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- Fruits.
- Organic products.
- Traditional dishes.
- Natural products and products with health claims.

Another aim was also to measure the quantitative aspects that are identified in previous work packages:

- Understanding consumer behavior related to food (especially the motives of food choice).
- Understanding the perception and attitudes concerning different aspects of food products.
- Understanding the consumers segmentations.

**BACKGROUND**

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**COUNTRIES COVERED**

Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia.

**SAMPLE**

Approximately 500 by country, nationally representative, stratified three-staged random.

**TECHNIQUE**

Face to face interview in respondent’s home.

**INSTRUMENT**

7 sections and socio-demographic questions; includes Food Choice Questionnaire (FCQ) developed by Steptoe et al.

**DEPENDENT VARIABLE**

Frequency of consumption.

**LENGTH OF INTERVIEW**

30 minutes.

**DATA COLLECTION**

September 2010.

Motives underlying food choice are in the WBCs (listed by importance):

- Sensory appeal;
- Purchase convenience;
- Health & natural content;
- Price;
- Preparation convenience;
- Mood;
- Weight control;
- Familiarity & ethical concern.

Clusters of consumers according to their dominant motives for food choice in WBC’s are:

- Unconcerned
- Food enthusiast
- Price distress
- Purchase convenience
- Health oriented

No differences by gender were found for the most important concerns.

From a public health perspective three clusters raise concern:

1. **Unconcerned consumers** (food knowledge and fruit consumption are below average), there is a need to promote more balanced diets.
2. **Price oriented and distressed consumers** (fruit consumption is low, group of “low income”), they are consuming relatively unhealthy food for comfort and this is a worrying development in the WBC. Public health campaigns should stress both the financial and health benefits from reducing fatty food intake and increasing consumption of fruit and vegetables.
3. **Purchase convenience** (higher income but with the highest incidence of obesity) therefore the promotion of ready to eat light meals would be appropriate.

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**CONCLUSIONS**

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