

UNIVERSITY OF THE WESTERN CAPE

**EXPLORING CAREGIVERS' PERCEPTIONS ABOUT THE INFLUENCE
CHILDREN HAVE ON FOOD PURCHASE CHOICE AT GROCERY STORES.**

BY

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ABBREVIATIONS

Abbreviation	Expansion
ASA	Advertising Standards Authority
HFSS	High in Fat, Sugar, and/or Salt
DAFF	Department of Agriculture, Forestry, and Fisheries
DTI	Department of Trade and Industry
EHP	Environmental Health Practitioner
NDOH	National Department of Health
NCD	Non-communicable disease
SADHS	South Africa Demographic and Health Survey
CDOH	Commercial Determinants of Health

DEFINITIONS OF TERMS

Term	Definition
Caregiver	A family member or paid helper who regularly looks after a child
Obesity	The weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median (WHO, 2021).
Marketing power	The extent to which the message achieves its communication objectives, through its content and the strategies used.
Pestering power	The ability of children to pressurize their parents into buying them products especially items advertised in the media
Marketing exposure	The degree to which a company's target market is exposed to the company's communication
Spaza shop/corner shop	An informal convenience shop business often in the township
Front of pack nutrition labelling (FOPNL)	FOPNL refers to nutrition labelling systems that are presented on the front of food packages to support consumers in making healthier food choices at the point of purchase by delivering simplified and at-a-glance nutritional information
Food warning labels	Labelling systems to indicate when food and drink products are high in sodium, sugar, sodium/salt, fats, saturated fats, and trans fats.

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I would like to dedicate this mini-thesis to my firstborn child, Olumiyo Nelani, you are the apple of my eye, you have made me understand better, the love God has for me.

It would be a mistake to let readers think that completing this mini-thesis was easy and that I didn't get any help. Harvey Mackay nicely puts it:

“None of us got to where we are alone. Whether the assistance we received was obvious or subtle, acknowledging someone's help is a big part of understanding the importance of saying thank you”.

Harvey Mackay.

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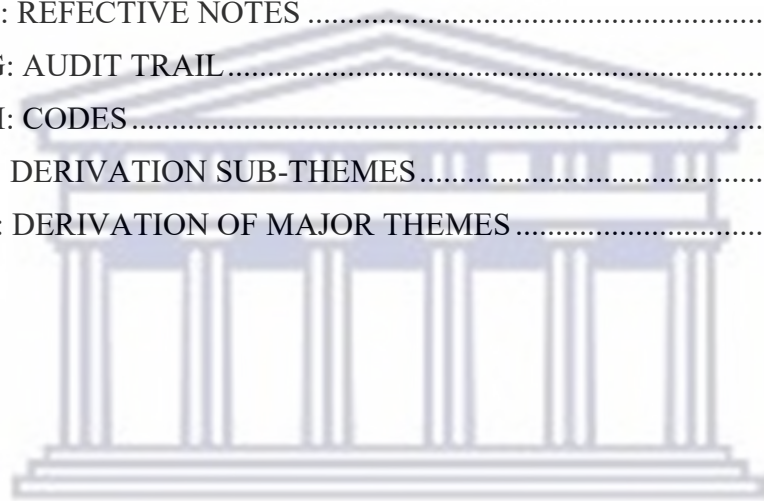
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ABSTRACT

Background

There is a rising global problem of diet-related non-communicable diseases (NCDs) such as overweight and obesity. The evidence shows a positive association between the marketing of foods and beverages high in fat, sugar, and/or salt (HFSS) to children and the increasing obesity trends, a phenomenon known as commercial determinant of health. Evidence also shows that marketing power and children's eating behaviour, preference, requests, nutrition knowledge, and food intake are linked.

Methodology

This exploratory study made use of qualitative methods that aimed to explore and describe the perceptions of caregivers regarding the influence children have on the purchase choice of foods in grocery stores. A sample of 43 participants was drawn out of a population of caregivers of children aged 2-5 years who reside in Cape Town. The data was collected utilizing five focus group discussions consisting of 7-12 participants and lasted approximately 1 hour each. The researcher facilitated the focus group discussions. Thematic coding analysis was used to analyze what emerged from the data. The researcher did thematic analysis manually. Rigour was ensured by using different strategies to ensure credibility, dependability, confirmability, and transferability.

Results

A total of five major themes accompanied by sub-themes were derived from the collected data.

1) The experience of grocery shopping with children was mostly a negative experience for the caregivers as they described children as being stressful, annoying, and disruptive. Although some caregivers found the company of their children as a positive experience, many described the experience to be rather emotional as they were not able to purchase what their children

wanted. 2) Children's behaviour during grocery shopping was mostly perceived as pestering by the caregivers. 3) Children mostly preferred to pester for foods high in sugar, salt, and fat and fast foods. 4) According to the caregivers, children were aware of the foods they pestered for because of media specifically television adverts, Facebook, and Google that were accessed via the caregiver. Alongside media, the marketing industry and peers were viewed as sources of product information. 5) The caregivers identified negative health consequences because of the foods their children desired. The caregivers perceived government as unhelpful, and that the health of their children was reliant on the strictness of their parenting.

Conclusion and Recommendation

The caregivers' perceptions were that children pester for foods high in sugar, fat, and salt including fast food and breakfast cereals. The study shows that children continue to be the target of food marketing and as a result, caregivers find it a challenging experience to take children with when grocery shopping due to the pestering of children. The results of the study also show the lack of faith caregivers have in the South African government to make any changes and that the responsibility lies with each parent to strictly discipline their child when it comes to the consumption of unhealthy foods. It is recommended that similar studies be done in other areas of South Africa to inform relevant policy action that may assist healthier child food preference development.

Keywords:

South Africa, child obesity, child nutrition, food choices, child-directed marketing, child-directed marketing regulation, pester power, marketing power, marketing exposure cost of child obesity, caregivers' perceptions.

CHAPTER 1

INTRODUCTION OF THE STUDY

1.1 BACKGROUND AND RATIONALE

According to the World Cancer Research Fund International (2020), there is a rising global problem of diet-related diseases such as overweight, obesity, diet-related non-communicable diseases (NCDs), and cancer. NCDs are a public health concern as they contribute tremendously to deaths around the world. In 2016 NCDs claimed 71% of global deaths (WHO, 2018). The presence of overweight and obesity in the early years of life poses a threat to one's future health and the risk of NCDs increases (World Cancer Research Fund International, 2020). In South Africa, where 13.3% of children under five years already suffer from being overweight obesity, child obesity continues to rise and by 2025 there could be approximately 3.9 million overweight and obese children under five years of age (NDoH et al., 2019) (Statistics South Africa., 2021).

While conditions such as obesity continue to rise, the marketing, particularly of food, targeted at children is also increasing (Aerts & Smits, 2019). Studies show a positive association between marketing power and children's eating behaviour, preference, and requests (Kraak et al., 2016), nutrition knowledge (Russell et al., 2019) (McGinnis et al., 2006), and food intake (Hastings, Stead, Forsyth, & Rayner, 2003). Marketing power is defined as “the extent to which the message achieves its communication objectives, through its content and the strategies used” (World Cancer Research Fund International, 2020). The evidence shows a positive association between the marketing of foods and beverages high in fat, sugar, and/or salt (HFSS) to children and the increasing obesity trends (Coates et al., 2019).

Young children below the age of 6 years mostly depend on or request caregivers to purchase products for them. Studies have shown that different strategies such as "emotional appeals, product requests, purchase justifications, and bad behaviour" (Ellis & Maikoo, 2018) are used to influence caregivers to purchase preferred products. These strategies are collectively known as pester power (Ellis & Maikoo, 2018), and among the factors that increase pester power is the food packaging targeted to children (Aerts & Smits, 2019).

This mini-thesis intends to explore whether caregivers are aware of the extent of this influence and to find out what their perceptions are regarding the driving forces leading to the food purchase decisions they make.

1.2 PROBLEM STATEMENT

According to the South Africa Demographic and Health Survey (SADHS) 2016 the prevalence of overweight children under 5 years is 13.3% (NDoH et al., 2019). South Africa has a relatively large population of young people; in 2017 children under 18 years made up 35% of the total population (Hall et al., 2018). South Africa is one of the countries that do not have statutory regulations for food marketing to children (Cassim, 2010).

The marketing impact on behaviour is a function of both marketing power and marketing exposure (Coates et al., 2019). Marketing exposure has been established through a lot of studies and many studies have identified the link between child obesity and exposure of children to foods high in fat, salt, and sugar. Not as many studies are available on marketing power to children which speaks more to the strategies the marketing industries use to capture the attention of children. Therefore, the purpose of this study was to find out what caregivers'

thoughts are regarding the types of food children are attracted to in grocery stores and what causes those attractions.

1.3 RESEARCH QUESTION

The research sought to answer the following research question: What are caregivers' perceptions regarding the influence children have on food purchase choices at grocery stores?

1.4 AIM

The study aimed to explore and describe the perceptions of caregivers regarding the influence children have on the purchasing choice of foods in grocery stores, including corner and spaza shops.

1.5 OBJECTIVES

1. To explore the experience of caregivers during grocery shopping with children as reported by the caregiver.
2. To describe what caregivers perceive as the influence on food purchase choice for their children in grocery stores.
3. To identify the types of foods that children influence caregivers into purchasing.
4. To explore what attracts children to these identified products, as perceived by caregivers.
5. To explore the health implications of these foods and interventions, if necessary, as perceived by caregivers.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The rapid increase in the prevalence of overweight and obesity in children has become a global issue with large numbers of children being overweight or obese in 2016 (WHO, 2021). In Africa, there has been a 50% increase in children who are overweight in the past 20 years (WHO, 2021). In South Africa, the overweight and obesity trends are no different from the rest of the world.

It has been estimated that between the ages of 5-14 years, 1 in 4 girls and 1 in 5 boys are overweight or obese (NDOH, 2020). The prevalence of overweight children in South Africa is double the global average of 6.1% (NDoH et al., 2019) and in Sub-Saharan Africa, South Africa has the highest prevalence of obesity in children under the age of five (Ayele et al., 2022). Approximately, 13.3% of the children under the age of five in South Africa are overweight (NDoH et al., 2019) (National Department of Health, 2023) (Figure 1).

Lobstein and Jewell (2022) classify prevalence as very low (<2.5%), low (2.5% to <5%), medium (5% to <10%), high (10% to <15%), and very high (>= 15%). Based on Lobstein and Jewell's (2022) classification of prevalence, South Africa classifies as having a high prevalence of overweight children under the age of five. Awareness of the high prevalence of overweight children is important to provide guidance for risk assessment in order to plan for interventions aimed at reducing the risk of overweight and obesity (Lobstein & Jewell, 2022).

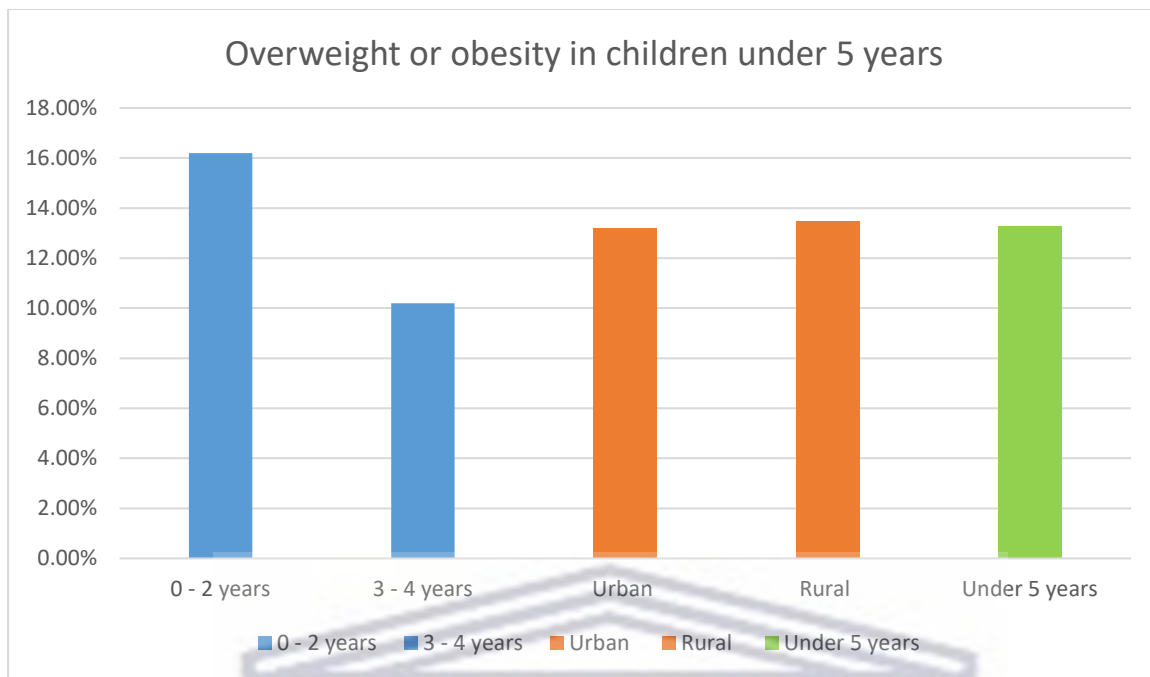


Figure 1: Overweight and obesity in children under 5 years of age (Sambu, 2019).

According to the WHO, overweight and obesity are the accumulation of excess fat that impairs health which is caused by energy-dense diet, combined with physical inactivity (WHO, 2021). According to Kraak et al (2016), children below the age of five have a biological preference for foods high in salt and sugar (Kraak et al., 2016) and consequently these foods are poor in nutrients. Foods high in calories but poor in nutrients are commonly known as unhealthy foods and ultra processed food which can be defined as “foods and beverages high in added sugar, salt and/or harmful fats, and low in nutritional value (HFSS)” (UNICEF et al., 2021).

One of the factors that contributes to the consumption of energy-dense and poor-nutrient foods is the marketing of such foods (Kraak et al., 2016). The effects of marketing on the dietary behaviours of children have been debated for more than 30 years (McGinnis et al., 2006). The commercial sector, specifically the marketing of unhealthy food, has negative effects on health. The complex negative link between the commercial sector and health is known as commercial determinants of health (CDOH) (Gilmore et al., 2023).

According to the Children's Act of 2005, in South Africa, the word 'child' refers to everyone below the age of 18 years (Children's Act 38, 2005). This study is more focused on younger children specifically preschoolers as they are more vulnerable to food marketing (Ertz & Le Bouhart, 2022) due to their limited consumer socialization skills (Loose et al., 2023).

2.2 THE COST OF OBESITY

Obesity is a complex disease (Koetsier et al., 2023) that goes beyond the weight and centimeters gained by the host. Evidence shows that obesity can cost the host not just biologically but also psychosocially and moves beyond individual costs as it can be an economic burden to its host nation as well (Ertz & Le Bouhart, 2022).

Stigma related to body size and obesity has been documented in the past and it has been found that obese children are more likely to be bullied by others and less likely to participate in physical activities (Williams et al., 2015). Obesity does not only harm the child's quality of life during childhood but also threatens the type of life they will have as an adolescent and adult because children who are obese are at an increased risk of remaining obese into adulthood (Sahoo et al., 2015).

Obesity in children under the age of five has direct costs and indirect costs that can negatively affect the family and the country (Ayele et al., 2022). The association between childhood obesity and medical conditions such as, but not limited to, fatty liver disease, asthma, sleep apnea, type 2 diabetes, cardiovascular disease, skin conditions, and cavities has been vastly reported on by researchers (Pulgarón, 2013) (Sahoo et al., 2015) (Daniels, 2006) (Tremmel et al., 2017).

Poor academic performance has also been associated with childhood obesity (Ayele et al., 2022). Poor academic performance can potentially decrease the chances of a child getting a well-paying job as an adult. Provided that the trends in obesity prevalence continue, the global economic cost of overweight and obesity is estimated to be over 3 trillion USD by 2030 and over 18 trillion USD by 2060 (World Obesity Federation, 2022).

