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Experiences with the Norwegian nutrition policy

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Abstract

Norwegian nutrition policy has received considerable attention. The distinguishing feature is its ‘structural’ orientation, i.e. towards production and market regulation, as opposed to individual, information-based strategies. This was possible first of all because of distinctive Norwegian political traditions, with a heavily regulated agricultural sector, combined with a welfare policy tradition emphasising influence on other sectors. While the institutionalisation of the Norwegian nutrition policy has been important for its political legitimacy and visibility, the paper discusses how this has also represented a challenge when problems and policy goals are to be altered.

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Introduction

This paper will present some comments on nutrition as a field of public policy, using Norway as a case. Norwegian food and nutrition policy has a reputation for its ambitious political goals concerning fat consumption as well as for its strategies and orientation. The paper seeks to characterise political and institutional conditions that have been important for this policy and its outcomes. It is suggested that specific political conditions may explain how the policy was formulated, conditions that have also introduced tensions and ambiguities in the implementation.

Over the past 25–30 years, the nutrition behaviour of Norwegians has changed considerably. The proportion of energy from fat has decreased from 40% in 1975 to 34% in 2000, the relative proportion of saturated fat remaining, however, rather constant. The reason is a declining consumption of full-fat milk, margarine, butter and other fats. Meat and cheese consumption on the other hand increased, especially during the past decade. The reduced percentage of energy from fat has been compensated by increased consumption of bread and other grain products, and of sugar. The consumption of vegetables increased by 52% in the period from 1975 to 2000, while fruit consumption increased marginally and that of potatoes decreased (SEF, 2001). Considering the incidence of coronary heart disease at the age of 0–79 years, Norway has seen decreases by 30–40% in different age groups from

1970 to 1992 (Roos, Lean, & Anderson, 1997). According to these authors, the decline was more significant in both Finland (60%) and Sweden (50–60%). Bodyweight has increased considerably in this period (men up to 9.1 kg), followed by an increase in the incidence of type II diabetes.

The picture in terms of nutrition and health is ambivalent. The Norwegian nutrition policy has focused heavily on fat reduction, and this is where the trends are most positive. While these goals have been well-known to the public, there are no clear-cut associations with the implemented policy. The paper addresses the emergence, establishment and redefinition of the Norwegian food and nutrition policy, its characteristics in terms of political framing and institutional solutions. The formulation and role of nutritional arguments in the institutionalisation is the running issue. The introduction of low-fat milk is described as an example illustrating the dilemmas involved in the policy established. The paper will finally discuss implications of these policy traditions in the contemporary nutrition policy.

An institutional approach

The promotion of nutrition policy is based on a belief in public involvement to solve what is understood as social problems, i.e. problems regarded as a social and societal responsibility. It also means a conviction that some kinds of public measures should be developed to do something

against the problems. This process is not straightforward. A belief in societal responsibility and regulation is confronted by the liberal aim of sustaining citizen autonomy, both in terms of individual freedom of action and free business enterprise. The dilemma will influence not only the extent of public involvement, but also the application of different measures, such as information, fiscal measures or law enforcement. Social and historical studies of nutrition policies show that this dilemma is solved in different ways in different countries and periods of time (Aronson, 1982; Helenius, 1991; Holm, Bredsdorff, & Rasmussen, 1993; Jensen, 1993; Levenstein, 1988a; Mills, 1992; Zebich, 1979). For example, nutrition policies have been defined in association with social policy and redistribution programs, with health policy, and with agricultural policy and food security. In turn, these solutions represent very diverse ways of framing nutrition issues, politically and institutionally, differences that will influence the actors and interests involved and the handling of concrete issues (Helsing, 1991; Milio, 1990).

In welfare state research, the Scandinavian welfare state type is contrasted to the 'liberal' type, with Britain representing a European example, and the 'corporatist', continental type, here exemplified by Germany (Esping-Andersen, 1990). These three positions represent characteristically different ways of handling the social protection vs. citizen autonomy dilemma. A very preliminary comparison indicates that they also have characteristically different ways of handling nutrition problems (Kjærnes, 1997).

