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AN ANALYSIS OF AWARENESS, HOUSEHOLD CONSUMPTION, AND FACTORS INFLUENCING THE USE OF FORTIFIED FOODS

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ABSTRACT

Food fortification is an effective public health strategy for combating micronutrient deficiencies and improving nutritional status among populations. The present study aimed to assess awareness, household consumption patterns, and factors influencing the utilization of fortified foods among consumers. A cross-sectional survey was conducted among 212 respondents using a structured questionnaire to collect information on socio-demographic characteristics, awareness, knowledge, perception, consumption practices, and determinants influencing the use of fortified foods. Data were analyzed using descriptive statistics, Chi-square test, Independent Sample t-test, One-Way ANOVA, Pearson correlation analysis, and Multiple Regression Analysis. The results revealed that 86% of respondents had heard about fortified foods, while 87% recognized the +F logo on food packages. Social media was identified as the major source of awareness (49%). A majority of respondents reported purchasing fortified food products (81%), and 72% consumed fortified foods daily. Significant associations were observed between awareness and age ($p < 0.001$) as well as educational status ($p = 0.001$). Independent sample t-test showed no significant difference in awareness scores between males and females ($p = 0.843$). A significant positive correlation was observed between awareness and knowledge scores ($r = 0.644$, $p < 0.001$). Regression analysis indicated that awareness, knowledge, price, and availability significantly influenced the purchase of fortified food.

products. The findings suggest that awareness, education, accessibility, and perceived health benefits play important roles in shaping consumer utilization of fortified foods.

Strengthening nutrition education programmes, improving accessibility, and promoting fortified foods through effective communication strategies may further enhance their acceptance and regular consumption.

KEYWORDS: Food fortification, fortified foods, awareness, household consumption, consumer perception, public health.

INTRODUCTION

Nutrition is essential for growth, development, immune function, and the prevention of disease throughout life. Adequate nutritional intake contributes to improved health outcomes and overall well-being. However, malnutrition remains a major public health concern globally and includes undernutrition, micronutrient deficiencies, overweight, obesity, and diet-related non-communicable diseases. Micronutrient deficiencies, commonly referred to as “hidden hunger,” occur when diets provide sufficient energy but fail to meet requirements for essential vitamins and minerals.^{15,16} Micronutrient deficiencies continue to affect populations worldwide, particularly in developing countries. Deficiencies of iron, iodine, vitamin A, folic acid, zinc, and vitamin D are associated with impaired growth, weakened immunity, anemia, and adverse maternal and child health outcomes. In India, the persistent burden of anemia, stunting, and other nutrition-related disorders highlights the need for sustainable strategies to improve micronutrient intake and nutritional status.^{14,16}

Food fortification is recognized as a practical and cost-effective public health intervention for addressing micronutrient deficiencies. It involves the addition of essential vitamins and minerals to commonly consumed foods to improve their nutritional value. International organizations such as WHO and FAO recommend fortification as an effective approach to enhance nutrient intake at the population level without requiring major dietary changes.¹⁷ Successful fortification programmes involving rice, wheat flour, milk, edible oil, and salt have demonstrated positive impacts on nutritional health in many countries.^{11,10}

In India, food fortification forms an important component of national nutrition initiatives. The Food Safety and Standards Authority of India (FSSAI) has established standards for fortified foods and promotes consumer recognition through the “+F” logo. Fortified staples, including rice, wheat flour, milk, edible oil, and salt, are distributed through both government programmes and commercial markets to improve micronutrient intake among vulnerable groups.^{5,6}