If the current trends of overweight and obesity continue, it has been predicted that in South Africa the overweight and obesity prevalence (children and adults) will be 92% by 2060. The medical costs associated with childhood overweight and obesity have been reported to be \$237.55 per capita (Ling et al., 2023).

2.3 CONCEPTUAL AND THEORETICAL FRAMEWORK

To better understand children's consumer behaviour, a part of the cognitive development theory by Jean Piaget (Fonseca, 2010) will be used. Piaget identified four stages of cognitive development. Of interest to this study is the later and early stages of sensorimotor (birth to two years) and pre-operational (two to seven years) stages respectively

Lavuri and Aileni (2022), showed that children aged 4-18 months are engaged in television (TV) shows to the extent that they can identify company logos, correlate between TV adverts and the stores' items, and thus want caregivers to purchase those items for them. The strategies used by young children to influence caregivers on the choice of purchase evolve with the child's age. Before children can speak they merely rely on body language such as making noises and pointing to communicate what they want from a store (McNeal, 2007).

By age two to four years, the pre-operative stage (Fonseca, 2010), children have more of a pestering and aggressive behaviour that they use to influence what they want (McNeal, 2007b) (Lavuri & Aileni, 2022). During this stage, children's cognitive development is unable to tell the difference between fact and advertising. At this stage, they cannot comprehend that not everything shown in media is actual (Lavuri & Aileni, 2022) (World Cancer Research Fund International, 2020). They assess products based on what they see on the packaging alone (Prible, 2017) and find it "fun, entertaining, and unbiased" (Fonseca, 2010). By the time a child is between four to six years, they have learnt the shopping process (McNeal, 2007a) and are likely to have already developed product preferences (Prible, 2017).

2.4 CHILD-DIRECTED MARKETING

The impact that marketing has on behaviour is a function of both marketing power and marketing exposure (Coates et al., 2019). Marketing power refers to the strategies used to ensure the effectiveness of marketing and marketing exposure is the extent and frequency with which these strategies reach the target audience (Finlay et al., 2022).

The most persuasive technique used in food marketing for children has little to do with the quality of the product but rather draws the child to themes of fun, happiness, adventure, and other imagery instead of any product information (Mills, 2016). This technique works without fail in young children because they are not able to separate these themes from the actual marketing intention. Although young children do not have purchasing power, they are able, through different strategies, to influence the family purchase choice in grocery stores (Abbasi et al., 2020).

2.4.1 Child-directed marketing strategies

Marketing strategies such as repetition, branding of environments, products with gifts, and product packaging are just but a few of the strategies used to make products more memorable to children and eventually influence what is bought (Prible, 2017). Different marketing channels have been used to reach and expose children to unhealthy food including television, internet, gaming, branding, and packaging.

Media Channels

There is evidence showing a positive correlation between television (TV) watching and the consumption of unhealthy foods. The watching of TV by young children does not increase obesity because of its sedentary nature but rather the children's exposure to TV advertisements (Mchiza et al., 2013). In addition to increased food consumption (Boyland et al., 2016), evidence also shows that marketing, through TV, can affect children's knowledge and preferences of unhealthy foods (Cairns et al., 2009) (Taillie et al., 2019).

A South African study done to analyse the content of TV advertisements on South African local TV channels found that 22%, 20%, and 10% of food advertisements were for desserts and sweets, fast food, and sweetened drinks respectively (Mchiza et al., 2013). This implies that most advertisements shown on South African free to view TV during child and family times are for obesogenic foods.

The effectiveness of TV as a powerful marketing strategy to children has been attributed to three reasons; firstly, children's inability to discern the true intent and nature of an advertisement, secondly, children see TV as a learning tool, and thirdly, the entertainment or fun usually associated with the products advertised on TV is attractive to children (Ertz & Le Bouhart, 2022).

In addition to TV, young children also get exposed to food marketing via the online platform, by mostly playing games and watching YouTube videos and research shows that there are negative impacts of using these internet channels on children's food preferences and consumption (Coates et al., 2019). According to Meyer et al (2019), children between the ages of 1-5 years use mobile devices for one hour per day on average (Meyer et al., 2019). Additionally, Meyer et al (2019) found that 95% of children's applications (Apps), accessed through mobile devices, make use of at least 1 type of child-directed advertising (Meyer et al., 2019).

Product packaging

How the product looks in terms of colour and letters used to present the name of the product matters a great deal to young children because to them (children) it's all about the aesthetics and decorations (Ertz & Le Bouhart, 2022). The packaging of unhealthy food seeks to excite and promote pleasure in divergence from the health risks associated with its consumption (Elliott et al., 2013). This has potential danger in that children are at risk of eating more for pleasure and fun instead of filling their hunger and as a result opens opportunities for overweight and obesity (Ertz & Le Bouhart, 2022).

2.4.2 Strategies used by children to influence purchase choice.

Research has shown that the caregivers' choice of what to buy is greatly influenced by food marketing directed to children (Fonseca, 2010) and that marketers rely on the nagging and pestering of children to influence caregivers' purchase decisions (Prible, 2017). The power that a child has in influencing the purchase of a caregiver is known as pester power (Ahmed, 2022). Pester power is characterized by nagging, pestering, and having emotional outbursts or tantrums (McNeal, 2007b).

Baldassarre et al (2016) explain that there are two types of nagging, namely persistent nagging and importance nagging (Baldassarre et al., 2016). Persistent nagging is presented by tantrums and insistent requests that are aimed at exhausting the caregiver who then becomes more inclined to give in to the request, and importance nagging is when children explain to their caregivers why the desired product is an important purchase (Baldassarre et al., 2016). Due to the inability to fully explain the importance of the desired product, children below the age of five are more likely to use persistent nagging.

Henry and Borzekowski (2011) showed that due to attractive elements such as product packaging, presence of character figures, and advertising, children's pestering is increased during the shopping experience (Henry & Borzekowski, 2011) and caregivers are most likely to surrender to the nagging during shopping potentially due to feelings of embarrassment (Ellis & Maikoo, 2018).

In a study done by Prible (2017), it was found that the specific strategies used by children aged 2-5 years of age include single verbal requests, pointing, persistent nagging, putting items in the cart, and crying or temper tantrum (Prible, 2017)s. Table 1 shows the strategies used according to the ages 2 – 5 years.

Table 1: Influence strategies used by preschoolers (ages 2-5) in purchasing decisions (Prible, 2017).

Age (years)	Preferred strategies for purchase influence
2	Single verbal request Pointing
3	Single verbal request
4	Single verbal request Pointing
5	Persistent nagging

2.5 CAREGIVERS' PERCEPTIONS OF CHILD-DIRECTED MARKETING

Caregivers' perceptions of the influence children have on food purchase choices have not yet been explored in South Africa. Regarding the subject of child-directed marketing, the majority of research has focused mainly on marketing exposure and steps to be taken to protect children from child-directed marketing (Mchiza et al., 2013) (Yamoah et al., 2021)(Powell et al., 2011),. A study by Fonseca (2010) showed that parents view it as “unacceptable” for unhealthy food to be advertised to children as these foods influence their children’s food choices and the way their children eat (Fonseca, 2010).

Another study by Baskin et al (2013) showed that caregivers were very concerned about TV and print advertisements, celebrity or character endorsements, and discounted/combo meals that influence their purchase decisions (Baskin et al., 2013). Henry and Borzekowski (2011) interviewed 64 mothers who revealed that packaging, characters, and commercials are the main reasons causing children to nag (Henry & Borzekowski, 2011). In a study done in South Africa, parents found that strategies used to expose children to unhealthy food were ethically and morally wrong and showed great concern regarding the amount of foods high in sugar and fat being advertised to children on TV and the use of personalities and gifts used to promote products (Fonseca, 2010).

Caregivers attribute the pester power behaviours during a grocery visit to the marketing of such foods and although marketers acknowledge the existence of pestering and nagging, they (marketers) believe the behaviour of a child in a grocery store is the responsibility of the caregiver (Prible, 2017).

2.6 MARKETING AND FOOD CONTROL REGULATIONS

There are 16 countries (see Table 2) that regulate marketing and advertising to children and the majority of these countries specifically restrict marketing of unhealthy food to children (Taille et al., 2019). In South Africa advertising to children is regulated through the Foodstuffs, Cosmetics & Disinfectants Act of 1972, and the Advertising Standards Authority (ASA) of South Africa's Code of Advertising Practice.

Table 2: Countries regulating child-directed marketing (Taillie et al., 2019)

Countries regulating child-directed marketing			
Spain	Sweden	Norway	Chile
Costa Rica	Poland	Hungary	United Kingdom
Turkey	Uruguay	South Korea	Ireland
Canada	Taiwan	Mexico	Ecuador

The Foodstuffs, Cosmetics & Disinfectants Act has a regulation relating to the labelling and advertising of foodstuffs (R146). In 2014, draft amended regulations to R146 were published but never enacted. Currently, there is a final draft of the new Labelling and Advertising of Foodstuff Regulation R3337 in the process of being endorsed. This regulation will completely replace the R146. According to R3337, marketing to children will be prohibited if a product carries a front-of-pack warning label (Draft Regulations Related to Marketing and Advertising of Foodstuffs (R3337), 2023). It is still unclear when the R3337 will be enacted as a final regulation.

The ASA is a self-regulatory body that is established and made up of marketing and advertising industry bodies and media owners. As part of a self-regulatory initiative the ASA code added restrictions on the advertising of unhealthy foods and beverages to children (ASA, 2018). Regardless of this initiative the problem of child-directed marketing still exists in South Africa and hence childhood obesity continues to persist. A study done to measure the exposure of

children to unhealthy food and beverage advertisements in South Africa found that of all the adverts analysed, 58.8% were for unhealthy food/beverage items advertised by supermarkets followed by fast food outlets during child and family TV viewing times. (Yamoah et al., 2021).

Adele Sulcas (2022) wrote for the Daily Maverick, an online news source, that even though South Africa has limited regulations directed at protecting children from commercial determinants of health such as the marketing of unhealthy food by the food industry maybe all that is needed as a first step is policing and enforcing what is already available. She continued to say that relying on self-regulatory bodies that depend on the public to lay a complaint against the food industry, as is the case with the ASA regulation, is ineffective as the public is not well informed on the matter. A draft white paper on audio and audiovisual media services and online safety was published in South Africa in 2023. It (white paper) proposes regulations for all audio and audio-visual content services on the advertising, for both direct and indirect promotional activities, of alcoholic beverages and harmful foods that do not fit national nutritional guidelines (DCDT, 2023).

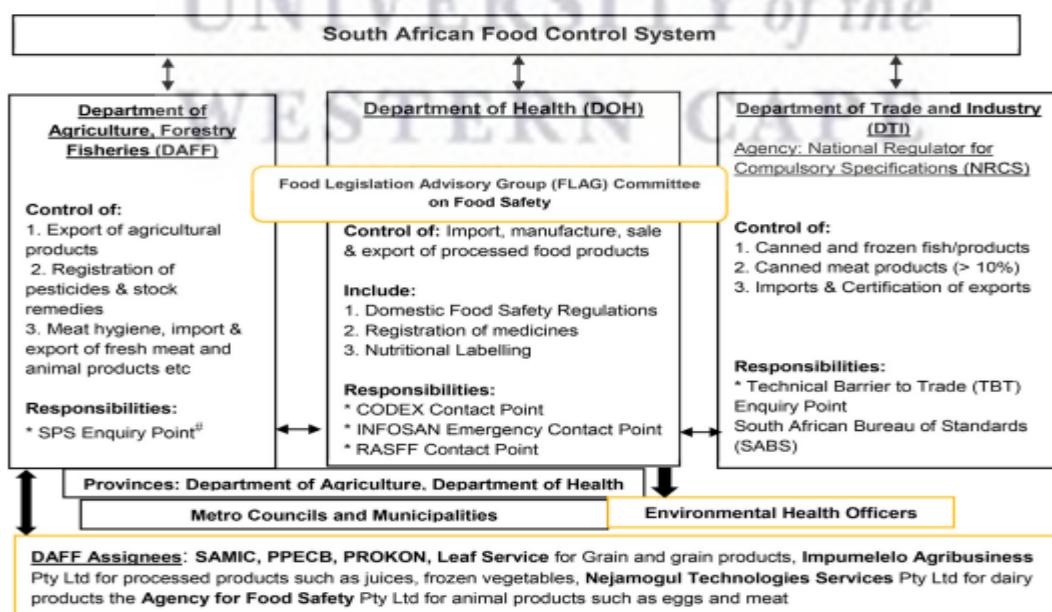


Figure 2: The South African food safety control system (Boatema et al., 2019 p336).

In South Africa, food safety is regulated by the Department of Trade and Industry (DTI), the Department of Agriculture Forestry and Fisheries (DAFF) and the Department of Health (DOH) (see Figure 5). It is the responsibility of these departments to ensure that examination and approval of food products has been done before products are being released into the market (Boatema et al., 2019). The DTI controls both locally and internationally produced canned meat/fish and frozen products. The DAFF regulates liquor and agricultural products through four regulations and enforces its commitment to the safety of food through the National Policy on Food and Nutrition (2016) (Boatema et al., 2019).

The Food Control Directorate, under DOH, is responsible for ensuring the safety of all ready-to-eat foods (Boatema et al., 2019). Additionally, the DOH is responsible for food safety education and the promotion of consumer confidence regarding the safety of food consumed in South Africa (Boatema et al., 2019). At the local municipality level, the enforcement of food safety regulations is through the function of Environmental Health Practitioners (EHP) who assess food safety compliance by inspecting food businesses (Mokoatle et al., 2016).

The logo of the University of the Western Cape is centered on the page. It features a stylized classical building with a pediment and columns. Below the building, the text "UNIVERSITY of the WESTERN CAPE" is written in a serif font, with "of the" in a smaller, italicized font.

UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 3

RESEARCH METHODOLOGY

3.1 AIM

The study aimed to explore and describe the perceptions of caregivers regarding the influence children have on purchasing choice of foods in grocery stores, including corner and spaza shops.

3.2 OBJECTIVES

1. To explore the experience of caregivers during grocery shopping with children as reported by the caregiver.
2. To describe what caregivers perceive as the influence on food purchase choice for their children in grocery stores.
3. To identify the types of foods that children influence caregivers into purchasing.
4. To explore what attracts children to these identified products, as perceived by caregivers.
5. To explore the health implications of these foods and interventions, if necessary, as perceived by caregivers.

3.3 STUDY DESIGN

In this exploratory study, qualitative methods were used to describe the perceptions of caregivers, living in low-income areas in Cape Town, about the influence children have on purchase choice at grocery stores which includes corner and spaza shops.

3.4 POPULATION AND SAMPLING

The population of the study comprised of caregivers of preschool children aged 2-5 years old attending preschool in Khayelitsha (Figure 2), Fisantekraal (Figure 3), and Langa townships (Figure 4). The three sites were chosen because of convenience in accessing participants because of the University of the Western Cape's ongoing research in the above-mentioned areas. As a result, the researcher made use of convenience sampling. The researcher chose three sites as sampling and data collection was done during the Covid 19 pandemic and it was of paramount importance to complete the data collection during the specific time that gatherings had been allowed and participants were comfortable to meet.

The sample comprised only of those caregivers who partake in shopping for and/or with their children, this was established by explicitly asking the potential participants during recruitment stages. These caregivers are most likely to have direct experience of the phenomena the study aims to explore and are more likely to provide in-depth knowledge and insight regarding the matter.

A sample of 43 caregivers was considered for the study. Sampling was purposive as participants who specifically met the inclusion criteria were part of the study. The researcher accessed the participants through other ongoing child-related research studies conducted by the University of the Western Cape in the above-mentioned areas. To ensure maximum variation in the sample, the researcher did not restrict participation according to the gender of the caregiver, number of children in the house, or whether the caregiver is a first-time or experienced caregiver. To ensure the richness of data, the following inclusion criteria were applied:

Inclusion Criteria:

- Caregivers who did most of the grocery shopping for, and/or with the child as this activity provides direct experience of the phenomena being explored.
- Caregivers who had children aged 2-5 years because this age group can communicate, verbally and non-verbally, what they want and therefore are potentially able to exert influence on purchase choice.
- Caregivers who spoke and/or understood English/Xhosa as the researcher could only converse in these languages. Afrikaans speaking participants would need an interpreter and at the time of the study there wasn't one available to the researcher.

