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ADAPTING TO WELLNESS TRENDS: A STUDY ON HEALTH-CONSCIOUS CONSUMER SELECTION TOWARD HEALTHY FOOD CHOICE

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Abstract:

A growing emphasis on wellness is actively reshaping consumer preferences and the broader foodservice industry in Malaysia. This study examines how health awareness, menu labeling, perceived value and the dual constraints of cost and accessibility dictate healthy food choices among health-conscious consumers. Utilizing a quantitative correlational design, the investigation deployed online and offline questionnaires to secure 412 valid responses. Subsequently, multiple regression and Pearson correlation analyses were used to evaluate the structural relationships among the variables. The empirical results reveal that all proposed factors correlate positively with healthy food choice behavior. Perceived value emerged as the primary behavioral determinant, followed by cost, accessibility, and menu labeling. Crucially, although bivariate analysis links health awareness directly to

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dietary selection, the variable loses statistical significance within the comprehensive regression model. This divergence highlights a pronounced intention-behavior gap, confirming that internal health consciousness cannot drive sustained dietary change without supportive environmental and structural interventions.

Keyword:

Health Awareness, Health-Conscious Consumers, Healthy Food Choice Behavior, Menu Labeling, Perceived Cost and Accessibility, Perceived Value



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Introduction

Health awareness among Malaysians has increased considerably in recent years, in part owing to the government's efforts to promote a healthier lifestyle. A particularly striking initiative is the Ministry of Health's *Suku-Suku Separuh* campaign, which promotes healthy dietary practices and has raised significant public awareness of non-communicable diseases (NCDs) such as obesity, hypertension, and diabetes. These nationwide initiatives have heightened public awareness of nutrition and encouraged healthier dietary choices, particularly among working adults and young professionals. While many consumers are aware of the importance of eating healthy foods, they may struggle to make informed, consistent food decisions. The reasons for this challenge are unclear, including misleading menu descriptions, the lack of access to affordable and nutritious food and the lack of standardized criteria for a healthy meal (Zainol et al., 2021). As a result, consumers frequently encounter difficulties identifying genuinely healthy menu options. Jie and Bakar (2023) further report that the lack of product availability, high prices, and inconsistent menu labeling are still significant barriers to healthy food choices in Malaysia. The challenges are especially clear for low and middle-income consumers, who may think that healthy foods cost more than traditional foods.

Affordability and accessibility persist as major barriers to healthy eating. Health-focused foods, such as organic and gluten-free products, are often perceived as exclusive options because they are much more costly and less accessible, especially outside of central urban areas. These barriers disproportionately affect individuals who wish to adopt healthy food behaviors but are constrained by limited financial resources, such as students and low-income individuals (Briazu et al., 2024; Jie & Bakar, 2023). In addition to these economic barriers, a lack of nutrition knowledge further hinders healthy food choices. Zainol et al. (2021) reported that

although many Malaysians recognize the importance of healthy eating, they often struggle to comprehend nutrition labels and assess the nutritional quality of food products. As a result, consumers may struggle to make informed food choices, making it difficult to translate their health intentions into consistent eating behaviors.

To address these empirical gaps, this study adopts the Theory of Planned Behavior (TPB) developed by Ajzen (1991) as its theoretical foundation. The TPB is a widely used blueprint for explaining health-related behaviors, stating that individual behavior is determined by three key constructs: attitude toward the behavior, subjective norms, and perceived behavioral control. In the context of healthy eating, attitude is the consumer's perception of nutritious food in terms of its value, convenience, taste, and nutritional benefits. Subjective norms refer to environmental influences such as family, friends, social networks, and cultural expectations that either support or discourage healthy eating behaviors. Perceived behavioral control reflects consumers' trust in their ability to make healthy food choices while considering practical factors such as affordability, accessibility, time constraints, and the availability of nutrition information. TPB as a guidance, this study examines the influence of health awareness, menu labeling, perceived value of healthy food, and perceived cost and accessibility on healthy food choice behavior among Malaysian consumers. These factors were considered as reflect compatible psychological, environmental, and informational factors that affect consumers' food decisions. Integrating these context-specific determinants within the TPB provides a more comprehensive understanding of how consumers evaluate and select healthy food options.

Literature Review

Malaysian Wellness Trends

The ongoing rise in diet-related diseases has driven demand for health-oriented products. According to the National Health and Morbidity Survey (NHMS), the prevalence of obesity, diabetes, and hypertension among Malaysian adults is constantly on the rise, underscoring the need for effective public health interventions (Institute for Public Health, 2024). In response, government agencies, healthcare organizations, and foodservice providers have stepped up efforts, including promoting healthier cooking habits, advertising healthy diets, cutting back on sugar, and running nutrition education and awareness campaigns to inspire healthier eating. At the same time, Malaysian consumers, particularly adolescents and urbanites, have been showing interest in wellness-oriented food products, including organic foods, low-calorie meals, less-sweet drinks, and designer foods that include ingredients such as probiotics and plant-based proteins (Tay et al., 2023). This tendency clearly reflects a notable shift in consumer behavior, in which food choices are directly influenced by well-being, lifestyle, and health.

