selling unsafe products for fear of damaging profits.

Germany

The supermarkets would lose all their customers if they weren't trustworthy. (Adolescent, Kiel).

United Kingdom

If we knew where it [the source of a food scare] was, it would probably put people off buying there because of what happened. They don't want to lose their profits, so they have to keep certain standards. (Adolescent, Midlands).

For many groups, trusted sources were primarily those perceived to have no vested interests, such as consumer organizations, which were the category most often mentioned explicitly in all countries. Implicitly, "local" was also an important dimension of trust, with familiarity, personal experience and known sources being trusted. Thus small local retailers were trusted. Also others who shared the

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characteristics of known sources were trusted by extension — for instance, organic shops or market traders.

One issue for many British and Italian participants was "experts" whose views are contradictory. Although some accepted the ambiguities of scientific knowledge, others saw such contradictions as undermining their faith in scientific expertise.

Finnish and German participants reported more trust in their national systems, and indeed were concerned that the European controls would be less stringent than existing national ones. Interestingly, however, the EU was cited by participants in both Italy and the United Kingdom as — potentially — a more trustworthy source of regulation and enforcement than their own national systems.

Italy

You can trust the European Union, because it serves the interests of several countries rather than just one, there are various safeguards and it is organized.
(Adolescent, Trento).

• Responsibility for safety

Various levels and types of responsibility for safety emerged in the discussions. On an individual level, most participants were concerned about presenting themselves as responsible food handlers, whereas "others" were potentially risky.

United Kingdom

A. I think also you would have to educate

the general public. They buy meat, they put it into the back of the car, and may not go home for three or four hours, that sort of thing. Should get them to have cool boxes ... But an awful lot of people buy meat, sausage rolls, such like and just leave them there, and go on a picnic and still leave them there and if they are not eaten they eat them at home afterwards.

B. A lot of food poisoning ... is due to lack of care by the consumer.
(Older citizen, rural).

For family food purchasers in all countries, responsibility for children was clearly important. It was cited as a key factor in changing food purchasing or preparation behaviour, and for being more explicit about responsibility for safety.

United Kingdom

And I think probably being at home more as well ... preparing more food than I used to, so you are certainly a lot more conscious of doing things properly than I was before. I never knew whether the dishcloth had been there for a week or two or three months before because I just didn't have time to think about it, whereas now I am probably more aware.
(Family food purchaser, London).

Italy

We try to eat as simply as possible, perhaps because I've been a mother

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now for a year and a half.
(Family food purchaser, Trento).

In general, participants described themselves as primarily responsible for dealing with food risks within the domestic domain — for preparing food hygienically and cooking safely. This responsibility extended to controlling the entry of risks into the home, for instance by not choosing food past its "sell by" date or by selecting healthy foodstuffs. However, they expected official agencies to provide a "safety net", with regulations and monitoring to ensure the safe production and distribution of food (see below).

The study deliberately included adolescents because they are on the brink of assuming responsibility for their own food consumption. In general, they saw parents as the party primarily responsible for food safety, and trusted them to do this.

United Kingdom

My mum is cooking [Christmas dinner] and I trust her.
(Adolescent, Midlands).

Italy

I trust my mother. I don't go out and do the shopping or say "Mama, but did you look to see where the meat came from?"
(Adolescent, Bologna).

For some though, parents were seen as unscientific in their approach, and potentially "risky" food handlers.

United Kingdom

I rearrange our fridge in my dad's house. They will go shopping, they will just throw it all in and go off and do whatever, and I go in and I think really I would put that chicken down there, and maybe move that there. I don't know, it's just as I am finding something to eat, I will just move it a little bit, or think that is a bit old and chuck it away.
(Adolescent, London).

If participants saw themselves, or their immediate family, as having primary responsibility for safety within the home, they were clear that the state had a legitimate role in ensuring that food is safe and not compromised by "vested interests". It was recognized, though, that balancing safety with other interests (such as economic ones) was as delicate at the national level as it was in the domestic sphere. As participants noted, many people want cheap food, but cheapness involves an inevitable trade-off with safety. The role of government was to ensure that regulations protected the consumer, and that they were enforced. Although little trust was placed in politicians as an information source, national governments were seen as having an important role in food safety — in establishing and enforcing appropriate legislation.

▼ Discussion

The information presented above shows the complexity of public constructions of food safety and risk,

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and that people use sophisticated strategies to assess the riskiness of food. These strategies and shortcuts permit the "routinization" of food choices and the management of uncertainty in everyday life.

Safety per se was not, though, a major concern for respondents and provided a limited framework for making decisions about food. When asked directly about the risks in food, participants reported concern; but in more open discussion, levels of concern about food risk emerged as relatively low. Only in discussions of cost did safety emerge as an explicit issue — and here it was seen as clearly incompatible with cheapness; if food was cheap, a corner must have been cut somewhere. The data also show that the concept of safety itself was framed in many different ways. "Safety" in its various definitions was not the only conceptual framework for buying, preparing and consuming food, but competed with other frameworks constructed around such concerns as price, pleasure, socializing and convenience.

