

MODERATING EFFECTS OF A HEALTH CONSCIOUSNESS ON CONSUMER BEHAVIOR TOWARDS RTE FOODS

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ABSTRACT

With growing environmentalism and health concerns, people have become more conscious of the type of food they consume and the way they are processed. The principle of the present research paper is to explore behavior of consumers towards RTE foods and the moderating role of health consciousness. The rationale behind the present study is to find the factors that influence consumption of RTE foods such as longer shelf life, taste, convenience both in terms of time and availability, and dual income families. The key purpose of the study is to explore the influence of health consciousness of consumers in moderating consumer attitude towards their behavior in context of RTE food products. The results suggest that consumption of RTE foods is more in case of dual income families and those who are less concerned about their health. The findings suggest that, the marketer should revolve advertisement and marketing strategies around the factors that they can be transported long distances as they have an increased resistance to spoilage with better shelf life and offer convenience both in terms of time and efforts.

Keywords: Consumer Attitude towards RTE Foods, Consumer Health Consciousness, Consumer Attitude, Consumer Purchase Behavior.

INTRODUCTION

Food is key to personal health as well as to the health of the planet given that current patterns of food production and consumption have considerable environmental impacts. The concept of food consumption has undergone a radical transformation. Food has an important role in the maintenance of health, psycho-physical well-being and prevention of certain diseases. The COVID-19 disaster has also changed our relationship with food. Even a variety of COVID-19 related psychological changes might have also affected food related behavior. Responding to the changing scenario, food industry has developed a variety of new products with health-related claims and images, including foods that are selected by consumers for their health-promoting properties and packed foods that are demanded due to the convenience it offers.

According to the latest report by ET Prime, in July 2020, in the three months to end June, fresh packaged food brand *iD Fresh Food* has seen parantha sales rise by 60% compared with the previous quarter; while meat products and sea-foods brand *Licious* has seen a more than 300% jump in sale of RTE meat spreads, a two fold increase in sale of RTE Kebabs, marinated meat and sea food. In fact, health and wellness startup *Cure.fit* that runs health food platform *Eat.fit* is expanding its packaged food and RTE range.

Literature Review

Consumers nowadays are not only concerned about food related risks but also technological impact on the environment associated with production processes and animal health effects. It is their attitude that explains that some people are in favor of these innovations while others are against them. Past studies have found that there is difference in the orientation towards health foods between gender groups. These studies suggest that women are more concerned about healthy eating and claim to adopt healthier and sound food behavior (Roininen, 1999; Wardle, 2004), further claimed that it is the women who search more for the healthy products but at the same time they prefer fast foods and snacks as well (Kiefer, 2005; Aruguete, 2006). Men do consider healthiness of the food but at the same time they seek convenience as well (Roininen, 1999; Marquis, 2005). Marquis (2005), further found that due to dual income family couples, women may seek for convenient food products but when situational aspects such as time constraint or availability of the food product, it is men who seek convenience in buying food products.

Sloan (2005) explored that younger consumer are in a transitional stage. They are about to enter labor force, getting married and have family. They are health conscious and enjoy eating but due to lack of cooking skills and time, they seek convenience and pleasure (McCullough, 2003; Sloan, 2006).

Aschemann (2008) in his study found that it is the educated people who are more concerned about the food safety and packaging regulations in case of ready to eat packaged foods and are more aware about its labeling and certification. Thus, before making any final decision they make sure about the standardization of such food products. There has been a gradual change in food consumption in recent decades, due to the increased presence of women in the workforce (Fischler, 2001; Worsley, 2008; Wenrich, 2010) and demographic trends (Sloan, 2006).

Increasing trend of having meal away from home and change in food consumption is attributed to dual income family couples where both husband and wife are working. Time crunch have not left people to search for healthy foods or evaluate them on the basis of their healthiness. Past studies have shown that there is an increase in the consumption of RTE foods due to change in the lifestyles of consumers. These foods are easily available and do not require cooking skills (Marie et al., 2007) conducted an empirical survey on 246 working wives and 181 housewives. He found that working wives employed in service dislike shopping for food and are less concerned about nutritional aspect of the meal they prepare as compared to housewives.

Unlike India, most of the modern homes in the Western countries do not have a domestic kitchen to cook food as well. The tendency towards convenience is well observed in metropolitan cities and gradually seen in urban areas across the country Candel (2001). This change in the meal structure, increased income, reduction in the size of household, growing urbanization, dual income family couples has led to increased consumption of fast foods (Candel, 2001). He further argued consumers evaluate them in terms of convenience, time saving and easy availability of the food product.