Despite the consumer's interest, the real ordeal is maintaining consistent eating habits. Low availability to healthy food, dietary habits, palate expectations and cost have been highlighted by prior research as persistent barriers to healthy eating (Andretti et al., 2025). The Institute for Public Health (2024) also reported that foods in Malaysian daily life contain salt, sugar, and fat, which further hinder the cultivation of healthier food choices that are less appealing. Plus, the shortcomings of healthy foods, such as limited availability and higher cost, especially in non-urban and rural areas, continue to prevent consumers from making healthier food decisions. These challenges suggest that health awareness alone does not compromise a healthier eating habit. Understanding the reasons behind healthy food eating behavior among

Malaysian consumers is needed to close the gap between their daily food choices and their growing interest in healthy eating.

Consumer Behavior in Health and Nutrition

Consumer food choices are influenced by a combination of psychological, social, and environmental factors. The Theory of Planned Behavior (TPB) (Ajzen, 1991) is a practical framework that explains how these constituents directly influence healthy food habits. According to the TPB, behavior is influenced by three key components: attitudes, subjective norms, and perceived behavioral control. In the context of healthy eating, attitude refers to the general perception of healthy foods based on their advantages, value, flavor, and suitability. Next, perceived behavioral control reflects consumers' beliefs about their ability to eat healthily, given factors such as time, accessibility, affordability, and access to nutrition information.

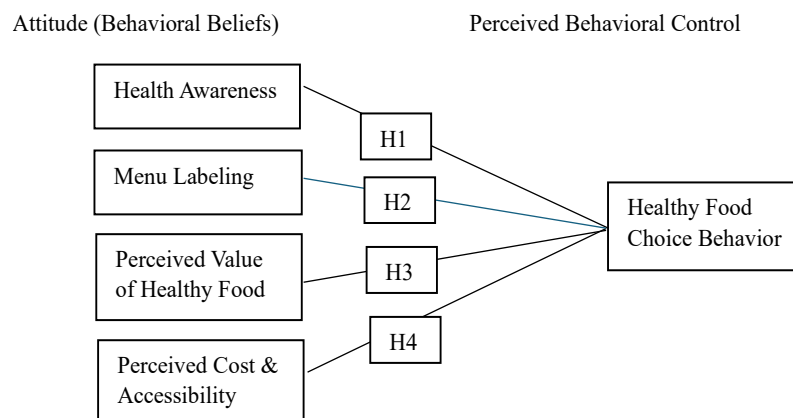


Figure 1: Conceptual Framework

The framework explains how four key factors influence healthy food choice behavior based on the Theory of Planned Behavior (Ajzen, 1991)

Healthy food choice is a complex behavior influenced by multiple psychological, informational and environmental factors. Although previous studies have identified a wide range of determinants, this study focuses on health awareness, menu labeling, perceived value of healthy food, and perceived cost and accessibility, as these factors consistently emerge as key determinants of healthy food choices in foodservice and align with the Theory of Planned Behavior. Health awareness reflects consumers' understanding of the relationship between diet and health and serves as an important driver of healthy eating behavior. Consumers with greater health awareness are generally more motivated to adopt a healthier diet and actively seek foods that support their well-being. (Mohamad Hasnan, A., et al., 2023). Menu labeling reflects the nutritional information presented at the point of purchase, helping consumers compare menu options and make more informed food choices. Clear, standardized, and credible nutrition information has been shown to improve consumers' ability to identify healthier options and encourage healthier purchasing decisions. (Fogolari et al, 2024). Perceived value helps consumers evaluate healthy foods not only on their nutritional benefits but also on taste, quality, convenience, and whether these benefits justify the price (Alsubhi et al., 2023). Consumers are more likely to purchase healthy foods when they perceive them as offering good

overall value. Finally, perceived cost and accessibility represent practical barriers that influence consumers' ability to adopt healthy eating behaviors. Healthy food is often perceived as more expensive and less accessible than conventional foods, particularly among lower-income consumers. These barriers can prevent consumers from translating positive attitudes toward healthy eating into actual behavior (Osaili et al., 2023).

Health-Conscious Consumer Selection towards Healthy Food Choices

Health-conscious consumer behavior refers to the deliberate selection of food based on its nutritional value, health benefits, and long-term implications for personal well-being. For most cases, health-conscious consumers are highly interested in food content, how it's prepared, and health-related information, all of which affects purchase decision. Previous studies have shown that health-conscious consumers will be more likely to make informed comparisons of food substitutes and to shun foods considered harmful to their health (Tay et al., 2023; Grujić & Grujić, 2023). However, selection behavior is affected by several interacting factors such as the clarity of the information, perceived value, situational or environmental constraints. Therefore, it can be concluded that healthy food options need to be perceived through the prism of cognitive and motivational factors, as well as contextual and environmental factors.

Health Awareness

Health awareness refers to the knowledge, understanding, and level of awareness of the individual regarding health issues in general. When they have a higher degree of health awareness, they are more likely to be motivated to practice positive health behaviors such as checking their intake of nutritious foods, avoiding foods high in fat, sugar, and sodium, and seeking information on healthy eating. Empirical studies have consistently demonstrated a relationship between levels of health awareness and the intention to eat healthily. Health-conscious consumers are more likely to seek health-related information, read nutrition labels, and actively avoid health-damaging foods. Andretti et al. (2025) noted that people with high health awareness may be unable to maintain active, healthy lifestyles due to external factors, such as time limitation, environmental factors, or competing demands. This observation is further supported by studies done in Malaysia. Djermani et al. (2023) found that the more health-aware the Malaysian consumer was, the stronger their intention to buy healthy food, but their behavior was limited by factors such as price, availability, and the fact that, even in restaurants, they could not consume healthy food because it was not readily available. Similarly, Abdul Manan et al. (2023) indicated that although many Malaysians are concerned about healthy eating, their knowledge and understanding of how to use nutrition labeling are inadequate, thereby creating an awareness-practice gap. To conclude, health awareness is a significant factor in shaping healthy food choices, which affects consumers' attitudes and intentions. It does moderate the effects of contextual and environmental conditions on actual behavior. The relationship plays an important role in the understanding of health-conscious consumers' behaviors in a changing foodservice environment with a health concern in Malaysia.