The effectiveness of fortification programmes depends not only on product availability but also on consumer awareness and acceptance. Awareness enables individuals to recognize fortified foods, understand their benefits, and make informed dietary choices. Previous studies have reported varying levels of awareness and knowledge regarding fortified foods, suggesting that inadequate understanding may limit their utilization despite increased availability.^{2,3,9} Household consumption behaviour is another important factor influencing the success of food fortification initiatives. Regular consumption of fortified foods can improve micronutrient intake through routine dietary practices; however, utilization often varies according to socioeconomic status, education, affordability, accessibility, and purchasing habits. Research has shown that the presence of fortified products in the market does not necessarily ensure their regular use by consumers.^{1,12} Consumer perceptions, educational status, income level, cultural preferences, and exposure to nutrition information further influence the acceptance and utilization of fortified foods. Positive perceptions regarding health benefits and product quality are associated with greater consumption, whereas misconceptions and limited awareness may hinder adoption.^{4,8,13}

Although food fortification has received increasing attention as a strategy to reduce micronutrient deficiencies, limited information is available regarding household awareness, consumption patterns, and factors affecting utilization, particularly in South India. Therefore, the present study was undertaken to assess awareness regarding fortified foods, evaluate household consumption patterns, and identify factors influencing their utilization among consumers.

MATERIALS AND METHODS

Study Design and Setting

A descriptive cross-sectional study design was adopted to assess awareness, household consumption patterns, and factors influencing the utilization of fortified foods among consumers. The study was conducted among respondents from selected areas, ensuring representation of different socio-demographic backgrounds.

Study Population and Sample Size

The study population comprised adults aged 18 years and above. A total of 212 respondents were selected for the study using a convenient sampling technique.

Data Collection Tool

A structured questionnaire was used for data collection. The questionnaire consisted of sections on socio-demographic details, awareness regarding fortified foods, knowledge of fortified food

products, consumption patterns, perception towards fortified foods, and factors influencing purchasing decisions.

Data Collection Procedure

Data were collected through an online and/or direct survey method. Participants were informed about the purpose of the study and assured confidentiality of their responses. Consent was obtained prior to participation.

Statistical Analysis

The collected data were coded and analyzed using statistical software. Descriptive statistics such as frequency and percentage were used to summarize the data. Inferential statistics including Chi-square test, Independent Sample t-test, One-Way ANOVA, Pearson correlation analysis, and Multiple Regression Analysis were applied to determine associations and relationships among variables. A p-value of less than 0.05 was considered statistically significant.

Ethical Consideration

Ethical approval was obtained from the concerned department/institution. Participation was voluntary, and confidentiality and anonymity of respondents were strictly maintained throughout the study.

RESULTS AND DISCUSSION

Socio-Demographic Characteristics of Respondents

A total of 212 individuals participated in the study. Participants aged 26–35 years represented the largest proportion (38%), followed closely by those aged 18–25 years (37%). This distribution indicates that young adults formed the predominant segment of the study population. Female respondents accounted for 69% of the sample, whereas males represented 26%. In terms of educational attainment, postgraduate participants constituted the largest group (38%), followed by undergraduates (26%).

TABLE 1-Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Age	18–25 years	78	37
	26–35 years	81	38
	36–45 years	36	17
	46–55 years	15	7
	Above 55 years	2	1
Gender	Male	56	26
	Female	147	69
	Prefer not to say	9	4

Education	No formal education	8	4
	Primary school	24	11
	Secondary school	43	20
	Undergraduate	56	26
	Postgraduate	81	38

The predominance of younger and highly educated participants is similar to observations reported in previous nutrition-related surveys, where individuals with higher educational qualifications were more likely to participate in health and nutrition research. Greater educational exposure may contribute to increased interest in dietary practices and public health interventions.

Awareness Regarding Fortified Foods

Awareness of fortified foods was high among participants, with 86% reporting familiarity. Recognition of the +Flogo was also strong, with 87% aware of the symbol. Social media was the main source of information (49%), followed by healthcare professionals (21%) and television (17%), reflecting the growing influence of digital platforms in health communication.

