Factors Influencing the Purchase Intention of Young Consumers Towards Healthy Food Products in Malaysia

Mardhiah Mohammad[1], Muhammad Majid[2], Mohamad Faizal [3], Basri Badyalina[4] Nur' Asyiqin Ramdhan[5] and Noorita Mohammad[6]

[1]Kulliyyah of Allied Health Sciences, International Islamic University Malaysia
Kuantan, Pahang, Malaysia
mmoh@iium.edu.my

[2,3,4]Faculty of Business and Management, University Teknologi MARA Segamat, Johor, Malaysia.
muhdmajid@uitm.edu.my

[5]Faculty of Business and Management, University Teknologi MARA
Selangor, Puncak Alam, Selangor, Malaysia
asyiqin@uitm.edu.my

[6]Faculty of Business and Management, University Teknologi MARA
Selangor, Puncak Alam, Selangor, Malaysia.
noori545@uitm.edu.my

(*) Corresponding author

Abstract

The incidence of overweight and obesity has shown an increased in the last decade due to improper diet habits and imbalanced intake of healthy food. The situation could be prevented if the young consumers prefer healthy foods. Therefore, this study was aim to explore the relationship of health consciousness, health values and health orientation towards purchase intention of healthy food product in young consumers. Online survey was designed and distributed targeting university students in peninsular of Malaysia. The result of the analysis showed that health values and health orientation indicated a significant relationship to influence the young consumer purchase intention toward healthy food. However, health consciousness showed no significant relationship. In these relations, advertising agencies and policy makers can use these findings explore further the opportunities to cater for this young generation in future.

1.   INTRODUCTION

The steady increase of weight of the body in a young person will lead to them having high blood pressure and high cholesterol which led to the likeliness to get heart disease or stroke, and this happens all over the world that has caused young consumers especially in develop and developing countries to pay extra attention into health. This situation has led to an increase in the awareness of consumer good value which changing the behaviour or action for good healthy diets (Jongenelis, Morley, Worrall & Talati, 2020; Rodrigues et al., 2017). Society is now becoming more concerned about their diet and lifestyle and it has a great influence on health in general (WHO, 2018). This current trend has encouraged businesses in taking opportunities in marketing healthy food products with added nutrients and dietary supplements. Malaysian, as an example, is one country among many regions in the world that appear to accelerate compared to other developing countries, which has also been affected in

the shift towards better diet, increase in the activities for sports and concern about body composition (Goh et al., 2020). According to the Malaysian Adult Nutrition Survey (MANS;2014) conducted by the Ministry of Health Malaysia, the Malaysian population has consumed a variety of foods, which is in line with the recommendation of the Malaysian Dietary Guidelines. This finding has clearly shown that the majority of Malaysian are eating healthily. However, without proper supervision from the parents, the young consumers will generally unaware and have the tendency to overeat hence, leads to obesity.

Different types of food have different labelling. The food labelled "healthy" food is emphasizing as healthful unsaturated fats, whole grains, and good protein ingredients. "Healthy" as defined by the FDA since 1993 has made its primary reference to total fat content, which has also discriminated against different types of fat available in the food (FDA, 2016). A person needs to consume food that contains generally lower total fat content, with a lower rate of saturated fat, at least take 10 % of certain vitamins and minerals recommended to them, in order to maintain certain cholesterol specifications in order to claim a healthy diet. (FDA, 2016). Healthy food products usually can clearly be recognized by having the registered trademark on the labels that the manufacturer claim as healthy. Many studies have sought to find the relationship on health effect with the nutritional content taken by the consumer when they order food in the restaurant based on the menu chosen (Ellison et al., 2014) as well as the effect of nutrition facts panels on the packaging (Siregar, Harahap, Sinaga & Affandi, 2020). There are also a number of studies focus on consumer beliefs on healthy food and diet. However, limited is known about their purchase intention. The actual purchase intention of healthy food products especially in young consumers is still elucidated. Young consumers are undeniably important and post a great impact on the food market because they follow the passage of time and are more attracted to trendy styles and popular brands. Besides these young consumers are more technology savvy and closely connected with their peers worldwide, hence are updated with the latest trendy products (Dharmesti, Kuhne & Thaichon, 2019). Thus, the aim of this study is to find factors that would determine the intention of young Malaysian consumers to buy health food products.

2. THE DEVELOPMENT OF CONCEPTUAL FRAMEWORK AND HYPOTHESES

There are three independent variables which are health consciousness, health values, and health orientation as the basis of the research framework.

