

PROPOSED STRATEGIES FOR SOUTH AFRICAN SUPERMARKETS TO INCREASE HEALTHIER FOOD CHOICES: A LITERATURE REVIEW

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ABSTRACT

Consumers often buy their food from supermarkets, which now provide and promote a vast range of both healthy and unhealthy foods. Choosing more processed energy-dense foods may contribute to non-communicable diseases. Until recently, supermarkets have not received enough attention on how they influence consumers to make healthier food choices. The aim of this paper is to discuss the value of using interventions in supermarkets, supermarket's role towards consumers to make healthier food choices and to suggest strategies to South African supermarkets to increase healthier food choices to help address the non-communicable diseases epidemic which may act as a reference for supermarkets when revising their internal environment. This paper reports a review of literature. Four databases were searched. The searches identified 78 articles. Duplicate articles and articles not meeting the inclusion criteria were removed. A total of 45 articles were identified. The retrieved literature was scanned for relevance, organized and then classified into specific constructs: South African food retail, interventions in supermarkets, supermarket's role in changing consumer's choice and proposed strategies to increase healthier food choices. Research on the process underlying the implementation of long-term and sustainable interventions to increase healthier food choices in supermarkets is currently lacking. Food retailers need to acknowledge their role in the current health status of their customers and communicate anti-disease activities. In this article four important strategies that could help address the non-communicable diseases epidemic, are suggested which may act as a reference model for supermarkets when revising their store environment.

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INTRODUCTION

Over the last 30 years, the occurrence of non-communicable diseases (NCDs) has risen markedly. In sub-Saharan Africa, the highest prevalence of obesity was recorded in South African women (42.0%) (Ng et al., 2014). Attempts to explain the increases in obesity in the last decade in South Africa (SA) have focused on potential contributors including nutritional, physical and specific environmental factors (Claasen et al., 2016; Jacobs et al., 2010; Vorster et al., 2013). Studies exploring the relationship between the local food environment and health outcomes have been growing (Caspi

et al., 2012). The local food environment can be defined as all aspects of the local environment that influence consumer's dietary behaviour. The community food environment (food outlets e.g. supermarkets and their accessibility) forms part of the local food environment (Franco et al., 2016).

Supermarkets can influence healthier choices as marketing research confirmed, the amount of space given to specific products influences what consumers purchase. However, supermarkets are increasingly providing access to more processed energy-dense foods (e.g. snacks, biscuits and ready meals) that do not accord with the SA Dietary Guidelines which recommend fresh foods or foods that have had minimal processing (Vorster et al., 2013). Significant food and beverage consumption shift in SA since 1994 have been identified possibly resulting from changing food environments (Ronquest-Ross et al., 2015). An overall increase in energy intake, processed and packaged foods and sugar-sweetened beverages (>50%) was found, while vegetable consumption declined. Processed foods are regarded by consumers as convenient, time saving, can be eaten anywhere and are easy to prepare and eat, undermining the normal processes of appetite control and thus increasing over-consumption (Stanton, 2015) and leading to obesity (Moodie et al., 2013). Supermarkets have expanded into lower socioeconomic areas by outcompeting local retailers on cost (Battersby, 2011), contributing to higher obesity rates in these areas as more shelf space is usually allocated to processed foods. Fresh produce may suffer from poor quality and high prices, making processed foods more appealing and more affordable (Stanton, 2015). Peyton et al. (2015) revealed supermarkets in Cape Town were unequally spatially distributed, with lower income areas having the lowest ratio of supermarkets per square kilometer. The U-Save Shoprite chain was predominantly found in lower income areas but not in the poorest areas, illustrating that the poorest households face serious limitations in accessing diverse and quality food from formal food outlets. Supermarket expansion has limited capacity to address food insecurity in environments with structural inequality and a related geography of poverty. In addition, a

growing reliance on local supermarkets has undermined the ability of households to invest in household food production (Claasen et al., 2016), promoting nutrient deficiency. The Guardian (October 2017) warns the public that supermarkets are not only changing consumer's dietary habits, but they are creating an obesity crisis in African countries. Middle-class people are buying their food from supermarkets rather than eating food they grow. African nutrition experts and politicians are urged to prioritise non-communicable diseases (NCDs) in their nutrition policies and learn from countries with an established history of dealing with NCD-related problems.

