

Factors Inspiring Employees at Technical Universities to Make Healthy Food Purchasing Decisions

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Purpose: Health is a major value in modern society. Obesity and other health problems are becoming more common in both high and low-income countries. These phenomena also have an impact on consumer purchasing decisions for healthy foods. The primary goal of this study is to determine the elements that influence customers' purchasing decisions for healthy foods.

Design/methodology/approach: This survey was carried out among Malaysian staff at a public university. The survey research approach was used to acquire the data. The sample included 145 male and 120 female volunteers, ranging in age from 25 to 50 years.

Findings: The results showed that knowledge and perceived risk have a positive relationship with purchase decisions made by both male and female employees. Understanding basic customer needs gives food marketers a better understanding of how men and women make healthy food purchasing decisions.

Research limitations/implications: In order to make the results more reliable, it is recommended that future research distribute and collect data from whole Malaysia. **Practical implications:** This alerts food marketers to the possibility of a marketing approach to improve their market share.

Originality/value: Understanding fundamental customer needs through research is extremely conclusive since it provides food marketers with extra insight into how men and women consumers make healthy food purchasing decisions.

Keywords: Decision Making, University, Healthy Food, Obesity, Lifestyle, Purchasing

Introduction

Obesity is a major contributor to noncommunicable diseases around the world, including in Malaysia today. According to the World Health Organisation's statistics and classification, the prevalence of obesity among adults in Malaysia (18 years of age and older) was 30.0 percent

and 17.7 percent, respectively, in 2015. According to Coomarasamy, Wint, & Sukumaran (2014), Malaysia is the only Asian country where roughly half of the population is overweight. Obesity rates in Malaysia have risen in recent years. This is also one of Malaysia's main causes of death.

According to Mustafa (2016), the prevalence of overweight and obesity in Malaysia has climbed by 80.7 percent and 30.2 percent, respectively, in less than two decades. Obesity affects approximately 49 percent of Malaysian women and 44 percent of Malaysian males. According to the 2015 National Health and Morbidity Survey, over 30% of Malaysian people aged 18 and over were overweight with a BMI of 25 or higher, and 17.7% were obese with a BMI of 30 or higher. This represents a significant increase in the 4.4 percent of Malaysians who are obese as compared to ten years earlier. Obesity, without a doubt, has a substantial detrimental impact on a wide range of other health issues, including diabetes, heart disease, and even cancer. We cannot ignore this worrying rise in Malaysia's obesity rate. As a result, in recent decades, customers have become increasingly worried about the value of health (Chien-Huang, Hung-Chou, & Sheng-Hsien, 2011).

Gender Distinctions

Gender is defined as a group of traits associated with a certain biological feature. The World Health Organisation (WHO) connects gender to how society perceives and expects people to think and act as women and men, not to biological disparities. Furthermore, gender differences in resource access or control, decision-making power, and tasks and obligations have consequences for both men's and women's health. Furthermore, gender inequalities in access to or control over resources, decision-making authority, and duties and responsibilities have repercussions for both men's and women's health.

Healthy Food

The conventional nutritional paradigm describes "healthy food" as measurable dietary components like vitamins, calories, and fats. In today's world, healthcare practitioners regularly analyse people's needs to tailor their actions. Healthy food is defined not only by the quality and amount of food we consume but also by the food system and natural resource preservation, which establishes community prosperity, promotes social justice and animal welfare, and satisfies the food and nutritional requirements of all people in the future (Kendra Klein, Sapna Thottathil, & Stacia Clinton, 2014). A healthy diet may reduce the risk of cholesterol, atherosclerosis, and stroke. Furthermore, consuming nutritious meals may aid in blood sugar regulation, decrease osteoporosis progression, and reduce the risk of infection and cancer.

Purchasing Options

We refer to the process that customers go through while making purchases as "consumer behaviour," and it includes a range of factors that influence their decisions. Individuals will often go through numerous phases before making a purchasing choice. Decision-making is a thinking process that assists consumers in making decisions by recognising a decision, gathering information, and weighing viable alternatives. The majority of consumer purchases are low-involvement, such as toothpaste and water, but others are high-involvement, such as buying a house or an insurance policy. The classic model of the consumer decision-making process is the five-stage model of consumer behaviour. When opting to acquire any products or services, customers go through five steps, according to this concept: recognition, information search, alternative evaluation, purchase, and post-purchase behaviour.