H1: There is a significant relationship between health awareness and health-conscious consumers' selection of healthy food choices.

Menu Labeling

Empirical evidence shows that accurate, prominently displayed menu labeling increases consumers' ability to make healthier food choices. Berčík et al. (2024) found that increased awareness of calorie content led consumers to pay more attention to portion size and nutritional value, thereby leading them to prefer foods with fewer calories and fat. Such information is particularly effective with health-conscious people, who can reduce information disjuncture and help convert purchase intentions for health-related products into actual purchase behavior. However, there is no uniformity or consistency in menu labeling practices in Malaysia. Unlike some Western countries, there are no obligatory nationwide menu-labeling regulations in place for foodservice establishments in Malaysia. As a result, the nutritional information provided by restaurants, cafes, and online food delivery companies varies widely in terms of character, clarity, and accuracy. Abdul Manan et al. (2023) identified that the nutritional information provided to Malaysian customers is often unclear and ambiguous, thereby reducing the effectiveness of menu labeling as a decision-making tool. Moreover, a lack of uniformity can lead to distrust, particularly when health claims lack evidence-based support. Such inconsistency weakens the menu labeling ability to influence healthy food choices, even among highly health-conscious consumers. Therefore, effective menu labeling should not only be present but also credible, standardized, and understandable to be effective indeed. To conclude, menu labeling is an important point of contact between health consciousness and real food choices, particularly in a foodservice setting where consumers regularly and quickly make decisions.

H2: There is a significant relationship between menu labeling and health-conscious consumers' selection of healthy food choices.

Perceived value of Healthy Food.

Perceived value refers to consumers' overall assessment of the benefits they obtain from a product as compared to the costs they incur. Perceived value is related to price but is a multidimensional concept, encompassing nutritional value, taste, freshness, quantity, convenience, appearance, and long-term health outcomes in the context of healthy food consumption (García-Salirrosas et al., 2025). A consumer will be more likely to choose healthy food items when they perceive that the food has great value that warrants its price. Previous studies have shown that perceived value is a critical factor in determining healthy food choice behavior. Alsubhi et al. (2023) found that consumers are more likely to choose and pay for healthy products when they perceive them as providing better value than conventional options. Notably, this value extends beyond purely health benefits; other attributes, such as enjoyment, pleasure, and taste, are also reported to influence consumers' overall perception of healthy food significantly. Perceived value is highly relevant in the Malaysian foodservice environment, as it is believed that healthy food is more expensive and less attractive than traditional food (Jie & Abu Bakar, 2023). Even health-conscious consumers can shift back to less healthy options if healthy food alternatives are perceived as having poor value or known to be poor in taste and portion size. In general, perceived value is a crucial motivator to bridge the gap between health awareness and food choice behavior. The value of healthy food to consumers is thus of interest in elucidating the health-conscious decision-making in the maturing, wellness-oriented foodservice sector in Malaysia.

H3: There is a significant relationship between the perceived value of healthy food and health-conscious consumer selection of healthy food choices.

Perceived Cost and Accessibility

Health-conscious consumers are often misled into thinking that healthier food products are more expensive than conventional products, largely because of the superior quality of ingredients, specialized preparation methods, and small-scale processing (Eniola & Enoch, 2025). This price difference would disproportionately weigh on low- and middle-income consumers due to diminished ability to consistently choose healthier foods, despite having a positive attitude towards healthy eating. Limited access to premises that offer healthier items on their menus reduces consumers' perceived autonomy in making eating decisions. Although greater accessibility of food delivery services has increased the variety of food-service options available to consumers, the healthiest foods offered by these services are often less varied, more expensive, and less likely to be consumed regularly (Osaili et al., 2023). In the Malaysian context, the perceived cost and access to wellness-related food stores take on even greater importance due to the high level of income inequality and the spatial concentration of these stores in cities. Mamun et al. (2020) found that suburban and semi-urban residents face additional challenges in accessing affordable healthy food choices, which once again strengthens the idea that healthy food is inherently both costly and inconvenient. These limitations can jeopardize national public health efforts aimed at healthier diets. To conclude, perceived cost and availability are decisive factors in consumers' selection of healthy foods, enabling or obstructing their ability to translate their intentions to healthy eating into action.

H4: There is a significant relationship between perceived cost and accessibility and health-conscious consumers' selection of healthy food choices.

Methodology

Research Design

This study employed a quantitative, descriptive-correlational research design. A quantitative approach was used because it allows the objective measurement of variables and the statistical assessment of their relations. The descriptive section was used to tabulate the demographic characteristics and general response pattern of the respondents. The correlational section was used to investigate the strength and the direction of the relationship between the independent variables (health awareness, menu labeling, perceived value, perceived cost, and accessibility) and the dependent variable (healthy food-choice behavior). Data was collected using a cross-sectional survey design, which captured responses from respondents at a single point in time.