The motive of modern processing include prolonged shelf-life, food safety and security, taste, adding variety, improving nutritional value and increasing convenience (Welch & Mitchell, 2000). The modern day technology has ensured the year round availability of seasonal crops which further strengthens the supply chain. Various researchers in their studies have cited that increased urbanization, changing lifestyle and higher income are not the only reasons for growth of convenience foods, but it is the easy availability and increased supply of such goods which

have contributed in its higher consumption and positive attitude (Armstrong, 1991; Huang and Bouis, 2001; Candel, 2001).

In context of RTE foods, consumers search for labeling, certification, standardization and adequate information about the product before actually buying the product (Saifullah, 2014). It was found that though these foods are available over main stream groceries but the consumer search for its authentic labeling and certification to ensure that the said food product is safe and hygienic to consume.

Anand (2011) has pointed that lack of nutritional information and proper labeling and certification of packaged goods has affected its purchase in India whereas Marie *et al.* (2007) claimed that it is the proper labeling and standardization of packaged goods that has increased its consumption in many parts of Britain. Van Dam and Van Trijp (1994) mentioned that consumers prefer packages of beverages because of perceived convenience of these packages. To understand consumer behavior, it is essential to identify the level of consumer's orientation towards convenience.

Consumers look for food products which is conveniently available to them and they do not have to spend time and money on searching them (Peterson, 2003). Thus, they want product as well as situational convenience. Previous studies also reported one major finding that consumption of convenience foods is not related to time constraint, as measured by number of hours of paid employment (Kim, 1989; Darian, 1992; Candel, 2001). They are consumed due to situational influences as well (Assael, 1995). Situational factors like time stress and social pressure (taking care of family) influences consumer behavior towards NCFP.

Candel (2001) in his study mentioned the impact of working wife on food consumption and its relation with convenience. He argued that such women have less time to prepare food and they seek convenience. Thus, they rely more on packed foods. They evaluate the food products on the basis of the convenience they offer in terms of availability, food shopping and preparation.

Anand (2011) in her study emphasized that Indian families prefer packed foods as snacks between the regular meals and do not take them as their meals as there is general belief that they lack in nutritional aspects. She further added that Indian consumers emphasize on fresh, natural and home made foods, They may consume RTE foods for enjoyment and convenience they offer in terms of time and efforts required in its preparation but would never replace them with their regular meals (Cunha & Braga, 2015).

Consumer Attitude towards RTE Foods

With the increased urbanization, changing lifestyle, size of the households, income level, time and social pressure, longer working hours and presence of women in workforce, consumers are left with limited leisure time (Costa, 2007). This has led to the increased consumption of Ready-to eat packed foods (Anand, 2011). However, beliefs, norms, attitude, motivation, personal values and convenience orientation as well have led to change in the food consumption (Candel, 2001; Marie et al., 2007; Saifullah, 2014). However, changes in food patterns cannot be exclusively attributed to increased income and urbanization. At some point, market availability and lifestyles have also contributed in this structural shift (Evans & Redmond, 2016). found that consumer's inclination towards meals and snacks is extensively related with their perception of these products and the convenience these food products offer. Thus, convenience is one of the crucial factors in determination of consumer's attitude towards food products found that consumer prefers fast food and ready-to eat meals as they look for convenience. Thus, it is

essential to understand consumer's attitude towards convenience before explaining consumer behavior towards food products. Past studies suggest that consumer attitude is better understood when situational influences are considered. It is widely renowned that consumer's attitude is influenced by social surroundings.

The influence of social group in case of convenience foods is more as compared to the traditional foods as packed foods are generally taken for taste and enjoyment. People seek fun and enjoyment while having food with their respective social circle which often influences them to incline towards packed foods. Consumers, nowadays, seeks more pleasure in eating than cooking. They frequently visit restaurants but at the same time are health conscious as well (McCullough, 2003; Sloan, 2006). Past studies have reported that it is the student who demands convenience foods as they lack cooking skills and also have less time to prepare meals (McCullough, 2003; Marquis, 2005).

Consumers' seek convenience both physically and mentally. Thus, situations play a crucial role in determining their food choice found in his study that the biggest motivation behind consumer's positive attitude towards RTE foods was the convenience which is both product related and situation related and the basis of product evaluation. However, increase in consumption of ready-to-eat foods has led to increase in risks related to food safety, health and nutrition. Also, there are no regulations with regard to their packaging, labeling and certification by the government (Binkley, 2005; Food Service and Packaging Institute, 2007; Cunha and Braga, 2015).