The traditional Scandinavian 'social democratic' solution is based on beliefs in obtaining social welfare through market regulation. Decisions are commonly made as negotiated solutions between the state and organised interests. If we look at nutrition, there seems to be a rather widespread agreement that efforts, typical of the region, should be universal. So, in spite of conflicts with powerful agricultural sectors, the legitimacy of nutritional advice and its relevance for public policy has been high. Looking at the institutionalisation of nutrition policies, however, there is not one 'Nordic type' (Jul, 1988; Kjærnes, 1997). In very brief terms, Sweden and Finland have joined in a focus on public catering and expert-based intervention programs (Roos, Lean, & Anderson, 2001), while the aims of market regulation, characteristic to the Norwegian policy, rather play a marginal role. Denmark has employed a much more liberalistic policy towards both individuals and market actors (Holm et al., 1993).

In general, the liberal welfare state is characterised by means-tested assistance, modest universal transfers and social insurance plans. In turn, the state encourages market-based distribution. British authorities quite early recognised nutrition as a task (Burnett, 1989). In spite of this, nutritional recommendations have been controversial, especially when substantiated into dietary advice. By and large, questions of food have remained commercial rather than health questions. The exception is found in the vulnerable sections of society—and when the market fails (Mills, 1992).

In corporatist welfare states, the state is generally less hesitant to market intervention, but there is a strong distinction between public and private responsibilities. The Church and a strong commitment to the preservation of the traditional family limit state interference considerably (the subsidiary principle). In Germany, representing a corporatist system, the situation for nutrition seems much more quiet and less controversial, compared to Britain (Barth, 1997; Stamer, 1980). While professional recommendations have been established, implementation is relegated mainly to the local level. The whole principle of a comprehensive nutrition policy has been counteracted on the basis of individual autonomy, making the question of legitimacy very difficult.

The approach of 'historical institutionalism' implies an analysis of public and societal institutions, how they shape political actors' expression of interests and the power relations between groups in society (Steinmo, Thelen, & Longstreth, 1992). Even if the articulation of interests and the understanding of problems may change with time, institutions will as such have implications for how problems are expressed later on and how they are solved. This does not mean that the political development is deterministic, but rather that it is possible to investigate the connections between the contents of a policy, its structural frames and political articulation as a dynamic process. By focusing on institutional continuity, we may grasp important changes and what has caused them. The establishment of a policy is a process involving several steps or elements, including, first, mobilisation and problem formulation, next, political processes ending with decisions about political goals, the establishment of special bodies and measures, and, finally, implementation as a third element. A policy is rarely established once and for all; redefinitions, reorganisations, etc. will take place. A discussion of these processes of definition, institutionalisation and institutional change in Norwegian nutrition policy will be used to find out more about the impact of organisation and political framing for policy outcomes.

The emergence and establishment of the Norwegian nutrition policy

Descriptions of nutrition policies have often started in the 1970s. But the histories are usually at least half a century older than that. Following the institutionalisation hypothesis, we must know something about these early phases. Historical studies have pointed to the emergence of nutrition policy as tightly associated with the age of industrialism, with the growth of cities, increasing social differentiation and changes in food supplies and distribution systems (Burnett, 1989; Hirdman, 1983; Levenstein, 1988b). In Norway, nutrition had, since before the last turn of the century, been part of hygiene related measures in the form of education and school meals (Seip, 1984). The frame of reference for public involvement in

this early phase was to get sufficient food for poor families. The discipline's traditional orientation throughout Europe towards contentment and a puritan way of life was reflected in estimates of needs that were generally very low (Jones, 1986; Kamminga & Cunningham, 1995). In Norway, conflicts evolved in the 1930s with clear references to this framing of nutritional problems, where the established expertise supported the authorities' restrictive social policy programs. The traditional poverty support was increasingly regarded as both insufficient and unworthy. Inspired by a similar debate in the UK (Jones, 1986), Norwegian critics argued that the support did not give the opportunity for a nutritionally good diet, with sufficient vitamins and energy (Evang & Hansen, 1937; Kjærnes, 1990).

