Practices and Beliefs of Consumers Who Shopped in Health and Natural Food Stores

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This study examined the practices and beliefs of consumers who shopped in health and natural food stores. Factors such as age, education, marital status, income, and gender of the consumers were studied to determine their influence on these practices and beliefs.

Introduction

The publication of the "Dietary Goals for the United States" by the U.S. Senate Select Committee on Nutrition and Human Needs in the late seventies generated interest in the relationship between nutrition and health-the risk of heart disease, cancer, and obesity. This interest by consumers has contributed to a growth in health and natural food stores. Yet, little is known about the consumers who shop in these stores.

Purpose and Method

There were two objectives for this study. The first objective was to examine the practices and beliefs of consumers who shop in health and natural food stores. The second objective was to determine the influence that factors such as age, education, income, marital status, and gender of the consumer have on these practices and beliefs.

Data for this study were obtained from questionnaires distributed to consumers shopping in health and natural food stores during summer of 1991. The communities in which the health and natural food stores were located were selected at random from all such communities in the state. The number of questionnaires distributed in each community was dependent on population size. Data analysis involved descriptive statistics (Excel 3.0), Chi-Square (MSTAT), and Fisher's Exact Test (SYSTAT).

Results and Implications

A total of 185 usable questionnaires were obtained from consumers shopping in 3 communities in the state in which health and natural food stores were located.

Findings showed that 55 percent of the consumers who shopped at health and natural food stores were over the age of 35, 61 percent were college graduates, 68 percent had incomes of $15,000 and over, 43 percent were single and 68 percent were female.

The consumers surveyed spent an average of $88 per month in health and natural food stores. Major reasons for shopping at these stores were that some of the products were not available at the supermarkets, the store was conveniently located, and the product quality was reliable. A larger percentage of consumers who were female than those who were male mentioned these reasons. Items most frequently purchased were bulk foods, produce, herbs, and specialty foods.

Nearly three-quarters of consumers shopping in health and natural food stores were meat eaters; one-quarter were vegetarians. Seventy-five percent of the respondents had made changes in the diet. The major reasons for the changes were that they had read a lot about health and nutrition, they were concerned about food additives and preservatives, and they were concerned about pesticides in foods. Of consumers making changes for these reasons, a larger percentage were female than male. Sixty-eight percent said they were very concerned with environmental issues. As income increased, the percentage of consumers who were "very concerned" decreased.

In examining the health concerns of consumers shopping in health and natural food stores, the largest percentage were concerned about their weight. This was followed with concern about cholesterol, and concern about cancer. A larger percentage of those who were married than those who were single, separated or divorced had these concerns.

The two major sources of nutrition information for the respondents were food labels and magazine articles. Consumers with the least education were those least apt to use food labels and magazine articles as a source of information. The consumers were also asked if they took vitamin and mineral supplements and why. Sixty-two percent of the respondents reported taking supplements. The major

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reasons given were to prevent and cure colds, help cope with stress, and improve physical performance. A larger percentage of those who were over 35 years of age than those under 35 took supplements for these reasons.

This study has implications for educators. Nutrition education should focus on the major concerns of consumers—weight control, management of cholesterol levels, and foods that reduce the risk of cancer and heart disease. The use of food labels is important for all consumers. Since this study showed that lower income individuals were not as apt to use food labels, education should target this consumer group. Education about vitamin and mineral supplements is recommended especially for older persons who were the major consumers of these products.

References

