



RESEARCH BRIEF, September 2017

***International Nutrition Perceptions Surveys' Results:
How U.S. Political, Religious, Social Conservatives (PRSCs)
and the General Population (GP) Respond to Global
Nutrition, and How to Shape Messaging for Successful
Advocacy***

By Jenny Eaton Dyer, PhD and Brian L. Heuser, EdD

Introduction

Since 1990, the U.S. has led the world in halving the number of deaths from extreme poverty (people living under \$1.25 per day) and epidemic diseases (malaria, tuberculosis). Maternal and child mortality numbers have also been cut in half. Access to health care, clean water, nutrition, family planning, and medicines played a role in these historic advances worldwide. Yet, this epic story is not being heard. When asked if people's quality of life around the world has gotten better, worse, or remained the same over the last ten years, more than twice as many PRSC respondents (59%) believed life had gotten worse over those (25%) who believed it had gotten better. Even so, the general population is slightly more optimistic, whereby almost half (49.5%) believe life has gotten worse, and almost one-third (29.3%) believe it has gotten better.

Continuing the momentum of success in health and development depends upon continued funding by the United States for the global assistance programs that have made these achievements possible. And that funding depends upon the advocacy of informed citizens to their elected representatives. Therefore, it is important to understand how such citizens understand the life-and-death issues underlying global health efforts. Special thanks to the *Eleanor Crook Foundation* for their support of funding to make this research possible.

Encouragingly, more than 70% of the respondents in both studies—with women significantly more than men—reported that they believe it was important for the U.S. to have a positive image in countries around the world.ⁱ Despite such a strong basic affirmation, only 42% of PRSCs believe that the U.S. should take a leading role in helping poor people in other countries.ⁱⁱ There is an obvious ignorance to be rectified that foreign assistance funding is a critical component to boost U.S. branding worldwide.

In this research, we questioned on how a sample of 1000 self-identified political, religious, social conservatives (PRSCs) as well as from the general population (GP) in the United States understand such issues.ⁱⁱⁱ More specifically, we sought to clarify how best to construct and communicate explanations of international nutrition as a crucial global health issue. While some global health issues have enjoyed robust increased funding, nutrition has consistently remained at less than 2% of the global health account. This survey explores the appetite or

interest among PRSCs and the GP as well as the method by which to promote an increase for bilateral and multilateral funding through awareness and advocacy. That being said, the findings below will predominantly focus on the PRSC group results.

First, to contextualize our findings in a macro-motivations framework, we measured the degree to which PRSCs/GPs reported that they are compelled by various rationales for addressing health and development efforts. We then explored how PRSCs/GPs prioritize global nutrition against other critical global health issues. To gain a better handle on PRSCs/GPs knowledge and grasp of the subject of global nutrition, we tested related nutrition concepts and perceptions about those affected by hunger and starvation. We also tested nutrition-related messaging to see what resonated most highly, cognitively, and emotively. And finally, we probed with questions of personal versus general responsibility at various levels to ascertain how compelling the issue was to motivate the groups to advocacy or engagement.

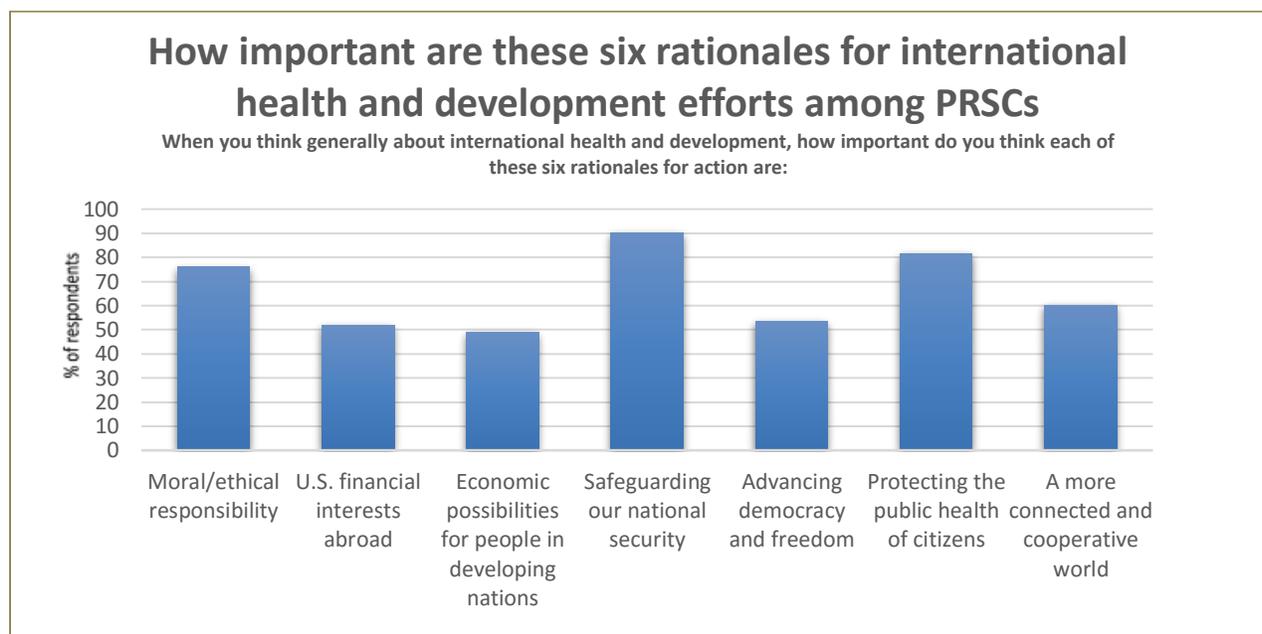
This survey research is timely given the current crisis of famine in four sub-Saharan countries; President Trump’s proposed cut of bilateral funding for nutrition by 37%; and the rising questions of how climate change will influence access to water and food sources in the near future. It is now more critical than ever to gain a better understanding of how PRSCs think and feel about global nutrition.