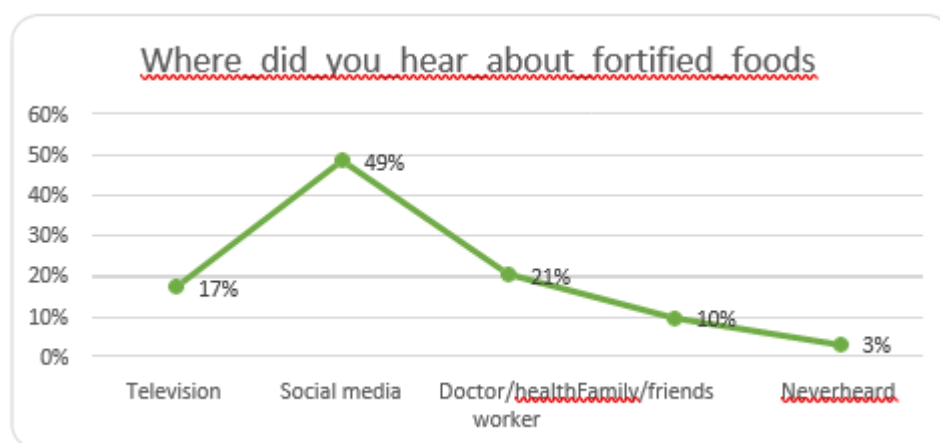


Figure 1 – Sources of Awareness Regarding Fortified Foods.

Similar findings were reported by Geetha et al. (2023), highlighting the important role of online media in spreading nutrition-related information. The high awareness observed in this study may also be attributed to awareness campaigns and fortification initiatives by organizations such as WHO and FSSAI. Improved awareness is encouraging as it supports informed food choices and better acceptance of fortified foods.

Knowledge Regarding Fortified Foods

Participants demonstrated satisfactory knowledge regarding the nutritional purpose of fortified

foods. Most respondents correctly identified that fortified foods contain added vitamins and minerals (85%). Similarly, 86% recognized that fortified salt contains iodine, 83% correctly identified fortified milk as a source of vitamins A and D, and 75% were aware that fortified wheat flour contains iron and folic acid.

Table 2-Knowledge Regarding Fortified Foods.

Statement	Correct Response(%)
Fortified foods contain added vitamins and minerals	85
Fortified salt contains iodine	86
Fortified milk contains vitamins A/D	83
Fortified wheat flour contains iron & folic acid	75

These findings indicate that participants have a reasonably good basic understanding of food fortification. Similar results were reported by Battalwar and Syed (2017), who found that urban consumers generally had moderate to good knowledge of fortified foods. However, existing gaps in knowledge about specific fortified products highlight the need for continued consumer education and awareness programmes.

Consumption Pattern of Fortified Foods

Consumption practices indicated substantial incorporation of fortified foods into routine diets.

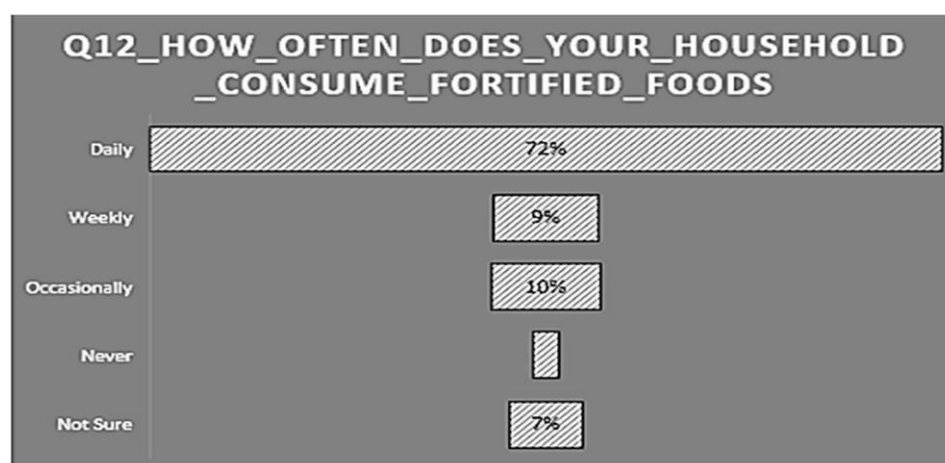


Figure 2–Frequency of Consumption of Fortified Foods.