Statement of the Problem

Malaysians, in general, are not healthy people. It is fairly common for Malaysians to have at least one meal outside of their regular dining period. Although it is not difficult to find healthy food options in Malaysia, they are not cheap (Thavabalan, 2016). Furthermore, Malaysia's consumer price inflation was lower than projected, resulting in lower transportation and communication costs, which helped mitigate the impact of rising food prices (JST, 2016). Poor eating habits will cause people to become obese or even diabetic. Diabetes is becoming one of Malaysia's worst diseases.

Diabetes prevalence has increased significantly over the past decade. Indeed, according to the 2017 National Health and Morbidity Survey, the prevalence of obesity in Malaysia is 13.3 percent, while the prevalence of overweight is 38.5 percent. In response, the third National Plan of Action for Nutrition Malaysia (2016–2025) has highlighted several programmes and activities aimed at reducing the present double burden of malnutrition. With these programmes, the Malaysian Ministry of Health hopes to address the concerns of obesity and diabetes.

The primary goal of this study is to identify the factors that influence gender differences in food shopping preferences among Malaysian university staff. Second, the purpose of this study is to examine the disparities in purchase decisions for healthy food products between men and women. Consequently, we devised two study questions to address these objectives: 1. What factors influence gender differences in food purchasing decisions among Malaysian university employees? 2. What are male and female university employees' attitudes regarding healthy food products?

This study focused on the role of gender in food purchasing decisions in Malaysia. It tries to discover the distinctions between male and female employees at Universiti Teknikal Malaysia Melaka (UTeM), one of Malaysia's public universities. The researcher's primary focus in performing this research is on the local academic staff at UTeM as the subject of the study. The outcomes of this study could provide valuable support for activities or government initiatives linked to food goods, promotion, and marketing.

Literature Review

According to Clarke (2002), consumer behavior encompasses all of a consumer's decisions about the acquisition, consumption, and disposal of things, services, activities, experiences, people, and ideas. These kinds of choices are fundamental to consumer behaviour. Consumer behaviour can be defined as the examination of how consumers pick, acquire, utilise, and discard ideas, commodities, and services to meet their needs and desires. Additionally, behavioural, psychological, and social/cultural aspects all affect how consumers make purchases.

Because they are the primary actors in the purchase process because they frequently make purchasing decisions based on their needs and desires. Additionally, several factors that convey health messages to customers influence the purchasing choice. There are five traditional steps in the process by which consumers decide on a product or service to purchase. These steps include identifying a need or problem, conducting an information search, comparing alternatives, making a purchase, and evaluating the transaction post-buy. This decision-making process demonstrates and explains how customers make purchases, and it can serve as a guide for marketers to better understand and engage with consumers.

Examining the Relationship Between Healthy Food and Gender Differences

Healthy eating is critical for optimal health and nutrition. Kirsch (2009) asserts that good eating is critical not just for a healthy life and society but also for the environment and economy. In general, a food system produces, processes, transports, and markets healthy food in an environmentally friendly, sustainable, and just manner. Additionally, no single nutritional

attribute can properly characterise a healthy food. This is the ultimate goal of a food system: to conserve and upgrade natural resources, to advance the present and future of social justice and animal welfare, and to establish communal wealth capable of meeting the food and nutrition needs of all people (Kendra Klein et al., 2014).

Gender influences every aspect of a person's life, from conception to maturation (Alagöz & Burucuoglu, 2011). Men and women typically make very different purchase judgements. Women prioritise long-term needs and desires, whereas men are more focused on immediate or short-term needs and goals (Baker, 2012). Additionally, gender has a significant impact on consumer behaviour. This is because the disparities in men's and women's expectations, needs, desires, and lifestyles mirror their consumption behaviour (Siddiqui, 2016). Men and women alike strive to obtain desired things in unique ways. According to Solomon et al. (2006), many items acquire masculine or feminine characteristics, and consumers frequently link them with one sex or the other.