With this knowledge, individuals and organizations on the frontlines of awareness, education, and advocacy for global nutrition can better shape the language, rhetoric, and arguments to compel conservatives and faith leaders, as well as the general population, to engage members of Congress to maintain or increase funding for global nutrition.

Findings

I. MACRO-MOTIVES FRAMEWORK: RATIONALES FOR GLOBAL HEALTH AND DEVELOPMENT

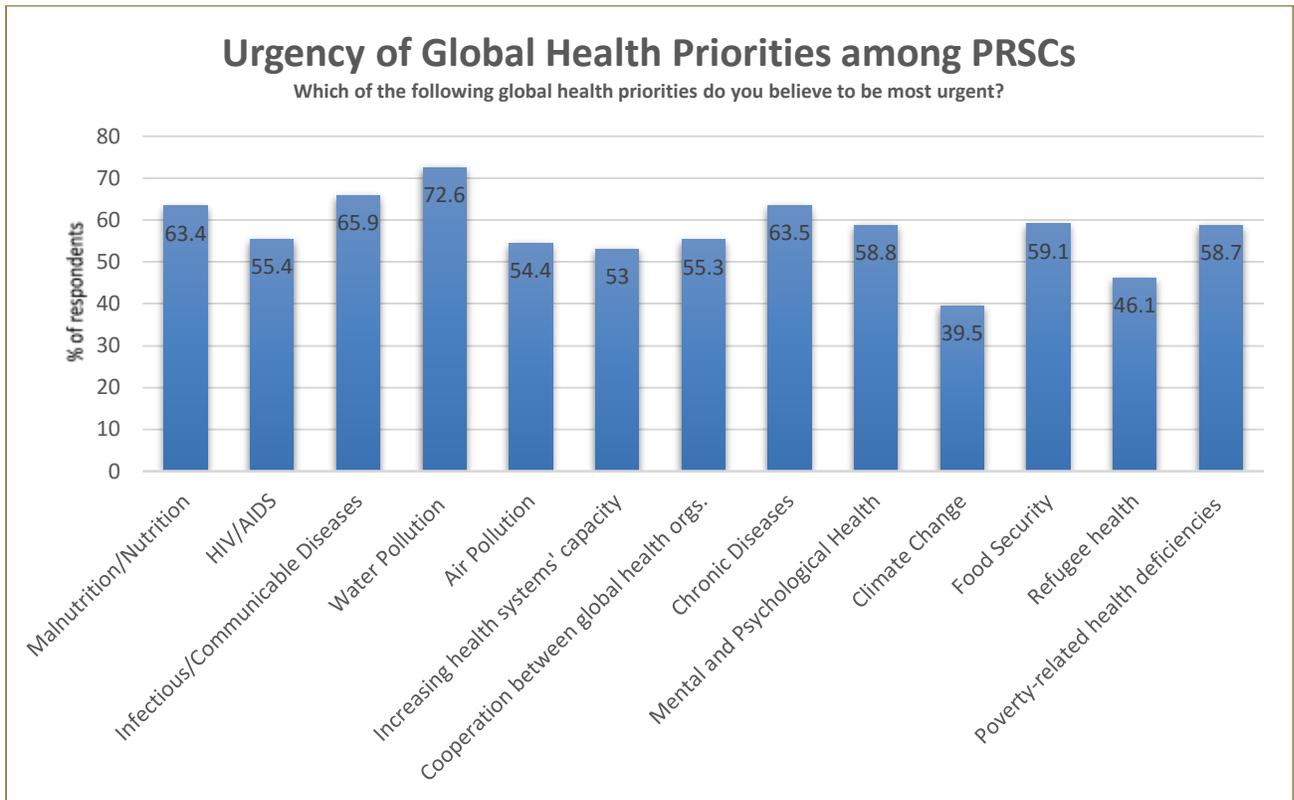
PRSC Respondents are most compelled by domestically-focused rationales for international health and development efforts.



