

MASTER OF BUSINESS ADMINISTRATION

DISSERTATION

Antecedents to motivate customers buying confectionery snack food:

Application on theory of planned behaviour

by

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Abstract

The purpose of this research is examining of antecedents that affect consumers' response to purchase confectionery snack food by investigating the effects of Consumer health knowledge, Health consciousness, Subjective norm, Perceived behavioural control, attitude, Word of mouth, Purchase intention and Repetitive purchase behaviour towards confectionery snack food. This research design is used the theory of planned behavioural as a central theoretical lens proposing and identifying two more predictors (Consumer health knowledge, Health consciousness consumer health knowledge) and adding two more dependents (Word of mouth , Repetitive purchase behaviour).

An on-line survey is conducted with random sampling of Hong Kong consumers who are age of 18 years or older and able to understand both English and Chinese frequently. Apart from that seven employees of the corporations have been interviewed related to the snacks and the confectionery industry operational at Ameyokocho in Hong Kong. For quantitative analysis exploratory factor analysis has been done with correlation and descriptive and regression analysis though Statistical product and service solutions software.

The results of the proposed model testing confirm that consumer health knowledge and health consciousness are found as antecedents adding mediators such as subjective norm, perceived behavioural control and attitude that are positively related and fully mediated the effect of consumer health knowledge and health consciousness on repetitive purchase behaviour, but these three mediators are positively related and partially mediated the effect of consumer health knowledge and health consciousness on word of mouth and purchase intention of consumers.

It can be concluded that the buying pattern of the consumers is another important consideration which needs to be taken into account for properly influencing the purchasing

intentions of prospective buyers. A prospective buyer can be convinced to purchase confections and snacks if proper marketing communication strategies are applied. A company should promote their product to influence the positive word of mouth while considering the consumer health consciousness and subjective norm of the promotional presentation.

Result provides useful insights for formulating effective strategies for consumers to generate more positive attitude, expectation and perception towards confectionery food items. The research also suggests the marketing ideas for promotion of developing on confectionery snack food industry and satisfying potential consumers.

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Chapter 1: Introduction

There is limited research on extending the theory of planned behaviour to antecedents of the theory. Understanding this theory and its antecedents is salient for the marketer's ability to appeal to different consumers' tastes and for researchers' knowledge of predictors of the theory of planned behaviour. This chapter introduces the background and problem of 'confectionery and snacks' in the Hong Kong (HK) market. The subsequent discussion presents the rationale for the study, the research question and the research aim, objectives and process of this study.

1.1. Background of the study

According to Camilleri (2018), the present primary focus of corporations is on the conversion of prospective customers into actual customers, to increase company sales volume, revenue and profitability. Zhao, Jiang and Su (2020) hold the view that corporations successfully convert only a small percentage of their prospective customers into actual customers, which, in turn, substantially limits the scope and the growth prospects of their business. Hence, corporations have turned towards using different strategies, tactics and measures to convince and motivate their prospective customers, influencing them to purchase the products or services that the company offers (Sudharshan, 2020). An important tool that the majority of corporations use to motivate and convince consumers to purchase their products or services is the framework of marketing communications.

As Percy (2018) states, the process of marketing communications helps the corporation to convey the required product- or service-related information to its desired market or target audience, along with valuable information regarding its brand. Supporting this understanding of marketing communications, Valos et al. (2016) observe that unlike earlier times when corporations had to rely on a limited number of traditional media platforms to communicate

with customers, corporations now have the opportunity to access the help of different digital media platforms or online channels in undertaking brand communications. This has not only enhanced the brand exposure that the corporations attain but also helps them to spread awareness of their brand and the value proposition of the services or products they offer their desired markets (Naumovska and Blazeska 2016). Hence, before making purchasing choices, more prospective customers now have opportunities to exercise their personal reach or gather information on the products or services that corporations offer (Kellaris and Machleit 2016).

Additionally, the effective use of marketing communications has helped the corporations to not only create effective advertisements or marketing campaigns but also to realise them over a variety of digital media platforms. Helping them to reach out to a large number of customers also helps them to best influence the buying behaviour of their customers (Chodak et al. 2019). Furthermore, corporation usage of the marketing-communications process gives prospective customers opportunities to resolve their doubts and queries, which, in turn, positively affects the corporations' ability to influence buying behaviour (Simester, Timoshenko and Zoumpoulis 2020). More importantly, it also provides corporations with opportunities to convince and motivate their prospective customers to purchase the products or services they offer (Tanaka et al. 2017). With this background and focusing specifically on the aspect of marketing communications, the researcher analyses convincing and motivating prospective customers to purchase confections and snacks.

1.2. Confectionery and snacks industry of Hong Kong

Confectionery and snack items include candies, candied nuts, chocolates, cakes, biscuits and potato chips, items generally rich in fats and carbohydrates (Sanders, 2016). The revenue in the 2020 HK confectionery and snacks industry amounts to \$1,911 million, and the compound annual growth rate from 2020 to 2025 is expected to reach 5.3% (Statista, 2020).

An average customer of this industry purchased about 25 kg of confections and snacks in 2020 (Statista, 2020). The HK industry is thinking of innovative and creative ways to attract consumers to these items (Mumford & Todd, 2019). However, they require more planned strategies to motivate and attract more consumers (Moore and Fielding, 2019). This can also involve multiple facing of popular products to increase sales of these items. The development of the theory of planned behaviour is based on the assumption of attitudes, norms and intentions. Human behaviour in the theory of rational action can also provide a theoretical lens for the sellers to analyse consumers' purchasing patterns, to set strategies for achieving business success (Talebi, Tanbakouchian & Bozorgi, 2020).

Nowadays, HK's people are becoming more health-conscious, and companies in this industry must deal with that (Chu et al., 2017). Companies will face related tough challenges because some consumers avoid confectionery items in their healthy diet, snacks that consist of high amounts of sugar and fats that can be unhealthy (Sanders, 2016). However, companies are looking to motivate prospective consumers to purchase more confectionery items and snacks, to increase their sales and, thus, growth in profit and revenue (Kim and Park, 2016). Marketing communications can interact with consumers more effectively and companies can learn consumer's wants, attitudes, buying intentions and expectations (Hoque, Hashim & Azmi, 2018). Sellers can also achieve their set target and objectives by using various digital tools to reach out to a broad range of consumers and motivate them to buy these products (Hussain et al., 2018).

1.3. Rationale of the study

This study analyses the disregard of such factors as customer behaviour and perceived behaviour control that adversely affect the HK confectionery and industry corporations' ability to influence prospective purchases of the confections and snacks they offer. This is an

important issue; corporations' inability to influence the buying behaviour of its prospective customers has caused their sales volume, revenue and profit to decline significantly in recent years (Yuan, Hongli and Hui 2018). Also, even though these corporations presently resort to using marketing communications, the marketing campaigns or the advertisements they formulate dwell primarily on the balanced health and taste benefits of the confections and snacks they offer, which fails to consider such attributes as customer behaviour, attitude and perceived behaviour control (Ka Leong 2016). Thus, in this study, the researcher has analysed how to convince and motivate prospective customers to purchase confections and snacks, by focusing specifically on the aspect of marketing communications that involves collecting primary data with survey and interview tools. This is important since the results and findings that the study obtains highlight how the different corporations in the HK snacks and confections industry can access the marketing-communications framework for help in convincing and motivating its prospective customers to purchase the snacks they offer.

1.4. Literature gap

Although this study used Google Scholar and an online university library to access the literature, namely, reviewed scholarly articles related to the research questions and topic, gaps in the literature are not clearly identified. This gap is important to address for updating research, including literature on antecedents of customer confectionery purchasing. Therefore, this study identifies gaps in the literature and generates research questions to collect primary data from consumers and persons in the industry and to analyse how to convince and motivate the prospective confectionery and snacks industry customers to purchase snacks and confections. The primary data analysis helps to reveal the variances between explored and unexplored information, to identify the best strategies for reducing the variations or closing the gap (Cazeri et al., 2017).

1.5. Research question

What are the motivating factors and processes that influence customers to purchase confectionery snack food?

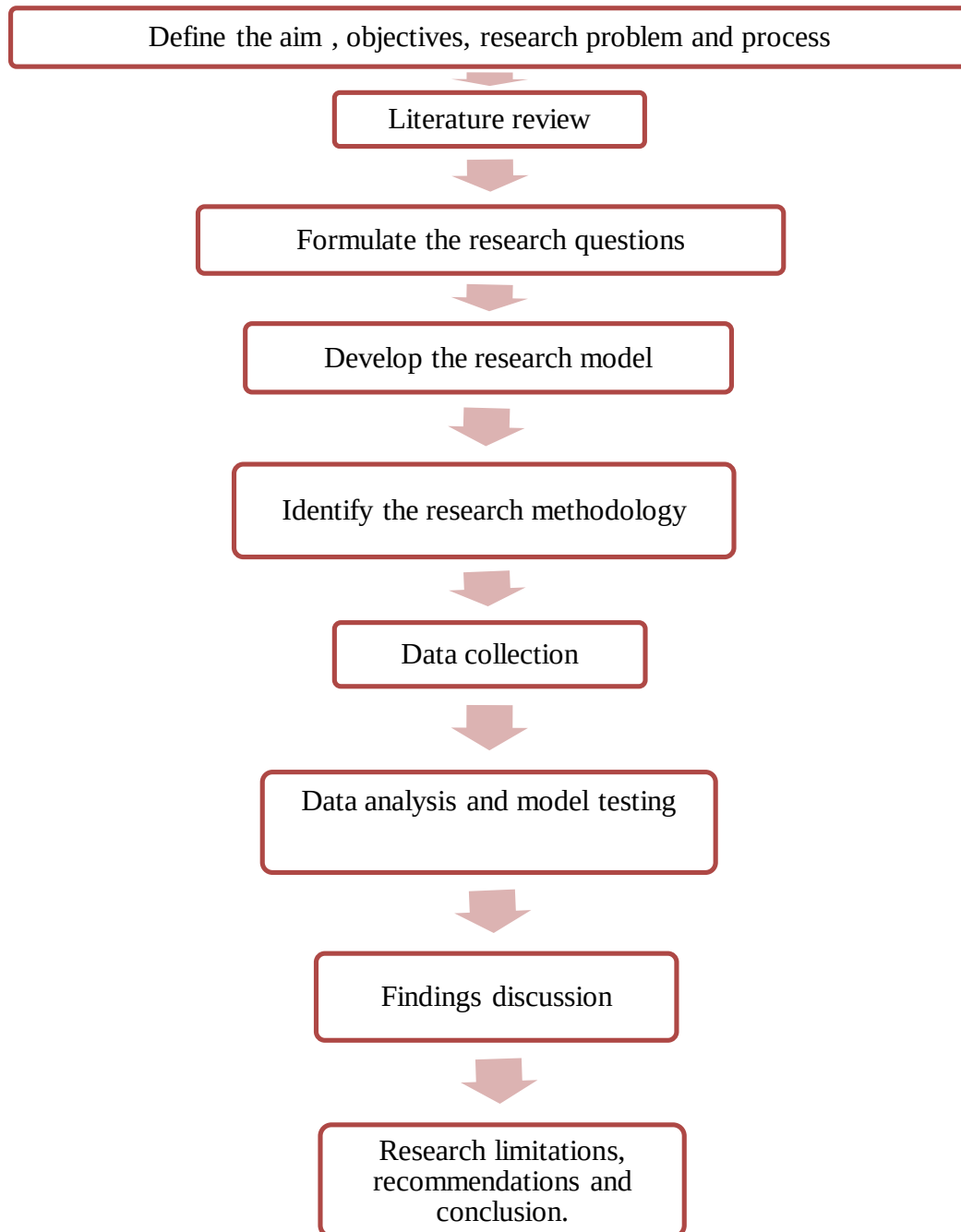
Along with the growing concern for health, Nisson, Ley and Chu (2020) and Deweerdt (2016) state that the negative health implications of consuming snacks and confections, especially when negative effects on the desire of individuals to look slim and fit, significantly deter prospective customers from purchasing them. That situation has grown to such an extent that some fitness-conscious individuals have completely eliminated all forms of snacks and confections from their diet, adversely affecting the business prospects of the corporations related to the HK snacks and confections industry (Yuan, Hongli and Hui 2018). The different corporations related to the HK snacks and confectionery sector have sought the help of different marketing campaigns that highlight the taste and the health benefits of the confections and snacks that they offer (Kwok, Capra and Leveritt 2020). However, this has failed to help the corporations to effectively influence the buying behaviour of the prospective customers since they completely disregard such aspects as customer behaviour and perceived behaviour control. This is the problem the researcher has analysed in this study, focusing on how using marketing communications can help the corporations related to the HK confections and snacks industry to convince and motivate their prospective customers to purchase the snacks and confections they offer.

1.6. Research objectives

1. Examine the extent to which consumer health knowledge and health consciousness are antecedents to subjective norms, perceived behavioural control and attitude.
2. Examine the extent to which purchase intention, repetitive purchase behaviour and word of mouth are outcomes of the theory of planned behaviour.
3. Determine how subjective norms, perceived behavioural control and attitude mediate the effects of health consciousness and health knowledge on purchase intention, repetitive purchase behaviour and word of mouth.
4. Recommend ways to effectively convince and motivate prospective customers to purchase confections and snacks.
5. Determine the process and the means of motivating consumers to purchase confectionery snack food.

1.7. The process of the study

Figure 1: The process of study.



Source: Created by author.

Figure 1 presents the processes of study, described below.

1. Define the aim, objectives, research problem and process for analysing how to convince and motivate prospective customers to purchase confections and snacks.

2. Review the past literature in publications, journals or academic books published within the past five years that update ideas more precisely. These recent studies relate to the technology acceptance theories and availability systems for this study.

3. State the research question: ‘How do corporations use the relationship between marketing communications and the buying behaviour of prospective customers regarding the purchase of confections and snacks?’

4. A developed model provides the research model by adding the model structures and setting the research hypotheses of this study.

5. The research methodology identifies the research philosophy, approach, design and model and proposes the mixed method for using qualitative and quantitative research to collect primary and secondary data.

6. Data-collection methods collect the primary and secondary data that provide answers relevant to the research questions and predict future trends (Kostewicz et al., 2016).

7. Data analysis is the process of cleaning, transforming and preparing data, based on opinions from the responses and the quantisation process (Yakimov & Mashkov, 2016), conducted to facilitate statistical analysis. Then, model testing assesses defined objectives using four analytic approaches: reliability test, descriptive analysis, correlative analysis and exploratory factor analysis, used in the analysis by Statistical Product and Service Solutions (SPSS) software applications to define them as measurable outcomes (Babbie, Wagner & Zaino, 2018).

8. The findings and discussion point out the differences in the acceptance of responses or moderating effects, to extract useful information from the data and make decisions.

9. Finally, the dissertation presents research limitations, recommendations and the conclusion of the research.

The summary of this chapter briefly includes the research topic, aim, objectives, research question and research process details, conducted using new research-model structures to set the research variables and hypotheses derived from the literature review.

Chapter 2: Literature review

This study applies the theory of planned behaviour (TPB), the framework that Icek Ajzen proposed in 1985 (Yadav & Pathak, 2016). TPB provides the conceptual basis and empirical evidence for understanding the relationship between attitudes (ATT), subjective norm (SN) and perceived behaviours control ((PBC), as the central theoretical lens to predict behavioural intention and reveal the motivations and obstacles that participants face in making decisions that combine strategies and activities (Kataria et al., 2019). This study modifies the theoretical framework by integrating consumers' health consciousness (HC), consumer health knowledge (CHK), word of mouth (WOM) (Bazzani et al., 2020; Iyer & Griffin, 2020) and repetitive purchase behaviour (RPB) (Lei & Lei, 2020), to examine the research questions regarding how prospective customers behave towards confectionery and snack products.

2.1. Theme 1: Buying behaviour prospective customers display

Contemporary customers have acquired more health knowledge and become very health-conscious, changing their attitude and purchasing intention regarding food items, as well as influencing their repetitive purchase behaviour (Deweerd 2016).

2.1.1. Health consciousness

TPB applies to a broad range of eating behaviours, including healthy eating and low-fat intake (Chitsaz et al., 2017). Contemporary customers have become very health conscious and, thus, generally like to consume food items that are health-friendly (Deweerd 2016). However, the important issue arises because the majority of confections and snacks that corporations offer can negatively affect customers' health, so many customers prefer not to purchase them (Kwok, Capra and Leveritt 2020). Hence, various corporations try to reduce the negative health connotations of the confections and the snacks they offer; yet, they have

failed to derive the desired results. The health consciousness of contemporary customers is an important factor that influences their attitude.

When consumers are health conscious, they may pay more attention to food labels or information that is good for their health. This consciousness may influence consumer beliefs about knowing what kind of food is good for their health. They are more alert to carefully selecting food choices, especially confectionery food (Viola et al., 2016).

Referring to previous research, Hypothesis 1 is proposed:

Hypothesis 1- The health consciousness of contemporary customers directly influences consumer attitudes.

Hypothesis 1a- The health consciousness of contemporary customers directly influences consumer subjective norms.

Hypothesis 1b - The health consciousness of contemporary customers directly influences consumer perceived behaviour.

2.1.2. Customer health knowledge

TPB views customer health knowledge as an immediate antecedent of customer attitudes and intention to purchase products (Pérez and Salmones, 2018). When customers have health knowledge, it may influence their attitude towards choosing confectionery snack products. Recent research reports that confectionery snack products contain higher levels of sugars, saturated fat and calories than current levels of consumption not associated with risk of cardiovascular disease and human body-weight gain (Gasser et al., 2016). This may also influence their behavioural control in choosing confectionery products because they are clearer about which confectionery food has a genetically-modified-organism (GMO) certification. Such knowledge may also influence their norm of liking this product or not.

Customers' health-related knowledge and their knowledge regarding the effects on their health of the products they consume also influence their buying behaviour. For instance, in the particular context of snacks and confections, many customers do not have adequate information regarding the health implications of such consumption and purchase the confections or the snacks merely because of their taste (Deweerd, 2016). However, presently, numerous customers have stopped consuming snacks and confections on account of the negative effects that consuming these food products has on their health.

Referring to previous research, Hypothesis 2 is proposed:

Hypothesis 2- Customers' health knowledge significantly influences their attitudes.

Hypothesis 2a- Customers' health knowledge significantly influences subjective norms.

Hypothesis 2b- Customers' health knowledge significantly influences perceived behaviour.

2.1.3. Repetitive behaviour purchase

The viewpoint of Hänninen and Karjalainen (2017) was that the study of customer buying behaviour requires the individuals or the corporations to focus on different factors, such as demographics, behavioural factors and personality factors, to effectively understand the place of selling, price, demands, needs, expectations and customer requirements related to the products or services offered to them. This provides corporations with the opportunity to significantly improve the quality of the products or the services they offer, through integrating information related to the product's country of origin, shelf life, label requirements, taste and appearance (Symmank, 2019). This offers corporations chances to significantly improve the marketing communications, advertisements, promotions and campaigns they use to positively influence the buying behaviour and attitude of their customers, which, in turn, directly

contributes to enhancing revenue and profitability (Camilleri 2018). Furthermore, consumer purchase intention can change the frequency of repeat purchasing.

2.2. Identify antecedents of perceived behavioural control and theory of planned behaviour with consumption of confection snacks.

Yadav and Pathak (2016) state that in 1980, Icek Ajzen proposed the theory of planned behaviour (TPB), including individuals' subjective norms, attitudes and perceived behaviour, leading to their intention. The theory predicts an individual's intention to engage in a behaviour at a specific time and place, and it was intended to explain all behaviours over which people can exert self-control.

2.2.1. Perceived behavioural control

According to Kemp et al. (2018), Icek Ajzen and Martin Fishbein developed the theory of planned behaviour from the theory of reasoned action, initially proposed in 1980. However, Ajzen, in his article 'From intentions to actions: A theory of planned behaviour', (1985) modifies the precepts of the theory of reasoned action to formulate the theory of planned behaviour. Explaining the precepts of the theory of planned behaviour (TPB), Attri and Jain (2018) state that the TPB helps in predicting the intentions of an individual to indulge in a particular course of action at a given point of time and place. Additionally, in formulating this particular theory, Ajzen's primary objective was to explain the different kinds of behaviours that individuals display, which they have the opportunity to control through self-exertion.

The most important component of this particular theory is behavioural intent, and thus, the theory assumes that individuals' behavioural intentions are influenced by their attitude towards the likelihood that the behaviour will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome (Waheed and Jianhua 2018). Furthermore, Palma et al. (2018) state that the purpose of predicting the behaviour of individuals relates, for

example, to self-control, knowledge about eating and resources and buying behaviour. However, recently, corporations have used the theories under discussion here to effectively predict the behaviour that their customers display (Andrews and Shimp 2017). Consumer satisfaction or cognitive beliefs may change and influence repeated behaviour or lead to completely opposite behaviour (Can and Erdil, 2018).

Consumers are increasingly using online social media (such as Facebook, blogs, Instagram) to share their comments on the services or/and products they consume (Huete-Alcocer, 2017) and to find sellers.

Therefore, the perceived behavioural control is an effective factor in the consumer's attitude, purchase intention and repeat purchase behaviour and word-of-mouth communication. Referring to previous research, Hypotheses 4, 4a, 4b and 4c are proposed:

Hypothesis 4- Perceived behavioural control of the customers directly influences the attitude of the consumer.

Hypothesis 4a- Perceived behavioural control of the customers directly influences the purchase intention of the consumer.

Hypothesis 4b- Perceived behavioural control of the customers directly influences the repetitive purchase intention of the consumer.

Hypothesis 4c- Perceived behavioural control of the customers directly influences word-of-mouth communication.

2.2.2. Subjective norms

According to Perreault (2018), 'subjective norms' refers to the belief of individuals regarding whether others—or, for that matter, individuals who are important to them—would approve of their actions. Thus, in the particular context of confections and snacks, the purchase

decisions of customers are significantly influenced by their belief regarding whether their family members and friends would approve of their consumption of the snacks and confections. Hence, subjective norms have emerged as one of the most important factors that directly influence customers' buying behaviour or purchase intentions. Masood and Javaria (2016) state that different offers with various options attract shoppers, leading to reducing inertia and repeat purchase intentions.

Huete-Alcocer (2017) states that the rapid growth of online communication (e.g. websites, social media, blogs) enable individuals to share and review some information more quickly through websites, such as word-of-mouth (WOM) that may influence their behaviour, attitude, purchase intention, repetitive purchase behaviour and communication with other customers. An important person or group of customers providing support and recognition of their behaviour will affect the customer's acceptance or rejection of attitudes, purchase intentions, repeated purchase behaviours and opinions expressed in social groups (Xu et al., 2017). Referring to previous research, Hypotheses 3, 3a, 3b and 3c are proposed:

Hypothesis 3- The subjective norms directly affect the customer's attitude.

Hypothesis 3a- The subjective norms directly affect the customer's purchase intention.

Hypothesis 3b- The subjective norms directly affect the customer's repetitive purchase intention.

Hypothesis 3c- The subjective norms directly affect word-of-mouth communication.

2.2.3. Attitude

For Shamout (2016), the attitude a particular individual displays towards a certain product can be defined as the extent or the degree to which the concerned individual has a favourable or unfavourable idea regarding the product. Supporting this, Cambier and Poncin

(2020) observe that the attitude that individuals have towards the confections or snacks a corporation offers significantly influences their purchase decision. For instance, if an individual has a negative attitude towards the confections or the snacks a particular corporation offers, it is highly likely that the individual would not purchase. Furthermore, repurchase intention can also be defined as the customer's plan for action, after gaining use and consumption experience, to purchase specific products or services again in the future (Harun et al., 2020). Referring to previous research, Hypothesis 5 and 5a are proposed:

Hypothesis 5- The attitude that prospective customers display significantly influences their purchase intention.

Hypothesis 5a- The attitude that prospective customers display significantly influences their repetitive purchase behaviour.

2.2.4. Concept of marketing communications

For Payne, Peltier and Barger (2017), marketing communication is an integral and complex part of marketing initiatives, the efforts that contemporary corporations undertake to communicate with their target or desired target audience. Elaborating on this, Cambier and Poncin (2020) note that marketing communications include the promotional advertisements, marketing campaigns, direct marketing, personal selling, sponsorship, social media communications and similar activities that corporations undertake as part of their marketing efforts to convey to their target audience the required product- or service-related information and also information regarding the brand. More importantly, contemporary corporations are taking help from multiple digital media channels and platforms for marketing communications, to promote the products or services they offer to a large number of prospective customers (Chomvilailuk and Butcher 2018). Additionally, the effective use of marketing communications helps the corporations to establish an interactive or communicative

relationship with their customers, not only helping them to adequately resolve customer queries or doubts but also to convince the prospective customers to purchase the products they offer (Waheed et al. 2018). WOM marketing is the product information that persons transmit to others (Gao et al., 2020). Nielsen (2015) reports that 83% of consumers believe recommendations from family or friends, more than other types of advertising. This positively affects the corporation's business prospects, making marketing communications a pivotal part of the corporation.

2.3. Relation between the buying behaviour that prospective customers display and the marketing communications that corporations use

There is a direct relation between the marketing communications that corporations use and their ability to influence the buying behaviour of their prospective customers. For instance, through the effective use of marketing communications, corporations have the opportunity to provide the required product-related information to their customers and to resolve their doubts or their queries (Bailey, Mishra and Tiarniyu, 2016). Additionally, the corporations also get the opportunity to use the kind of promotions or advertisements that are likely to help them to appeal to the rationale of their prospective customers and, thereby, convince them to purchase the products (Duffett, 2017). More importantly, the corporations also get the opportunity to establish interactive relationships with their customers while helping them to enhance customer engagement, also helping them to positively influence their customers' buying behaviour (Kim and Kumar, 2018).

Chu and Chen (2019) state that customers share word-of-mouth (WOM) marketing, triggered by events that customers experience. Consumers using products commonly use social media to spread electronic word-of-mouth (eWOM) about their experiences (Wakefield & Bennett, 2018). Electronic word-of-mouth (eWOM) has become a major

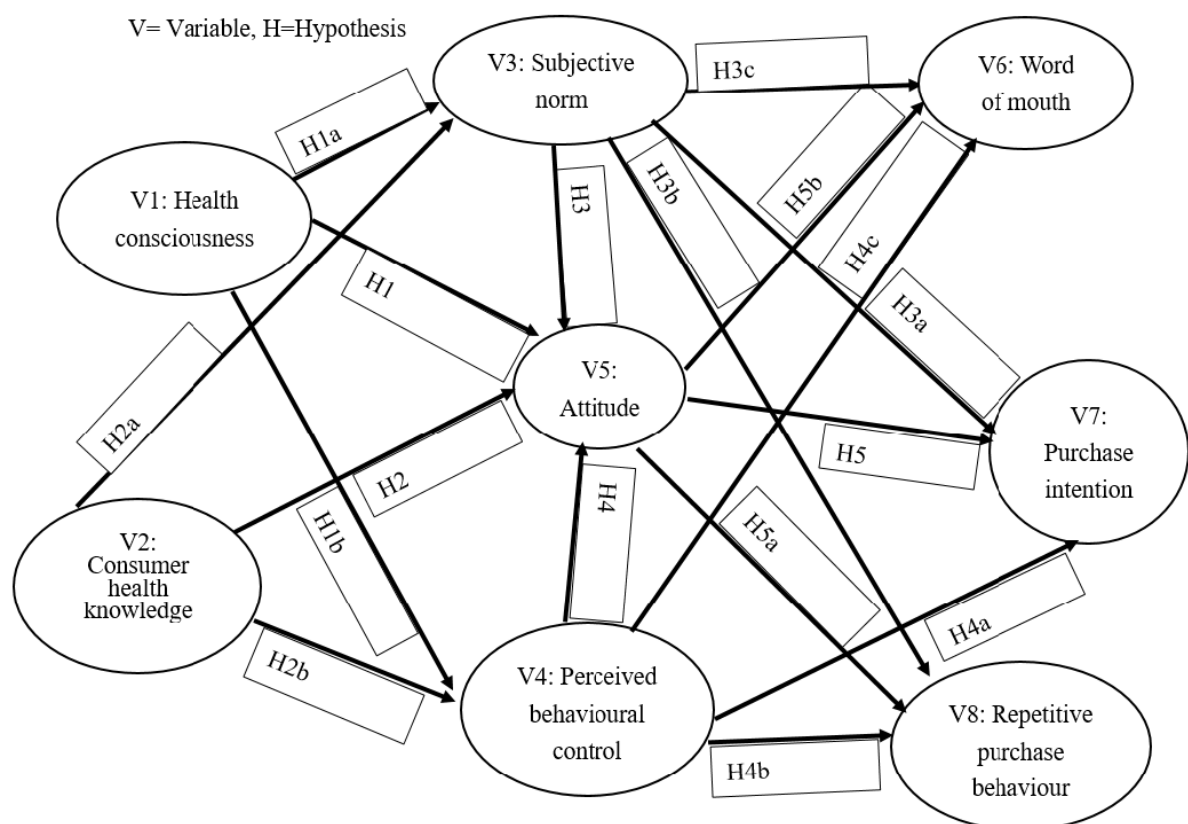
network for companies' social marketing, inviting consumers to review or post online comments to potential customers. In essence, is customer experience triggering free advertising? Usually, it exceeds their expectations. It becomes important for the corporations to access the help of effective marketing communication activities to influence customer buying behaviour. Referring to previous research, Hypothesis 5b is proposed:

Hypothesis 5b- The attitude that customers display significantly influences word-of-mouth online marketing.

2.4. Proposed research model

A summary of the above discussion, with the hypothetical relationships among the variables, formulate the research model in Figure 2.

Figure 2. Proposed research model



Source: Proposed research model.

The research model has abstracted the representations that link to the research goal, with their hypothetical relationships among the variables.

2.5. Chapter summary

The summary of the above discussion undertakes a review of the literature, to formulate a new theoretical framework related to research questions, and suggests formulating a research methodology to collect the unexplored primary data and minimise the literature gap in next chapter.

Chapter 3: Research methodology

A research methodology is implemented to collect information and data for this study, decisions in research publications, surveys, interviews and research techniques, to find past and present information relevant to research objectives. A methodology also includes a research design and model, sampling size, data-collection and data-analysis procedures, actual data analysis and model testing, as follows.

3.1. Research design and model

A quantitative data-analysis method supports analysing the collected data or the information related to certain research questions, considering not only the data analysis method but also the data-collection method and the nature or kind of data (Taherdoost, 2016). This research used quantitative data-analysis methods to analyse the data obtained from conducting a survey. Secondary data was collected from legislation websites, web questionnaires, information from company webpages and such survey websites as the AC Nielsen Corporation and Statista's market forecast.

Additionally, the study used four analytic approaches, namely, reliability test, descriptive analysis, correlative analysis and exploratory factor analysis.

These data were collected using online questionnaires through Google Forms because it is free software, more accurate and easy for participants and researchers to use (Bateup & Walker, 2016). This research avoided becoming too large, which could waste scarce resources and expose more participants to unnecessary related risks. Therefore, this research properly is pure calculated the approximate number of respondents to assume as whole HK population, by using sample-size calculation (Taherdoost, 2016).

Lastly, the researcher performed regression modelling analysis to test the path of the research hypotheses—more importantly, for the sake of generating statistically underpinned

arguments, applying the 95% confidence interval as the acceptable threshold. Furthermore, the mean analysis was conducted for the disagreement responses of demographic groups, to comprehend the opinion structure of the corresponding response. The summary statistics of scale variables and data indicators of this study helped the researcher to manage the data and display it in summary tables. On the other hand, the researcher used a qualitative data-analysis method to analyse the data obtained from interviews.

Descriptive design research is used to correlate or link this study's objectives with the research findings obtained through data analysis (Bell, Bryman and Harle, 2018). Descriptive research attempts to establish the range and distribution of some social characteristics, such as age, income, education, occupation and location, to discover how these characteristics may relate to certain behaviour patterns or attitudes (Hawkins et al., 2020). The use of the descriptive survey helped to overcome issues of coherence by supporting correlation of the research findings with the research objectives.

The method of this study is quantitative research, along with the literature review and an online survey (Hsu et al., 2020). The purpose of this part is to explain generating meaningful project samples relevant to convincing and motivating prospective customers to purchase pre-packaged confectionery and snacks.

3.2. Sampling size.

The correlation of sample size is based on Hong Kong's population of 7,500,000 (World Bank, 2020) with a 99% confidence level and a 6% margin of error, to assume an **ideal sample size of about 461** (Taherdoost, 2016) to represent the whole HK population.

3.3. Data collection and procedures.

The process of collecting primary and secondary data allows measuring information about variables in an established, systematic way, stating study questions and allowing an individual to make comments (Kostewicz et al., 2016).

3.3.1. Primary data collection.

The primary data-collection uses different tools, such as an online survey, through confectionery stores and face-to-face interviews with seven industrial experts (Cohen et al., 2020). The online survey's sample size for the study targeted a random sample of no less than 461 individuals (Bhardwaj, 2019) to represent HK's population. All participants were to be age 18 or older and of either gender, who understood and could answer the questions in either English or Chinese. The online survey provided a closed-ended questionnaire (see Appendix 1), structured as 47 questions, as Table 1 illustrates.

Table 1: The structured 47 questions.

Item	No of question	Variable name	Number of items
1.	Q1- 6 (or HC 1-6)	Health consciousness	Six items
2.	Q7 -11 (or CHK 7 -11)	Customer health knowledge	Five items
3.	Q12 - 17 (or SN 12-17):	Subjective norm	Six items
4.	Q18 - 21 (or PBC 18-21)	Perceived behavioural control	Four items
5.	Q22 – 25 (or ATT 22-25)	Attitude	Four items
6.	Q26 – 31 (or PI 26-31)	Purchase intention	Six items
7.	Q32 -34 (or RPB 32-34)	Repetitive purchase behaviour	Three items
8.	Q35 – 37 (or WOM 35-37)	Word of mouth communication	Three items
9.	Q38 - 47	Demographic	Ten items

Source: From this research.

These structured questions on the general instrument separated the parts of the online questionnaire, measuring each variable separately, as Appendix 1 shows (Liu et al., 2019).

3.3.2. Secondary data collection.

Secondary data is existing data from other sources and previous research. Investigating research questions using existing large-scale data information saves time and resources

(Fitchett & Heafner, 2017). This research adopted the secondary data-collection method required to collect the evidence or the data for the analysis of this research topic from different secondary sources of information, including peer-reviewed articles, scholarly textbooks, company websites, industry reports and government reports (Ngozwana, 2018). These secondary data are involved in reanalysing, interpreting and reviewing past data, to collect the data from several chain stores selling confectionery snack food and approximate sales amounts from their annual reports or company websites. An important aspect of collecting data by using secondary data-collection methods is that the researcher need not worry about its credibility or reliability since other scholars have already tested or analysed them (Basias and Pollalis, 2018).

A web survey is a research tool for collecting secondary data, to prepare the questions for online questionnaires to collect primary data from consumers, to analyse the research topic of this study.

3.4. Data analysis procedures.

The procedures of data analysis are, first, that Cronbach's alpha with a threshold of 0.7 (Bujang, Omar & Baharum, 2018) was used to confirm the reliability of the collected responses, to indicate that the values of the collected data are not likely to be randomly generated. Second, descriptive analysis was utilised to reveal the overall trend of the collected data, where the visualisation of the scores for each construct was provided to show the visual implications of the factors. Third, a correlation revealing the association among the constructs was accomplished, to provide an overview of the factors' connection. With the intention of yielding statistically supported arguments and results, the confidence level of 95% was adopted. Additionally, a correlation value of over 0.3 was considered sufficiently large. Fourth, the exploratory factor analysis, reliability, correlations and regressions, backed by the structural

equation model, was used in the construction of the model, which considered the path analysis and connectivity, along with the computed coefficients, in the final delivery of the linear model.

3.5. Data analysis.

The researcher completed data analysis using the descriptive statistics functionality of the Statistical Package for the Social Sciences (SPSS) software to support achieving the research objectives (Babbie, Wagner & Zaino, 2018). To do this, the questionnaire-based study was administered to a randomly selected sample from the domestic population in Hong Kong, in order to eliminate sample bias (Bhardwaj, 2019).

Data analysis was based on the self-developed research instrument with positively coded statements and a five-point Likert-scale (Ranging from “1= Strong disagree”, “2= Disagree”, “3=Neutral”, “4=Agree”, “5=Strong agree”) (Voutilainen et al., 2016), used to collect opinions from the respondents. The level of agreement indicates the intensity of the corresponding constructs, and the quantisation process (Yakimov & Mashkov, 2016) facilitated statistical analysis.

3.6. Model testing.

Model testing of defined objectives used four analytic approaches, namely, a reliability test, descriptive analysis, correlative analysis and exploratory factor analysis, using the SPSS descriptive statistics functionality, consistent with the research objectives (Babbie, Wagner & Zaino, 2018).

SPSS was used to output the data of reliability testing, correlations, factor analysis, and regressions testing for the path of the research hypotheses in the construction of the model (Phakiti, 2018), while the path analysis and connectivity, along with the computed coefficients, were the final delivery of the linear model (Mitchell et al., 2017).

Before starting full-scale research, the online survey had been pilot-tested, on a small scale, by 38 respondents, to evaluate feasibility, duration and costs and to clear any mistakes on the questionnaire before doing full-scale research (Hallingberg et al., 2018).

After pilot testing, the full-scale research was conducted using a random sampling method to select participants who were aged 18 years old or older and could understand and answer the questionnaires in English or Chinese. The location of this research had randomly collected the participants' response at the Ameyokocho retail shops, about 29 shops in Hong Kong (Yellowplace, 2020).

This full-scale research had a method designed to attract someone to answer the questionnaire, namely, a participant would receive free candy by filling out the evaluation form, as Appendix 2 shows. Appendix 3 shows that the participants used their smartphone, scanning the quick response (QR) code for linking to and filling out the online Google Form survey quickly and easily. As result, the number of respondents was 508 persons (see Appendix 4), who took approximately 15 to 20 minutes to complete the online questionnaire and got a bag of free candy as their compensation.

3.7. Ethical considerations

This study adhered to the ethical considerations for conducting academic research. First, prior consent was obtained from all the participants, during which the researcher explained to them the nature, purpose and objectives of this study and that data would be collected from them only after gaining their consent. Second, the application for this study ensured that no personal, private or confidential information would be asked of the participants and their anonymity would be completely maintained. Third, the data collected from the respondents have been protected and utilised according to the precepts of the Personal Data (Privacy) Ordinance (the "PDPO") by laws of Hong Kong (Cap 486) (Hong

Kong e-Legislation, 2018) and used only for the conduct of this study. All data should be stored in one personal computer only and should be deleted within six months after submission of the paper on 30 October, 2020. Fourth, avoiding plagiarism, the researcher duly credits in the final paper the researchers whose works have been used for the completion of this study, through in-text citations and a reference list. Fifth, the online survey requires respondents to answer all questions, easy to answer by using multiple-choice options, adding 'other' to enable respondents to raise questions, and there were no descriptive questions for nonresponsive respondents, in order to avoid nonresponse bias in the survey. Sixth, this study used participant codes to label data instead of using names, ensuring the confidentiality of respondents. Seventh, using random-selection methods when selecting subgroups from populations avoided selection bias. In short, these are some of the most important measures the researcher used to ensure that the research was conducted according to the academic precepts for ethical considerations.

3.8. Chapter summary

This chapter outlines the research methodological framework, research objectives, research questions, data-collection methods, analytic approaches and model-testing methods, in order to do data analysis with interpretation in the next step.

Chapter 4: Analysis and findings

As Figure 2 shows, this data analysis of the hypothetical interconnections among the major eight variables was conducted using descriptive analysis, reliability testing, correlative analysis, exploratory factor analysis and regression analysis, and this chapter presents the interpretations.

4.1. Descriptive analysis

Table 2: The mean and standard deviation of twelve dimensions by Skewness and Kurtosis testing.

Descriptive Statistics			
	Mean	Std. Deviation	Number of respondents (n)
Gender	1.730	0.422	508
Age	1.970	0.934	508
Vocation	4.420	2.273	508
Education	1.920	0.983	508
Health consciousness	3.997	0.843	508
Customer health knowledge	4.030	0.783	508
Subjective norm	3.958	0.819	508
Perceived behavioural control	4.048	0.782	508
Attitude	3.790	0.932	508
Purchase intention	4.055	0.811	508
Repetitive purchase behaviour	4.035	0.807	508
Word of mouth	3.898	0.946	508

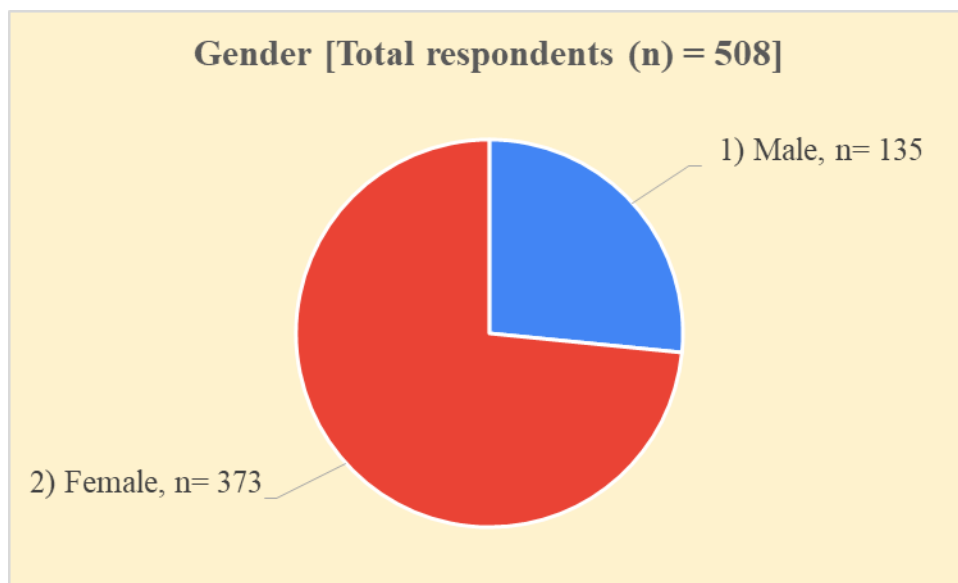
Source: From this research, SPSS v25.