Social inequalities in nutritional problems were used as important arguments for the state to become much more involved in welfare tasks (Evang & Hansen, 1937). However, nutrition was also associated with conflicts in the food market. The interwar agricultural crisis of surplus production and falling prices were particularly critical for the important dairy industry. The outcome was a political coalition between the labour party and the agrarian party, later emphasised as an important element in the establishment of the Norwegian welfare state and other Scandinavian welfare states (Esping-Andersen, 1990). In Norway, the coalition was particularly important in that, nutrition policy became synonymous with the alliance between farmers and workers, between city and countryside—with milk as a symbol (Jensen & Kjærnes, 1997). Nutrition was added as a condition and favourable argument in the process of regulating the dairy market, the aim being to counteract deflation and support the mostly very small dairy farms.

Yet, it is not evident how that nutrition could be used in Norway to justify higher prices, when the point of departure was the understanding that nutritional problems were primarily related to families that could not afford to buy nutritious foods. Nutrition had succeeded in becoming part of the general political agenda. By combining mobilisation in two arenas, the policy had strong political legitimacy. The 'co-ordinated' solution, however, implied a redirection of the nutrition policy focus from poverty and redistribution to production. Education—in a quite paternalistic style—was important in Norway, as in other countries, focusing on the lack of knowledge and motivation among housewives (Evang & Hansen, 1937).

The political mobilisation was reflected in a new public institution: an expert-based council was established under the Ministry of Social Affairs in 1937. With the threat of war, the institutional focus was redirected towards food security. From this provisional solution, a reorganised National Nutrition Council was established in 1946, representing the 'co-ordinated' solution, with representatives from various industries and involved ministries, in addition to nutritional and economic expertise (Haavet, 1996; Kjærnes, 1990). The focus on production was retained, fitting well in with the labour–agrarian coalition.

The Norwegian nutrition policy was established as an integrated part of food policy and with support from politically strong sectors. Institutionalisation joined together welfare political goals and goals related to the food market, with aims to ensure and promote the intake of protective foods, milk being the single most important item. The main measures were planning and negotiation (the characteristic 'structural approach'). This perspective was strengthened during and after World War II when the agenda was predominated by efforts that could stimulate production. Educational measures to improve nutrition behaviour should not be overlooked, but they were not central in what was perceived as 'nutrition policy'.

Post-war nutrition policy: the problem of fat

The policy that was established gave distinct political and institutional conditions for dealing with the nutritional problems that emerged in the post-war period. After World War II, the Nordic countries experienced a sharp increase in the incidence of cardiovascular disease. After a Norwegian experts' report in 1964, other Nordic experts joined in 1968 an agreement on a radical redefinition of nutrition recommendations that recognised association between fat consumption and cardiovascular disease (Jul, 1988; Lien, 1990). It was soon evident that the fat-health issue challenged the legitimacy of the extensive subsidies to the dairy industry (Hansen, 1990). From a status as essential foods, full-fat milk and butter were turned into a nutritional problem. While poor nutrition up till then had been understood (at least partly) as a problem of low income, the new fat related problems were associated with excess rather than scarcity and therefore, it was pertained less important in political debates on welfare.¹

Based on new recommendations from the mid 1960s, nutrition experts advocated a redefinition of the nutrition policy. Strong opposition came not only from dairy (and margarine) producers, but also from the proponents of the coalition between welfare and agricultural interests, also associated with social democratic politics. The formerly harmonious relation between nutrition recommendations and agricultural interests became very controversial, a situation that was difficult to handle for the consensus and negotiation-based nutrition council. Yet, it was within this setting that the new food and nutrition policy was formulated, combining goals of food security and self-sufficiency² with those of fat reduction. By once more combining nutritional and agricultural goals, nutrition

¹ Even the new problems might have been associated with welfare and income, as social inequalities were identified even for the circulatory problems associated with, among other things, nutrition.

² Global food security received a lot of attention in the 1970s, both internationally and in Norway. The Norwegian interpretation was, however, closely associated with the needs for protection of the costly agricultural industry.

recommendations were reformulated in a white paper approved by the parliament (Ministry of Agriculture, 1975). Even if this represented an important political success and much attention, this ‘co-ordinated’ policy was quite ambivalent, trying to match the needs of improved health through food behaviour changes with those of the (dairy dominated) agricultural industry (Hansen, 1990). Goals of fat reduction were included, but the aims were moderate and the importance of the proportion of the intake of saturated fat was toned down. The favoured measures were the well-known ones, planning and negotiations as ‘indirect’ measures within a producer dominated system.

