

**UNDERSTANDING OF  
FORTIFICATION ISSUES IN  
LOW INCOME  
SOUTH AFRICAN  
METROPOLITAN CONSUMERS**

**"Research undertaken by JB Consultancy for Unilever"**

**REPORT FOR  
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## INDEX

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1.	Introduction	2
2.	Research Objectives	2
3.	Research Methodology	3
4.	Demographics	5
4.1	Education	5
4.2	Working status	5
4.3	Facilities	5
5.	Main Findings	6
5.1	Household Shopping	6
5.2	Media Consumption	6
5.3	Health	9
5.4	Knowledge of Vitamins and Minerals	9
5.5	Health and Vitamins	12
5.6	Health and Minerals	13
5.7	Vitamins and Mineral Supplementation	14
5.8	Healthy Diet	15
5.9	Household Food Buyer	16
5.10	Fortified/Enriched Foods	19
5.11	Information on Health and Healthy Food	24
5.12	Diseases	26
5.13	Aspirations	28
6.	Executive Summary	30
7.	Recommendations	33

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## **1. INTRODUCTION**

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This research was originally undertaken for Unilever Research International by JB Consultancy together with Markinor as part of a larger international research project. Unilever Research International has agreed to sponsor the sharing of selected tables of the research with the South African Department of Health: Directorate of Nutrition. The sharing of the information is to assist the Directorate of Nutrition in the planning of a relevant and research based communication strategy that forms part of their mandatory fortification programme sponsored by UNICEF.

As part of the agreement, Unilever requested that JB Consultancy would as part of the sharing of the tables draw up a covering report that contextualises the information gathered and highlights key findings relevant to the Directorate of Nutrition interest area and that JB Consultancy would be the contact point for any questions generated from the research results.

Unilever agreed that the results of the research could be shared in the open public forum by the Directorate of Nutrition and that in this instance the research findings will be quoted as "research undertaken by JB Consultancy for Unilever". Unilever requested that the quotes attributed to the research be approved by JB Consultancy ahead of being released to the media.

## **2. RESEARCH OBJECTIVES**

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The primary objective of this component of the research was to investigate a range of attitudes and perceptions of metropolitan consumers in the lower end of the market, as well as into their knowledge levels regarding vitamins, minerals and health and healthy foods.

This was done by ascertaining from the target population in South Africa:

- knowledge levels of the health value of vitamins and minerals
- knowledge of vitamin and mineral deficiencies
- perceptions of household intake of vitamins and minerals
- understanding of, and attitudes towards fortified/enriched foods
- fortified/enriched foods that are currently being consumed
- attitudes towards adding new foodstuffs to the diet
- factors affecting product and brand choice decision
- personal aspirations and aspirations for children.

### 3. RESEARCH METHODOLOGY

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The research was conducted in two sequential phases.

#### Phase 1: Focus Groups

Four focus groups were conducted, amongst black consumers, with a household income of R1000 per month or less.

- Three female groups: 25 - 34 years of age  
35 – 49 years of age  
50+ years
- One male group

Each discussion group consisted of six to eight people, who met the requirements of the target market. The groups were facilitated by an experienced moderator and were conducted in the vernacular. Groups were tape-recorded and translated into English for analysis.

#### Phase 2: Face-to-face interviews

The focus groups were analysed and a quantitative questionnaire was developed (see back of report), based on the findings of the qualitative phase. A total of 400 interviews were conducted, with the following demographic breakdowns:

Demographic	Breakdown	Number of Respondents
<b>Gender</b>	Male	160
	Female	240
<b>Age</b>	20 – 34 years	100
	35 – 49 years	200
	50+ years	100
<b>Household Income</b>	R1 – R500	122 (30.5%)
	R501 – R999	278 (69.5%)

<b>Area</b>	Johannesburg	156
	East Rand	103
	West Rand	21
	Cape Town	41
	Durban	69
	Bloemfontein	10

**NOTE:**

All participants had to meet two selection criteria:

1. A household income of less than R1000.00 per month
2. Had to be involved with the household food purchasing.

Interviews were carried out at taxi ranks (arrival: 100; departure 100), close to spaza shops (100) and close to supermarkets (100).

## 4. DEMOGRAPHICS

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### 4.1 EDUCATION

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See attached graph.

No schooling:	3%
Some primary:	14.8%
Primary completed:	16%
Some high school:	46%
High school completed:	17%
Technikon diploma:	1.5%

### 4.2 WORKING STATUS

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See attached graph.

Full-time:	15.5%
Part-time:	22.3%
Not working –housewife:	3.3%
Not working – student:	3%
Not working – retired:	10.5%
Unemployed – looking:	40.5%
Unemployed – not looking:	5%

### 4.3 FACILITIES

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See attached graph.

Running water:	88%
Own vehicle:	5.3%
Microwave oven:	7.5%
Fridge:	67.8%
Electricity:	76.5%
Washing machine:	7%
Television:	75.5%
Radio:	55.5%
Neither TV nor radio:	6.3%

## 5. MAIN FINDINGS

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### 5.1 HOUSEHOLD SHOPPING

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Respondents were asked where they usually bought their food and groceries for the household.