Table 2 presents the results of the mean (M) and the standard deviation (SD) of twelve dimensions of gender, age, vocation, education, health consciousness, customer health knowledge, subjective norm, perceived behavioural control, attitude, purchase intention, repetitive purchase behaviour and word of mouth, extracted from 508 respondents.

The standard deviation ranges from 0.422 to 2.273, measured by spreading data values around the mean of the data (Yi, 2017). Each mean value was the median of each dimension, and the standard deviation was calculated for the variance of each dimension, as shown below.

4.1.1. Gender

Figure 3: Gender

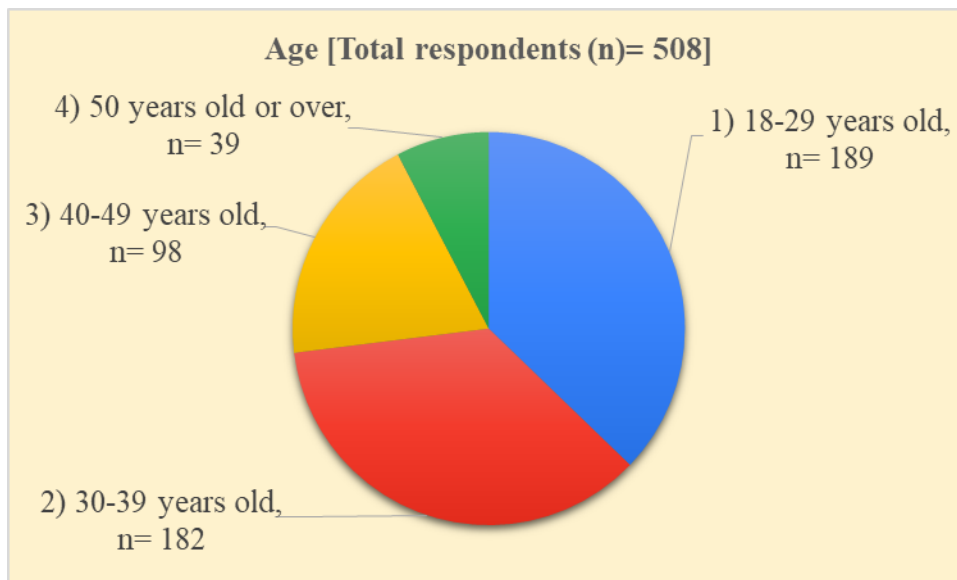


Source: From this research.

In Figure 3, total respondents were 508 persons comprising 135 males (27%) and 373 females (73%). According to acceptable values of skewness ranges (-3 to +3) and Kurtosis ranges (-10 to +10), the SD value is 0.422, implying that data is normally distributed (Brown, 2016). The 1.73 mean for gender means that respondents, on average, are away from the mean (Holcomb & Cox, 2017) and more heavily distributed on the female side.

4.1.2. Age group

Figure 4: Age group

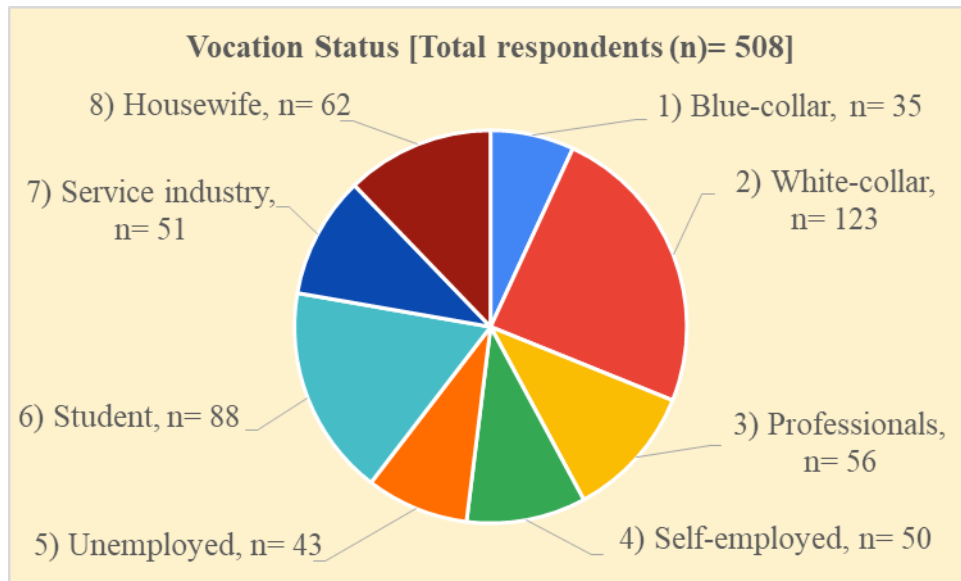


Source: From this research.

In Figure 4, the 508 respondents were divided into four age groups: 189 persons ranged from 18 to 29 years old (37%), 182 persons ranged from 30-39 years old (36%), 98 persons ranged from 40-49 years old (19%) and 39 persons were aged 50 years old or older (8%). According to acceptable values of skewness ranges (-3 to +3) and Kurtosis ranges (-10 to +10), the SD value of 0.934 implies that data is normally distributed (Brown, 2016). The 1.97 mean of ages indicates that respondents on average are over a bit over the mean (Holcomb & Cox, 2017). The data are distributed more in the 18-29 and 30-39 groups, at 73% of the total.

4.1.3. Vocation

Figure 5: Vocation

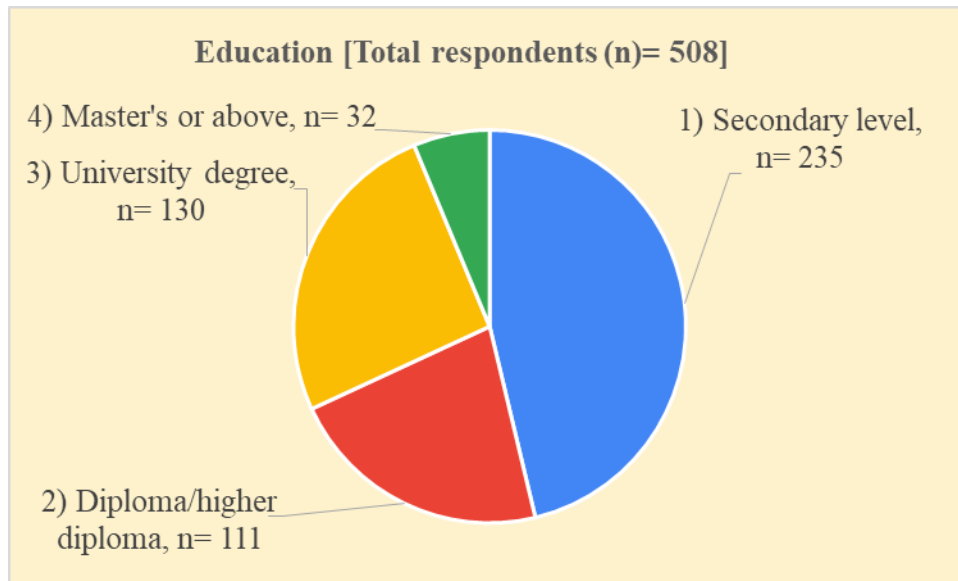


Source: From this research.

Figure 5 divides the 508 respondents into eight vocational groups: blue-collar, 35(7%); white-collar, 123 (24%); professionals, 56 (11%); self-employed, 50 (10%); unemployed, 43 (9%); student, 88 (17%); service industry, 51 (10%); housewife, 62 (12%). According to acceptable values of skewness ranges (-3 to +3) and Kurtosis ranges (-10 to +10), the SD value of 2.273 implies that data is normally distributed (Brown, 2016). The 4.42 mean of vocational age shows that respondents on average are over two points away from mean (Holcomb & Cox, 2017). The data is distributed among four larger groups, namely, white-collar, student, housewife and professionals, representing 64% of the total.

4.1.4. Education

Figure 6: Education



Source: From this research.

Figure 6 divides the 508 respondents into four education groups: secondary level, 235 (46%); diploma, 111 (22%); university degree, 130 (26%); Master's or above, 32 (6%). According to acceptable values of skewness ranges (-3 to +3) and Kurtosis ranges (-10 to +10), the SD value of 0.983 implies that data is normally distributed (Brown, 2016). The 1.92 mean for the education group indicates that respondents, on average, are near one point over the mean (Holcomb & Cox, 2017). The data is distributed among the larger three groups, namely, the levels of secondary, diploma and university degree, at 94% of the total.

Table 3: Eight constructs of average variance extracted.

Item	Variable name	Average variance extracted items	Appendix
1.	Health consciousness	Six items (Q1 to Q6)	Appendix 5a to 5f
2.	Customer health knowledge	Five items (Q7 to Q11)	Appendix 6a to 6e
3.	Subjective norm	Six items (Q12 to Q17)	Appendix 7a to 7f
4.	Perceived behavioural control	Four items (Q18 to Q21)	Appendix 8a to 8c
5.	Attitude	Four items (Q22 to Q25)	Appendix 9a to 9c
6.	Purchase intention	Six items (Q26 to Q31)	Appendix 10a to 10f
7.	Repetitive purchase behaviour	Three items (Q32 to Q34)	Appendix 11a to 11c
8.	Word of mouth	Three items (Q35 to Q37)	Appendix 12a to 12e

Source: From this research.

Table 2 presents Mean (M) and Standard. Deviation (SD) of eight constructs using the average variance extracted (AVE), included as Table 3 items.

These eight constructs range from 0.782 to 0.946 (SD), proving that their data are normally distributed and their mean values range from 3.790 to 4.055, indicating that respondents on average are about one point away from the mean. The result of the mean of these constructs is over 3 (3.790-4.055) on the five-point Likert scale (Ranging from “1= Strong disagree”, “2= Disagree”, “3=Neutral”, “4=Agree”, “5=Strong agree”), implying that most respondents agreed with these constructs.

4.2. Reliability test

Hajjar (2018) states that the calculation of standardised factor loading, Cronbach's α coefficient should be greater than 0.7 and item total correlation (ITC) should be greater than 0.3 that are used SPSS to statistically calculate the standard deviation of the corresponding observable variable and the reliability of their variables' instrument by evaluating the degree of internal consistency between a set of questions in the following tables.

Table 4: Results of Health consciousness (Variable 1) measurement (see Appendix 13a)

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Health consciousness (6 items)		0.893		
Q1) I'm very self-conscious about my health to choose confectionery and snack products (Adapted from Mai and Hoffmann, 2012).	0.966		0.724	0.874
Q2) I'm aware of the state of my health as I eat confectionery and snack per day (Adapted from Mai and Hoffmann, 2012).	0.987		0.701	0.877
Q3) Health has a significant influence on my attitudes towards confectionery and snack (Adapted from Mai and Hoffmann, 2012).	0.931		0.737	0.872
Q4) Health benefit is one of the prime reasons to me for purchasing of confectionery and snack (Adapted from Mai & Hoffmann, 2012).	1.158		0.743	0.871
Q5) I follow healthy blogger to see what they eat (Adapted from Kongdechakul, 2018).	1.198		0.695	0.880
Q6) To what extent do I think that the confectionery and snack products are expected to be healthier choice? (Adapted from Kongdechakul, 2018).	0.991		0.715	0.875

Note 1: Items remaining after confirmatory factor analysis.

Note 2: ITC = Item total correlation.

Source: From this research.

In Table 4, the standardised factor loadings of six items in 'Health consciousness' ranged from 0.931 to 1.198, at over 0.7, thus implying all reliable datasets (Bujang, Omar and Baharum, 2018). Cronbach's alpha value at whole scale was 0.893 within $0.8 \leq \alpha < 0.9$, implying 'good' internal consistency within Q1 to Q6 (Jain and Angural, 2017). This was the result of replacing two items performing below 0.5.

As a result, all items total correlations (ITC) were over 0.3 and ranged from 0.695 to 0.743. The Q1 to Q6 set showed increased reliability at whole scale because, if items were deleted, the Cronbach's alpha ranged from 0.871 to 0.880, below Cronbach's alpha 0.893 for whole scale (Unver et al., 2017).

Table 5: Results of customer health knowledge (Variable 2) measurement (see Appendix 13b)

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Customer health knowledge (5 items)		0.881		
Q7) I have good knowledge about healthy diet (Adapted from Kongdechakul, 2018).	0.950		0.673	0.865
Q8) Using food labels to choose foods is better than just relying on my own knowledge about what is in confectionery and snack (Adapted from Bazzani et al, 2020).	0.941		0.743	0.848
Q9) Some countries have better reputation in confectionery and snack industry? (Adapted from Umberger et al, 2020).	0.866		0.661	0.867
Q10) I concern the confectionery or snack based on the information provided on labels that list of ingredients or content of the food (Adapted from Kumar and Pandit, 2008).	0.948		0.762	0.844
Q11) I concern the confectionery or snack based on the information provided on the label that nutrition panel giving information on proteins, vitamins etc. (Adapted from Kumar and Pandit, 2008).	1.042		0.740	0.850

Note 1: Items remaining after confirmatory factor analysis.

Note 2: ITC = Item total correlation.

Source: From this research.

In Table 5, standardised factor loadings of five items in customer health knowledge ranged from 0.866 to 1.042, at over 0.7, implying all reliable datasets (Bujang, Omar and Baharum, 2018). The Cronbach's alpha value at whole scale was 0.881, within $0.8 \leq \alpha < 0.9$,

implying ‘good’ internal consistency within Q7 to Q11 (Jain and Angural, 2017). This was the result of replacing three items performing below 0.5. As a result, the above items total correlations (ITC) were all over 0.3 and ranged from 0.661 to 0.762. Q7 to Q11 increased reliability to whole scale because the Cronbach’s alpha, if items were deleted, ranged from 0.844 to 0.867, below Cronbach’s alpha 0.881 at whole scale (Unver et al., 2017).

Table 6: Results of subjective norm (Variable 3) measurement (see Appendix 13c)

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Subjective norm (6 items)		0.902		
Q12) My family think I should pay attention in healthy eating confectionery and snack(Adapted from Grønhøj et al, 2013).	0.980		0.659	0.895
Q13) TV programs or newspapers I watch think I should pay attention in healthy eating confectionery and snack(Adapted from Grønhøj et al,2013).	0.960		0.719	0.887
Q14) The government authorities think I should pay attention in healthy eating confectionery and snack (Adapted from Grønhøj et al, 2013).	1.000		0.717	0.887
Q15) To what extent do I think that my parents think I need to purchase confectionery and snack product (Adapted from Cheng, Fu and Tu, 2011).	1.045		0.751	0.882
Q16) To what extent do I think that my friends think I need to purchase confectionery and snack product (Adapted from Cheng, Fu and Tu, 2011).	1.005		0.774	0.878
Q17) To what extent do I think that my relatives think I need to purchase confectionery and snack product (Adapted from Cheng, Fu and Tu, 2011).	1.004		0.774	0.878

Note 1: Items remaining after confirmatory factor analysis.

Note 2: ITC = Item total correlation.

Source: From this research.

In Table 6, standardised factor loadings of six items on ‘subjective norm’ ranged from 0.96 to 1.045, at over 0.7, implying all reliable datasets (Bujang, Omar and Bahaum, 2018). The Cronbach’s alpha value of subjective norm was 0.902, at ≥ 0.9 implying excellent internal consistency within Q12 to Q17 (Jain and Angural, 2017). This was the result of three replaced items performing below 0.5. As a result, the above items total correlations (ITC) were over 0.3 and ranged from 0.659 to 0.774. Q12 to Q17 increased reliability at whole scale because, if items were deleted, the Cronbach’s alpha ranged from 0.878 to 0.895, below Cronbach’s alpha 0.902 at whole scale (Unver et al., 2017).

Table 7: Results of perceived behavioural control (Variable 4) measurement (see Appendix 13d)

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Perceived behavioural control (4 items)		0.863		
Q18) I have enough time to find and confectionery and snack product (Adapted from Grønhøj et al, 2013).	0.950		0.641	0.853
Q19) I have enough information and knowledge to eat confectionery and snack product (Adapted from Taylor and Todd, 1995).	0.936		0.757	0.805
Q20) Eating the confectionery and snack are entirely within my control (Adapted from Taylor and Todd, 1995).	0.921		0.705	0.827
Q21) I have enough resources knowledge and ability of enacting a behaviour of buying confectionery and snack product (Adapted from Taylor and Todd, 1995).	0.907		0.741	0.812

Note 1: Items remaining after confirmatory factor analysis.

Note 2: ITC = Item total correlation.

Source: From this research.

In Table 7, standardised factor loadings of four items in ‘Perceived behavioural control’ ranged from 0.907 to 0.95, at over 0.7 implying all reliable datasets (Bujang, Omar and Baharum, 2018). The Cronbach’s alpha value at whole scale was **0.863**, within $0.8 \leq \alpha < 0.9$, implying **‘good’ internal consistency** within Q18 to Q21 (Jain and Angural, 2017). This was the result of replacing one item performing below 0.5. As a result, the above items total correlations (ITC) were all over 0.3 and ranged from 0.641 to 0.757. Furthermore, Q18 to Q21 increased reliability at whole scale because, if items were deleted, the Cronbach’s alpha ranged from 0.805 to 0.853, below Cronbach’s alpha 0.863 at whole scale (Unver et al., 2017).

Table 8: Results of attitude (Variable 5) measurement (see Appendix 13e)

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Attitude (4 items)		0.838		
Q22) I describe that confectionery and snack are healthy (Adapted from Mutlu, 2007).	1.201		0.788	0.740
Q23) I describe that confectionery and snack are free from chemical pesticides (Adapted from Mutlu, 2007).	1.166		0.749	0.759
Q24) I describe that confectionery and snack are high nutritional value (Adapted from Mutlu, 2007).	1.221		0.780	0.744
Q25) It is convenience for me to buy confectionery and snack (Adapted from Cheng, Fu and Tu, 2011).	0.930		0.391	0.896

Note 1: Items remaining after confirmatory factor analysis

Note 2: ITC = Item total correlation

Source: From this research.

In Table 8, the standardised factor loadings of five items in ‘Attitude’ ranged from 0.930 to 1.221, at over 0.7 implying all reliable datasets (Bujang, Omar and Baharum, 2018).

The Cronbach's alpha value at whole scale was **0.838**, within $0.8 \leq \alpha < 0.9$, implying **good internal consistency** within Q22 to Q25 (Jain and Angural, 2017).

This was the result of replacing one item performing below 0.5. As a result, the above items total correlations (ITC) were all over 0.3 and ranged from 0.391 to 0.788.

Q22 to Q24 increased reliability at whole scale because, if the item were deleted, Cronbach's alpha ranged from 0.740 to 0.744, below the Cronbach's alpha 0.838 at whole scale (Unver et al., 2017). But Q25 was 0.896 Cronbach's alpha if the item were deleted, implying that Q25 was of weaker reliability than Q22 to Q24.

Table 9: Results of word of mouth (Variable 6) measurement (see Appendix 13f)

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Word of mouth communication (3 items)		0.887		
Q35) I often read other consumers' online product reviews to know what products/brands making ensure to buy right confectionery and snack (Adapted from Bambauer-Sachse and Mangold, 2011).	1.052		0.768	0.848
Q36) I often consult other consumers' online product reviews to help choose the right confectionery and snack product (Adapted from Bambauer-Sachse and Mangold, 2011).	1.081		0.803	0.817
Q37) I think that online of confectionery and snack product reviews are credible (Adapted from Bambauer-Sachse and Mangold, 2011).	1.011		0.766	0.850

Note 1: Items remaining after confirmatory factor analysis

Note 2: ITC = Item total correlation

Source: From this research.

In Table 9, the standardised factor loadings of three items in word-of-mouth communication ranged from 1.052 to 1.081, at over 0.7, all reliable datasets (Bujang, Omar and Baharum, 2018). The Cronbach's alpha value of WOM was **0.887**, within $0.8 \leq \alpha < 0.9$, **good internal consistency** within Q35 to Q37 (Jain and Angural, 2017).

As a result, the above items total correlations (ITC) were all over 0.3 and ranged from 0.766 to 0.803. Furthermore, the Cronbach's alpha, if items were deleted, ranged from 0.817 to 0.850, all under the Cronbach's alpha of 0.887, meaning that all questions correlated very well at scale with WOM (People, 2018).

Table 10: Results of purchase intention (Variable 7) measurement (see Appendix 13g).

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Purchase intention (6 items)		0.917		
Q26) I would like to buy confectionery and snack if more cheap price (Adapted from Mutlu, 2007).	0.976		0.775	0.899
Q27) I would like to buy confectionery and snack if better appearance and taste (Adapted from Mutlu, 2007)..	0.938		0.752	0.902
Q28) I would like to buy confectionery and snack if more trust to origin or production (Adapted from Mutlu, 2007)..	0.894		0.727	0.906
Q29) I would like to buy confectionery and snack if longer product shelf life (Adapted from Mutlu, 2007)..	1.068		0.739	0.905
Q30) I would like to buy confectionery and snack if more information in the media (Adapted from Mutlu, 2007)..	0.974		0.772	0.899
Q31) I would like to buy confectionery and snack if more recognizable label (Adapted from Mutlu, 2007).	0.941		0.820	0.893

Note 1: Items remaining after confirmatory factor analysis

Note 2: ITC = Item total correlation

Source: From this research.

In Table 10, standardised factor loadings of six items in ‘Purchase intention’ ranged from 0.894 to 1.068; at over 0.7, all reliable datasets (Bujang, Omar & Baharum, 2018). The Cronbach’s alpha value of purchase intention was **0.917**; at ≥ 0.9 , **excellent internal consistency**, based on the correlations within Q26 to Q31 (Jain & Angural, 2017).

As a result, above items total correlations (ITC) were all over 0.3 and ranged from 0.727 to 0.82. Furthermore, the Cronbach’s alpha, if items were deleted, ranged from 0.893 to 0.906, all under the Cronbach’s alpha at 0.917, meaning that all questions correlated very well at scale with purchase intention (People, 2018).

Table 11: Results of repetitive purchase behaviour (Variable 8) measurement (see Appendix 13h).

Final measurement model testing results from 508 respondents				
Constructs and measurement items ¹	Standardised factor loading	Cornbach's α	ITC ²	Cronbach's alpha if item deleted
Repetitive purchase behaviour (3 items)		0.808		
Q32) My attention is attracted to confectionery and snack that are customized to my tastes and preferences (Adapted from Choudhury and Bhattacharjee, 2014).	0.874		0.589	0.805
Q33) I go shopping and buy confectionery and snack as often as I can (Adapted from Choudhury and Bhattacharjee, 2014).	0.951		0.688	0.705
Q34) I often have an unexplainable urge, a sudden and spontaneous desire, to go and buy confectionery and snack in the store (Adapted from Choudhury and Bhattacharjee, 2014).	1.018		0.704	0.688

Note 1: Items remaining after confirmatory factor analysis

Note 2: ITC = Item total correlation

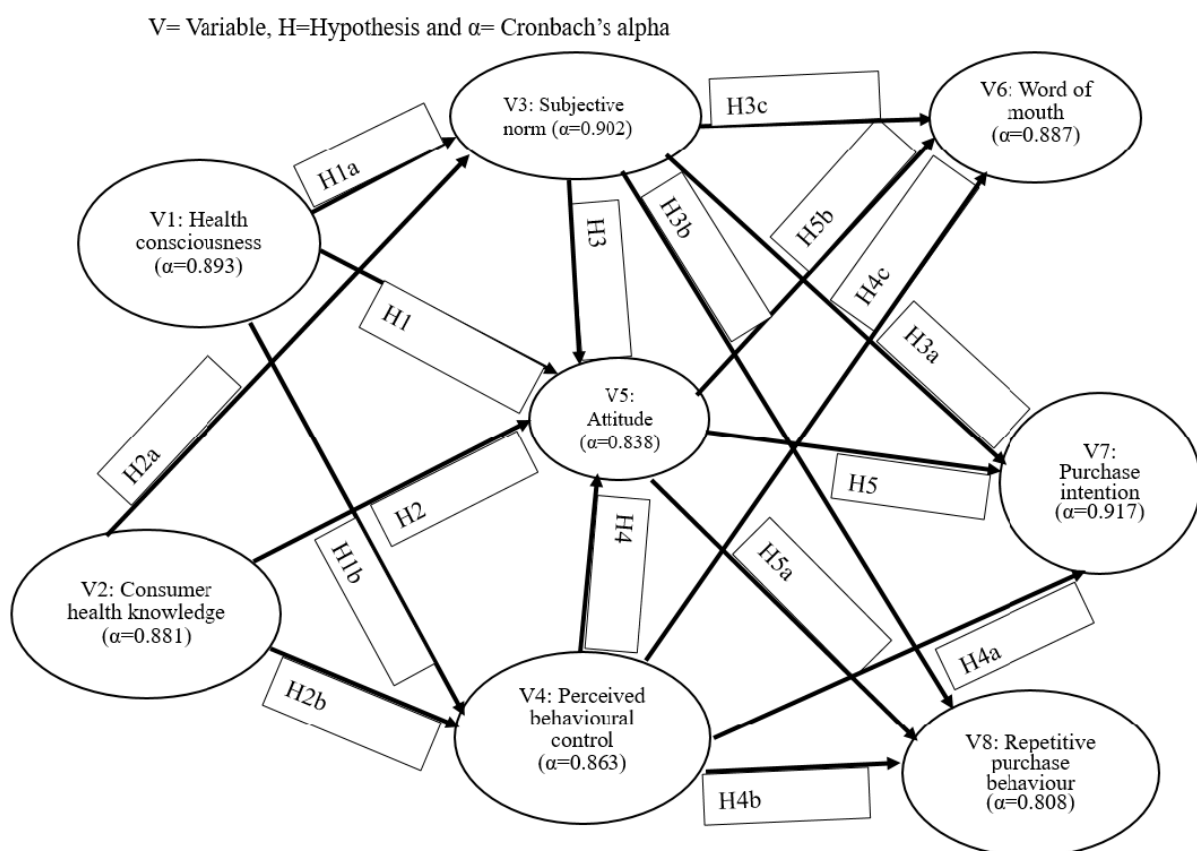
Source: From this research.

In Table 11, the standardised factor loadings of three items in ‘Repetitive purchase behaviour’ ranged from 0.874 to 1.018, at over 0.7, all reliable datasets (Bujang, Omar & Baharum, 2018). The Cronbach’s alpha value for repetitive purchase behaviour was **0.808**; at $0.8 \leq \alpha < 0.9$, **good internal consistency** within Q32 to Q34 (Jain & Angural, 2017).

As a result, above items total correlations (ITC) were all over 0.3 and ranged from 0.589 to 0.704. Furthermore, the Cronbach’s alpha, if items were deleted, ranged from 0.705 to 0.805, all under the Cronbach’s alpha 0.808; that means all questions correlated very well at scale with repetitive purchase (People, 2018).

The results of above Cronbach’s alpha values proved that each variable was reliable and valid, as Figure 7 shows.

Figure 7: Reliability Test with Cronbach’s alpha Result



Source: From this research.

As the reliability threshold for Cronbach's Alpha is 0.7, more than 0.7 indicates a reliable dataset (Singh, 2017). According to the above reliability testing, **V1, V2, V4, V5, V6 and V8 ranged from 0.808 to 0.893**, so the six variables were rated as **'good' reliable datasets**. Furthermore, **V3 and V7 ranged from 0.902 to 0.917**, so the two variables were rated as **'excellent' reliable datasets** (Jain & Angural, 2017).

For the factor loading and item total correlation, the subvariables under each variable are also higher than 0.5, sometimes near 1, indicating highly valid datasets. Therefore, the above test shows that the following results and findings are highly reliable and valid. Internal consistency and convergent validity were also satisfied (Chishima et al., 2019).

If the item deleted is the 0.704 of Q34, Cronbach's α indicates stronger reliability compared to Cronbach's α 0.808, implying that most respondents more strongly agree with item Q34 than other items in 'repetitive purchase behaviour'. On the other hand, if the item deleted is 0.896 of Q25, Cronbach's α is found to have weak reliability compared to Cronbach's α at 0.838.

Discriminant validity of every construct was measured using the average variance extracted (AVE), as Table 9 shows.

4.3. Factor analysis

Exploratory factor analysis was measured by the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity of sampling items of eight constructs (47 items) in Table 12.

Table 12: Kaiser-Meyer-Olkin (KMO) and Bartlett's test result.

KMO and Bartlett's test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.969
Bartlett's Test of Sphericity	Approx. Chi-Square	15475.27
	Degree of freedom (df)	666
	Sig.	0.000

Source: Prepared by author, SPSSv25.

Chan and Idris (2017) state that the result of the KMO value was 0.969 (≥ 0.8), implying that the sampling was meritorious and big enough to evaluate factor structures. Bartlett's test of sphericity indicated that the strength of the relationship among variables was significant (Approx. Chi-square=15475.27, Degree of freedom (df)=666 and Sig.=0.000). These results imply that the data were sufficient for this factor analysis.

Table 13: Rotated factor matrix

Rotated factor matrix ^a								
Item	Construct name							
	PI	RPB	HC	CHK	PBC	AT	WOM	SN
PI1	0.720							
P12	0.694							
P13	0.628							
P14	0.602							
P15	0.646							
P16	0.689							
RPB1		0.580						
RPB2		0.587						
RPB3		0.573						
HC1			0.707					
HC2			0.646					
HC3			0.705					
HC4			0.650					
HC5			0.595					
HC6			0.652					
CHK1				0.478				
CHK2				0.482				
CHK3				0.515				
CHK4				0.571				
CHK5				0.504				
PBC1					0.445			
PBC2					0.596			
PBC3					0.615			
PBC4					0.618			
AT1						0.701		
AT2						0.653		
AT3						0.792		
AT4						0.565		
WOM1							0.467	
WOM2							0.515	
WOM3							0.508	
SN1								0.425
SN2								0.515
SN3								0.426
SN4								0.460
SN5								0.476
SN6								0.494

Extraction method: Principal axis factoring.

Rotation method: Varimax with Kaiser normalization^a.

Note a: Rotation converged in 18 iterations.

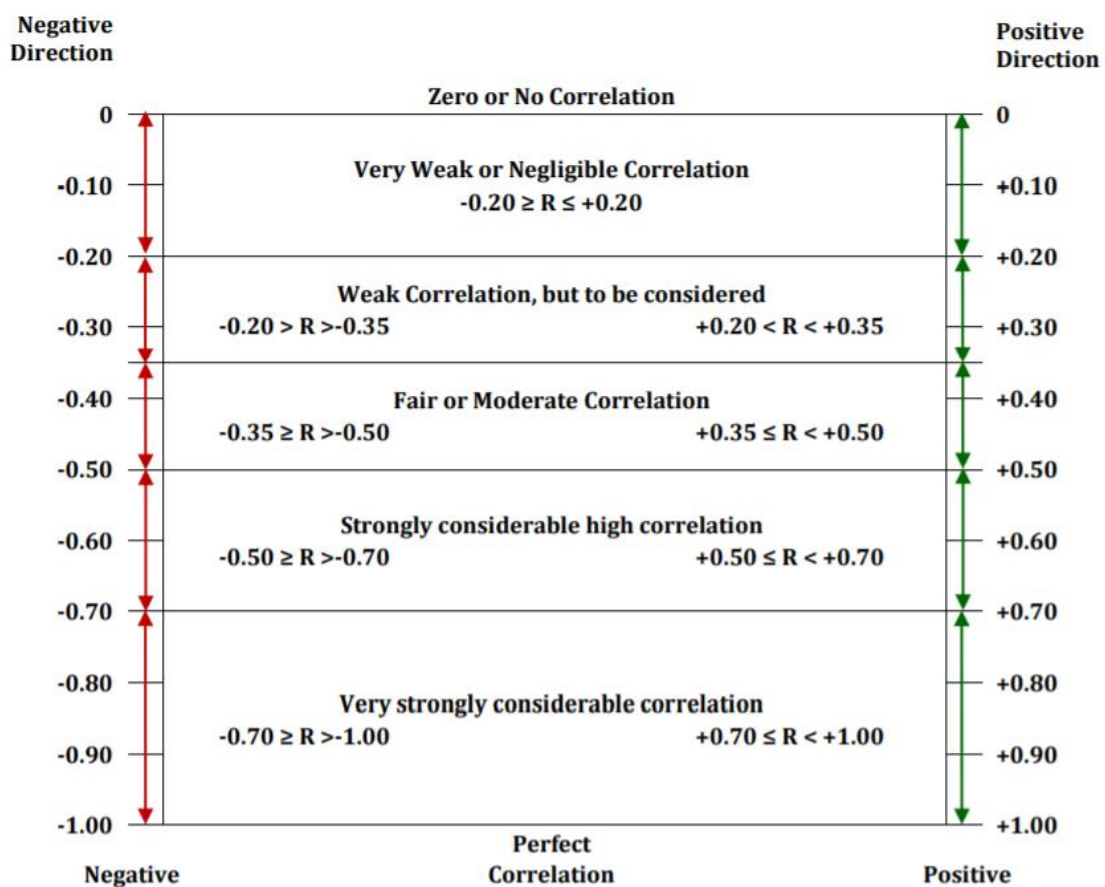
Source: Prepared by author, SPSS25.

In Table 13, principal axis factor analysis measures the underlying structure with varimax rotation method between 37 items and 8 constructs (PI, RPB, HC, CHK, PB, AT, WOM and SN) (Lara Severino et al., 2019). After all data rotation converged in 18 interactions, overall results ranged from 0.425 to 0.720 (over 0.3); that implies all items achieved with their eight constructs (Hadi, Abdullah & Sentosa, 2016).

4.4. Correlation analysis

Correlation analysis is used to examine how variables are correlated (Table 14). The interpretation of the correlation coefficient between two variables ranges from -1 to $+1$ (Figure 8) (Senthilnathan, 2019).

Figure 8: Interpreting correlation coefficients in this research



Source: Senthilnathan, 2019.

This research uses gender, age, vocation and education as the control variables, to study their correlation among proposed variables, such as health consciousness, customer health knowledge, subjective norm, perceived behavioural control, attitude, purchase intention, repetitive purchase behaviour and word of mouth, as Table 14 shows.

Table 14: Results of correlations coefficients among variables

Correlations ¹												
	Gender	Age	Vocation	Education	Health consciousness	Customer health knowledge	Subjective norm	Perceived behaviour control	Attitude	Purchase intention	Repetitive purchase behaviour	Word of mouth
Gender	1											
Age	-.117**	1										
Vocation	.231**	-.175**	1									
Education	-0.036	0.056	-.232**	1								
Health consciousness	0.085	-0.082	-0.023	0.025	1							
Customer health knowledge	0.085	-0.060	-0.013	0.030	.763**	1						
Subjective norm	.094*	-0.058	-0.009	0.006	.766**	.857**	1					
Perceived behavioural control	0.027	-.094*	-0.003	0.010	.611**	.772**	.774**	1				
Attitude	0.032	-0.014	-0.055	0.031	.629**	.673**	.746**	.644**	1			
Purchase intention	.095*	-0.060	-0.066	0.072	.618**	.732**	.735**	.737**	.731**	1		
Repetitive purchase behaviour	0.082	-0.077	-0.022	0.005	.567**	.692**	.723**	.741**	.709**	.837**	1	
Word of mouth	.099*	-.108*	-0.008	0.005	.663**	.684**	.737**	.639**	.713**	.757**	.731**	1

Significance levels (based on a two-sided t-test): *indicates $p < 0.05$, **indicates $p < 0.01$, ***indicates $p < 0.001$ (Risk-of-Distress, 2018)

Note 1: Correlation analysis based on 508 responses

Source: From this research, SPSS v25.

Table 14 indicates a threshold significance level setting, by the absence of the symbol for which *indicates $p < 0.05$ as significant, **indicates $p < 0.01$ as very significant, ***indicates $p < 0.001$ as extremely significant and no symbol if the p value ≥ 0.05 (Risk of distress, 2018) that leads to discussing the significant variables only, as below.

Risk of distress (2018) and Senthilnathan (2019) state that:

Education indicates not a significant variable ($p \geq 0.05$) but a positive relationship of proposed variables. The R value is 1, indicating a perfect positive relationship between the two variables.

Gender shows negligible correlation and negative relationship on age ($r = -.117, p < 0.01$), negligible correlation and positive relationship on vocation ($r = .231, p < 0.01$), subjective norm ($r = .094, p < 0.05$), purchase intension ($r = .095, p < 0.05$) and word of mouth ($r = .095, p < 0.05$).

Age shows negligible correlation and negative relationship on vocation ($r = -.175, p < 0.01$), perceived behavioural control ($r = -.094, p < 0.05$) and word of mouth ($r = -.108, p < 0.05$).

Vocation shows negligible correlation and negative relationship on education ($r = -.232, p < 0.01$).

Health consciousness shows very strongly a considerable correlation and positive relationship on customer health knowledge ($r = .763, p < 0.01$) and subjective norm ($r = .766, p < 0.01$). It also shows strongly considerable correlation and positive relationship on perceived behavioural control ($r = .611, p < 0.01$), attitude ($r = .629, p < 0.01$), purchase intension ($r = .618, p < 0.01$), repetitive purchase behaviour ($r = .567, p < 0.01$) and word of mouth ($r = .663, p < 0.01$).

Customer health knowledge shows very strongly considerable correlation and positive relationship on subjective norm ($r = .857, p < 0.01$), perceived behavioural control ($r = .772, p < 0.01$) and purchase intension ($r = .732, p < 0.01$). It also shows strongly considerable

correlation and positive relationship on attitude ($r = .673$, $p < 0.01$), repetitive purchase behaviour ($r = .692$, $p < 0.01$) and word of mouth ($r = .684$, $p < 0.01$).

Subjective norm shows very strongly considerable correlation and positive relationship on perceived behavioural control ($r = .774$, $p < 0.01$), attitude ($r = .746$, $p < 0.01$), purchase intention ($r = .735$, $p < 0.01$), repetitive purchase behaviour ($r = .723$, $p < 0.01$) and word of mouth ($r = .737$, $p < 0.01$).

Perceived behavioural control shows very strongly considerable correlation and positive relationship on purchase intention ($r = .737$, $p < 0.01$) and repetitive purchase behaviour ($r = .741$, $p < 0.01$); it also shows strongly considerable correlation and positive relationship on attitude ($r = .644$, $p < 0.01$) and word of mouth ($r = .639$, $p < 0.01$).

Attitude shows very strongly considerable correlation and positive relationship on purchase intention ($r = .731$, $p < 0.01$), repetitive purchase behaviour ($r = .709$, $p < 0.01$) and word of mouth ($r = .713$, $p < 0.01$).

Purchase intention shows very strongly considerable correlation and positive relationship on repetitive purchase behaviour ($r = .837$, $p < 0.01$) and word of mouth ($r = .757$, $p < 0.01$).

Repetitive purchase behaviour shows very strongly considerable correlation and positive relationship on word of mouth ($r = .731$, $p < 0.01$).

Results are found that all proposed variables are significant variables and strong considerable correlation and positive relationship on all other proposed variables, except demographic variables.

4.5. Hypothesis testing in the linear regression model

Coefficient analysis consists of calculations that provide information on significance levels and variability levels within a regression model (Liu & Wang, 2020).