Approximately 81% of respondents reported purchasing fortified food products, while 72% consumed them daily. These findings indicate good acceptance and regular utilization of fortified foods among the study population. Similar observations have been reported in previous studies, where higher awareness and better accessibility were associated with increased consumption of fortified foods (Radhakrishnan et al., 2025). The results suggest that

fortified foods are becoming an increasingly common component of daily dietary practices.

Awareness and Knowledge of Fortified Foods.

Most respondents demonstrated good knowledge regarding fortified foods. A majority correctly identified that fortified foods contain added vitamins and minerals (85%), and were aware that fortified salt contains iodine (86%), fortified milk contains vitamins (83%), and fortified wheat flour contains iron and folic acid (75%).

Table 3- Awareness and Knowledge of Fortified Foods.

Variable	Response	Frequency(n)	Percentage(%)
Heard about fortified foods	Yes	183	86
	No	29	14
Purchase fortified foods	Yes	172	81
	No	11	5
	Not sure	29	14
Consumption frequency	Daily	152	72
	Weekly	20	9
	Occasionally	21	10
	Never	5	2

However, some uncertainty was observed regarding specific fortified products such as edible oils.

Perception Towards Fortified Foods

The perception of respondents towards fortified foods was generally positive. Most participants agreed that fortified foods are beneficial for health (76%), important for daily nutrition, and help prevent health problems. Overall attitudes towards fortified foods were positive. Most participants believed that fortified foods are beneficial for health, help meet nutritional needs, and prevent nutrient deficiencies. A high level of trust in fortified products was also observed. These findings are consistent with Geicu-Cristea et al. (2024), who reported that perceived health benefits significantly influence acceptance of fortified foods.