Population and Sampling

The target population included the consumers in Dungun, Terengganu, Malaysia. The target population consisted of consumers aged 18 years and above who indicated high health consciousness or frequent decision-making about healthy food consumption. This purposive sampling strategy ensured that only people with the necessary experience and exposure to healthy food options were sampled from the general population. Based on Krejcie and Morgan (1970) sample size determination table, which recommends a minimum of 384 respondents when studying large population. To improve statistical power and account for incomplete

responses, this study targeted a larger sample. A total of 412 valid questionnaires were collected and included in the final analysis, exceeding the recommended minimum sample size and providing sufficient data for correlation and multiple regression analyses.

Research Instrument

The research instrument used in this study was a structured questionnaire adapted from validated instruments used in previous studies related to health awareness, menu labeling, perceived value, perceived cost, accessibility, and healthy food choice behavior. The questionnaire consisted of six sections: Demographic Profile, Health Awareness, Menu Labeling, Perceived Value of Healthy Food, Perceived Cost and Accessibility, and Health-Conscious Consumer Selection towards Healthy Food Choices. All items were measured using a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Prior to data collection, the questionnaire was evaluated to establish its content validity and to ensure that the items were clear, relevant and appropriate for the Malaysian context. Based on the reviewers' feedback, minor revisions were made to improve the clarity, wording, and cultural relevance of the questionnaire.

Data Collection

Data was collected using a mixed-mode survey approach that combined online and face-to-face questionnaire administration to maximize participation and improve sample diversity. The primary method of data collection was an online questionnaire developed in Google Forms, which allowed respondents to complete the survey at their convenience on their preferred devices. To complement the online survey and reach individuals who were less likely to respond electronically, face-to-face data collection was conducted at selected locations, including foodservice establishments, university campuses, and other public venues where consumers were likely to purchase or consume food. This combined approach enhanced the sample's representativeness by including respondents from a broader range of demographic backgrounds and consumption settings. All respondents were made aware of the study's purpose, that their participation was voluntary, and that their identities would remain confidential and anonymous. No personal identifiable information was gathered. After data collection, intensive data screening was conducted to assess completeness, accuracy, and the dataset's suitability for statistical analysis.

Data Analysis

The Data obtained were analyzed using the Statistical Package of the Social Sciences (SPSS), version 29. Various statistical methods were used to address the research aims and to systematically test the proposed hypotheses. To assess the internal consistency of the questionnaire items, a reliability analysis using Cronbach's alpha was first conducted to ensure each construct was measured reliably and consistently. Cronbach's alpha values of 0.70 or higher were considered acceptable (Hair et al., 2022). The next step was to compute descriptive statistics and cross-tabulate the demographic traits of the respondents, and to explain broad tendencies in perceptions and behaviors regarding healthy food choices. This provides a general picture of the sample and creates the background for further inferential analyses. The Pearson correlation analysis was then conducted to assess the strength and statistical significance of the correlations between independent variables and healthy food choice behavior. Lastly, a multiple regression analysis was conducted to assess the relative

contributions and predictive strengths of the independent variables to healthy food choice behavior. This method enabled the identification of the most notable predictors of health-conscious food choices among Malaysian consumers.

Findings

Reliability Test

The reliability test assessed the consistency of the constructs used in this research: health awareness, menu labeling, perceived value, perceived cost and accessibility, and health-conscious consumer selection toward healthy food choices. 412 valid samples were used, with no missing values. The findings indicate that all the constructs are of satisfactory to excellent reliability. In particular, the health awareness construct achieved a Cronbach's Alpha of 0.868, and menu labeling achieved a higher Cronbach's Alpha of 0.886, indicating high internal consistency. The perceived value exhibited high reliability (0.825), and perceived cost and accessibility achieved alpha coefficients of 0.875, respectively. The health-conscious consumer selection toward healthy food choice exhibits a Cronbach's alpha value of 0.707, which is satisfactory and above the minimum acceptable value. Overall, the findings validate the reliability of the measurement scales used in this research.

Table 1: Reliability Test

Variables	Cronbach's Alpha	N of Items
Health Awareness (HA)	0.868	6
Menu Labeling (ML)	0.886	6
Perceived Value (PV)	0.825	6
Perceived Cost and Accessibility (PCA)	0.875	6
Healthy Food Choice Behavior (HFCB)	0.707	5

Demographic Profile of Respondents

This section presents the demographic profile of respondents, including key variables, namely gender, age, occupation, monthly income, and frequency of eating out.