4.5.1. Testing H1: Health consciousness on attitude

Table 15: Regression testing hypothesis 1 of demographic with health consciousness on attitude (See appendix 14a).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.077		0.631	
R Square	0.006		0.398	
Regression (F value)	0.742		66.358	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.045	0.325	-0.011	0.763
Age	-0.021	0.640	0.030	0.392
Vocation	-0.065	0.174	-0.031	0.401
Education	0.019	0.680	0.006	0.869
Health consciousness	NA	NA	0.631	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and health consciousness(or HC).

c) Dependent variable: Attitude(or ATT).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 15 shows that after loading the demographic predictors with HC in model 2, the R value, R square and F value increase from 0.077(R) to 0.631(R), 0.006 (R²) to 0.398(R²) and 0.742(F) to 66.358(F), respectively, implying that HC adds strength of relationship, raising significance predictability from 0.60% to 39.8% of data variation and alternative hypothesis on ATT (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.065(β) to 0.045(β) and 0.174 to 0.869 (p > 0.05), respectively, implying that demographic variables have very weak correlation and no association with attitude. The Beta and significance values of HC are 0.631(β) and 0.000 (p < 0.001), respectively, implying that

health consciousness is strongly correlated and highly significant with attitude. **Therefore, Hypothesis 1 has been supported.**

4.5.2. Testing H1a: Health consciousness on subjective norm.

Table 16: Regression testing hypothesis 1a of demographic with health consciousness on subjective norm (See appendix 14b).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.112		0.767	
R Square	0.013		0.588	
Regression (F value)	1.610		143.267	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.097	0.033	0.030	0.319
Age	-0.053	0.237	0.009	0.760
Vocation	-0.040	0.404	0.001	0.973
Education	0.004	0.935	-0.012	0.684
Health consciousness	NA	NA	0.765	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and health consciousness(or HC).

c) Dependent variable: Subjective norm(or SN).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 16 shows that after loading the demographic predictors with HC in model 2, the R value, R square and F value increase from 0.112(R) to 0.767(R), 0.013(R²) to 0.588(R²) and 1.610(F) to 143.267(F), respectively, implying that HC adds strength of relationship, raising significance predictability from 1.30% to 58.8% of data variation and alternative hypothesis on SN (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.053(β) to 0.097(β) and 0.237 to 0.973 ($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with SN. However, the significance value of gender is 0.033 ($p < 0.05$) in model 1, implying that gender is significant with SN without HC. The Beta and significance values of HC are 0.765(β) and

0.000 ($p < 0.001$), respectively, implying that health consciousness is strongly correlated and highly significant with subjective norm. **Therefore, Hypothesis 1a has been supported.**

4.5.3. Testing H1b: Health consciousness on perceived behavioural control.

Table 17: Regression testing hypothesis 1b of demographic with health consciousness on perceived behavioural control (See appendix 14c).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.099		0.613	
R Square	0.010		0.376	
Regression (F value)	1.246		60.540	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.021	0.639	-0.033	0.372
Age	-0.096	0.034	-0.046	0.198
Vocation	-0.022	0.636	0.010	0.793
Education	0.010	0.818	-0.002	0.955
Health consciousness	NA	NA	0.610	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and health consciousness(or HC).

c) Dependent variable: Perceived behavioural control(or PBC).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 17 shows that after loading the demographic predictors with HC in model 2, the R value, R square and F value increase from 0.099(R) to 0.613(R), 0.010(R²) to 0.376(R²) and 1.246(F) to 60.540(F), respectively, implying that health consciousness adds strength of relationship, raising significance predictability from 1.00% to 37.6% of data variation and alternative hypothesis on PBC (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.096(β) to 0.021(β) and 0.198 to 0.955 ($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with PBC. However, significance value of age is 0.034 ($p < 0.05$) in model 1, implying that age is significant with PBC without HC. The Beta and significance values of HC are 0.610 (β) and

0.000 ($p < 0.001$), respectively, implying that health consciousness is strongly correlated and highly significant with perceived behavioural control. **Therefore, Hypothesis 1b has been supported.**

4.5.4. Testing H2: Customer health knowledge on attitude.

Table 18: Regression testing hypothesis 2 of demographic with customer health knowledge on attitude (See appendix 14d).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.077		0.675	
R Square	0.006		0.456	
Regression (F value)	0.742		84.091	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.045	0.325	-0.014	0.682
Age	-0.021	0.640	0.018	0.590
Vocation	-0.065	0.174	-0.040	0.261
Education	0.019	0.680	0.000	0.996
Customer health knowledge	NA	NA	0.675	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and customer health knowledge(or CHK).

c) Dependent variable: Attitude(or ATT).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 18 shows that after loading the demographic predictors with CHK in model 2, the R value, R square and F value are increase from 0.077(R) to 0.675(R), 0.006(R²) to 0.456(R²) and 0.742(F) to 84.091(F), respectively, implying that CHK adds strength of relationship, raising significance predictability from 0.60% to 45.6% of data variation and alternative hypothesis on ATT (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.065(β) to 0.045(β) and 0.174 to 0.996 ($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with ATT. The Beta and significance values of CHK are 0.675(β) and 0.000 ($p < 0.001$), respectively, implying

that customer health knowledge is strongly correlated and highly significant with attitude.

Therefore, Hypothesis 2 has been supported.

4.5.5. Testing H2a: Customer health knowledge on subjective norm.

Table 19: Regression testing hypothesis 2a of demographic with customer health knowledge on subjective norm (See appendix 14e).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.112		0.857	
R Square	0.013		0.735	
Regression (F value)	1.610		277.983	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.097	0.033	0.022	0.345
Age	-0.053	0.237	-0.004	0.877
Vocation	-0.04	0.404	-0.008	0.749
Education	0.004	0.935	-0.02	0.389
Customer health knowledge	NA	NA	0.855	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and customer health knowledge(or CHK).

c) Dependent variable: Subjective norm(or SN).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 19 shows that after loading the demographic predictors with CHK in model 2, the R value, R square and F value increase from 0.112(R) to 0.857(R), 0.013(R²) to 0.735(R²) and 1.610(F) to 277.983(F), respectively, implying that CHK adds strength of relationship, raising significance predictability from 1.30% to 73.5% of data variation and alternative hypothesis on SN (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.053(β) to 0.097(β) and 0.237 to 0.935 (p > 0.05), respectively, implying that demographic variables have very weak correlation and very weak association with SN. However, significance value of gender is 0.033 (p < 0.05) in model 1, implying that gender is significant with SN without CHK. The Beta and significance values of CHK are 0.855(β) and

0.000 ($p < 0.001$), respectively, implying that customer health knowledge is very strongly correlated and highly significant with subjective norm. **Therefore, Hypothesis 2a has been supported.**

4.5.6. Testing H2b: Customer health knowledge on perceived behavioural control.

Table 20: Regression testing hypothesis 2b of demographic with customer health knowledge on perceived behavioural control (See appendix 14f).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.099		0.775	
R Square	0.010		0.600	
Regression (F value)	1.246		150.689	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.021	0.639	-0.046	0.114
Age	-0.096	0.034	-0.051	0.076
Vocation	-0.022	0.636	0.006	0.837
Education	0.010	0.818	-0.011	0.698
Customer health knowledge	NA	NA	0.773	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and customer health knowledge(or CHK).

c) Dependent variable: Perceived behavioural control(or PBC).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 20 shows that after loading the demographic predictors with CHK in model 2, the R value, R square and F value increase from 0.099(R) to 0.775(R), 0.010(R²) to 0.600(R²) and 1.246(F) to 150.689(F), respectively, implying that CHK adds strength of relationship, raising significance predictability from 1.00% to 60.00% of data variation and alternative hypothesis on PBC (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.096(β) to 0.021(β) and 0.076 to 0.837 ($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with PBC. However, significance value of age is 0.034 ($p < 0.05$) in model 1, implying that age is

significant with PBC without CHK. The Beta and significance values of CHK are 0.773 ($\beta = 0.6$ to 0.79) and 0.000 ($P < 0.001$), respectively, implying that customer health knowledge is strongly correlated and highly significant with perceived behavioural control. **Therefore, Hypothesis 2b has been supported.**

4.5.7. Testing H3: Subjective norm on attitude.

Table 21: Regression testing hypothesis 3 of demographic with subjective norm on attitude (See appendix 14g).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.077		0.749	
R Square	0.006		0.561	
Regression (F value)	0.742		128.076	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.021	0.325	-0.028	0.364
Age	-0.096	0.640	0.019	0.532
Vocation	-0.022	0.174	-0.035	0.269
Education	0.010	0.680	0.016	0.598
Subjective norm	NA	NA	0.750	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and subjective norm(SN).

c) Dependent variable: Attitude(ATT).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 21 shows that after loading the demographic predictors with SN in model 2, the R value, R square and F value increase from 0.077(R) to 0.749(R), 0.006(R²) to 0.561(R²) and 0.742(F) to 128.076(F), respectively, implying that SN adds strength of relationship, raising significance predictability from 0.60% to 56.1% of data variation and alternative hypothesis on ATT (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.096(β) to 0.021(β) and 0.174 to 0.680($p > 0.05$), respectively, implying that

demographic variables have very weak correlation and very weak association with ATT. The Beta and significance values of SN are 0.750 ($\beta = 0.6$ to 0.79) and 0.000 ($p < 0.001$), implying that subjective norm is strongly correlated and highly significant with attitude. **Therefore, Hypothesis 3 has been supported.**

4.5.8. Testing H3a: Subjective norm on purchase intention.

Table 22: Regression testing hypothesis 3a of demographic with subjective norm on purchase intention. (See appendix 14h).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.157		0.741	
R Square	0.025		0.549	
Regression (F value)	3.163		122.213	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.110	0.016	0.039	0.215
Age	-0.066	0.140	-0.027	0.370
Vocation	-0.090	0.057	-0.061	0.058
Education	0.059	0.195	0.056	0.070
Subjective norm	NA	NA	0.729	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and subjective norm(SN).

c) Dependent variable: Purchase intention(PI).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 22 shows that after loading the demographic predictors with SN in model 2, the R value, R square and F value increase from 0.157(R) to 0.741(R), 0.025(R²) to 0.549(R²) and 3.163(F) to 122.213(F), respectively, implying that SN adds strength of relationship, raising significance predictability from 2.50% to 54.90% of data variation and alternative hypothesis on PI (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.090(β) to 0.110(β) and 0.057 to 0.370($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with PI. However,

gender is sig.0.016 ($p < 0.05$) in model 1, implying that gender is significance with PI without SN. The Beta and significance values of SN are 0.729 ($\beta = 0.6$ to 0.79) and 0.000 ($p < 0.001$), implying that subjective norm is strongly correlated and highly significant with purchase intention. **Therefore, Hypothesis 3a has been supported.**

4.5.9. Testing H3b: Subjective norm on repetitive purchase behaviour

Table 23: Regression testing hypothesis 3b of demographic with subjective norm on repetitive purchase behavioural (See appendix 14i).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.119		0.724	
R Square	0.014		0.524	
Regression (F value)	1.799		110.700	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.085	0.062	0.015	0.631
Age	-0.077	0.089	-0.038	0.221
Vocation	-0.055	0.246	-0.027	0.420
Education	0.000	0.998	-0.003	0.930
Subjective norm	NA	NA	0.719	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and subjective norm(SN).

c) Dependent variable: Repetitive purchase behavioural(RPB).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 23 shows that after loading the demographic predictors with SN in model 2, the R value, R square and F value increase from 0.119(R) to 0.724(R), 0.014(R²) to 0.524(R²) and 1.799(F) to 110.700(F), implying that SN adds strength of relationship, significance predictability rising from 1.40% to 52.40% of data variation and alternative hypothesis on RPB (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.077(β) to 0.085(β) and 0.062 to 0.998($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with RPB. The

Beta and significance values of SN are 0.719($\beta = 0.6$ to 0.79) and $0.000(p < 0.001)$, implying that subjective norm is strongly correlated and highly significant with repetitive purchase behaviour. **Therefore, Hypothesis 3b has been supported.**

4.5.10. Testing H3c: Subjective norm on word of mouth

Table 24: Regression testing hypothesis 3c of demographic with subjective norm on word of mouth (See appendix 14j).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.146		0.740	
R Square	0.021		0.548	
Regression (F value)	2.747		121.793	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.098	0.032	0.027	0.394
Age	-0.105	0.020	-0.066	0.032
Vocation	-0.048	0.304	-0.020	0.542
Education	0.003	0.940	0.001	0.981
Subjective norm	NA	NA	0.730	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and subjective norm(SN).

c) Dependent variable: Word of mouth(WOM).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 24 shows that after loading the demographic predictors with SN in model 2, the R value, R square and F value increase from 0.146(R) to 0.740(R), 0.021(R²) to 0.548(R²) and 2.747(F) to 121.793(F), respectively, implying that SN adds strength of relationship, raising significance predictability from 2.10% to 54.80% of data variation and alternative hypothesis on WOM (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.105(β) to 0.098(β) and 0.304 to 0.981($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with WOM.

However, significance values of gender ($p = 0.032$ in model 1) and age ($p = 0.020$ in model 1 and $p = 0.032$ in model 2) are less than 0.05, implying that gender is significant with WOM without SN, and age is significant with WOM with or without SN. The Beta and significance values of SN are 0.730 (β) and 0.000 ($p < 0.001$), implying that subjective norm is strongly correlated and highly significant with word of mouth. **Therefore, Hypothesis 3c has been supported.**

4.5.11. Testing H4: Perceived behavioural control on attitude

Table 25: Regression testing hypothesis 4 of demographic with perceived behavioural control on attitude (See appendix 14k).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.077		0.648	
R Square	0.006		0.420	
Regression (F value)	0.742		72.835	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.045	0.325	0.031	0.373
Age	-0.021	0.640	0.041	0.238
Vocation	-0.065	0.174	-0.050	0.168
Education	0.019	0.680	0.012	0.730
Perceived behavioural control	NA	NA	0.647	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and perceived behavioural control(or PBC).

c) Dependent variable: Attitude(or ATT).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 25 shows that after loading the demographic predictors with PBC in model 2, the R value, R square and F value increase from 0.077(R) to 0.648(R), 0.006(R²) to 0.420(R²) and 0.742(F) to 72.835(F), respectively, implying that PBC adds strength of relationship, raising significance predictability from 0.6% to 42.0% of data variation and alternative hypothesis on ATT (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.065(β) to 0.045(β) and 0.168 to 0.730($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with ATT. The Beta and significance values of PBC are 0.647 ($\beta = 0.6$ to 0.79) and 0.000 ($p < 0.001$), implying that perceived behavioural control is strongly correlated and highly significant with attitude. **Therefore, Hypothesis 4 has been supported.**

4.5.12. Testing H4a: Perceived behavioural control on purchase intention

Table 26: Regression testing hypothesis 4a of demographic with perceived behavioural control on purchase intention. (See appendix 14l).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.157		0.747	
R Square	0.025		0.558	
Regression (F value)	3.163		126.762	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.110	0.016	0.094	0.002
Age	-0.066	0.140	0.004	0.889
Vocation	-0.090	0.057	-0.073	0.021
Education	0.059	0.195	0.051	0.095
Perceived behavioural control	NA	NA	0.734	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and perceived behavioural control(or PBC).

c) Dependent variable: Purchase intention(PI).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 26 shows that after loading the demographic predictors with PBC in model 2, the R value, R square and F value increase from 0.157(R) to 0.747(R), 0.025(R²) to 0.558(R²) and 3.163(F) to 126.762(F), respectively, implying that PBC adds strength of relationship, raising significance predictability from 2.50% to 55.80% of data variation and alternative hypothesis on PI (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.090(β) to 0.110(β) and 0.057 to 0.889 ($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with PI. However, the significance values of gender are below 0.05 ($p = 0.016$ in model 1 and $p = 0.002$ in model 2), implying that gender is significant with PI with/without adding PBC. The Beta and significance values of PBC are 0.734 ($\beta = 0.6$ to 0.79) and 0.000 ($p < 0.001$), respectively, implying that perceived behavioural control is strongly correlated and highly significant with purchase intention. **Therefore, Hypothesis 4a has been supported.**

4.5.13. Testing H4b: Perceived behavioural control on repetitive purchase behaviour.

Table 27: Regression testing hypothesis 4b of demographic with perceived behavioural control on repetitive purchase behaviour (See appendix 14j).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.119		0.745	
R Square	0.014		0.555	
Regression (F value)	1.799		125.164	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.085	0.062	0.069	0.024
Age	-0.077	0.089	-0.006	0.850
Vocation	-0.055	0.246	-0.038	0.229
Education	0.000	0.998	-0.008	0.797
Perceived behavioural control	NA	NA	0.739	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and perceived behavioural control(PBC).

c) Dependent variable: Repetitive purchase behaviour(RPB).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 27 shows that after loading the demographic predictors with PBC in model 2, the R value, R square and F value increase from 0.119(R) to 0.745(R), 0.014(R²) to 0.555(R²) and 1.799(F) to 125.164(F), respectively, implying that PBC adds strength of relationship, raising significance predictability from 1.40% to 55.50% of data variation and alternative hypothesis on RPB (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.077(β) to 0.085(β) and 0.062 to 0.998($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak association with RPB. However, the significance value of gender is 0.016 ($p < 0.05$) in model 2, implying that gender is significant with RPB with/without adding PBC. The Beta and significance values of PBC are 0.739(β) and 0.000 ($P < 0.001$), implying that perceived behavioural control is strongly correlated and highly significant with repetitive purchase behaviour. **Therefore, Hypothesis 4b has been supported.**

4.5.14. Testing H4c: Perceived behavioural control on word of mouth

Table 28: Regression testing hypothesis 4c of demographic with perceived behavioural control on word of mouth (See appendix 14k).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.146		0.646	
R Square	0.021		0.417	
Regression (F value)	2.747		71.792	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.098	0.032	0.084	0.017
Age	-0.105	0.020	-0.044	0.205
Vocation	-0.048	0.304	-0.034	0.348
Education	0.003	0.940	-0.003	0.927
Perceived behavioural control	NA	NA	0.632	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and perceived behavioural control(PBC).

c) Dependent variable: Word of mouth(WOM).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 28 shows that after loading the demographic predictors with PBC in model 2, the R value, R square and F value increase from 0.146(R) to 0.646(R), 0.021(R²) to 0.417(R²) and 2.747(F) to 71.792(F), respectively, implying that PBC adds strength of relationship, raising significance predictability from 2.10% to 51.70% of data variation and alternative hypothesis on WOM (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.105(β) to 0.098(β) and 0.020 to 0.940($p > 0.05$), respectively, implying that most demographic variables have very weak correlation and very weak association with WOM. However, significance values of gender and age are 0.032 and 0.020($p < 0.05$) in model 1 and 0.017($p < 0.05$) in model 2, implying that gender and age are significant with WOM and gender, and adding PBC is also significant with WOM. The Beta and significance values of PBC are 0.632 (β) and 0.000 ($p < 0.001$), implying that perceived behavioural control is strongly correlated and highly significant with word of mouth. **Therefore, Hypothesis 4c has been supported.**

4.5.15. Testing H5: Attitude on purchase intention

Table 29: Regression testing hypothesis 5 of demographic with attitude on purchase intention. (See appendix 14l).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.157		0.738	
R Square	0.025		0.545	
Regression (F value)	3.163		120.295	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.110	0.016	0.077	0.014
Age	-0.066	0.140	-0.051	0.097
Vocation	-0.090	0.057	-0.043	0.182
Education	0.059	0.195	0.045	0.146
Attitude	NA	NA	0.724	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and attitude(or ATT).

c) Dependent variable: Purchase intention(or PI).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 29 shows that after loading the demographic of predictors with ATT in model 2, the R value, R square and F value increase from 0.157(R) to 0.738(R), 0.025(R²) to 0.545(R²) and 3.163(F) to 120.295(F), respectively, implying that ATT adds strength of relationship,

raising significance predictability from 0.25% to 54.50% of data variation and alternative hypothesis on PI (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.090(β) to 0.110(β) and 0.057 to 0.195($p > 0.05$), respectively, implying that most demographic variables have very weak correlation and very weak association with PI. However, significance values of gender are 0.016($p < 0.05$) in model 1 and 0.014($p < 0.05$) in model 2, implying that gender is significant with PI with/without adding ATT. The Beta and significance values of ATT are 0.724(β) and 0.000 ($p < 0.001$), implying that attitude is strongly correlated and highly significant with purchase intention. **Therefore, Hypothesis 5 has been supported.**

4.5.16. Testing H5a: Attitude on repetitive purchase behaviour

Table 30: Regression testing hypothesis 5a of demographic with attitude on repetitive purchase behaviour (See appendix 14m).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.119		0.714	
R Square	0.014		0.510	
Regression (F value)	1.799		104.438	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.085	0.062	0.053	0.098
Age	-0.077	0.089	-0.062	0.052
Vocation	-0.055	0.246	-0.009	0.780
Education	0.000	0.998	-0.013	0.676
Attitude	NA	NA	0.706	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and attitude(or ATT).

c) Dependent variable: Repetitive purchase behaviour(or RPB).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research,SPSS v25.

Table 30 shows that after loading the demographic predictors with ATT in model 2, the R value, R square and F value increase from 0.119(R) to 0.714(R), 0.014(R²) to 0.510(R²) and 1.799(F) to 104.438(F), respectively, implying that ATT adds strength of relationship, raising

significance predictability from 0.14% to 51.0% of data variation and alternative hypothesis on RPB (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.077(β) to 0.085(β) and 0.052 to 0.998 ($P > 0.05$), respectively. The Beta and significance values of ATT are 0.706(β) and 0.000 ($P < 0.001$), implying that attitude is strongly correlated and highly significant with repetitive purchase behaviour. **Therefore, Hypothesis 5a has been supported.**

4.5.17. Testing H5b: Attitude on word of mouth

Table 31: Regression testing hypothesis 5b of demographic with attitude on word of mouth (See appendix 14n).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.146		0.723	
R Square	0.021		0.522	
Regression (F value)	2.747		109.673	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.098	0.032	0.066	0.040
Age	-0.105	0.020	-0.090	0.004
Vocation	-0.048	0.304	-0.003	0.938
Education	0.003	0.940	-0.010	0.754
Attitude	NA	NA	0.710	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation and attitude(or ATT).

c) Dependent variable: Word of mouth(or WOM).

Sig.= Significance value or p-value, NA= Not available.

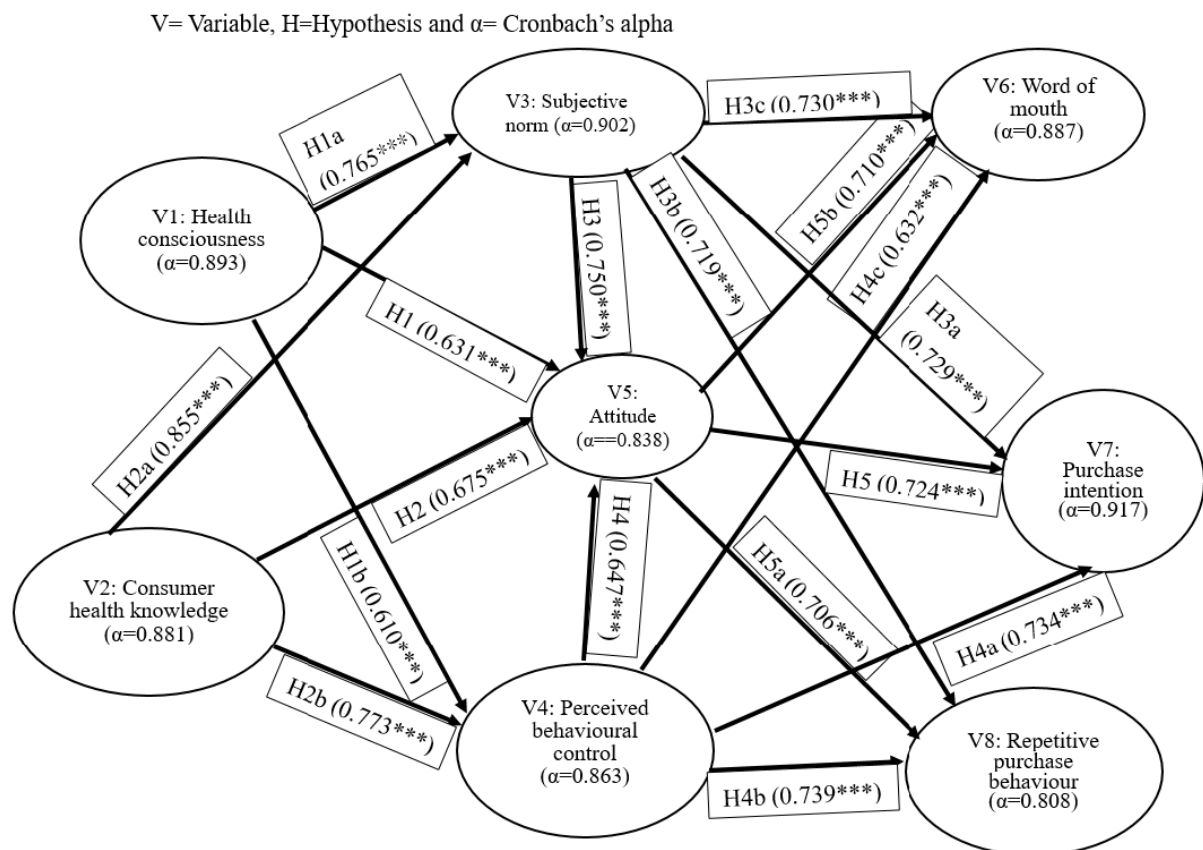
Source: From this research,SPSS v25.

Table 31 shows that after loading the demographic predictors with ATT in model 2, the R value, R square and F value increase from 0.146(R) to 0.723(R), 0.021(R²) to 0.522(R²) and 2.747(F) to 109.613(F), respectively, implying that ATT adds strength of relationship, raising significance predictability from 0.21% to 52.2% of data variation and alternative hypothesis on WOM (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.105(β) to 0.098(β) and 0.304 to 0.940 ($P > 0.05$), respectively, implying that most demographic variables have very weak correlation and very weak association with WOM. However, the significance values of gender and age are 0.032 and 0.020 in model 1 and 0.040 and 0.004 in model 2, less than 0.05, implying that gender and age are significant with WOM with/without adding ATT and . The Beta and significance values of ATT are 0.710 (β) and 0.000 ($P < 0.001$), implying that attitude is strongly correlated and highly significant with word of mouth. **Therefore, hypothesis 5b has been supported.**

The following section presents the final proved model along with the level of dependency with the variables of consumer behaviour and other determinants. The following model has been proved true by the findings of this study.

Figure 8: Testified model of customer behaviour.



Source: Proposed research model.

From the above testified hypothesis and the models of predicting and dependent variables, the pre-assumed model of consumer behaviour has been proved true.

4.6. Regression analysis

Regression analysis is a reliable method of identifying which variables impact the dependent variable and which factors matter most or are ignored (Darlington & Hayes, 2016).

4.6.1. Independent variables (Demographic, Consumer health knowledge and Health consciousness) on dependent variable (Attitude) testing.

Table 32: Independent variables (Demographics, Consumer health knowledge and Health consciousness on dependent variable (Attitude) testing (See appendix 14o) .

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.077		0.698	
R Square	0.006		0.488	
Regression (F value)	0.742		79.512	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.045	0.325	-0.020	0.543
Age	-0.021	0.640	0.029	0.384
Vocation	-0.065	0.174	-0.033	0.340
Education	0.019	0.680	0.000	0.998
Health consciousness	NA	NA	0.277	0.000
Consumer health knowledge	NA	NA	0.464	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, health consciousness(or HC) and consumer health knowledge(or CHK).

c) Dependent variable: Attitude(or ATT).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 32 shows that after loading the demographic predictors with HC and CHK in model 2, the R value, R square and F value increase from 0.077(R) to 0.698(R), 0.006(R²) to 0.488(R²) and 0.742(F) to 79.512(F), respectively, implying that they add strength of relationship, raising significance predictability from 0.6% to 48.80% of data variation and alternative hypothesis on ATT (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.065(β) to 0.029 (β) and 0.174 to 0.998 ($p > 0.05$), respectively, implying that all demographic variables have very weak correlation and very weak association with ATT. The Beta and significance values of HC are 0.277 (β) and 0.000 ($p < 0.001$) and of CHK are 0.464(β) and 0.000 ($p < 0.001$), respectively, implying that they are all moderately correlated and highly significant with attitude. **Therefore, hypotheses H1 and H2 are fully supported.**

4.6.2. Independent variables (Demographics, Consumer health knowledge and Health consciousness on dependent variable (Subjective norm) testing

Table 33: Independent variables (Demographics, Consumer health knowledge and Health consciousness on dependent variable (Subjective norm) testing (See appendix 14p).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.112		0.874	
R Square	0.013		0.765	
Regression (F value)	1.610		271.237	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.097	0.033	0.017	0.462
Age	-0.053	0.237	0.006	0.773
Vocation	-0.040	0.404	-0.001	0.960
Education	0.004	0.935	-0.020	0.367
Health consciousness	NA	NA	0.269	0.000
Consumer health knowledge	NA	NA	0.651	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, health consciousness (or HC) and consumer health knowledge (or CHK).

c) Dependent variable: Subjective norm(or SN).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 33 shows that after loading the demographic predictors with HC and CHK in model 2, the R value, R square and F value increase from 0.112(R) to 0.874(R), 0.013(R²) to 0.765(R²) and 1.610(F) to 271.237(F), respectively, implying that they add strength of relationship, raising significance predictability from 1.3% to 76.50% of data variation and alternative hypothesis on SN (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.053(β) to 0.097(β) and 0.237 to 0.960 (p > 0.05), respectively, implying that most demographic variables have very weak correlation and very weak association with SN.

However, significance value of gender is 0.033 ($p < 0.05$) in model 1, implying that gender is significant with attitude without additional IV. The Beta and significance value of HC are 0.269 (β) and 0.000 ($p < 0.001$) and of CHK are 0.651(β) and 0.000 ($p < 0.001$), respectively, implying that they are all strongly correlated and highly significant with subjective norm. Therefore, **hypotheses H1a and H2a are fully supported.**

4.6.3. Independent variables (Demographics, Consumer health knowledge and Health consciousness on dependent variable (Perceived behavioural control) testing

Table 34: Independent variables (Demographics, Consumer health knowledge and Health consciousness on dependent variable (Perceived behavioural control) testing (See appendix 14q).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.099		0.775	
R Square	0.010		0.601	
Regression (F value)	1.246		125.874	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.021	0.639	-0.047	0.106
Age	-0.096	0.034	-0.049	0.088
Vocation	-0.022	0.636	0.007	0.805
Education	0.010	0.818	-0.011	0.699
Health consciousness	NA	NA	0.050	0.251
Consumer health knowledge	NA	NA	0.735	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, health consciousness(or HC) and consumer health knowledge(or CHK).

c) Dependent variable: Perceived behavioural control.

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 34 shows that after loading the demographic predictors with HC and CHK in model 2, the R value, R square and F value increase from 0.099(R) to 0.775(R), 0.010(R²) to 0.601(R²) and 1.246(F) to 125.874(F), respectively, implying that they add strength of relationship, raising significance predictability from 1.00% to 60.100% of data variation and alternative hypothesis on PBC (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.096(β) to 0.021(β) and 0.088 to 0.818 ($p > 0.05$), respectively, implying that most demographic variables have very weak correlation and very weak association with PBC. However, significance value of age is 0.034 ($p < 0.05$) in model 1, implying that age is significant with PBC without additional IV. The Beta and significance value of HC are 0.050(β) and 0.251($p \geq 0.05$), but of CHK are 0.735(β) and 0.000 ($p < 0.001$), respectively, implying that health consciousness has weak correlation and no significance with perceived behavioural control, but consumer health knowledge is strongly correlated and highly significant with perceived behavioural control. Therefore, **hypotheses H1b and H2b are partially supported.**

4.6.4. Independent variables (Attitude, Perceived behavioural control, Subjective norm) on dependent variable (Purchasing intention) testing

Table 35: Independent variables (Subjective norm, perceived behavioural control and attitude) on dependent variable (Purchase intention) testing (See appendix 14r).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.157		0.821	
R Square	0.025		0.674	
Regression (F value)	3.163		147.926	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.110	0.016	0.068	0.010
Age	-0.066	0.140	-0.014	0.591
Vocation	-0.090	0.057	-0.052	0.060
Education	0.059	0.195	0.048	0.071
Subjective norm	NA	NA	0.179	0.000
Perceived behavioural control	NA	NA	0.366	0.000
Attitude	NA	NA	0.355	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, subjective norm(or SN), perceived behavioural control(or PBC) and attitude(or ATT).

c) Dependent variable: Purchase intention(or PI).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 35 shows that after loading the demographic predictors with ATT, PBC, SN in model 2, the R value, R square and F value increase from 0.157(R) to 0.821(R), 0.025 (R²) to 0.674(R²) and 3.163(F) to 147.926(F), respectively, implying that they add strength of relationship, raising significance predictability from 2.50% to 67.40% of data variation and alternative hypothesis on PI (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.090(β) to 0.110(β) and 0.057 to 0.591 (p > 0.05), respectively, implying that

most demographic variables have very weak correlation and very weak association with PI. However, significance values of gender are 0.016 and 0.010 ($p < 0.05$) in models 1 and 2, respectively, implying that gender is significant with purchase intention without/with additional IV. The Beta values of ATT, PBC, SN are 0.179(β), 0.366(β) and 0.355(β), respectively, and their significance values are 0.000 ($p < 0.001$), implying that they are weakly correlated but highly significant with purchase intention. Therefore, **hypotheses H3a, H4a and H5 are fully supported.**

4.6.5. Independent variables (Attitude, Perceived behavioural control, Subjective norm) on dependent variable (Repetitive purchase behaviour) testing

Table 36: Independent variables (Subjective norm, perceived behavioural control and attitude) on dependent variable (Repetitive purchase behaviour) testing (See appendix 14s).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.119		0.808	
R Square	0.014		0.653	
Regression (F value)	1.799		134.191	
Coefficients ^c				
	Beta (ß)	Sig.	Beta (ß)	Sig.
Gender	0.085	0.062	0.046	0.092
Age	-0.077	0.089	-0.023	0.404
Vocation	-0.055	0.246	-0.018	0.514
Education	0.000	0.998	-0.011	0.682
Subjective norm	NA	NA	0.162	0.001
Perceived behavioural control	NA	NA	0.403	0.000
Attitude	NA	NA	0.326	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, subjective norm(or SN), perceived behavioural control(or PBC) and attitude(or ATT).

c) Dependent variable: Repetitive purchase behaviour(or RPB).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 36 shows that after loading the demographic predictors with ATT, PBC, subjective norm in model 2, the R value, R square and F value increase from 0.119(R) to 0.808(R), 0.014(R²) to 0.653(R²) and 1.799(F), to 134.191(F), respectively, implying that they add strength of relationship, raising significance predictability from 1.40% to 65.30% of data variation and alternative hypothesis on RPB (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.077(β) to 0.085(β) and 0.062 to 0.998 ($p > 0.05$), respectively, implying that most demographic variables have very weak correlation and very weak association with RPB. The Beta values of ATT, PBC, SN are 0.162(β), 0.403(β) and 0.326(β), and their significance values are 0.001 ($p < 0.01$), 0.000 ($p < 0.001$) and 0.000 ($p < 0.001$), respectively, implying that they all have weak correlation but no multicollinearity and high significance with repetitive purchase behaviour. Therefore, **hypotheses H3b, H4b and H5a are fully supported.**

4.6.6. Independent variables (Attitude, Perceived behavioural control, Subjective norm) on dependent variable (Word of mouth) testing

Table 37: Results of Independent variables (Subjective norm, perceived behavioural control and attitude) on dependent variable (Word of mouth) (See appendix 14t).

Model summary ^c				
	Model 1 ^a		Model 2 ^b	
R value	0.146		0.784	
R Square	0.021		0.614	
Regression (F value)	2.427		113.837	
Coefficients ^c				
	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.098	0.032	0.042	0.143
Age	-0.105	0.020	-0.067	0.019
Vocation	-0.048	0.304	-0.008	0.792
Education	0.003	0.940	-0.006	0.837
Subjective norm	NA	NA	0.378	0.000
Perceived behavioural control	NA	NA	0.107	0.017
Attitude	NA	NA	0.359	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, subjective norm(or SN), perceived behavioural control(or PBC) and attitude(or ATT).

c) Dependent variable: Word of mouth(or WOM).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 37 shows that after loading the demographic predictors with ATT, PBC, SN in model 2, the R value, R square and F value increase from 0.146(R) to 0.784(R), 0.021(R²) to 0.614(R²) and 2.427(F) to 113.837(F), implying that they add strength of relationship, raising significance predictability from 2.10% to 61.40% of data variation and alternative hypothesis on WOM (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.105(β) to 0.098(β) and 0.143 to 0.940 (p > 0.05), respectively, implying that all

demographic variables have very weak correlation and very weak association with WOM. However, significance values of gender and age are 0.032, 0.020 and 0.019 ($p < 0.05$) in models 1 and 2, respectively, implying that gender without IV and age with/without IV are significant with WOM. The Beta values of ATT, PBC, SN are 0.378, 0.107 and 0.359 ($\beta = 0.2$ to 0.59), and their significance values are 0.000 ($p < 0.001$), 0.017 ($p < 0.05$) and 0.000 ($p < 0.001$), respectively, implying that they all have weak correlation but are significant with word of mouth. **Therefore, hypotheses H3c, H4c and H5b are fully supported.**

4.7. Mediation analysis

Mediation analysis of this research clarifies the relationship between proposed independent variables and dependent variables, the process by which a variable influences another variable through a mediator variable (Yoon, 2020). This mediation analysis has three steps. First, the mediator must be significantly related to the dependent variable and the effect is evaluated as controlling for the mediation variable. Second, the independent variable must be significantly related to the dependent variable as well. Third, note changes in the beta of the independent variable: If beta value weakens, partial mediation occurs; if beta value becomes insignificant, the relationship becomes full mediation (Memon et al., 2018).

Table 38: Results of Independent variables (Health consciousness and consumer health knowledge) with mediation variables (Subjective norm, perceived behavioural control and attitude) on dependent variable (Purchase intention) (See appendix 14u).

Model summary ^d						
	Model 1 ^a		Model 2 ^b		Model 3 ^c	
R value	0.157		0.742		0.827	
R Square	0.025		0.551		0.684	
Regression (F value)	3.163		102.322		120.017	
Coefficients ^d						
	Beta (β)	Sig.	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.110	0.016	0.043	0.166	0.064	0.015
Age	-0.066	0.140	-0.019	0.535	-0.014	0.595
Vocation	-0.090	0.057	-0.059	0.064	-0.050	0.062
Education	0.059	0.195	0.038	0.213	0.043	0.099
Health consciousness	NA	NA	0.138	0.003	0.014	0.740
Consumer health knowledge	NA	NA	0.620	0.000	0.200	0.000
Subjective norm	NA	NA	NA	NA	0.045	0.442
Perceived behavioural control	NA	NA	NA	NA	0.312	0.000
Attitude	NA	NA	NA	NA	0.345	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, Health consciousness(or HC) and consumer health knowledge(or CHK).

c) Predictors: Education, gender, age, vocation, health consciousness(or HC), consumer health knowledge(or CHK), subjective norm(or SN), perceived behavioural control(or PBC) and attitude(or ATT).

d) Dependent variable: Purchase intention(or PI).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 38 shows adding control variable IV (HC and CHK) in models 2 and 3 and MV (SN, PBC and ATT) as mediators in model 3. Their R value, R square and F value increase from model 1 to model 3: 0.157(R) to 0.827(R), 0.025(R²) to 0.684 (R²), 3.163(F) to 120.017(F), respectively, implying that they add strength of relationship in models 2 and 3, raising significance predictability from 2.50% to 55.10% in model 2 and to 68.40% in model 3 of data variation and alternative hypothesis on DV (PI) (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.090(β) to 0.110(β) and 0.057(Sig.) to 0.595(Sig.) ($p > 0.05$), respectively, implying that demographic variables have very weak correlation and very weak significant

dependency of DV (PI). However, gender has 0.016 (Sig.) in model 1 and 0.015 (Sig.) ($P < 0.05$) in model 3, showing significant dependency of DV (PI).

All three mediators are positively related to DV (PI), namely, subjective norm (SN) has 0.045 (β) and 0.442 sig. ($p > 0.05$), perceived behavioural control (PBC) has 0.312 (β) and 0.000 sig. ($p < 0.001$) and attitude (ATT) has 0.345 (β) and 0.000 sig. ($p < 0.001$), implying that PBC and ATT are significantly related on PI but only SN is insignificantly related on DV (PI).

Beta values of HC and CHK weaken from 0.138 to 0.014 ($p \geq 0.05$) and from 0.620 to 0.200 ($p < 0.001$) respectively, implying partial mediation (Memon et al., 2018). Therefore, subjective norm, perceived behavioural control and attitude **partially mediate** the effect of health consciousness and consumer health knowledge on purchase intention.

Table 39: Results of Independent variables (Health consciousness and consumer health knowledge) with mediation variables (Subjective norm, perceived behavioural control and attitude) on dependent variable (Repetitive purchase behaviour) (See appendix 14v).

Model summary ^d						
	Model 1 ^a		Model 2 ^b		Model 3 ^c	
R value	0.119		0.696		0.809	
R Square	0.014		0.484		0.655	
Regression (F value)	1.799		78.475		105.177	
Coefficients ^d						
	Beta (β)	Sig.	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.085	0.062	0.023	0.486	0.045	0.098
Age	-0.077	0.089	-0.034	0.307	-0.025	0.351
Vocation	-0.055	0.246	-0.027	0.427	-0.019	0.497
Education	0.000	0.998	-0.019	0.556	-0.012	0.647
Health consciousness	NA	NA	0.088	0.079	-0.060	0.170
Consumer health knowledge	NA	NA	0.621	0.000	0.101	0.079
Subjective norm	NA	NA	NA	NA	0.138	0.025
Perceived behavioural control	NA	NA	NA	NA	0.377	0.000
Attitude	NA	NA	NA	NA	0.330	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, Health consciousness(or HC) and consumer health knowledge(or CHK).

c) Predictors: Education, gender, age, vocation, health consciousness(or HC), consumer health knowledge(or CHK), subjective norm(or SN), perceived behavioural control(or PBC) and attitude(or ATT).

d) Dependent variable: Repetitive purchase behaviour(or RPB).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 39 shows control variable adding IV (HC and CHK) in models 2 and 3 and adding MV (SN, PBC and ATT) as mediators in model 3. Their R value, R square and F value increase from model 1 to model 3: 0.119(R) to 0.809(R), 0.014(R²) to 0.655 (R²), 1.799(F) to 125.874(F), respectively, implying that they add strength of relationship in models 2 and 3, raising significance predictability from 1.40% to 48.40% in model 2 and to 65.5% in model 3 of data variation and alternative hypothesis on DV (RPB) (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of all demographic variables range from -0.077 (β) to 0.085 (β) and 0.062 Sig. to 0.998 Sig. (P > 0.05), respectively,

implying that all demographic variables have very weak correlation and very weak association with RPB.