The current changes in food stores followed the trends in how consumers have changed and developed the past three decades, however supermarkets have arguably not made enough changes to address the NCD epidemic. As consumers around the world continue to change and are getting unhealthier, so can food retailers also change and start to implement more long-term and sustainable methods to increase healthier food choices. Supermarkets may reconsider their contribution towards the current health status of all South Africans. For too long the focus was only on role-players such as the food industry and government, when in fact the role and influence that food stores have on consumer's health, have been comfortably neglected (Stanton, 2015).

While there is no single solution to solve the NCD problem in SA, until recently, supermarkets have not received enough attention in this matter. The food retail sector has arguably been more flexible in adapting to changing sociopolitical and environmental conditions; it nevertheless remains within the neoliberal paradigm (Claasen et al., 2016). Therefore, not enough sustainable interventions have been initiated to increase healthier food choices during food purchases. Necessary changes to the store environment are needed as well as transparency to the public on their anti-disease strategies.

This aim of this literature review is to discuss the value of using interventions in supermarkets, supermarket's role towards consumers to make healthier food choices and suggests four

important strategies to South African supermarkets to increase healthier food choices to help address the NCD epidemic which may act as a reference for supermarkets when revising their internal environment. The paper stresses the importance of studying these strategies to develop better public health-promotion activities.

METHODOLOGY

A review of the academic literature was conducted using electronic databases. Papers were identified by searching consumer science, behavioural and social science, health science and food science databases: Google Scholar, Sabinet Online, ScienceDirect and Web of Science. Search terms were also used in a Google search to identify grey literature such as conference proceedings, government publications and working papers as to identify all evidence relevant to the aim of this paper. Reference lists of the retrieved articles were scanned for relevant papers. The search terms were used as a selection criterion for a particular topic (title, abstract, and keywords). Search terms included: (Health) OR (Supermarket) OR (Intervention) OR (Behaviour) OR (Environment). Articles were included if they met the following criteria: (a) peer-reviewed, (b) written in English, (c) published between 2005 and 2018, and (d) validate and support existing literature and theories. The literature review's focus was explicitly on South African supermarkets, so emphasis was placed on papers that provided key information that could be collated to bring insight to this issue. The search of the databases led to the initial retrieval of 78 articles. After exclusion of 22 duplications, 56 articles were considered eligible for the next stage of selection. After the screening process, 11 publications were excluded because they did not meet the inclusion criteria; thus, a total of 45 articles were eligible and were included in the literature review. The retrieved literature was scanned for relevance, organized and then classified into the following constructs: South African food retail, interventions in supermarkets, supermarket's role in changing consumer's choice and proposed strategies to increase healthier food choices.

RESULTS AND DISCUSSION

Table 1 provides the key articles included within the identified constructs.

South African food retail

Until the early 1960s, most consumers purchased their daily food supplies from small shops (Stanton, 2015). Consumers walked to grocery shops and requested the items from the shopkeeper behind the counter (Stanton, 2018). These stores were then replaced by self-service supermarkets which expanded to sell fresh foods (Stanton, 2015). Supermarkets serve as an interface between consumers and the food system, using sophisticated marketing skills to influence consumer's food choices and purchasing behaviour (Charlton et al., 2015). The entrance is usually placed so that shoppers walk in an anticlockwise direction because marketers have found that it increases their spending. Fruits and vegetables are placed at the front of the store to create an impression of colour and freshness. Products are also placed to draw shoppers to particular areas and ensure they circulate past 'high-influence' products. Snack foods are placed at checkouts where people may succumb to temptation as they wait (Stanton, 2015). The intention with these added products and services is to exceed customers' in-store shopping experiences in comparison with those offered by their competitors (Goodman & Remaud, 2015).

In SA, 'supermarketization' is supported in part by trade liberalization and private development promoted through a Growth, Employment, and Redistribution strategy (Peyton et al., 2015). This neoliberal strategy is based on that development should aspire to change towards a competitive outward-oriented economy. Furthermore, urbanization and possibilities to provide a wider food variety at a lower price have initiated the growth of supermarkets with rapid market saturation in high-income areas (Peyton et al., 2015). With an urban population of 64%, access to food is largely predicated upon an expansion of formal food traders upon which many informal food retailers and traders depend (Pereira & Drimie, 2016). The South African food retail sector is developed relative to