**TABLE 1**

Type of Shop	Percentage of Respondents
Checkers/Shoprite	74%
Spaza	39%
Pick 'n Pay	32%
Score	28%
Township supermarket	28%
Local supermarket	21%
OK	17%
Spar	16%
Diskom	10%

Checkers/Shoprite was the most popular shopping destination. Respondents under the age of fifty were more likely to shop at Checkers/ Shoprite than older respondents were.

### 5.2 MEDIA CONSUMPTION

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Respondents were asked a number of questions regarding their media consumption. Table 2 shows the number of hours per weekday that they claimed to watch TV.

**TABLE 2**

Number of Hours	Percentage of Respondents
Less than 1 hour	11%
1 – 2 hours	20%
More than 2 hours	57%
None/don't have TV	12%

Younger respondents (under the age of 34 years) rather than older respondents, and higher income respondents (household income of R500 or more) tended to watch more television.

Table 3 shows the number of hours per weekend day that respondents claimed to watch TV.

**TABLE 3**

<b>Number of Hours</b>	<b>Percentage of Respondents</b>
Less than 1 hour	8%
1 – 2 hours	18%
More than 2 hours	61%
None/don't have TV	13%

Younger respondents, male respondents and higher income respondents had the highest television viewership over the weekend.

Table 4 shows the type of television programme that respondents claimed to watch.

**TABLE 4**

<b>Type of Programme</b>	<b>Percentage of Respondents</b>
News	78%
Sports	53%
Soap Operas	50%
Films/videos	38%
Comedy Serials	26%
None	12%
Cooking Slots	6%

All types of respondents watched news and comedy serials. Males watched sports and films/videos. Females watched cooking slots and soap operas. Respondents over the age of 50 were unlikely to watch comedy serials, soap operas and films/videos.

Respondents were asked how many magazines they read per month. Table 5 shows the results.

**TABLE 5**

<b>Number of Magazines Read</b>	<b>Percentage of Respondents</b>
Nil	51%
1	23%
2	14%
3	8%
4	1%
5	1%
5+	2%

Only half the respondents claimed to read magazines. Magazine readers were more likely to be female, under the age of 34 and in the higher income group.

Table 6 shows the number of hours per weekday that respondents claimed to listen to the radio.

**TABLE 6**

<b>Number of Hours</b>	<b>Percentage of Respondents</b>
Less than 1 hour	9%
1 – 2 hours	16%
More than 2 hours	70%
None	5%

There were no differences in the type of respondents that listened to radio.

Table 7 shows the number of hours per weekend day that respondents claimed to listen to the radio.

**TABLE 7**

<b>Number of Hours</b>	<b>Percentage of Respondents</b>
Less than 1 hour	9%
1 – 2 hours	14%
More than 2 hours	72%
None/don't have TV	5%

Again, there were no differences in radio listenership.

**NOTES TO CONSIDER:**

- *75.5% claim to own a television but only 11.8% claim never to watch television, so many people watch television even if they do not own one.*
- *Other MARKINOR research clearly shows in this target group that radio has a higher reach but television tends to have higher impact however the 'drip' method of radio coverage has greater long-term impact than short term television promotions.*

### 5.3 HEALTH

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Respondents were shown a list of aspects of health, and asked to choose the three aspects that were the most important aspects. Table 8 shows the results. See also attached graphs.

**TABLE 8**

Aspects of Health	Percentage of Respondents
Eating the right food	61%
Free of disease	57%
Strong body	51%
Being happy	46%

The top four aspects covered the major components of health: the physical (both positive – strong body, and negative – free of disease), the psychological (being happy) and lifestyle (eating the right food).

NOTE:

- Females (50.4) rate being happy more highly than do men (39.4%).
- The least rated were being content and shiny skin and glowing hair.

### 5.4 KNOWLEDGE OF VITAMINS AND MINERALS

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Respondents were shown a list of statements and asked which they associated with vitamins and minerals. Table 9 shows the results. See also attached graphs.

**TABLE 9**

Statements	% Of respondents associating statement with vitamins	% Of respondents associating statement with minerals
Keeps the body strong and healthy	51%	23%
Protects the body from disease	46%	16%
Body builders	42%	24%
Part of a healthy diet	30%	22%
Nutrients found in food	28%	34%
Builds the muscles	27%	30%
Food from the soil	25%	30%
Ensures that the body can use energy that it gets from good	21%	25%
Makes different parts of our body work properly	14%	21%
Don't know	2%	7%

## NOTE:

- *There were no significant differences across age, gender and income.*
- *School learning's were reflected.*
- ***Respondents were less certain about which statements to associate with minerals than they were about vitamins.*** *The most common responses were that they were nutrients found in food, food from the soil and that they built muscles.*

Respondents were asked to name as many vitamins and minerals as they could. Table 10 shows the results. See also attached tables.

