

CONSUMER SCIENCES IN A HEALTH CONTEXT: A SHIFT IN TRADITIONAL THOUGHT

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1. INTRODUCTION

Access to information, products and services – considered a basic human right – is universally important to all consumers. Consumers are constantly in a conscious or subconscious way engaging in a process of acquiring information, products and services to fulfil human needs. According to The American Association of Family and Consumer Sciences (AAFCS), the discipline of (family and) consumer sciences entails the skills, research and knowledge about people (consumers) to assist them in making informed decisions about their “well-being, relationships, and resources to achieve optimal quality of life” (Kabaci, 2013). The vehicle used to gain an understanding of consumers’ needs or desires is a study of consumer behaviour, which involves the behaviour or processes that consumers (individuals, groups or organisations) engage in when they are searching for, selecting, buying, securing, using, evaluating and disposing of mainly products, services, ideas and experiences (Hawkins *et al.*, 2010; Schiffman & Kanuk, 2010; Solomon, 2009). The consumer society has been shaped since the beginning of the Industrial Revolution (Jansson-Boyd, 2010); therefore consumer behaviour takes into account the continuously changing environment and influences that consumers are exposed to and function in.

The Consumer Protection Act (CPA) (68/2008), promulgated in 2011, brought about significant changes in the consumer environment in South Africa, in that it promoted the protection of consumers and encouraged responsible consumer behaviour (South Africa, 2009). The governance of consumer protection or consumerism mostly entails the rights and privileges of consumers in the marketplace (Donoghue *et al.*, 2016; Du Plessis, 2007) and supports a general tradition to view consumers and consumer behaviour in the context of products and services offered by marketers in brick-and-mortar or virtual settings. This tradition is supported by consumer behaviour that is often focussed on consumers’ purchasing behaviour, such as their decisions on how to spend their time-related, financially-related and effort-related resources on consumable items (Schiffman & Kanuk, 2010). Teaching and research in consumer sciences often draw on the work, models and theories of books in consumer behaviour by seminal authors in marketing who frequently state “buyer” or “marketing”

pertinently in their titles (e.g. Belk *et al.*, 2013; Du Plessis & Rousseau, 2007; Hawkins *et al.*, 2010) and/or books that make use of buying- or marketing-related examples and case studies (e.g. Schiffman & Kanuk, 2010; Solomon, 2009).

The AAFCS definition of consumer sciences, however, focuses on concepts of “well-being”, “relationships” and “quality of life” (Kabaci, 2013) and it is worthwhile to take a closer look at the wider potential of the discipline, in addition to its renowned role in purchasing- and marketing-related contributions. Traditionally the different areas of specialisation of consumer sciences across the board encompass consumers’ basic needs of food, clothing or housing/resource management (Du Preez, 2017) in addition to the general consumer behaviour focus. In the context of consumer sciences, however, Maslow’s (1970) hierarchy of needs – ranging from lower-level physiological (e.g. food, water) to higher-level (self-actualisation) needs – allows us to broaden our scope of attention concerning consumer needs. Health and the importance of access to health care (safety needs) are illustrative of such important needs (Schiffman & Kanuk, 2010). Thus far the potential role of consumer sciences in health-related consumer needs has largely been neglected. I want to indicate how this discipline could be applied more to assist informed decisions regarding the well-being of consumers. In this address, I will in particular look into the question of how a move in the traditional thought regarding consumer sciences can be established to address this discipline in a health context.

2. THE EMERGENCE OF THE CONSUMER SCIENCES TRADITION

2.1 Transforming from Home Economics to Consumer Sciences

Consumer sciences emerged from the discipline of home economics, which was originally established in the USA and involved a range of disciplines and fields of study, over a series of 10 annual conferences, known as the Lake Placid Conferences. The American Home Economics Association (AHEA) was founded (AAFCS, 2017a) after this series of conferences. Contrary to popular belief, home economics was not only aimed at equipping students as homemakers, but also at preparing them for careers involving humans and their environments (AAFCS, 2017a). The deeply nested historical roots of home economics were confirmed by two prominent professional US organisations, namely AHEA (currently known as the AAFCS) and the International Federation for Home Economics (IFHE). These organisations celebrated a century of existence in respectively 2009 and 2008 (Ma & Pendergast, 2011).