TABLE 1: KEY DESCRIPTIVE CHARACTERISTICS OF ARTICLES REVIEWED

Construct	First author (date)	Study purpose	Outcome(s)
South African food retail	USDA Gain Report, 2017	To report on South Africa's retail food industry	Consumers are requesting more ready-to-eat products. Therefore, supermarkets are looking to provide a simplified shopping experience that saves time. Around 600 convenience outlets are currently open in SA
Interventions in supermarkets	Department of Health, 2015	To provide strategies to prevent and control obesity	Acknowledges the socio-ecological approach to promoting healthy food environments from specific settings (e.g. retail store environments)
	McKinsey Global Institute, 2014	To focus on behavioural interventions that can address obesity and improve nutrition	Subconscious mechanism could be a more sustainable alternative for behavioral change as they are structural in nature, apply to a very wide population and are more permanent
Supermarket's role in changing consumer's choices	McKinsey Global Institute, 2014	To develop a framework to disaggregate mechanisms for population behavioral change to reduce obesity	The framework comprises four types of mechanisms: inform, enable, motivate and influence
	Wilson (2016)	To determine the effectiveness of nudging for influencing food and beverage choices	The effectiveness of altering the presentation of products suggests that nudging may be a viable approach for influencing habitual dietary choices, especially the method of priming nudges that can alter subconscious cues
Proposed strategies for supermarkets to address non-communicable diseases	Glanz, 2012	To provide strategies for in-store marketing to promote healthful eating	A better understanding of how supermarkets create demand for healthy and less-healthy purchasing patterns are needed. Strategies to revise the placement of food products in the store are provided
	The Food Trust, 2010	To provide resources for supermarket-based strategies to encourage healthy eating	Nutrition education materials provide information about health conditions (e.g. diabetes), shopping tips when in a rush and selecting and storing fresh produce
			Increasing in-store marketing techniques to promote healthy product lines is a competitive strategy to keep up with the growing consumer demand for nutritious food. Marketing techniques are provided
			Stores can participate in community outreach activities to promote healthy eating, such as free nutrition classes to help customers learn to shop for healthier foods

other markets on the African continent with 2,500 modern trade outlets, including supermarkets. Six major corporations, Shoprite, Pick 'n Pay, Massmart, Spar, Woolworths and Fruit & Veg City, dominate the industry. The value of SA grocery retail sales was nearly R491,6 billion in 2016 (United States Department of Agriculture Gain Report, 2013). Many established traditional supermarkets have lost business to newer store formats of major competitors (Terblanche, 2018). For example,

Makro and Game (known as the 'big box' stores) (Marlow, 2015) sell food and benefit from Walmart's bargaining power that enable them to be more price competitive and forces conventional supermarkets to drop their prices as well. Falling prices may then alter consumer's diet as food consumption increases and less healthful foods are purchased (Matsa, 2011).

As consumers are increasingly requesting more ready-to-eat products, supermarkets are looking

to provide the consumer with a simplified shopping experience that saves time (USDA Gain Report, 2017). Euromonitor International (2017) reported on the consumption of ready meals in SA and revealed that Woolworths Holdings led in 2017 with a 34% retail value share. Convenience will however remain a key growth factor within the SA retail market, due to a growing working middle class that demands time-saving purchases. Some studies speculate that convenience stores are an important causal factor behind obesity prevalence (Borradaile et al., 2009; Lucan et al., 2010). Around 600 convenience outlets are open throughout the country and the major retailers and wholesalers own most of them. Woolworths Holdings remains the leader in convenience stores with Woolworths Food outlets and Woolworths co-located at Engen Forecourts Quick shops (USDA Gain Report, 2017).

Interventions in supermarkets

Changing the types and quantities of foods consumed is necessary as it can contribute to solving the problem of NCDs in local communities. Supermarkets are an essential part of this change but the difficulty of such changes should not be underestimated, given that both suppliers and retailers have a duty to increase sales and thus maximize profits for their shareholders (Stanton, 2015). Interventions can however play a significant role in promoting healthier food choices. These interventions may have greater impact if they are focused specifically on altering the placement and promotion of less-healthy foods, rather than merely on increasing access to healthier options. Interventions that have more lasting effects are those that rely more on changes in their environment, such as changing the store layout or reducing portion sizes (McKinsey Global Institute, 2014).