TABLE 10

Vitamins/Minerals	% Of respondents naming this as a vitamin	% Of respondents naming this as a mineral
A	55%	1%
B	47%	0.3%
C	75%	0.3%
D	43%	0.3%
E	34%	1%
B1	5%	-
B2	5%	0.3%
B6	4%	1%
B12	7%	-
Iron	1%	26%
Salt	0.3%	19%
Mineral water	1%	16%
Calcium	2%	31%
Iodine	-	6%
Zinc	0.3%	11%
Magnesium	-	12%

## NOTE:

- *The best-known vitamin was Vitamin C and the best-known mineral was Calcium.*
- *There were very few incorrect responses to this question. However, more respondents nominated a vitamin (only 15% could not name a vitamin) than did a mineral (49% of respondents could not name a mineral).*
- *The 50+ age group were fewer confident about vitamins and minerals.*
- *Very few spontaneously separate Vitamin B into different vitamins e.g. B<sub>1</sub>, B<sub>2</sub> but those that do tend to be <34 years of age.*
- *Mineral water is recognised as a mineral!*

- ***Iodine is not recognised as a mineral and this should be considered as there has been a national campaign regarding the iodisation of salt. The research indicates that this group of consumers has not received any message of iodine being a mineral. The objective of the iodine communication campaign should be assessed to see if there was a communication problem that this time should be avoided.***

Respondents were asked what the natural source of vitamins and minerals were. Table 11 shows the results. See attached graph.

**TABLE 11**

<b>Natural Source of Vitamins/Minerals</b>	<b>% Of respondents associating this with vitamins</b>	<b>% Of respondents associating this with minerals</b>
Vegetables	70%	17%
Fruit	65%	11%
Sun	29%	12%
Meat	21%	30%
Dairy	13%	28%
Grains	7%	15%
Don't know	7%	30%

**NOTE:**

- *Vitamins were perceived to come from vegetables and fruit.*
- *Minerals were perceived to come from meat and dairy but a high percentage could not name any source of minerals.*
- *Older respondents were less sure of their responses than younger respondents were.*
- *The younger age group were more aware of fruit as a source of vitamins*
- ***The older group had a higher association of grains as providing vitamins and the younger group of grains providing minerals.***

Respondents in the focus groups were aware of vitamins and minerals in tablets, creams and juices/drinks, and many could identify foods associated with specific vitamins and minerals. It was decided to focus on natural sources in the quantitative phase.

## 5.5 HEALTH AND VITAMINS

Respondents were asked which health problems were caused by a lack of vitamins. Table 12 shows the results. See attached graphs.

**TABLE 12**

Health Problems	Percentage of Respondents
TB	10%
Weak body	10%
Flu	8%
Weight loss	7%
Always sick/get sick easily	7%
Lack of energy	6%
Skin problems	6%
Malnutrition	5%
Poor eyesight	5%

NOTE:

- *63 health problems were nominated, most of them by 3% or fewer respondents indicating that there is little consensus on specific problems associated with vitamins but the associations made are positive.*
- *The problems that respondents most commonly associated with lack of vitamins were TB, weak body and flu.*

Respondents were shown a list of 'things that vitamins can do for us' and asked which vitamins they associated with each function. Table 13 shows the results.

**TABLE 13**

Function	% Of respondents associating function with vitamin								
	A	B	B2	B6	B12	C	D	E	Don't know
Good for eyesight	<b>26</b>	16	4	4	4	26	10	5	31
Boosts energy	20	<b>23</b>	<b>10</b>	7	3	31	14	8	22
Protects from colds and flu	9	10	9	7	5	<b>50</b>	12	6	23
Protects skin against the sun	10	12	7	9	4	15	<b>24</b>	<b>17</b>	31
Prevents night blindness	13	9	5	6	8	12	6	6	<b>50</b>
Strengthens bones	18	18	6	4	8	24	16	7	27
Gives energy	22	19	7	7	7	23	18	9	25
Heals wounds	8	10	5	8	8	13	7	9	48
Keeps skin healthy	15	14	7	5	4	18	15	1	35
Builds the body	<b>24</b>	<b>24</b>	8	6	8	22	15	9	28
Replaces worn out tissue	10	10	8	6	7	11	5	10	<b>50</b>
Boosts the immune system	11	14	6	7	8	13	10	7	<b>49</b>
Prevents disease	9	10	3	3	4	13	7	5	<b>72</b>

The high percentages are highlighted. The highest nomination was for Vitamin C: prevents one from colds and flu. There were few differences in responses from the type of respondent.

NOTE:

- *Approximately 1/3 of people had no idea for each of the vitamins roles but those that knew were correct.*
- *Younger people knew more than did older people.*
- *There was little linking of vitamins to the immune system yet the link to problems caused by lack of vitamins makes this connection.*

## 5.6 HEALTH AND MINERALS

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Respondents were asked which health problems were caused by a lack of minerals. Table 14 shows the results. See attached graph.