All three mediators are positively related to RPB, namely, SN has 0.138 (β) and 0.025 (Sig.) ($P < 0.05$), PBC has 0.377 (β) and 0.000 (sig.) ($p < 0.001$) and ATT has 0.330 (β) and 0.000 (Sig.) ($p < 0.001$), HC and CHK become insignificant and beta value weakens from 0.088 to -0.060 ($p \geq 0.05$) and from 0.621 to 0.101 ($p \geq 0.05$) (Memon et al., 2018). Therefore, SN, PBC and ATT **fully mediate** the effect of HC and CHK on RPB.

Table 40: Results of Independent variables (Health consciousness and consumer health knowledge) with mediation variables (Subjective norm, perceived behavioural control and attitude) on dependent variable (Word of mouth) (See appendix 14w).

Model summary ^d						
	Model 1 ^a		Model 2 ^b		Model 3 ^c	
R value	0.146		0.721		0.793	
R Square	0.021		0.519		0.628	
Regression (F value)	2.747		90.261		93.441	
Coefficients ^d						
	Beta (β)	Sig.	Beta (β)	Sig.	Beta (β)	Sig.
Gender	0.098	0.032	0.031	0.334	0.038	0.181
Age	-0.105	0.020	-0.053	0.093	-0.060	0.033
Vocation	-0.048	0.304	-0.015	0.648	-0.005	0.877
Education	0.003	0.940	-0.015	0.630	-0.010	0.733
Health consciousness	NA	NA	0.330	0.000	0.168	0.000
Consumer health knowledge	NA	NA	0.427	0.000	0.050	0.405
Subjective norm	NA	NA	NA	NA	0.238	0.000
Perceived behavioural control	NA	NA	NA	NA	0.090	0.054
Attitude	NA	NA	NA	NA	0.336	0.000

a) Predictors: Education, gender, age and vocation.

b) Predictors: Education, gender, age, vocation, Health consciousness(or HC) and consumer

c) Predictors: Education, gender, age, vocation, health consciousness(or HC), consumer health knowledge(or CHK), subjective norm(or SN), perceived behavioural control(or PBC) and attitude(or ATT).

d) Dependent variable: Word of mouth(or WOM).

Sig.= Significance value or p-value, NA= Not available.

Source: From this research, SPSS v25.

Table 40 shows adding control variable IV (HC and CHK) in models 2 and 3 and adding MV (SN, PBC and ATT) as mediators in model 3. Their R value, R square and F value increase from model 1 to model 3: 0.146(R) to 0.793(R), 0.021(R²) to 0.628 (R²), 2.747(F) to 93.441(F), respectively, implying that they add strength of relationship in models 2 and 3, raising significance predictability from 2.10% to 51.90% in model 2 and to 62.80% in model 3 of data variation and alternative hypothesis on DV (WOM) (Ahlgren & Walberg, 2017).

Vaske (2019) states that Beta (β) and significance values of demographic variables range from -0.105 to 0.095(β) and 0.093 to 0.940 (p >0.05) respectively, implying that most demographic variables have very weak correlation and very weak association with WOM.

However, gender has 0.032 (Sig.) ($P < 0.05$) and age has 0.020 (Sig.) and 0.033 (Sig.) ($P < 0.05$), significant dependency of DV (WOM).

All three mediators are positively related to WOM, namely, SN has 0.238 (β) ($p < 0.001$), PBC has 0.090 (β) ($p > 0.05$) and attitude has 0.336 (β) ($p < 0.001$), beta values of HC and CHK weaken from 0.330 to 0.168 ($p < 0.001$) and from 0.427 to 0.050 ($p > 0.05$) respectively, implying that CHK becomes insignificant (Memon et al., 2018). Therefore, SN, PBC and ATT **fully mediate** the effect of HC and CHK on WOM.

A summary of the above hypothetical testing results appears in the following tables:

Table 41: Results of hypothesis testing summary.

Hypothesis testing	Beta (β)	Results
H1: Health consciousness $\rightarrow$ Attitude	0.631***	Supported
H1a: Health consciousness $\rightarrow$ Subjective norm	0.765***	Supported
H1b: Health consciousness $\rightarrow$ Perceived behavioural control	0.610***	Supported
H2: Consumer health knowledge $\rightarrow$ Attitude	0.675***	Supported
H2a: Consumer health knowledge $\rightarrow$ Subjective norm	0.855***	Supported
H2b: Consumer health knowledge $\rightarrow$ Perceived behavioural control	0.773***	Supported
H3: Subjective norm $\rightarrow$ Attitude	0.750***	Supported
H3a: Subjective norm $\rightarrow$ Purchase intention	0.729***	Supported
H3b: Subjective norm $\rightarrow$ Repetitive purchase behaviour	0.719***	Supported
H3c: Subjective norm $\rightarrow$ Word of mouth	0.730***	Supported
H4: Perceived behavioural control $\rightarrow$ Attitude	0.647***	Supported
H4a: Perceived behavioural control $\rightarrow$ Purchase intention	0.734***	Supported
H4b: Perceived behavioural control $\rightarrow$ Repetitive purchase behaviour	0.739***	Supported
H4c: Perceived behavioural control $\rightarrow$ Word of mouth	0.632***	Supported
H5: Attitude $\rightarrow$ Purchase intention	0.724***	Supported
H5a : Attitude $\rightarrow$ Repetitive purchase behaviour	0.706***	Supported
H5b: Attitude $\rightarrow$ Word of mouth	0.710***	Supported

*indicates p-value <0.05 , **indicates p-value <0.01 , ***indicates p-value <0.001 and no * symbol if p-value ≥ 0.05 (Risk-of-Distress, 2018).

Source: From this research, SPSS v25.

Table 41 shows that all hypotheses of direct relationship between independent variables (IV) and dependent variables (DV) have been supported, with strong correlation and high significance.

Table 42: Results of linear regression testing.

Linear regression testing	Results
H1and H2: Health consciousness and consumer health knowledge → Attitude	Fully supported
H1a and H2a: Health consciousness and consumer health knowledge → Subjective norm	Fully supported
H1b and H2b: Health consciousness and consumer health knowledge → Perceived behavioural control	Partial supported
H3a,H4a and H5: Subjective norm, perceived behavioural control and attitude → Purchase intention.	Fully supported
H3b,H4b and H5a: Subjective norm, perceived behavioural control and attitude → Repetitive purchase behaviour.	Fully supported
H3c,H4c and H5b: Subjective norm, perceived behavioural control and attitude → Word of mouth.	Fully supported

*indicates p-value <0.05, **indicates p-value <0.01, ***indicates p-value <0.001 and no * symbol if p-value $\geq$ 0.05 (Risk-of-Distress, 2018).

Source: From this research, SPSS v25.

Table 42 shows that all results of linear regression are fully supported, except that H1b and H2a are partially supported on perceived behavioural control.

Table 43: Mediation analysis.

Independent variables with mediation variables on dependent variables testing.	Result
1. IV (Health consciousness and consumer health knowledge add) with MV(Subjective norm, perceived behavioural control and attitude) on purchase intention.	Partially mediated
2. IV (Health consciousness and consumer health knowledge add) with MV(Subjective norm, perceived behavioural control and attitude) on Repetitive purchase behaviour.	Fully mediated
3. IV (Health consciousness and consumer health knowledge add) with MV(Subjective norm, perceived behavioural control and attitude) on word of mouth.	Fully mediated

Source: From this research, SPSS v25.

Table 43 shows that all results are fully mediated, except subjective norm, perceived behavioural control and attitude **partially mediate** the effect of health consciousness and consumer health knowledge on purchase intention.

4.8. Demographic information of respondents.

The total of 508 respondents included 135 males (27%) and 373 females (73%) (see Figure 3). Their age groups included 189 persons from 18 to 29 years old (37%), 182 persons from 30 to 39 years old (36%), 98 persons from 40 to 49 years old (19%) and 39 persons 50 years old or older (8%) (see Figure 4).

Their vocational status was blue collar 35 (7%), white collar 123 (24%), professionals 56 (11%), self-employed 50 (10%), unemployed 43 (9%), student 88 (17%), service industry 51 (10%) and housewife 62 (12%) (see figure 5).

Their education level was secondary level 235 (46%), diploma 111 (22%), university degree 130 (26%) and master's or above 32 (6%) (see Figure 6).

The income of respondents was distributed between $\leq$ HKD15,000(44%) and HKD 15,001 to HKD 20,000(22%) (335 persons, 66% of total respondents) (see Appendix 15a).

Their most monthly expenditure on confectionery snack food was distributed between <HKD 100 (27%) and HKD 101 to 200(30%)(290 persons, 57% of total respondents) (see Appendix 15b).

The respondents' buying frequency for confectionery and snack products of 1 to 3 times per week included 364 (71.7% of total respondents) (see Appendix 15c).

Respondents who buy biscuits were 179 (35.2% of total respondents) (see Appendix 15d), and those who prefer natural nuts and low fat, low-sodium or high-fibre crackers were 232 (45.6% of total respondents) (see Appendix 15e).

Respondents who shop at supermarket (48%) and grocery and confectionery stores(33%) were 411 (81% of total respondents) (see Appendix 15f).

Chapter 5: Conclusions

5.1. Discussion of findings

This is an examination of antecedents that move consumers' to respond by purchasing confectionery snack food. The literature review proves and supports the eight proposed variables that relate to consumers' response of purchasing confectionery snacks, namely, consumers' subjective norm, health consciousness, health knowledge, perceived behavioural control, attitude, purchase intention among potential buyers, word of mouth and repetitive purchase behaviour.

According to the results obtained through SPSS data analysis, the proposed sampling items are found to be meritorious evaluating factor structures and the data are sufficient for this factor analysis. The results of factor testing found that all proposed assumed items are achieved for proposed variables.

Each hypothesis testing of a direct relationship between independent and dependent variables is found to be true and supported, and all results of linear regression are fully supported, implying that health consciousness and consumer health knowledge are important predictors and could be applied in marketing studies on subjective norm, perceived behavioural control and attitudes. Marketers should devise the necessary tactics and strategies to convey effective messages and awareness of health benefits and health ingredients of confectionery snack food products, to enrich consumers' health knowledge and consciousness so that consumers' positive attitude and positive interpersonal norm would be developed, in the attempt to reduce the perceived barriers to the actual consumption of these confectionery snack food products. Yakasai and Jusoh (2015) state that marketers must make it easy for consumers to understand the benefits of products and leverage the influence of consumers' friends, family and other important people who may influence their purchasing intention, repetitive purchasing

behavioural control and word of mouth. Therefore, these marketing strategies will convert into sales increase, brand loyalty and profitability for their companies.

However, the results of analysing Cronbach's α if items were deleted found that most respondents had an unexplainable urge, a sudden and spontaneous desire, to go and buy confectionery and snacks in the store. Some consumers also feel that buying some confectionery and snacks that they want is inconvenient.

Mediation analyses can provide practitioners with an understanding of several meaningful results, in terms of interactive relations among research variables, which could help practitioners to develop organisational strategies to more precisely predict business trends (Lange et al., 2017).

The results of mediation analysis found that all three mediators (subjective norm, attitude and perceived behavioural control) are fully influential independent variables (consumers' health consciousness and health knowledge) on dependent variables (repetitive purchase behaviour). Therefore, health consciousness and consumers' health knowledge are good predictors of confectionery snack food repetitive purchase behaviour, through three processes of subjective norm, behavioural control and attitude that should not be neglected. According to Mylona et al. (2016), practitioners must share nutritional knowledge, best-in-class food-safety-standard details, such as ISO certification or higher-level information and clear nutrition information on products sold to consumers, so that consumers will develop positive attitudes, affecting their positive subjective norm and reducing their perceived barriers to repeat purchasing of confectionery snack food.

However, the results for partial mediation found that only two mediators (perceived behavioural control and attitudes) mediate an effect of health consciousness and consumer health knowledge on purchase intention only. Subjective norm failed to influence customers'

health consciousness and health knowledge on purchase intention. Therefore, health consciousness and health knowledge are also good predictors of purchase intention regarding confectionery snack food, through two processes of perceived behavioural control, and attitude should not be neglected. According to Bublitiz and Peracchio (2015), practitioners must do price promotion and packaging communication to display the products, with information on the best-in-class food-safety-standard details, such as ISO certification or/and high-level standard and clear healthy-ingredients information on products, to highlight good value and the integral role of health consciousness or health knowledge information in motivating consumers' attitudes and perceptions associated with the consumption and purchasing intention towards confectionery snack food.

Furthermore, the results for full mediation also found that all three mediators (subjective norm, attitude and perceived behavioural control) fully influence the effect of health consciousness and consumer health knowledge on word of mouth. Therefore, health consciousness and consumer health knowledge are also good predictors for confectionery snack food word of mouth, through three processes of subjective norm, attitude and perceived behavioural control that should not be neglected. According to Mylona et al. (2016), practitioners must provide mass-media platforms (e.g. Facebook, YouTube), company websites, food packaging, educational programs or/and in-store channels (for example, leaflets and brochures) that aim at increasing consumers' health knowledge and consciousness to increase awareness of the health benefits of confectionery snack food by providing target and potential customers with honest and clear information. For example, according to Bakshi, Chhabra and Kaur 2020, probiotic jelly influences customers' biological response to their body and improving their well-being, or high-fibre biscuits help customers feel full longer than cookies made with refined sugar and processed white flour, and a high-fibre diet also helps customers avoid the risk of a heart attack. Word of mouth can be utilised in these mass

platforms or referrals, and positive attitudes of these consumers will develop an effect on their positive subjective norm to share with their interpersonal norm or social norm.

Furthermore, practitioners must pay close attention to the benefits of confectionery snack food, to successfully encourage consumers to buy their confectionery snack food (Oroian et al., 2017). The more conscious consumers are of their health knowledge and health awareness and the more they have knowledge or experiences that allow them to acquire more positive personal beliefs regarding the value of using healthy confectionery snack foods, the more positively their attitudes will affect their purchase intention, repetitive purchase behaviour and sharing their positive experiences with friends or through social media. The growing appreciation of healthy consumption of confectionery snack food in Hong Kong shows important methods for designing interventions for behavioural change.

5.2. Research limitations, recommendation and future Scope

5.2.1. Limitations of the study

The study may have formulated research aims and objectives too broadly. Therefore, this study has defined them in measurable outcomes to achieve the desired outcome.

- 1) There are flaws in the implementation of the data-collection methods, due to the researcher's lack of extensive experience in primary data collection robust enough to explain complex issues (Billups, 2019).
- 2) On account of time and resource constraints, this study conducted the survey with only 508 respondents from HK's total population of 7.5 million (World Bank, 2020). That number of respondents is too low and limits choosing a research area.
- 3) This study takes samples in Hong Kong that cannot be representative of all Asian countries.

- 4) Only consumer factors were considered; perhaps situations in the consuming environment should be considered (Sanchez-Sabate & Sabaté, 2019).
- 5) The cross-sectional study shows no evidence of a temporal relationship between exposure and results (Kestenbaum, 2019).

5.2.2. Recommendation and future scope.

Price promotion is recommended because consumers often relate to promotional pricing to determine whether they have obtained good value by purchasing confectionery snack food. In addition, the study found that marketing communications had a positive impact on consumers' attitudes and intentions towards confectionery snack food (Song, Safari & Mansori, 2016). Marketing programs are recommended to feature functional food experts or social influencers (for example, food experts, health consultants, doctors). Hamouda (2018) states that social media (Facebook, YouTube and/or Instagram) provide potential customers with an easy way to enrich consumers' health knowledge and their interest in confectionery snack products. The generation of potential customers is an important benefit of social media for companies. Now, most social networks provide advertising formats specifically designed to collect potential customers.

From this research, it is recommended that the industry select healthy confectionery snack food, such as natural nuts and low-fat, low-sodium or high-fibre biscuit items or products with less artificial additives or no preservatives added, another effective skill for improving the business strategy. The products should have clear labelling to recognised international standards, to spur someone's interest and gain brand loyalty. Therefore, the positive attitude of these consumers will be developed as an effect of their positive interpersonal norms (e.g. friends, family, peers, team workers) and social norm groups. According to Nielsen (2015), 83% of consumers believe recommendations from family or friends more than other types of

advertising. This positively affects the business prospects of the corporation and increases healthy confectionery snack product bandwidth.

This research has not compared different cultural tests of different samples to learn how the proposed model can generalise to other cultural settings. Therefore, future research is recommended to test the proposed mediation model on other samples or cultural contexts, to increase generalisability of results and test different samples .

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Appendix:

Appendix 1: The questions of on-line questionnaire though Google Forms.

Questionnaire /問卷調查 (Part 1 of 5)
Using scale to assess the importance of the following factors that you think will affect your purchase of confectionery and snack items. (Ranging from “1= Strong disagree”, “2= Disagree”, “3=Neutral”, “4=Agree”, “5=Strong agree”).
使用量表對您認為會影響您購買糖果和零食的以下因素的重要性進行評分。
(範圍從“ 1 =強烈不同意”，“ 2 =不同意”，“ 3 =中立”，“ 4 =同意”，“ 5 =強烈同意”)。
Health consciousness towards confectionery and snack
1) I’m very self-conscious about my health to choose confectionery and snack products.我對自己的健康非常了解，因此選擇糖果和零食產品。
2) I’m aware of the state of my health as I eat confectionery and snack per day.我每天吃糖果和零食時都知道自己的健康狀況。
3) Health has a significant influence on my attitudes towards confectionery and snack.健康對我對糖果和零食的態度有重大影響。
4) Health benefit is one of the prime reasons to me for purchasing of confectionery and snack.健康益處是我購買糖果和零食的主要原因之一。
5) I follow healthy blogger to see what they eat.我跟隨健康的博主看他們吃什麼。
6) To what extent do I think that the confectionery and snack products are expected to be healthier choice? 我某種程度上認為糖果和零食產品有望成為更健康的選擇。我某種程度上認為糖果和零食產品有望成為更健康的選擇。
Customer health knowledge
7) I have good knowledge about healthy diet.我對健康飲食有很好的了解。
8) Using food labels to choose foods is better than just relying on my own knowledge about what is in confectionery and snack. 使用食物標籤來選擇食物總比僅依靠我自己對糖果和零食的了解更好。
9) Some countries have better reputation in confectionery and snack industry? 一些國家在糖果和零食行業享有更好的聲譽？
10) I concern the confectionery or snack based on the information provided on labels that list of ingredients or content of the food. 我根據標籤上列出的食物成分或內容標籤上提供的信息來關注糖果或零食。
11) I concern the confectionery or snack based on the information provided on the label that nutrition panel giving information on proteins, vitamins etc.我關注的是根據營養小組提供的有關蛋白質，維生素等信息的標籤上提供的信息而製成的糖果或零食。

Source: From this research.

Questionnaire /問卷調查 (Part 2 of 5)
Subjective norm
12) My family think I should pay attention in healthy eating confectionery and snack. 我的家人認為我應該注意吃得健康的糖果和零食。
13) TV programs or newspapers I watch think I should pay attention in healthy eating confectionery and snack. 我看過的電視節目或報紙, 我認為應該注意健康飲食的糖果和零食。
14) The government authorities think I should pay attention in healthy eating confectionery and snack. 政府當局認為我應該注意健康飲食的糖果和零食。
15) To what extent do I think that my parents think I need to purchase confectionery and snack product. 我認為父母想我需要購買糖果或零食產品的程度如何。
16) To what extent do I think that my friends think I need to purchase confectionery and snack product. 我認為朋友想我需要購買糖果或零食產品的程度如何。
17) To what extent do I think that my relatives think I need to purchase confectionery and snack product. 我認為親戚想我需要購買糖果或零食產品的程度如何。
Perceived behavioral control
18) I have enough time to find confectionery and snack product. 我有足夠的時間找到糖果和零食產品。
19) I have enough information and knowledge to eat confectionery and snack product. 我有足夠資料和知識來吃糖果或零食產品。
20) Eating the confectionery and snack are entirely within my control. 吃糖果和零食完全在我的控制範圍內。
21) I have enough resources knowledge and ability of enacting a behavior of buying confectionery and snack product. 我有足夠的資源知識和制定購買糖果和零食產品行為的能力。
Attitude
22) I describe that confectionery and snack are healthy. 我形容糖果和零食很健康。
23) I describe that confectionery and snack are free from chemical pesticides. 我形容糖果和零食不含化學農藥。
24) I describe that confectionery and snack are high nutritional value. 我形容糖果和零食具有很高的營養價值。
25) It is convenience for me to buy confectionery and snack. 對我來說, 買糖果和零食都很方便。

Source: From this research.

Questionnaire /問卷調查 (Part 3 of 5)
Purchase intention
26) I would like to buy confectionery and snack if more cheap price. 如果價格更便宜，我會想購買糖果和零食。
27) I would like to buy confectionery and snack if better appearance and taste. 如果外觀和口味更好，我會想購買糖果和零食。
28) I would like to buy confectionery and snack if more trust to origin or production. 如果對產地或生產有更多的信任，我會想購買糖果和零食。
29) I would like to buy confectionery and snack if longer product shelf life. 如果產品保質期更長，我會想購買糖果和零食。
30) I would like to buy confectionery and snack if more information in the media. 如果媒體上有更多信息，我會想購買糖果和零食。
31) I would like to buy confectionery and snack if more recognizable label. 如果更容易識別的標籤，我會想購買糖果和零食。
Repetitive purchase behavior
32) My attention is attracted to confectionery and snack that are customized to my tastes and preferences. 根據我的口味和喜好定制的糖果和零食吸引了我的注意力。
33) I go shopping and buy confectionery and snack as often as I can. 我經常去購物，併購買糖果和零食。
34) I often have an unexplainable urge, a sudden and spontaneous desire, to go and buy confectionery and snack in the store. 我常常有無法解釋的衝動，突然而自發地渴望去商店購買糖果和零食。
Word of mouth communication.
35) I often read other consumers' online product reviews to know what products/brands making ensure to buy right confectionery and snack. 我經常閱讀其他消費者的在線產品評論，以了解哪些產品/品牌可以確保購買正確的糖果和零食。
36) I often consult other consumers' online product reviews to help choose the right confectionery and snack product. 我經常會諮詢其他消費者的在線產品評論，以幫助選擇正確的糖果和零食產品。
37) I think that online of confectionery and snack product reviews are credible. 我經常認為在線糖果和零食產品評論是可信的。

Source: From this research.

Questionnaire /問卷調查 (Part 4 of 5)
Demographic
38) Gender: Male / Female 性別： 男 / 女
39) Age/年齡: a) 18-29 years old/歲 b) 30-39 years old/歲 c) 40-49 years old/歲 d) 50 years old or over /歲或以上
40) Vocational Status/職業狀況： a) Blue-collar / 藍領 b) White-collar / 白領 c) Professionals /專業人士 d) Self- employed / 自僱人士 e) Unemployed/無業 f) Other/其他
41) Education level /教育程度: a) Secondary level/ 中學程度 b) Diploma/higher diploma 文憑/高級文憑程度 c) University degree /大學學歷 d) Master or above/ 碩士或以上
42) Personal monthly income /個人每月收入 (HKD/港幣): a) Equivalent or less than /等於或少於: HKD/港幣 15,000 b) HKD/港幣 15,001 to 20,000 c) HKD/港幣 20,001 to 25,000 d) HKD/港幣 25,001 to 30,000 e) Above HKD/港幣 30,001 to 35,000
43) How much you expense on confectionery and snack product for monthly expenditure? /您每月花費在糖果和零食產品上的費用有多少? a) Never buy / 永不購買 b) Below HKD 100/ 港幣 100 以下 c) HKD/港幣 101 – 200 d) HKD/港幣 201 – 300 e) More than HKD 300 or over / 港幣 300 以上

Source: From this research.

Questionnaire /問卷調查 (Part 5 of 5)
44) How frequently do you buy confections or snack in a week? / 您一周內多久購買一次糖果或零食? a) Never buy/永不購買 b) 1 to 3 times/1 - 3 次 c) 4 to 6 times/ 4 - 6 次 d) More than 6 times a week / 每週超過 6 次
45) Which one of the following confectionery and snack did you buy most in the recent three months? / 在最近三個月中，您最多購買了以下哪種糖果或零食？ a) Biscuit /餅乾 b) Chocolate/巧克力 c) Prepackaged crispy chips/預先包裝的脆片 d) Candy/糖果 e) Bakery / 糕點
46) What's your preferred type of the healthy confectionery and snack? 您首選的健康糖果或零食種類是什麼？ a) Natural nuts/天然堅果 b) Low calorie dehydrated vegetables snacks/低卡路里脫水蔬菜零食 c) Dark chocolate /黑巧克力 d) Low fat, low sugar, low sodium or high fiber cracker/低脂，低糖，低鈉或高纖維餅乾 e) Oatmeal cereal bar/燕麥穀物棒 f) Probiotic candy/益生菌糖果 g) Dried fruit chip/乾果片
47) Where do you mostly buy confectionery or snack from? 您主要從哪裡購買糖果或零食？ a) Supermarket/ 超級市場 b) Convenience stores/ 便利店 c) Grocery and confectionery store / 雜貨店和零食店 d) Online grocery shop / 在線雜貨店 e) Drug store / 藥店 f) Vending machine/自動販賣機
The End, Thank you.

Source: From this research.

Appendix 2: How can this study attract someone to fill out the evaluation form?

GET A GIFT BY FILIING OUT THE EVALUATION FORM 填寫問卷！即可獲得禮物

(While stocks last/送完即止)

Evaluate your interest factors to purchase confections and snacks questionnaire.

評估您購買糖果和零食的興趣因素問卷調查。



不二家綠茶多酚護齒果味棒棒糖

Picture is for reference only/圖片僅供參考



Please scan me

請掃描我

Source: From this research.

In-store survey provides free candy to participant by filling out the evaluation form.

Appendix 3: Quick response (QR) code links to the Google form survey.



Source: From this search.

Customer uses smart phone scanning the quick response (QR) code to fill out the Google form survey quickly and easily.

Appendix 4: Total number of responses.

Questions Responses 508

508 responses

Accepting responses

Summary Question Individual

< 1 of 508 >

Responses cannot be edited

Evaluate your interest factors to purchase confections and snacks questionnaire. 評估您購買糖果和零食的興趣因素問卷調查。

Please take a moment to fill out and complete the form below. All personal data collected will be used for research purposes and will be deleted after the data is collected. Your opinion is very valuable and will thank you very much.

請花一點時間填寫並完成下面的表格。收集的所有個人數據將用於研究目的，並且在收集數據後將被刪除。您的意見非常寶貴，將非常感謝您。

Using scale to assess the importance of the following factors that you think will affect your purchase of confectionery and snack items. (Ranging from "1= Strong disagree", "2= Disagree", "3=Neutral", "4=Agree", "5=Strong agree").

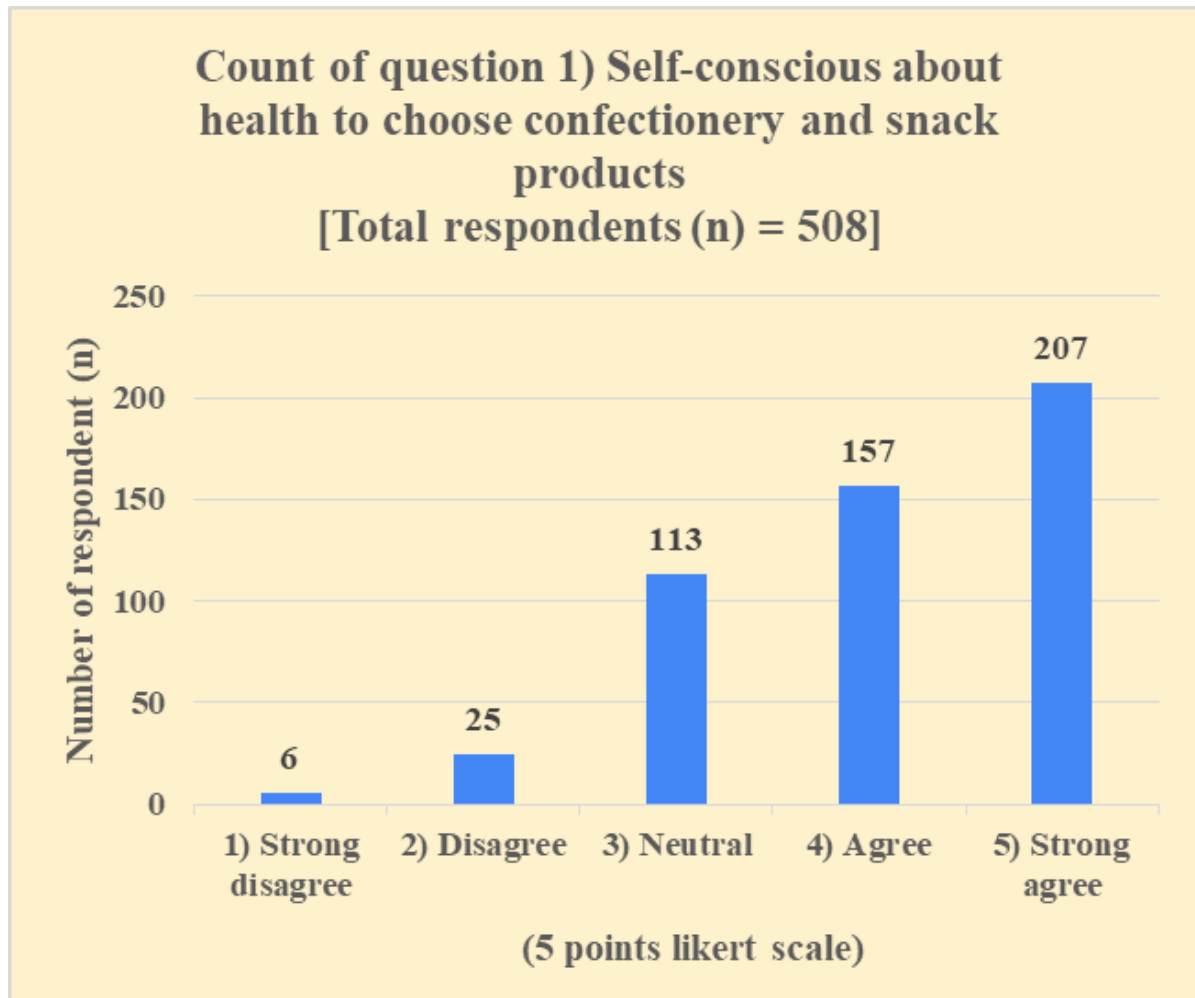
使用量表對您認為會影響您購買糖果和零食的以下因素的重要性進行評分。（範圍從"1=強烈不同意"，"2=不同意"，"3=中立"，"4=同意"，"5=強烈同意"）。

Source: From this search, Google form.

Total 508 respondents had completed the web questionnaire by Google form in both English and Chinese of language.

Appendix 5a to 5f: Results of health consciousness six items (Q1 to Q6).

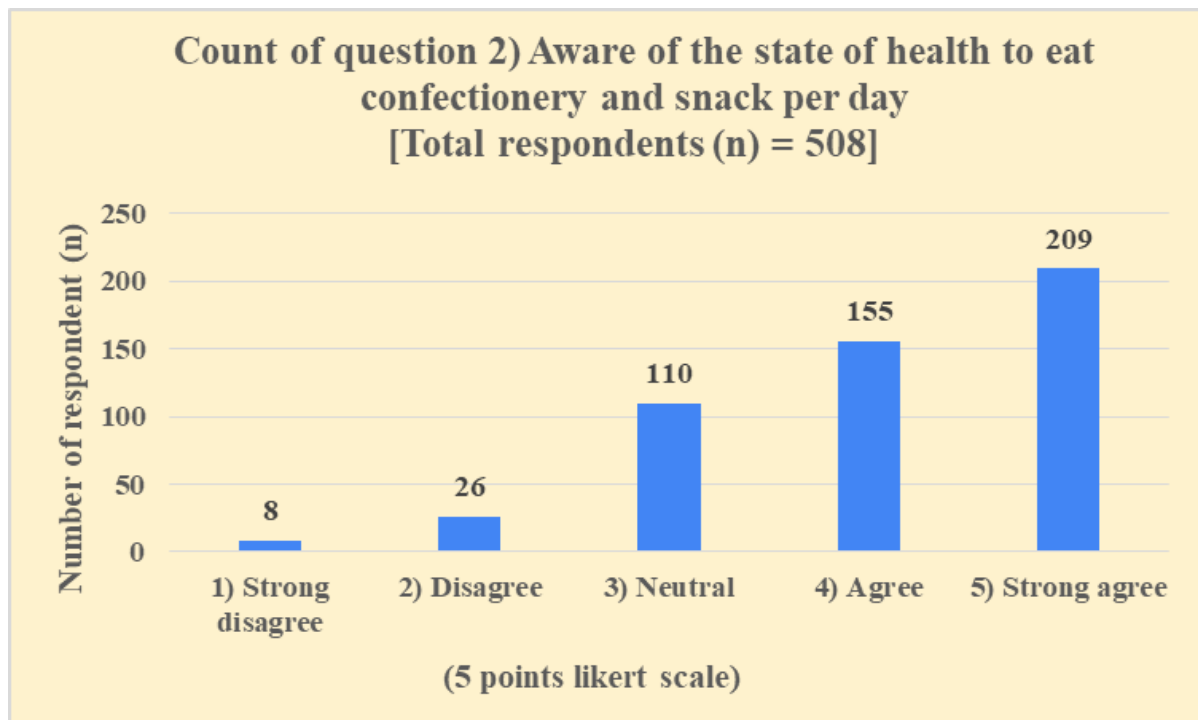
Appendix 5a: Result of health consciousness item 1 (Q1 or HC1)



Source: From this research.

Appendix 5a presented that out of 508 respondents, 6 strongly disagreed, 25 disagreed and 113 remained neutral. Also, it was analysed that 157 agreed and 207 strongly agreed with it and 71.65% respondent were self-conscious about health when choosing confectionery and snack.

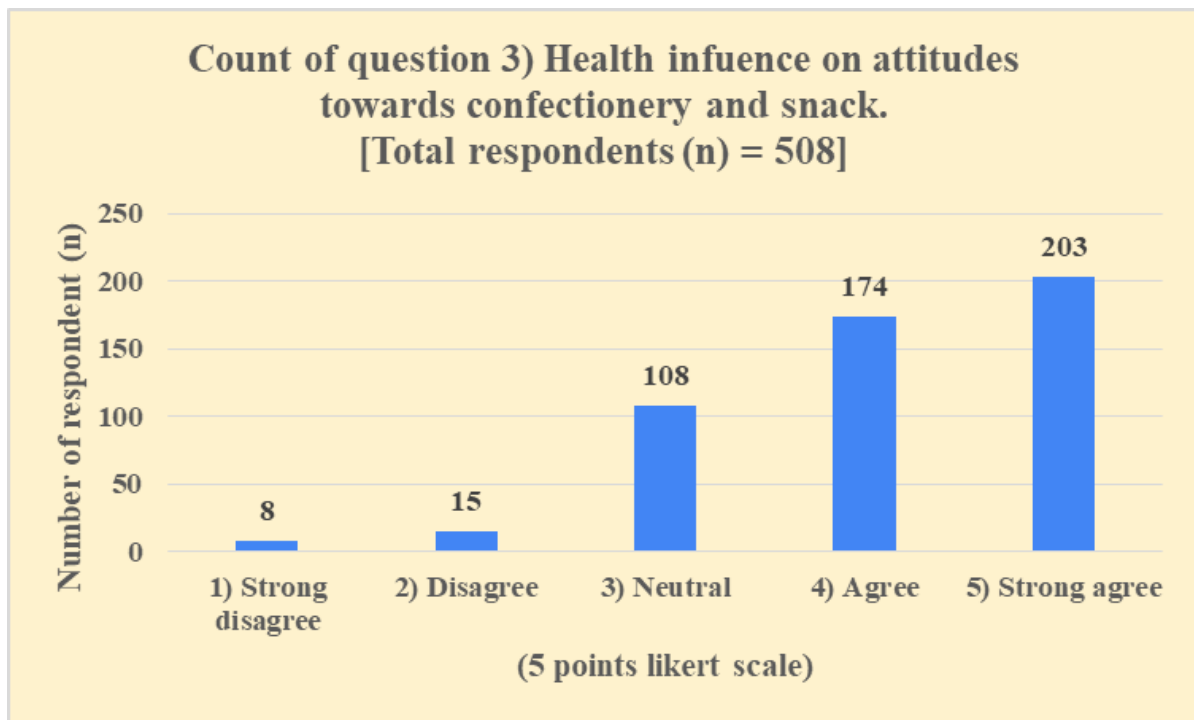
Appendix 5b: Result of health consciousness item 2 (Q2 or HC2).



Source: From this research.

Appendix 5b presented that out of 508 respondents, 8 strongly disagreed, 26 disagreed and 110 remained neutral. Also, it was analysed that 155 agreed and 209 strongly agreed with it and 71.65% respondent were aware of state of health to eat confectionery and snack.

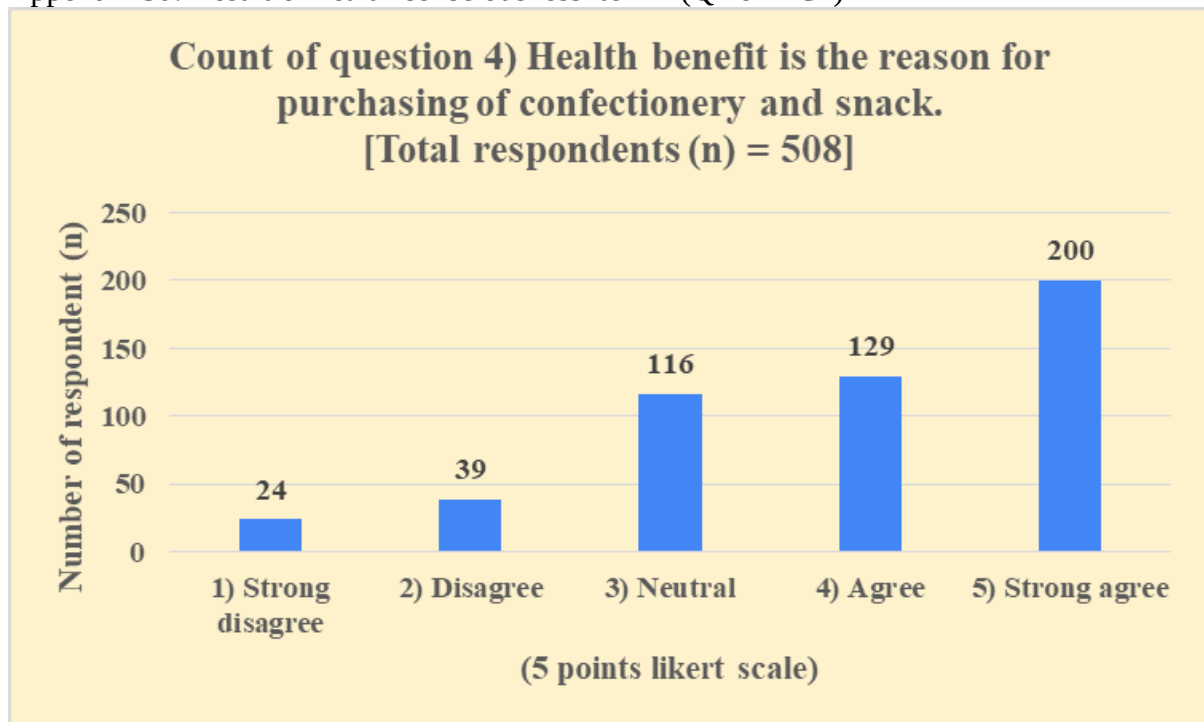
Appendix 5c: Health Result of health consciousness item 3 (Q3 or HC3)



Source: From this research.

Appendix 5c presented that out of 508 respondents, 8 strongly disagreed, 15 disagreed and 108 remained neutral. Also, it was analysed that 174 agreed and 203 strongly agreed with it and 74.21% respondent agreed their health influenced on attitudes towards confectionery and snack.