The participants were asked a few demographic questions to ensure they met the inclusion criteria.



Figure 3: Map of Khayelitsha, Cape Town. (Google Maps, 2023)



Figure 3: Map of Fisantekraal, Cape Town. (Google Maps,2023)



Figure 5: Map of Langa, Cape Town. (Wikimedia, 2022)

3.5 DATA COLLECTION

The data was collected in 2021 using five focus group discussions (FGD). Making use of FGDs allowed the participants to engage in diverse perspectives regarding the phenomena being

studied and this led to rich data. In addition, the use of FGDs was cost and time efficient for the researcher. There were two FGDs held in Fisantekraal (Figure 3) over June and August, two in Khayelitsha (Figure 2) during July, and one in Langa (Figure 4) during October, thereafter the researcher reached saturation as no new information was emerging from the discussion and ended the data collection process after FGD at Langa.

Each FGD consisted of 7-12 participants and lasted 30 to 60 minutes. In total data was collected from 43 participants, all but one participant were females. All the participants were caregivers who took care of at least one 2 – 5-year-old child, spoke English or isiXhosa, and did majority of the grocery for, and/or with the child. One of the caregivers was also a Spaza shop owner and at least one of the caregivers was also a child caregiver at a creche.

Open-ended questions were used to facilitate the discussion using a semi-structured outline (Appendix B). The focus group discussion was recorded with the use of a cellphone and was transcribed at the end of the entire data collection process.

3.6 DATA ANALYSIS

Data was collected through focus group discussions. Thematic analysis was adopted and applied to analyse the collected information using the Braun and Clarke (2006) Thematic Analysis Model. The entire process was conducted in six steps through the phases of familiarization with the data through verbatim transcription, coding, identifying themes, reviewing themes, defining, and naming themes (Braun & Clark, 2006), and at the end, the final reporting in the form of discussion was prepared. The reliability of the data analysis process was established through the study supervisor checking and validating the process. The data was analyzed manually using the following steps:

3.6.1 Familiarization

The recorded data was transcribed verbatim to familiarize the researcher with the data set. The transcript was printed out, read, and searched for the meaning of terms found in the text, and prominent terms were highlighted. A summary of key information was done, and the data was backed up in password protected laptop.

3.6.2 Coding

The highlighted summaries were grouped before manual coding commenced. A relevant phrase was assigned to each group and that phrase became the code (Appendix H).

3.6.3 Identifying Themes.

Codes were organized and sorted into potential sub-themes (Appendix I). The sub-themes brought identity to a recurring experience, even when that experience was mentioned in different ways within the text.

3.6.4 Reviewing themes

The identified themes were revised to identify themes that needed to be combined into one big theme. When all the themes had been revised it was clear how the themes related to each other.

3.6.5 Defining and Naming Themes.

The themes were named according to the question guide to allow the reader to have an idea of what each theme was about (Appendix J).

3.6.6 Writing of the report

The final decision on themes was determined by the researcher with feedback and inputs from the supervisor, then the final report was prepared in the form of a discussion.

3.7 RIGOUR

To ensure rigour and trustworthiness of the study the researcher made use of Guba's framework of trustworthiness. The framework mentions four elements: credibility, dependability, confirmability, and transferability (Nakkeeran & Zodpey, 2012).

3.7.1 Credibility

Ensuring that research is credible gives the researcher and reader confidence in the truth of the data and interpretation of the data (Polit & Beck, 2010). To ensure the credibility of the data collection, the researcher used two strategies. Firstly, prolonged engagement. The researcher probed, asked follow-up questions, and encouraged participants to clarify or rephrase in instances where there was a possibility of misunderstanding.

Secondly, there was persistent observation of the data collected. The researcher deeply immersed herself in the raw interview material by constantly reading the data, analysing it, and revising the concepts that emerged accordingly. The researchers studied the data until the final themes provided the intended depth of insight (Appendix H-J).

3.7.2 Dependability

The researcher used two strategies to ensure the dependability of the study. The first strategy was on-the-spot member checking during the focus group discussion. This was done by saying

back to the participants what the researcher understood to ensure what was understood was what was intended by the participants. The second strategy used was collecting data until saturation was reached. The researcher had intended to facilitate six focus group discussions (two in each area); however, when the researcher realized that no new information was being added to the data already collected, the data collected ended after the completion of the fifth group discussion.

3.7.3 Confirmability

To ensure confirmability the researcher kept reflective notes (Appendix F) on the process of data collection. In addition, the researcher kept an audit trail (Appendix G) that included a description of the methodological process.

3.7.4 Transferability

The inclusion of a reflective journal and an audit trail ensures that the study is transferable to different contexts. The researcher has included a thick description of the data collection and analysis process.

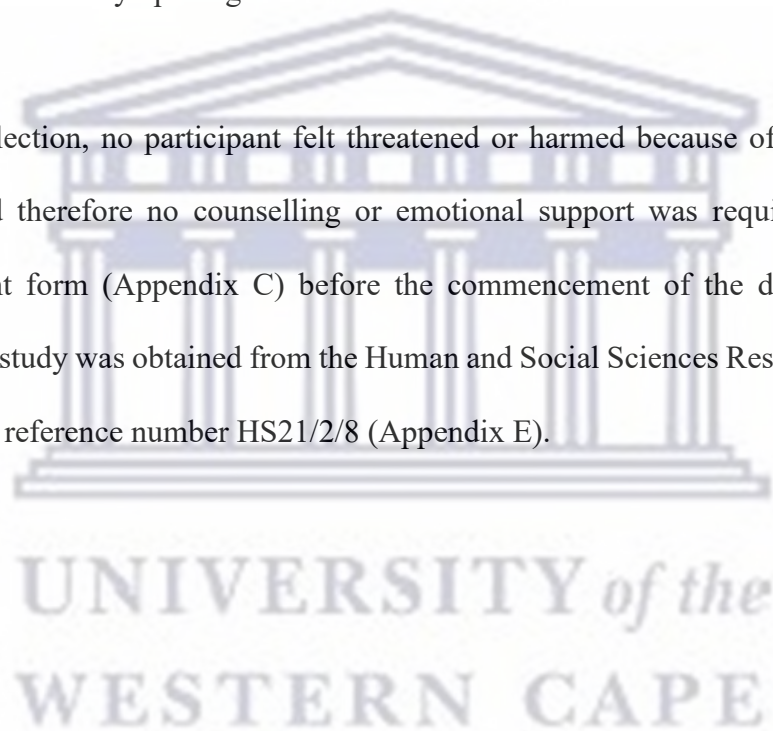
3.8 ETHICAL CONSIDERATIONS

Voluntary participation was explained to the participants both verbally and in writing. Each participant was required to sign a consent form (Appendix C) before the commencement of each focus group discussion. Each participant received an information sheet (Appendix D) explaining the study and assuring confidentiality before being requested to sign the consent form (Appendix C). The transcripts did not include the personal information of the participants. Numbers were assigned to each participant and on the transcript, participants appear as Participant 1, Participant 2, etc. Data collected from participants is stored electronically with

password encryption in an access-controlled laptop only accessible by the researcher. All collected data will be destroyed after 5 years.

During data collection the researcher ensured that all venues had a sanitizer accessible to the participants and that all participants wore masks throughout the duration of the discussions. To prevent the spread of Covid 19, the researcher also ensured that the participants did not fill more than 50% of the venue's capacity. Lastly, the researcher ensured that there was sufficient ventilation in the venue by opening windows and the door.

During data collection, no participant felt threatened or harmed because of the focus group discussions, and therefore no counselling or emotional support was required. Participants signed a consent form (Appendix C) before the commencement of the discussion. Ethics approval for the study was obtained from the Human and Social Sciences Research Committee (HSSREC) with reference number HS21/2/8 (Appendix E).



CHAPTER 4

PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This section of the mini-thesis presents the findings from the thematic analysis. FGD1 and FGD2 had 7 participants each, FGD3 and FGD4 had 12 and 10 participants respectively and FGD5 had 7 participants. In total, 43 caregivers participated in the research and through observation, only one caregiver was identified as male. A total of five major themes accompanied by sub-themes were derived (Table 3) and are discussed in conjunction with the relevant literature with the support of illustrative quotes from transcripts.

Table 3: Themes and sub-themes derived from data.

*See appendix H-J for coding and derivation of themes

Major theme	Sub-theme
Experience of grocery shopping with children	Positive experience Negative experience Emotional experience
Children's behaviour during grocery shopping	Pestering
Children's food preference	Foods high in sugar, fat, and/or salt Fast foods
Source of children's product awareness	Media Marketing industry Other children

Health consequences and interventions

Negative health consequences

Government interventions

Parental interventions

4.2 RESEARCH RESULTS

4.2.1 Major Theme 1: Experience of grocery shopping with children

Positive Experience

When the participants were requested to share their experiences when grocery shopping with their children very little information was shared in favour of parents having good and pleasant experiences. Although little attention and exaltation are paid to the positive and good experience of caregivers with children during grocery shopping, this research indicates that some of the parents report the experience as being "nice" and "funny". Participant 1 from focus group 1 replied with excitement:

PIFGD1: "Yes, it's a nice experience, yes absolutely".

It is also believed that parents consider "shopping with kids" as a source of fun and enjoyment. They express that the company of children makes the process more interesting and enjoyable. Participant 4 in focus group 1 expressed that they laugh when shopping with their child.

P4FGD1: ("... sometimes it's also funny, then you have company and then you laugh while you go shopping with them").

Negative Experience

Contrary to the sub-theme above, a bulk of data collected shows that most of the caregivers tend to avoid taking children along when grocery shopping. The experience is stressful because children tend to demand things they see in the shops and can sometimes damage expensive property. Participant 4 from focus group 1 who previously expressed enjoying the experience equally expressed how stressful the experience can be:

P4FGD1: (“... sometimes it’s stressful also because they want that, they want that, want lots of stuff in the shop”).

This sentiment was shared by many of the participants who experienced the feeling of stress when grocery shopping with their children. Mostly because children do not listen when they are in a grocery shop and tend to open and break things.

P2FGD3: “... Children have a problem sometimes he will touch around, you will find he has broken something that you didn’t have money for, now you are the one who gets arrested and stress”.

P3FGD3: “Shopping with a child is difficult, its stressful, a child doesn’t listen when you are in the shop, they break things, they want this and that, you end up not buying what you want”.

P5FGD3: “... With mine,whatever he sees he wants it to be opened, he wants cold drinks to be opened so he can drink them”.

Grocery shopping with children can also create frustrations resulting from a lot of money being wasted on foods they pick from the grocery store but refusing to eat at home.

P6FGD2: “You buy the unnecessary stuff like maybe she wants porridge with this character on and buy, but it didn’t taste nice or it’s too sweet, but you have to buy it to keep peace”.

It is due to these negative aspects of taking children grocery shopping that parents most likely avoid taking children to the stores.

P4FGD2: (“ ... I say to her I’m going on a course; I’m going to college or I’m going to a meeting so she can’t go with me”).

Emotional

The data revealed that grocery shopping can also be an emotion-charging experience for the caregiver. For some parents and caregivers, having a child present during grocery shopping can be heartbreaking especially when you are unable to get them what they want.

P3FGD1: (“... there are times when she’s at the shop and the child want a chocolate and she don’t have enough money to buy the chocolate and her heart gets so sore about it”).

For some caregivers getting the child what they want at the shop is an expression of love and care. A participant shared that in striving to be a loving and caring mother, they choose to buy what the child requests at the grocery store.

P6FGD2: *“For instance me I’ll say, I’ll do it in the child’s favour or maybe I want to be a loving or a caring mother to my child”.*

4.2.2 Major Theme-2: Children’s behaviour during grocery shopping

Pestering

This study shows that caregivers sometimes feel forced to buy what their children like from the shops when the child is accompanying them. These feelings are a result of the different pestering strategies the children will use to get the caregivers to purchase what they (children) want. Participants in focus group 3 had the following to say about their children’s behaviour when they want items seen at the grocery store:

FGD3P8: *“I no longer bring mine with me because as we go into the mall, she just wants KFC when I say I don’t have money she throws a tantrum and I give up, I end up not doing what I went to do at the mall.”*

FGD3P5: "You will notice that another will be restless, they are angry, they are even taking Shoprite tins and throwing them around, they are destroying whatever is in front of them."

Another participant in focus group 2 echoed the same experience:

FGD2P1: "You go into the shop uh the child is throwing a tantrum and yes you will buy like she said the porridge although you know the child won't eat that porridge"

P7FGD5: "...they love to manipulate the situation, a person always wants to test if we really love them, they play with our minds."

The local shops, like spazas or house shops, provide cheaper items which are grabbed by children leaving no room for discussion with the caregiver. The participants revealed that children below the age of five years can independently make purchases at the local spaza shops by simply calling out the number assigned to the item they want. Alternatively, they can point to the products they desire, and the shop owner will give it to them.

P1FGD3: "...because at the Spaza shop, they are on the counter, a child just chooses a certain number, maybe number 14 are Wilsons, number 4 are Tam-Tam, number 6 are all sweets when a child goes to the Spaza shop they look at the counter and choose which ones they want...."

P7FGD3: "... As for the children, they don't know the names of the things they wanna buy so they climb and point at what they want, and My Friend (Spaza shop owner) gives it to them."

4.2.3 Major Theme-3: Children's Food Preferences

When the participants were asked what kind of foods their children request the most in a grocery store and spaza shop there was strong evidence pointing to foods high in sugar, salt, and fat and fast food.

Foods high in sugar, fat, and/or salt

This study reveals that children while accompanying their parents during shopping loved and preferred snacks in the form of chips. The demand for chips was seconded by the request for biscuits and sweets.

P1FGD1: "... they don't want the 50c chips. He wants his Fritos. He loves Fritos and he loves the strong one".

The empirical data revealed that the choice of chips was also accompanied by sweets, toys, and boxed cereals.

P2FGD5: "...What my child always wants at the SPAZA is the sweets, the snakes, tongues (sweets)".

P3FGD1: "...its always sweets, nice stuff and they don't think about food"

P6FGD2: "...well because he's (the child) running the whole place, all over taking the sweets off the shelves and put in the trolley."

The results of the study show that children are drawn to the food items they have seen on TV and are now seeing at the shop. This is especially the case in the grocery store, where such items are found in abundance and most often presented on posters at the entrance or the visible close-reach shelves by the pay point.

P4FGD3: "They see other things like chocolates, drinks and they imitate the things that are done at the advert on TV, they love burger they shout "umjojo mama, umjojo (Steers advert)".

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Fast Foods

In addition to the foods high in salt, sugar, and fat, fast food was also mentioned as being preferred by children. It is globally believed and accepted that a huge chunk of the population is attracted by fast foods based on multiple qualities they have such as being quick in service, less expensive, and more nutritious (Reichelt and Rank, 2017). In this study, KFC is considered as the most dominant source of attraction and food choice for kids,

P5FGD3: “....*The light skinned one loves KFC....*”

P7FGD3: “.... *mom, there's the meat that you made, they sell it when you go to the mall, please buy it at KFC, the one that appeared on TV, not the one that you cooked....*”

P9FGD3: “... *Sometimes we can say they are not healthy, for instance, meat has lot of fat especially these KFC that they want maybe the cooking oil used was even used yesterday*”.

P3FGD5: “....*he would say, 'Mom I'm hungry 'and there's nothing else he would want beside that KFC....*”

4.2.4 Major Theme-4: Source of Children's Product Awareness

Media

The study shows that the foods selected and preferred by children are foods that children know from adverts, with TV adverts being the most predominant source.

P4FGD1: “*They see it all the advertisements on the TV. The ad breaks from the tv they say ohh cocoa pops....*”

Cartoons also have some influence on what children choose at the grocery stores.