Table 2: Respondents' Profile

	n	%
Respondents	412	
Gender		
Female	258	62.6
Male	154	37.4
Age		
18-24 years	230	55.8
25-34 years	95	23.1
35-44 years	40	9.7
45-54 years	25	6.1
55 years and above	22	5.3
Occupation		
Student	215	52.2
Employed (full/part-time)	111	26.9
Self-employed	38	9.2
Unemployed	26	6.3
Other	22	5.3
Monthly income		
< RM1,700	243	59.0
RM1,700–RM2,999	88	21.4
RM3,000–RM4,999	49	11.9
RM5,000–RM6,999	17	4.1
≥ RM7,000	15	3.6
Frequency of eating out per month		
1–3 times	72	17.5
4–8 times	135	32.8

9–15 times	50	12.1
More than 15 times	155	37.6

Among the 412 respondents, 154 respondents (37.4%) were males, and 258 respondents (62.6%) were females. The respondents' age composition is mainly young. Most respondents were aged 18 to 24 years (230; 55.8%), followed by those aged 25 to 34 years (95; 23.1%). Smaller percentages were registered among the 35 to 44 age group (9.7%), the 45 to 54 age group (6.1%), and the 55 years and above age group (5.3%). Students were the largest occupational group with 215 respondents (52.2%). This was followed by the respondents who were working either full-time or part-time (111 respondents; 26.9%), self-employed (38 respondents; 9.2%), unemployed (26 respondents; 6.3%), and classified under other occupations (22 respondents; 5.3%). The income distribution shows a high proportion of lower-income respondents: 243 (59.0%) earned less than RM1,700 per month. Then there were those with RM1,700-RM2,999 (21.4%), RM3,000-RM4,999 (11.93%), RM5,000 and above (4.1%), and RM7,000 and above (3.6%). Of the 155 respondents (37.66%), 37.66% reported eating out more than 15 times per month, and 135 (32.86%) reported eating out between 4-8 times per month. Smaller proportions reported eating out 9 to 15 times (12.1%) and 1 to 3 times per month (17.5%). Overall, the demographic profile suggests that the sample comprises a diverse yet highly relevant group of health-conscious consumers, particularly young adults, students, and lower-income urban dwellers with frequent exposure to foodservice environments.

Analysis of Dependent Variable

Table 3: Mean Score and Standard Deviation for Healthy Food Choices Behavior.

Construct	Item	Mean	Std. Deviation
HFCB	I often choose healthier options when dining out.	4.28	.684
	I replace sweet drinks with plain water or sugar-free drinks.	4.61	.639
	I modify my orders to make them healthier (e.g., less oil or sugar).	4.46	.677
	I consistently choose healthy food even when I am busy.	4.06	.918
	I encourage my friends and family to eat healthier when we dine together.	4.53	.670

The descriptive statistics indicate that the respondents show a strong tendency towards healthy food choices, as evidenced by the steady, high mean scores across all items, ranging from 4.06 to 4.61. The highest average is associated with replacing sweetened drinks with plain or sugar-free water ($M = 4.61$, $SD = 0.639$), suggesting a strong attitude towards avoiding sugar. This is followed by encouraging friends or family members to eat healthily when dining together ($M = 4.53$, $SD = 0.670$), reflecting a positive social effect on healthy eating behavior. Proactive

behavior, such as modifying food orders to reduce oil or sugar, also received a high level of agreement ($M = 4.46$, $SD = 0.677$), suggesting a high level of perceived behavioral control. Moreover, respondents reported often choosing healthier options when dining out ($M = 4.28$, $SD = 0.684$), despite the availability of less healthy alternatives. Conversely, consistently choosing healthy food when busy had the lowest mean score ($M = 4.06$, $SD = 0.918$), with greater variability, suggesting that time constraints negatively impact the consistency of behavior.

Analysis of Independent Variables

Table 4: Mean Score and Standard Deviation for Health Awareness

Construct	Item	Mean	Std. Deviation
HA	I understand the importance of eating healthy food.	4.59	.635
	I am aware of the link between unhealthy eating and diseases like obesity and diabetes.	4.86	.442
	I try to eat food that supports my health goals.	4.61	.605
	I know that balanced meals (protein, vegetables, whole grains) are healthier.	4.84	.466
	I often think about nutrition when choosing food.	4.42	.729
	I am motivated to avoid unhealthy food for my well-being.	4.81	.541

The descriptive analysis indicates a high level of health awareness among respondents, with all items having a mean of 4.42-4.86. The highest mean is for awareness of the link between unhealthy eating and diseases such as obesity and diabetes ($M = 4.86$, $SD = 0.442$), followed by knowledge of what constitutes a balanced meal ($M = 4.84$, $SD = 0.466$). These results indicate solid nutritional knowledge and strong agreement among the sample group. Motivation and goal-oriented behavior, such as avoiding unhealthy food for the sake of well-being ($M = 4.81$, $SD = 0.541$) and choosing foods that support health goals ($M = 4.61$, $SD = 0.605$), are further indications that health awareness extends beyond knowledge and applies to behavioral intentions. Even though the aspect of nutrition in food choice received the lowest mean score ($M = 4.42$, $SD = 0.729$), this value is still high. It shows greater variation, indicating that situational factors, including time constraints, can influence decision-making. These findings, with an alpha value of 0.868, demonstrated the reliability and construct validity of the health awareness measure and support its inclusion in follow-up inferential analyses.