Interventions can be grouped into “conscious” mechanisms, which a consumer participate in and “subconscious” mechanisms, which alter the environment facing the consumer (sometimes in undetectable ways) (MGI, 2014). South Africa’s approach to address obesity has focused more on classical targeted interventions (e.g. weight management programmes) and conscious mechanisms (e.g. information on food labels),

which by themselves are often not enough as consumers rationalize and selectively interpret their own behaviour. Efforts from the local government such as the implementation of sugar tax (Department of National Treasury, 2016) from April 2018 and price intervention measures by health insurers, implementing health programmes and offering up to 25% rebates on healthy food purchases for certain members have been initiated. Researchers have investigated self-reported changes of dietary consumption and weight status of participants of these health programmes and found that there was no association between programme participation and obesity prevention though (An et al., 2013; Sturm et al., 2013). The Department of Health published the strategy for preventing and controlling obesity 2015-2020, which aims to ‘reform obesogenic environments, while enhancing opportunities for healthy food options in every possible setting’. It also sets targets to reduce obesity by 10% by 2020 (Department of Health, 2015). The strategy includes six broad goals of which creating enabling environments are proposed. This objective acknowledges the socio-ecological approach to promoting healthy food environments from specific settings (e.g. retail store environments) to legislative measures (e.g. taxing sugar sweetened beverages) (Department of Health, 2015). The success of these strategies remains to be seen (Claasen et al., 2016) as most methods on addressing the obesity crisis still revolves around the implementation of a large single solution (MGI, 2014). The limited effectiveness of conscious interventions and their insignificant effects on consumer’s behaviour change have been reported (Bhattarai et al., 2013; Brambilla-Macias et al., 2011).

Subconscious mechanisms can include changes in available options and shifts in social norms that shape healthy behavior. The segments that drive subconscious behavioural change include information architecture (variation in how information is presented), option availability, and three forms of influence: choice architecture (variation in how choices are presented), nudging (exposure to a specific stimuli), and social norms. Subconscious interventions share three important traits. Firstly, they are structural in nature or change the norms or physical environment e.g. putting water instead of soft

TABLE 2: POSSIBLE INTERVENTION TYPES TO USE IN SOUTH AFRICAN SUPERMARKETS (MGI, 2014)

Intervention type	Description
High-energy food and drink availability	Reducing the ready availability of high-calorie foods to help control impulse consumption, including removing high-calorie foods from supermarket checkouts and removing large bins/containers with snack products near the checkouts.
Healthy meals	Improving the health quality of meals in controlled settings in supermarket's kitchen facilities.
Health-care payors	Providing incentives or support to encourage healthy behaviour. These can include general financial incentives, such as premium rebates or reward points, or more targeted facilitating incentives. Supermarkets can also deliver other interventions such as providing advice on healthy foods.
Media restrictions	Restricting high-calorie food advertising in store to reduce exposure to marketing that is proven to promote consumption.
Price promotions	Restricting promotional activity in high-calorie impulse foods to decrease consumption.
Public-health campaigns	Delivering a public-health campaign through multiple media outlets to promote healthy eating and physical activity habits.
Reformulation	Incrementally reducing calories in food products e.g. baked instead of fried products; reducing the amount of sauce/dressings; providing sugar only when requested by consumer to drive subconscious reduction in consumption.

drinks at the checkout stand. Secondly, they are far-reaching or apply to a very wide population, e.g. decreasing the salt content in foods applies to all consumers. Lastly, they are more permanent and long lasting e.g. the reduction of fat in fast food will reach all regular fast-food eaters (MGI, 2014).

The application of cost-effective subconscious interventions has shown that most consumers accept the default option, i.e. the susceptibility to suggestions of what norms are (MGI, 2014) — such as, for instance, accepting an offer of a supersized or family portion of chips at the take away section in a supermarket at a special price— consumers therefore follow social norms and behaviour. If supermarkets reduce the intensity of their promotions of certain categories of processed foods and restructure the choices for consumers in the physical environment, these changes remain in place unless policy alters (MGI, 2014). Supermarkets therefore have the power to influence and change consumer's choices by revising their layout and marketing strategies, subconsciously. There has been little systematic attempt to analyze the relative potential cost-effectiveness and impact of a set of interventions if they are applied at the consumer level in supermarkets. A better understanding of how supermarkets create

demand for healthy and less-healthy purchasing patterns are needed (Glanz et al., 2012). Table 2 provides a list of applicable interventions that can be used in supermarkets.