Health Consciousness: Studies of consumer purchase intention models indicate that the consumers' purchase greatly dependent on health consciousness and on a health label (Mai & Hoffmann, 2015). The level of consciousness in these consumers also different in various market segments and cultures.

According to Kang et al. (2015), consumers' choice of healthy food is based on the consumer health product base on the subjective knowledge of their choice of product. When the level of health awareness among consumers is high, consumers will always seek or engage in healthy lifestyle activities (Kim & Chung, 2011). The discussion results in the following hypotheses:

> H1:   Health consciousness has a significant relationship with the purchase intention of healthy food products in young consumers.

Health Value: Healthy food are food that contains nutrients that need to sustain the body wellbeing and the ability to retain energy which includes low fat, low-calorie, and sugar-free

foods. Eating healthy food will make the consumer achieve better health. When eating healthy food, consumers feel good about themselves. The greater the consumer puts high emphasis on health, the more likely the consumer will select healthy food to eat (Tudoran et al., 2012). This clearly demonstrates that if a consumer wants to have a healthy life, they will be more inclined to consume food that is healthy (Vázquez, Curia, and Hough (2009). The discussion results in the following hypotheses:

> H2:   Health value has a positive influence on purchase intention of healthy food products in young consumers.

Health orientation: Dutta Bergman (2005) define health orientation as attitudes, beliefs, behaviors, and care that the consumer has on health issues that concern with their personal self (Dutta Bergman, 2005). In order to conduct good health practices, consumers must have the initiatives to engage themselves in more healthy practices (Martinsson, Lohel-Karlsson, Kwak, Bergstrom & Hellman, 2016). According to past research, in order to promote good health among the consumer, health orientation can affect the consumer's consumption when promoting healthy food and continue to help the consumer when making decisions to consume them (Chekima, Igau, & Wafa, 2017). The discussion results in the following hypotheses:

> H3:   Health orientation has a positive influence on the purchase intention of healthy food products in young consumers.

Conceptual Framework

Thus, to develop this study below assumption of the conceptual framework had been made.
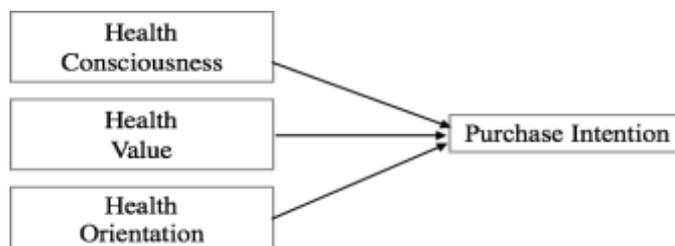

Figure 1: Conceptual Framework

3.   MATERIAL AND METHOD

This study has conducted an online survey of 213 respondents. Considering the rule of thumb set these studies and recommendations made by Shi, Luo, Weng, Zeng, Lin, Chu & Tong (2020) and Havranek & Sokolova (2020) stated minimum sample size should be 140 participants all response was included in the study. The participants were expected from young consumers especially university students. The characteristics of homogeneity are fulfilled when taking university students as the sample because the university students have insignificant differences in terms of age and education level. Young people actively interact on the internet not only with their peers, but the society, and have access to information about healthy food products.

Briefly, an online self-administered questionnaire has been designed to collect data on both dependent and independent variables. The demographic information of consumers was also gathered during the study. This includes gender, age, race, income, and education level. The measurement scales of constructs were adapted and modified from Tudoran et al., (2012) and Chang, Ma, & Chen (2020). All items were analysed using a five-point Likert scale ranging "1=strongly disagree" to "5= strongly agree". Poškus (2014) suggested using a 5-point Likert Scale. This is because the scale will increase the understanding of the range of measurement use and respondents are able to choose the best option to answer. The sample size for this study is large where the number of respondents is more than 100, therefore a 5-point Likert scale is suitable to use. The data was then further analysed using the Statistical Package for the Social Sciences (SPSS).