Table 5: Mean Score and Standard Deviation for Menu Labeling

Construct	Item	Mean	Std. Deviation
ML	I find it easier to choose when food labels show nutrition information.	4.52	.656
	Labels such as “low sugar” or “low fat” help me make better choices.	4.71	.597
	I believe that food labeling provides useful guidance for making healthy choices.	4.46	.613
	I feel more confident when food packaging or menus are transparent about ingredients.	4.65	.595
	I pay attention to nutritional labels before buying packaged food.	4.38	.667
	I am more likely to purchase food when labels highlight health benefits.	4.73	.582

The descriptive analysis suggests that the menu labeling is considered extremely influential in supporting healthy food choices among respondents. The scores were generally high, with the mean ranging from 4.38 to 4.73, indicating strong agreement with statements on the usefulness, clarity, and influence of behavioral factors on nutritional labeling. The highest mean score was recorded for the statement, “I am more likely to purchase food when labels highlight health benefits” ($M = 4.73$, $SD = 0.582$), followed closely by “Labels such as ‘low sugar’ or ‘low fat’ help me make better choices” ($M = 4.71$, $SD = 0.597$). These findings suggest that clear, easily understandable health-related information on menu labels plays an important role in shaping consumers’ food choices. Similarly, items related to transparency, ease of decision-making, and guidance also received high mean scores, indicating that menu labeling enhances consumers’ confidence and supports informed food selection. Although the statement “I pay attention to nutritional labels before I buy packaged food” had the lowest mean score ($M = 4.38$, $SD = 0.667$), the result still indicates a high level of agreement among respondents, suggesting that nutritional information remains an important consideration in food purchasing. Overall, the relatively small standard deviation values indicate a high degree of consistency in respondents’ perceptions of menu labeling.

Table 6: Mean Score and Standard Deviation for Perceived Value of Healthy Food

Construct	Item	Mean (M)	Standard Deviation (SD)
PV	I believe healthy food can taste good.	4.56	.657
	Healthy food provides good value for long-term health.	4.86	.433

I am willing to spend slightly more on healthier food.	4.15	.735
Healthy food is filling and satisfying.	4.76	.610
I see restaurants more positively when they offer healthy choices.	4.55	.639
I feel good about myself when I choose healthy meals.	4.84	.466

The descriptive analysis indicates that all perceived value items have high mean scores ranging from 4.15 to 4.86 and acceptable variability. Respondents expressed the highest level of agreement with the statement that healthy food provides long-term health benefits ($M = 4.86$, $SD = 0.433$), followed closely by the statement that choosing healthy food makes them feel good ($M = 4.84$, $SD = 0.466$). These findings suggest that consumers perceive the value of healthy food beyond its nutritional benefits, recognizing its contribution to personal well-being and emotional satisfaction. Similarly, items related to taste, satiety, and favorable perceptions of restaurants offering healthy food also received high mean scores, indicating that healthy food is viewed as enjoyable, satisfying, and worthwhile. Although the statement "*I am willing to pay more for healthy food*" recorded the lowest mean score ($M = 4.15$, $SD = 0.735$), respondents still showed a relatively high level of agreement. This finding suggests that while consumers generally recognize the value of healthy food, their willingness to pay a higher price varies, likely to reflect differences in price sensitivity.

Table 7: Mean Score and Standard Deviation for Perceived Cost and Accessibility

Construct	Item	Mean (M)	Standard Deviation (SD)
PCA	I find healthy food options affordable for my budget.	4.57	.685
	It is easy to find healthy food options in my area.	4.50	.769
	Food delivery apps make it easier to access healthy options.	4.26	.734
	Healthy food options are available in different types of restaurants in my area.	4.48	.769
	I can easily request modifications (less sugar/salt/oil) to make my food healthier.	4.32	.737
	Promotions or discounts encourage me to buy healthier food.	4.79	.552

The descriptive analysis indicates that respondents generally perceive healthy food as both affordable and accessible, with all items recording high mean scores ranging from 4.26 to 4.79. The highest mean was recorded on the impact of promotions and discounts on buying healthier food ($M = 4.79$, $SD = 0.552$), highlighting the important role of pricing incentives in encouraging healthy food choices. Items related to affordability ($M = 4.57$, $SD = 0.685$) and the availability of healthy options across different types of restaurants ($M = 4.48$, $SD = 0.769$) also imply that the respondents do not have many financial or physical access barriers. The ease of locating healthy food ($M = 4.50$, $SD = 0.769$), the ability to request healthier meal modifications ($M = 4.32$, $SD = 0.737$), and the supportive role of food delivery platforms ($M = 4.26$, $SD = 0.734$) also received consistently high levels of agreement, indicating a strong sense of perceived behavioral control. These results show that the perceived cost and accessibility measures have good reliability and construct validity with a Cronbach's alpha of 0.875.

Pearson Correlation Analysis

Table 8 presents the results of the Pearson correlation analysis examining the relationships between Health Awareness, Menu Labeling, Perceived Value of Healthy Food, Perceived Cost and Accessibility, and Healthy Food Choice Behavior.

Table 8: Pearson Correlation Analysis

		HA	ML	PV	PCA	HFCB
HA	Pearson Correlation	1	.783**	.869**	.679**	.673**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	412	412	412	412	412
ML	Pearson Correlation	.783**	1	.804**	.683**	.700**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	412	412	412	412	412
PV	Pearson Correlation	.869**	.804**	1	.781**	.771**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	412	412	412	412	412
PCA	Pearson Correlation	.679**	.683**	.781**	1	.754**
	Sig. (2-tailed)	.000	.000	.000		.000

	N	412	412	412	412	412
HFCB	Pearson Correlation	.673**	.700**	.771**	.754**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	412	412	412	412	412