Conflicts between new nutritional recommendations and agricultural interests emerged in other countries as well, where the process of redefining policy goals was even more controversial and hampered for several decades (Helenius, 1991; Mills, 1992). One explanation to the Norwegian solution seems to be the established institutionalisation of nutrition policy, which combined high legitimacy of public responsibility in this area with a strong presence of nutrition experts with an independent scientific and institutional basis. However, this does not one-sidedly demonstrate the success of nutritional arguments. In the mid-1970s, the agricultural industry needed alliances to groups that represented more general concerns in their campaign to extend public support to the industry. Both global food security and nutrition fitted very well in as ‘good causes’. By building on the established institutions, the outcome was a highly legitimate and visible policy with rather ambivalent goals and implementation programs with limited formal influence.

Low-fat milk: a success—but not from the co-ordinated policy

The case of low-fat milk illustrates the ambivalence of the Norwegian institutional solutions. Norwegians have been big milk drinkers. In the 1950s and 1960s, this was mostly full-fat milk (3.9%). At the same time, the dairy industry struggled with a saturated market for milk. Since the discussion of animal fat and coronary heart disease emerged, there were claims for a low-fat variety of fresh milk, and later a growing number of consumers preferred skimmed milk (0.1%).

Norwegian dairy farmers were and still are organised in a producer cooperative that has practically a monopoly in the distribution of fresh milk. Concomitantly, the dairy industry was (and is) heavily subsidised, and the producer cooperative (Norske meierier) has an important role as a market regulator. The goal of this corporative form of regulation was to ensure and redistribute farmer incomes. Considering the negotiation-based implementation of nutrition policy, where strong actors were to be convinced rather than regulated, it is probably not surprising that little happened with the varieties of milk offered in the Norwegian market.

However, after almost two decades of discussions, low-fat milk (1.5%) was introduced to Norwegian consumers in 1984. This was not associated with any political decision, but rather the outcome of market strategic considerations by the dairy industry (Kjærnes, 1993). Facing declining milk consumption, accompanied by a growing proportion of skimmed milk, the supply of low-fat milk can be interpreted as the producers’ reaction to the these tendencies in the consumers’ preferences. The rather paradoxical political answer to this development was the decision that the prices of cream and other high-fat products were to be regulated ‘so as to ensure the sale of the total production’ (ibid). The dairy industry, on their part, sought new uses for the surplus fat, e.g. a new low-fat margarine mixed with butter that was heavily advertised.

Low-fat milk was a market success; this was something Norwegian consumers had waited for. Within 3 or 4 years, there was a dramatic shift from full-fat milk consumption to this new variety. Today, full-fat milk has a market share of about 25%. In spite of the relatively high proportion of fat in the low-fat variety, and despite of the supply of the new margarine types and the adjustment of prices, etc. a decrease of fat in the Norwegian diet could be observed, together with a continuing reduction in the total consumption of milk (SEF, 2001). In 2000, a further milk variety with 0.5% fat was introduced, but its market share is still low (ibid).

The case of low-fat milk does not necessarily demonstrate only impotence of public policy in the field of nutrition. The conflict over milk being visible on the public agenda had also produced a story with new heroes and scoundrels and new alliances. From representing a conservative establishment, nutrition experts were the main advocates for the new fat recommendations. Many social democrats, who had earlier being radical critics, resisted changes in existing policies. The dairy industry shifted from being the main ally to hate object number one. Eventually, these shifts were reflected even in the organisation of the policy.

New conditions—a new policy?

The past 10–15 years have shown new changes in the Norwegian nutrition policy, both in terms of organisation and political focus. While the tensions built into the policy and its institutions became increasingly difficult to defend, individual health promotion strategies received growing attention throughout the 1980s.³ The ‘old’ dietary goals of 1975 were edited by the Ministry of Agriculture, but new white papers have placed nutrition as part of general

³ The shift towards the health sector may be seen not only as a response to an increasing recognition of possible conflicts between goals when different political sectors are to be co-ordinated. Extensive changes have taken place in market structures and agricultural policies, with international integration, deregulation and (somewhat) reduced subsidies.

preventive policies (Ministry of Social Affairs, 1981, 1992). The National Nutrition Council left out industry representatives, keeping only experts, primarily within nutrition and medicine. This was combined with another field of health promotion, that of physical exercise. Political decisions have made nutritional goals an explicit part of health policy. Recently, this National Council for Nutrition and Physical Exercise (Statens råd for ernæring og fysisk aktivitet, SEF) has been supplanted by an expert advisory board on nutrition, that, along with other similar boards, has secretarial functions placed within the new Health Authority (www.sef.no).