P1FGD1: "Even my son, my son is five years, he ask me when I was with him last week on pick n pay. He said to me "Daddy I like that cake that he eat Mr Bean" Then I said whose Mr Bean. He says to me it's my friend I watch him. So, you see they know many things on TV that we don't know."

Besides TV, social media in the current age of modernity has been a more inspirational and attractive source of advertisement. In the context of this study, the data revealed that when caregivers use the internet, administered through cell phones, children gain access to social media applications like Facebook and Google. This in turn becomes the source of children's knowledge about the products that they prefer and like, one participant shared.

P8FGD3: "... Children know technology, they can login on Facebook and google not the small ones, a child can see something on the phone and ask you "Mom what is this? Can you please buy it for me like the fruit game on the phone"?"

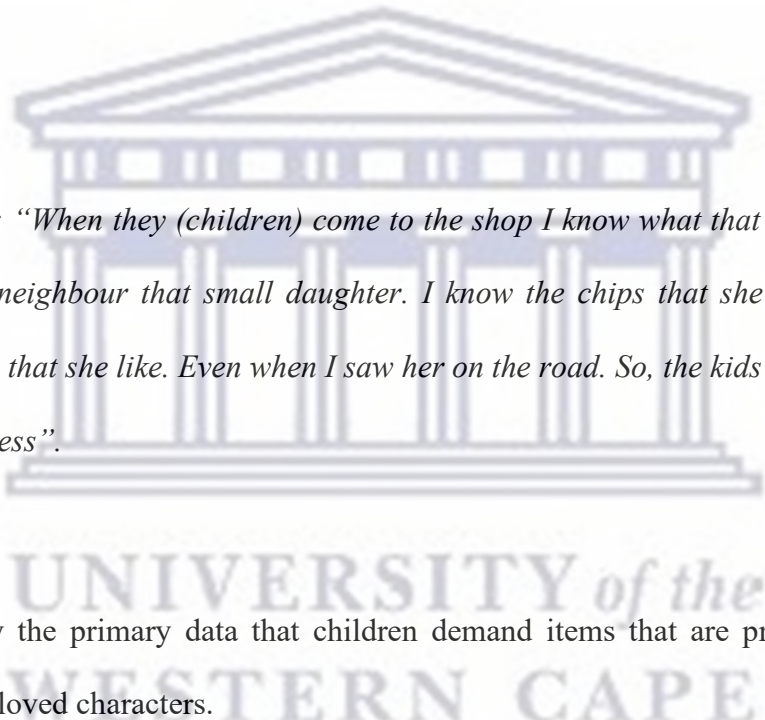
Marketing Industry

Discussing the marketing environment, the participants revealed that the shop owners direct their business to children because even though the money that comes from the child consumer comes in small increments, it accumulates to sizable cash. Referring to shop owners one caregiver said

P5FGD1: "... They (spaza shop owners) know because they clever. They see what the kids take the most in the store and so they have to get it in because they know the kids is

the guy, the people who bring the money in. Even if it's small but the end of the day it's a lot. How many kids is around at that shop and that's why they want the kids, the flavours they need the ones that they take, what they ask for and they put it in a note then they gonna buy it."

Some specific sources of attraction are created and presented for children because the business owners have made children a source of their business. Focus group 1 had a spaza shop owner who agreed.



PIFGD1: "When they (children) come to the shop I know what that childlike, I know even my neighbour that small daughter. I know the chips that she like, I know the chocolate that she like. Even when I saw her on the road. So, the kids uhh, is the key to our business".

It is affirmed by the primary data that children demand items that are projected with the symbols of their loved characters.

P15FGD4: "They see it outside because you see the cover has this picture of Simba, he becomes curious and wants to try it now that he saw the picture of it".

Other children

Although less frequently mentioned, but information revealed that children come to know about some food items from other children. The major source of children's interaction dominantly comes from schools, neighbourhoods, and families. Children sometimes request or prefer foods they have seen being eaten by other children.

P6FGD1: "Sometimes it can be they see others eat chips and they want also some".

P1FGD1: "... it's for the majority of the kids you know they see what the other kid it is they are eating then they get jealousy that's when they attracted by this kind of sweet".

4.2.5 Major Theme-5: Health Consequences and Interventions

Negative Health Consequences

None of the participants pointed to any positive health consequences associated with foods often preferred by children. The empirical data found that there are several negative health consequences, the participants emphasized different health hazards for their kids such as,

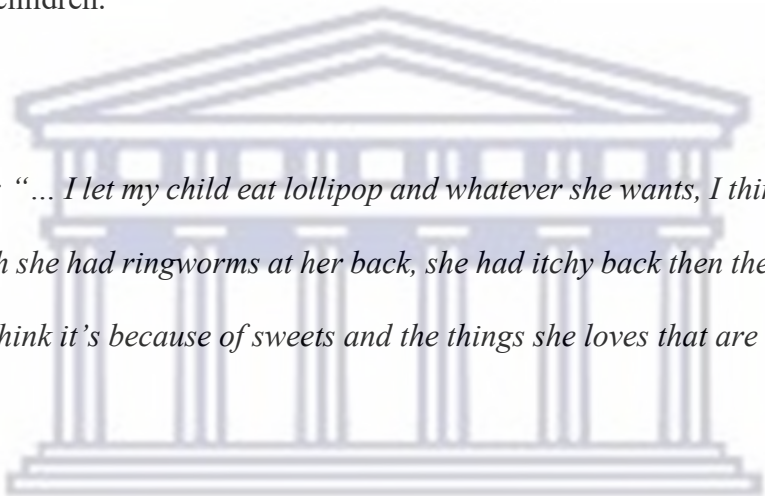
P5FGD1: "On the long term it could be a problem for our children because some of those stuff they buy at the shops is too much sugar for the kids and that's not healthy for them you see".

P1FGD2: "... I think it's really bad for them because you know they're growing up children and they need veggies".

Another consequence participants were able to identify, and share was that of dental caries.

P3FGD2: "... you not gonna be healthy if you are eating sweets maybe, for example, your teeth will get pain and you'll get sick"; "... And others end up having rotten teeth".

The most dominant consequence being frequently reported by participants was that sweets lead to ringworms in children.



P4FGD3: "... I let my child eat lollipop and whatever she wants, I think a month before last month she had ringworms at her back, she had itchy back then the ringworms came out, so I think it's because of sweets and the things she loves that are not right".

P2FGD5: "They also get ringworms a lot".

Some products bought from Spaza shops have been the cause of pimples, ulcers, and swelling among children as a result some of the participants believe items sold at the Spaza shops are of poor quality.

P2FGD3: "... My child loves Bigga (chip brand) and Taxi (biscuit brand), there's other biscuits that are R1 they are called Taxi, and they make him have pimples and ulcers in the head, so he has to bald his head and if I cut his hair, I put that thing off".

P1FGD3: “Every day you wake up and there’s a new spaza shop and the child come back asking money for Roll-on (sweets) that they eat, even that roll-on it’s a sweet so they come with different things each week”.

P7FGD5: “There are ones called Jojo (chip brand). Kids got sick and swollen, we were told here at centres that children must not purchase those chips called Jojo. And we had to communicate with the children’s guardians and parents that they should not allow children to buy Jojo chips because they make them swollen. About 7 children in the class were swollen after they bought Jojo chips.

Government Interventions

Given the perceived notions regarding the experiences, caregivers have when grocery shopping with children, an inquiry was conducted to understand the interventional measures for overcoming and controlling the shop environment. In this context, an increasingly negative response was recorded about official intervention. It is unanimously believed that the government has not taken any intentional and correctional steps to ban and/or restrict the items that undermine the health of children.

In addition, according to the participants, the primary stakeholders in this context are the food inspectors whose prime responsibility is to identify and ban unhealthy foods and keep check on wrongdoers to control and check the quality of food items. In addition, participants believe that the proper testing of the food items is the responsibility of the government, which some participants believe is not being done.

P2FGD5: "... there are people who are called food inspectors, I believe it is their responsibility to prevent these cheap snacks from being manufactured as they are the ones who test food".

Further, it is recommended by the participants that there is a need for coordination between parents and schools to take control of the situation, for instance, one of the caregivers of a creche said:

P1FGD2: "... it's a two-way thing, the parents must help us, and the school must help the parents.

Parental Interventions

Contrary to the interventional measures from the government, the caregivers reported more on parental measures. Parents were more interested in taking measures by setting rules to limit children's interaction with the Spaza shop.

P2FGD2: "... it all depends on we as parents setting the rules, it's the same as the spaza shops you can give your child less money than he can't go to the spaza shop".

Some parents have taken some strict measures to keep an eye on their children's food intake and control their diet. The data revealed a strong belief that only parents can control their children in avoiding the consumption of sweets and other unhygienic and harmful items.

P3FGD4: “Only a person can teach his child how to eat. Yes, you do not want to stop him from eating sweet things forever...”

A participant from the ECD focus group dominantly expressed that they banned cheap snacks and sweets at the school.

P7FGD5: “And that is why at our centre, we banned chips and sweets. They really lose appetite. We only allow chips that are kind of expensive, not the cheap ones, and strictly no sweets”.

In terms of recommendations to other parents, the data suggests that parental involvement is crucial for children to choose healthy foods and insists that money should not be given to children, which seems to be the strategy of choice to keep them safe and protected from unhealthy food options.

P1FGD3: “If you can stop giving child money maybe if we can stop giving them money of buying something sweet at the shop it would be better”.

P2FGD2: The Spaza shop owner will tell us, don't tell me what to do in my shop it's my shop. The children can get anything, I can't say no to them because it's their business

and we must understand that, so this is where we as parents come in, we must try to teach our children and it's a long-term thing, you must keep on and don't get tired".

Participants felt that parents need to talk to their children, convince them about what to eat and what not to eat, and prepare them for future trends and to equip them with the knowledge about negative health consequences of unhealthy foods.

P2FGD4: "... you want the baby to be trained if this is the wrong thing when he wants it don't give it to him, give him what you want you are right".

P5FGD4: "... you have to train your baby in the house on how your baby should do it".

P7FGD5: "... Yes, what is important is talking to our kids. They must know the dangers these chips they come with. We must tell them to not buy these because they are not good for their health".

4.3 DISCUSSION OF FINDINGS

This study sought to explore caregivers' perceptions regarding the influence children aged 2-5 years have regarding food choices within a grocery store. Due to the pestering experienced by caregivers, grocery shopping with children was strongly expressed as a negative experience. The findings from this study are consistent with literature where the pester power of children has been described as an 'emotional, sensitive and divisive element of modern marketing

(Shoham & Dalakas, 2005). Contrary to available literature, a few of the participants from the study enjoyed the company of their children when grocery shopping, despite the challenges that come with it.

According to the present study, children were mostly exposed to food marketing through TV adverts. Television adverts have proven to stimulate children's pestering power during grocery shopping with a caregiver. Children often request foods high in sugar and fat and these are the items mostly advertised by television adverts (Fonseca, 2010) (Mchiza et al., 2013) (Yamoah et al., 2021). In a study done by Powell *et al* (2011), 52% of children aged 3-4 years requested sweets and chocolates from the supermarket (Powell et al., 2011). A study was conducted to analyse the content of television food advertisements aimed at children in South Africa and found that among the foods mostly advertised when children are most likely to be watching TV are foods high in sugar, fat, and salt including fast foods (Yamoah et al., 2021). The findings of the present study show that similar foods were preferred by children.

Participants in this study seemed to understand that food marketers and shop owners use strategies to gain the attention of children and draw children to certain foods. Furthermore, the participants strongly felt that shop owners and food marketers have no choice but to apply these strategies as they (strategies) are good for business, and it is not the responsibility of the shop owner to care for the health of child customers.

According to Knowles et al (2016) food science and research across the globe agree that, among other things, poor quality, cheaper, and excessively consumed foods have relatively more negative health consequences, (Knowles *et al.*, 2016). Children have less maturity to

understand the consequences of their actions and preferences in food items, which often results in negative health repercussions (Foinant, Lafraire, and Thibaut, 2021). Similarly, the empirical data found that there are several negative health consequences of such foods often preferred by children. None of the participants pointed to any positive health consequences associated with foods often preferred by children.

Given the perceived notions regarding the experiences caregivers have when grocery shopping with children there was an increasingly negative response recorded about government intervention. It was unanimously believed that the government has not taken any intentional and correctional steps to ban and/or restrict the items that undermine the health of children. The primary stakeholders mentioned by the participants are the “food inspectors” (Environmental Health Practitioner – EHPs) whose responsibility is to identify unhealthy/unsafe foods, keep check and balance on wrongdoers to control and check the quality of food items. Although participants expressed that these “inspectors” can ban foods, this action is not within their scope.

One of the challenges facing South Africa is the shortage of EHPs currently with the ratio of 1 EHP for every 35 000 people (DA, 2022) compared to the WHO guideline of 1 EHP for every 10,000 people (Mathee & Wright, 2014). This shortfall decreases the effectiveness of the function of EHPs in food safety control.

The study revealed a strong belief that only parents can control their children in avoiding the consumption of sweets and other unhygienic and harmful items. Not taking children to the shops, not giving children money to buy at spaza shops, and working together with schools to ensure the prohibition of unhealthy snacks are some of the strategies practiced and advised by

the caregivers. Once the child is in the grocery or spaza shop the pester power often results in the caregiver leaving the shop without buying what was originally planned and/or paying for items that were not originally planned for purchase resulting in more money being spent. None of the caregivers seemed to have a strategy to mitigate pester power during grocery shopping with children.

These findings support findings from other studies that pester power is one of the strategies used by children to successfully influence food purchase choices and that majority 80% of parents who are regularly accompanied by children to the store admit to spending more money when their children are present during grocery shopping. Swindle et al. (2020) reported that 80% of parents spend more money when accompanied by children (Swindle et al., 2020). The caregivers perceive 'proper parenting' as being crucial for children to choose healthy foods because shop owners are running a business and do not have the responsibility for their children's health. Similarly, manufacturers believe that poor parenting is more important as a cause of childhood obesity than advertising and/or media is (Fonseca, 2010). Caregivers seem to find themselves powerless against commercial determinants of health such as the marketing of unhealthy food by the food industry.

CHAPTER 5

CONCLUSION, RECOMMENDATIONS, LIMITATIONS, AND REFLECTION

5.1 INTRODUCTION

In this chapter of the mini-thesis, the researcher concludes the study by reiterating points that seemed to be common and came out strongly from the study. The researcher also highlights recommendations because of identified gaps for more research. Finally, the researcher discusses the limitations of the study.

5.2 CONCLUSION

The study shows that caregivers perceive children to be very influential regarding purchase choices at a grocery store. The caregivers' perception was that children pester for foods high in sugar, fat, and salt including fast food and breakfast cereals. It was also noted that children pester both for foods they are used to at home and foods they are not familiar with. Interestingly, parents reported that children pester for foods they have eaten before and have not liked and caregivers continue to buy, knowing well that the child will not eat the food.

There was no differentiation between pestering for snacks and other foods. The study shows that children continue to be the target of food marketing and as a result, caregivers find it a challenging experience to take children with when grocery shopping due to the pestering of children. The results of the study also show the lack of faith caregivers have in the South African government to make any changes and that the perception of caregivers was that the responsibility lies with each parent to strictly discipline their child when it comes to the consumption of unhealthy foods.

5.3 RECOMMENDATIONS

This study represents the views of caregivers residing in parts of Cape Town namely, Fisantekraal, Khayelitsha, and Langa townships. It is recommended that similar studies be done in other areas of South Africa to better understand the perceptions of caregivers in South Africa. More South African research is needed on the influence of poorly regulated child-directed food marketing on child nutritional status. It is recommended that the perceptions of these caregivers be used as support for stricter regulation of the marketing of food to young children.

5.4 LIMITATIONS

The data was planned to be done in English and isiXhosa however there were some participants who, regardless of the language explanation at the start of the discussion, seemed to not be good with expressing themselves in English and had to do so in Afrikaans. Another participant within the group had to translate into English. This is a limitation as it may have led to overlooking valuable insights from these participants. The presence of a Spaza shop owner in one of the focus group discussions was a potential limitation as this could have compromised the other participants freedom of speech. The perceptions reflected in this study are those of parents and caregivers in low-income areas within Cape Town.