All correlation coefficients were positive and statistically significant at the 0.01 level ($p < .001$), ranging from $r = .673$ to $r = .869$, indicating moderate to very strong positive relationships among the study variables. Health awareness was positively associated with menu 242abelling, perceived value of healthy food, perceived cost and accessibility, and healthy food choice behavior. This suggests that respondents with higher levels of health awareness also tend to report greater attention to nutritional information, higher perceived value of healthy food, and stronger healthy food choice behavior. Menu 242abelling was also positively correlated with perceived value of healthy food, perceived cost and accessibility, and healthy food choice behavior. These findings indicate that consumers who perceived menu labels as clear and informative were more likely to value healthy food, perceive healthy options as accessible, and make healthier food choices. Among all independent variables, the perceived value of healthy food showed the strongest positive correlation with healthy food choice behavior, suggesting that consumers who viewed healthy food as beneficial and worthwhile were more likely to select healthier options. Similarly, perceived cost and accessibility showed a strong positive relationship with healthy food choice behavior, indicating that affordable and readily available healthy food options are associated with healthier food selection. Overall, the Pearson correlation analysis provides preliminary evidence of significant positive relationships among the study variables. However, because correlation analysis does not account for the simultaneous influence of multiple independent variables, a subsequent multiple regression analysis was conducted to determine the unique contribution of each variable to healthy food choice behavior.

Model Summary of Multiple Regression Analysis

Table 9: Model Summary

Model Summary				
Model	R	R ²	Adjusted R ²	Std. Error
1	0.815	0.664	0.661	0.286

The model summary indicates a strong positive relationship between the independent variables and healthy food choice behavior ($R = 0.815$). The regression model explained 66.4% of the variance in healthy food choice behavior ($R^2 = 0.664$), indicating that health awareness, menu labeling, perceived value of healthy food, and perceived cost and accessibility collectively accounted for a substantial proportion of the variation in healthy food choice behavior. The adjusted R^2 of 0.661 was only slightly lower than the original R^2 , suggesting that the model remained stable after adjusting for the number of predictors. In addition, the standard error of the estimate was 0.286, indicating that the predicted values were, on average, close to the

observed values. Overall, these results suggest that the regression model provides a good fit to the data and has strong explanatory power.

ANOVA Results

Table 10: ANOVA Results of the Multiple Regression Analysis

ANOVA		
Model	F	Sig.
Regression	201.114	< .001

The ANOVA results showed that the overall regression model was statistically significant, $F(4, 407) = 201.114$, $p < .001$. This result confirms that the four independent variables collectively explained a significant proportion of the variance in healthy food choice behavior and that the regression model was statistically significant.

Regression Coefficients

Table 11: Regression Coefficients Predicting Healthy Food Choice Behavior

Predictor	B	β	t	p	VIF
Health Awareness	-0.057	-0.052	-0.860	.390	4.461
Menu Labeling	0.181	0.182	3.570	< .001	3.159
Perceived Value	0.434	0.386	5.434	< .001	6.123
Perceived Cost & Accessibility	0.320	0.363	7.800	< .001	2.624

The regression coefficients in Table 11 summarize the effects of health awareness, menu labeling, perceived value of healthy food, and perceived cost and accessibility on healthy food choice behavior, after controlling for the other independent variables.

The results showed that the perceived value of healthy food had the strongest positive effect on healthy food choice behavior ($\beta = 0.386$, $t = 5.434$, $p < .001$). This finding indicates that respondents who perceived greater value in healthy food were more likely to report healthier food choice behavior. Perceived cost and accessibility also had a significant positive effect on healthy food choice behavior ($\beta = 0.363$, $t = 7.800$, $p < .001$), making it the second most influential factor in the regression model. This suggests that consumers who perceived healthy food as affordable and readily accessible were more likely to choose healthier food options. Similarly, menu labeling was found to have a significant positive effect on healthy food choice behavior ($\beta = 0.182$, $t = 3.570$, $p < .001$). Although its effect was smaller than that of perceived value, perceived cost, and accessibility, the relationship remained statistically significant.

In contrast, health awareness was not significantly associated with healthy food choice behavior after controlling for the other independent variables ($\beta = -0.052$, $t = -0.860$, $p = .390$). Since the p-value exceeded the 0.05 significance level, health awareness did not make a statistically significant unique contribution to the regression model. Therefore, H1 was not supported, whereas H2, H3, and H4 were supported.

Discussion

H1: There is a significant relationship between health awareness and health-conscious consumers' selection of healthy food choices.

The Pearson correlation analysis revealed a significant positive relationship between health awareness and healthy food choice behavior. This suggests that the likelihood of making healthier food choices is associated with consumers' awareness of the benefits of healthy eating. This finding aligns with prior research emphasizing the enhancement of consumers' motivation and purpose to adopt healthier eating habits, which aligns with health awareness (García-Salirrosas et al., 2025). Individuals who understand the relationship between diet and health are more likely to consider nutritional information when selecting food.

However, the multiple regression analysis yielded a different outcome. After controlling for menu labeling, perceived value of healthy food, and perceived cost and accessibility, health awareness was no longer a significant determinant of healthy food choice behavior ($\beta = -0.052$, $p = .390$). This suggests that, once other relevant factors are taken into account, health awareness is no longer the only factor affecting consumers' food choices. A plausible justification is that awareness alone is inadequate to transform healthy goals into literal habits. Even though consumers are well informed about the benefits of healthy eating, their buying decisions are influenced by practical factors, including affordability, availability, price, and established nutritional value. In the present study, perceived value of healthy food, perceived cost and accessibility, and menu labeling remained significant determinants, indicating that these factors have a more impactful influence on consumers' food selection decisions than health awareness alone.