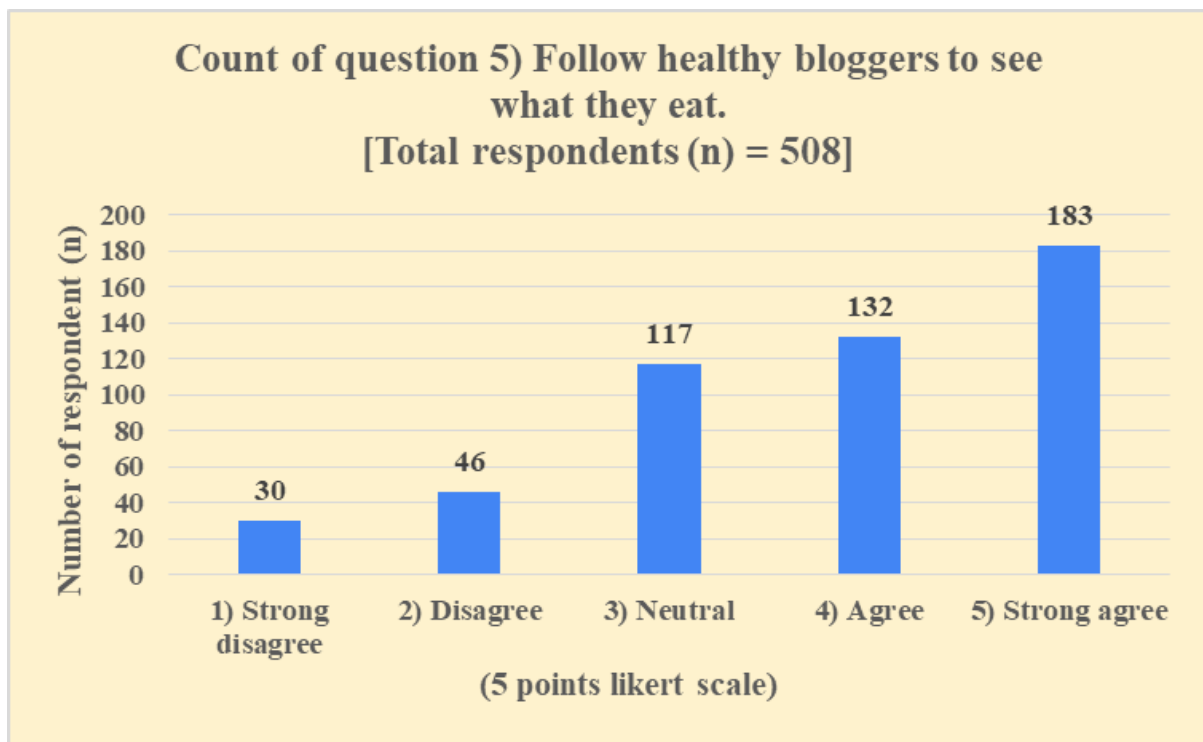
Appendix 5d: Result of health consciousness item 4 (Q4 or HC4)



Source: From this research.

Appendix 5d presented that out of 508 respondents, 24 strongly disagreed, 39 disagreed and 116 remained neutral. Also, it was analysed that 129 agreed and 200 strongly agreed with it and 64.76% respondents were agreed health benefit is the reason for purchasing of confectionery and snack.

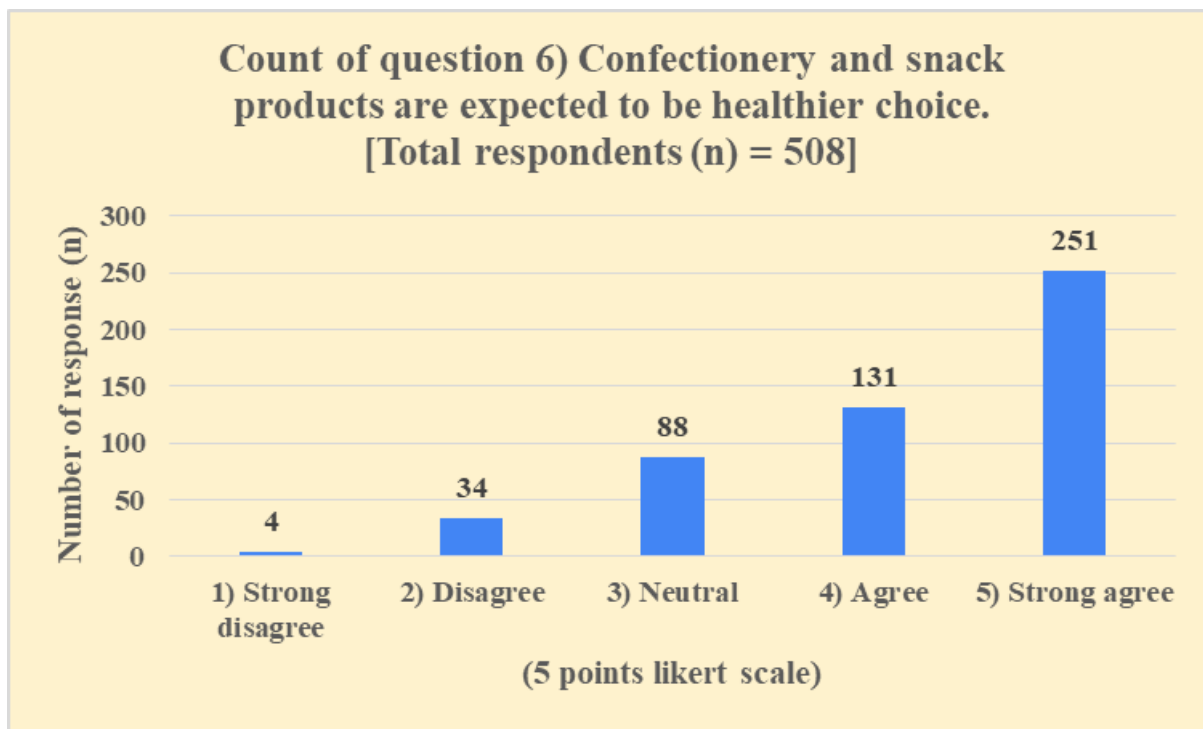
Appendix 5e: Result of health consciousness item 5 (Q5 or HC5)



Source: From this research.

Appendix 5e presented that out of 508 respondents, 30 strongly disagreed, 46 disagreed and 117 remained neutral. Also, it was analysed that 132 agreed and 183 strongly agreed with it and 62% respondents were follow healthy bloggers to see and eat.

Appendix 5f: Result of health consciousness item 6 (Q6 or HC6)



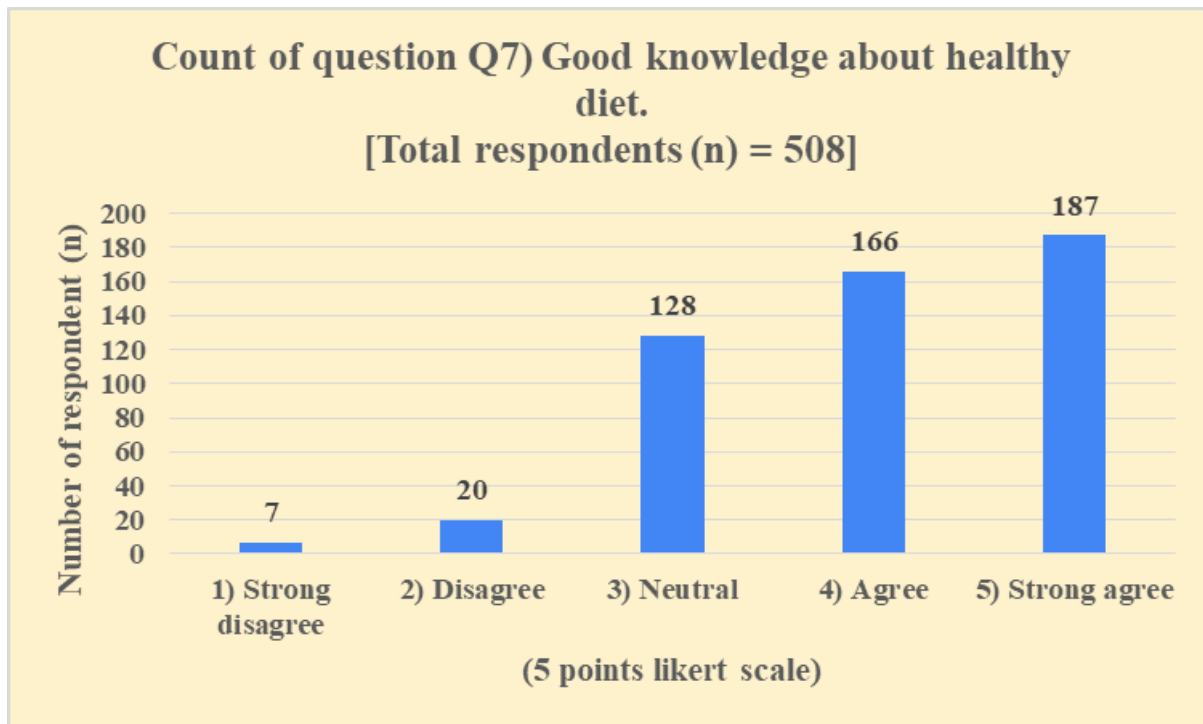
Source: From this research.

Appendix 5f presented that out of 508 respondents, 4 strongly disagreed, 34 disagreed and 88 remained neutral. Also, it was analysed that 131 agreed and 251 strongly agreed with it and 75.2% of respondents expected that confectionery and snack to be healthier choice.

Overall six items of Health conscious scale were agreed by most of respondents.

Appendix 6a to 6e: Results of customer health knowledge five items (Q7 to Q11).

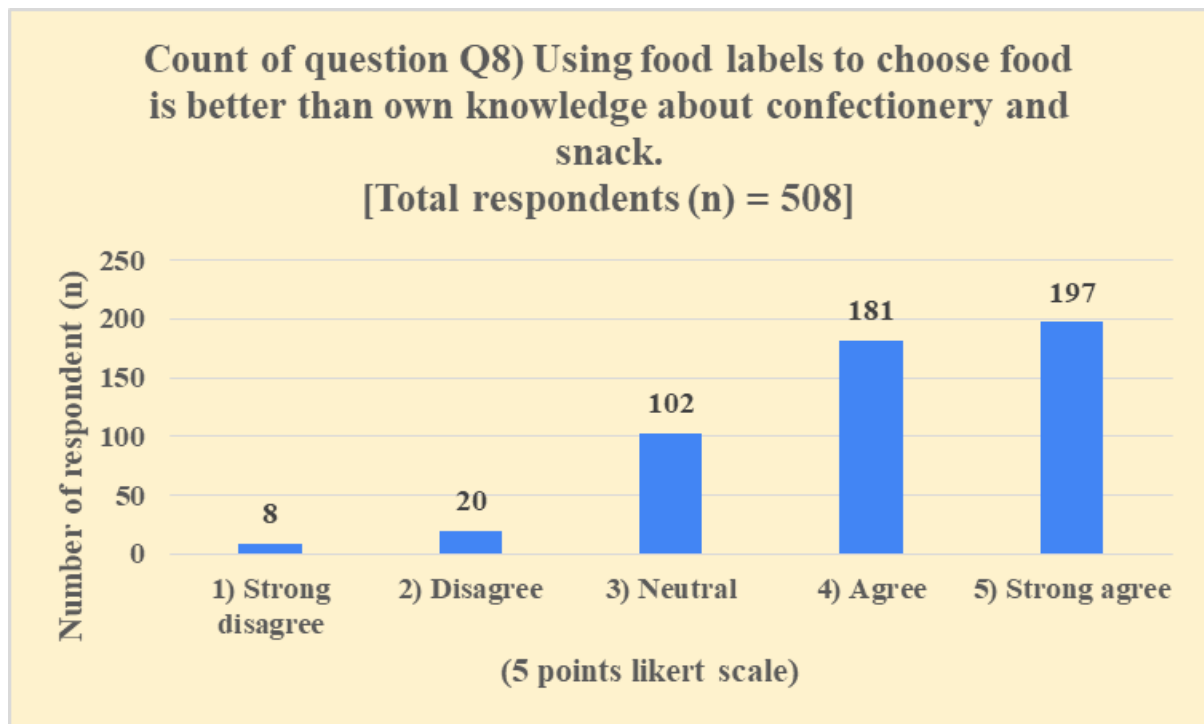
Appendix 6a: Result of customer health knowledge item 1 (Q7 or CHK1)



Source: From this research.

Appendix 6a presented that out of 508 respondents, 7 strongly disagreed, 20 disagreed and 128 remained neutral. Also, it was analysed that 166 agreed and 187 strongly agreed with it and 69.49% respondents were good knowledge about healthy diet.

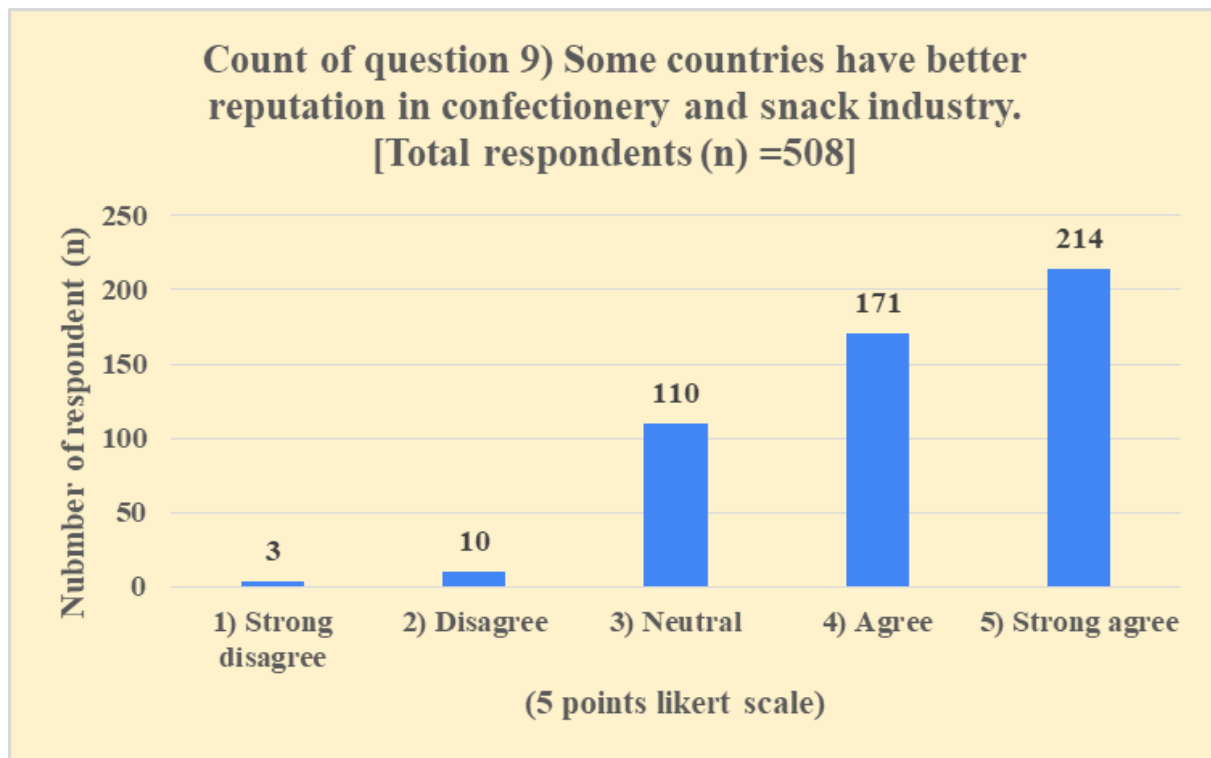
Appendix 6b: Result of customer health knowledge item 2 (Q8 or CHK2)



Source: From this research.

Appendix 6b presented that out of 508 respondents, 8 strongly disagreed, 20 disagreed and 102 remained neutral. Also, it was analysed that 181 agreed and 197 strongly agreed with it and 74.41% of respondents were using food labels to choose food better than own knowledge about confectionery and snack.

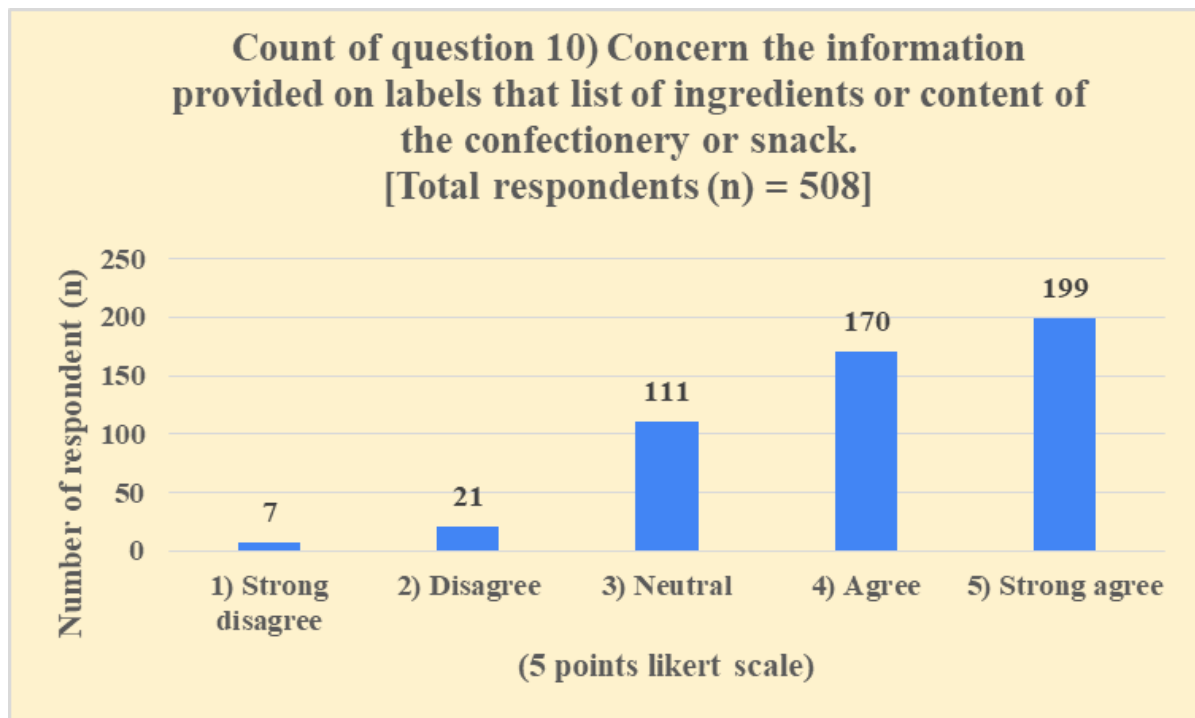
Appendix 6c: Result of customer health knowledge item 3 (Q9 or CHK3)



Source: From this research.

Appendix 6c presented that out of 508 respondents, 3 strongly disagreed, 10 disagreed and 110 remained neutral. Also, it was analysed that 171 agreed and 214 strongly agreed with it and 75.79% of respondents agreed some countries having better reputation in confectionery and snack industry.

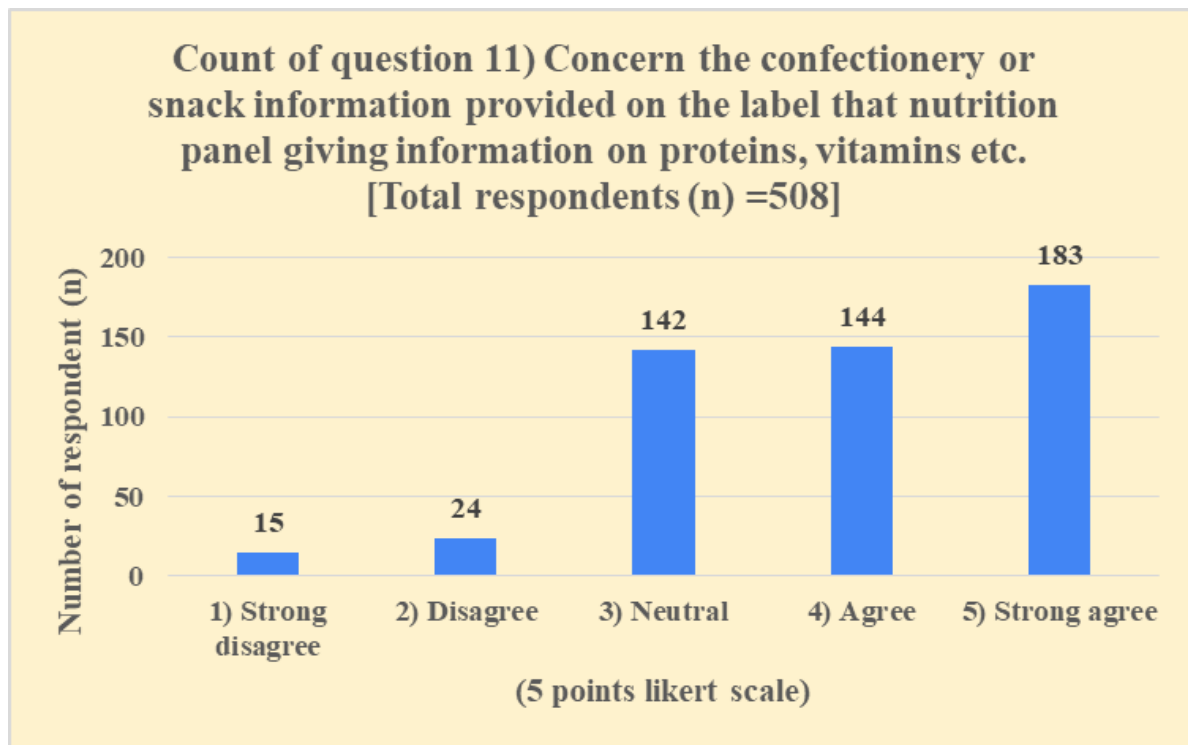
Appendix 6d: Result of customer health knowledge item 4 (Q10 or CHK4)



Source: From this research.

Appendix 6d presented that out of 508 respondents, 7 strongly disagreed, 21 disagreed and 111 remained neutral. Also, it was analysed that 170 agreed and 199 strongly agreed with it and 72.64% respondents were concern the information provided in labels that list of ingredients or content of the confectionery or snack.

Appendix 6e: Result of customer health knowledge item 5 (Q11 or CHK5)



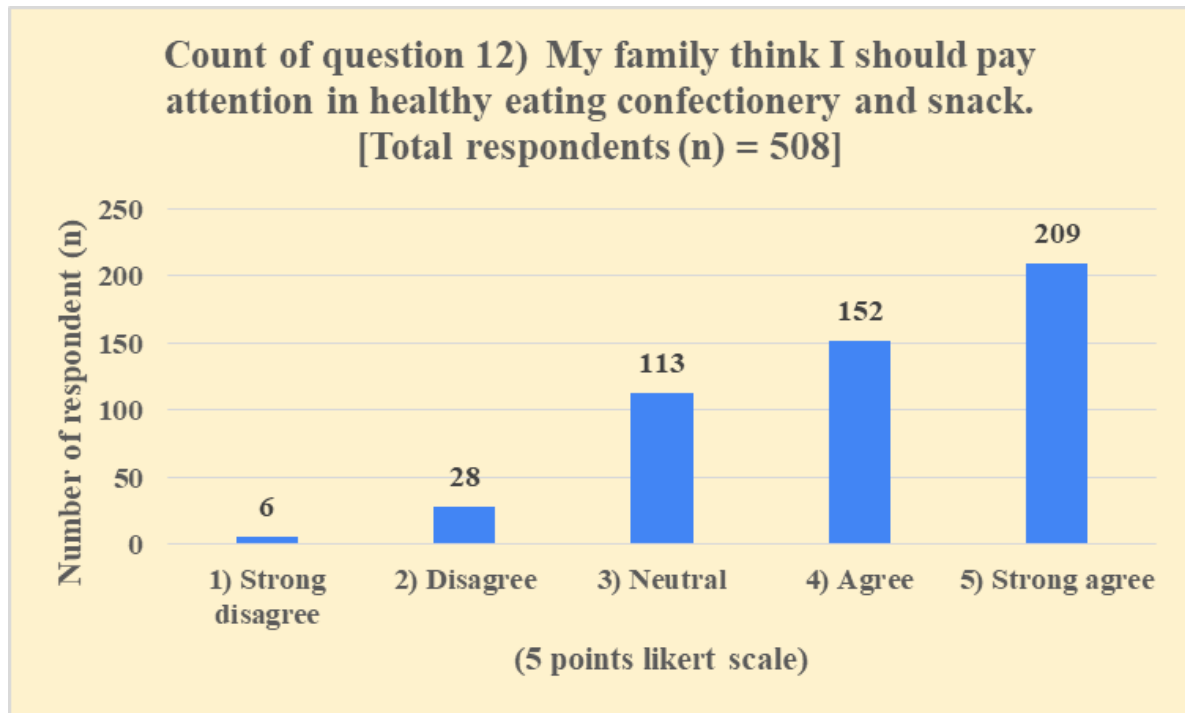
Source: From this research.

Appendix 6e presented that out of 508 respondents, 15 strongly disagreed, 24 disagreed and 142 remained neutral. Also, it was analysed that 144 agreed and 183 strongly agreed with it and 64.37% respondents were concerned the confectionery or snack's nutrition information provided on the label.

Overall five items of custom health knowledge scale were agreed by most of respondents.

Appendix 7a to 7f: Results of subjective norm six items (Q12 to Q17)

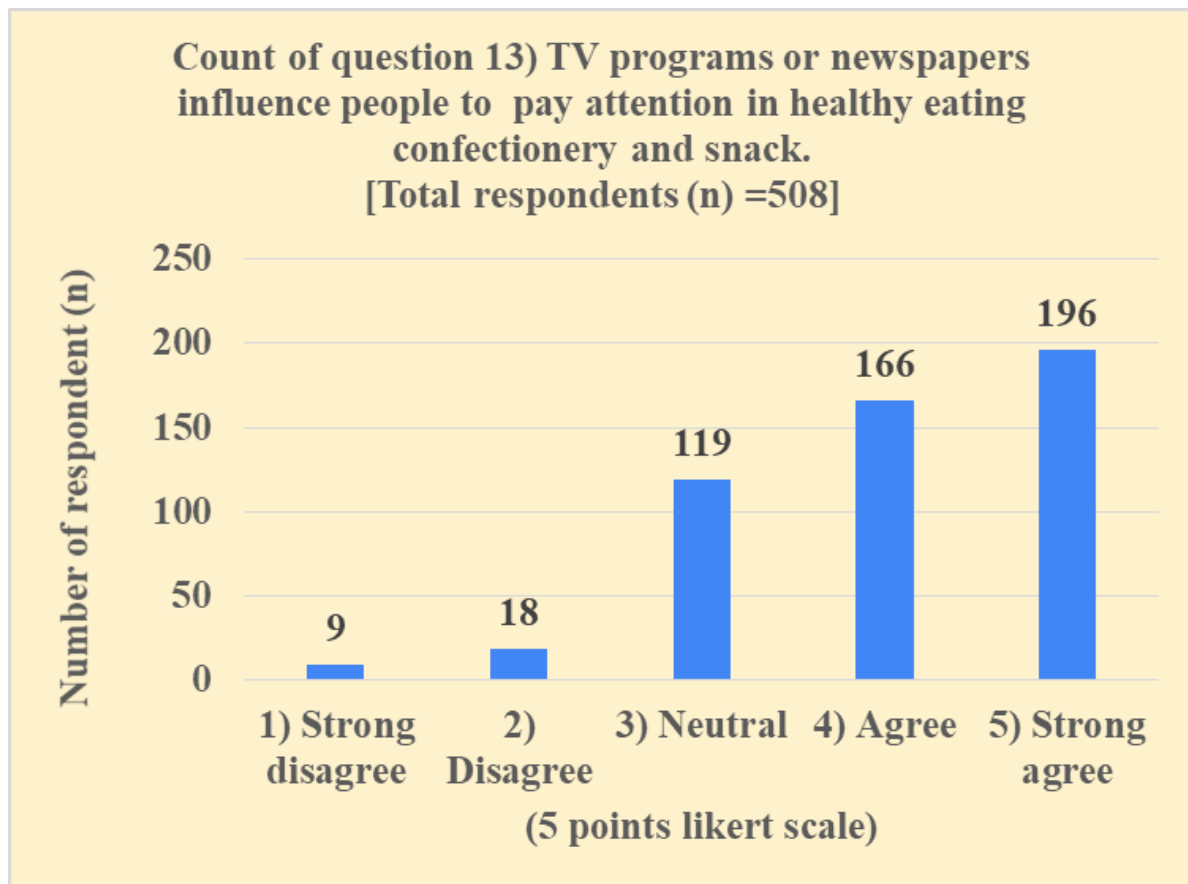
Appendix 7a: Result of subjective norm item 1 (Q12 or SN1)



Source: From this research.

Appendix 7a presented that out of 508 respondents, 6 strongly disagreed, 28 disagreed and 113 remained neutral. Also, it was analysed that 152 agreed and 209 strongly agreed with it and 71.06% of respondents were paying attention in healthy eating confectionery and snack.

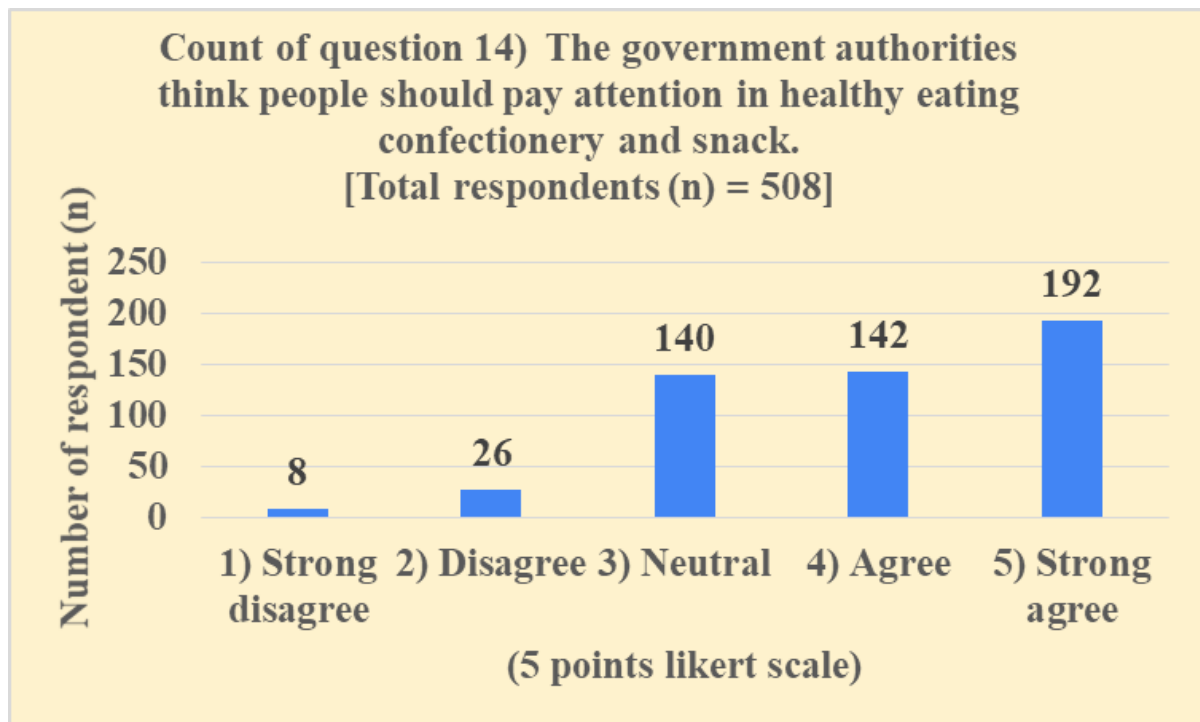
Appendix 7b: Result of subjective norm item 2 (Q13 or SN2)



Source: From this research.

Appendix 7b presented that out of 508 respondents, 9 strongly disagreed, 18 disagreed and 119 remained neutral. Also, it was analysed that 166 agreed and 196 strongly agreed with it and 71.26% respondents were agreed that TV programs or newspapers influence them to pay attention in healthy eating confectionery and snack.

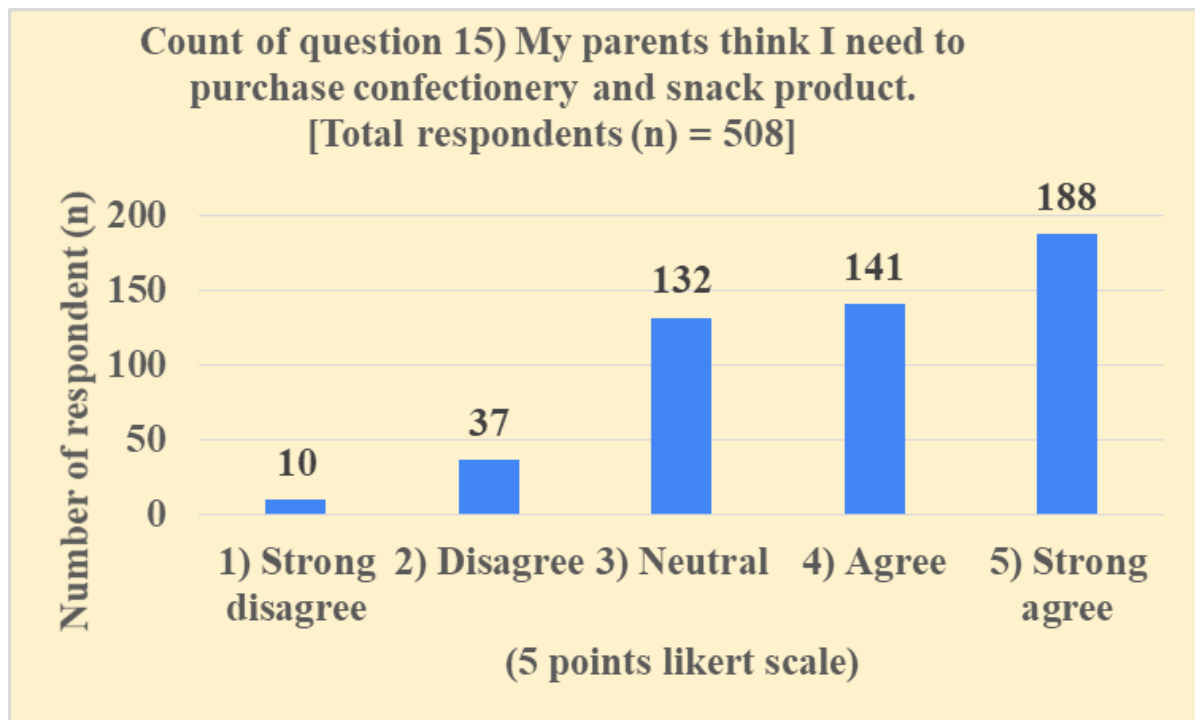
Appendix 7c: Result of subjective norm item 3 (Q14 or SN3)



Source: From this research.

Appendix 7c presented that out of 508 respondents, 8 strongly disagreed, 26 disagreed and 140 remained neutral. Also, it was analysed that 142 agreed and 192 strongly agreed with it and 65.75% respondents were agreed that the government authorities think people should pay attention in healthy eating confectionery and snack.

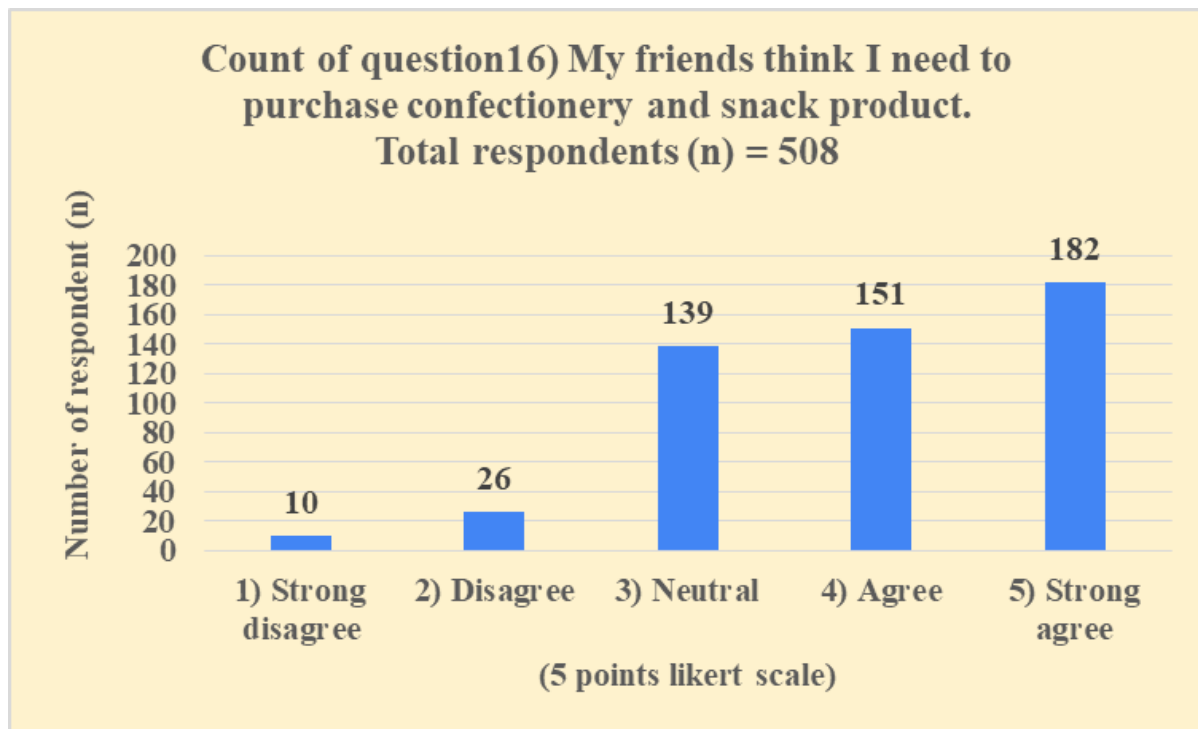
Appendix 7d: Result of subjective norm item 4 (Q15 or SN4)



Source: From this research.

Appendix 7d presented that out of 508 respondents, 10 strongly disagreed, 37 disagreed and 132 remained neutral. Also, it was analysed that 141 agreed and 188 strongly agreed with it and 64.76% of respondents were agreed that their parents need themselves to purchase confectionery or snack product.

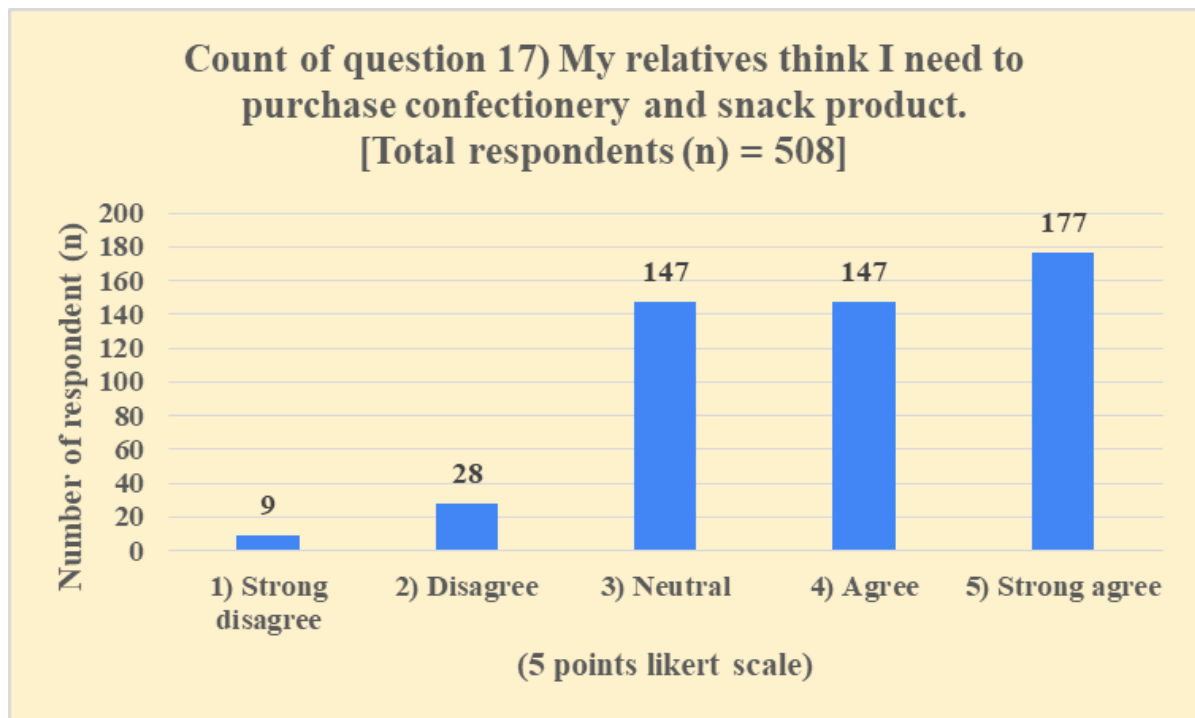
Appendix 7e: Result of subjective norm item 5 (Q16 or SN5)



Source: From this research.

Appendix 7c presented that out of 508 respondents, 10 strongly disagreed, 26 disagreed and 139 remained neutral. Also, it was analysed that 151 agreed and 182 strongly agreed with it and 65.55% respondents were agreed that their friends think them need to purchase confectionery and snack product.