Every type of transaction demonstrates gender disparities, such as purchasing consumer items or stylish goods (Siddiqui, 2016). When women go shopping, they prefer to do so. Women, on average, prefer to inspect products, compare items and prices, inquire about products, test them out, and then make the purchase. They take pleasure in their ability to exercise caution and negotiate the best pricing for the best products (Levit, 2012). Women experience a significantly higher hedonic value than men, linked to their satisfaction with productive mediation, a pleasant setting, and a shopping experience (Carpenter & Moore, 2009).

From this vantage point, women typically rate the purchasing environment significantly higher than men (Kusá, Danechová, Findra, & Sabo, 2014). Women's decision-making confidence often influences their own opinions. On the other hand, men frequently rely on the decisions of others to help them form their own ideas and purchase selections (Kraft & Weber, 2012). As Baker (2012) notes, women seek to understand why other women make the same choices they do, whereas men prefer to understand why other males feel comfortable making the same choices.

Factors Influencing Purchasing Decision

Knowledge

Consumer education plays a significant role in their capacity to utilise nutrition labels during the purchasing process (Norazlanshah, Muhammad, Mashita, & Mf, 2013). According to Roberts & Marvin (2011), most people have a greater grasp of what constitutes a healthy diet. As a result, people have a unique understanding of the health distinctions between unhealthy and healthy foods. Previous studies have indicated that consumers' knowledge of how to purchase healthy foods has had a direct or indirect effect on them (Consumer Research on Labelling, Nutrition, Diet, and Health, 2016). For instance, "vitamin-fortified snack items may influence customers' nutritional choices" (Linda, Dallas, Sheryl, Amy, & Yaunting, 2016). This demonstrates that the majority of consumers make sound purchasing decisions based on their knowledge. If they have a high level of knowledge, it will benefit them in terms of health maintenance and serve as a significant motivator for consumers looking to purchase nutritious food.

Risk Perceived

One aspect that influences a consumer's decision to purchase nutritious food is his or her concern about "degenerative illnesses," "physiological abnormalities," or the range of "chronic non-communicable diseases" (Rifnaz, Jayasinghe-Mudalige, Guruge, Udugama, Herath, & Edirisinghe, 2016). Research has demonstrated that the perception of potential dangers associated with conduct, or more precisely, risk perception, significantly predicts this control

difficulty. Furthermore, there is a strong correlation between consumers' perceived health state and their fears about degenerative disease.

Price

Customers often view prices as the primary barrier to purchasing healthful foods (Gan, Zhiyou, Tran, Cohen, & Xiangxiang, 2014). Consumers frequently perceive healthy food products as expensive and are unwilling to pay the higher price. Researchers have widely investigated prices as an extrinsic cue in the food selection process. Furthermore, an earlier study considered price perception to be a one-dimensional structure based on low-price and high-price preferences without explanation (Ollila, 2011).

Additionally, the cost issue is a significant factor pushing low-income populations to eat healthfully (Sharkawi, Mohamed, & Rezai, 2014). Individuals typically make pricing judgements about various healthy food items based on their own beliefs; for instance, they may believe that spending money on delectable meat is more valuable than on wholemeal bread. This demonstrates that the first hurdle for customers when purchasing nutritious food is the high price. We have constructed the following conceptual framework, drawing from previous research and literature reviews.

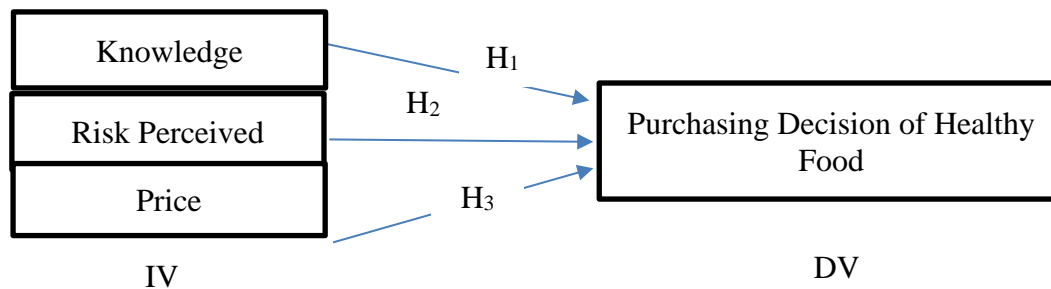


Figure 1: Conceptual Framework

Hypotheses Development

Numerous hypotheses are developed in order to validate the study's key research topics.