**TABLE 14**

<b>Health Problems</b>	<b>Percentage of Respondents</b>
Weak body	6%
Weak bones	5%
Tiredness	4%
Dehydration	3%
Arthritis	3%
Skin problems	2%
Blood shortage	2%
No protection against disease	2%
Lack of energy	2%

NOTE:

- *57 health problems were nominated, most of them by fewer than 2% of respondents, indicating that there is little consensus on specific problems associated with minerals but the associations made are positive.*
- *The problems that respondents most commonly associated with lack of minerals were weak body and bones. These were nominated by only 6% and 5% of respondents respectively, showing a lack of knowledge and consensus about the function of minerals.*

Respondents were shown a list of 'things that minerals can do for us' and asked which minerals they associated with each function. Table 15 shows the results.

**TABLE 15**

Function	% Of respondents associating function with mineral						
	Calcium	Iodine	Iron	Magnesium	Salt	Zinc	Don't know
Boosts the blood system	18	8	<b>32</b>	9	4	7	35
Prevents tiredness	22	10	18	15	6	7	41
Strengthens immune system	13	<b>14</b>	17	14	7	8	47
Strengthens the body	28	8	20	<b>17</b>	10	8	33
Strengthens bones	<b>41</b>	9	19	7	<b>14</b>	7	28
Strengthens teeth	<b>44</b>	6	10	9	11	8	33
Makes the brain work better	12	<b>15</b>	19	13	6	8	47
Strengthens nails	17	8	11	7	6	9	53
Prevents disease	12	6	11	8	3	5	<b>74</b>

NOTE:

- *Approximately 1/3 of people had no idea for each of the minerals roles but those that knew were correct.*
- *Younger people knew the role of iron better than did the older individuals.*

## 5.7 VITAMIN AND MINERAL SUPPLEMENTATION

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Respondents were asked whether there was any time that a person would need extra vitamins and minerals. Table 16 shows the results. See attached graph.

**TABLE 16**

People Needing Supplementation	Percentage of Respondents
When ill/sick	50%
Body is weak	39%
HIV/AIDS sufferers	32%
TB sufferers	29%
Not eating enough	20%
Elderly people	18%
When pregnant	14%
Diabetics	13%
Eating the wrong foods	11%
Drinks too much alcohol	10%

NOTE:

- *Children are not spontaneously mentioned*
- *Mention is made during chronic illness*

- *It can be extrapolated that the answers reflect the society in which this community live where HIV/AIDS is dominant and top of mind and there are more elderly people. Children's general health is less highly considered and certainly not in the context of vitamin and mineral deficiencies. It is suggested that the planned communication strategy should consider making a link between low vitamin and mineral status and added protection from low immunity e.g. Added vitamins and minerals boost the immune system giving children added protection and helps those already with HIV/AIDS.*

Respondents were asked who, in their household, took vitamin and mineral supplements. Table 17 shows the results.

**TABLE 17**

People that Supplement	Percentage of Respondents
No-one	64%
Self	22%
Children	12%
Mother	6%
Husband	2%
Wife	2%

NOTE:

- *Interestingly, children in lower income households were more likely to be given supplementation than children in higher income households.*

## 5.8 HEALTHY DIET

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Respondents were asked what was healthy, in their household's diet. Table 18 shows the results. See attached graph.

**TABLE 18**

Healthy Food	Percentage of Respondents
Vegetables	63%
Brown bread	56%
Eggs	49%
Milk	45%
Fruit	32%
Mielie meal	31%
Fish	28%
Rice	23%
Cereals	9%
Oats	7%

## NOTE:

- *The foods named are generally staple foods.*
- *Vegetables were perceived to be more healthy than fruit were.*
- *Males nominated mealie meal more often than females did.*
- *Lower income respondents nominated brown bread and mielie meal more often than upper respondents did.*

Respondents in the focus groups were asked why these foods were healthy. The most common responses were that they strengthened the body, were body builders, were good for the bones, teeth and eyes, and prevented illness/disease.

## 5.9 HOUSEHOLD FOOD BUYER

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Respondents were asked who, in their household, decided what food to buy. Table 21 shows the results.

**TABLE 21**

<b>Food Buyer</b>	<b>Percentage of Respondents</b>
Self	92%
Children	18%
Mother	15%
Wife	11%
Husband	6%
Grandmother	3%

## NOTE:

- *Most respondents claimed to decide what household food to buy. This result is expected because only those respondents who claimed to do the bulk of their household food purchase were included in the study.*
- *It is interesting to note that children were more influential than other adults in the household.*

Respondents were asked who or what influenced them to buy new food that had just recently been launched onto the market. Table 22 shows the results. See attached graph.

**TABLE 22**

<b>Purchase Influencers</b>	<b>Percentage of Respondents</b>
Reasonable price	35%
TV advertising	34%
Demonstration at the supermarket	17%
Quality	15%
Taste	15%
Radio advertising	14%
Children	13%
Brand name	13%
Have money to buy something new	11%
Enough in the packet to serve the whole family	10%

**NOTE:**

- *Price and TV advertising headed the list.*
- *Males were particularly influenced by taste and TV advertising.*
- *Females were more influenced by children, enough to serve the whole family and cookery demonstrations.*
- *Women over the age of 50 were particularly influenced by children and grandchildren.*
- *Upper income respondents were more influenced by quality, sampling, TV advertising and the brand name.*
- ***Additional MARKINOR research shows that price is the respected response however if it is truly the driver is not known. It is however known that brand loyalty is high in this income group as it is in higher income groups. It would seem that the price issue is dependent on the premium – slight increases are unlikely to change behaviour.***

Respondents were asked what type of food product they bought because it was the cheapest, without looking at the brand. Table 23 shows the results.