The focus in terms of nutritional problems and advice has shifted (again). In the 1970s, policy was concerned with the reduction fat intake. There was some advice on what to eat instead (bread, fruits and vegetables, fish), but this was not the prime focus. The present policy is much more concerned with the prevention of diseases other than cardiovascular disease, like cancer, and promoting the consumption of fruits and vegetables. As indicated in the introduction, there are trends in that direction. However, there is much left to do before policy goals like ‘five a day’ will finally be reached. So, what does the new environment imply for fulfilling these goals? Some preliminary comments can be given, indicating clear connections both to established policy definitions and the new institutional environment.

Closer connections to the health sector make new types of conflicts and problems relevant. One question concerns the relation between local independence and national (and EU) strategies. Many health promotion efforts take place quite autonomously within each community. There are quite a few decision-making steps for this work, which—to some extent—also takes place in collaboration with non-governmental organisations and market regulations made in national and—increasingly—in international bodies. Local efforts may contribute to more influence on the concrete implementation (as stated in many policy papers), but the distance and the inclusion in routine administration of health promotion may lead to a more depoliticised discussion, with less mobilisation and less influence on overall strategic decisions. This may, in turn, mean that the visibility and legitimacy of the policy as part of the political agenda will fade.

Far from being completely incorporated into a general health promotion agenda, however, nutrition policy seems to have retained a considerable part of its characteristic approach. Even now, indirect influence on the food market by negotiating with and convincing other sectors and actors is exercised with explicit ambitions. The negotiating or ‘structural’ strategy towards the food market and food market regulations has been retained, expressed as ‘healthy food should be easy to get’ (Klepp,⁴ personal communication). Educational campaigns are still not initiated or

funded by nutrition authorities, but initiatives from others may receive ‘moral support’ (ibid).

Yet, decision-making arenas, as well as the political climate have changed, with considerable turbulence around food policies. New groups have emerged as actors—in particular the consumers and also the retailers. What we see is renewed relevance for producer–consumer conflicts, but within new political frames and with demands for new political solutions. This is particularly evident for consumer trust, where the conditions for trust between actors seem to have changed. Independence and transparency became central keywords. This shift is most visible in other areas of food policy, namely food safety. But the distinction between food safety regulations and nutrition policy is not always very sharp. Structural change and increased market orientation in food policy have contributed to such regulations becoming more important—and more controversial (Jacobsen, 2003). This is evident for subjects such as labelling and product information. But direct regulation by law is still relevant for both nutrition issues and potentially controversial. Examples are the practise of food fortification (e.g. in baby food or breakfast cereals), the use of food additives (like sweeteners) and product standards (like sugar content of jam). The implementation of EU’s directive on baby foods has been very controversial in Norway, where many, including SEF, have argued that this may threaten the health of Norwegian infants (www.sef.no). SEF has demanded measures to compensate this.

Traditionally, catering has received little attention in the Norwegian nutrition policy. In recent years, however, inadequate meals particularly those consumed in schools and also provided in health institutions, have been more prominently on the agenda. There are no public school meals in Norway. The children bring sandwiches from home (‘matpakke’). They can subscribe to regular milk supply, in some schools to the delivery of fruit. There are no centralised decisions on this issue within the school system; such measures are up to each school. The outcome is quite diverse, and there is a tendency (at least among older children) to skip the ‘matpakke’ and buy snacks or sweet pastry instead. SEF has given much attention to educational campaigns for the ‘matpakke’,⁵ and they have put a lot of effort into an extension of fruit subscription programs to more schools (www.sef.no).

These campaigns receive considerable attention, the strategies being information and persuasion (of schools and other institutions) rather than direct regulation or budgetary measures. This may illustrate that even though the focus has changed, the indirect approach has been retained. The new focus implies different conflicts and alliances, but as the new institutional environment seems to have been followed by a depoliticisation, this does not seem to have an agenda setting or mobilising potential.