- An overwhelming majority of respondents (**90% PRSC; 84% GP**) answered that **safeguarding national security** is of key interest. Notably, education played a key role differently for each study. In the GP study, 100% of those with a doctoral or professional degree ranked safeguarding national security as an important reason, yet conversely, among PRSCs, those with a doctoral degree were the *least* likely of any educational group (86.3%) to rank it as important.^{iv}
- Respondents also viewed protecting the **public health of citizens (81% PRSC; 86% GP)** as a compelling rationale for international health and development.^v
- Honoring **moral or ethical responsibilities (76% PRSC)** was the third most compelling rationale among respondents, especially among those with a master’s degree (82%) or doctorate/professional degree (88%).^{vi} Interestingly, those with master’s degrees were most likely to view it as important across both studies. Yet, different age cohorts responded differently in the two studies: among the GP, the 66+ age group found it most important; and among PRSCs, the 25 and under age group viewed the moral rationale as most important.^{vii}
- Respondents were significantly less convinced by the phrase “advancing economic possibilities in the developing world” (49% PRSC); “advancing US economic interests abroad” (52% PRSC); or “advancing democracy and freedom in other places of the world” (53% PRSC). Yet, it is encouraging that PRSCs still assign value to these rationales. Moreover, these lower rationales among PRSCs were significantly more important to men than women, by an approximate average of seven percentage points. In the GP study, however, there was no consistent significant difference between male and female responses.

II. GLOBAL HEALTH ISSUES: PRIORITIES

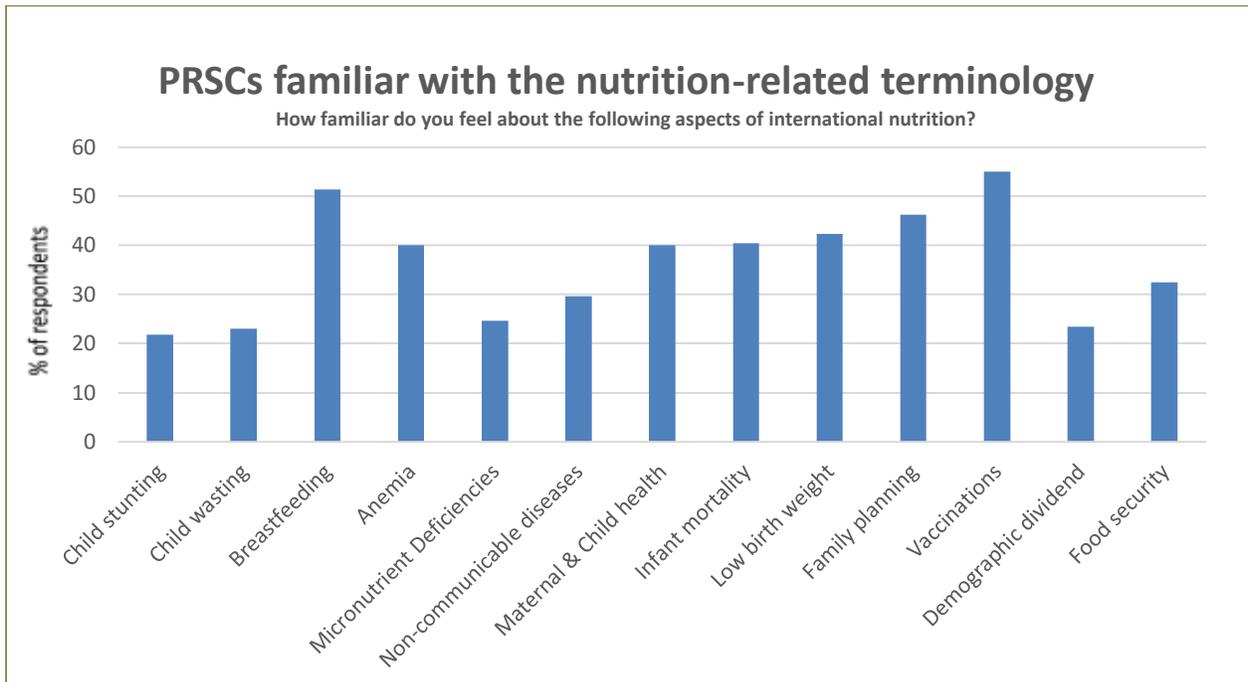
Similarly to the rationales, global health priorities of both PRSC and GP respondents align with those that are most likely to affect people in their own country. While we report on the PRSC findings below, it should be noted that a higher percentage of the GP found every issue more urgent than did the PRSCs, at an average difference of 6.15 percentage points and by at least 55% of respondents. Both groups found the same top five issues most urgent – in order, water pollution; infectious/communicable diseases; malnutrition; chronic diseases; and mental health. And, females were more likely than males to find each issue more urgent.