Appendix 7f: Result of subjective norm item 6 (Q17 or SN6)

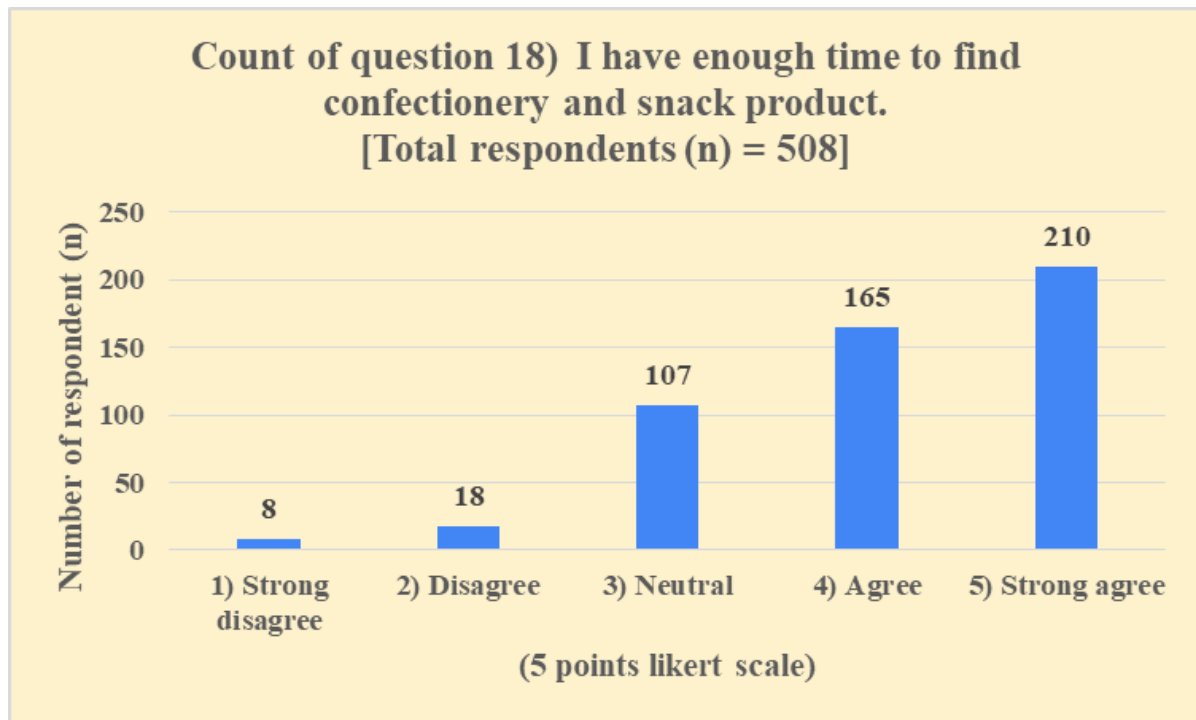


Source: From this research.

Appendix 7f presented that out of 508 respondents, 9 strongly disagreed, 28 disagreed and 147 remained neutral. Also, it was analysed that 147 agreed and 177 strongly agreed with it and 63.78% respondents were agreed that their relatives think themselves need to purchase confectionery and snack product.

Appendix 8a to 8c: Results of Perceived behavioural three items (Q18 to Q20)

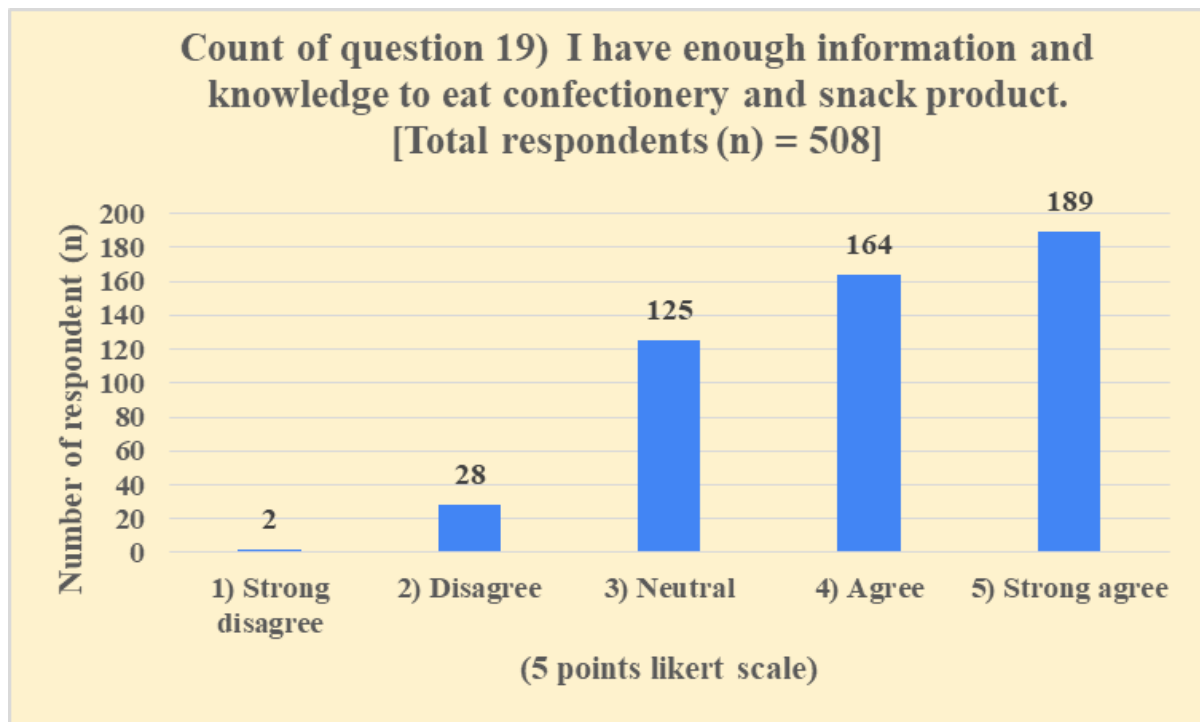
Appendix 8a: Result of perceived behavioural item 1 (Q18 or PBC1)



Source: From this research.

Appendix 8a presented that out of 508 respondents, 8 strongly disagreed, 18 disagreed and 107 remained neutral. Also, it was analysed that 165 agreed and 210 strongly agreed with it and 73.82% respondents had enough time to find confectionery and snack product.

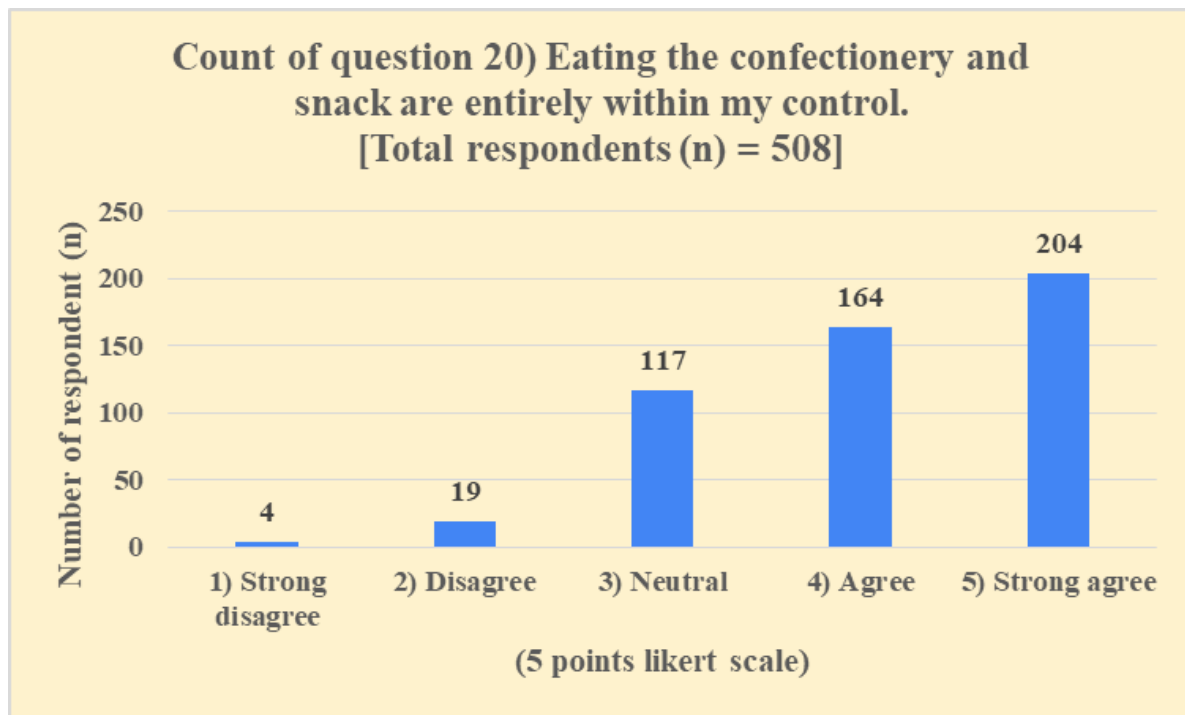
Appendix 8b: Result of perceived behavioural item 2 (Q19 or PBC2)



Source: From this research.

Appendix 8b presented that out of 508 respondents, 2 strongly disagreed, 28 disagreed and 125 remained neutral. Also, it was analysed that 164 agreed and 189 strongly agreed with it and 69.49% respondents had enough information and knowledge to eat confectionery and snack product.

Appendix 8c: Result of perceived behavioural item 3 (Q20 or PBC3)

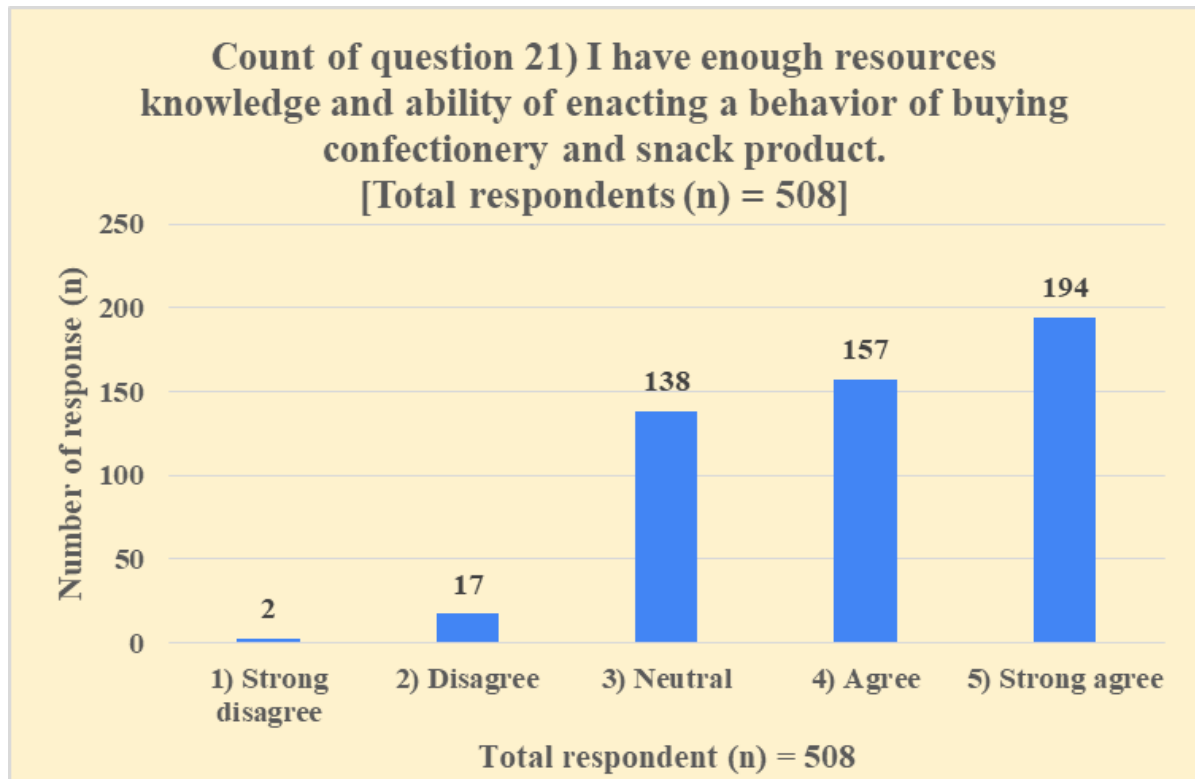


Source: From this research.

Appendix 8c presented that out of 508 respondents, 4 strongly disagreed, 19 disagreed and 117 remained neutral. Also, it was analysed that 164 agreed and 204 strongly agreed with it and 72.44% respondents had eating the confectionery and snack entirely within themselves control.

Appendix 9a to 9c: Results of attitude three items (Q21 to Q23)

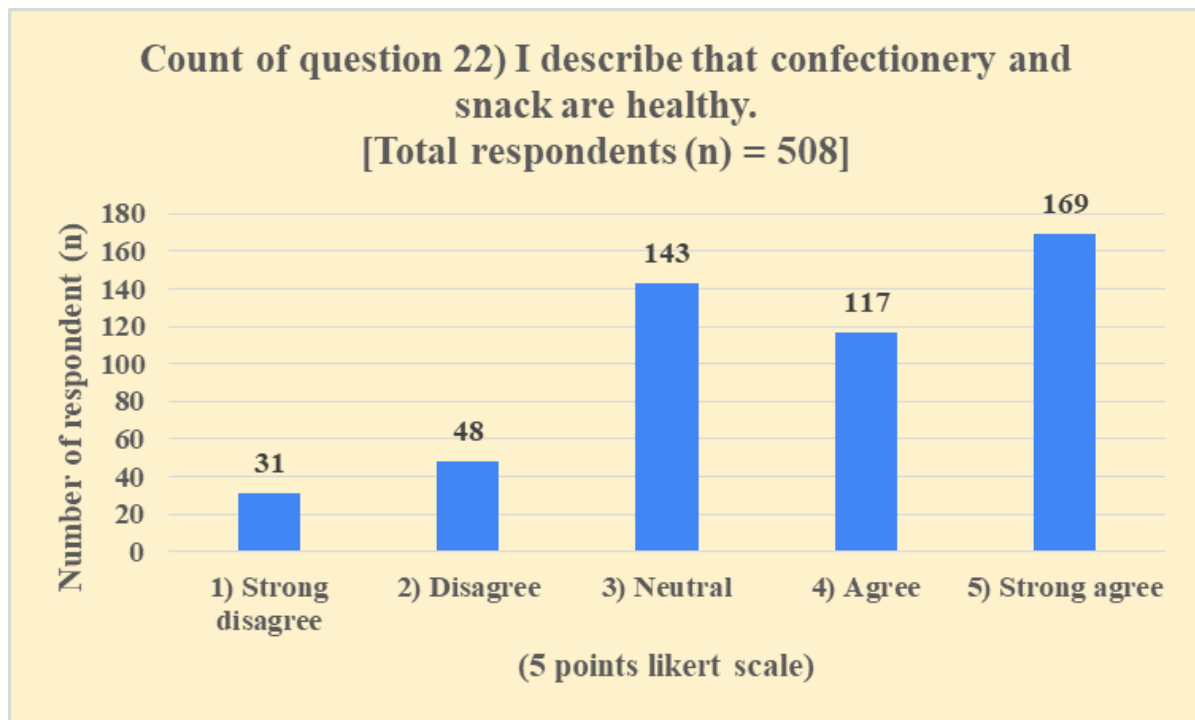
Appendix 9a: Result of attitude item 1 (Q21 or ATT1)



Source: From this research.

Appendix 9a presented that out of 508 respondents, 2 strongly disagreed, 17 disagreed and 138 remained neutral. Also, it was analysed that 157 agreed and 194 strongly agreed with it and 69.09% respondents had enough resources knowledge and ability of enacting a behaviour of buying confectionery and snack product.

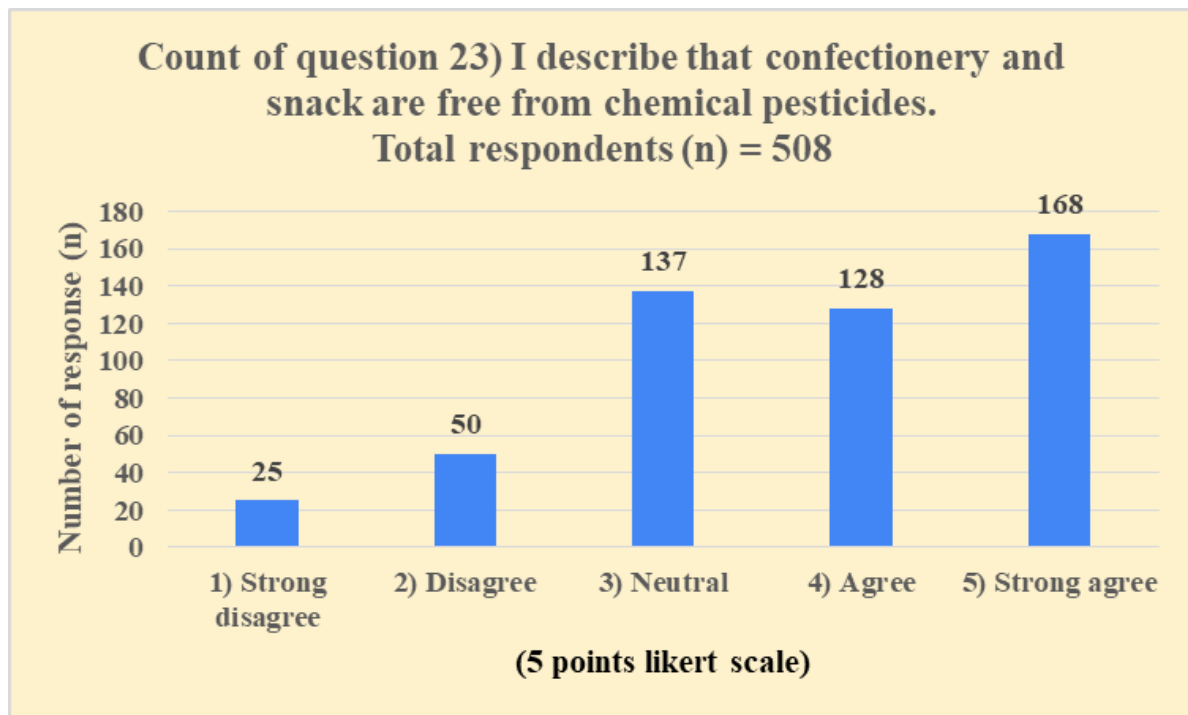
Appendix 9b: Result of attitude item 2 (Q22 or ATT2)



Source: From this research.

Appendix 9b presented that out of 508 respondents, 31 strongly disagreed, 48 disagreed and 143 remained neutral. Also, it was analysed that 117 agreed and 169 strongly agreed with it and 56.3% respondents had described that some confectionery and snack were healthy.

Appendix 9c: Result of attitude item 3 (Q23 or ATT3)

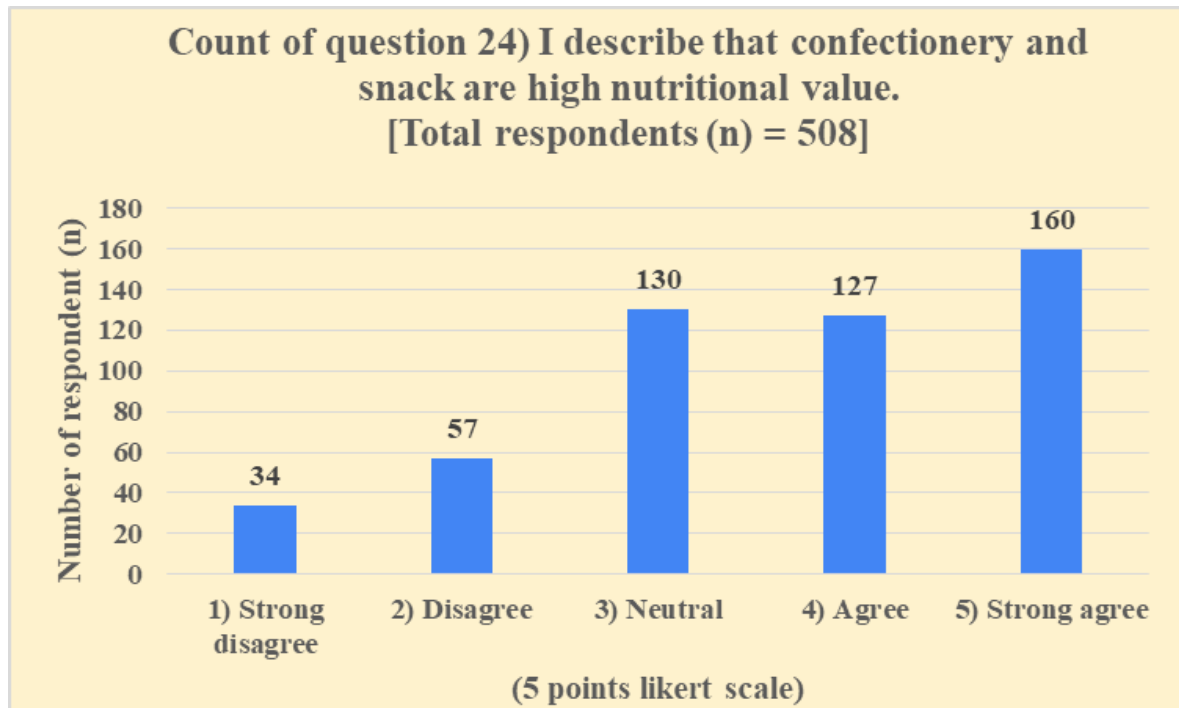


Source: From this research.

Appendix 9c presented that out of 508 respondents, 25 strongly disagreed, 50 disagreed and 137 remained neutral. Also, it was analysed that 128 agreed and 168 strongly agreed with it and 58.27% respondents had described some confectionery and snack free from chemical pesticides.

Appendix 10a to 10f: Results of purchase intention six items (Q24 to Q29)

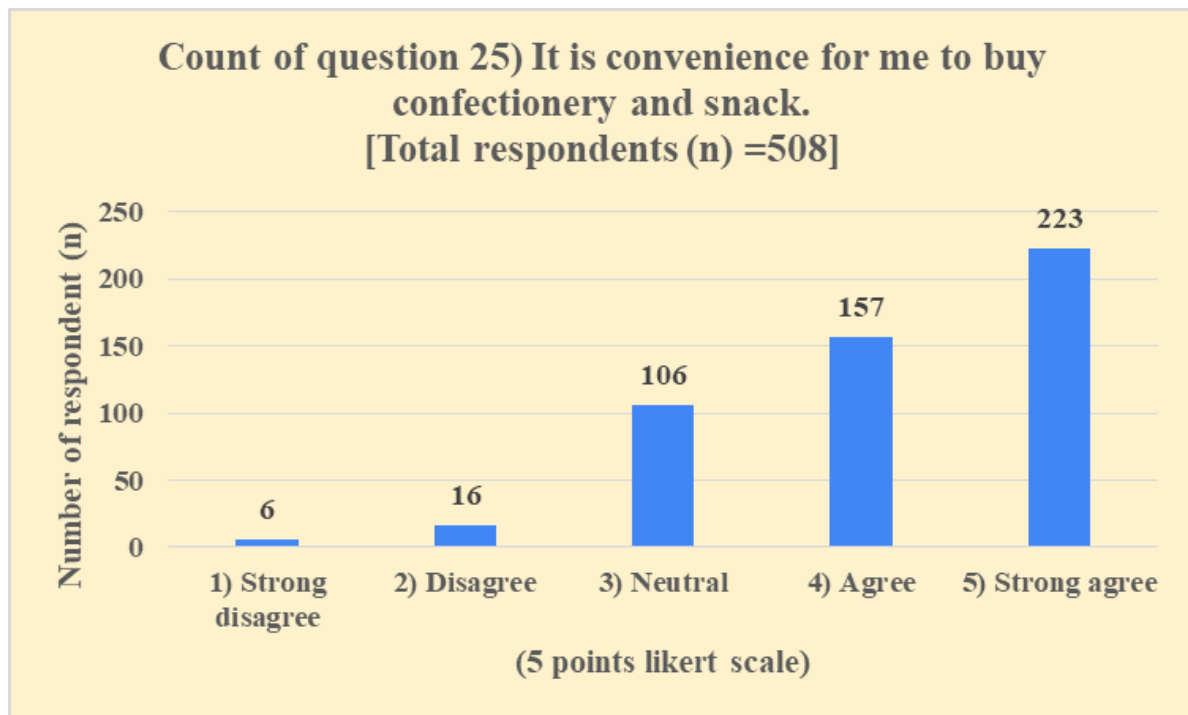
Appendix 10a: Result of purchase intention item 1 (Q24 or PI1)



Source: From this research.

Appendix 10a presented that out of 508 respondents, 34 strongly disagreed, 57 disagreed and 130 remained neutral. Also, it was analysed that 127 agreed and 160 strongly agreed with it and 56.5% respondents had described some confectionery and snack having high value.

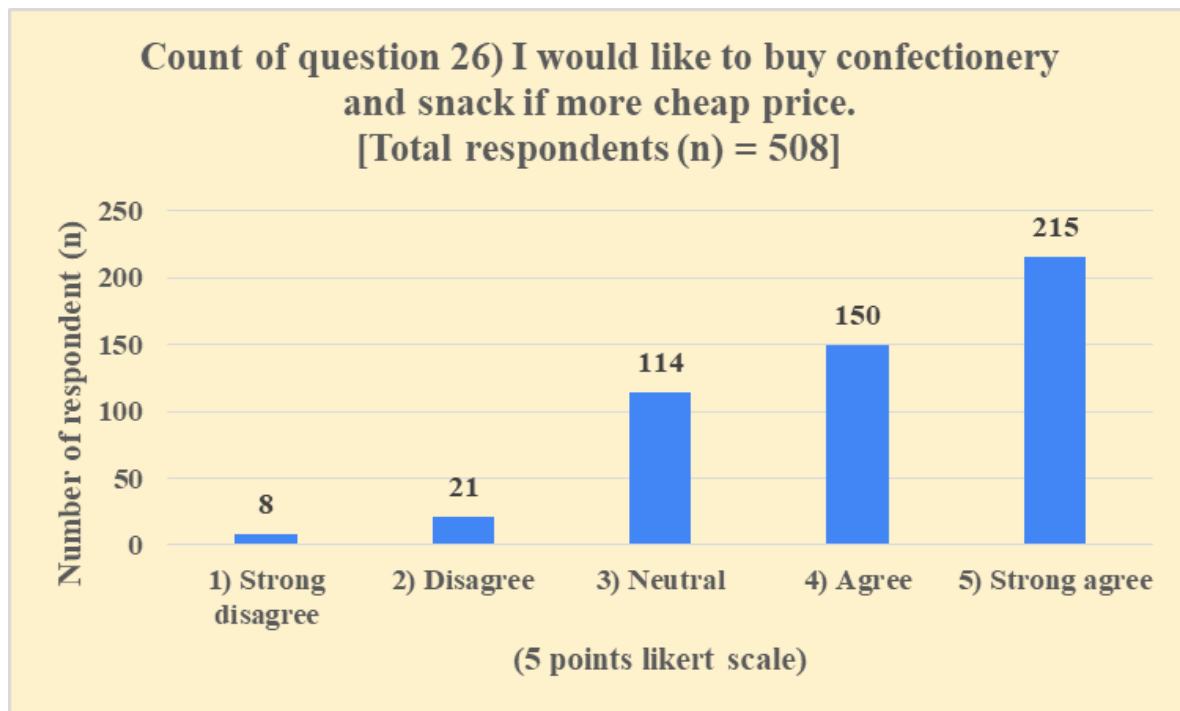
Appendix 10b: Result of purchase intention item 2 (Q25 or PI2)



Source: From this research.

Appendix 10b presented that out of 508 respondents, 6 strongly disagreed, 16 disagreed and 106 remained neutral. Also, it was analysed that 157 agreed and 223 strongly agreed with it and 74.8% respondents were convenience for them to buy confectionery and snack.

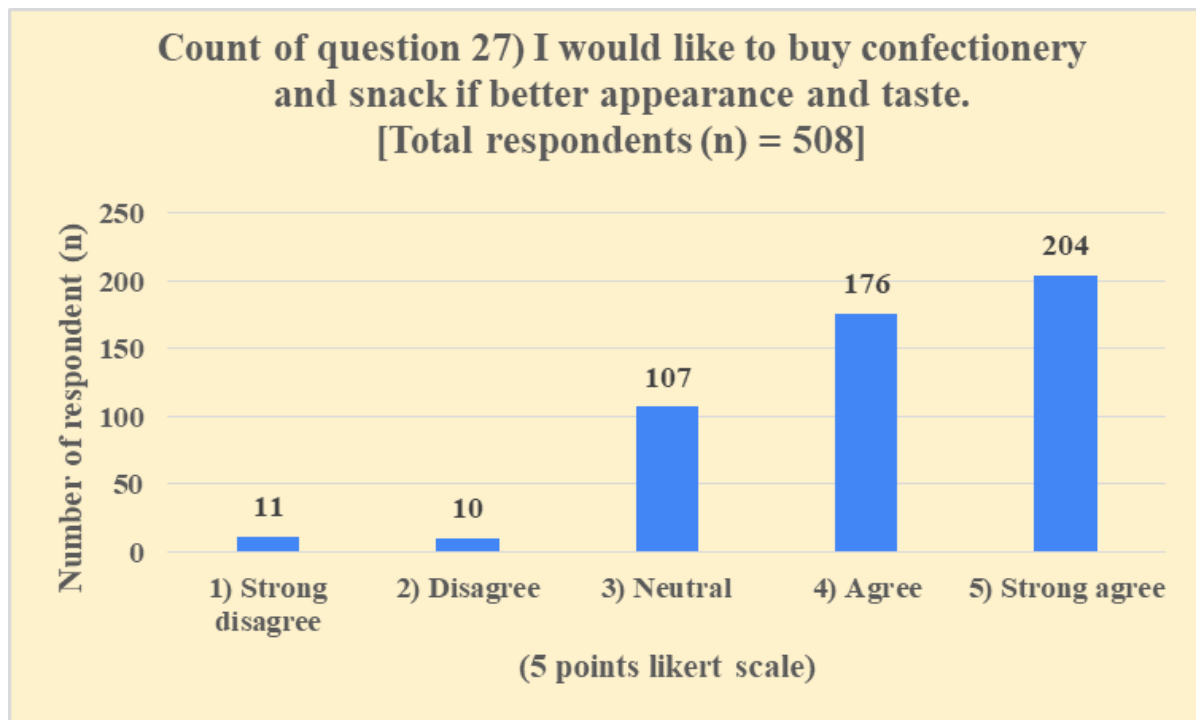
Appendix 10c: Result of purchase intention item 3 (Q26 or PI3)



Source: From this research.

Appendix 10c presented that out of 508 respondents, 8 strongly disagreed, 21 disagreed and 114 remained neutral. Also, it was analysed that 150 agreed and 215 strongly agreed with it and 71.85% respondents would like to buy confectionery and snack if more cheap price.

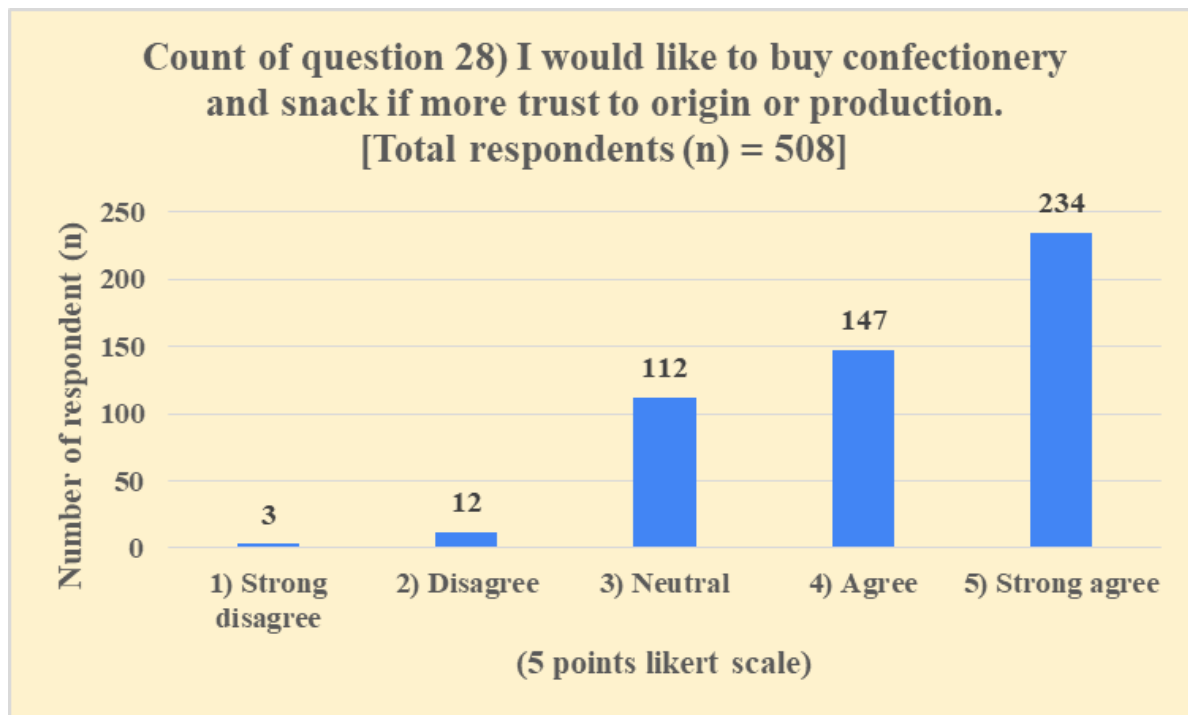
Appendix 10d: Result of purchase intention item 4 (Q27 or PI4)



Source: From this research.

Appendix 10d presented that out of 508 respondents, 11 strongly disagreed, 10 disagreed and 107 remained neutral. Also, it was analysed that 176 agreed and 204 strongly agreed with it and 74.8% respondents would like to buy confectionery and snack if better appearance and taste.

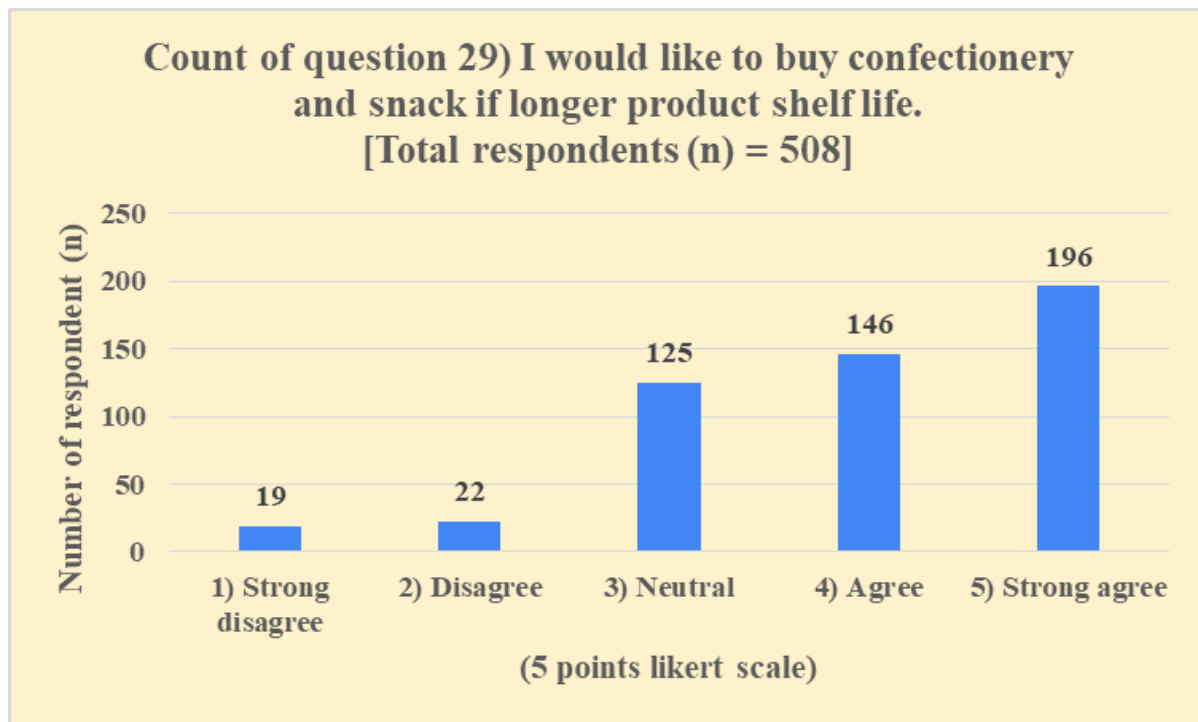
Appendix 10e: Result of purchase intention item 5 (Q28 or PI5)



Source: From this research.

Appendix 10e presented that out of 508 respondents, 3 strongly disagreed, 12 disagreed and 112 remained neutral. Also, it was analysed that 147 agreed and 234 strongly agreed with it and 75% respondents would like to buy confectionery and snack if more trust to origin or production.

Appendix 10f: Result of purchase intention item 6 (Q29 or PI6)

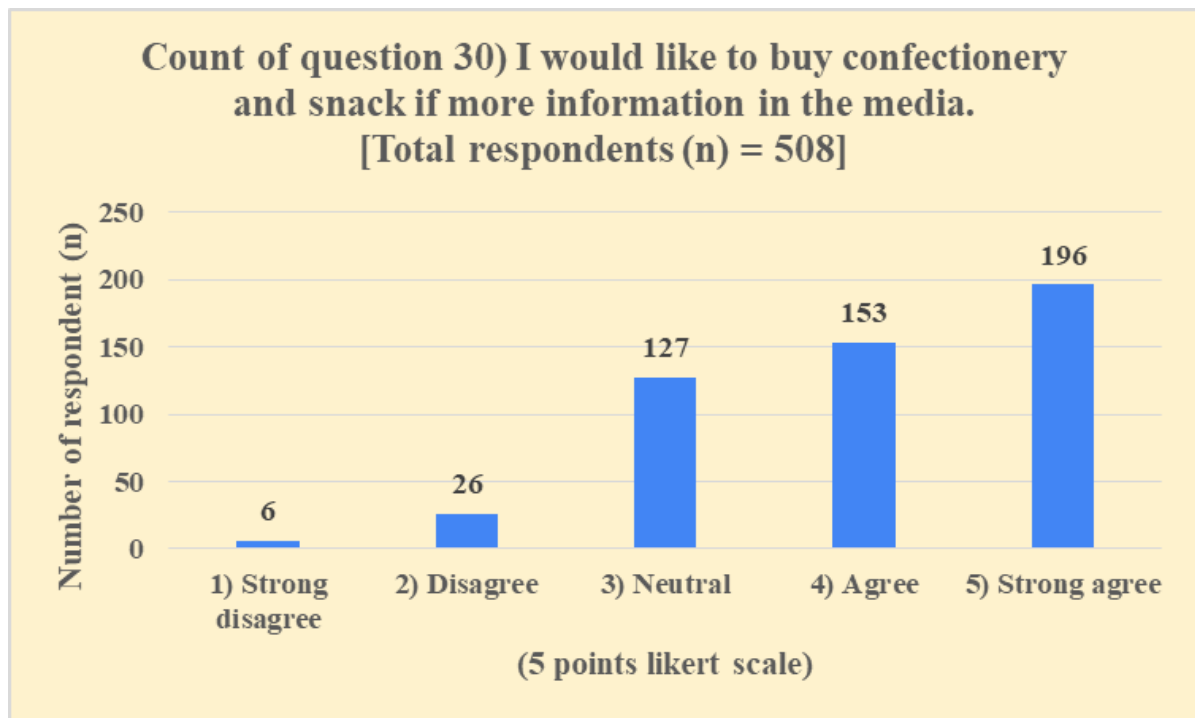


Source: From this research.

Appendix 10f presented that out of 508 respondents, 19 strongly disagreed, 22 disagreed and 125 remained neutral. Also, it was analysed that 146 agreed and 196 strongly agreed with it and 67.32% respondents would like to buy confectionery and snack if longer product shelf life.

Appendix 11a to 11c: Results of repetitive purchase behavioural three items (Q30 to Q32)

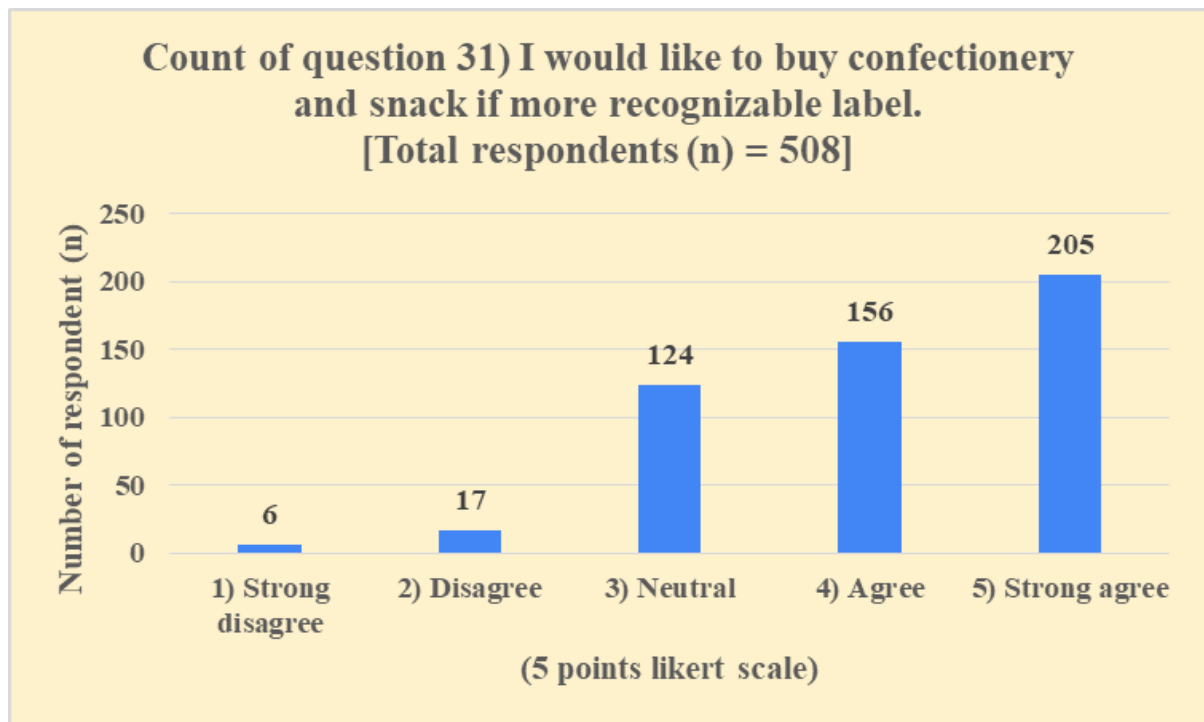
Appendix 11a: Result of repetitive purchase behavioural item 1 (Q30 or RPB1)



Source: From this research.