H1₀: There is no significant relationship between knowledge and healthy food purchasing decisions.

H1₁: There is a strong correlation between knowledge and healthy food purchasing decisions.

H2₀: There is no significant relationship between perceived risk and healthy food purchasing decisions.

H2₁: There is a significant relationship between perceived risk and healthy food purchasing decisions.

H3₀: There is no significant relationship between the price of healthy food and purchasing decisions.

H3₁: There is a significant relationship between the price of nutritious food and purchase decisions.

Methodology

In this investigation, the researcher uses a descriptive study to describe the circumstance, occurrence, problem, or issue. We also performed descriptive research to examine the hypotheses related to knowledge, perceived risk, and pricing considerations. The researchers conducted their study using a basic random sampling technique. The researchers randomly

selected each individual in the population, ensuring an equal probability of selection without bias in this sample (Saunders, Lewis, & Thornhill 2012).

The target audience consisted of employees at UTaM, Malaysia, who were between the ages of 25 and 50. Krejcie & Morgan (1970) indicated that they selected 265 respondents from a total of 906 academic personnel across several faculties. Statistical analysis is one of the approaches to data analysis. Statistical analysis is a fundamental component of research and a scientific approach for analysing large amounts of numerical data and summarising their significance. This study employed additional approaches like descriptive analysis, regression analysis, and Pearson correlation. The researchers examined the strength of a relationship between one dependent variable and two or more independent variables using multiple regression coefficients (Saunders et al., 2012). Pearson: We used a correlation analysis to determine the strength of the link between three independent variables and the factors influencing healthy food shopping decisions. Saunders et al. (2012) assert that this approach allowed the researcher to measure the strength of the linear relationship between two numeric or ranked variables.

Endogeneity arises when we cannot casually interpret the relationship between an independent and dependent variable due to omitted causes, which could lead to biased or inconsistent estimations (Antonakis, Bendahan, Jacquart, & Lavile, 2010). However, the researcher took the right precautions to ensure the validity of this study. To enhance the validity of this study, the researcher focuses on instrument design. Ensure the participants' anonymity, which reduces ambiguity in the questions; randomly select a sample from different faculties across the university; clearly explain the instructions before the participants participate in the survey; and ensure each participant completes the survey individually, allowing them to respond based on their personal experiences without interference from others.

Result of Analysis and Findings

We used the Cronbach alpha coefficient to determine the measures' reliability. We calculated the reliability coefficients using the data from the pilot test with 26 respondents and found them to be greater than 0.70. Thus, the measure's internal consistency and dependability are adequate.

Table 1: Value of reliability analysis for knowledge is 0.712 (5 items)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.712	.698	5

Table 2: Value of reliability analysis for risk perceived is 0.731 (5 items)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.731	.723	5

Table 3: Value of reliability analysis for price is 0.711 (5 items)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.711	.715	5

Table 4: Value of reliability analysis for purchasing decision is 0.761 (6 items).

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.761	.777	6

Frequency Analysis

Respondent's gender

In this study, there were 54.72% of male respondents, whereas female respondents were 45.28%.

Table 5: Frequencies distribution of respondent's gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	145	54.7	54.7	54.7
Valid Female	120	45.3	45.3	100.0
Total	265	100.0	100.0	

Respondent's purchasing time of healthy food

The results of the study show that 45.66% of respondents bought healthy food every day, and 2.64 % bought it more than once a month.

Table 6: Frequencies distribution of respondent's purchasing time

How often do you purchase healthy food?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Daily	121	45.7	45.7	45.7
Valid Once a week	56	21.1	21.1	66.8
Valid More than once a week	44	16.6	16.6	83.4
Valid Once a month	37	14.0	14.0	97.4
Valid More than once a month	7	2.6	2.6	100.0
Total	265	100.0	100.0	

Descriptive Analysis

From the perspective of knowledge in purchasing healthy food, 56.6 percent of male respondents strongly agree that "I should lower my daily fat intake," while 50.8 percent of female respondents concur. Additionally, the percentage of female respondents (57.5 percent) who agree with the "knowledge of the necessity" to take at least five servings of fruit and vegetables per day is higher than the percentage of male respondents (51.7 percent). Then, male respondents (77.9 percent) and female respondents (59.2 percent) agreed on the importance of drinking at least eight glasses of water per day.