Unfortunately little is documented on the history of home economics and the transformation to consumer sciences in South Africa. The current North-West University started offering a four year

Bachelor of Sciences degree in Home Economics in 1944 at the former Potchefstroom University for Christian Higher Education, including subjects such as natural sciences, culinary skills, washing and ironing, housekeeping, house management, hygiene, needlework, biology, physiology, psychology, and microbiology (Vorster, 1993). Vorster (1993) already documented the mission of home economics departments in 1993 as contributing through training, research and service provision to the well-being and prosperity of individuals and families on a physical, psychological, environmental and economic level.

The name was changed from “home economics” to “family and consumer sciences” in the USA in 1994 (The Gale Group, 2003). It was decided to change the name in order to better incorporate the intricacy of the discipline, to meet the changing social and economic needs and concerns of individuals, families and communities over time (AAFCS, 2017b). The discipline transformed in line with changes in the consumer society and technology that started focussing on matters and skills that were of global importance to the living and working society (AAFCS, 2017a). However, the name change was not accepted and applied by all in the field, and IFHE for instance retained the name “home economics”.

South African academic institutions followed in the footsteps of their US counterparts regarding the name change. The Home Economics Association of Southern Africa (HEASA) became the South African Association of Family Ecology and Consumer Science (SAAFECES) in 1998 (SAAFECES, 2017). In this instance the change was motivated by a shift in focus away from the dominant theme of family/households to the application of knowledge in areas of production and marketing of products and services. The six South African universities that currently offer a programme in this field – the University of the Free State (UFS), the University of Pretoria (UP), the North-West University (NWU), the University of South Africa (UNISA), the Cape Peninsula University of Technology (CPUT) and the Durban University of Technology (DUT) – all adopted the name “consumer science(s)” for this programme (Du Preez, 2017).

2.2 The tradition of foods, clothing and marketing

Consumer sciences in the USA (where the programme originated) and in South Africa focuses on similar predominant concepts of the AAFCS definition in terms of “informed decisions”, “well-being”, “resources” and “quality of life” (Kabaci, 2013). However, Du Preez (2017) points out that the emphasis at South African universities is on the consumer rather than the family, as well as decision making and the fulfilment of basic needs. The focus on marketing and production of products and

services (SAAFECs, 2017) also appears to be stronger in South Africa, where UP, UNISA and the NWU offer, amongst others, programmes in clothing/fashion retail management, food retail management (UNISA, 2017; UP, 2016), business management (NWU, 2017) and fashion small business management (UNISA, 2017). Foods, clothing and housing also feature as basic needs in the programmes of both South African and international universities (Du Preez, 2017). In South Africa, the NWU, UFS, UNISA and UP (NWU, 2017; UNISA, 2017; UP, 2016) place emphasis on foods and clothing, while CPUT and DUT focus on foods and nutrition (CPUT, 2017; DUT, 2016).