**TABLE 23**

Food Product	Percentage of Respondents
Bread	58%
Eggs	41%
Milk	35%
Oil	25%
Tinned foods	24%
Mielie meal	23%
Sugar	18%

NOTE:

- *Generally commodity products are listed.*
- *Bread, eggs and milk were perceived to be generic. There were no demographic differentiators for any of these products.*
- *Mealie meal is purchased by brand showing high brand loyalty for this commodity.*

Respondents were asked what they expected from the food they ate/what they wanted the food to do for them. Table 24 shows the results.

**TABLE 24**

Expectations from Food	Percentage of Respondents
Taste good	62%
Give me strength, energy	62%
Nourishing, satisfying	29%
Smell good	21%
Reasonable price	21%
Easily digested	14%
Must be a full plate	12%
Look appealing	10%

NOTE:

- ***Taste and giving strength and energy headed the list. The exceptionally high response to these factors should be taken into account when planning a communication campaign and these factors should in same way be linked to the campaign.***
- *Males, rather than females, want a full plate of food.*
- *Older respondents wanted strength and energy from what they ate.*

## 5.10 FORTIFIED/ENRICHED FOODS

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Respondents were asked what “fortified foods” were. Table 26 shows the results. See attached graph.

**TABLE 26**

Meaning of Fortified Food	Percentage of Respondents
Don't know	72%
Healthy food	13%
Body building	11%
Has all the nutrients the body needs	8%
Something added to food	7%

NOTE:

- *Most respondents did not know what fortified foods were.*

Respondents were asked what “enriched foods” were. Table 27 shows the results. See attached graph.

**TABLE 27**

Meaning of Enriched Food	Percentage of Respondents
Don't know	59%
Full of vitamins and minerals	13%
Healthy food	11%
Rich and nourishing food	10%
Has all the nutrients the body needs	9%
Body building	9%
Something added to food	9%
Contains some vitamins and minerals	8%

NOTE:

- *More respondents thought they knew what ‘enriched foods’ meant than thought they knew what ‘fortified foods’ meant. **The responses given show that ‘enriched’ has more meaning to this group of people than ‘fortified’ does.***
- *A communication strategy would be well advised to make use of an already correctly understood term. It is important to note that additional Markinor research shows that a campaign that does not need to sell an understood word but rather links that word to a concept has a greater chance of success and acceptance.*

The following definition of enriched or fortified foods was read out to respondents:

*This is food that has had one or more vitamins and/or minerals added to it in order to help prevent people not getting enough of these for good health.*

Respondents were asked what would be a good word to describe this type of food to consumers.

Table 28 shows the results. See attached graph.

**TABLE 28**

<b>Preferred Terminology</b>	<b>Percentage of Respondents</b>
Enriched	33%
With added	30%
Don't know	18%
Rich in	15%
Fortified	4%

NOTE:

- *There was equal support for 'enriched' and 'with added'.*
- *Younger and upper income respondents preferred 'with added'.*
- *'Fortified' was not considered as a term to use.*

Respondents were asked which fortified/enriched foods they bought/ate. Table 29 shows the results.

**TABLE 29**

<b>Enriched Food Eaten</b>	<b>Percentage of Respondents</b>
Bread	43%
Mielie meal	35%
Don't know	28%
Rice	23%
Margarine	19%
Breakfast cereal	15%
Flour	9%
Salt	0%

NOTE:

- *Just under a half of respondents knew that bread was enriched.*
- *One third knew that mealie meal was enriched.*
- *Younger respondents were more aware of breakfast cereals.*
- *Upper income respondents were more aware of margarine.*
- *A higher proportion of lower income than upper income respondents did not know the answer to this question*
- *Only 6% mentioned nothing. But 28% said that they did not know.*

- *1/3 of the group isn't interested whereas 2/3 knows and you can thus assume are already buying this type of product.*
- *Salt is not mentioned and this again links to the fact that no link has been made to the iodisation campaign. The objective of the iodine communication campaign should be assessed to see if there was a communication problem that could be avoided in this campaign.*

Respondents who could name products that were enriched were asked how they knew this. Table 30 shows the results. See attached graph.

**TABLE 30**

<b>Source of Information</b>	<b>Percentage of Respondents</b>
On the packaging	49%
Word-of-mouth, friends, family	29%
Advertising	27%
Healthcare professionals – clinic, doctor, nurse	18%

NOTE:

- *The primary source of information was the packaging.*
- *Advertising and word-of-mouth was equally influential.*
- *Females were more likely to get information from the packaging and word-of-mouth.*
- *Males were more likely to get it from advertising.*
- *Younger respondents were more likely to get information from the packaging.*
- *Older respondents were more likely to get it from word-of-mouth.*
- *Lower income respondents were more likely to get it from word-of-mouth and healthcare professionals.*
- *It is worth noting that advertising is more effective than via health professionals but health professionals can add credibility.*

Respondents were asked whether vitamins and minerals in raw natural food or the vitamins and minerals that are added to food are better. Table 31 shows the results. See attached graph.