In terms of perceived danger, male respondents (74.5 percent) are more likely than female respondents (64.2 percent) to believe that obesity can result in medical complications. Following that, 46.7 percent of female respondents agreed with the statement "I am in danger of obesity because I do not restrict my fat, salt, and sugar food intake," compared to 35.2 percent of male respondents.

Regarding the price element, both male (47.6 percent) and female (41.7 percent) respondents believe that the cost of healthy food is prohibitively high. Additionally, 60.0 percent of male

respondents prefer to consume foods with a high energy density (a lot of calories) at a low price, while 52.5 percent of female respondents are indifferent on this issue. Male and female respondents concur that purchasing nutritious foods can help sustain health. Additionally, a greater proportion of female respondents (58.3 percent) than male respondents (57.2 percent) agree with the statement that eating healthy food can help prevent medical problems.

Pearson Correlation Analysis

Pearson correlation analysis is a statistical method for determining the strength of a relationship between two variables. We will use correlation analysis to determine how each independent variable, such as knowledge, perceived risk, and price, influences the decision to buy healthy food.

Table 8 summarises the correlation coefficient values for the independent and dependent variables in the investigation. The coefficient values for knowledge (IV1) and risk perception (IV2) are highly significant at 0.453 and 0.319, respectively. Except for price (IV3), which has a p-value of 0.270, none of these variables have a p-consequence less than 0.05.

Table 8: Correlation between factors and purchasing decision

		IV1	IV2	IV3	DV
IV1	Pearson Correlation	1	.420**	.105	.453**
	Sig. (2-tailed)		.000	.087	.000
	N	265	265	265	265
IV2	Pearson Correlation	.420**	1	.189**	.319**
	Sig. (2-tailed)	.000		.002	.000
	N	265	265	265	265
IV3	Pearson Correlation	.105	.189**	1	-.068
	Sig. (2-tailed)	.087	.002		.270
	N	265	265	265	265
DV	Pearson Correlation	.453**	.319**	-.068	1
	Sig. (2-tailed)	.000	.000	.270	
	N	265	265	265	265

** . Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

This study employs multiple regression analysis to assess all four variables. We refer to these variables as independent (X) variables, which include knowledge (X1), perceived risk (X2), and pricing (X3). The only dependent variable in this study is the purchasing decision (Y). Additionally, we use multiple regression analysis to determine the influence of each variable (X1, X2, and X3) on Y. We can express the relationship between the dependent and independent variables using an equation. As a result, a change in one of the independent variables may affect the dependent variable.

Table 9: Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.495 ^a	.245	.236	.42048

Predictors: (Constant), IV3, IV1, IV2

The correlation coefficient (R) value for this research is 0.495, indicating a modestly positive association between the independent variables (X) and the dependent variable (Y). This model's adjusted R² value is 0.236, indicating that 23.6 percent of the variables influence the link between purchasing decision-making factors.

Table 10: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.982	3	4.994	28.246	.000 ^b
	Residual	46.146	261	.177		
	Total	61.128	264			

Dependent Variable: DV

Predictors: (Constant), IV3, IV1, IV2

The F-ratio (F = 28.246, P = 0.000) in the ANOVA table above indicates that the regression model's result may occur by chance. However, the significance level for this multiple regression is less than p = 0.05, implying a level of confidence of less than 5% for this finding. It demonstrates that the model was significant at the 0.000 level of significance.

Table 11: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	
	B	Std. Error	Beta			
1	(Constant)	2.044	.298		6.861	.000
	IV1	.437	.066	.391	6.599	.000
	IV2	.151	.050	.182	3.034	.003
	IV3	-.111	.042	-.144	-2.622	.009

Dependent Variable: DV

According to the coefficients table above, the following variables are important in this study: knowledge (IV1), risk perception (IV2), and price (IV3). This implies that variables can affect the purchasing choice. The researchers' objective in this study is to ascertain the elements that influence the purchase decisions of men and women.

The positive number indicates that when the independent variable rises, the dependent variable also increases, whereas the negative value indicates that the dependent variable declines as the independent variable increases. As a result, knowledge and risk perception both have a positive influence on the gender's purchase decision. Meanwhile, the price component has a negative value, indicating that it has a negligible effect on purchasing decisions.