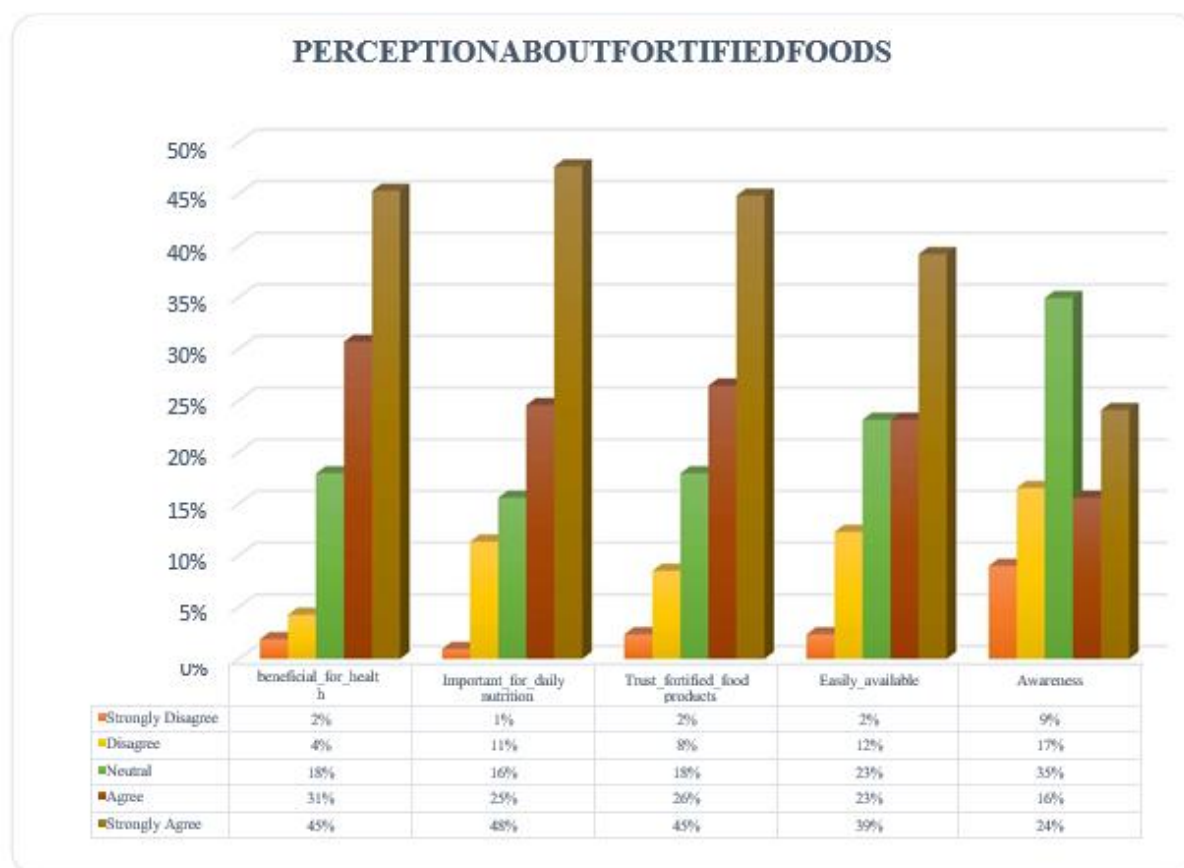


Figure3–Perception Towards Fortified Foods

Such positive perceptions are important as they affect purchasing decisions and long-term consumption patterns. The favourable attitudes in this study may be attributed to increased awareness of micronutrient deficiencies and the role of food fortification in improving nutritional status.

Factors Influencing Utilization of Fortified Foods

Health benefits (92%) and recommendations from doctors or family members (93%) emerged as the strongest factors influencing the utilization of fortified foods. Availability (78%) and price (67%) were also reported as important considerations during purchasing decisions.

These observations indicate that both informational and economic factors contribute to consumer behaviour. Similar findings have been documented by Chaurasia et al. (2025), who reported that perceived health benefits, social influence, affordability, and accessibility significantly affect fortified food consumption patterns. The findings highlight the importance of combining awareness initiatives with strategies that improve accessibility and affordability of fortified products.

Statistical Analysis Chi-Square Test

Chi-square analysis identified significant associations between age and awareness ($p < 0.001$), education and awareness ($p = 0.001$), price and purchasing behaviour ($p = 0.003$), and availability and consumption frequency ($p = 0.005$).

Table 4- Chi-Square Test Results.

Variables	p-value	Result
Age vs Awareness	<0.001	Significant
Education vs Awareness	0.001	Significant
Price vs Purchase	0.003	Significant
Availability vs Consumption	0.005	Significant

These findings suggest that education, affordability, and accessibility play important roles in awareness and utilization of fortified foods. Similar observations have been reported by Battalwar and Syed (2017) and Radhakrishnan et al. (2025).

Independent Sample t-test

The independent sample t-test showed no statistically significant difference in awareness scores between male and female respondents ($t = 0.200$, $p = 0.843$).

Table 5 -T-Test Results.

Variable	t-value	p-value	Interpretation
Gender vs Awareness	0.200	0.843	Not significant

This suggests that awareness regarding fortified foods was comparable across genders within the study population. Similar findings have been documented in nutrition-related research where educational background and access to information appeared to exert a stronger influence on awareness than gender.

One-Way ANOVA

Analysis of variance revealed significant differences in awareness across age groups ($F = 4.206$, $p = 0.003$) and educational levels ($F = 7.911$, $p < 0.001$). Higher educational attainment was associated with greater awareness of fortified foods. Similar findings were reported by Battalwar and Syed (2017), who observed that education positively influences awareness and understanding of fortified foods.

Table6- ANOVA Results.