The boundaries of consumer sciences (and home economics) as a discipline have always been quite permeable to influences from other disciplines, lending a strong interdisciplinary character to the discipline. Consumer sciences (and home economics) draws on a variety of disciplines in its effort to achieve optimal, sustainable quality of life for individual consumers, their families and communities (AAFCS, 2017a). Considering that all humans are consumers with needs, fields such as food, nutrition, clothing, textiles, interior design, housing, marketing and consumer behaviour especially make an important contribution to the discipline of consumer sciences (UFS, 2017). Influences from the natural and agricultural sciences are evident in the basic food and clothing/textiles studies, including new product development and associated technologies, while their consumption and management better relate to the economic and management sciences (UP, 2017). Consumer behaviour is interdisciplinary in nature, and facilitates the discipline of consumer sciences in coordinating and integrating ideas and knowledge from economics, marketing and behavioural sciences – including psychology, sociology, anthropology and social psychology – into new patterns and synergies that form a comprehensive database of knowledge relevant to the behaviour of consumers (Du Plessis, 2007; McGregor, 2009). Perhaps the most important strength of the interdisciplinary approach to consumer sciences is its contribution to practice. The social and economic challenges and problems of the world that consumers face is highly intricate and multi-dimensional (AAFECs, 2017a). The consumer scientist therefore needs to be equipped to assist in need fulfilment and informed decision making to enhance consumer well-being amidst these challenges, based on an integrated knowledge base. McGregor (2009) takes this a step further and advocates for a transdisciplinary approach to home economics (consumer sciences), to not only extend and enrich traditions unique to the discipline, but to go beyond these boundaries and to address the complexity of global problems incurred by humans (consumers).

3. THE DYNAMIC CONSUMER ENVIRONMENT

The previous section addressed the changes that resulted in the discipline of consumer sciences due to the dynamic changes in the consumer environment and society. Consumer decision making is regarded as a complex phenomenon (Jansson-Boyd, 2010) that needs to take place amidst these changes.

Globalisation allows for exposure to persistently changing and expanding **product ranges** and retail outlets in the marketplace that compete for support by consumers and that may overwhelm and confuse consumers (Lysonski *et al.*, 1996; Prinsloo *et al.*, 2012). The abundance of products calls for more information regarding these products to help consumers decide between products, but **information overload** may result in decision making that is based on irrelevant information (Erasmus *et al.*, 2014) or impulse decision making (Nadeem *et al.*, 2016).

In addition to globalisation, other external environmental influences, such as deregulation and competition (Boshoff, 2007), also affect the marketplace. Along with an increase in products in the marketplace, there is also an increase in the amount of **marketing and advertising campaigns**, often tempting consumers into unnecessary and unplanned purchases (Le Roux *et al.*, 2017). The marketing mix of efforts (including the product, promotion, price and distribution) of organisations attempts to reach, inform and persuade consumer into buying a product or using services. It serves as external influences to decision making in the marketing environment to which consumers are constantly exposed (Schiffman & Kanuk, 2010).

The **digital revolution** removed many barriers associated with time and location (Solomon, 2009), by contributing to the constant availability of a greater variety of products, information and marketing activities. Marketers use advertising on their websites to increase consumer demand for products or services (Joubert *et al.*, 2013). While online shopping may remove the boundaries of physical stores, it may limit information searching about a product before purchasing (Jansson-Boyd, 2010), even though consumer have a greater variety of information than before at their easy disposal (Schiffman & Kanuk, 2010). Furthermore, the constant and easy access to online shopping may stimulate impulse purchases that may result in uncontrollable debt (Prinsloo *et al.*, 2012). On the other hand, electronic media allows consumers to immediately share positive and negative product and service experiences with other consumers, thereby shaping one another's perceptions (Du Toit, 2013; Schiffman & Kanuk, 2010).

Being constantly connected via the internet and e-mail allows consumers to spend more time working at home, which may strengthen family ties because of the increased presence at home, but at the same time it often allows less time with family and friends (Solomon, 2009). This contributes to consumers being subject to **time poverty** based on perceived time pressure, which is aggravated by

more available options for time spending (Schiffman & Kanuk, 2010). As a result of time pressure, consumers may have insufficient time to consider different options when they are making a decision (Mugobo, 2013) and may consequently make uniformed decisions. This is even more the case for working women, who are simultaneously fulfilling a variety of roles.