5.5 REFLECTION

It was the researcher's first time conducting and executing a qualitative study. What the researcher found most rewarding was the data collection process, although filled with its challenges such as taxi strikes, the researcher enjoyed engaging with the participants. The most challenging part of the research process experienced by the researcher was the data analysis as

the researcher was temporarily disengaged from the study data due to personal reasons. The data analysis stage therefore took longer than anticipated. The researcher found the motivation to continue the study by reading newly published work related to the researcher's interest, surrounding herself with people also on the journey of completing their master's degrees, and finally re-immersing herself in the data previously collected.

To control for any potential biases, the researcher listened attentively and remained true to the participants words and asked for clarity to inform interpretation. The researcher tried as humanly possible to hear, report, and interpret the perceptions of caregivers as is and not according to personal preconceived ideas. During data collection, the researcher checked in with participants and reiterated responses back to the participants to ensure that what was being recorded and understood by the researcher were the true perceptions of the participants.

During data collection, some of the participants expressed having experienced feelings of sadness whilst grocery shopping with their children, however, none of the participants seemed to be harmed by the focus group discussions and therefore no counselling services were required after. Even though the participants seemed not to be harmed by the discussion, the researcher was in some instances saddened by the sad realities of some of the participants. The researcher did find perspective when debriefing with colleagues and the supervisor. Participants in the focus group discussions received a R60 Shoprite voucher as a token of gratitude for their time. The participants were not aware of the vouchers before the discussion however it cannot be ruled out that some of them might have heard from people who have previously participated in research from the University of the Western Cape as giving out the Shoprite vouchers was not unique to this study.

Knowing about the voucher may have had unintended consequences such as participants accepting the invite just to receive the voucher at the end of the discussion. Transcribed and translated data from the focus group audio recordings was the only data analysed for the results reported. Literature was used to support the findings of the study. The researcher ensured not to use personal experience or perceptions when analysing the data.



REFERENCES

- Abbasi, M. A., Amran, A., Riaz, H., Sahar, N. E., & Ahmed, H. (2020). Influence of Pester Power on Parents' Buying Decision: A Focus on FMCG Products in Pakistan. *International Journal of Marketing Studies*, 12(2), 115. <https://doi.org/10.5539/ijms.v12n2p115>
- Aerts, G., & Smits, T. (2019). Child-targeted on-pack communications in Belgian supermarkets: Associations with nutritional value and type of brand. *Health Promotion International*, 34(1), 71–81. <https://doi.org/10.1093/heapro/dax057>
- Ahmed, M. (2022). Purchase influence determinants of preschoolers and primary school-going children. *International Journal of Early Childhood Special Education*, 14(03), 1418–1428. <https://doi.org/10.9756/INT-JECSE/V14I3.167>
- Ayele, B. A., Tiruneh, S. A., Ayele, A. A., Zemene, M. A., Chanie, E. S., & Hailemeskel, H. S. (2022). Prevalence and determinants of overweight/obesity among under-five children in sub-Saharan Africa: a multilevel analysis. *BMC Pediatrics*, 22(1), 1–10. <https://doi.org/10.1186/s12887-022-03645-z>
- Baldassarre, F., Campo, R., & Falcone, A. (2016). Food for Kids: How Children Influence their Parents Purchasing Decisions. *Journal of Food Products Marketing*, 22(5), 596–609. <https://doi.org/10.1080/10454446.2016.1141143>
- Baskin, M. L., Herbey, I., Williams, R., Ard, J. D., Ivankova, N., & Odoms - Young, A. (2013). caregiver perceptions of food marketing environment. *Public Health Nursing*, 16(12), 2231–2239. <https://doi.org/10.1038/jid.2014.371>
- Boatema, S., Barney, M., Drimie, S., Harper, J., Korsten, L., & Pereira, L. (2019). Awakening from the listeriosis crisis: Food safety challenges, practices and governance in the food retail sector in South Africa. *Food Control*, 104(May), 333–342. <https://doi.org/10.1016/j.foodcont.2019.05.009>
- Boyland, E. J., Nolan, S., Kelly, B., Tudur-Smith, C., Jones, A., Halford, J. C. G., & Robinson, E. (2016). Advertising as a cue to consume: A systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults. *American Journal of Clinical Nutrition*, 103(2), 519–533. <https://doi.org/10.3945/ajcn.115.120022>

- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <http://www.ncbi.nlm.nih.gov/pubmed/11752478>
- Cairns, G., Angus, K., & Hastings, G. (2009). The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. *World Health, December*, 173.
- Cassim, S. (2010). Food and beverage marketing to children in South Africa: mapping the terrain. *South African Journal of Clinical Nutrition*, 23(4), 181–185. <https://doi.org/10.1080/16070658.2010.11734335>
- Coates, A. E., Hardman, C. A., Halford, J. C. G., Christiansen, P., & Boyland, E. J. (2019). Food and Beverage Cues Featured in YouTube Videos of Social Media Influencers Popular With Children: An Exploratory Study. *Frontiers in Psychology*, 10(September), 1–14. <https://doi.org/10.3389/fpsyg.2019.02142>
- Daniels, S. R. (2006). The consequences of childhood overweight and obesity. *Future of Children*, 16(1), 47–67. <https://doi.org/10.1353/foc.2006.0004>
- DCDT. (2023). *The Draft White Paper on Audio and Audiovisual Media Services and Online Content Safety: A New Vision for South Africa (July) 2023* (Issue 49052). https://www.gov.za/sites/default/files/gcis_document/202307/49052gen1934.pdf
- Elliott, C. D., Den Hoed, R. C., & Conlon, M. J. (2013). Food branding and young children's taste preferences: A reassessment. *Canadian Journal of Public Health*, 104(5). <https://doi.org/10.17269/cjph.104.3957>
- Ellis, D., & Maikoo, M. (2018). South African children's influence tactics: what works and when? *Young Consumers*, 19(4), 432–449. <https://doi.org/10.1108/YC-02-2018-00778>
- Ertz, M., & Le Bouhart, G. (2022). The Other Pandemic: A Conceptual Framework and Future Research Directions of Junk Food Marketing to Children and Childhood Obesity. *Journal of Macromarketing*, 42(1), 30–50. <https://doi.org/10.1177/02761467211054354>
- Finlay, A., Robinson, E., Jones, A., Maden, M., Cerny, C., Muc, M., Evans, R., Makin, H., & Boyland, E. (2022). A scoping review of outdoor food marketing: exposure, power and impacts on eating behaviour and health. *BMC Public Health*, 22(1), 1–48. <https://doi.org/10.1186/s12889-022-13784-8>
- Fonseca, A. A. F. C. Da. (2010). *South African parents' perception of television food*

advertising directed at children. November, 1–7.

Gilmore, A. B., Fabbri, A., Baum, F., Bertscher, A., Bondy, K., Chang, H. J., Demaio, S., Erzse, A., Freudenberg, N., Friel, S., Hofman, K. J., Johns, P., Abdool Karim, S., Lacy-Nichols, J., de Carvalho, C. M. P., Marten, R., McKee, M., Petticrew, M., Robertson, L., ... Thow, A. M. (2023). Defining and conceptualising the commercial determinants of health. *The Lancet*, 401(10383), 1194–1213. [https://doi.org/10.1016/S0140-6736\(23\)00013-2](https://doi.org/10.1016/S0140-6736(23)00013-2)/[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(23\)00013-2.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(23)00013-2.pdf)

Hall, K., Sambu, W., & West, N. (2018). Part 3: Children Count - The numbers. In *South African Child Gauge* (pp. 2–5). https://ci.uct.ac.za/sites/default/files/content_migration/health_uct_ac_za/533/files/CC2019%2520-%2520Demography%2520of%2520South%2520Africa%25E2%2580%2599s%2520children.pdf

Hastings, G., Stead, M., Forsyth, A., & Rayner, M. (2003). Review of research on the effects of food promotion to children. *Food Standards Agency, May 2014*, 181pp.

Henry, H., & Borzekowski, D. (2011). The Nag Factor: A mixed-methodology study in the US of young children's requests for advertised products. *Journal of Children and Media*, 5(3), 298–317. <https://doi.org/10.1080/17482798.2011.584380>

Koetsier, L. W., van den Eynde, E., van Mil, E. G. A. H., van der Velde, M., de Vries, R., Baan, C. A., Seidell, J. C., & Halberstadt, J. (2023). Scoping literature review and focus groups with healthcare professionals on psychosocial and lifestyle assessments for childhood obesity care. *BMC Health Services Research*, 23(1), 1–16. <https://doi.org/10.1186/S12913-022-08957-5/TABLES/2>

Kraak, V. I., Vandevijvere, S., Sacks, G., Brinsden, H., Hawkes, C., Barquera, S., Lobstein, T., & Swinburn, B. A. (2016). Progress achieved in restricting the marketing of high-fat, sugary and salty food and beverage products to children. *Bulletin of the World Health Organization*, 94(7), 540–548. <https://doi.org/10.2471/blt.15.158667>

Lavuri, R., & Aileni, V. R. (2022). TV Advertisements: Assessing the Moderating Effect of Children's Pester Power on Parents Purchase Decision. *Journal of Promotion Management*, 28(5), 625–649. <https://doi.org/10.1080/10496491.2021.2009613>

- Ling, J., Chen, S., Zahry, N. R., & Kao, T. S. A. (2023). Economic burden of childhood overweight and obesity: A systematic review and meta-analysis. *Obesity Reviews*, *24*(2), 1–13. <https://doi.org/10.1111/obr.13535>
- Lobstein, T., & Jewell, J. (2022). What is a “high” prevalence of obesity? Two rapid reviews and a proposed set of thresholds for classifying prevalence levels. *Obesity Reviews*, *23*(2), 1–12. <https://doi.org/10.1111/obr.13363>
- Loose, F., Hudders, L., Vanwesenbeeck, I., & De Jans, S. (2023). Preschoolers and Advertising: A Systematic Literature Review and Future Research Agenda on the Effects of Advertising on Preschool Children. *Journal of Advertising*, *52*(3), 439–455. <https://doi.org/10.1080/00913367.2022.2043794>
- Mathee, A., & Wright, C. (2014). Environmental health in South Africa. *South African Health Review 2013/2014*, 105–116.
- McGinnis, J. M., Gootman, J. A., & Kraak, V. I. (2006). Food marketing to children and youth: threat or opportunity? In *Food Marketing to Children and Youth: Threat or Opportunity?* <https://doi.org/10.17226/11514>
- Mchiza, Z. J., Temple, N. J., Steyn, N. P., Abrahams, Z., & Clayford, M. (2013). Content analysis of television food advertisements aimed at adults and children in South Africa. *Public Health Nutrition*, *16*(12), 2213–2220. <https://doi.org/10.1017/S136898001300205X>
- McNeal, J. (2007a). Stage Four of Consumer Development: Co-Purchase (48–C72 Months). In *On Becoming A Consumer* (pp. 245–275). Amsterdam ; Boston : Butterworth-Heinemann. <https://doi.org/10.1016/b978-0-7506-8335-7.50015-5>
- McNeal, J. (2007b). Stage Three of Consumer Development: Selecting/Taking (24-48 Months). In *On Becoming A Consumer* (pp. 215–243). Amsterdam ; Boston : Butterworth-Heinemann. <https://doi.org/10.1016/b978-0-7506-8335-7.50014-3>
- MCNEAL, J. (2007). Stage Two of Consumer Development: Seeking/Requesting (6-24 Months). In *On Becoming A Consumer* (pp. 187–214). Amsterdam ; Boston : Butterworth-Heinemann. <https://doi.org/10.1016/b978-0-7506-8335-7.50013-1>
- Meyer, M., Adkins, V., Yuan, N., Weeks, H. M., Chang, Y. J., & Radesky, J. (2019). Advertising in Young Children’s Apps: A Content Analysis. *Journal of Developmental*

and Behavioral Pediatrics, 40(1), 32–39.
<https://doi.org/10.1097/DBP.0000000000000622>

- Mills, L. (2016). *Considering the Best Interests of the Child When Marketing Food To Children : an Analysis of the South African Regulatory Framework* (Issue December). Stellenbosch University.
- Mokoatle, M. C., Sigudu, T. T., & Morse, T. (2016). Enforcement of food safety regulations: a review of municipality records. *UJContent*, 1–10. www.joburg.org.za,
- Nakkeeran, N., & Zodpey, S. P. (2012). Qualitative research in applied situations: strategies to ensure rigor and validity. *Indian Journal of Public Health*, 56(1), 4–11.
<https://doi.org/10.4103/0019-557X.96949>
- Draft regulations related to marketing and advertising of foodstuffs (R3337), Pub. L. No. R3337 (2023).
- National Department of Health. (2023). *Strategy for the Prevention and Management of Obesity in South Africa 2023-2028*. <https://www.health.gov.za/wp-content/uploads/2023/04/Cover-pages-Strategy-for-the-prevention-and-Man-of-obesity-14-04-2023.pdf>
- NDOH. (2020). *World Obesity Day 2016*. <http://www.health.gov.za/index.php/gf-tb-program/323-world-obesity-day-2016>
- NDoH, Stats SA, SAMRC, & ICF. (2019). *South Africa Demographic and Health Survey 2016*. National Department of Health.
- Polit, D. F., & Beck, C. T. (2010). Essentials of Nursing Research Seventh Edition Appraising Evidence for Nursing Practice. In *Lippincott Williams & Wilkins* (seventh ed). <https://doi.org/10.1017/CBO9781107415324.004>
- Powell, S., Langlands, S., & Dodd, C. (2011). Feeding children’s desires? Child and parental perceptions of food promotion to the “under 8s.” *Young Consumers*, 12(2), 96–109.
<https://doi.org/10.1108/174736111111141560>
- Prible, C. (2017). *Product packaging, pester power, & preschoolers* (Issue January) [Eastern Kentucky University].
<https://encompass.eku.edu/cgi/viewcontent.cgi?article=1460&context=etd>

- Pulgarón, E. R. (2013). Childhood Obesity: A Review of Increased Risk for Physical and Psychological Comorbidities. *Clinical Therapeutics*, 35(1).
<https://doi.org/10.1016/j.clinthera.2012.12.014>
- Russell, S. J., Croker, H., & Viner, R. M. (2019). The effect of screen advertising on children's dietary intake: A systematic review and meta-analysis. *Wiley Obesity Reviews*, 20(4), 554–568. <https://doi.org/10.1111/obr.12812>
- Sahoo, K., Sahoo, B., Choudhury, A., Sofi, N., Kumar, R., & Bhadoria, A. (2015). Childhood obesity: causes and consequences. *Journal of Family Medicine and Primary Care*, 4(2), 187. <https://doi.org/10.4103/2249-4863.154628>
- Sambu, W. (2019). *Overnutrition in children*. Children Count.
<http://childrencount.uct.ac.za/indicator.php?domain=4&indicator=96>
- Shoham, A., & Dalakas, V. (2005). He said, she said ... they said: Parents' and children's assessment of children's influence on family consumption decisions. *Journal of Consumer Marketing*, 22(3), 152–160. <https://doi.org/10.1108/07363760510595977>
- Statistics South Africa. (2021). *Trends in selected health indicators regarding children under 5 years in South Africa*.
- Swindle, T., McBride, N. M., Staley, A., Phillips, C. A., Rutledge, J. M., Martin, J. R., & Whiteside-Mansell, L. (2020). Pester Power: Examining Children's Influence as an Active Intervention Ingredient. *Journal of Nutrition Education and Behavior*, 52(8), 801–807. <https://doi.org/10.1016/j.jneb.2020.06.002>
- Taillie, L. S., Busey, E., Stoltze, F. M., & Dillman Carpentier, F. R. (2019). Governmental policies to reduce unhealthy food marketing to children. *Nutrition Reviews*, 77(11), 787–816. <https://doi.org/10.1093/nutrit/nuz021>
- Tremmel, M., Gerdtham, U.-G., Nilsson, P. M., & Saha, S. (2017). Economic Burden of Obesity: A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, 14. <https://doi.org/10.3390/ijerph14040435>
- UNICEF, GLOBE, & Institute for Health Transformation. (2021). *UNICEF NBIM initiative on nutrition and children's rights in food retail sector* (Issue October).
- WHO. (2018). *World Health Statistics 2018: Monitoring Health For The SDGs, sustainable development goals* (Issue 1). World Health Organization.