Hypothesis Testing

Table 12: Table of coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.044	.298		6.861	.000
1 IV1	.437	.066	.391	6.599	.000
IV2	.151	.050	.182	3.034	.003
IV3	-.111	.042	-.144	-2.622	.009

Dependent Variable: DV

X₁= knowledge (IV1)

X₂= risk perceived (IV2)

X₃= price (IV3)

The multiple regression equation:

$$Y = 2.044 + 0.437(X_1) + 0.151(X_2) - 0.111(X_3)$$

The standardised beta coefficients provide a quantitative measure of each variable's contribution to the model. A larger value indicates that this prediction has changed by one unit.

Hypothesis 1

H₁₀: There is no significant relationship between knowledge and purchasing decision for healthy food.

H₁₁: There is a significant relationship between knowledge and purchasing decision for healthy food.

H11: There is a significant relationship between knowledge and purchasing decision for healthy food.

According to the results, the knowledge variable (IV1) has a significance level of 0.000, which implies that it is significant because the value is less than 0.05. As a result, hypotheses (H1) are accepted.

Hypothesis 2

H₂₀: There is no significant relationship between risk perceived and purchasing decision for healthy food.

H₂₁: There is a significant relationship between risk perceived and purchasing decision for healthy food.

H21: There is a significant relationship between risk perceived and purchasing decision for healthy food.

Based on the results, the risk perceived variable (IV2) has a significance level of 0.003, which is less than 0.05, indicating that it is significant. As a result, hypotheses (H1) are accepted.

Hypothesis 3

H₃₀: There is no significant relationship between price and purchasing decision of healthy food.

H₃₁: There is a significant relationship between price and purchasing decision of healthy food.

H₃₀: There is no significant relationship between price and purchasing decision of healthy food.

According to the results, although the significance threshold is 0.009, price (IV3) has a negative effect on the dependent variable (buying decision). Therefore, we discard the hypothesis (H1). In general, the ANOVA test reveals that the three independent variables have significantly different results. One of the primary reasons that low-income people do not practice healthy eating is financial constraints (Sharkawi et al., 2014). As a result, price has a negative effect, albeit at a statistically significant level, indicating that it is the least influential element in university employees' purchasing decisions.

Discussion

According to Roberts & Marvin (2011), the majority of adults understand what defines a healthy diet. According to their free responses, the most often listed components of a healthy diet include consuming plenty of fruit and vegetables and minimising fatty foods. The majority of people wish to alter their eating habits, as health is a primary motivator. Thus, in the context of this study, university workers would easily transform knowledge of healthy behaviour into practice, i.e., willingly purchasing nutritious food. Each respondent has a unique experience with three aspects (knowledge, perceived risk, and price) when it comes to making healthy food selections. They wish to garner support for their purchase. This is consistent with a community's socio-economic circumstances. Socioeconomic situations, while distinct, are inseparable due to their inextricable link (Pillai & Ahamat, 2018).

As a result, the three independent variables had significantly different ANOVA results. The primary element pushing low-income individuals to eat healthier is cost (Sharkawi et al., 2014). As a result, although price hurts the three factors, it is a less influential element in the purchase decisions of university workers with modest incomes. Personnel must also make purchases based on their understanding of health and the anticipated risk of sickness, regardless of price. This study examined three (3) influencing elements, according to the findings. Only two (2) of them contributed a considerable positive value to the purchasing decision.

Knowledge and perceived danger play a big role in university staff's purchase decisions about healthy eating. Gan et al. (2014) argue that education is critical to developing a consumer's awareness of healthy eating. Knowledge influences consumers' perceptions of food (Shafie & Rennie, 2012). If consumers lack understanding about nutritious eating, they use others' experiences as a guide for their purchasing decisions. On the other hand, customers who are aware of nutritious foods are more likely to consume them willingly.

Men and women respond differently to those variables, according to the descriptive study. To begin, female respondents have a higher percentage of knowledge than male respondents. This demonstrates that male respondents are less concerned with their health and health information than female respondents are (Kowpak, 1991). Male and female respondents, on the other hand, almost unanimously agree on all of the stated issues. Surprisingly, there were no significant differences in understanding of healthy foods by gender group (Sangmook Lee, 2010).