Globalisation significantly increased access for females to pursue a career, to the point that 40% of the employed world population today are women (Bimrose *et al.*, 2014). The rise in the number of **employed females** offered the advantage of contributing to the household income and making a contribution to the global economy. However, having more working women also implies more challenges to working women in the workplace (e.g. Bimrose *et al.*, 2014; Bower *et al.*, 2015; Kumari, 2014; Sabat *et al.*, 2016), at home (e.g. Chishom-Burns *et al.*, 2017; Silverstein & Sayre, 2009) and with regard to work-family conflict and role balancing (e.g. Kumari, 2014; Martin & Barnard, 2013). Despite being the main purchasers in most consumer good categories, women experience several challenges regarding informed decision making (e.g. ADA, 2006; Lewandowsky *et al.*, 2012; Silverstein & Sayre, 2009). The different roles that working women have to fulfil are also associated with more challenges to their psychosocial (e.g. Pudrovska & Karraker, 2014; Opie & Henn, 2013) and physical well-being (Kumar, 2016; Silverstein & Sayre, 2009; Suman & Chatterjee, 2015).

When the changes in the consumer and marketing environment are considered, the issue of consumption stands out. Consumption of products in Westernised countries is still increasing, despite the detrimental effects **of consumption on the environment**, such as the depletion of the earth's natural resources (e.g. oil) and global warming (Jansson-Boyd, 2010). Being protected by "consumerism", consumers are guilty of wasteful consumption and continual demanding of products and services (Erasmus, 2013a). Erasmus (2013a) warns that consumers will have to act socially responsible in reconsidering their materialistic consumption behaviour and the purchasing of products driven by mere wants, enjoyment and affordability. In this instance, uniformed decision making will have a wider impact than the personal impact on the consumer.

The constantly changing environment therefore requires adaption and informedness on the part of the consumer (Prinsloo *et al.*, 2012). The process of consumer socialisation equips consumers with the needed skills, knowledge and attitudes to allow behaviours required to efficiently function as a consumer (Hoyer & MacInnis, 2008; Schiffman & Kanuk, 2010; Solomon, 2009). Although consumer socialisation primarily takes place through parents, teachers, friends and the media during childhood, socialisation continues through adulthood each time behaviour has to be adjusted to changes or challenges (Schiffman & Kanuk, 2010). This is especially important where changes in the global consumer environment may impact consumers' resources, decision making and well-being.

In the past, changes in the consumer environment necessitated role players in home economics to adapt to the consumer to the environment. It is evident, however, that environmental changes continuously take place; and considering the interdisciplinary nature of consumer sciences, it is not unrealistic to expect the discipline of consumer sciences to continue to grow beyond traditional thoughts.

4. APPLICATION OF CONSUMER SCIENCES TO A HEALTH CONTEXT: A SHIFT IN TRADITIONAL THOUGHT

When I refer to “health” in my discussion, it will be in the context of well-being as recommended by the WHO. In 1948 the World Health Organization (WHO) defined health in a broader context as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 2006). Considering the AAFCS description of consumer sciences, it is notable that both the concepts of “health” and “consumer sciences” are concerned with human (consumer) **well-being**. In addition to its concern with basic consumer needs, consumer sciences also deals with resource management (Du Preez, 2017), where **health** can be seen as a **consumer resource** that needs to be managed, but also as an important **consumer safety need** (Maslow, 1970).

In attempts to apply the health concept to the context of consumer behaviour, the focus needs to fall on the needs and well-being aspects of consumer behaviour, and to a lesser extent on the traditional marketing and buying components of and clothing, for example food. An explication of consumer behaviour in a health context can be deduced as follows from definitions by Hawkins *et al.* (2010), Schiffman and Kanuk (2010) and Solomon, (2009): Consumer behaviour in a health context will attempt to better understand consumers’ needs regarding their health (i.e. physical, mental and social well-being), by studying the behaviour of consumers in obtaining and disposing of health-related practices, products and services. Practices imply health-related behaviour that needs to become part of the consumers’ lifestyle, such as following a healthy diet to protect one’s health (preventative) or to manage a disease already present (interventive). Therefore, in a health context consumer sciences can play a role in assisting consumers to make informed decisions regarding their health/well-being.