⁴ K.I. Klepp is the leader of the National Council for Nutrition and Physical Exercise.

⁵ Accompanying this, there are also big campaigns for milk subscription, sponsored by the dairy industry.

Who are the enemies in this policy? Is it an agricultural policy that insists on high tariffs on imported fruits and vegetables as a protection of domestic producers? Or is it an educational system that insists on school meals as a private responsibility, voluntarily assisted by each school? So far, none of these conflicts have been high on the political agenda.

Recently, a new food behaviour-related problem has been increasingly recognised. Sugar consumption increases rapidly, especially among young people. What social forces promote this development? And what may counteract it? So far, nutrition policy proponents seem to direct attention towards individual responsibility. The consumption of soft drinks and sweets becomes a question of personal discipline. The institutional ‘landscapes’ of milk, fruits and vegetables do not fit for sugar, and the issue seems to evade an understanding of sugar as a social problem and a basis for mobilisation.

Final comments

In Section 1, questions were brought up concerning the significance of the institutional anchoring for the formulation and implementation of nutrition policy. European nutrition policies have to a large degree share the scientific background, often also nutritional recommendations. While comprehensive studies are lacking, descriptions from various countries indicate that the formulated policies vary considerably, both in terms of goals, the framing of the problems, the institutions and measures (Murcott & Prättälä, 1993; Roos et al., 2001; Zebich, 1979). It is suggested that this may be linked to particular social, political and institutional conditions in each country. In Britain, for example, nutrition is a public issue, but controversial on anything that can hurt the market. Measures are often poverty-oriented (Mills, 1992). In Germany, on the other hand, nutrition seems to be perceived as a more private issue relegated to the local level. Nevertheless, it seems less controversial to formulate dietary recommendations (Köhler, 1993).

The distinguishing feature of Norwegian nutrition policy has been its ‘structural’ orientation, i.e. towards production and market regulation, as opposed to individual, information-based strategies. An independent institutional basis developed for Norwegian nutrition policy, connected to partly welfare related, partly to agricultural conflicts. The constellations, however, did not form an ideal basis for redefining the nutrition issue in the 1960s and 1970s. While quite ambitious nutritional goals were politically sanctioned, the implementation program was indirect and rather ambivalent. The links to agriculture gave (potential) access to strong measures, but it is closed, and the harmony-based administration was problematic for handling of the conflicts that emerged. Norwegians became, however, well aware of the problems of fat and they have reduced fat consumption.

Expressed in brief terms, the symbol politics was turned into claims for real changes. It is suggested that political legitimacy of the nutrition policy established initially as well as the visibility of the new claims on the political agenda may account for this relative success of the Norwegian policy, compared to many other North European countries, more than its solutions in terms of organisation or particular measures.

In recent years, the focus has gradually been redirected from agriculture towards the health sector and schools. The present policy seems to be an amalgamation of the established tradition, where ‘indirect’ measures are favoured, and a health policy framing of the present institutionalisation. It is still an open question how this policy can handle the new emerging problems of increasing sugar consumption, overweight, etc.

By looking at the development of Norwegian nutrition policy, it is evident that when welfare policies as well as market regulation change, this will have consequences on nutrition policy, both with regard to the conditions for legitimacy and trust and potential measures. However, this does not mean that nutrition policy is no longer situated in the minefield between these policy sectors. Moreover, a policy like the established one leans heavily on expert advice. Many have commented (e.g. Beck, Giddens, & Lash, 1994; Wynne, 1995) that expertise is no longer legitimate and authoritative per se. It is not unlikely that, an expert oriented strategy may be challenged, making it necessary to seek for more open and mobilising solutions in order to keep or regain trust.

The Norwegian policy has been based on the presumption that it is possible and advisable to declare through political decisions how people should eat, and then regulate the supply according to that. While many commentators have presented this as an enviable situation, this paper has indicated that it also implies challenges, both in terms of actually implementing such a policy, and to change according to new nutritional advice. The basic—and well-known—dilemma remains, that of defining freedom and protection; freedom from a more or less stagnant paternalistic state vs. protection from powerful market forces that do not have public nutrition and health as their prime interest.

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