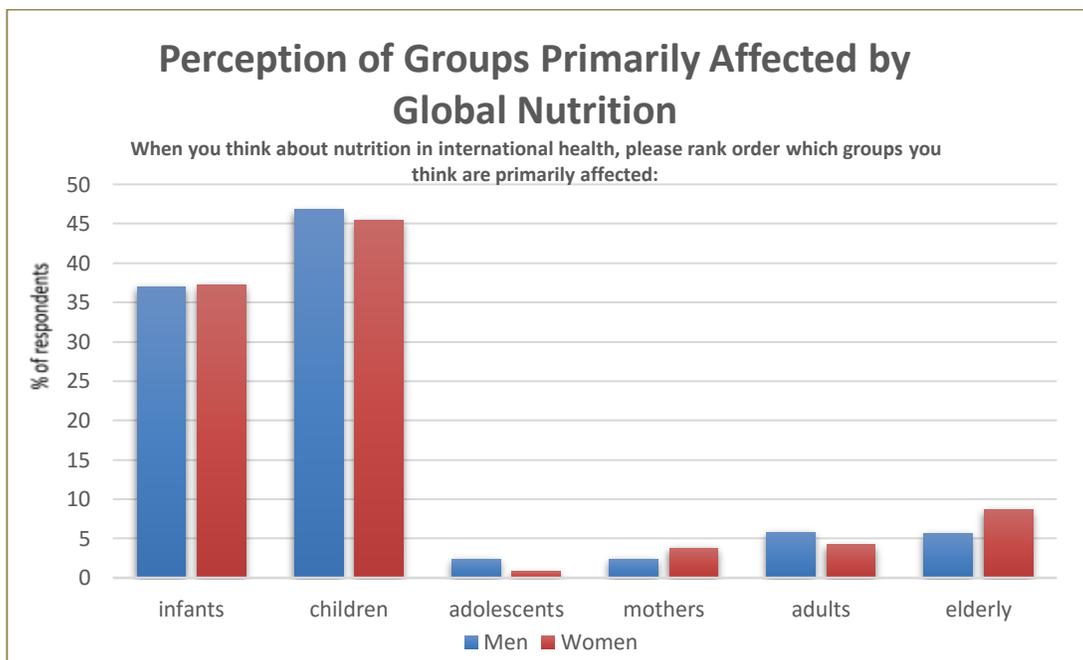
- **Water pollution (73%)** ranked the highest among all as most critically urgent global health priority.
- **Infectious/communicable diseases (66%)** ranked second as either very or critically urgent to respondents.
- **Malnutrition/nutrition (63%)** and **chronic diseases (63%)** co-ranked as third highest for urgent global health priorities.
- Across all priority areas, women attributed more urgency to the global health priority areas. Perhaps most notably, **women (71%) were more likely than men (62%) to identify nutrition** as a global health priority.^{viii}
- The only areas where fewer than 50% of PRSC respondents attributed urgency were climate change (39%) and refugee health (46%). In both areas, individuals with a doctorate or professional degree were much more likely to be concerned.

III. GLOBAL NUTRITION: PREFERRED DEFINITION(S), KNOWLEDGE OF RELATED TERMINOLOGY, AND PERCEPTIONS OF VULNERABILITY

When responding to this definition of nutrition by the World Health Organization (WHO), 66% of PRSC respondents said that nutrition is a very or extremely urgent global health priority:



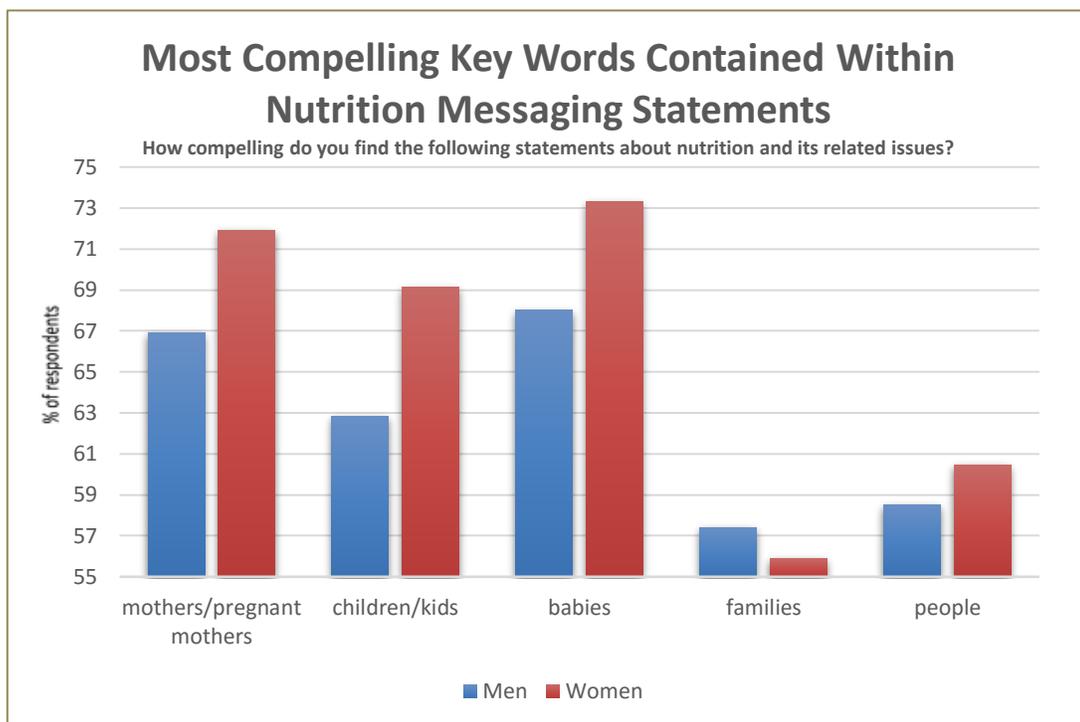
- **Vaccinations (55%), breastfeeding (51%), and family planning (46%)** were the terms with which respondents were most familiar. No other term scored over 50%.
- **Fewer than a quarter of respondents were familiar with the terms demographic dividend (24%), child wasting (23%), and child stunting (22%).**
- 63% of respondents claim that more education about nutrition and nutrition-related issues is needed in the United States “very much so” or “absolutely.”^{ix}



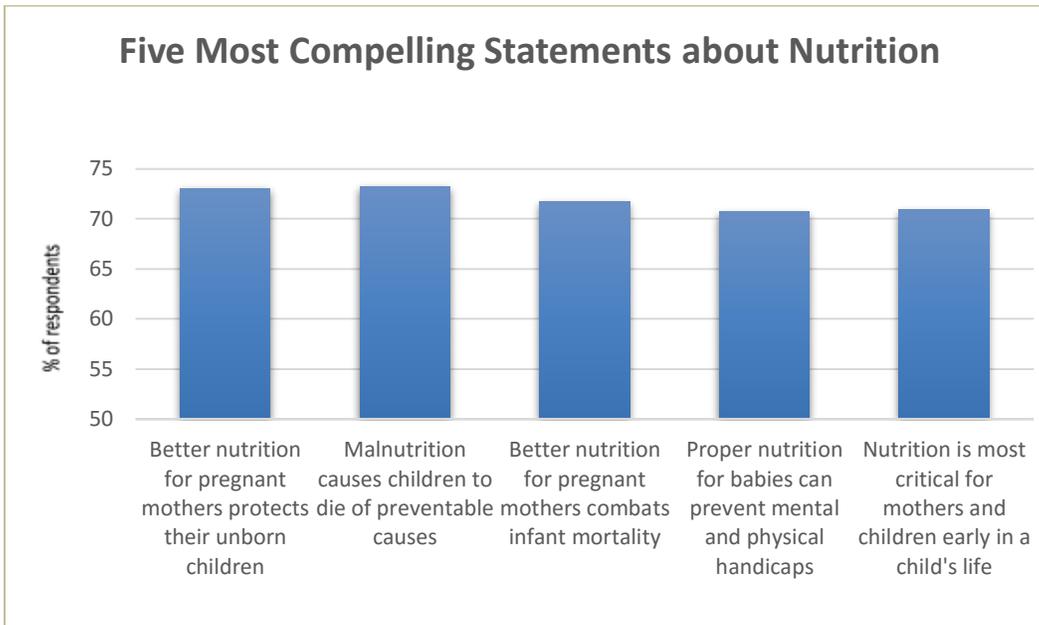
- When thinking about nutrition in international help, the vast majority of PRSC respondents (83%) perceive that infants and children combined are primarily affected vs. other potential populations.^x