4.1.1 A shift in thought regarding consumer well-being

Consumer well-being (CWB) as a concept provides a measure of consumers’ satisfaction with the total process of consumption, namely the acquisition, possession, consumption, maintenance and disposal of products and services. (Lee *et al.*, 2002). Presumably, high levels of CWB will result in a higher

quality of life (e.g. life satisfaction, happiness, greater social welfare and lack of ill-being) (Sirgy *et al.*, 2007). The application of CWB is highly suited to a marketing context of consumer behaviour.

A non-traditional view regarding well-being in a consumer sciences context further away from the marketing application may view the well-being of consumers from the health perspective of the WHO, where health entails physical, psychological and social well-being (WHO, 2017a). This “health” approach will henceforth be applied in the discussion.

4.1.2 A shift in thought regarding consumer needs

In order to gain a better understanding about consumer needs, consumer sciences in a health context should follow a two-way approach towards health-related needs, namely the **need for consumption** and the **need for safety**. The distance between the disciplines of consumer sciences and health sciences is less than one might expect, if one looks beyond a traditional approach at consumers’ need for consumption. Consider, for instance, a typical consumer scenario such as the need for food: A need for food can be simplistic at the most basic level, namely the physiological need (Maslow, 1970) for food due to hunger, which can be fulfilled by obtaining food. This scenario still abides to the traditional consumer science view, which focuses on purchasing and food as a basic need. A need for food may, however, be instigated by a need to socialise or a need for comfort (higher-level social needs – Maslow, 1970) that may also be fulfilled by certain foods. A product such as food should nevertheless not be consumed without considering its implications for physical (e.g. wholesome, obesity) and mental (e.g. satisfaction, guilt) well-being. With the rise in non-communicable diseases internationally (16 million deaths per year) and in South Africa (43% of deaths) (WHO, 2015), consumer decisions regarding food consumption become increasingly important and complicated.

Cardiovascular disease (CVD) (e.g. coronary heart disease, stroke, and hypertension) as an NCD is mainly caused by tobacco use, a lack of physical activity, unhealthy diets and harmful alcohol use (WHO, 2017b). The risk factors for these diseases can therefore be altered by a change in lifestyle and behaviour. Consumers’ wasteful and materialistic consumption to satisfy their needs and drives, negatively impacted on the environment to the point of global warming (Erasmus, 2013a) – likewise, a similar pattern of association can be observed between over-consumption or improper consumption and the impact on consumers’ health. Just as consumers should learn to preserve our natural resources by acting socially responsibly and less materialistic in the consumption and purchasing of products, they should reconsider their consumption needs and act more responsibly with regard to the problem of lifestyle-related disease. Consumption based on wants, enjoyment and affordability

gave rise to an unhealthy consumer lifestyle with consequences such as obesity, diabetes and hypertension.

A **need for safety** (i.e. health), on the other hand, may imply the need for health-related consumer products and services. A traditional view of consumer sciences may not necessarily focus on this total product and service category, except perhaps for the healthy foods category. Other apparently healthy products may include organic foods; fruits and vegetables; naturally packaged food; herbal and natural supplements; vitamin supplements; and soy products (The Hartman Group, 2002). Consumers' need for health-related services may entail everything from basic health care to the services of a medical specialist. Two important parameters in the health-related product and service category would be access and quality. Where access to the best quality health-related products and service may to a great extent be guaranteed for a consumer with a proper medical aid, the mere access to these may pose a substantial problem to someone depending on the public health care sector in a South African context. This type of complexities will have to be considered during intervention in consumers' health-related needs and decision making.