**TABLE 31**

Preferred Source	Percentage of Respondents
Raw natural food	34% <sup>1</sup>
Added to food	25% <sup>2</sup>
No difference	25% <sup>3</sup>
Don't know	16%

<sup>1</sup> Especially the 35+ age group

<sup>2</sup> Especially the younger group

<sup>3</sup> Across the spectrum

NOTE:

- *One third of respondents thought that raw natural food was the best source of vitamins and minerals. **This means that two thirds of respondents either already believed that vitamins and minerals that are added to food are the best source or could be persuaded to believe this.***
- *It can be extrapolated that this group of consumers have less preoccupation with the raw versus natural debate and less skepticism of technology.*
- *The younger acceptance of added as being acceptable indicates that this could be a growing trend or at least an opportunity to shape a trend that does not carry a negative association.*

Respondents were asked whether products with added vitamins and minerals tasted better than foods without. Table 32 shows the results. See attached graph.

**TABLE 32**

Better Flavour	Percentage of Respondents
With added vitamins and minerals	45%
No difference	25%
Don't know	21%
No added vitamins and minerals	9%

NOTE:

- *Just under half the respondents preferred the flavour of foods with added vitamins and minerals.*

- *If you add to those that perceive foods with added vitamins to taste better to those that perceive them to be no different and those that don't know, it shows that 91% could be persuaded to believe that added vitamins improve the taste of food.*

Respondents were asked what foods they would choose to be enriched/fortified. Table 33 shows the results.

**TABLE 33**

<b>Enriched Foods</b>	<b>Percentage of Respondents</b>
Bread	42%
Milk	36%
Mielie meal	35%
Rice	29%
Samp	21%
Cheese	15%
Canned vegetables	13%
Margarine	13%
Peanut butter	13%
Breakfast cereal	12%
Cooking oil	12%
Sugar	11%

NOTE:

- *Most respondents mentioned foods that were already enriched.*

Respondents were asked what benefit they would like from this fortified/enriched food. Table 34 shows the results.

**TABLE 34**

<b>Benefit from Enriched Food</b>	<b>Percentage of Respondents</b>
Strengthen the body	53%
Build the body	46%
Healthy body	43%
Taste good	32%
All the vitamins and minerals that I need	20%
Nourishment/tiredness	18%
Prevent disease	11%
Strengthen teeth	10%
Treat tiredness	10%

NOTE:

- *The primary focus was on strengthening or building the body. This could be extrapolated to link to the fear of HIV/AIDS.*
- *Males want to strengthen the body and females want a healthy body.*

Respondents were asked how interested they were in information about enriched foods. Table 35 shows the results.

**TABLE 35**

<b>Interest in Enriched Food</b>	<b>Percentage of Respondents</b>
Not at all interested	9%
Not very interested	10%
Neither interested not disinterested	26%
Interested	37%
Extremely interested	19%
<i>TOTAL: not at all/not very</i>	18%
<i>TOTAL: interested/extremely</i>	56%

NOTE:

- *It is noted that this could be considered as a leading question as the respondents had spent a long time discussing this subject prior to being asked this question.*
- *Over half the respondents expressed an interest in accessing more information about enriched foods.*
- *Women, respondents under the age of 50 and upper income respondents were slightly more interested in information than other respondents were.*

## **5.11 INFORMATION ON HEALTH AND HEALTHY FOOD**

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Respondents were asked where they got their information on health and healthy food. Table 48 shows the results.

**TABLE 48**

<b>Source of Information</b>	<b>Percentage of Respondents</b>
Clinic	47% <sup>1</sup>
Doctor	40% <sup>2</sup>
Radio programmes	26% <sup>3</sup>
TV	26% <sup>3</sup>
Family/friends	25%
Magazines	16%
Newspaper	8%
Pamphlets in supermarkets	5%
School when a child	5%

<sup>1</sup> More in the older group and more females

<sup>2</sup> More in the older group and more males

<sup>3</sup> More in the younger age group and higher income group

NOTE:

- *Healthcare professionals headed the list.*
- *Interestingly, pharmacists are not a major source of information, with only 3% of respondents nominating them.*
- *The response for school as a primary source of information was lower than expected, and this figure is probably higher than reported. This can be seen by the use of words commonly used in the school syllabus, for example, 'body builders' to describe vitamins and minerals.*
- ***It must be understood that from the total research that health professionals do not drive food choice, advertising and word of mouth does, however it is advised that a clear link needs to be made between what health professionals say and the packaging messages.***

Respondents were asked who they trusted to give them information on health and healthy food.

Table 49 shows the results.