Table 1. The list of variables and measurements for the study

No	Variables	
1	Health consciousness	3 items
2	Health values	3 items
3	Health orientation	3 items
4	Purchase intention	5 items
	Total	**14 items**

4.   RESULT AND DISCUSSION

Table 2, explains the result of the demographic findings. The study found that the majority of the respondents were female with 73.7%. Meanwhile, for their age group, most of the respondents fell within this age range 21 – 30 years old reported for 75.6%, followed by 19 – 20 years old (24.3%), more 40 years old (0.5%), and less than 40 years old and above reported for 0.4%. Remarkably, most of the respondents (82.2%) are from the non-health science while from health science is 17.8 %. Most of the respondents resided in the east coast of Malaysia 4.7%, followed by the central region of Malaysia consist of Selangor, Negeri Sembilan, Kuala Lumpur, and Putrajaya (62.8%), Northern Region, and Southern Region (Melaka & Johor) with 8.0 and 18.4 % respectively. The current area residence located for the town is urban is 50.7%, sub-urban 38% and rural area is 11.3 %.

Table 2. Demographic information's (N=213)

	Demographic	Percentage
Gender	Male	26.30
	Female	73.70
Age	<18	0.5
	19-20	23.0
	21-30	75.6
	<40	0.5
	>40	0.4
Education background	Non-Health Sciences	82.20
	Health Sciences	17.80

Current area of residence	Central region	62.8
	East Coast	4.7
	East Malaysia	1.4
	Northern Region	8.0
	Others	4.7
	Southern Region	18.4
Area of residence	Town	50.7
	Sub urban	38
	Rural area	11.3

Reliability Assessment

Subsequently, SPSS is used to run the normality of data for this study. The process continues to find Cronbach's alpha. All the reliability information on the variables used in this study is laid out in Table 3. It is found that the values of Cronbach Alpha are between 0.771 and 0.905. Therefore, the instrument used in the study was consistent and highly reliable.

Table 3. Reliability test of the measurement items

	No of items	Cronbach's Alpha
Health consciousness	3	**0.844**
Health Value	3	**0.771**
Health Orientation	3	**0.852**
Purchase intention	5	**0.905**
Overall (total)	**14**	**0.901**

Regression analysis

The result shows that there were significant relationships between independent variables: health consciousness, health value, and heath orientation with the dependent variable: purchase intention. The significant value of all independent variables showed is equal to .000 which is less than 0.05 (p>0.05).

Multiple regression in Table 4 below shows that ANOVA F-test, the P-value of every independent variable is 112.942 and its significant value is equal to 0.000, which means that its significant value is less than the alpha value of 0.05. It is clearly can be seen that all the independent variables used in this research were significant and its hypothesis can be tested.

Table 4: Multiple Regression – ANOVA

Model	Sum of Squares	df	Mean square	F	Sig.
Regression	79.182	3	26.394	112.942	.000
Residual	48.842	209	.234		
Total	128.025	212			

a. Predictors: (Constant), health consciousness, health value, health orientation
b. Dependent variable: Purchase intention

Table 5 demonstrates the result of the analysis for Multiple regression. The R squared value is 0.618, which indicate that 62% of the variance of the dependent variable is being explained to influence young consumer intention to purchase healthy food product, as health-conscious, health values and health orientation are factors changes in selected independent variables for this study. Another 38 % include other factors that are not included in this model.

Table 5: Multiple Regression – Model Summary

Model	R	R Square	Adjusted R Square	Std Error of estimate	Durbin-Watson
1	.786[a]	.618	.613	.48342	2.070

a. Predictors: (Constant), health consciousness, health value, health orientation

Hypothesis Testing

Table 6 shows the multiple regression coefficients for this study. The table also includes the result of the hypothesis for H2 and H3. Both hypotheses have a significant relationship where the calculated p-value is less than 0.05.

Table 6. Coefficients of the Regression Model

Variable	Unstandardized coefficients		Standardized coefficients			Result
	B	Standard Error	Beta	*t*	Sig.	
(Constant)	.472	.205		2.307	.022	
Health consciousness	.104	.073	.097	1.424	.156	**Rejected**
Health values	.228	.084	.215	2.706	.007	**Supported**
Health orientation	.518	.054	.558	9.545	.000	**Supported**

a. Dependent variable: Purchase intention

4. CONCLUSION AND RECOMMENDATION

The study has layout the result found for the relationship between health consciousness, health value, and health orientation towards purchase intention of healthy food products among young consumers. Thus, the objective of the study to understand the relationship between the independent variables and dependent variables has been achieved. Nevertheless, the findings of this study had found that health consciousness was not a significant factor that influences the consumer in buying healthy food. These young consumers actually understand the benefit that they can get from a healthy food product, therefore, could be useful to the marketers in the food industry, in order to promote the healthy product with an advertisement that stresses the action that could help young consumers to achieve their health goal. However, future studies could be directed towards other factors that may influence the purchase intention of young consumers.

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