Variable	F-value	p-value	Result
Agevs Awareness	4.206	0.003	Significant
EducationvsAwareness	7.911	<0.001	Significant
ConsumptionvsAge	2.195	0.071	Not significant

No statistically significant difference was observed in consumption frequency across age groups ($F = 2.195$, $p = 0.071$), suggesting relatively similar consumption practices among different age categories.

Correlation Analysis

Correlation analysis revealed a significant positive association between awareness and knowledge of fortified foods ($r = 0.644$, $p < 0.001$), indicating that respondents with higher awareness possessed better knowledge. Significant negative correlations were observed between awareness and consumption frequency ($r = -0.252$, $p < 0.001$) and knowledge and consumption frequency ($r = -0.363$, $p < 0.001$). Since lower consumption scores indicated more frequent intake, these findings suggest that greater awareness and knowledge were associated with regular consumption of fortified foods. Similar observations have been reported by Battalwar and Syed (2017), Radhakrishnan et al. (2025), and Chaurasia et al. (2025).

Table7 -Correlation Analysis.

Variables	r-value	p-value	Interpretation
AwarenessvsKnowledge	0.644	<0.001	Significant positive
Awareness vs Consumption	-0.252	<0.001	Significant
Knowledge vs Consumption	-0.363	<0.001	Significant

These findings highlight the importance of strengthening nutrition education and awareness programmes to promote regular consumption of fortified food products.

Regression Analysis

Multiple regression analysis demonstrated that awareness, knowledge, price, and availability significantly influenced purchasing behaviour related to fortified foods ($F = 9.301$, $p < 0.001$).

Table8 - Regression Analysis.

Model	R	R ²	F-value	p-value
Full model	0.390	0.152	9.301	<0.001

The model explained 15.2% of the variation in purchasing behaviour ($R^2 = 0.152$), indicating that these variables collectively contributed to consumer decision-making. Although statistically significant, the relatively modest explanatory power suggests that additional factors such as taste preferences, household purchasing habits, brand trust, and marketing exposure may also influence purchasing behaviour. These observations support previous research highlighting the combined importance of awareness, accessibility, affordability, and consumer perceptions in determining utilization of fortified foods.

Summary of Findings

The findings show good awareness, knowledge, perception, and use of fortified foods among participants. Awareness was significantly associated with age and education, while gender had no effect. Higher awareness and knowledge were linked to more frequent consumption. Health benefits, trusted recommendations, availability, and cost were key factors influencing purchase decisions. Overall, the results highlight the need to improve nutrition education and ensure better access and affordability of fortified foods.

CONCLUSION

The study found a high level of awareness and positive consumption of fortified foods among respondents. Most participants were familiar with fortified foods, recognized the +F logo, and reported regular consumption. Awareness was significantly associated with age and educational status, while price, availability, knowledge, and awareness influenced purchasing behaviour. Overall, fortified foods were well accepted, although differences in awareness and utilization were observed across demographic groups.

Recommendations

1. Strengthen nutrition education and awareness programmes at community and school levels.
2. Utilize social media and mass media to promote accurate information on fortified foods.
3. Improve the availability of fortified foods, especially in rural and underserved areas.
4. Encourage affordable pricing to increase consumer adoption.
5. Enhance promotion of the +F logo to help consumers identify fortified products easily.