Appendix 11a presented that out of 508 respondents, 6 strongly disagreed, 26 disagreed and 127 remained neutral. Also, it was analysed that 153 agreed and 196 strongly agreed with it and 68.7% respondents would like to buy confectionery and snack if more information in the media.

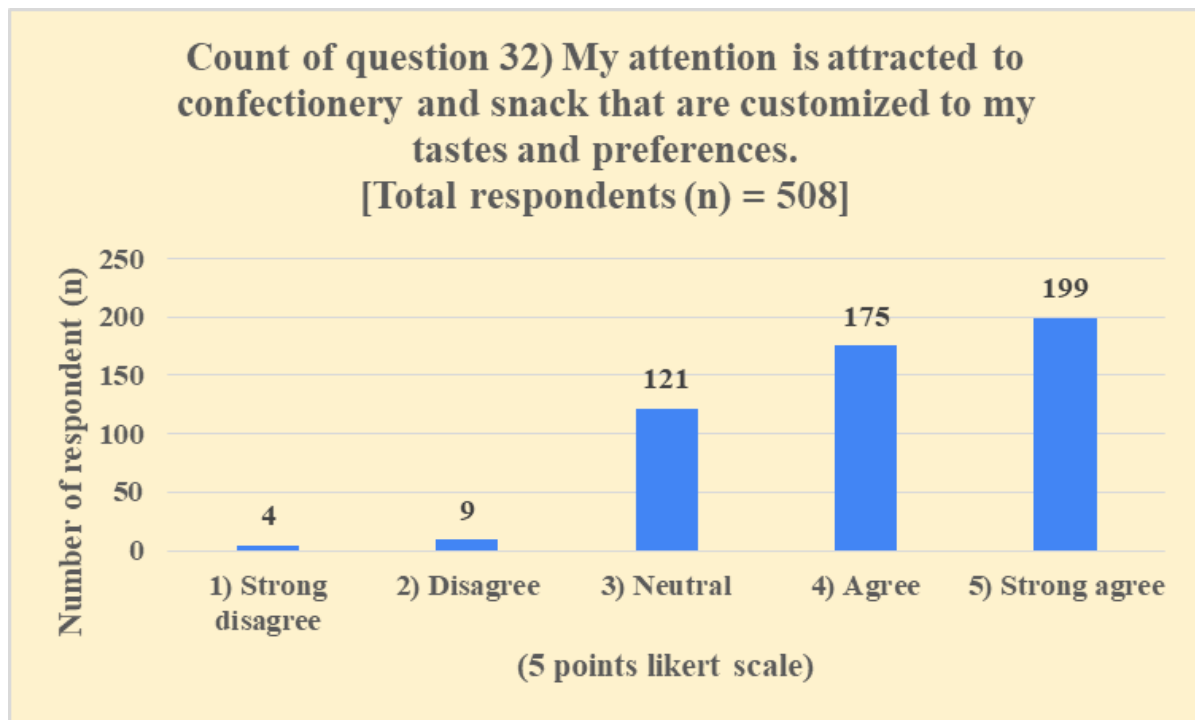
Appendix 11b: Result of repetitive purchase behavioural item 2 (Q31 or RPB2)



Source: From this research.

Appendix 11b presented that out of 508 respondents, 6 strongly disagreed, 17 disagreed and 124 remained neutral. Also, it was analysed that 156 agreed and 205 strongly agreed with it and 71.06% respondents would like to buy confectionery and snack if more recognizable label.

Appendix 11c: Result of repetitive purchase behavioural item 3 (Q32 or RPB3)

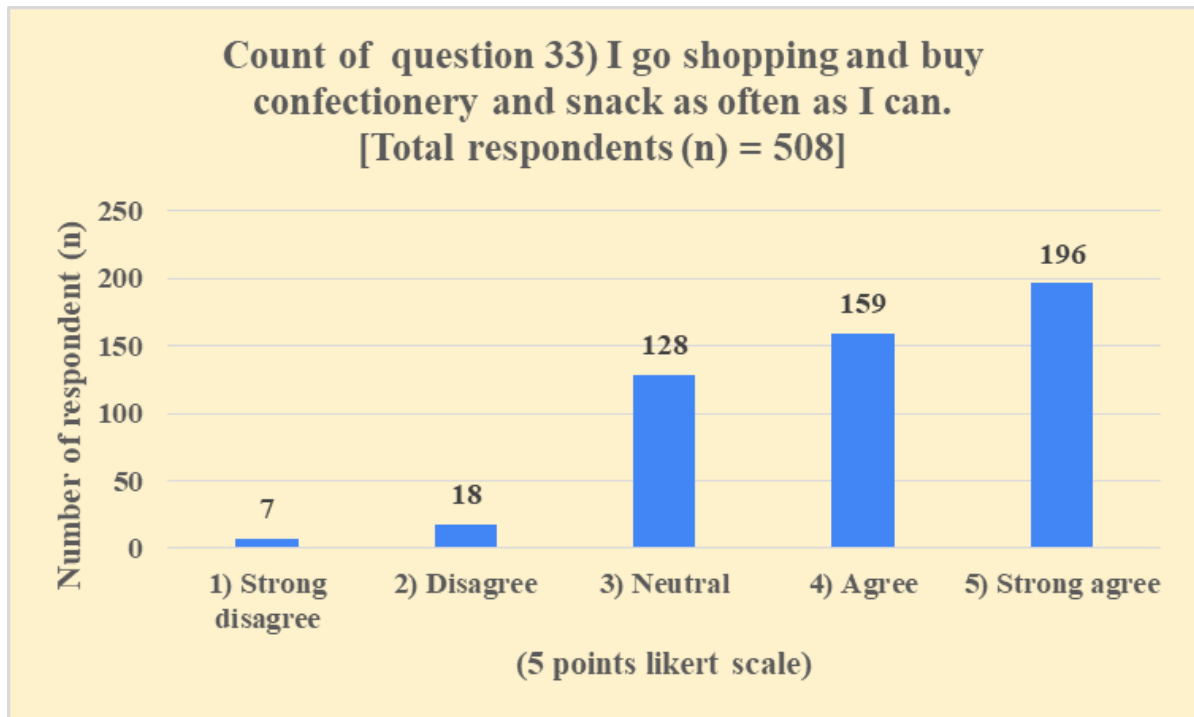


Source: From this research.

Appendix 11c presented that out of 508 respondents, 4 strongly disagreed, 9 disagreed and 121 remained neutral. Also, it was analysed that 175 agreed and 199 strongly agreed with it and 73.62% respondents had attracted to confectionery and snack that were customized to their tastes and preferences.

Appendix 12a to 12e: Results of word of mouth five items (Q33 to Q37)

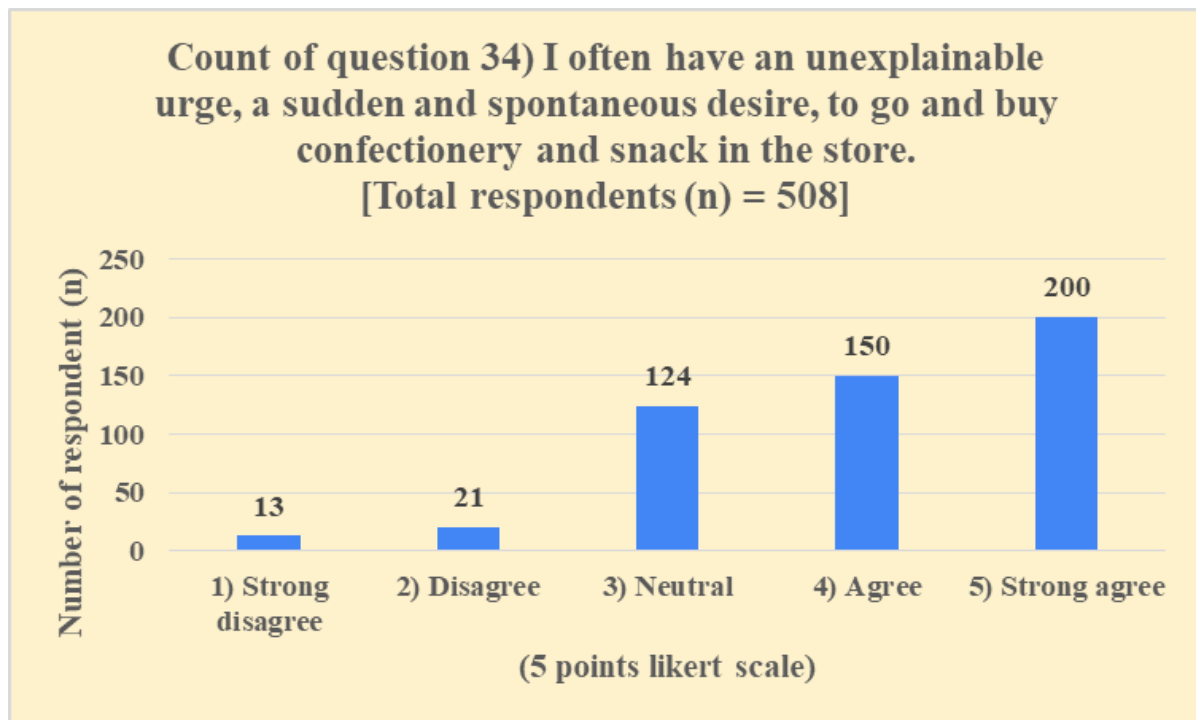
Appendix 12a: Results of word of mouth item 1 (Q33 or WOM1)



Source: From this research.

Appendix 12a presented that out of 508 respondents, 7 strongly disagreed, 18 disagreed and 128 remained neutral. Also, it was analysed that 159 agreed and 196 strongly agreed with it and 69.88% respondents went shopping and brought confectionery and snack as often as they could.

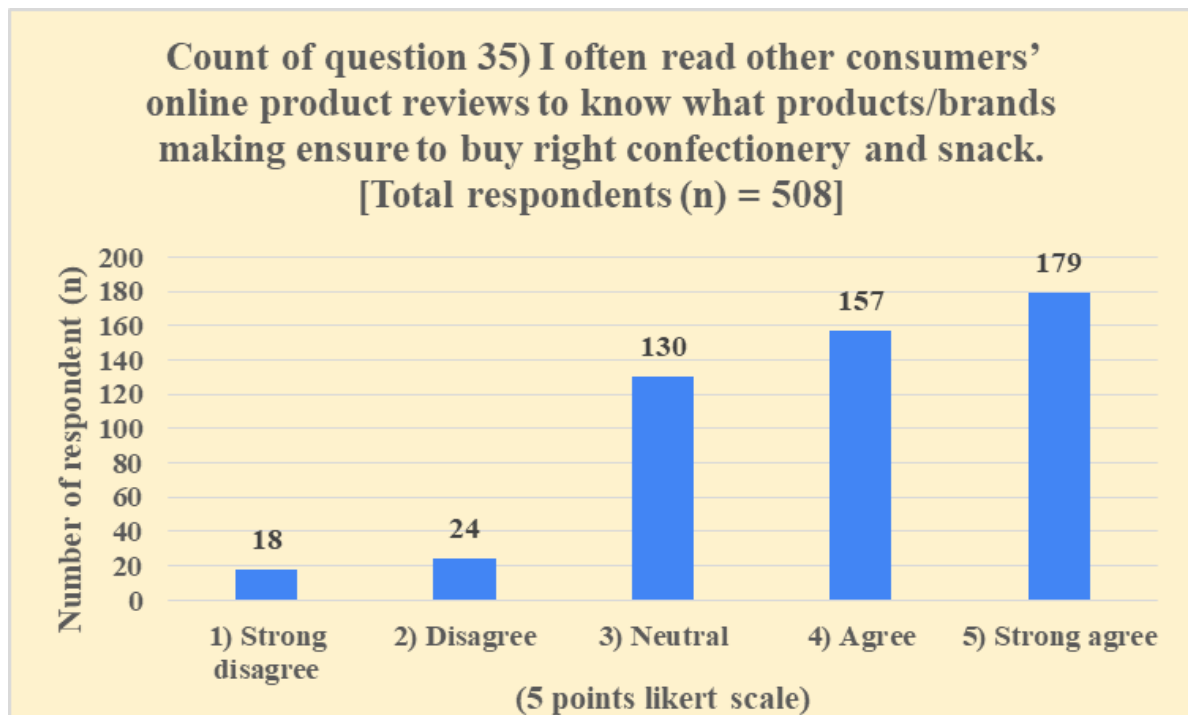
Appendix 12b: Results of word of mouth item 2 (Q34 or WOM2)



Source: From this research.

Appendix 12b presented that out of 508 respondents, 13 strongly disagreed, 21 disagreed and 124 remained neutral. Also, it was analysed that 150 agreed and 200 strongly agreed with it and 68.9% respondents often had an unexplainable urge, a sudden and spontaneous desire and buying confectionery and snack in the store.

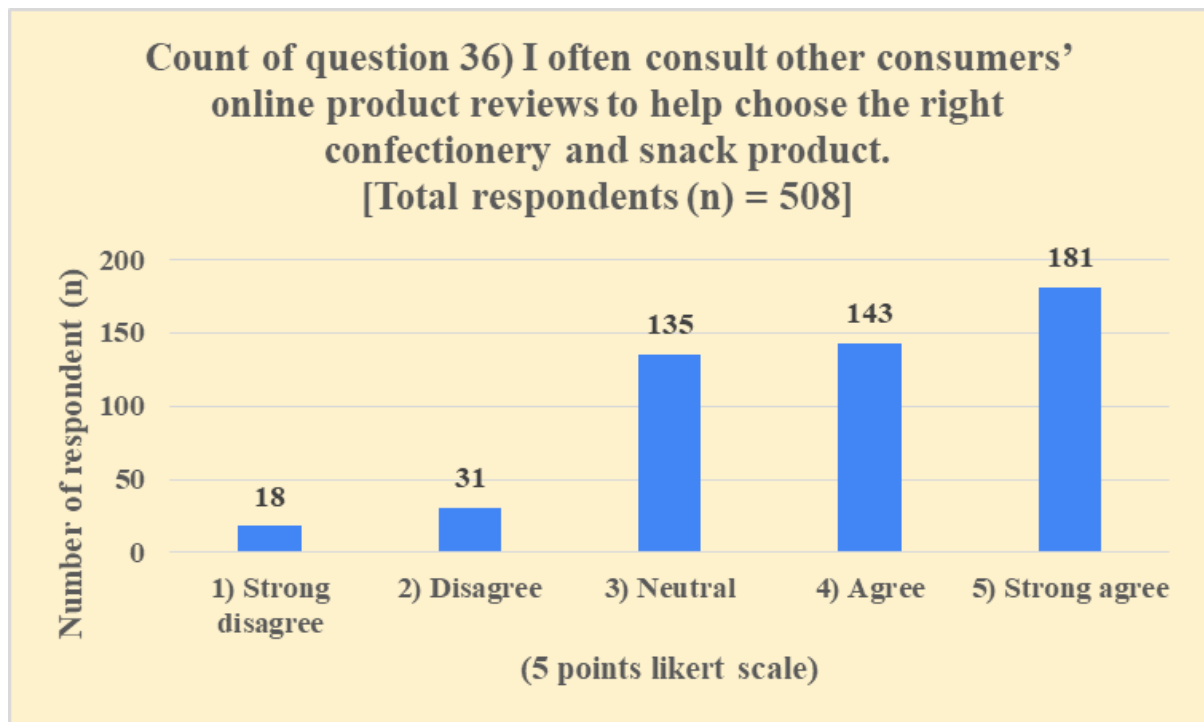
Appendix 12c: Results of word of mouth item 3 (Q35 or WOM3)



Source: From this research.

Appendix 12c presented that out of 508 respondents, 18 strongly disagreed, 24 disagreed and 130 remained neutral. Also, it was analysed that 157 agreed and 179 strongly agreed with it and 66.14% respondents often read other consumers' online product reviews to know what products/bands making ensure to buy right confectionery and snack.

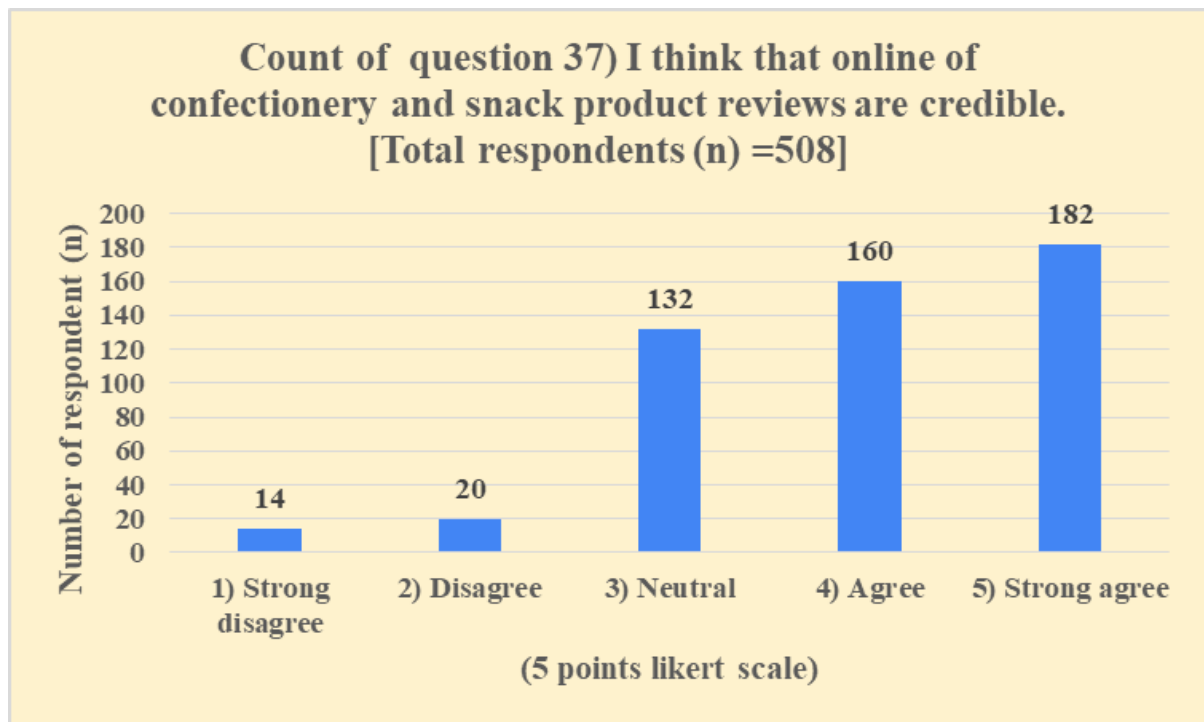
Appendix 12d: Results of word of mouth item 4 (Q36 or WOM4)



Source: From this research.

Appendix 12d presented that out of 508 respondents, 18 strongly disagreed, 31 disagreed and 135 remained neutral. Also, it was analysed that 143 agreed and 181 strongly agreed with it and 63.78% respondents often consulted other consumers' online product reviews to help choose the right confectionery and snack product.

Appendix 12e: Results of word of mouth item 5 (Q37 or WOM5)



Source: From this research.

Appendix 12e presented that out of 508 respondents, 14 strongly disagreed, 20 disagreed and 132 remained neutral. Also, it was analysed that 160 agreed and 182 strongly agreed with it and 67.32% respondents thought that online of confectionery and snack product reviews were credible.

Appendix 13a to 13h: Reliability testing results though SPSS.

Appendix 13a: Reliability testing output of health consciousness scale with 6 items.

Reliability
Scale: HealthConsciousness_6items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.893	.896	6

Item Statistics

	Mean	Std. Deviation	N
HC1	4.05	.966	508
HC2	4.05	.987	508
HC3	4.08	.931	508
HC4	3.87	1.158	508
HC5	3.77	1.198	508
HC6	4.16	.991	508

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
HC1	19.93	18.593	.724	.585	.874
HC2	19.94	18.611	.701	.558	.877
HC3	19.90	18.748	.737	.561	.872
HC4	20.11	17.106	.743	.580	.871
HC5	20.21	17.212	.695	.513	.880
HC6	19.82	18.484	.715	.530	.875

Source: From this research, SPSS v25.

Appendix 13b: Reliability testing output of consumer health knowledge scale with 5 items.

Reliability
Scale: ConsumerHealthKowledge_5items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.881	.881	5

Item Statistics

	Mean	Std. Deviation	N
CHK1	4.00	.950	508
CHK2	4.06	.941	508
CHK3	4.15	.866	508
CHK4	4.05	.948	508
CHK5	3.90	1.042	508

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
CHK1	16.16	10.305	.673	.453	.865
CHK2	16.09	10.004	.743	.557	.848
CHK3	16.00	10.801	.661	.442	.867
CHK4	16.10	9.871	.762	.592	.844
CHK5	16.25	9.480	.740	.560	.850

Source: From this research, SPSS v25.

Appendix 13c: Reliability testing result output of subjective norm scale with 6 items.

Reliability

Scale: SubjectiveNorm_6items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Item Statistics

	Mean	Std. Deviation	N
SN1	4.04	.980	508
SN2	4.03	.960	508
SN3	3.95	1.000	508
SN4	3.91	1.045	508
SN5	3.92	1.005	508
SN6	3.90	1.004	508

Reliability Statistics

	Cronbach's Alpha Based on Standardized Items	N of Items
Cronbach's Alpha	.902	6

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
SN1	19.70	17.739	.659	.449	.895
SN2	19.72	17.444	.719	.541	.887
SN3	19.80	17.193	.717	.527	.887
SN4	19.84	16.646	.751	.585	.882
SN5	19.82	16.760	.774	.629	.878
SN6	19.85	16.761	.774	.638	.878

Source: From this research, SPSS v25.

Appendix 13d: Reliability testing output of perceived behavioural control scale with 4 items.

Reliability

Scale: PerceivedBehavioral_4items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Item Statistics

	Mean	Std. Deviation	N
PB1	4.08	.950	508
PB2	4.00	.936	508
PB3	4.07	.921	508
PB4	4.03	.907	508

Reliability Statistics

	Cronbach's Alpha Based on Standardized Items	N of Items
Cronbach's Alpha	.863	4

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
PB1	12.11	5.911	.641	.434	.853
PB2	12.19	5.558	.757	.575	.805
PB3	12.12	5.798	.705	.537	.827
PB4	12.16	5.729	.741	.555	.812

Source: From this research, SPSS v25.

Appendix 13e: Reliability testing output of attitude scale with 4 items.

♦ **Reliability**

Scale: Attitude_4items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.838	.829	4

Item Statistics

	Mean	Std. Deviation	N
AT1	3.68	1.201	508
AT2	3.72	1.166	508
AT3	3.63	1.221	508
AT4	4.13	.930	508

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
AT1	11.48	7.327	.788	.652	.740
AT2	11.44	7.687	.749	.599	.759
AT3	11.53	7.267	.780	.679	.744
AT4	11.03	10.656	.391	.165	.896

Source: From this research, SPSS v25.

Appendix 13f: Reliability testing output of word of mouth scale with 3 items.

Reliability

Scale: WordOfMouth_3items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.887	.887	3

Item Statistics

	Mean	Std. Deviation	N
WOM1	3.90	1.052	508
WOM2	3.86	1.081	508
WOM3	3.94	1.011	508

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
WOM1	7.80	3.802	.768	.594	.848
WOM2	7.83	3.599	.803	.645	.817
WOM3	7.76	3.959	.766	.591	.850

Source: From this research, SPSS v25.

Appendix 13g: Reliability testing output of purchase intention scale with 6 items.

► **Reliability**

Scale: PurchaseIntension_6items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

	Cronbach's Alpha Based on Standardized Items	N of Items
Cronbach's Alpha	.916	6

Item Statistics

	Mean	Std. Deviation	N
PI1	4.07	.976	508
PI2	4.09	.938	508
PI3	4.18	.894	508
PI4	3.94	1.068	508
PI5	4.00	.974	508
PI6	4.06	.941	508

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
PI1	20.26	16.578	.775	.629	.899
PI2	20.24	16.992	.752	.602	.902
PI3	20.15	17.454	.727	.538	.906
PI4	20.39	16.194	.739	.581	.905
PI5	20.33	16.604	.772	.631	.899
PI6	20.27	16.521	.820	.678	.893

Source: From this research, SPSS v25.

Appendix 13h: Reliability testing output of repetitive purchase behaviour scale with 3 items.

► **Reliability**

Scale: RepetitivePurchaseBehaviour_3items

Case Processing Summary

		N	%
Cases	Valid	508	100.0
	Excluded ^a	0	.0
	Total	508	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

	Cronbach's Alpha Based on Standardized Items	N of Items
Cronbach's Alpha	.808	3

Item Statistics

	Mean	Std. Deviation	N
RPB1	4.09	.874	508
RPB2	4.02	.951	508
RPB3	3.99	1.018	508

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
RPB1	8.01	3.246	.589	.347	.805
RPB2	8.08	2.780	.688	.490	.705
RPB3	8.12	2.545	.704	.508	.688

Source: From this research, SPSS v25.

Appendix 14a to 14w: Results of regression testing though SPSS.

Appendix 14a: The H1 model summary, ANOVA and coefficients of independent variables (Gender, age, vocationl, education and health consciousness) on dependent variable (Attitude) though SPSS output.

Model Summary ^c					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.077 ^a	.006	-.002	.93272	
2	.631 ^b	.398	.392	.72658	

a. Predictors: (Constant), Education, Gender, Age, Vocaiton

b. Predictors: (Constant), Education, Gender, Age, Vocaiton, HealthConscious_s

c. Dependent Variable: Attitude_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.584	4	.646	.742	.563 ^b
	Residual	437.589	503	.870		
	Total	440.173	507			
2	Regression	175.159	5	35.032	66.358	.000 ^c
	Residual	265.014	502	.528		
	Total	440.173	507			

a. Dependent Variable: Attitude_s

b. Predictors: (Constant), Education, Gender, Age, Vocaiton

c. Predictors: (Constant), Education, Gender, Age, Vocaiton, HealthConscious_s

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
1	(Constant)	3.750	.230		16.301
	Gender	.095	.097	.045	.985
	Age	-.021	.045	-.021	-.468
	Vocaiton	-.026	.019	-.065	-1.360
	Education	.018	.043	.019	.412
2	(Constant)	1.026	.234		4.381
	Gender	-.023	.076	-.011	-.302
	Age	.030	.035	.030	.856
	Vocaiton	-.013	.015	-.031	-.840
	Education	.006	.034	.006	.165
	HealthConscious_s	.698	.039	.631	18.080

Source: From this research, SPSS v25.

Appendix 14b: The H1a model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and health consciousness) on dependent variable (Subjective norm) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.112 ^a	.013	.005	.81687
2	.767 ^b	.588	.584	.52822

a. Predictors: (Constant), Education, Gender, Age, Vocation,

b. Predictors: (Constant), Education, Gender, Age, Vocation, , HealthConscious_s

c. Dependent Variable: SubjectiveNorm_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.298	4	1.074	1.610	.170 ^b
	Residual	335.640	503	.667		
	Total	339.937	507			
2	Regression	199.870	5	39.974	143.267	.000 ^c
	Residual	140.067	502	.279		
	Total	339.937	507			

a. Dependent Variable: SubjectiveNorm_s

b. Predictors: (Constant), Education, Gender, Age, Vocation,

c. Predictors: (Constant), Education, Gender, Age, Vocation, , HealthConscious_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.795	.201		18.836	.000
	Gender	.180	.085	.097	2.132	.033
	Age	-.047	.040	-.053	-1.184	.237
	Vocation	-.014	.017	-.040	-.836	.404
	Education	.003	.038	.004	.081	.935
2	(Constant)	.895	.170		5.257	.000
	Gender	.055	.055	.030	.998	.319
	Age	.008	.026	.009	.305	.760
	Vocation	.000	.011	.001	.034	.973
	Education	-.010	.025	-.012	-.407	.684
	HealthConscious_s	.743	.028	.765	26.475	.000

Source: From this research, SPSS v25.

Appendix 14c: The H1b model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and health consciousness) on dependent variable (Perceived behavioural control) though SPSS output.

Model Summary ^c					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.099 ^a	.010	.002	.78080	
2	.613 ^b	.376	.370	.62037	

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, , HealthConscious_s
c. Dependent Variable: PerceivedBehavioural_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.039	4	.760	1.246	.290 ^b
	Residual	306.654	503	.610		
	Total	309.693	507			
2	Regression	116.495	5	23.299	60.540	.000 ^c
	Residual	193.198	502	.385		
	Total	309.693	507			

a. Dependent Variable: PerceivedBehavioural_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, , HealthConscious_s

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
1	(Constant)	4.159	.193		21.600
	Gender	.038	.081	.021	.470
	Age	-.080	.038	-.096	-2.127
	Vocation	-.008	.016	-.022	-.474
	Education	.008	.036	.010	.230
2	(Constant)	1.951	.200		9.759
	Gender	-.058	.064	-.033	-.894
	Age	-.039	.030	-.046	-1.288
	Vocation	.003	.013	.010	.263
	Education	-.002	.029	-.002	-.056
	HealthConscious_s	.566	.033	.610	17.170

Source: From this research, SPSS v25.

Appendix 14d: The H2 model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and customer health knowledge) on dependent variable (Attitude) though SPSS output.

Model Summary ^c					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.077 ^a	.006	-.002	.93272	
2	.675 ^b	.456	.450	.69078	

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, CustomerHealthKnow_s
c. Dependent Variable: Attitude_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.584	4	.646	.742	.563 ^b
	Residual	437.589	503	.870		
	Total	440.173	507			
2	Regression	200.631	5	40.126	84.091	.000 ^c
	Residual	239.542	502	.477		
	Total	440.173	507			

a. Dependent Variable: Attitude_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, CustomerHealthKnow_s

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.750	.230		16.301	.000		
	Gender	.095	.097	.045	.985	.325	.940	1.063
	Age	-.021	.045	-.021	-.468	.640	.963	1.039
	Vocation	-.026	.019	-.065	-1.360	.174	.878	1.139
	Education	.018	.043	.019	.412	.680	.946	1.058
2	(Constant)	.639	.229		2.794	.005		
	Gender	-.029	.072	-.014	-.410	.682	.934	1.071
	Age	.018	.034	.018	.540	.590	.960	1.042
	Vocation	-.016	.014	-.040	-1.125	.261	.877	1.141
	Education	.000	.032	.000	-.005	.996	.945	1.058
	CustomerHealthKnow_s	.804	.039	.675	20.373	.000	.988	1.012

a. Dependent Variable: Attitude_s

Source: From this research, SPSS v25.

Appendix 14e: The H2a model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and customer health knowledge) on dependent variable (Subjective norm) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.112 ^a	.013	.005	.81687
2	.857 ^b	.735	.732	.42389

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation, CustomerHealthKnow_s

c. Dependent Variable: SubjectiveNorm_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.298	4	1.074	1.610	.170 ^b
	Residual	335.640	503	.667		
	Total	339.937	507			
2	Regression	249.738	5	49.948	277.983	.000 ^c
	Residual	90.199	502	.180		
	Total	339.937	507			

a. Dependent Variable: SubjectiveNorm_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation, CustomerHealthKnow_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.	Collinearity Statistics	
		B	Std. Error	Beta	t		Tolerance	VIF
1	(Constant)	3.795	.201		18.836	.000		
	Gender	.180	.085	.097	2.132	.033	.940	1.063
	Age	-.047	.040	-.053	-1.184	.237	.963	1.039
	Vocation	-.014	.017	-.040	-.836	.404	.878	1.139
	Education	.003	.038	.004	.081	.935	.946	1.058
2	(Constant)	.332	.140		2.364	.018		
	Gender	.042	.044	.022	.945	.345	.934	1.071
	Age	-.003	.021	-.004	-.155	.877	.960	1.042
	Vocation	-.003	.009	-.008	-.320	.749	.877	1.141
	Education	-.017	.020	-.020	-.862	.389	.945	1.058
	CustomerHealthKnow_s	.895	.024	.855	36.959	.000	.988	1.012

a. Dependent Variable: SubjectiveNorm_s

Source: From this research, SPSS v25.

Appendix 14f: The H2b model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and customer health knowledge) on dependent variable (Perceived behavioural control) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.099 ^a	.010	.002	.78080
2	.775 ^b	.600	.596	.49667

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation , CustomerHealthKnow_s

c. Dependent Variable: PerceivedBehavioral_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.039	4	.760	1.246	.290 ^b
	Residual	306.654	503	.610		
	Total	309.693	507			
2	Regression	185.860	5	37.172	150.689	.000 ^c
	Residual	123.834	502	.247		
	Total	309.693	507			

a. Dependent Variable: PerceivedBehavioral_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation , CustomerHealthKnow_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.159	.193		21.600	.000		
	Gender	.038	.081	.021	.470	.639	.940	1.063
	Age	-.080	.038	-.096	-2.127	.034	.963	1.039
	Vocation	-.008	.016	-.022	-.474	.636	.878	1.139
	Education	.008	.036	.010	.230	.818	.946	1.058
2	(Constant)	1.171	.164		7.117	.000		
	Gender	-.082	.052	-.046	-1.584	.114	.934	1.071
	Age	-.043	.024	-.051	-1.776	.076	.960	1.042
	Vocation	.002	.010	.006	.205	.837	.877	1.141
	Education	-.009	.023	-.011	-.388	.698	.945	1.058
	CustomerHealthKnow_s	.772	.028	.773	27.224	.000	.988	1.012

a. Dependent Variable: PerceivedBehavioral_s

Source: From this research, SPSS v25.

Appendix 14g: The H3 model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and subjective norm) on dependent variable (Attitude) though SPSS output.

Model Summary ^c				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.077 ^a	.006	-.002	.93272
2	.749 ^b	.561	.556	.62073

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, , SubjectiveNorm_s
c. Dependent Variable: Attitude_s

ANOVA ^a					
Model		Sum of Squares	df	Mean Square	F
1	Regression	2.584	4	.646	.742
	Residual	437.589	503	.870	
	Total	440.173	507		
2	Regression	246.746	5	49.349	128.076
	Residual	193.426	502	.385	
	Total	440.173	507		

a. Dependent Variable: Attitude_s
b. Predictors: (Constant), Education, Gender, Age, Vocation,
c. Predictors: (Constant), Education, Gender, Age, Vocation, , SubjectiveNorm_s

Coefficients ^a							
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics
		B	Std. Error	Beta			Tolerance
1	(Constant)	3.750	.230		16.301	.000	
	Gender	.095	.097	.045	.985	.325	.940
	Age	-.021	.045	-.021	-.468	.640	.963
	Vocation	-.026	.019	-.065	-1.360	.174	.878
	Education	.018	.043	.019	.412	.680	.946
2	(Constant)	.513	.200		2.567	.011	
	Gender	-.059	.065	-.028	-.909	.364	.932
	Age	.019	.030	.019	.625	.532	.960
	Vocation	-.014	.013	-.035	-1.106	.269	.876
	Education	.015	.029	.016	.528	.598	.946
	SubjectiveNorm_s	.853	.034	.750	25.173	.000	.987

a. Dependent Variable: Attitude_s

Source: From this research, SPSS v25.

Appendix 14h: The H3a model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and subjective norm) on dependent variable (Purchase intention) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.157 ^a	.025	.017	.80427
2	.741 ^b	.549	.544	.54742

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation , SubjectiveNorm_s

c. Dependent Variable: PurchaseIntention_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.184	4	2.046	3.163	.014 ^b
	Residual	325.365	503	.647		
	Total	333.549	507			
2	Regression	183.116	5	36.623	122.213	.000 ^c
	Residual	150.433	502	.300		
	Total	333.549	507			

a. Dependent Variable: PurchaseIntention_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation , SubjectiveNorm_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.868	.198		19.502	.000		
	Gender	.201	.083	.110	2.413	.016	.940	1.063
	Age	-.058	.039	-.066	-1.479	.140	.963	1.039
	Vocation	-.032	.017	-.090	-1.909	.057	.878	1.139
	Education	.048	.037	.059	1.297	.195	.946	1.058
2	(Constant)	1.129	.176		6.402	.000		
	Gender	.071	.057	.039	1.242	.215	.932	1.073
	Age	-.024	.027	-.027	-.896	.370	.960	1.041
	Vocation	-.022	.011	-.061	-1.903	.058	.876	1.141
	Education	.046	.025	.056	1.818	.070	.946	1.058
	SubjectiveNorm_s	.722	.030	.729	24.161	.000	.987	1.013

a. Dependent Variable: PurchaseIntention_s

Source: From this research, SPSS v25.

Appendix 14i: The H3b model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and subjective norm) on dependent variable (Repetitive purchase behaviour) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.119 ^a	.014	.006	.80482
2	.724 ^b	.524	.520	.55855

a. Predictors: (Constant), Education, Gender, Age, Vocaiton

b. Predictors: (Constant), Education, Gender, Age, Vocation, SubjectiveNorm_s

c. Dependent Variable: RepetitivePurchaseBehaviour_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.661	4	1.165	1.799	.128 ^b
	Residual	325.813	503	.648		
	Total	330.473	507			
2	Regression	173.299	5	34.660	110.700	.000 ^c
	Residual	157.175	502	.313		
	Total	330.473	507			

a. Dependent Variable: RepetitivePurchaseBehaviour_s

b. Predictors: (Constant), Education, Gender, Age, Vocation,

c. Predictors: (Constant), Education, Gender, Age, Vocation, SubjectiveNorm_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.983	.198		20.065	.000		
	Gender	.156	.083	.085	1.870	.062	.940	1.063
	Age	-.066	.039	-.077	-1.704	.089	.963	1.039
	Vocaitonal	-.020	.017	-.055	-1.162	.246	.878	1.139
	Education	.000	.037	.000	-.003	.998	.946	1.058
2	(Constant)	1.293	.180		7.175	.000		
	Gender	.028	.058	.015	.481	.631	.932	1.073
	Age	-.033	.027	-.038	-1.224	.221	.960	1.041
	Vocaitonal	-.009	.012	-.027	-.806	.420	.876	1.141
	Education	-.002	.026	-.003	-.088	.930	.946	1.058
	SubjectiveNorm_s	.709	.031	.719	23.208	.000	.987	1.013

a. Dependent Variable: RepetitivePurchaseBehaviour_s

Source: From this research, SPSS v25.

Appendix 14j The H3c model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and subjective norm) on dependent variable (Word of mouth) though SPSS output.

Model Summary ^c					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.146 ^a	.021	.014	.94003	
2	.740 ^b	.548	.544	.63939	

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, SubjectiveNorm_s
c. Dependent Variable: WordOfMouth_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.709	4	2.427	2.747	.028 ^b
	Residual	444.481	503	.884		
	Total	454.190	507			
2	Regression	248.960	5	49.792	121.793	.000 ^c
	Residual	205.230	502	.409		
	Total	454.190	507			

a. Dependent Variable: WordOfMouth_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, SubjectiveNorm_s

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.828	.232		16.514	.000		
	Gender	.209	.097	.098	2.148	.032	.940	1.063
	Age	-.106	.046	-.105	-2.336	.020	.963	1.039
	Vocation	-.020	.020	-.048	-1.028	.304	.878	1.139
	Education	.003	.044	.003	.075	.940	.946	1.058
2	(Constant)	.625	.206		3.034	.003		
	Gender	.057	.067	.027	.854	.394	.932	1.073
	Age	-.067	.031	-.066	-2.155	.032	.960	1.041
	Vocation	-.008	.013	-.020	-.609	.542	.876	1.141
	Education	.001	.030	.001	.023	.981	.946	1.058
	SubjectiveNorm_s	.844	.035	.730	24.191	.000	.987	1.013

a. Dependent Variable: WordOfMouth_s

Source: From this research, SPSS v25.

Appendix 14k The H4 model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and perceived behavioural control) on dependent variable (Attitude) though SPSS output.

Model Summary ^c				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.077 ^a	.006	-.002	.93272
2	.648 ^b	.420	.415	.71287

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, PerceivedBehavioural_s
c. Dependent Variable: Attitude_s

ANOVA ^a					
Model		Sum of Squares	df	Mean Square	F
1	Regression	2.584	4	.646	.742
	Residual	437.589	503	.870	
	Total	440.173	507		
2	Regression	185.066	5	37.013	72.835
	Residual	255.107	502	.508	
	Total	440.173	507		

a. Dependent Variable: Attitude_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, PerceivedBehavioural_s

Coefficients ^a							
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.	Collinearity Statistics
		B	Std. Error	Beta	t		
1	(Constant)	3.750	.230		16.301	.000	
	Gender	.095	.097	.045	.985	.325	.940
	Age	-.021	.045	-.021	-.468	.640	.963
	Vocation	-.026	.019	-.065	-1.360	.174	.876
	Education	.018	.043	.019	.412	.680	.946
2	(Constant)	.541	.244		2.217	.027	
	Gender	.066	.074	.031	.892	.373	.940
	Age	.041	.035	.041	1.180	.238	.954
	Vocation	-.021	.015	-.050	-1.379	.168	.877
	Education	.011	.033	.012	.345	.730	.945
	PerceivedBehavioural_s	.771	.041	.647	18.950	.000	.990

a. Dependent Variable: Attitude_s

Source: From this research, SPSS v25.