<https://doi.org/10.1017/CBO9781107415324.004>

WHO. (2021). *Obesity and overweight*. <https://www.who.int/news-room/factsheets/detail/obesity-and-overweight>

Williams, E. P., Mesidor, M., Winters, K., Dubbert, P. M., & Wyatt, S. B. (2015). Overweight and obesity: prevalence, consequences, and causes of a growing public health problem. *Curr Obes Rep*, 4(3), 363–370. <https://doi.org/10.1007/s13679-015-0169-4>

World Cancer Research Fund International. (2020). *Building momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children*. <https://www.wcrf.org/sites/default/files/PPA-Building-Momentum-3-WEB-3.pdf>

World Obesity Federation. (2022). The Economic Impact of Overweight & Obesity in 2020 and 2060. In *2nd Edition with Estimates for 161 Countries*. <https://data.worldobesity.org/publications/WOF-Economic-Impacts-2-V2.pdf>

Yamoah, D. A., De Man, J., Onagbiye, S. O., & McHiza, Z. J. (2021). Exposure of children to unhealthy food and beverage advertisements in South Africa. *International Journal of Environmental Research and Public Health*, 18(8). <https://doi.org/10.3390/ijerph18083856>

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APPENDICES



DEPARTMENT OF DIETETICS AND NUTRITION

APPENDIX A

Qualifying questions

1. Are you a caregiver of a 2-5 year old?
2. Do you do majority of the grocery shopping for the child above?
3. Do you speak and/or understand English or Xhosa?



DEPARTMENT OF DIETETICS AND NUTRITION

APPENDIX B: Focus group discussion questions (English)

Focus group discussion question guide

The researcher will welcome participants, thank them for their time and provide a general introduction to explain the purpose of the discussion. The topic of the study will be briefly discussed and openness and honesty will be encouraged. Discussion without judgement will be emphasized.

1. Tell me about your experience when grocery shopping with your child
 - a. Why is your experience like this?
2. Based on your experience shopping with your child, what influences the choice of food you buy for your child?
 - a. What factors play a role in your decision making process?
 - b. How does your child participate in the decision making process and why is that?
3. What types of food does your child influence you into buying?
 - a. What about in a spaza shop/corner shop/supermarket?
4. What do you think makes children choose these products?
 - a. How do they know of these products?
5. Are there any health related consequences that can arise from eating these foods children are attracted to?
 - a. What interventions, if necessary, could help?
 - b. In your opinion what role, if any, can you play in preventing these consequences?

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APPENDIX B: Focus group discussion questions (isiXhosa)

1. Ndixelele ngamava akho xa uyothenga ukutya nomntwana?
 - a. Kutheni amava akho enjena?
2. Kulamava onawo xa uhamba nomntwana xa uyothenga, yintoni enefuthe? okanye igalelo ekukhetheni ukutya ozakuthengela umntwana?
 - a. Zeziphi izinto ezinegalelo kwinkqubo yakho yokuthabatha isigqibo?
 - b. Udlala eyiphi indama umntwana wakho ekuthabatheni kwakho isigqibo, kutheni kunjalo?
3. Nlobo ziphi zokutya ozthengayo ngenxa yefuthe lomntwana?
 - a. Espaza okanye kwivenkile enkulu? Kuyafana?
4. Yintoni ocinga ukuba yenze abantwana bakhethe ezimveliso?
 - a. Bazazinjani ezimveliso?
5. Ingaba zikhona iziphuma zempilo ezinokuthi ziphuhle ngenxa yokutya ?okunomtsalane ebantwaneni?
 - a. Loluphina ungenelelo, ukuba luyadingeka, elilnokunceda?
 - b. Ngalwakho uluvo yeyiphi indima, ukuba ikhona, ongayidlala ukuthintela eziziphumo?

DEPARTMENT OF DIETETICS AND NUTRITION

APPENDIX C:

CONSENT AND CONFIDENTIALITY BINDING FORM (English)

Title of Research Project: Exploring caregivers' perceptions about the influence children have on food purchase choice at grocery stores.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality.

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.

Participant's name

Participant's signature

Date

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DEPARTMENT OF DIETETICS AND NUTRITION

APPENDIX C:

IFOMU EBOPHELELA IMFIHLO YENGXOXA

Isihloko sesifundo: Ukuphonononga ingcamango zabazali ngefuthe labantwana ekukhethweni kokutya makuthengwe kwivenkile zokutya.

Isifundo sichaziwe kum ngolwimi endisiqondayo. Imibuzo yam malunga nesifundo iphendulwe. Ndiyaqonda ukuba ukuthatha inxaxheba kwam kuya kubandakanya ntoni, kwaye ngokuzithandela ndinganyazelwanga ndiyavuma ukuthatha inxaxheba koluphando. Ndiyaqonda ukuba akuzochazelwa mntu ukuba ndingubani. Ndiyaqonda ukuba ndingarhoxa esifundweni nangeliphi na ixesha ngaphandle kokunika isizathu kwaye ngaphandle kokoyika iziphumo ezingalunganga okanye ulahleko lwezibonelelo.

Ngoko ke ndiyavuma ukuxhasa imfihlo yengxoxo ngokungachazi kwabanye abantu amagama negalelo elwnziwe ngabantu kwi ngxoxo.

___ Ndiyavuma ukushicilelwa/ukurekhodwa kwezandi kwesisifundo.

___ Andivumi ukushicilelwa/ukurekhodwa kwezandi kwesisifundo

Igama lomthathi-nxaxheba

Igama utyikityo

Umhla

Humanities and Social Sciences Research Ethics Committee
University of the Western Cape
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APPENDIX D

INFORMATION SHEET (ENGLISH)

Project Title: Exploring caregivers' perceptions about the influence children have on food purchase choice at grocery stores

What is this study about?

This is a research project being conducted by Zintle Nelani under the Department of Dietetics and Nutrition at the University of the Western Cape. We are inviting you to participate in this research project because you are a caregiver to a child aged 2-5 years and directly involved in the food purchase for your child/children. The purpose of this research project is to find out what your thoughts are regarding the types of food children are attracted to in grocery stores and what causes those attractions. This information will add value to the programmes aimed at improving child nutrition in South Africa.

What will I be asked to do if I agree to participate?

You will be asked to meet at a local venue to discuss the topic. You will be part of a discussion group, meaning there will be other people at the venue to discuss the topic. The discussion will last for one hour maximum.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution.

To ensure your anonymity, your name will not be included in the information collected,

a code will be used instead and identified by the researcher using an identification key. Only the researcher and supervisor will have access to the identification. To ensure your confidentiality, data collected will be stored in a locked cabinet with access only by researcher and supervisor. Soft copies will be stored in a controlled computer, also to be accessed by the researcher and supervisor. All collected data will be destroyed after five years. If we write a report or article about this research project, your identity will be protected. This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants' in the Focus Group maintaining confidentiality.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the perceptions of caregivers regarding the influence children have on food purchase choices. We hope that, in the future, other people might benefit from this study through improved understanding of the impact food marketing has on children.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If

you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Zintle Nelani under the Department of Dietetics and Nutrition at the University of the Western Cape. If you have any questions about the research study itself, please contact Zintle Nelani at: 3991062@myuwc.ac.za or 072 737 9629.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof Ernesta Kunneke
Head of Department: Dietetics and Nutrition
University of the Western Cape
Private Bag X17
Bellville 7535
ekunneke@uwc.ac.za

Prof Anthea Rhoda
Dean: Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
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chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

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REFERENCE NUMBER:

APPENDIX D

IPHEPHA LENKCUKACHA

Isihloko sesifundo: Ukuphonononga ingcamango zabazali ngefuthe labantwana ekukhethweni kokutya makuthengwe kwivenkile zokutya.

Singantoni esisifundo?

Oluphando lukhokhelwa ngu Zintle Nelani phantsi kwesebe le Dietetics kunye neNutrition le Nyuvesi yeNtshona Koloni. Siyakumema ukuba uthabathe inxaxheba koluphando kuba ukhathalela umntwana ophakathi kweminyaka emibini ukuya kwemihlanu kwaye nguwe ojengene nokuthengwa kokutya komntwana. Injongo yoluphando kufuna ukuqonda izimvo zakho malunga nentlobo zokutya abatsaleleka kuzo abantwana ezivenkileni kwayo wenziwa yintoni lomtsalane. Ezinkcukacha zakuba negalelo kwinkqubo eziqongene nokuphuchula indlela zokutya zabantwana eMzantsi Afrika.

Ndizakucelwa ukuba ndenze ntoni xa ndivuma ukuthabatha inxaxheba?

Uyakucelwa ukuba uze emhlanganweni kwendawo elapha ekuhlaleni ukuze uzoxoxa isihloko. Uzokuba yinxalenye yeqela labantu abaxoxayo, ithetha ukuthi lento kuzobe kukho nabanye abantu abaxoxa esisihloko kulendawo. Lengxoxo iyakuthatha iyure enye ubude.

Ingaba kuthabatha kwama inxaxheba kolophando lwakugcinwa luyimfihlo?

Abaphandi bayathembisa ukukhusela amagama akho kunye negalelolakho. Ukuqinisekisa ukungaziwa kwakho, amagama akho awazokufakwa kulwazi oloqokelelweyo,

ikhowudi echongwe ngumphandi iyakusentyenziswa endaweni yalo. Ngumphandi kunye nomphathi kuphela abazakufikelela kumagama akho. Ukuqinisekisa imfihlo, ulwazi oloqokelweyo lwakugcinwa lutshixelwe kwikhabhathi efikelelwa ngumphandi nomphathi kuphela. Iikopi ezithambileyo zakugcinwa kwikhompyutha elawulwayo, ekufikelala umphandi nomphathi kuyo. Lonke ulwazi oluqokolelweyo lwakutshatyalaliswa emveni kweminyaka emihlanu. Ukuba sithi sibhale ingxelo okanye iphepha ngoluphando, amagama akho akuhlala ekhuselekile. Oluphando lwakugxila kwiqela labantu ngoko ke ukuhlala kwamagama akho eyimfihlo kuxomekeke kubanye abathathi nxaxheba begcine imfihlo.

Ithini imingcipheko koluphando?

Lonke uxulumano lwabantu nokuthetha ngesiqu sakho okanye ngabanye abantu kuhamba nemingcipheko ethile. Nangona kunjalo sakuzama ukunciphisa lomongcipheko kwaye sikhawuleze sikuncedise ukuba ufumana amava okungonwabi, ngowasengqondweni okanye nangayiphina indlela ngethuba ithabatha inxaxheba koluphando. Apho kudingeka khona, uyakuthunyelwa kumntu oqeqeshiweyo kwicandelo elikhethekileyo ukuze akuncede okanye angenelele.

Zithini izobonelelo zoluphando?

Oluphando atulungiselelwanga ukuba likuncede wena, kodwa iziphumo zalo zakunceda umphandi ukuba afunde ngakumbi ngengcamango zabantu abakhathalela abantwana malunga nefuthe labantwana ekukethweni kokutya makuthengwe. Sinethemba lokuba, kwikamva, abanye abantu bakuxhamla koluphando, ngolwazi oluphangaleleyo ngefuthe lokuthengisa ukutya ebantwaneni.

Ndiyazelekile ndibe yinxalenye yoluphando okanye ndinga rhoxa nanina?

Ukuthabatha kwakho inxaxheba koluphando kuzikethela. Ungakhetha ukungathabathi nxaxheba. Ukuba uketha ukuthabatha ixaxheba koluphando , ungarhoxa naninina. Ukuba uzokhetha ukungathabathi inxaxheba koluphando okanye urhoxe naninina, awuzokohlwayo okanye uphulukane nezibonelelo ubunokufikela kuzo.

Ukuba ndinemibuzo?

Oluphando lukhokhelwa ngu Zintle Nelani phantsi kwesebe lwe Dietetics ne Nutrition kwi Nyuvesi yeNtshona Koloni. Ukuba unemibuzo ngoluphando, nceda unxumane noZintle Nelani ku: 3991062@myuwc.ac.za okanye 072 737 9629.

Ukuba unemibuzo malunga noluphando kunye namalungelo akho njengomthathi nxaxheba okanye unqwenela ukuchaza ingxaki othe wazifumana koluphando, nceda unxumane:

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APPENDIX E: ETHICS APPROVAL



UNIVERSITY of the
WESTERN CAPE



14 April 2021

Mrs Z Nelani
Dietetics and Nutrition
Faculty of Community and Health Sciences

HSSREC Reference Number: HS21/2/8

Project Title: Exploring caregivers' perceptions about the influence children have on food purchase choices at grocery stores.

Approval Period: 13 April 2021 – 13 April 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

A handwritten signature in black ink, appearing to read 'P. Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

NHREC Registration Number: HSSREC-130416-049

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FROM HOPE TO ACTION THROUGH KNOWLEDGE.

APPENDIX F: REFLECTIVE NOTES

Focus group discussion	In-depth Reflection
Fisantekraal 1 (FGD1) – 7 participants Date: 30 June 2021	
<p>Today was an eventful day in my research journey as I finally conducted my first focus group discussion with a group of caregivers who I accessed through Won Life in Fisantekraal. The participants in the group were caregivers of children who attend school at Won Life.</p> <p>Going into the interview, I was very nervous that the participants will not show especially because the weather had change and was starting to rain heavily. My biggest expectation was that caregivers will say that going with their children or grandchildren to the shops is a nightmare, I didn't expect any other experience. This was mostly informed by what I usually see in the shops, whenever there is a child in the shops there is usually some sort of quarrel and some tears from the child, not always tantrums but always disagreement between mother and child.</p> <p>The discussion was open to all caregivers who had experience with grocery shopping with their child, however, I was still shocked to find a male participant in this group. What shocked and excited me the most was that one of the participants in this group is a spaza shop owner who spoke very freely of his experience as a parent and as the owner of a shop. I do wonder if the presence of the spaza shop prevented the other participants from fully speaking freely. The data received from these participants made me look forward to more discussions.</p> <p>I did not expect to feel emotional about the participants inability to buy food, including junk food, that their children wanted. Caregivers just want to buy what children not always because its healthy or nor healthy but just because they want to make their children happy and not being to do that because of financial constraints is not nice. This made me reflect on my own upbringing. My mother used to say no to a lot of junk food,</p>	

and I associated that with her strictness and never with lack of money. Now I wonder if it was strictness or lack of money or both.

In this group there was a participant who met the language criteria of being able to speak English, however the midst of the discussions the participant then struggled to fully express themselves in English and I allowed the participants to express themselves in their preferred language which was Afrikaans and fortunately a Won Life employee assisted with the translation. This made me realize the importance of the wording of the documents given to participants. The inclusion criteria merely stated that the participants need to be able to speak and/or understand English and/or isiXhosa. Perhaps next time it should state that the participants should be able to express themselves in English and/or isiXhosa because the nature of the study requires the participants to go in depth when speaking and language can be a big limitation.

Khayelitsha 1 (FGD3) – 12 participants

Date: 15 July 2021

Today I facilitated a focus group discussion with the caregivers from Khayelitsha township. When I arrived, I was not sure that participants would be able to come because there is a taxi strike currently underway. Going into the discussion I was very nervous about the taxi violence in Khayelitsha and how it would affect proceedings of the day.

Despite the challenges, 12 participants showed up for the discussion. The discussion was planned for a maximum of 10 participants, but two participants came with people who they thought had something to share regarding what was being discussed. This experience taught me that I need to be ready for 2 or 3 extra people because of snowballing. My initial impression of the group was that all caregivers seemed young and female. This is different from the previous group that had a male representative and a few grandparents. My second impression was that a lot of the participants knew each other because they came in groups and

from the same direction, this impression was solidified by participants referring to each other by name during the discussion.