Supermarket's role in changing consumer's choice

MGI (2014) has developed a framework to disaggregate mechanisms for population behavioural change to reduce obesity. The framework comprises four types of mechanisms: (1) The "inform" segment includes information availability and tests whether appropriate information is provided to applicable populations to stimulate behavioral change. The impact of information availability can be enhanced by thoughtful information architecture and to identify what information is likely to influence different types of consumers. Supermarkets can start to understand the different types of consumers that enter their stores. Euromonitor International (2018) explored the preferences and behaviour of five SA consumer types. Firstly, the empowered activists (17%) feel they can make a difference, take charge and focus on quality over quantity. Secondly, the undaunted strivers (20%) usually earn a high income, are image conscious, enjoys shopping and likes to spend. Thirdly, the inspired

adventurer (25%), is usually a younger consumer who plans to increase spending and likes to try new things. Lastly, the balanced optimist (21%) are more focused on the future, seeking value for money and usually does not enjoy shopping. (2) The “enable” segment assesses the extent to which options to change behaviour are available, e.g. giving consumers access to green spaces in a supermarket. Making good behaviour easy through option availability is critical. (3) The “motivate” segment explores the main methods for encouraging consumers to consciously change their behaviour, such as by setting personal goals or making commitments (e.g. drinking less soft drinks); (4) “Influence” is the final segment, i.e. whether consumers are fully aware of their behavioural change. Of these, choice architecture reflects how choices are presented and includes the importance of standards or defaults.

Examples of using choice architecture to change diet behaviour are introducing the method of priming (MGI, 2014) or nudging. Nudging is defined as the careful design of consumers’ choice environments to steer their behaviour in desired directions (Torma et al., 2018). Nudging alters the environment by changing the presentation of options to consumers – referred to as the choice architecture. This altered environment can consciously or subconsciously e.g. pictures associated with health in supermarkets (MGI, 2014), influence consumers without removing options or changing economic incentive. The effectiveness of altering the presentation of products suggests that nudging may be a viable approach for influencing habitual dietary choices (Wilson et al., 2016), especially the method of priming nudges that can alter subconscious cues (i.e. aspects of the environment) to influence behaviour (Blumenthal-Barby & Burroughs, 2012). These nudges can alter the physical availability – relating to the quantity of options in relation to each other. When availability of an item is increased it is likely to be more visible and accessible. When healthier snacks had a greater assortment on the shelf, and when bottled water was added to more refrigerators and baskets in a cafeteria, they were more physically accessible, more visible and were purchased more (Wilson et al., 2016).

Proposed strategies to increase healthier food choices

The successful reduction of NCDS is likely to require as many interventions as possible that can be initiated by food retailers. This means, engaging in more trial and error on low-risk interventions. Similar suggestions as made by e.g. Glanz et al. (2012) and The Food Trust (2010) can be practically implemented in supermarkets. The following four strategies are proposed for supermarkets to increase healthier food choices.

Changing the store environment

The floor layout of a supermarket, product and service groupings, shelf space allocation, product locations and their role to encourage buying, also form part of the internal shop environment factor (Terblanche, 2018). Food retailers predominantly use the grid layout, as it enables the efficient utilization of space and maximizes the consumer’s exposure to the product but can limit browsing time, as its continuous, straight parallel aisles might rush the consumer (Jacobs et al., 2010). An effective shop layout will stimulate more in-store exploration by customers and assists customers to purchase, leading to higher satisfaction levels with product choices (Mohan et al. 2012; Morales et al., 2005). Strategies to revise the placement of food products include to: (1) allocate greater share of space and prominence (aisle ends, store entry) to healthier products; (2) put promoted products in prominent, visible and “early trip” locations; and (3) healthy checkout aisles can be helpful for reducing unhealthy impulse purchases (Glanz et al. 2012). South African retail companies need to implement healthier shop alternatives. Food companies have opened convenience shops such as Express or Food Stops (USDA Gain Report, 2017), but health shops that stock healthy food products, are still lacking. Starting health shops may be a financial risk to major corporations as it can inhibit many industry interventions in which a first mover in, say, changing the store layout faces risk to market share (MGI, 2014), however the biggest challenge for food retailers rather lies in addressing the convenience trend and nudging consumers to make the extra stop towards health convenience using their

expertise in marketing and sales to prompt consumers toward healthier choices.

Nutrition education

Nutrition education involves any combination of educational strategies, accompanied by environmental supports that are designed to facilitate voluntary adoption of food choices and nutrition behaviour conducive to wellness (Stotz et al., 2016). Nutrition education print materials, visible screens, and electronic learning methods (e.g. mobile applications) provide guidance to shoppers on selecting healthy foods. As access to the internet and mobile devices increases among the population, it is important to consider nutrition education eLearning programs, to expand outreach (Stotz et al., 2018). Nutrition education materials can also provide information about health conditions (e.g. diabetes), shopping tips when in a rush and selecting and storing fresh produce (The Food Trust, 2010). Retailers (e.g. Pick 'n Pay, Woolworths) are employing registered Dietitians and Nutritionists to address customer queries regarding foods and to provide advice to the customer on a range of nutrition and health-related topics. This is an indication of food retailer's concern about consumer's health, however, there is a need for health professionals to be present in promoting face-to-face interaction with consumers that can assist them during their purchases in the store. Besides from the standard information counter, situated at the entrance of most supermarkets, no health-information counters or scan-for-nutritional-information-stations are currently present for consumers to retrieve information or to receive adequate support.