4.1.3 A shift in thought regarding consumer decision making

Consumer decision making is frequently illustrated by means of various decision-making models that are mostly based on purchase decisions for marketing and retail application (Erasmus, 2013b). The five common stages of the process are identified as problem (need) recognition, information search, evaluation of alternatives and product choice. Decision making in a health context should theoretically be high-involvement decisions, where more information about the product, service or outcome is obtained to make rational decisions (Jansson-Boyd, 2010). Such a decision may be more complex due to the risk involved (safety), especially if a product or service is acquired for the first time or the consumer is inexperienced in the product or service category (Erasmus, 2013b). Even decisions regarding food purchases – which have traditionally been seen as routine or habitual purchases – become increasingly complex when health aspects are considered, and are aggravated by the range of competitive products on offer in the retail environment (Prinsloo *et al.*, 2012). In a health context, the information search involving the acquisition and processing of information from appropriate information sources will become even more important for these high-involvement decisions.

Typical consumer decision making models may be valuable in studying consumer behaviour when health-related products and services are being sought, such as healthy food or the best health service provider for a particular health need. However, such models may not always be suitable when the

need is more abstract, such as the need for a specific health outcome. When a person for instance needs to make a decision to follow a healthy lifestyle to lower the risk factors for CVD, the application of a typical decision making model needs to be reconsidered. An interdisciplinary approach considering health behaviour models in addition to consumer science models might be more appropriate in these cases.

Given the changes in the consumer environment that were mentioned earlier, a typical health-related decision may be complex and intertwined in a situation of a need or needs, challenges and influences. The following scenario illustrates the complexity of an attempt to make a decision with health consequences: A working woman wants to quickly make a food purchase decision for her family. She relies on both the guidelines of health professionals and her own perception regarding a healthy meal. However, healthy food may be more expensive and more time consuming to prepare. She may experience an information overload and at the same time needs to focus her decision on the need for health, the need for convenience and the need for information. From our experience as consumers we are aware that this hypothetical scenario might as well be our own reality. For the woman and every consumer in such a situation, the final decision may have consequences for her physical well-being and that of her family, especially if an inappropriate decision reoccurs and becomes habitual decision making.

Food with a direct impact on human physiology is easier to connect to the health and well-being of consumers than other basic needs. However, the importance of the social psychological aspects of dress and the relationship to self-concept (Johnson *et al.*, 2014) suggests that informed decisions regarding clothing may be associated with the psychosocial well-being of the consumer. Evidently consumers are in need of assistance with decision making that may directly or indirectly impact on their well-being in such instances.

The health application of consumer decisions, however, does not only pertain to decision making regarding health-related products, services and outcomes, but the manner in which decisions on products are made may also have health implications for consumers. Poorly informed purchases obtained by the irresponsible use of credit may collectively lead to high levels of stress, with an adverse influence on consumers' physical well-being and ultimately psychosocial well-being (Le Roux *et al.*, 2017). Research in consumer sciences at the NWU by Le Roux (2017) showed an association of consumer decision making styles with consumers' psychosocial well-being and with their physical well-being.

5. A FUTURE PERSPECTIVE ON CONSUMER SCIENCES IN A HEALTH CONTEXT

5.1 Consumer behaviour research: adding health to the tradition

Before embarking on a discussion of research in the context of consumer sciences and health, it is necessary to get acquainted with research themes that are currently addressed in the discipline. Upcoming special issues of the Journal of Family and Consumer Sciences (journal of AAFCS) list topics such as sustainability, financial fitness, family and consumer sciences education and caregiving (AAFCS, 2017c). The Journal of Consumer Research, which is one of the highest impact factor multidisciplinary journals in the field, published strongly theory-driven research regarding brands, corporate social responsibility, consumer spending, as well as parenting materialism among its most cited articles in 2015 (JCR, 2017). The latest edition of the UK-based International Journal of Consumer Studies published most contributions (listed in order of frequency) from the field of consumer behaviour and foods, sustainable consumption (including clothing aspects) and topics regarding decision making (IJCS, 2017). The only health-related article published in this issue, was regarding weight loss and management.