I was not prepared for the discussion to go over an hour. I was tired and drained and worried that I would not probe the participants enough. For 5 minutes during the FGD there was a truck trying to reverse park and caused a lot of disturbance, so the discussion had to be halted for the sake of the recording. This group of participants were very elaborative in speech and made use of examples however the example would often sound like a reflection of what happens in general and so often I had to ask for clarification on whether the information is general or is it the participants lived experience.

This group discussion was in isiXhosa, and I expected it to be easier in terms of understanding what participants and thought I wouldn't have to probe as much but I realized that the type of isiXhosa spoken in Khayelitsha is different to the isiXhosa I speak back home in the Eastern Cape. This triggered me to reflect on the importance of member checking. I initially thought that when member checking, what I heard would always be correct, but it was not. I now understand the importance of giving the participants an opportunity to explain in their own words what they mean.

Khayelitsha 2 (FGD4) – 10 participants

Date: 30 July 2021

Today's group discussion was with a group of 10 female participants. Learning from the previous venue, I was mindful of noise when organising the venue for today's discussion as a result the venue had no disturbances from outside and this allowed for a nice flow of the conversation. Today I felt more confident regarding the flow of the discussion and was already starting to pick up a pattern and similarities in the data collected. There were a lot of similarities between this group and the first Khayelitsha group especially in what children mostly requested from spaza shop, this is probably because the shops sell the same snacks and maybe some of the participants' children go to the same daycare and therefore are exposed to the same kinds of foods. I am starting to pick that although majority of the participants so far are frustrated by the

presence of their child during grocery shopping, there is always a few participants who enjoy having their child around.

Every group seems to have one or two participants who use the grocery shopping experience as an opportunity to indirectly teach the child something. So far, the positive to taking your child with is to see what they like, to show them that when mom has money, they will get the things they so that when there's no money the children can understand.

I have also picked up that the participants are not very knowledgeable about strategies used to attract children to products, I was surprised that in this group someone mentioned colour as a strategy. This made me reflect on the information available to parents regarding marketing to children, it made me think of how poorly regulated this area is and why it is so important that this type of research is done.

Fisantekraal 2 (FGD2) – 7 participants
Date: 11 August 2021

Today I had a focus group discussion with 7 female caregivers. Going into this discussion I was very excited because most of the caregivers in this group are ECD practitioners as well as parents or grandparents to young children. New information collected today was with regards to the dangers of the unhealthy snacks especially snacks bought from spaza shops. Reports of sicknesses witnessed from the school because of some snacks. It was also noted that there is a belief that more expensive snacks are healthy or safer for children.

This group was also very frustrated with the lack of governmental intervention regarding the safety of food sold at spaza shops.

Langa (FGD5) – 7 participants
Date: 02 October 2021

Today I had a group discussion with 7 females from Langa township. The findings from this group were very similar to those of the other groups. No new information came out of this group.

Overall reflection

It was the researcher's first time conducting and executing a qualitative study. What the researcher found most rewarding was the data collection process, although filled with its challenges such as taxi strikes, the researcher enjoyed engaging with the participants. The most challenging part of the research process experienced by the researcher was the data analysis as the researcher was temporarily disengaged from the study data due to personal reasons. The data analysis stage therefore took longer than anticipated. The researcher found the motivation to continue the study by reading newly published work related to the researcher's interest, surrounding herself with people also on the journey of completing their master's degrees, and finally re-immersing herself in the data once collected.

There are no potential biases that the researcher is aware of. The researcher tried as humanly possible to hear, report, and interpret the perceptions of caregivers as is and not according to personal preconceived ideas. During data collection, the researcher checked in with participants and reiterated responses back to the participants to ensure that what was being recorded and understood by the researcher were the true perceptions of the participants.

During data collection, some of the participants expressed having experienced feelings of sadness whilst grocery shopping with their children, however, none of the participants seemed to be harmed by the focus group discussions and therefore no counselling services were required after. Even though the participants seemed not to be harmed by the discussion, the researcher was in some instances saddened by the sad realities of some of the participants. The researcher did find perspective when debriefing with colleagues and the supervisor. Participants in the focus group discussions received an R60 Shoprite voucher as a token of gratitude for their time. The participants were not aware of the vouchers before the discussion however it cannot be ruled out that some of them might have heard from people who have previously participated in research from the University of the Western Cape as giving out the Shoprite vouchers was not unique to this study.

Knowing about the voucher may have had unintended consequences such as participants accepting the invite just to receive the voucher at the end of the discussion. Transcribed and translated data from the focus group audio recordings was the only data analysed for the results report. Literature was used to support the findings of the study. The researcher ensured not to use personal experience or perceptions when analysing the data.



APPENDIX G: AUDIT TRAIL

Research element	Description and rationale
Research Design and Methodology	<p>The research design was chosen to be qualitative as it allows for an in-depth exploration of caregivers' perceptions regarding children's influence on food purchase choices.</p> <p>The rationale for selecting this topic stems from the increasing concern about childhood obesity and the limited understanding of how children influence the food choices made by their caregivers during grocery shopping especially in South Africa.</p>
Sampling and participants	<p>The researcher made use of nonprobability sampling hence the sample comprised only of those caregivers who partake in shopping for and/or with their children. These caregivers are most likely to have direct experience of the phenomena the study aims to explore and are more likely to provide in-depth knowledge and insight regarding the matter.</p> <p>The sample size was determined based on data saturation.</p>
Recruitment process	<p>Description: To gain access to the participants the researcher reached out to mostly early childhood development centres (ECDC) because that's where the target sample would be taking their children. The school then sent out a letter to the parents with information about the study along with a reply slip that would be returned to the school for the researcher to collect.</p> <p>Informed consent procedures were followed, detailing the purpose of the study, potential risks, and benefits.</p>

	Participants were assured of confidentiality and their right to withdraw at any point without consequences.
Data collection	Semi-structured interviews were conducted to allow flexibility in exploring caregivers' experiences and perceptions. During the FGD open-ended questions were utilized to allow for detailed responses regarding the ways in which children influence food purchase decisions.
Data analysis	Thematic analysis was employed to identify patterns and themes within the data. Constant comparison was used to refine emerging themes and ensure the trustworthiness of the findings.
Reflexivity	The researcher maintained a reflexive journal to document personal assumptions, and reflections throughout the research process. Regular discussions with the supervisor were held to enhance the rigour of the study.
Rigour	<p>Member checking and prolonged engagement was performed, allowing participants to review and confirm the accuracy of the findings.</p> <p>Persistent observation was performed allowing the research to generate themes that provided the intended depth of insight.</p> <p>Reaching saturation ensured that there is no more new knowledge that can be gathered from the intended participants.</p> <p>Reflective journal and an audit trail allow for the confirmability and transferability of the study processes.</p>

Findings and conclusion	Key themes and patterns in caregivers' perceptions of children's influence on food purchases were identified. The conclusions drawn were grounded in the data and supported by relevant literature.
Ethical considerations	Ethical approval was obtained from the University of the Western Cape's Human and Social Sciences Research Committee (HSSREC). Confidentiality and privacy of participants were prioritized, and pseudonyms were used in reporting findings.



APPENDIX H: CODES

Organization of the Categorized Codes

Tell me about your experience when grocery shopping with your child

Absolutely nice experience

she loves shopping with the kids

Sometimes funny and laughable

Sometime having financial issues to buy things for kids

Sometime very stressful

Demanding for batman, superman, Spiderman toys

Sometime to cut my stuff to buy toys

Fed up from the same taste

Buying unnecessary stuff

Even the child don't eat it just saw & picked up

Kids taking unnecessary things

Trying to avoid taking the child to store

Kids imposing their demands on parents

Not good experience to shop with kids by over taking sweets

Feel shame when go with kids to store

Causing financial issue because of over demanding of kid

Sometime kids break something and didn't have money

You can face any type of situation because of kids

It's difficult, stressful to shopping with kids

With kids you can't buy things for what you are in store

troublesome to take a child with you

really troublesome to go with a child

Kids are really problematic

Kids destructive and disruptive

Demanding to see unnecessary things

Very stressful to shopping with children

You will face the situation which you didn't planed

We must take out kids should not be always indoor home

Toys give me trouble

I don't really enjoy going out with children

Very embarrassing and starting crying when not to buy things for a child

Toys are making problems for parents in shop

Chips & chocolates are making problem between kids & parents

Kids will frustrate you to spend money that you didn't budget to spent

My kid always tired when first enter in the shop and said mom pick and carry me

They manipulate the situation

Take them to the shop to buy food

Not interested in food stuff

I prefer to them to buy toys

Money is not all time a problem, but parents avoid stuff to get for kids

Buy stuff to satisfy the kid to keep her calm

To buy the unnecessary stuff to keep the child calm & peaceful

Kids demanding for Winnie the Poo, The Frozen

Kids recognizing the toys by pictures

Kids demanding for those things who even don't know

Not buy things for kids they will start crying (Disturbing situation)

Demanding for expensive things/toys

Demanding of so many things like Chips, sour milk, cold drinks etc

Demanding & forcing to buy dolls

My kid grab juice directly

We must buy things for child to cut budget for it

What every you want to buy my child will demand to buy a gun

I wish that my baby gets what he wants

It's very sad moment when child want something & you have no money for it (Financial Issues)

Going with kids to the shop you must take extra money for them

My kid eating all the day till I shout on her to stop eating

My kid is picky and wants to eat everything

Kids will play all the day in wonderland and never willing to go back to home

My Child like Chocolate & sweetsies

I recommend Jungle oats, weetbix and fruits

Loves his weetbix

My son like chocolate and sweetsies

Deny food

Because of taste and choice

They prefer like Kellogg's

My son like cocoa pops

Kids see advertisement on tv

Discover from tv

Everything kids pick from tv

TV play the bigger role for kids

Demanding for KFC forcing to buy KFC

Based on your experience shopping with your child, what influences the choice of food you buy for your child?

Kids forcing to buy those things which they even don't eat

Influencing by kids

Children are troublesome.

In town store kids can grab things

Kids demanding for those things which usually not available at home

Kids Usually demanding for porridge for school

My kid only cries for Broccoli (A vegetable)

Demanding for toys (Cars) of different colors

Kids are demanding too much to buy everything for them

Kids continuously demanding to buy toys for him at the mall

Kids Demanding to buy foods from KFC

Just to try the products

Kids are clever they already know what they want

My son like McDonald

My child like chocolate porridge so I will buy for him

My child loves Ace

My child like cake

My kids Like Ultramel, Cake, Yoghurt

Mine likes Yoghurt, Gathiza

My son likes Amasi

Mine loves yoghurt and simba chips

TV advertisement attracts the kids to different chocolates

Demanding for Chicken licken saw in TV

Kids are attracting to colors, like Red, Blue & Pink

Kids buying sweets of their favorite color

Kids are attracting by color like red bowl with red spoon

Boys are attracting to bright colors e.g. green, blue, red, yellow

Because of caring mother I will do it in child's favor

Based on the choice how its work for you

To examine the product is it that you really need

To educate the child from home to mentally prepared

Parents should provide healthy food to children

Learning should be started from home and school

I will buy things what to short at house

Parents should know what their child likes

I took my kids one a week to McDonald

Because the certain things are not always available at home

In shop (spaza) kids don't see things

Some things are packed like kids thought its free not for sale

Kids learned from schoolmate about foods

Boys are not attracting to pink color

Boys are very crucial on the colour

Boys love red & blu because of influence of TV PJ Maks & Cartoon X (Cartoon Character)

Kids must be mentally prepared what their parents going to buy

What types of food does your child influence you into buying?

They like chips

Buying Snakes and tongues

Demanding for Chips

Demanding for Snake

My Kids love biscuits from the spaza

My kids influencing me to buy sweets, snakes, tongues & chips

Sweets, toys and the cereal boxes

chip, different sweet, chips, biscuits, chocolate & lollipops

Kids choosing sweets like Wilsons, tam tam etc. at spaza

Kids see Chocolates, Drinks advertisement on TV

Demanding for lollipop

I never trained her sweet things like yoghurt

Kids are very color conscious and want sweets in their own favorite color

He is influencing for BBQ and Fritos

Kids learn from parents about KFC

KFC & other junk foods are not healthy

Because of taste

Because of flavor

Attracting because of colors (colorful)

Demanding for color balloon

Full of variety for kids in spaza shops

Maximum variety for kids are worse
Buy because to make her happy & to feel good
I choose it because its nutritious for the child
Buy things to make the child satisfied
Buy things to ta make the child happy
I buy it because kids love it
In spaza they given small amount at the shops they have big ones
Kids learned from TV see new things
parents should well trained kids about daily foods
Kids are less interested in fruits like apple & banana
Every area like rural and urban have own impacts on kids
Baby sees other baby what he eat, the other will demand for that
My kids are not troublesome in SPAZA Shops
Supermarket is the only place that is inconvenient

What do you think makes children choose these products?

They know things through tv (Advertisement)

Seeing in TV & at school

TV has strong impacts on children's foods, greetings etc.

Impact of laptops and cellphones

Kids know the use of technology, like Facebook & google to access new things

Kids sees advertisement on TV and demanding for that

The store also takes the stuff which kids like the most

The store owner brings that stuff what the kids wants to buy. (based on kids' choice)

Kids are the key of business

Kids are key to their business

Kids are attracting because of taste sweets

Because of taste

Kids are attracted because of the bright color

Kids attracted to the cover of simba picture (Picture attraction)

What kids see like biscuit at home when they see the same brand in store they demanding

Kids see others eat chips so they also want same

Majority of kids see other kids what they eat so they also want to try it

Kids saw something by another child

Different shapes & flavors of chips

While growing up they know the eating lunch, chocolate and brands

Parents introduced kids to these things (Foods)

Because of regularity kids knows everything

Old parents give food to child in his school bag avoiding to give money to child

Current parents give lunch box and also give money to child to buy sweets

Are there any health related consequences that can arise from eating these foods children are attracted to?

On the long term it could be a health problem like too much sugar

Really bad for children's health

Spaza shops attracting kids towards snakes instead of fruits etc.

Can spread sickness and teeth pain etc

Eating of a lot of sweets my kid had ringworms

Eating of bigga & taxi biscuits my child have pimples & ulcers in the head

Eating of chips causing kids ringworms & wounds

The kids will come with unnecessary many sweets

So many spaza shops everywhere sailing sweets to kids

Spaza & shops have no mercy by sailing sweets to our kids

Causing dental problem of kids

Causing Worms

Causing Mucus, asthma because of eating yoghurt all the time

Some sweets have no proteins and no nutrients

Kids always get stomach aches from sweet things

Kids get ringworms a lot

Kids having rotten teeth

Kids loses appetite, makes them unhealthy & sick

Kids can easily infect each other

Kids got sick & swollen because of jojo chips

Not always a good thing to give what the child wants

Proper coordination needed between parents and students

No step taken by Govt to banned jojo chips

Food inspector should take the responsibility to make check & balance on quality control

Food inspectors can stop these unhealthy foods

Food inspectors should test certain food

Parents should set the rules regarding kid's food

Proper coordination between parents & school, regular workshops needed

Need long term training to teach our kids regarding foods

To stop giving money to kids can keep them safe and will be better for their health

To put healthy things in front of counter & stop snakes, tongues & lollipops

Govt should make some strict rules about kid's foods

Some parents avoid these foods for kids

Parents should educate their kids about what is wrong and what is good

Only parents can stop the kids from eating too many sweets

Kids must be trained what to eat and what not to eat

You have to train your baby in the house about healthy foods

We banned cheap chips & sweets

Parents should educate kids about negative impact of chips & low-quality products

Raise of awareness on social media will keep kids healthy

Every parent should talk with their kids about unhealthy foods/snacks

Irrelevant

Kids not listening their parents

Enforcement can lead the child to bad manners

Sometime kids take fruit

Especially the naartjies

There must be food, fruit in the house

Parent's awareness needed regarding children healthy foods

To stop the advertisement of the sweet stuff

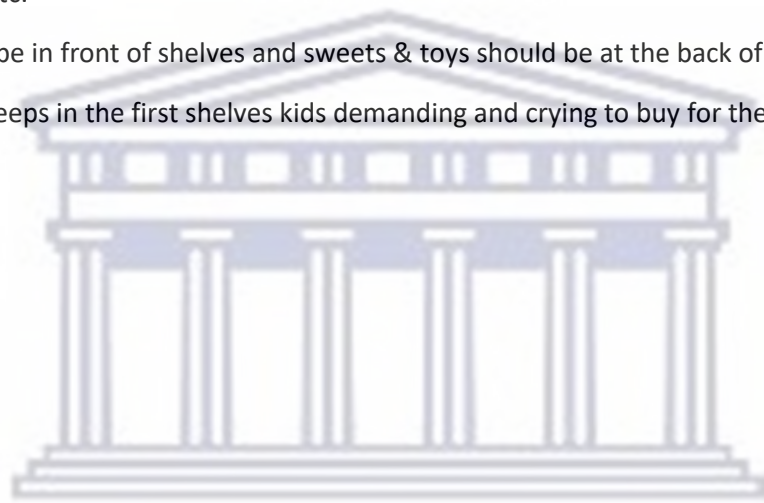
Parents even facing financial issues when kids are demanding for so many things

There is soup kitchen in community to take care & feed kids there

Some people believe that big companies are jealous of the small ones they spreading fake news about jojo chips etc.