IV. NUTRITION MESSAGING: FOCUS ON MOTHERS & CHILDREN

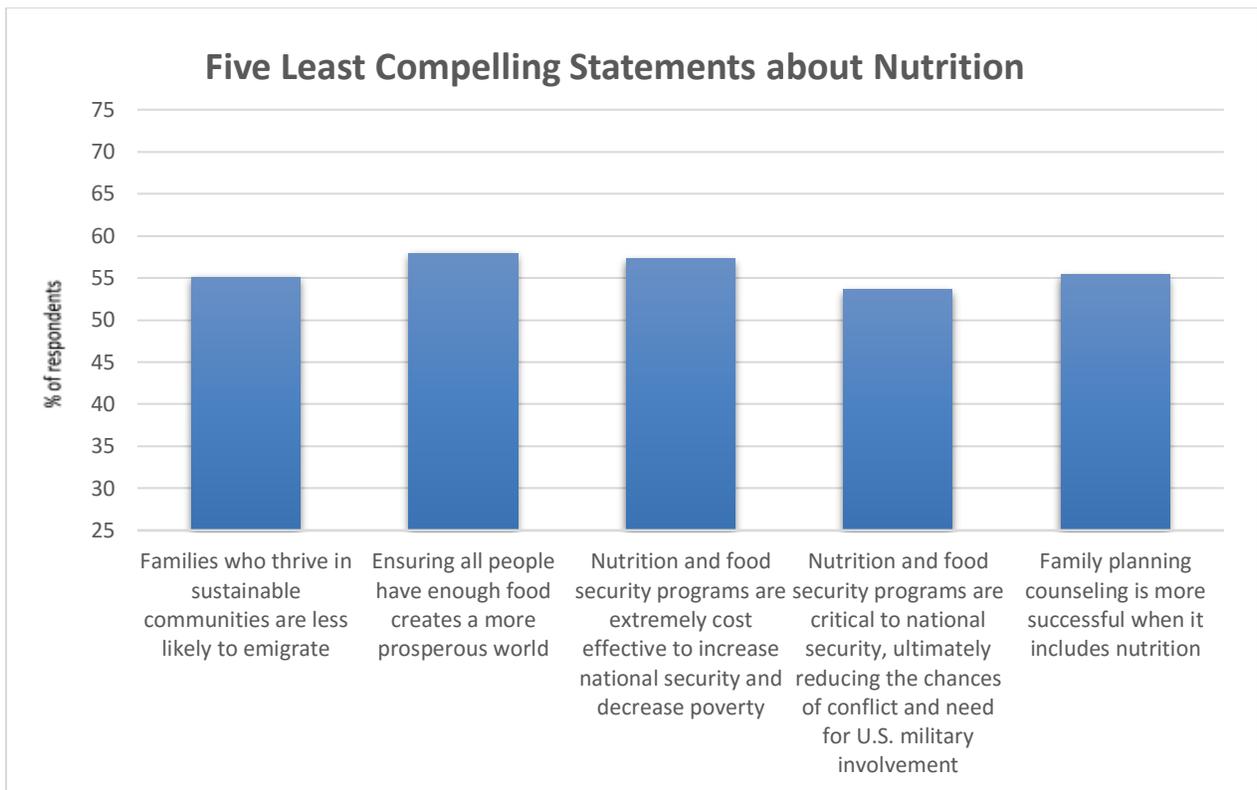
In testing key words across 30 nutrition messaging statements,^{xi} PRSCs are most compelled by language that focuses on mothers and children as vulnerable populations. Key words that triggered positive responses by larger majorities of respondents included: pregnant mothers, unborn children, children, babies, and kids.



- Across all questions women found the language of mothers (+5%), children (+6%), and babies (+5%) significantly more compelling within nutrition statements than men when key words were examined. Across the questions that contain concepts most familiar regarding mothers **and** children, the average difference between women and men’s response increased to **7.5%**.
- Among both PRSCs and the GP, women were more likely than men to respond to the language of mothers **and** children: 5.5% average difference among PRSCs and 4.1% among the GP.



- **Women in particular were most compelled by “malnutrition causes children to die of preventable deaths” (80%), a full 13.8 points higher than men on this question.^{xii}**



V. TAKING RESPONSIBILITY FOR ACTING ON THE ISSUES

Regarding how the PRSC and GP groups ranked *whose responsibility for handling issues of international nutrition/malnutrition*, the two groups were surprisingly similar in their first-rank positions. For both, the majority of respondents signaled that is primarily “the government of those people struggling with nutrition” that should bear primary responsibility. However, PRSCs ranked “individuals struggling with lack of nutrition” in the second most responsible place, while GP respondents assigned that rank to “international organizations such as the UN.” Both groups ranked “agricultural companies”, “nonprofit organizations”, and “the U.S. government”, among the least responsible for taking action.

When we aggregated the top three rankings (out of 8) for each group, we were encouraged to find a nearly identical relationship between PRSCs and the GP assigning responsibility to “people from developed countries, such as myself,” at surprisingly high rates: 45.92% (PRSC) and 45.15% (GP). Interestingly, both groups’ scores gravitated significantly toward the bottom two positions of the rankings (58.35% for PRSCs and 50.57% for GP) for designating “the US Government” as responsible. Given the overwhelming need for the US to lead in bi-lateral and multilateral development assistance, this finding is particularly disturbing. At the same time, though not surprisingly, PRSCs were more than twice as likely as the general population to rank churches and faith-based organizations as responsible (10.44% versus 3.90%).