This result is consistent with the Theory of Planned Behavior (Ajzen, 1991), which proposes that behavior is influenced not only by individuals' beliefs but also by their attitudes and perceived behavioral control. Although health awareness contributes to a favorable attitude towards healthy eating, consumers mostly take action when healthy food is substantiated as valuable, affordable, and accessible. Therefore, raising awareness alone may be insufficient to encourage healthier food choices unless consumers are also supported by an environment that facilitates those choices.

The present findings are also consistent with previous research suggesting that awareness sometimes does not translate into behavior, as external barriers consistently prevent consumers from acting on their intentions (Briazu et al., 2024). This reflects the well-established intention-behavior gap, in which individuals possess the knowledge and motivation to eat healthily but are unable to consistently translate these intentions into action due to environmental and economic constraints. Consequently, strategies aimed at promoting healthy food choices should extend beyond health education by improving menu transparency, enhancing the perceived value of healthy food, and increasing its affordability and accessibility.

H2: There is a significant relationship between menu labeling and health-conscious consumers' selection of healthy food choices.

Findings confirm a significant, positive correlation between menu labeling and healthy food choice, therefore supporting H2. This indicates that clear nutrition provision allows consumers

to make healthier food choices. These results align with earlier studies that highlight the importance of menu labeling in eliminating information asymmetry and improving decision-making in the food preparation context (Berčík et al., 2024). In addition, menu labeling is an important indicator, as a regression analysis confirmed its influence on actual consumption behavior. This means that menu labeling is critical for closing the gap between health intentions and consumer behavior by increasing perceived behavioral control, especially in the time-constrained context of eating out.

H3: There is a significant relationship between the perceived value of healthy food and health-conscious consumer selection of healthy food choices.

The findings show that perceived value has a powerful, determinative effect on the choice of healthy food, making it the strongest predictor in this research. Customers preferred healthy food when they felt it provided significant value, including taste, satisfaction, emotional satisfaction and long-term health benefits. Such an outcome is consistent with previous studies that emphasize perceived value as one of the most important factors in food choice, particularly for healthy and functional foods (Grujić & Grujić, 2023; Molinillo et al., 2020). Once customers believe that healthy food offers exceptional overall value, they are willing to adopt and maintain healthy eating behaviors. This underscores the importance of portraying healthy food as delectable rather than focusing solely on its health benefits.

H4: There is a significant relationship between perceived cost and accessibility and health-conscious consumers' selection of healthy food choices.

Perceived cost and accessibility were also found to play a significant positive role in choosing healthy food, hence supporting H4. The observation highlights the importance of price, accessibility, and convenience in encouraging healthy eating behavior. Cost factors and access limitations continue to affect food choices, even for health-conscious consumers. This finding is consistent with current literature, which views the cost sensitivity as one of the primary impediments to healthy food consumption (Mohammad et al., 2021). The strong association between cost and accessibility highlights the need to increase the availability of healthy food choices and their affordability in foodservice settings. Expanding accessibility through pricing, promotions, and expanded distribution can thus be very influential in creating long-term healthy eating behavior.

Conclusion

This study analyzes the influence of factors such as health awareness, menu labeling, perceived value of healthy food, and cost and accessibility on healthy food choice behavior among health-conscious consumers in the Malaysian foodservice sector. The findings implied that, even though respondents showed enhanced health perceptions, these perceptions did not greatly influence healthy food choices after controlling for the other variables. Instead, perceived value of healthy food, perceived cost and accessibility, and menu labeling were significant determinants of healthy food choice behavior, with perceived value emerging as the strongest determinant. These findings suggest that consumers' food choices are driven more by practical considerations than by health awareness alone.

The study contributes to the literature by extending the application of the Theory of Planned Behavior (TPB) to healthy food choice. The results suggest that until customers view healthy food as valuable, affordable, accessible, and perceived as having nutritional value, health awareness will remain inadequate in encouraging healthy food choices. This highlights the importance of considering both psychological and surrounding factors when promoting healthier eating behaviors.

Several limitations should be acknowledged. First, the study employed a cross-sectional research design, which captures respondents' perceptions and behaviors at a single point in time. Consequently, the findings demonstrate associations among the variables but do not establish causal relationships. Second, purposive sampling was used to recruit health-conscious consumers who met the study's inclusion criteria. Although this approach was appropriate for addressing the research objectives, it may limit the generalizability of the findings to the broader Malaysian population, particularly to consumers in rural areas, who may face different challenges related to food affordability and accessibility. Third, the study focused on four determinants of healthy food choice behavior. While these variables explained a substantial proportion of the variance in the dependent variable, other factors such as taste preferences, cultural influences, halal considerations, social norms, and marketing communications may also influence consumers' food choices and should be explored in future research.

Despite these limitations, it has offered practical suggestions to foodservice workers, policymakers, and digital food platforms. Efforts in advertising healthier food should go beyond increasing awareness by improving the established nutritional value, affordability, accessibility and information provision through menu labeling. Such strategies are more likely to encourage healthier food choices and will catalyze the development of healthier food environments.

Overall, this study demonstrates that promoting healthy food choice behavior requires more than increasing consumers' health awareness. Healthy eating is more likely to be sustained when healthy food is perceived as valuable, affordable, accessible, and easy to identify. By addressing these key determinants, stakeholders can play an important role in encouraging healthier dietary behaviors and supporting the long-term health and well-being of Malaysian consumers.

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