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Perceived health status of consumers and incorporation of functional ingredients into their diet

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Abstract

Functional ingredients included in a healthy diet are demonstrated to have physiological benefits and/or reduce the risk of chronic diseases beyond basic nutritional function. On this rationale, the specific objectives of this study were to examine empirically the determinants of perceived health status of a consumer and to examine extent to which those can influence consumer's intake of an assortment of functional ingredients through a healthy diet. The data collected from teachers (n=130) attached to two National Schools in Kurunegala district during May to June 2014 by means of a face-to-face interview supported by a structured questionnaire were used to specify two models, which includes a number of attitudinal and motivational as well as socio-economic variables as having impact on this phenomenon and were estimated using Probit and Ordered Logistic Regression techniques. The results suggest that perceived health status of respondents is significantly associated with their concerns on degenerative disease, attitude towards functional foods, food consumption motives, and information seeking behavior. The most intense consumers of functional ingredients are consumers with strong motives towards general well-being and who perceived themselves to be healthy. Further, consumer behavior did not vary on the socio-demographic characteristics such as age and gender; subject to the fact that they are sufficiently knowledgeable on functional ingredients and economically viable to have fair access to functional foods.

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1. Introduction

Functional foods, which is similar in appearance to or may be a conventional food that is consumed as part of usual diet is demonstrated to have physiological benefits and/or reduce the risk of chronic diseases beyond basic nutritional functions. Therefore, contribute towards a healthy diet and possess scientific evidence to support the claimed bioactivities of these foods. The physiological benefits of functional foods that discriminate them from conventional foods come from bioactive ingredients, including: Omega-3-fatty acid, Lycopene, DHA, Prebiotics, Probiotics, Isoflavones, CLA, Dietary fiber and Calcium

Functional foods must normally be consumed regularly and at optimum levels as a part of healthy diet, or in other words, consuming the right mix of ‘functional ingredients’ is important in order to maximize the overall health benefits. Literature shows that functional food acceptance is correlated with nutritional knowledge, positive attitudes towards health, and the relevance of functional foods to one’s health condition in addition to the demographical factors such as education and gender¹.

According to a previous study, it has examined the factors affecting extent to which consumers incorporate functional foods into their diets using data from panel of consumers in Canada, which uses a two-stage Poisson Regression model². Having acknowledged their recent work in this area from a developed country perspective, where the demographics of consumers (e.g. income, education), food market and regulatory frameworks and ethical environment are quite different from a developing country like Sri Lanka, this empirical analysis was designed on a similar path to examine the factors that determine the ‘perceived health status’ of a consumer and to determine extent to which those factors influence consumption of an assortment of functional ingredients by a consumer through a healthy diet to offset health problems. We believe that the outcome of this analysis add much value to limited amount of food economics literature on this particular area in the context of Sri Lanka and provide insight for further comprehensive studies covering wider food products and consumer profiles.

2. Methodology

One of key factors influencing a consumer behavior on this phenomenon is her concern about ‘degenerative diseases’ or ‘physiological disorders’, or alternatively, range of ‘chronic non-communicable diseases’. To highlight this fact, eight such conditions commonly cited in health economics literature were considered in this analysis, including: Diabetes, Heart problem, Gastritis, Constipation, Cancers, Osteoporosis, Blood cholesterol, and Overweight. Scores provided by a respondent on a five-point likert-scale ranging from, one end: ‘*extremely unconcerned*’ (1) to ‘*extremely concerned*’ (5), on the other, and additionally an option to state ‘*don’t know*’ (0) were used to explore the ‘state of consumer concern’ about each condition.

A number of factors used in a past study² including: healthy eating behavior (“HEALTHY”); enhanced performance (“ENHANCED”); general wellbeing (“WELLBEING”); attitudes towards functional foods (“ATTITUDE”), and consumer novelty seeking behavior (“NOVELTY”) were taken into account, with appropriate adjustments, to develop a set of explanatory variables. To construct an estimable variable to represent each aspect above, a series of attitudinal and motivational statements reflecting the ‘observable characteristics’ of the underlying phenomenon were developed, and the scores provided by respondents for each statement on a four-point Likert scale were subjected to a rigorous process of purification³, and finally, were used to derive an index for each aspect (value range from ‘0’ to ‘1’).

These variables, together with several other variables showing socio-economic characteristics of a respondent, were specified in two distinct models to explore the relationship of: (1) “*perceived health status*” (PHS) of a person [specified as a dummy variable: “Poor” (0) and “Good” (1)], and (2) his/her “*functional ingredient intake*” (FII) [assessed using 21 food items that were scientifically proven to have 9 different functional ingredients]. The data were collected from a sample of teachers (n=130) attached to two National Schools in Kurunegala district during May to June 2014 by means of a face-to-face personal interview supported by a structured questionnaire. Model I was estimated using Probit Regression while model II was estimated using Ordered Logistic Regression.

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