Today researchers in consumer sciences in South Africa tend to publish in consumer behaviour, nutrition, clothing and textile, food science and marketing journals, but still mostly in the field of foods and nutrition, clothing, and household products and equipment. The only South African based journal in consumer sciences, namely the Journal of Consumer Sciences (formerly known as the Journal of Family Ecology and Consumer Science), published special editions regarding foods/nutrition and clothing over the past two years respectively, while research on sustainability issues (including food security) has become increasingly popular (JCS, 2017). Decision making and teaching-related topics were also addressed. Apart from nutrition-related articles pertaining to consumers' physical health, only one article addressed health in the context of decision making (JCS, 2017; Le Roux *et al.*, 2017).

Published research on consumers in a health context broader than nutrition has to a great extent been neglected by consumer scientists internationally and nationally. However, the latest conference proceedings of the Association for Consumer Research (ACR) included health-related topics such as online health communities, health communication, healthcare messages and choices, as well as decision making in the contexts of prescription medicine and physical activity (ACR, 2017). The rising interest of the ACR in extending traditional thoughts about consumer research to include a health-related context, over and above the health implications of foods/nutrition, shows the potential for embracing a multitude of consumer research opportunities internationally and in South Africa.

The subject group Consumer Sciences of the North-West University is situated in the School of Physiology, Nutrition and Consumer Sciences in the Faculty of Health Sciences, which is an atypical

faculty for consumer sciences, compared to universities internationally and in South Africa. In 2008 researchers at the subject group Consumer Sciences of the North-West University started to focus their research more on the well-being of the consumer, rather than following a marketing approach. “CON-WELL” (**Enhancing consumer interests and well-being**) became the overarching aim of all research in the programme. This gave rise to the project “COHERE” (**Consumer Health Resources**) in 2014, where we committed ourselves to be ‘**Joint with the consumer towards better resource management in a health context**’, with health entailing well-being as per WHO-definition. All our research, whether it involves food, clothing or other resources, shares this focus. Furthermore, research in the subject group Consumer Sciences is done in the research entity of the Africa Unit of Transdisciplinary Health Sciences (AUTHeR), which embraces both the transdisciplinary nature of consumer sciences that McGregor (2009) is advocating, and the health context of COHERE. Our positioning also allows for collaboration within health disciplines in the faculty, such as the collaborations in which I am involved with nutritionists, a positive psychologists and a health promotionist at the NWU, as well as a biokineticist and vaccinologist outside the NWU.

My personal research interest regarding consumer information sources and information acquisition in informed decision making, which in the past mainly focussed on food labels as a health information source, expanded to supervision of consumer research projects concerning other information sources in a health context, such as childhood vaccination (Botha, 2017), plastic and BPA in food packaging (Van den Berg, 2017?), and healthy lifestyle decision making (Steyn, 2015), in addition to the link between consumer decision making and well-being (physical and psychosocial) (Le Roux, 2017?).

5.2 Consumer science and health: a place in the university curriculum

The WHO considers health of a high standard irrespective of demographics or social conditions as a basic human right (WHO, 2006). The role that health service and public health professionals may play in accomplishing this goal is well known. The right to quality consumer health can, however, also be seen as a consumerism issue, aimed at protecting a consumer right. The CPA in South Africa for instance addresses the protection of consumers against hazards to their well-being and safety and although it does not directly point to the health of consumers, it makes reference to limiting access to products or services to protect the health, welfare and safety of a minor and to prohibiting the return of goods that are not in the best interest of public health (South Africa, 2009). Given the correct training, a consumer scientist may make valuable contributions to assist consumers with informed decision making regarding some health-related consumer issues.