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REFERENCES

1. Adams, K. P., Neal, A. L., Brimblecombe, J. K., Trijsburg, L., Covic, N. M., de Courten, B., Johnson, E. J., & Green, T. J. (2022). Household consumption and expenditure surveys as a tool for designing and evaluating food fortification programs. *Food and Nutrition Bulletin*, 43(1), 68–85.
2. Aura, L.A.(2022). *Consumer knowledge, attitudes and practices on food fortification in Kenya* (Doctoral dissertation, JKUAT-CoANRE).
3. Battalwar, R., & Syed, M. M. (2017). Awareness and consumption of fortified foods among female adults in Mumbai city. *International Journal of Community Medicine and Public Health*, 4(10), 3859–3864.
4. Chinnici, G., Zarba, C., Privitera, D., Matarazzo, A., & Scuderi, A. (2023). *Food attributes of fortified foods: An analysis of consumption behaviour*. 223–230. <https://doi.org/10.5593/sgem2023V/6.2/s25.28>
5. Food Safety and Standards Authority of India. (2021). *Compendium of food fortification regulations* (Version III). Government of India. https://www.fssai.gov.in/upload/uploadfiles/files/Compendium_Food_Fortification_Regulations_30_09_2021.pdf
6. Food Safety and Standards Authority of India. (n.d.). *Food fortification*. Government of India. Retrieved June 24, 2026, from https://fssai.gov.in/upload/knowledge_hub/1263185b34be739fe02Food%20Fortification.pdf
7. Dhananjay, Choudhary, M., & Kaur, P. (2026). Consumer awareness, perceptions and purchasing behaviour regarding fortified wheat flour available in the market. *Scientific Reports*. <https://doi.org/10.1038/s41598-026-53635-9>
8. Geicu-Cristea, M., Popa, E. E., & Tenagashaw, M. W. (2024). Consumers' perception of fortified foods. In D. Bogueva (Ed.), *Consumer perceptions and food* (pp. 589–604). Springer. https://doi.org/10.1007/978-981-97-7870-6_28
9. Geetha, M. L., Venkatesh, P., Jha, G. K., Singh, D. R., & Sangeetha, V. (2023). A study on consumer awareness, perception and willingness to pay for biofortified products in Delhi, India. *Current Science (00113891)*, 125(7).

10. Kaur, J., & Subha, B. (2022, March). Knowledge and Preferences of Urban Population of Bengaluru: Fortified vs. Non-fortified. In *International Conference on Business and Technology* (pp. 11-16). Cham: Springer International Publishing.
11. Mkambula, P., Mbuya, M. N. N., Rowe, L. A., Sablah, M., Friesen, V. M., Chadha, M., Osei, A. K., & Vasta, F. C. (2020). The unfinished agenda for food fortification in low- and middle-income countries. *Maternal & Child Nutrition*, 16(S2), e12944.
12. Osendarp, S. J. M., Martinez, H., Garrett, G. S., Neufeld, L. M., De-Regil, L. M., Vossenaar, M., & Darnton-Hill, I. (2018). Large-scale food fortification and biofortification in low- and middle-income countries. *The Journal of Nutrition*, 148(Suppl. 1), 1208S–1221S.
13. Radhakrishnan, A. K., Surya, B. N., Sivakumar, A., Ramesh, H., Daniel Thomas, R. E., Sanjutha, A., & Ilanchoorian, D. (2025). Awareness and consumption of fortified foods, role of demographic factors and associated barriers among rural households in Chengalpattu district: A cross-sectional study. *Journal of Clinical and Diagnostic Research*, 19(6), LC17–LC22. <https://doi.org/10.7860/JCDR/2025/76897.21122>
14. Shamal, S., & Mohan, B. C. (2017). Consumer behaviour in fortified food choice decisions in India. *Nutrition & Food Science*, 47(2), 229–239. <https://doi.org/10.1108/NFS-05-2016-0065>
15. Thakur, S., Singh, A., Insa, B., & Sharma, S. (2023). Food fortification in India as malnutrition concern: a global approach. *Sustainable Food Technology*, 1(5), 681–695. <https://doi.org/10.1039/d3fb00079f>
16. World Health Organization: WHO. (2019, October 11). *Nutrition*. <https://www.who.int/health-topics/nutrition>
17. World Health Organization: WHO. (2024, March 1). *Malnutrition*. <https://www.who.int/en/news-room/fact-sheets/detail/malnutrition>
18. World Health Organisation. (2006, November 25). *Guidelines on food fortification with micronutrients*. <https://www.who.int/publications/i/item/9241594012>