**TABLE 49**

Trusted Source of Information	Percentage of Respondents
Doctor	71%
Nurse	38%
Healthworker	18%
Mother	12%
Pharmacist	8%
Dietitian	6%

NOTE:

- *Healthcare professionals, particularly doctors, headed the list.*
- *There was a big gap between doctors as a trusted source of information and doctors as a source of information in reality.*
- *The low rating of the healthworker should be noted.*
- ***It can be extrapolated from the total research that there is a great need for consistency of the messages communicated across all levels – health professionals, packaging, and advertising.***

## 5.12 DISEASES

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Respondents were asked what diseases they feared for themselves. Table 50 shows the results. See attached graph.

**TABLE 50**

Diseases for Self	Percentage of Respondents
AIDS	85% <sup>1</sup>
TB	47% <sup>2</sup>
Cancer	45% <sup>3</sup>
High blood pressure	30% <sup>4</sup>
Diabetes	21%
Heart attack	19% <sup>4</sup>
Asthma	16%
STD	16%
Heart disease	14%
Arthritis	13%

<sup>1</sup> Especially in the lower age group

<sup>2</sup> Across age groups but slightly greater concern to the middle aged

<sup>3</sup> Especially in the middle aged group

<sup>4</sup> Especially in the older group

NOTE:

- *AIDS is the main disease that respondents fear contracting, particularly the younger respondents. Other diseases that younger respondents fear include STDs and TB.*
- *Older respondents fear arthritis, diabetes, heart attack and high blood pressure. In other words, there is a split between social diseases and diseases associated with aging.*

Respondents in the focus groups were asked what they did to avoid developing these diseases. The most common responses were to eat healthy food, avoid unhealthy food, to keep fit, to keep warm, to have regular medical check-ups and to practice safe sex.

Respondents were asked what diseases they feared for their children. Table 51 shows the results. See attached graph.

**TABLE 51**

Diseases for Children	Percentage of Respondents
AIDS	41% <sup>1*</sup>
TB	25% <sup>2*</sup>
HIV	19% <sup>*</sup>
Flu	16% <sup>*</sup>
Polio	15%
Diarrhoea	14%
Cancer	13%
Measles	13%
Asthma	12%
Chicken pox	12%
Pneumonia	10%
Smallpox	10%
Malnutrition	4%

<sup>1</sup> More females

<sup>2</sup> More females in the lower income level

\* It could be extrapolated that these all reflect the concern with HIV/AIDS

NOTE:

- *AIDS is the main disease that respondents fear their children.*
- *Lower income respondents fear disease for their children more than upper income groups respondents do.*
- *Women have more fears than men do.*
- ***Malnutrition is low on the list of concerns.***

Respondents in the focus groups were asked what they did to prevent their children from developing these diseases. The most common responses were to immunize them, to feed them healthy food, to avoid unhealthy food, to educate them about AIDS and its prevention, and to keep them away from other people with infectious diseases.

## 5.13 ASPIRATIONS

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Respondents were asked what sort of things would make them happy. Table 52 shows the results. See attached graph.

**TABLE 52**

Things That Would Make Respondents Happy	Percentage of Respondents
Money	71%
Happy home/family	40% <sup>1</sup>
Job	39% <sup>2</sup>
Good health	34% <sup>3</sup>
Own house	33% <sup>4</sup>
Car	23% <sup>5</sup>
Improve house	15%
Further education	8%
Self-employed	8%

<sup>1</sup> More older people

<sup>2</sup> Younger and lower income group

<sup>3</sup> Older group

<sup>4</sup> Younger group

<sup>5</sup> Younger males

NOTE:

- *Generally people want quality of life based on a holistic view.*
- *Money headed the list and was nominated in similar proportions by all types of respondents. See next question that clarifies what the money is wanted for.*
- *Younger respondents want material possessions, such as a car and a house.*
- *Older respondents want good health.*

Respondents were asked what sort of things they would like for their children. In other, words, what would make their children happy. Table 53 shows the results. See attached graph.

**TABLE 53**

Things That Would Make Respondents' Children Happy	Percentage of Respondents
Education	57% <sup>1</sup>
Good future	26%
Successful	22%
Job/career	20%
Better lives than us	19%
Money	17%

<sup>1</sup> Mainly females

NOTE:

- ***In general this group want their children to have a total better life that they have had. It is advised that the communication campaign should make the link between enriched foods and a better life.***
- *Rather than money per se, respondents wanted their children to have the means to earn a good living, i.e. education and a career/job.*

Respondents were asked whom they admired as having the kind of lifestyle and achievements that they would like. Table 54 shows the results. See attached graph.