In the USA, it is stated by AAFCS that family and consumer science classes include consumer themes such as consumer and family finances, nutrition, parenting, and conflict resolution (AAFCS, 2017a). The aspect of nutrition is also a strong component of South African university courses in food-related consumer science programmes and offers the student the first point of contact with the world of health. Some of the nutrition modules offered by UNISA in their consumer sciences programmes involve a strong health component, such as social behaviour in health and nutrition, nutrition and alternative medicine, nutrition and health promotion, as well as health, well-being and HIV/AIDS (UNISA, 2017). At the NWU, second year consumer sciences students – being enrolled in the Faculty of Health Sciences – are exposed to the issue of health in a module entitled “Know and understand the world of health”, where a transdisciplinary approach to health promotion is followed (NWU, 2017).

In the same way that consumer scientist gains an understanding of consumers’ needs regarding food/nutrition and clothing/textiles and assist consumers and service providers in the marketplace situation, the opportunity exists to better expose students in the consumer sciences curriculum to consumer needs in a health-related context. Just like changes in the consumer and marketplace environment challenge consumers during decision making, similar but also additional challenges exist in the health context. For example, non-communicable diseases (NCDs) in South Africa are known to have serious implications on social, health-system and economic levels (Van der Merwe *et al.*, 2016). The consumer scientist’s knowledge regarding lifestyle-related consumer behaviour and consumption issues, consumer needs and time-related challenges may make a valuable contribution towards:

- Improving consumers’ awareness, knowledge and informedness regarding the contribution of their own behaviour in contributing to physical and psychosocial related health issues.
- Raising awareness that consumers can act prophylactically regarding their health, instead of merely acting responsively when faced with a lifestyle-related health decision.
- Advocating for consumers’ needs and decision making in a health context in the health sector.

5.3 Consumer science and health: community engagement

Consumer sciences as a discipline already makes an invaluable contribution to communities internationally and in South Africa. Recently published work on community engagement bears evidence of the contribution of consumer sciences to issues such as adult education and community development (John, 2013), nutrition (Tieva *et al.*, 2015), sustainability (Brombin, 2015) and urban food cultivation (Dobernig & Stagl, 2017). The Consumer Council in Northern Ireland is an example of successful community engagement in educating and informing consumers regarding transport, food,

water, energy, postal services, finances and consumer skills (The Consumer Council, 2017). Considering the transdisciplinary nature of consumer sciences and its potential of service to the consumer community beyond traditional boundaries such as food/nutrition, clothing/textiles and marketing, the discipline of consumer sciences can successfully be implemented in a health context. Consumer scientists can contribute to existing community health interventions with regard to specialist knowledge about consumer needs and enhancing consumers' ability to make informed decisions regarding services and lifestyle options. These initiatives may be in the context of rural as well as urban health; whereas new opportunities also exist regarding engagement in companies' wellness projects (Le Roux, 2017?).

6. CONCLUDING REMARKS

Consumers are at risk in their daily lives and in society when they are not living as well-informed consumers. In this respect consumer scientists play a significant role in valuing and communicating the needs of consumers, and in facilitating changes according to these needs. A traditional view of consumer sciences have yet to allow consumer scientists to act as an important communication channel to the consumer in a health-related context.

The WHO recognises the importance of informedness and assistance of the public (consumers) in the improvement of their health (WHO, 2006). This message emphasises the importance of equipping consumers to make informed decisions regarding their health as a personal resource. The consumer scientist can play an invaluable role in assisting consumers with health-related decision making, but will also be faced with challenges, such as the disparity of a situation where consumers in the private health sector in South Africa have opportunities to make choices, while those in the public health sector have limited options.

As consumer scientists we are constantly dealing with issues surrounding change in the consumer environment. Consumers are adapting to their environment and today's consumers are vastly different from consumers of the previous generation. Considering the dynamics and transdisciplinary nature of the discipline of consumer sciences, consumer scientists also need to be adaptive in our traditional thoughts about the discipline and its potential contribution to consumer health.

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