Groceries should be in front of shelves and sweets & toys should be at the back of the shelves

Because of toys keeps in the first shelves kids demanding and crying to buy for them



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APPENDIX I: DERIVATION SUB-THEMES

Derivation of Sub-Themes

Good Experience

Absolutely nice experience

she loves shopping with the kids

Sometimes funny and laughable

Bad / Difficult Experience

not nice to shop with him as well because he's running the whole place, all over taking the sweets of the shelves and put in the trolley.

Sometime having financial issues to buy things for kids

Sometime very stressful

Demanding for batman, superman, Spiderman toys

Sometime to cut my stuff to buy toys

Fed up from the same taste

Buying unnecessary stuff

Even the child don't eat it just saw & picked up

Kids taking unnecessary things

Trying to avoid taking the child to store

Kids imposing their demands on parents

Not good experience to shop with kids by over taking sweets

Feel shame when go with kids to store

Causing financial issue because of over demanding of kid

Sometime kids break something and didn't have money

You can face any type of situation because of kids

It's difficult, stressful to shopping with kids

With kids you can't buy things for what you are in store

troublesome to take a child with you

really troublesome to go with a child

Kids are really problematic

Kids destructive and disruptive

Demanding to see unnecessary things

Very stressful to shopping with children

You will face the situation which you didn't planed

We must take out kids should not be always indoor home

Toys give me trouble

I don't really enjoy going out with children

Very embarrassing and starting crying when not to buy things for a child

Toys are making problems for parents in shop

Chips & chocolates are making problem between kids & parents

Kids will frustrate you to spend money that you didn't budget to spent

My kid always tired when first enter in the shop and said mom pick and carry me

They manipulate the situation

Confusion / Messy Experience

Take them to the shop to buy food

Not interested in food stuff

I prefer to them to buy toys

Money is not all time a problem, but parents avoid stuff to get for kids

Buy stuff to satisfy the kid to keep her calm

To buy the unnecessary stuff to keep the child calm & peaceful

Kids demanding for Winnie the Poo, The Frozen

Kids recognizing the toys by pictures

Kids demanding for those things who even don't know

Not buy things for kids they will start crying (Disturbing situation)

Demanding for expensive things/toys

Demanding of so many things like Chips, sour milk, cold drinks etc

Demanding & forcing to buy dolls

My kid grab juice directly

We must buy things for child to cut budget for it

What every you want to buy my child will demand to buy a gun

I wish that my baby gets what he wants

It's very sad moment when child want something & you have no money for it (Financial Issues)

Going with kids to the shop you must take extra money for them

My kid eating all the day till I shout on her to stop eating

My kid is picky and wants to eat everything

Kids will play all the day in wonderland and never willing to go back to home

Factors & The way the child participates in decision of food choice

By Force

Kids forcing to buy those things which they even don't eat

Influencing by kids

Children are troublesome.

In town store kids can grab things

Kids demanding for those things which usually not available at home

Kids Usually demanding for porridge for school

My kid only cries for Broccoli (A vegetable)

Demanding for toys (Cars) of different colours

Kids are demanding too much to buy everything for them

Kids continuously demanding to buy toys for him at the mall

Kids Demanding to buy foods from KFC

by Choice (child)

Just to try the products

Kids are clever they already know what they want

My son like McDonald

My child like chocolate porridge so I will buy for him

My child loves Ace

My child like cake

My kids Like Ultramel, Cake, Yoghurt

Mine likes Yoghurt, Gathiza

My son likes Amasi

Mine loves yoghurt and simba chips

TV advertisement attracts the kids to different chocolates

Demanding for Chicken licken saw in TV

Kids are attracting to colours, like Red, Blue & Pink

Kids buying sweets of their favourite color

Kids are attracting by colour like Red bowl with red spoon

Boys are attracting to bright colors i.g. green, blue, red, yellow

by choice of parent

Because of caring mother I will do it in child's favor

Based on the choice how its work for you

To examine the product is it that you really need

To educate the child from home to mentally prepared

Parents should provide healthy food to children

Learning should be started from home and school

I will buy things what to short at house

Parents should know what their child likes

Snacks

They like chips

Buying Snakes and tongues

Demanding for Chips

Demanding for Snake

My Kids love biscuits from the spaza

My kids influencing me to buy sweets, snaks, tongues & chips

Sweets

Sweets, toys and the cereal boxes

chip, different sweet, chips, biscuits, chocolate & lollipops

Kids choosing sweets like Wilsons, tam tam etc at spaza

Kids see Chocolates, Drinks advertisement on TV

Demanding for lollipop

I never trained her sweet things like yoghurt

Kids are very color conscious and want sweets in their own favorite color

Junk Foods

He influencing for BBQ and Fritos

Kids learn from parents about KFC

KFC & other junk foods are not healthy

Source of Children's Knowing about the products

Media

They know things through tv (Advertisement)

Seeing in TV & at school

TV has strong impacts on children's foods, greetings etc

Impact of laptops and cellphones

Kids know the use of technology, like facbook & google to access new things

Kids sees advertisement on TV and demanding for that

Advertisement / attraction to kids

The store also takes the stuff which kids like the most

The store owner brings that stuff what the kids wants to buy. (based on kids choice)

Kids are the key of business

Kids are key to their business

Kids are attracting because of taste sweets

Because of taste

Kids are attracted because of the bright color

Kids attracted to the cover of simba picture (Picture attraction)

What kids sees like biscuit at home when they see the same brand in store they demanding

Other kids

Kids see others eat chips so they also want same

Majority of kids see other kids what they eat so they also want to try it

Kids saw something by another child

Negative consequences

On the long term it could be a health problem like too much sugar

Really bad for children's health

Spaza shops attracting kids towards snakes instead of fruits etc

Can spread sickness and teeth pain etc

Eating of a lot of sweets my kid had ringworms

Eating of bigga & taxi biscuits my child have pimples & ulcers in the head

Eating of chips causing kids ringworms & wounds

The kids will come with unnecessary many sweets

So many spaza shops everywhere sailing sweets to kids

Spaza & shops have no mercy by sailing sweets to our kids

Causing dental problem of kids

Causing Worms

Causing Mucus, asthma because of eating yoghurt all the time

Some sweets have no proteins and no nutrients

Kids always get stomach aches from sweet things

Kids get ringworms a lot

Kids having rotten teeth

Kids loses appetite, makes them unhealthy & sick

Kids can easily infect each other

Kids got sick & swollen because of jojo chips

Not always a good thing to give what the child wants

Interventions (Governmental)

Proper coordination needed between parents and students

No step taken by Govt to banned jojo chips

Food inspector should take the responsibility to make check & balance on quality control

Food inspectors can stop these unhealthy foods

Food inspectors should test certain food

Parental Measures

Parents should set the rules regarding kid's food

Proper coordination between parents & school, regular workshops needed

Need long term training to teach our kids regarding foods

To stop giving money to kids can keep them safe and will be better for their health

To put healthy things in front of counter & stop snakes, tongues & lollipops

Govt should make some strict rules about kid's foods

Some parents avoid these foods for kids

Parents should educate their kids about what is wrong and what is good

Only parents can stop the kids from eating too many sweets

Kids must be trained what to eat and what not to eat

You have to train your baby in the house about healthy foods

We banned cheap chips & sweets

Parents should educate kids about negative impact of chips & low quality products

Raise of awareness on social media will keep kids healthy

Every parents should talk with their kids about unhealthy foods/snaks

APPENDIX J: DERIVATION OF MAJOR THEMES

Derivation of Major-Themes

Major Theme-1: Experience of Grocery Shopping with Children

1.1. Good Experience

Absolutely nice experience

she loves shopping with the kids

Sometimes funny and laughable

1.2. Bad / Difficult Experience

Sometime having financial issues to buy things for kids

Sometime very stressful

Demanding for batman, superman, Spiderman toys

Sometime to cut my stuff to buy toys

Fed up from the same taste

Buying unnecessary stuff

Even the child don't eat it just saw & picked up

Kids taking unnecessary things

Trying to avoid taking the child to store

Kids imposing their demands on parents

Not good experience to shop with kids by over taking sweets

Feel shame when go with kids to store

Causing financial issue because of over demanding of kid

Sometime kids break something and didn't have money

You can face any type of situation because of kids

It's difficult, stressful to shopping with kids

With kids you can't buy things for what you are in store

troublesome to take a child with you

really troublesome to go with a child

Kids are really problematic

Kids destructive and disruptive

Demanding to see unnecessary things

Very stressful to shopping with children

You will face the situation which you didn't planed

We must take out kids should not be always indoor home

Toys give me trouble

I don't really enjoy going out with children

Very embarrassing and starting crying when not to buy things for a child

Toys are making problems for parents in shop

Chips & chocolates are making problem between kids & parents

Kids will frustrate you to spend money that you didn't budget to spent

My kid always tired when first enter in the shop and said mom pick and carry me

They manipulate the situation

1.3. Confusion / Messy Experience

Take them to the shop to buy food

Not interested in food stuff

I prefer to them to buy toys

Money is not all time a problem, but parents avoid stuff to get for kids

Buy stuff to satisfy the kid to keep her calm

To buy the unnecessary stuff to keep the child calm & peaceful

Kids demanding for Winnie the Poo, The Frozen

Kids recognizing the toys by pictures

Kids demanding for those things who even don't know

Not buy things for kids they will start crying (Disturbing situation)

Demanding for expensive things/toys

Demanding of so many things like Chips, sour milk, cold drinks etc

Demanding & forcing to buy dolls

My kid grab juice directly

We must buy things for child to cut budget for it

What every you want to buy my child will demand to buy a gun

I wish that my baby gets what he wants

It's very sad moment when child want something & you have no money for it (Financial Issues)

Going with kids to the shop you must take extra money for them

My kid eating all the day till I shout on her to stop eating

My kid is picky and wants to eat everything

Kids will play all the day in wonderland and never willing to go back to home

Major Theme-2: Factors & Method of Child's Participation in Decision of Food Choice

2.1. Forceful Participation

Kids forcing to buy those things which they even don't eat

Influencing by kids

Children are troublesome.

In town store kids can grab things

Kids demanding for those things which usually not available at home

Kids Usually demanding for porridge for school

My kid only cries for Broccoli (A vegetable)

Demanding for toys (Cars) of different colors

Kids are demanding too much to buy everything for them

Kids continuously demanding to buy toys for him at he mall

Kids Demanding to buy foods from KFC

2.2. Choiceful Participation

Just to try the products

Kids are clever they already know what they want

My son like McDonald

My child like chocolate porridge so I will buy for him

My child loves Ace

My child like cake

My kids Like Ulramel, Cake, Yoghurt

Mine likes Yoghurt, Gathiza

My son likes Amasi

Mine loves yoghurt and simba chips

TV advertisement attracts the kids to different chocolates

Demanding for Chicken licken saw in TV

Kids are attracting to colors, like Red, Blue & Pink

Kids buying sweets of their favorite color

Kids are attracting by color like Red bowl with red spoon

Boys are attracting to bright colors i.g. green, blue, red, yellow

2.3. Involvement by Parents / Parental Space for Participation

Because of caring mother I will do it in child's favor

Based on the choice how its work for you

To examine the product is it that you really need

To educate the child from home to mentally prepared

Parents should provide healthy food to children

Learning should be started from home and school

I will buy things what to short at house

Parents should know what their child likes

Major Theme-3: Children's Food Preferences

3.1. Snacks

They like chips

Buying Snakes and tongues

Demanding for Chips

Demanding for Snake

My Kids love biscuits from the spaza

My kids influencing me to buy sweets, snaks, tongues & chips

3.2. Sweets

Sweets, toys and the cereal boxes

chip, different sweet, chips, biscuits, chocolate & lollipops

Kids choosing sweets like Wilsons, tam tam etc at spaza

Kids see Chocolates, Drinks advertisement on TV

Demanding for lollipop

I never trained her sweet things like yoghurt

Kids are very color conscious and want sweets in their own favorite color

3.3. Junk Foods

He influencing for BBQ and Fritos

Kids learn from parents about KFC

KFC & other junk foods are not healthy

Major Theme-4: Source of Children's Knowing about the Products

4.1. Media

They know things through tv (Advertisement)

Seeing in TV & at school

TV has strong impacts on children's foods, greetings etc

Impact of laptops and cellphones

Kids know the use of technology, like facbook & google to access new things

Kids sees advertisement on TV and demanding for that

4.2. Advertisement / attraction to kids

The store also takes the stuff which kids like the most

The store owner brings that stuff what the kids wants to buy. (based on kids choice)

Kids are the key of business

Kids are key to their business

Kids are attracted because of taste sweets

Because of taste

Kids are attracted because of the bright color

Kids attracted to the cover of simba picture (Picture attraction)

What kids sees like biscuit at home when they see the same brand in store they demanding

4.3. Other kids

Kids see others eat chips so they also want same

Majority of kids see other kids what they eat so they also want to try it

Kids saw something by another child

Major Theme-5: Health Consequences and Interventions

5.1. Negative Consequences

On the long term it could be a health problem like too much sugar

Really bad for children's health

Spaza shops attracting kids towards sweets instead of fruits etc

Can spread sickness and teeth pain etc

Eating of a lot of sweets my kid had ringworms

Eating of bigga & taxi biscuits my child have pimples & ulcers in the head

Eating of chips causing kids ringworms & wounds

The kids will come with unnecessary many sweets

So many spaza shops everywhere sailing sweets to kids

Spaza & shops have no mercy by sailing sweets to our kids

Causing dental problem of kids

Causing Worms

Causing Mucus, asthma because of eating yoghurt all the time

Some sweets have no proteins and no nutrients

Kids always get stomach aches from sweet things

Kids get ringworms a lot

Kids having rotten teeth

Kids loses appetite, makes them unhealthy & sick

Kids can easily infect each other

Kids got sick & swollen because of jojo chips

Not always a good thing to give what the child wants

5.2. Interventions (Governmental)

Proper coordination needed between parents and students

No step taken by Govt to banned jojo chips

Food inspector should take the responsibility to make check & balance on quality control

Food inspectors can stop these unhealthy foods

Food inspectors should test certain food

5.3. Parental Measures

Parents should set the rules regarding kid's food

Proper coordination between parents & school, regular workshops needed

Need long term training to teach our kids regarding foods

To stop giving money to kids can keep them safe and will be better for their health

To put healthy things in front of counter & stop snakes, tongues & lollipops

Govt should make some strict rules about kid's foods

Some parents avoid these foods for kids

Parents should educate their kids about what is wrong and what is good

Only parents can stop the kids from eating too many sweets

Kids must be trained what to eat and what not to eat

You have to train your baby in the house about healthy foods

We banned cheap chips & sweets

Parents should educate kids about negative impact of chips & low quality products

Raise of awareness on social media will keep kids healthy

Every parents should talk with their kids about unhealthy foods/snaks