While there are few other qualitative studies with which to compare these findings, there is nonetheless some evidence that the findings are typical of consumers in other industrialized countries, revealing a rational approach to risk assessment and one that incorporates other concerns in food choice. Sallerberg's study in Sweden (1991) argued that people constructed "strategies of confidence"

to establish their trust in food against a background of uncertainty and conflicting advice. In the United Kingdom, Macintyre et al. (1998) found knowledge of provenance and national identity to be important for people in judging the safety of food. People balanced and weighed up competing criteria (e.g. preference versus healthiness) in selecting food. Also in the United Kingdom, Caplan (2000) found that people constructed dichotomies of safety, such as knowledge and confidence versus ignorance and risk, and that social relations were important in creating trust (it matters not only to know where the beef comes from, but to know the person it is bought from). Like the British participants in this study, the rural Australians in Lupton's (2000) study cited frameworks other than safety as being most salient in choosing food, in this case those of "health" and "balance".

The fieldwork for this study was conducted from 1999 onwards. Few people in any country cited BSE as a cause of behavioural change. This, and the fact that food safety and BSE emerged as major concerns in only one country (Germany), make it important to underline the fact that the study was not carried out while an actual "crisis" was happening. It is likely that different findings would have emerged if this had been the case. Such a conclusion is reinforced by the findings of Eldridge et al. (1998), who compared the views of consumers in 1992 — i.e. in the wake of the first "media panic" about BSE — with their views four years later. They found con-

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sumers to be more aware and more concerned in 1996, and many claimed to have changed their consumption patterns.

As the consumption data presented in Chapter 5 show, in the United Kingdom at least there was a sharp decline in beef consumption in 1996, but subsequently consumption levels returned to pre-1996 levels. This suggests that levels of public concern about BSE and other food-related risks may have a "decay function", in that media attention foregrounds and perhaps fosters concern, but once this ceases public concern "decays". Because the data for this study were collected during a "non-crisis" period, they cannot be used to assess the role of the media in influencing public concerns; they only show that trust in media sources was variable, with differentiation between the type of newspaper and journalist. Macintyre et al. (1998), however, did specifically examine public reactions to mass media messages about food scares. They found that personal experience was important in mediating people's responses to messages in the media; experience of food poisoning by self or a known other was the principal factor in causing behavioural change and actually seeking out information from the media. Many, however, were also cynical about the media and felt that they (the media) had their own agenda.

▼ Conclusions

The qualitative methods used in this study reveal the complex nature of perceptions about safety and

risk. Accounts provided in open discussion, rather than in response to closed questions, suggest that food safety was not a major preoccupation of most participants, at least at times when there were no "live" food scares (i.e. receiving wide media coverage).

Key findings about common issues across the four countries include the following.

- In an environment that was increasingly rich in information, participants used complex strategies to apply their perceptions of food safety. The key strategy was the adoption of rules of thumb to assess the relative safety of food items. Rules of thumb may cluster a variety of qualities such as provenance, healthiness and nutritional value, as well as safety per se.
- Implementation of rules of thumb was very much contingent upon social context. The concept of safety itself was not a unitary concept: it had many meanings for participants and it was through these that it was discussed and negotiated.
- Concerns about safety also competed with other food discourses, such as taste, cost and pleasure.
- BSE was just one of many concerns about food, and it was not reported to have had a marked long-term impact on food choices in any country.
- "Provenance" was a major concern for all participants, who had greater trust in food from known sources.
- Participants saw consumer organizations as

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their main allies, and perceived them as the sources of information least likely to be contaminated by vested interests.

Key findings about differences between countries were:

- food safety was not a major concern for participants except in Germany, where they expressed relatively high levels of concern about both food safety and BSE;
- Finnish participants placed a high degree of trust in politicians, in contrast to participants from other countries; and
- in Italy and the United Kingdom, participants perceived the EU to be a potentially trustworthy source of controls for food safety; in Germany and Finland, participants had more faith in national systems.

For policy questions, this study suggests that focus group discussions are a useful method of enquiry when decision-makers need a detailed understanding of not only the content of public opinion, but also (a) how it is formed and (b) how it is voiced in everyday social interaction. Focus group discussions can also suggest issues that information should take into account, and identify those segments of the population most concerned about food risk. (The value of focus groups in the policy process is further discussed in Chapter 10.)

References

- Beck U (1992) *Risk society: towards a new modernity*. London, Sage.
- Caplan P (2000) Eating British beef with confidence: a consideration of consumers' responses to BSE in Britain. In: Caplan P, ed. *Risk revisited*. London, Pluto Press:184–203.
- Douglas M (1986) *Risk acceptability according to the social sciences*. London, Routledge & Kegan Paul.
- Eldridge J, Kitzinger J, Philo G, Reilly J (1998) The re-emergence of BSE: the impact on public beliefs and behaviour. *Risk and Human Behaviour Newsletter*, 3:6–10.
- Giddens A (1991) *Modernity and self identity: self and society in the late modern age*. London, Polity Press.
- Kitzinger J (1994) The methodology of focus groups: the importance of interaction between research participants. *Sociology of Health and Illness*, 16:103–121.
- Lupton D (2000) The heart of the meal: food preferences and habits among rural Australian couples. *Sociology of Health and Illness*, 22:94–109.
- Macintyre S, Reilly J, Miller D, Eldridge J (1998) Food choice, food scare, and health: the role of the media. In: Murcott A, ed. *The nation's diet: the social science of food choice*. London & New York, Longman:228–249.
- Marmot M (1996) From alcohol and breast cancer to beef and BSE – improving our communication of risk. *American Journal of Public Health*, 86:921–923.
- Sellerberg A-M (1991) In food we trust? Vitally necessary confidence – and unfamiliar ways of attaining it. In: Fürst EI, Prättälä R, Ekström M, Holm L, Kjaernes U, eds. *Palatable worlds*. Oslo, Solum Forlag:193–201.