In-Store marketing

Supermarkets are in a unique position to market healthy products to consumers. Increasing in-store marketing techniques to promote healthy product lines is a competitive strategy to keep up with the growing consumer demand for nutritious food. Supermarkets can start to: (1) expand the ready-to-eat or pre-cut fruits and vegetables section; (2) promote healthier prepared foods, e.g. providing a "kid's corner"; (3) create promotional shelf space designated for healthier snacks/lunch items; and (4) use shelf space, shelf position, and endcap displays

to promote healthy items (e.g., stock more low-fat milk, water, whole grain bread, fruits and vegetables, etc. at eye level) (The Food Trust, 2010). Confining nutritious foods to the 'Health Foods' aisle of the supermarket, for instance, is likely to limit their appeal. By comparison, prominently locating them in other areas of the store that are usually reserved for highly palatable processed foods has the potential to increase sales. Such placement has the potential to signal to consumers that healthy foods are good-tasting, desirable foods (Rekhy & McConchie, 2014). It can also displace some competitive foods from high-profile locations in the supermarket, increasing the likelihood of consumers making more balanced purchase decisions (Pettigrew, 2016).

Community events

Community outreach activities provide marketing opportunities for supermarkets and help stores fulfill their goals of giving back to the community. Stores can participate in outreach activities to promote healthy eating, such as free nutrition classes to help customers learn to shop for healthier foods (topics such as reading food labels, shopping on a budget, shopping for specific health conditions). Relationships with local community groups such as nearby senior centers, residential and office buildings, schools and universities are mutually beneficial (The Food Trust, 2010). Supermarkets in SA, especially those that are part of a shopping mall do not possess an additional training or demonstration area to educate or host outreach activities to their local community. Such a room will create a valuable environment for e.g. young working females who are in need of learning how to make healthier food purchases, cooking skills, meal planning, reading recipes, etc. to make more informed and healthy choices for their families. According to the South African Council of Shopping Centres (SACSC, 2015) the country had the sixth highest number of shopping centres of any country in the world, boasting almost 2,000 shopping centres with a floor area covering 23 million square meters. Despite the great performance of the retail market, the question of failure to reach out to the community, providing efficient education and establish healthier environments remains a huge concern.

This paper proposed four important strategies for South African supermarkets to increase healthier food choices to help address the NCD epidemic. The first suggestion is supermarkets should change the store environment by revising the placement of food products and implement healthier shop alternatives. Secondly, nutrition education such as the employment of health professionals to ensure face-to-face interaction with consumers, is essential. Thirdly, in-store marketing methods to promote healthy product lines should be revised and implement more regularly. The fourth strategy suggests supermarkets need to participate more in outreach activities to promote healthy eating. To make a positive contribution tackling NCDs, food stores will need to deploy a wide range of interventions including portion control, reformulation, revise store layouts, adapt price promotion and marketing practices.

CONCLUSION

The author has presented a review of what she considered relevant papers on suggesting four important strategies to South African supermarkets to increase healthier food choices to help address the NCD epidemic which may act as a reference for supermarkets when revising their internal environment. The variety of processed foods in supermarkets are increasing and are here to stay. However, to ensure the successful depletion of the unhealthy culture in SA, more collaboration and engagement between consumers and supermarkets are necessary. This can be achieved by implementing cost-effective subconscious interventions that will bring changes within social norms that shape consumer's behavior. The current changes in food stores followed the trends in how consumers have changed and developed the past three decades, however supermarkets need to make more changes to address the NCD epidemic. As consumers continue to change and are getting more obese, so will food retailers need to change and implement more long-term and sustainable methods to increase healthier food choices. A better understanding of how supermarkets create demand for healthy and less-healthy purchasing patterns are needed. Supermarkets can demonstrate that

they are committed in addressing the NCD problem by providing by: (1) practical solutions to promote healthier choices; (2) reporting openly on work in progress and; (3) speaking out publicly on their anti-NCD activities. Immediate and necessary changes to the store environment is therefore needed as well as transparency to the public on their strategies to increase healthier food choices.

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