Additionally, male respondents have the highest number of "agree" responses to the statement, "Compared to the majority of persons my age, I believe my risk of getting obesity is minimal."

Males typically have fewer eating behaviour issues and typically make straightforward and joyful food selections, indicating a need to improve their perceived risk level (Kiefer, Rathmanner, & Kunze, 2005). As a result, they are more likely to be overweight and face significant medical hazards. On the other hand, when women choose foods for daily consumption, they do so more frequently than men (Arganini, Saba, Comitato, Virgili, & Turrini, 2015). Women ponder health issues daily, implying that they have a greater risk perception than men.

Conclusion

Understanding fundamental customer needs through research is extremely conclusive since it provides food marketers with extra insight into how men and women consumers make healthy food purchasing decisions. This informs food marketers about the potential for a marketing campaign to enhance their market share. Managers can utilise the study's results to effectively promote their healthy products, thereby attracting more customers. From the government's perspective, they can raise awareness by implementing programmes that encourage the consumption of healthy food, enforcing regulations that supermarkets must follow to label healthy food with green labels for recognition, and offering incentives to businesses that prioritise producing healthy food for the community as a source of motivation and moral support.

Family businesses that provide healthy items might consider using a more creative and meaningful motto, logo, and possibly even a short story in their advertising. This is indicative of institutional backing. As a result, Ahamat & Chong (2014) emphasise the significance of having an institutional support structure in place to foster family business success and failure. Consumers would perceive information about healthy foods as more beneficial, leading them to prioritise healthy foods in their purchasing decisions.

A descriptive study's nature often limits its perspective. Descriptive studies are primarily concerned with describing what exists or has occurred but do not establish causation. They can identify relationships and associations but cannot determine the cause-and-effect relationships between variables. Findings from descriptive studies may be specific to the sample studied and cannot be generalizable to a larger population. The need for experimental control and randomization can limit the external validity of the results. Descriptive studies often focus on the "what" rather than the "why." They may identify patterns or relationships, but they do not always provide insight into the underlying mechanisms or processes driving those patterns. Despite these limitations, descriptive studies play a crucial role in research, especially in generating hypotheses, exploring new areas of inquiry, and providing a foundation for more rigorous experimental research.

There are a few tips for future researchers. Future researchers should conduct their research in a larger area, such as a state, because this will more accurately represent the population than focusing on a single location. Next, we recommend studying Malaysia's purchase decisions for healthy food from an income group perspective. Malaysia's government has explicitly categorised its population into three groups: B40, M40, and T20. The B40 group represents the bottom 40% of Malaysia's households with the lowest income. This group's members typically struggle financially, and government initiatives frequently aim to enhance this group's socioeconomic standing. B40 households may include those with lower-skilled jobs or limited access to education and opportunities. The M40 group represents the middle 40% of households in terms of income. This group comprises individuals with skilled occupations, professionals, and middle-income earners. Government policies often aim to support and stabilise the economic status of the M40 group. The T20 group represents the top 20% of Malaysia's households with the highest income. This group typically comprises high-income

earners, professionals, business owners, and wealthy individuals. Policies about wealth generation and economic growth may impact the T20 segment. The study's focus should be on the B40 income group. Healthy food often comes at higher prices, while the B40 income group struggles economically. This will provide a better understanding of pricing, which influences purchasing decisions for healthy food.

Consumers are often unwilling to pay higher prices because they perceive healthy food products as expensive. Furthermore, there are frequently disparate comments regarding the purchase decision and the circumstances influencing it. An increase in the investigation's duration may lead to this recommendation. The study's findings incorporate knowledge, perceived danger, and pricing dimensions, all of which may have varying scopes and do not standardise the questions.

You can use a variety of common surveys to determine the current gender's perspective on purchase decisions. For example, the factors that influence customers' purchase decisions vary across European countries. Thus, the questionnaire sample's questions must be relevant to the local community's purchase choice. Future scholars should study using both quantitative and qualitative methods. Given the limitations of quantitative methods in this study, qualitative research could provide valuable insights into the relationships between gender and the factors influencing the purchase of healthy food. Additionally, future researchers may attempt to conduct studies using an exploratory strategy, which may provide unexpected results.

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