**TABLE 54**

<b>Role Model</b>	<b>Percentage of Respondents</b>
Nelson Mandela	29%
Mother	22% <sup>1</sup>
None	18%
Felicia Mabusa Suttle	14% <sup>2</sup>
Older family member	9%
Father	8%
Grandmother	5%
Ex-teacher	5%
Minister	4%

<sup>1</sup> Slightly more females and younger and higher income group individuals

<sup>2</sup> Mainly younger females in the higher income group

NOTE:

- ***It would be a win if Nelson Mandela could give some form of endorsement to this campaign.***
- ***Felicia Mabusa Suttle needs to cover the topic and be brought into the communication campaign.***
- ***Mothers need to be convinced of the value.***

## 6. EXECUTIVE SUMMARY

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- Most respondents bought their household food and groceries from a supermarket, most commonly Checkers/Shoprite.
- 57% of respondents claimed to watch two or more hours of TV per day during the week. 61% of respondents watched two hours or more over weekends.
- News, sports and soap operas were the most popular TV programmes.
- Only half the respondents claimed to read magazines. 37% claimed to read one or two magazine per month.
- 70% of respondents claimed to listen to two or more hours of radio per day during the week. 72% of respondents claimed to listen to two or more hours during weekends.
- The most important aspects of health were perceived to be 'eating the right food', 'free of disease', 'strong body' and 'being happy'. These cover the physical, psychological and lifestyle aspects of health.
- Statements that respondents most strongly associated with vitamins were:
  - Keeps the body strong and healthy
  - Protects the body from disease
  - Body builders
- Statements that respondents most strongly associated with minerals were:
  - Nutrients found in food
  - Builds the muscles
  - Food from the soil
- The best-known vitamin was Vitamin C, followed by Vitamin A.
- The best-known mineral was calcium, followed by iron.
- Vitamins were perceived to be found in vegetables and fruit.
- Vitamins were perceived to be found in meat and dairy.
- There was little consensus on the health problems caused by lack of vitamins and minerals. Problems most commonly associated with lack of vitamins were TB, weak body and flu.
- Problems most commonly associated with lack of minerals were weak body and weak bones.
- Vitamin A was perceived to be good for eyesight and to build the body.
- Vitamin B was perceived to boost energy and to build the body.

- Vitamin C was perceived to protect from cold and flu.
- Vitamins D and E were perceived to protect skin against the sun.
- Calcium was perceived to strengthen the bones and teeth.
- Iodine was perceived to strengthen the immune system and make the brain work better.
- Iron was perceived to boost the blood system.
- Magnesium was perceived to strengthen the body.
- Salt was perceived to strengthen the bones.
- Most respondents did not know what zinc did.
- Sick people were perceived to need extra vitamins and minerals.
- 64% of respondents said that no one in their household took vitamin and mineral supplements.
- Vegetables and brown bread headed the list of food perceived to be healthy, followed by eggs, milk, fruit and mielie meal.
- Fatty foods and sweets headed the list of food perceived to be unhealthy, followed by junk food, white bread and chocolates.
- Tinned foods, particularly fish and vegetables, headed the list of processed that respondents and their families eat.
- The most important factors influencing their choice of product were perceived to be price and TV advertising.
- Respondents bought the cheapest bread, eggs and milk available, without looking at the brand.
- Respondents want food to taste good and to give them strength and energy.
- Respondents want the packaging to be clean, sealed and attractive.
- More respondents thought they knew what enriched foods meant than thought they knew what fortified foods meant.
- Respondents preferred the words 'enriched' or 'with added energy'.
- Bread and mielie meal headed the list of enriched products that respondents bought.
- The packaging was the primary source of information about whether a product was enriched or not.
- Raw natural food was perceived to be a better source of vitamins and minerals than those that are added to food.
- Foods with added vitamins and minerals were perceived to taste better than those without.
- Most foods that respondents would commonly choose to be enriched were already enriched, i.e. bread, milk and mielie meal.

- Respondents want enriched foods to strengthen the body, build the body, give them a healthy body and to taste good.
- Over half the respondents expressed interest in accessing more information about enriched food.
- Healthcare professionals, particularly doctors, were the most important and the preferred source of information on health and healthy food.
- The disease which respondents most feared for themselves and their children was AIDS. Other diseases that they feared for themselves included TB, cancer and high blood pressure.
- Other diseases that respondents feared for their children included TB, HIV, flu and polio.
- 71% of respondents said that money would make them happy.
- Respondents want their children to have an education, a good future, to be successful and to have a job/career.
- Nelson Mandela headed the list of people that respondents admired as having the kind of lifestyle and achievements that they admired, followed by respondents' mothers and Felicia Mabusa Suttle.

## 7. RECOMMENDATIONS

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- Respondents were surprisingly knowledgeable about health and healthy food. Many of the responses indicate that most of this knowledge was acquired during schooling. There is a need for further education, which would have its greatest impact if supported by healthcare professionals, particularly doctors.
- The word 'enriched' had greater meaning for this group of respondents than the word 'fortified'. 'With added vitamins' was equally meaningful. Use of both of these words on the packaging would best reach this audience.
- Packaging is the most important source of information about whether a product is enriched or not. The use of a visual symbol, which would be related to 'enriched' would also benefit this market, where there is a high level of illiteracy.
- Respondents are more knowledgeable about vitamins than about minerals. They are also more convinced about the benefits of adding vitamins to foods than they are about adding minerals. Focus should be on selling the benefits of added vitamins rather than the benefits of added minerals.
- Respondents said that they wanted enriched foods to benefit them by strengthening the body, building the body and by ensuring a healthy body. Respondents associate all three of these benefits with vitamins, and it is these aspects that need to be emphasized when marketing enriched foods to this market.