Appendix 14| The H4a model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and perceived behavioural control) on dependent variable (Purchase intension) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.157 ^a	.025	.017	.80427
2	.747 ^b	.558	.554	.54191

a. Predictors: (Constant), Education, Gender, Age, Vocation,

b. Predictors: (Constant), Education, Gender, Age, Vocation, PerceivedBehavioural_s

c. Dependent Variable: PurchaseIntention_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.184	4	2.046	3.163	.014 ^b
	Residual	325.365	503	.647		
	Total	333.549	507			
2	Regression	186.128	5	37.226	126.762	.000 ^c
	Residual	147.421	502	.294		
	Total	333.549	507			

a. Dependent Variable: PurchaseIntention_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation, PerceivedBehavioural_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.868	.198		19.502	.000		
	Gender	.201	.083	.110	2.413	.016	.940	1.063
	Age	-.058	.039	-.066	-1.479	.140	.963	1.039
	Vocation	-.032	.017	-.090	-1.909	.057	.878	1.139
	Education	.048	.037	.059	1.297	.195	.946	1.058
2	(Constant)	.700	.186		3.771	.000		
	Gender	.172	.056	.094	3.065	.002	.940	1.064
	Age	.004	.026	.004	.139	.889	.954	1.048
	Vocation	-.026	.011	-.073	-2.312	.021	.877	1.140
	Education	.042	.025	.051	1.672	.095	.945	1.058
	PerceivedBehavioural_s	.762	.031	.734	24.616	.000	.990	1.010

a. Dependent Variable: PurchaseIntention_s

Source: From this research, SPSS v25.

Appendix 14j The H4b model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and perceived behavioural control) on dependent variable (Repetitive purchase behaviour) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.119 ^a	.014	.006	.80482
2	.745 ^b	.555	.550	.54131

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation, PerceivedBehavioural_s

c. Dependent Variable: RepetitivePurchaseBehaviour_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.661	4	1.165	1.799	.128 ^b
	Residual	325.813	503	.648		
	Total	330.473	507			
2	Regression	183.377	5	36.675	125.164	.000 ^c
	Residual	147.096	502	.293		
	Total	330.473	507			

a. Dependent Variable: RepetitivePurchaseBehaviour_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.983	.198		20.065	.000		
	Gender	.156	.083	.085	1.870	.062	.940	1.063
	Age	-.066	.039	-.077	-1.704	.089	.963	1.039
	Vocation	-.020	.017	-.055	-1.162	.246	.878	1.139
	Education	.000	.037	.000	-.003	.998	.946	1.058
2	(Constant)	.807	.185		4.356	.000		
	Gender	.127	.056	.089	2.262	.024	.940	1.064
	Age	-.005	.026	-.006	-.190	.850	.954	1.048
	Vocation	-.014	.011	-.038	-1.206	.229	.877	1.140
	Education	-.006	.025	-.008	-.258	.797	.945	1.058
	PerceivedBehavioural_s	.763	.031	.739	24.696	.000	.990	1.010

a. Dependent Variable: RepetitivePurchaseBehaviour_s

Source: From this research, SPSS v25.

Appendix 14k The H4c model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and perceived behavioural control) on dependent variable (Word of mouth) though SPSS output.

Model Summary ^c				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.146 ^a	.021	.014	.94003
2	.646 ^b	.417	.411	.72632

a. Predictors: (Constant), Education, Gender, Age, Vocaitonal
b. Predictors: (Constant), Education, Gender, Age, Vocaitonal, PerceivedBehavioural_s
c. Dependent Variable: WordOfMouth_s

ANOVA ^a					
Model		Sum of Squares	df	Mean Square	F
1	Regression	9.709	4	2.427	2.747
	Residual	444.481	503	.884	
	Total	454.190	507		
2	Regression	189.366	5	37.873	71.792
	Residual	264.824	502	.528	
	Total	454.190	507		

a. Dependent Variable: WordOfMouth_s
b. Predictors: (Constant), Education, Gender, Age, Vocaitonal
c. Predictors: (Constant), Education, Gender, Age, Vocaitonal, PerceivedBehavioural_s

Coefficients ^a							
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.	Collinearity Statistics
		B	Std. Error	Beta	t		
1	(Constant)	3.828	.232		16.514	.000	
	Gender	.209	.097	.098	2.148	.032	.940
	Age	-.106	.046	-.105	-2.336	.020	.963
	Vocaitonal	-.020	.020	-.048	-1.028	.304	.878
	Education	.003	.044	.003	.075	.940	.946
2	(Constant)	.645	.249		2.593	.010	
	Gender	.180	.075	.084	2.393	.017	.940
	Age	-.045	.035	-.044	-1.268	.205	.954
	Vocaitonal	-.014	.015	-.034	-.940	.348	.877
	Education	-.003	.034	-.003	-.092	.927	.945
	PerceivedBehavioural_s	.765	.041	.632	18.454	.000	.990

a. Dependent Variable: WordOfMouth_s

Source: From this research, SPSS v25.

Appendix 14| The H5 model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and attitude) on dependent variable (Purchase intention) though SPSS output.

Model Summary ^c					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.157 ^a	.025	.017	.80427	
2	.738 ^b	.545	.541	.54979	

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, Attitude_s
c. Dependent Variable: PurchaseIntention_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.184	4	2.046	3.163	.014 ^b
	Residual	325.365	503	.647		
	Total	333.549	507			
2	Regression	181.809	5	36.362	120.295	.000 ^c
	Residual	151.740	502	.302		
	Total	333.549	507			

a. Dependent Variable: PurchaseIntention_s
b. Predictors: (Constant), Education, Gender, Age, Vocation,
c. Predictors: (Constant), Education, Gender, Age, Vocation, Attitude_s

Coefficients ^a							
Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics
		B	Std. Error	Beta	t	Sig.	Tolerance VIF
1	(Constant)	3.868	.198		19.502	.000	
	Gender	.201	.083	.110	2.413	.016	.940 1.063
	Age	-.058	.039	-.066	-1.479	.140	.963 1.039
	Vocation	-.032	.017	-.090	-1.909	.057	.878 1.139
	Education	.048	.037	.059	1.297	.195	.946 1.058
2	(Constant)	1.506	.168		8.986	.000	
	Gender	.141	.057	.077	2.475	.014	.939 1.065
	Age	-.044	.027	-.051	-1.663	.097	.962 1.039
	Vocation	-.015	.011	-.043	-1.336	.182	.874 1.144
	Education	.037	.026	.045	1.456	.146	.945 1.058
	Attitude_s	.630	.026	.724	23.967	.000	.994 1.006

a. Dependent Variable: PurchaseIntention_s

Source: From this research, SPSS v25.

Appendix 14m The H5a model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and attitude) on dependent variable (Repetitive purchase behaviour) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.119 ^a	.014	.006	.80482
2	.714 ^b	.510	.505	.56804

a. Predictors: (Constant), Education, Gender, Age, Vocation,

b. Predictors: (Constant), Education, Gender, Age, Vocation, Attitude_s

c. Dependent Variable: RepetitivePurchaseBehaviour_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.661	4	1.165	1.799	.128 ^b
	Residual	325.813	503	.648		
	Total	330.473	507			
2	Regression	168.494	5	33.699	104.438	.000 ^c
	Residual	161.979	502	.323		
	Total	330.473	507			

a. Dependent Variable: RepetitivePurchaseBehaviour_s

b. Predictors: (Constant), Education, Gender, Age, Vocation,

c. Predictors: (Constant), Education, Gender, Age, Vocation, Attitude_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.983	.198		20.065	.000		
	Gender	.156	.083	.085	1.870	.062	.940	1.063
	Age	-.066	.039	-.077	-1.704	.089	.963	1.039
	Vocation	-.020	.017	-.055	-1.162	.246	.878	1.139
	Education	.000	.037	.000	-.003	.998	.946	1.058
2	(Constant)	1.688	.173		9.749	.000		
	Gender	.098	.059	.053	1.658	.098	.939	1.065
	Age	-.053	.028	-.062	-1.944	.052	.962	1.039
	Vocation	-.003	.012	-.009	-.279	.780	.874	1.144
	Education	-.011	.026	-.013	-.418	.676	.945	1.058
	Attitude_s	.612	.027	.706	22.533	.000	.994	1.006

a. Dependent Variable: RepetitivePurchaseBehaviour_s

Source: From this research, SPSS v25.

Appendix 14n The H5b model summary, ANOVA and coefficients of independent variables (Gender, age, vocation, education and attitude) on dependent variable (Word of mouth) though SPSS output.

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.146 ^a	.021	.014	.94003
2	.723 ^b	.522	.517	.65758

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation , Attitude_s

c. Dependent Variable: WordOfMouth_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.709	4	2.427	2.747	.028 ^b
	Residual	444.481	503	.884		
	Total	454.190	507			
2	Regression	237.119	5	47.424	109.673	.000 ^c
	Residual	217.071	502	.432		
	Total	454.190	507			

a. Dependent Variable: WordOfMouth_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation , Attitude_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.828	.232		16.514	.000		
	Gender	.209	.097	.098	2.148	.032	.940	1.063
	Age	-.106	.046	-.105	-2.336	.020	.963	1.039
	Vocation	-.020	.020	-.048	-1.028	.304	.878	1.139
	Education	.003	.044	.003	.075	.940	.946	1.058
2	(Constant)	1.125	.200		5.613	.000		
	Gender	.141	.068	.066	2.061	.040	.939	1.065
	Age	-.091	.032	-.090	-2.861	.004	.962	1.039
	Vocation	-.001	.014	-.003	-.078	.938	.874	1.144
	Education	-.010	.031	-.010	-.314	.754	.945	1.058
	Attitude_s	.721	.031	.710	22.933	.000	.994	1.006

a. Dependent Variable: WordOfMouth_s

Source: From this research, SPSS v25.

Appendix 14o: SPSS outputs the model summary and coefficients of independent variables (Gender, age, vocation, education, consumer health knowledge and health consciousness) on dependent variable (Attitude).

Model Summary ^c						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics R Square Change	F Change
1	.077 ^a	.006	-.002	.93272	.006	.742
2	.698 ^b	.488	.482	.67085	.482	235.664

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s
c. Dependent Variable: AT_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.584	4	.646	.742	.563 ^b
	Residual	437.589	503	.870		
	Total	440.173	507			
2	Regression	214.702	6	35.784	79.512	.000 ^c
	Residual	225.471	501	.450		
	Total	440.173	507			

a. Dependent Variable: AT_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.750	.230		16.301	.000
	Gender	.095	.097	.045	.985	.325
	Age	-.021	.045	-.021	-.468	.640
	Vocation	-.026	.019	-.065	-1.360	.174
	Education	.018	.043	.019	.412	.680
2	(Constant)	.412	.226		1.825	.069
	Gender	-.042	.070	-.020	-.608	.543
	Age	.028	.033	.029	.872	.384
	Vocation	-.013	.014	-.033	-.955	.340
	Education	6.436E-5	.031	.000	.002	.998
	HC_s	.307	.055	.277	5.591	.000
	CHK_s	.553	.059	.464	9.374	.000

a. Dependent Variable: AT_s

Source: From this research, SPSS v25.

Appendix 14p: SPSS outputs the model summary and coefficients of independent variables (Gender, age, vocation, education, consumer health knowledge and health consciousness) on dependent variable (Subjective norm).

Model Summary ^c						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics	
					R Square Change	F Change
1	.112 ^a	.013	.005	.81687	.013	1.610
2	.874 ^b	.765	.762	.39964	.752	800.256

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s
c. Dependent Variable: SN_s

ANOVA ^a					
Model		Sum of Squares	df	Mean Square	Sig.
1	Regression	4.298	4	1.074	1.610 ^b
	Residual	335.640	503	.667	
	Total	339.937	507		
2	Regression	259.921	6	43.320	271.237 ^c
	Residual	80.016	501	.160	
	Total	339.937	507		

a. Dependent Variable: SN_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
1	(Constant)	3.795	.201		18.836
	Gender	.180	.085	.097	2.132
	Age	-.047	.040	-.053	-1.184
	Vocation	-.014	.017	-.040	-.836
	Education	.003	.038	.004	.081
2	(Constant)	.139	.135		1.031
	Gender	.031	.042	.017	.737
	Age	.006	.019	.006	.289
	Vocation	.000	.008	-.001	-.050
	Education	-.017	.019	-.020	-.904
	HC_s	.261	.033	.269	7.985
	CHK_s	.681	.035	.651	19.390

a. Dependent Variable: SN_s

Source: From this research, SPSS v25.

Appendix 14q: SPSS outputs the model summary and coefficients of independent variables (Gender, age, vocation, education, consumer health knowledge and health consciousness) on dependent variable (Purchase behavioural control).

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics R Square Change	F Change
1	.099 ^a	.010	.002	.78080	.010	1.246
2	.775 ^b	.601	.596	.49651	.591	371.459

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s

c. Dependent Variable: PB_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.039	4	.760	1.246	.290 ^b
	Residual	306.654	503	.610		
	Total	309.693	507			
2	Regression	186.186	6	31.031	125.874	.000 ^c
	Residual	123.508	501	.247		
	Total	309.693	507			

a. Dependent Variable: PB_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
		B	Std. Error			
1	(Constant)	4.159	.193		21.600	.000
	Gender	.038	.081	.021	.470	.639
	Age	-.080	.038	-.096	-2.127	.034
	Vocation	-.008	.016	-.022	-.474	.636
	Education	.008	.036	.010	.230	.818
2	(Constant)	1.136	.167		6.797	.000
	Gender	-.084	.052	-.047	-1.621	.106
	Age	-.041	.024	-.049	-1.708	.088
	Vocation	.003	.010	.007	.247	.805
	Education	-.009	.023	-.011	-.387	.699
	HC_s	.047	.041	.050	1.150	.251
	CHK_s	.734	.044	.735	16.813	.000

a. Dependent Variable: PB_s

Source: From this research, SPSS v25.

Appendix 14r: SPSS outputs the regression analysis that model summary and coefficients of independent variables (Gender, age, vocation, education, attitude, purchase behavioural control and subjective norm) on dependent variable (Purchase intention).

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics R Square Change	F Change
1	.157 ^a	.025	.017	.80427	.025	3.163
2	.821 ^b	.674	.670	.46608	.650	332.603

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation , AT_s, PB_s, SN_s

c. Dependent Variable: PI_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.184	4	2.046	3.163	.014 ^b
	Residual	325.365	503	.647		
	Total	333.549	507			
2	Regression	224.935	7	32.134	147.926	.000 ^c
	Residual	108.614	500	.217		
	Total	333.549	507			

a. Dependent Variable: PI_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation, AT_s, PB_s, SN_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
		B	Std. Error			
1	(Constant)	3.868	.198		19.502	.000
	Gender	.201	.083	.110	2.413	.016
	Age	-.058	.039	-.066	-1.479	.140
	Vocation	-.032	.017	-.090	-1.909	.057
	Education	.048	.037	.059	1.297	.195
2	(Constant)	.458	.161		2.851	.005
	Gender	.125	.049	.068	2.573	.010
	Age	-.012	.023	-.014	-.538	.591
	Vocation	-.018	.010	-.052	-1.888	.060
	Education	.039	.022	.048	1.811	.071
	SN_s	.177	.047	.179	3.779	.000
	PB_s	.380	.043	.366	8.905	.000
	AT_s	.309	.034	.355	9.092	.000

a. Dependent Variable: PI_s

Source: From this research, SPSS v25.

Appendix 14s: SPSS outputs the model summary and coefficients of independent variables (Gender, age, vocation, education, attitude, purchase behavioural control and subjective norm) on dependent variable (Repetitive purchase behaviour).

Model Summary ^c						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics	
					R Square Change	F Change
1	.119 ^a	.014	.006	.80482	.014	1.799
2	.808 ^b	.653	.648	.47917	.639	306.345

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation , AT_s, PB_s, SN_s
c. Dependent Variable: RPB_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.661	4	1.165	1.799	.128 ^b
	Residual	325.813	503	.648		
	Total	330.473	507			
2	Regression	215.673	7	30.810	134.191	.000 ^c
	Residual	114.801	500	.230		
	Total	330.473	507			

a. Dependent Variable: RPB_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation , AT_s, PB_s, SN_s

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
1	(Constant)	3.983	.198		20.065
	Gender	.156	.083	.085	1.870
	Age	-.066	.039	-.077	-1.704
	Vocation	-.020	.017	-.055	-1.162
	Education	.000	.037	.000	-.003
2	(Constant)	.587	.165		3.555
	Gender	.084	.050	.046	1.687
	Age	-.020	.023	-.023	-.836
	Vocation	-.007	.010	-.018	-.654
	Education	-.009	.022	-.011	-.410
	SN_s	.159	.048	.162	3.309
	PB_s	.416	.044	.403	9.481
	AT_s	.283	.035	.326	8.101

a. Dependent Variable: RPB_s

Source: From this research, SPSS v25.

Appendix 14t: SPSS outputs the model summary and coefficients of independent variables (Gender, age, vocation, education, attitude, purchase behavioural control and subjective norm) on dependent variable (Word of mouth).

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics R Square Change	F Change
1	.146 ^a	.021	.014	.94003	.021	2.747
2	.784 ^b	.614	.609	.59180	.593	256.379

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation , AT_s, PB_s, SN_s

c. Dependent Variable: WOM_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.709	4	2.427	2.747	.028 ^b
	Residual	444.481	503	.884		
	Total	454.190	507			
2	Regression	279.078	7	39.868	113.837	.000 ^c
	Residual	175.111	500	.350		
	Total	454.190	507			

a. Dependent Variable: WOM_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation , AT_s, PB_s, SN_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
		B	Std. Error			
1	(Constant)	3.828	.232		16.514	.000
	Gender	.209	.097	.098	2.148	.032
	Age	-.106	.046	-.105	-2.336	.020
	Vocation	-.020	.020	-.048	-1.028	.304
	Education	.003	.044	.003	.075	.940
2	(Constant)	.263	.204		1.290	.198
	Gender	.091	.062	.042	1.466	.143
	Age	-.068	.029	-.067	-2.352	.019
	Vocation	-.003	.012	-.008	-.264	.792
	Education	-.006	.028	-.006	-.206	.837
	SN_s	.437	.059	.378	7.349	.000
	PB_s	.129	.054	.107	2.384	.017
	AT_s	.365	.043	.359	8.470	.000

a. Dependent Variable: WOM_s

Source: From this research, SPSS v25.

Appendix 14u: SPSS outputs the model summary and coefficients of independent variables (including Gender, age, vocation, education, consumer health knowledge, health consciousness, purchase behavioural control, attitude, and subjective norm) on dependent variable (Purchase intention).

Model Summary^d

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change
1	.157 ^a	.025	.017	.80427	.025	3.163
2	.742 ^b	.551	.545	.54696	.526	293.290
3	.827 ^c	.684	.679	.45973	.134	70.383

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation , CHK_s, HC_s
c. Predictors: (Constant), Education, Gender, Age, Vocation , CHK_s, HC_s, AT_s, PB_s, SN_s
d. Dependent Variable: PI_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.184	4	2.046	3.163	.014 ^b
	Residual	325.365	503	.647		
	Total	333.549	507			
2	Regression	183.667	6	30.611	102.322	.000 ^c
	Residual	149.881	501	.299		
	Total	333.549	507			
3	Regression	228.295	9	25.366	120.017	.000 ^d
	Residual	105.254	498	.211		
	Total	333.549	507			

a. Dependent Variable: PI_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation , CHK_s, HC_s
d. Predictors: (Constant), Education, Gender, Age, Vocation , CHK_s, HC_s, AT_s, PB_s, SN_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
		B	Std. Error			
1	(Constant)	3.868	.198		19.502	.000
	Gender	.201	.083	.110	2.413	.016
	Age	-.058	.039	-.066	-1.479	.140
	Vocation	-.032	.017	-.090	-1.909	.057
	Education	.048	.037	.059	1.297	.195
2	(Constant)	.864	.184		4.693	.000
	Gender	.079	.057	.043	1.388	.166
	Age	-.017	.027	-.019	-.621	.535
	Vocation	-.021	.011	-.059	-1.858	.064
	Education	.032	.025	.038	1.248	.213
	HC_s	.133	.045	.138	2.962	.003
3	CHK_s	.642	.048	.620	13.360	.000
	(Constant)	.365	.162		2.254	.025
	Gender	.117	.048	.064	2.445	.015
	Age	-.012	.022	-.014	-.532	.595
	Vocation	-.018	.010	-.050	-1.873	.062
	Education	.035	.021	.043	1.653	.099
	HC_s	.013	.040	.014	.331	.740
	CHK_s	.208	.057	.200	3.652	.000
	SN_s	.045	.058	.045	.770	.442
	PB_s	.324	.045	.312	7.259	.000
	AT_s	.301	.034	.345	8.906	.000

a. Dependent Variable: PI_s

Source: From this research, SPSS v25.

Appendix 14v: SPSS outputs the model summary and coefficients of three independent variables (including Gender, age, vocation, education, consumer health knowledge, health consciousness, attitude, purchase behavioural control and subjective norm) on dependent variable (Repetitive purchase behaviour).

Model Summary^d

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics R Square Change	F Change
1	.119 ^a	.014	.006	.80482	.014	1.799
2	.696 ^b	.484	.478	.58313	.470	228.571
3	.809 ^c	.655	.649	.47829	.171	82.235

a. Predictors: (Constant), Education, Gender, Age, Vocation

b. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s

c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s, AT_s, PB_s, SN_s

d. Dependent Variable: RPB_s

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.661	4	1.165	1.799	.128 ^b
	Residual	325.813	503	.648		
	Total	330.473	507			
2	Regression	160.110	6	26.685	78.475	.000 ^c
	Residual	170.363	501	.340		
	Total	330.473	507			
3	Regression	216.548	9	24.061	105.177	.000 ^d
	Residual	113.925	498	.229		
	Total	330.473	507			

a. Dependent Variable: RPB_s

b. Predictors: (Constant), Education, Gender, Age, Vocation

c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s

d. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s, AT_s, PB_s, SN_s

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
1	(Constant)	3.983	.198		20.065	.000
	Gender	.156	.083	.085	1.870	.062
	Age	-.066	.039	-.077	-1.704	.089
	Vocation	-.020	.017	-.055	-1.162	.246
	Education	.000	.037	.000	-.003	.998
2	(Constant)	1.174	.196		5.981	.000
	Gender	.042	.061	.023	.697	.486
	Age	-.029	.028	-.034	-1.023	.307
	Vocation	-.010	.012	-.027	-.795	.427
	Education	-.016	.027	-.019	-.589	.556
	HC_s	.084	.048	.088	1.758	.079
3	CHK_s	.641	.051	.621	12.503	.000
	(Constant)	.595	.169		3.527	.000
	Gender	.083	.050	.045	1.657	.098
	Age	-.022	.023	-.025	-.934	.351
	Vocation	-.007	.010	-.019	-.679	.497
	Education	-.010	.022	-.012	-.459	.647
	HC_s	-.058	.042	-.060	-1.375	.170
	CHK_s	.104	.059	.101	1.761	.079
	SN_s	.136	.061	.138	2.242	.025
	PB_s	.389	.046	.377	8.379	.000
	AT_s	.286	.035	.330	8.145	.000

a. Dependent Variable: RPB_s

Source: From this research, SPSS v25.

Appendix 14w: SPSS outputs the model summary and coefficients of three independent variables (including Gender, age, vocation, education, consumer health knowledge, health consciousness, attitude, purchase behavioural control and subjective norm) on dependent variable (Word of mouth).

Model Summary ^d						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics	
					R Square Change	F Change
1	.146 ^a	.021	.014	.94003	.021	2.747
2	.721 ^b	.519	.514	.66003	.498	259.641
3	.793 ^c	.628	.621	.58242	.109	48.478

a. Predictors: (Constant), Education, Gender, Age, Vocation
b. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s
c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s, AT_s, PB_s, SN_s
d. Dependent Variable: WOM_s

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.709	4	2.427	2.747	.028 ^b
	Residual	444.481	503	.884		
	Total	454.190	507			
2	Regression	235.931	6	39.322	90.261	.000 ^c
	Residual	218.258	501	.436		
	Total	454.190	507			
3	Regression	285.264	9	31.696	93.441	.000 ^d
	Residual	168.926	498	.339		
	Total	454.190	507			

a. Dependent Variable: WOM_s
b. Predictors: (Constant), Education, Gender, Age, Vocation
c. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s
d. Predictors: (Constant), Education, Gender, Age, Vocation, CHK_s, HC_s, AT_s, PB_s, SN_s

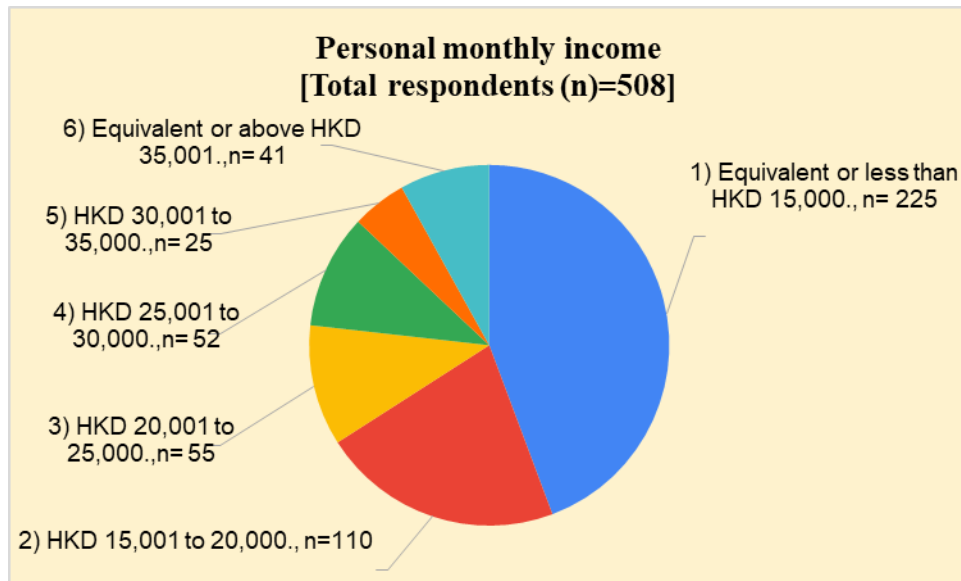
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.828	.232		16.514	.000
	Gender	.209	.097	.098	2.148	.032
	Age	-.106	.046	-.105	-2.336	.020
	Vocation	-.020	.020	-.048	-1.028	.304
	Education	.003	.044	.003	.075	.940
2	(Constant)	.384	.222		1.729	.084
	Gender	.066	.069	.031	.968	.334
	Age	-.054	.032	-.053	-1.682	.093
	Vocation	-.006	.014	-.015	-.456	.648
	Education	-.015	.031	-.015	-.483	.630
	HC_s	.370	.054	.330	6.860	.000
3	CHK_s	.516	.058	.427	8.898	.000
	(Constant)	.081	.205		.396	.692
	Gender	.082	.061	.038	1.341	.181
	Age	-.061	.028	-.060	-2.134	.033
	Vocation	-.002	.012	-.005	-.155	.877
	Education	-.009	.027	-.010	-.341	.733
	HC_s	.189	.051	.168	3.693	.000
	CHK_s	.060	.072	.050	.833	.405
	SN_s	.275	.074	.238	3.717	.000
	PB_s	.109	.057	.090	1.928	.054
	AT_s	.342	.043	.336	7.983	.000

a. Dependent Variable: WOM_s

Source: From this research, SPSS v25.

Appendix 15a to 15f: Results of demographic analysis

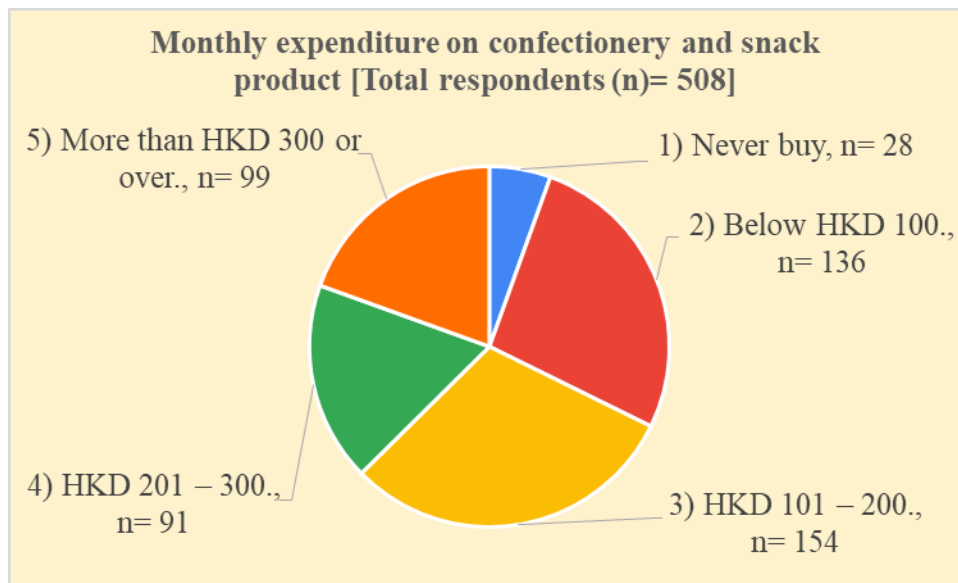
Appendix 15a: Result of personal monthly income



Source: From this research.

Appendix 15a presents that the 508 respondents were divided the personal monthly income into 6 income groups with percentage of total respondent that have 225 persons ($\leq$ HKD15, 000, 44.3%), 110 persons (HKD15,001 to 20,000, 21.7%), 55 persons (HKD 20,001 to 25,000, 10.8%), 52 persons (HKD 25,001 to 30,000, 10.2%), 25 persons (HKD 30,001 to 35,000, 4.9%), and 41persons ($\geq$ HKD 35,001, 8.1%). The data was distributed more on $\leq$ HKD15,000 and HKD 15,001 to HKD 20,000 that was 335 persons (65.9%) of total respondent.

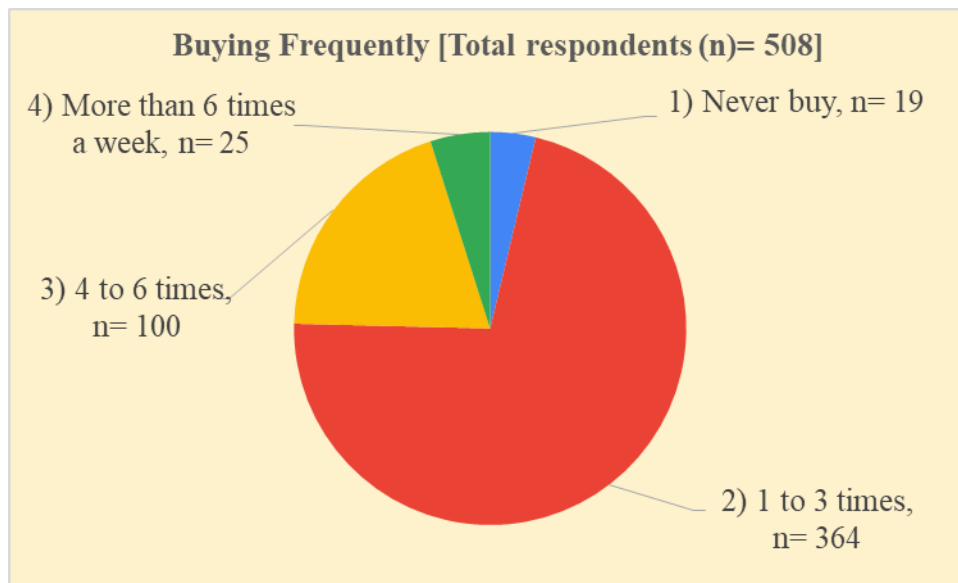
Appendix 15b: Results of monthly expenditure on confectionery and snack product



Source: From this research.

Appendix 15b presents that the 508 respondents were divided the personal monthly expenditure on confectionery and snack product into 5 groups with percentage of total respondent that have 28 persons (Never buy, 5.5%), 136 persons(<HKD 100, 26.8%), 154 persons (HKD 101 to 200, 30.3%), 91 persons (HKD 201to 300,17.9%) and 99 persons (>HKD 300, 19.5%). The data was distributed more on <HKD 100 and HKD 101 to 200 that was 290 persons (57.1%) of total respondent.

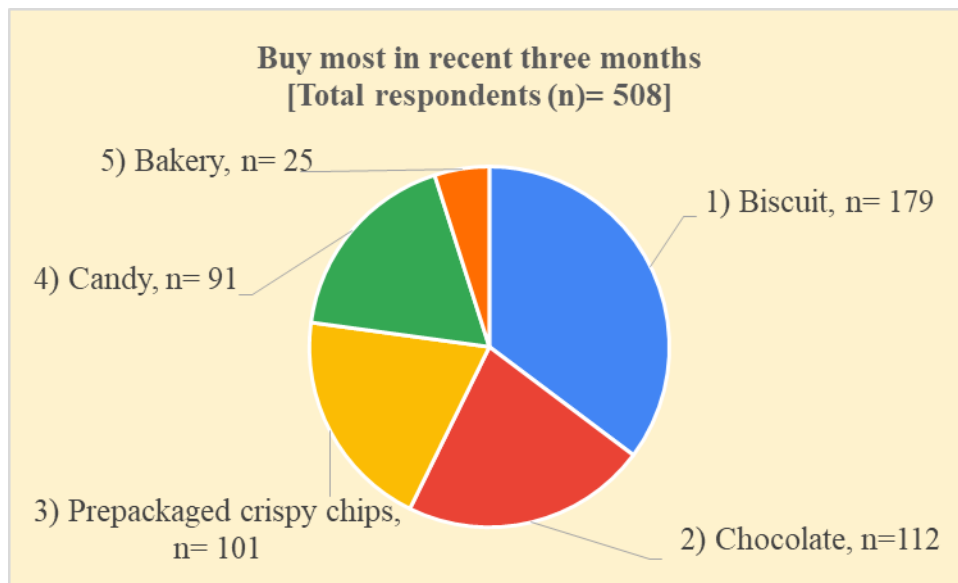
Appendix 15c: Results of buying frequently.



Source: From this research.

Appendix 15c presents that the 508 respondents were divided the buying frequently of respondent on confectionery and snack product into 4 groups with percentage of total respondent that have 19 persons (Never buy, 3.7%), 364 persons(1 to 3 times, 71.7%), 100 persons (4 to 6 times, 19.7%) and 25persons (More than 6 items a week, 4.9%). The data was distributed more on 1 to 3 times at 364 (71.7%) of total respondent.

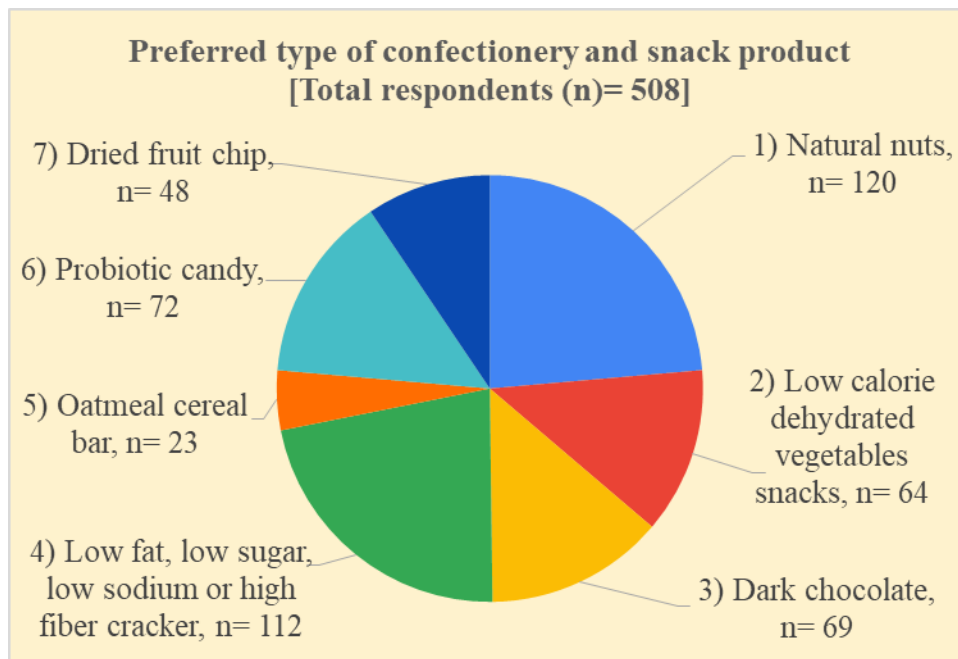
Appendix 15d: Results of buying most in recent three months.



Source: From this research.

Appendix 15d presents that the 508 respondents were divided the buy most in recent three months on confectionery and snack product into 5 groups with percentage of total respondent that have 179 persons brought biscuit (35.2%), 112 persons brought chocolate (22.0%), 101 persons (19.9%), 91persons (17.9%) and 25 persons (4.9%). The data was distributed more on buying biscuit at 179 (35.2%) of total respondent.

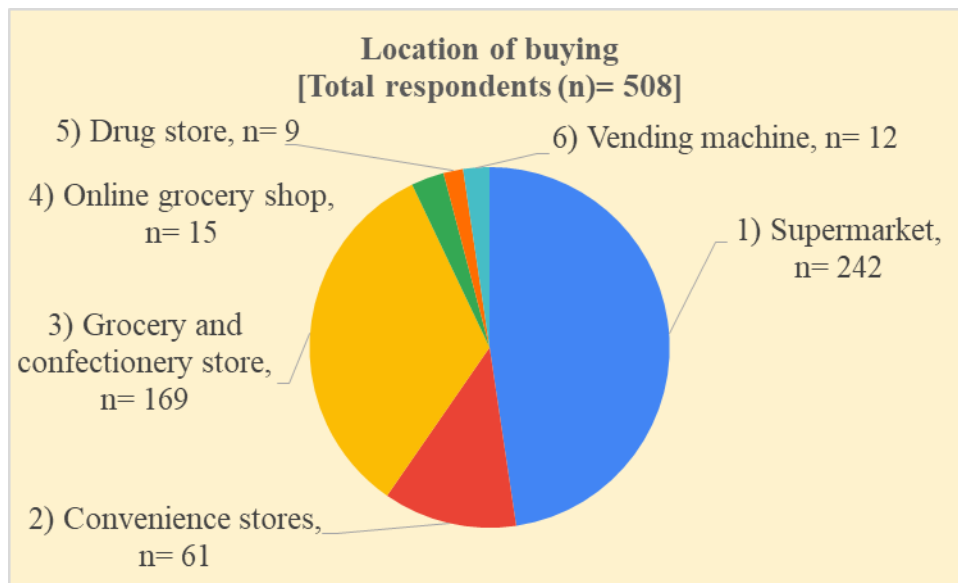
Appendix 15e: Results of preferred type of confectionery and snack product.



Source: From this research.

Appendix 15e presents that the 508 respondents were divided the preferred type of confectionery and snack product into 7 types with percentage of total respondent that have 120 persons prefer natural nuts (23.6%), 64 persons prefer low calorie dehydrated vegetable snacks (12.6%), 69 persons prefer dark chocolate (13.6%), 112 persons prefer low fat, low sodium or high fibre cracker (22.0%), 23 persons prefer oatmeal cereal (4.5%), 72 persons prefer probiotic candy (14.2%) and 48 persons prefer dried chip (9.4%). The data was distributed more on preferring natural nuts and low fat, low sodium or high fibre cracker at 232 (45.6%) of total respondent.

Appendix 15f: Result of location of buying.



Source: From this research.

Appendix 15f presents that the 508 respondents were divided the location of buying confectionery and snack product into 6 locations with percentage of total respondent that have 242 persons went supermarket (47.6%), 61 persons went convenience stores (12.0%), 169 persons went grocery and confectionery store (33.3%), 15 persons used online grocery shop (3.0%), 9 persons went drug store (1.8%) and 12 persons used vending machine (2.3%). The data was distributed more on supermarket and grocery and confectionery store at 411 (80.9%) of total respondent.

Appendix 16: Signed declaration and statements.

Declaration/Statements page

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed*James Wong WC*..... (candidate)

Date 18 Oct., 2020.....

STATEMENT 1

This work is the result of my own investigations, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references.
A bibliography is appended.

Signed*James Wong WC*..... (candidate)

Date 18 Oct., 2020.....

STATEMENT 2

I hereby give consent for my work, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed*James Wong WC*..... (candidate)

Date 18 Oct., 2020.....

NB: Candidates on whose behalf a bar on access has been approved by the University (see Note 1), should use the following version of Statement 2:

I hereby give consent for my work, if accepted, to be available for photocopying and for inter-library loan **after expiry of a bar on access approved by the University.**

Signed*James Wong WC*..... (candidate)

Date 18 Oct., 2020.....