The below are the findings solely based upon the PRSC study:

- **85% of PRSC respondents answered “yes” when asked if they were committed Christians and three-fourths (76%) indicated that honoring moral or ethical responsibilities is a compelling rationale for international health and development efforts.**
- **Yet, only 49% said that feeding the hungry in other countries is an important commitment with respect to their personal faith.**
- **While 88% of (PRSC) women identified as committed Christians (seven percentage points higher than male respondents^{xiii}), they were just as likely as men (50%) to say that feeding the hungry in other countries is a “strong or very strong” commitment with respect to their personal faith.**
- **Moreover, only 32% would be (very or extremely) willing to donate their personal resources to fight malnutrition internationally.**
- **While 70% believe that its important for the U.S. to have a positive image in countries worldwide, only 42% said that it was important for the U.S. to take a leading role in helping poor people in other countries.**
- **PRSCs agree with the statements that we should provide those in other countries with resources (66%) and to prevent them from starving (68%).**

Conclusion

This survey was conducted in the first and second quarters of the Trump Administration. The PRSC respondents, many of whom are likely to have voted for this administration, may have had in mind a more nationalist agenda compared to the global-minded philosophy of the previous Obama and Bush administrations, perhaps particularly represented by foreign assistance. This potential bias might explain the emphasis in their responses on national security and public health as strong rationales for foreign assistance, as well as their apparent uncoupling of personal faith with a responsibility to “feed the hungry” in other countries. Given the findings, we offer the following observations and recommendations in which to shape messaging for successful advocacy to maintain or increase funding for global nutrition among PRSCs and the GP in the U.S.:

- ❖ **Better U.S. Foreign Assistance Branding:** The American public overestimates how much of the federal budget is spent on foreign aid: the average answer is 31%.^{xiv} Debunking the twin myths of quality (the U.S. government is inefficient with foreign assistance) and quantity (the myth that foreign assistance comprises 25%+ of the U.S. budget) remains a challenge, including among PRSCs. We must tell a better story to uplift the branding. As a correlate, the public, including PRSCs, need further education on the role of foreign assistance as “soft power,” “smart power,” or the “third leg of the stool” as development, alongside diplomacy and defense. Though we find that 90.2 percent of PRSCs overwhelmingly note that safeguarding our national security is important for international health and development efforts, when nutrition is paired with national security, we find only 53.6 percent find the correlation compelling. On a more micro-level, we believe the respondents shifted into analytical, deliberative thinking which can override both emotion and action. In a macro view of global health and development overall, among the metaphors of impetus – national security is the clear motivation. Much collaboration with the media and spokespersons is needed to aid in storytelling of the good news of progress in fighting disease and poverty, including with nutrition, with less than 1% of the U.S. budget, including the efficiency and efficacy with which the U.S. implements this funding through governmental infrastructures and partnerships worldwide. Moreover, linking national security with global health and development issues is also imperative in order to elucidate the relationship between the two. The good news is that most PRSCs do believe that we should provide international assistance to combat starvation (68%). This belief can be powerful leverage in a time of historic famines in order to mobilize PRSCs and the GP for advocacy.
- ❖ **Better Education on Global Nutrition:** Due to the open-ended response(s) of the most basic language around “nutrition,” juxtaposed to the findings that fewer than a quarter of respondents were familiar with the terms such as child wasting (23%), child stunting (22%), or micronutritional deficiencies (24.7%), we recommend using the most basic of nutrition language when speaking with PRSCs of the importance of global nutrition. Educating PRSCs on the International Affairs Account (150 account), the role of nutrition in U.S. international food aid programs and agriculture programs, the importance of nutrition for mothers in the crucial 1000-day window between a child's conception and the age of two, and related nutrition terminology (eg. wasting, stunting, anemia) will be necessary for this constituency to better understand the critical importance of funding for nutrition worldwide. With such learning, committed Christians, and others, may experience an increase in empathy for the those humans behind the issues, and a stronger commitment to foreign assistance.

- ❖ **Better Stories about Mothers & Children:** We recommend narratives that feature stories of the daily struggles of mothers, children, and infants for the most effective education and awareness building. From the research, we know that the most compelling messaging for nutrition stays close to saving the lives of both mothers and children, or their flourishing. 83 percent believe that infants and children are primarily affected by malnutrition, and more than 70 percent of PRSC respondents found this language about the mother-child connection with nutrition most compelling.

Our hope is that this research will better inform the messaging and education of both the American public at large, and more specifically, politically, religious, social conservatives in the effort galvanize the interest of members of Congress to enhance and shape better policy on global nutrition.

ⁱ The percentages were mostly consistent across ages, with an increase in the 25 and under group for PRSCs and in the 66+ group for the GP.

ⁱⁱ A slightly higher percentage of the general population than PRSCs thought it was important for the US to take a leading role in helping poor people in other countries – 45.4% compared to 42.2%. However, a higher percentage of PRSCs found this “extremely important” – 19.6%, compared to 18.0% in the GP. Within both studies, the youngest age category (25 and under) was most likely to find this “extremely important,” with percentages decreasing for each subsequent age group for the GP and decreasing until age 66+ for PRSCs. In the GP study, those with a master’s degree were most likely to say that this is “very important” or “extremely important”; among PRSCs, those with doctorate degrees were most likely.

ⁱⁱⁱ This research was conducted by developing and administering a perceptions survey to a sample of 1,000 self-identified political, religious, and social conservatives. Our sampling protocol, which administered by Qualtrics, provided three seven-point scales on which respondents were asked to rate the degree of their political, religious and social views from ‘extremely liberal’ (1) to ‘extremely conservative’ (7). In order to be selected to take the survey, respondents had to score 5 or above on each of the three scales.

Demographics for our PRSC respondent pool: Gender: 49.7% of our respondents are male; 50.3% female. Race: 88.9 percent are white/Caucasian; 5.8% black/African American; 3.9% Asian; 1.3% Native American; Hispanic and other are only 1.70%. Self-identified religion: Protestants comprise 41.9% of the reference group; Roman Catholics, 24.7%; ‘Something else’ (likely those who could be classified as “non-denominational”, 17.7%; and ‘Nothing in particular’, 6.2%; Mormon, 2%; Jewish, 1.8%; Buddhist, 1.5%; Orthodox, 1% and Muslim, 0.8%. Consonant with our prior research on PRSCs, 84.7% of respondents consider themselves to be a, “committed Christian.”

Demographics for our GP respondent pool: 49.3% of our respondents are male; 50.7% female. Race: 77% white/Caucasian; 14.8% black/African American; 4.2% Asian; 2.5% Native American; Hispanic and other are 5.10%. Self-identified religion: Protestants comprise 25.1% of the reference group; Roman Catholics, 20.1%; ‘Something else’ (likely those who could be classified as “non-denominational”, 18.4%; and ‘Nothing in particular’, 20.2%; Mormon, 1.7%; Jewish, 3%; Buddhist, 1%; Orthodox, 0.9% and Muslim, 0.9%.

Limitations of our survey methodologies are similar to those for most survey research and include: (1) potential bias toward younger and more technologically savvy respondents, as the survey was administered via internet through Qualtrics; (2) potential bias in excluding some conservatives who scored lower on our PRSC ideological filter scales but may still constitute part of the reference group; (3) potential bias associated with the low representation of minorities (especially Latina/Latino) in the samples; (4) potential error as a result of the use of technical language associated with nutrition and

international development efforts; (5) potential error associated with overstating the degree of concern or familiarity respondents have with certain related constructs. Qualtrics estimates the sampling error to be +/- 4%.

^{iv} At the 90% confidence level, those in the GP with a master's or doctoral degree were significantly more likely to find the "safeguarding national security" rationale important as those with less education.

^v Within the GP, those with a master's degree were significantly more likely to find the "public health" rationale important than any other educational group, at the 95% confidence level.

^{vi} The confidence interval test for comparison of means is statistically significant at the 95% level for PRSC Q4.

^{vii} In the GP, women were more likely than men to find this "moral and ethical responsibilities" rationale important at the 95% confidence level. Those with a master's degree were more likely to see it as important, at the 90% level.

^{viii} The confidence interval test for comparison of means is statistically significant at the 99% level for PRSC Q10 and the 95% level for PRSC Q20, both questions related to the perceived urgency of nutrition/malnutrition.

^{ix} Among the GP, those with no college education were significantly less likely to be familiar with most of these concepts than those with higher levels of education.

^x Among the GP, infants and children are also seen as most affected; however, those with a doctoral or professional degree were significantly more likely than any other group to also see the elderly as affected (22.7%).

^{xi} These messaging statements were created in consultation with global nutrition and development experts. **Special thanks to Douglas C. Heimburger, MD, MS and Lindy Fenlason, MD, PNS, MPH for their expertise and contributions to this work.**

^{xii} The confidence interval test for comparison of means is statistically significant at the 99% level for PRSC Q15.

^{xiii} The confidence interval test for comparison of means is statistically significant at the 95% level for PRSC Q33.

^{xiv} Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015):
<http://www.kff.org/global-health-policy/poll-finding/americans-views-on-the-u-s-role-in-global-health/>

** The authors would like to acknowledge the research assistance of Andrew Reducha and Rachel Rodgers for their analyses of the two studies.*