In case of ready to eat packaged foods, labeling, certification, standardization and adequate information about the product is what forms the consumer's attitude (Saifullah, 2014). It was found that though these foods are available over main stream groceries but the consumer search for its authentic labeling and certification to ensure that the said food product is safe and hygienic to consume. Also, it was found that consumers are not well versed with its usage regarding pre heating or cooking due to which they are not able to make a correct use of it (Armstrong, 1991; Marie et al., 2007) has mentioned that consumers often take their moral values into consideration while evaluating the food product mentioned that moral attitude depends on their behavior, and that perceived moral attitude have independent predictive effects on behavioral intentions in different contexts.

Consumer Purchase Behavior

According to "Consumer behavior is the study of the processes involved when individual or groups select, purchase, use, or dispose of the product, service, ideas or experiences to satisfy needs and desires".

Influence of Moderating Variable on Consumer Behavior

The concept of food demand and food consumption has undergone a sea change due to growing awareness, health consciousness, changing lifestyle, environmental awareness and nutritional needs. Today foods are consumed not to satisfy hunger but to provide nutrition, prevent diseases and improving well-being of the consumers.

Healthiness has become a major decisive factor while purchasing food products as consumers have become conscious of the nutrition, health, and quality of the food they eat which has further increased the demand for health foods.

Dimensions of Health Consciousness

Hong (2009) identified the following various dimensions of health consciousness amongst consumers.

Integration of Health behaviors (Healthy Lifestyle)

Past studies have related individual's orientation towards health consciousness with healthy lifestyle followed by them Kraft (1993) defined healthy lifestyle as "set of personal activities, interests, and opinions related to one's health" in their study defined a healthy lifestyle as an individual's orientation towards preventing health problems and increasing personal well-being mentioned that people who follow healthy lifestyles tend to exercise more often and eat healthy and nutritious foods. In context of RTE foods, past studies have reported that there is an increase in risks associated with packaged foods as there are no governmental regulations on the packaging or labeling of packaged foods (Foodservice and Packaging Institute, 2007). Although, the convenience food industry has tried to improve the quality of its meals and also the information is provided on their health benefits (Bech-Larsen, 2010).

H₁: Healthy Lifestyle moderates the relationship between consumer's attitude and purchase behavior towards RTE foods.

Health Knowledge

Consumers nowadays are health conscious and highly aware about health-related information. Today, there are increasing number of health sites focusing on health related knowledge and issues suggested that individual gains knowledge related to health through media, friends, family and society as a whole. He further used the term "health conscious cluster" to refer to individuals who are aware of health information and its sources, but who are not necessarily educated about health information or autonomous in information seeking. Previous studies have emphasized on individual's involvement with health messages i.e., talking about health issues with friends and family argued that a health-conscious individual considers health messages as being more personally relevant and further make recommendations to others health knowledge is a crucial element of health consciousness, along with actual food consumption behaviors. He further added that a health consciousness individual seeks information about health-related issues and is conscious about what to eat. Kaskutas also viewed health consciousness as being composed of concerns for nutrition and health knowledge.

H₂: Health Knowledge moderates the relationship between consumer's attitude and purchase behavior towards RTE foods.

Health Concern

Health consciousness as an inner status of an individual, including health alertness, health concern, health involvement, and self-monitoring of one's health. According to Kraft (1993), health consciousness is defined as "the tendency to focus attention on one's health". In their study, they found that there is a positive correlation between health consciousness and preventive health behavior (e.g., health foods consumption and exercise).

Differentiate health consciousness from three other indicators of health orientation, which were (a) health information orientation, (b) health beliefs, and (c) healthy activities. In context of RTE foods, in his research on fast foods of McDonald's and KFC examined that though they are perceived to be convenient but are not healthy. Similarly, Lowell, (2004) found that increased consumption of packed foods have led to obesity in children and adults.

H₃: *Health Concern moderates the relationship between consumer's attitude and purchase behavior towards RTE foods.*

Personal Responsibility/Managing Work Schedule

Past studies have argued that a health conscious individual takes personal responsibility of managing her own health by organizing her work schedule (Kraft & Goodell, 1993). Similarly, in their study mentioned that a health conscious individual is a responsible person and engaged in preventive and health-maintaining behaviors in their daily lives by managing their schedule both at work and at home by taking out time to relax, exercise and engage herself in healthy eating mentioned that people following organized work schedule tend to buy more of health foods as they engage themselves in healthy eating and are conscious about health issues.

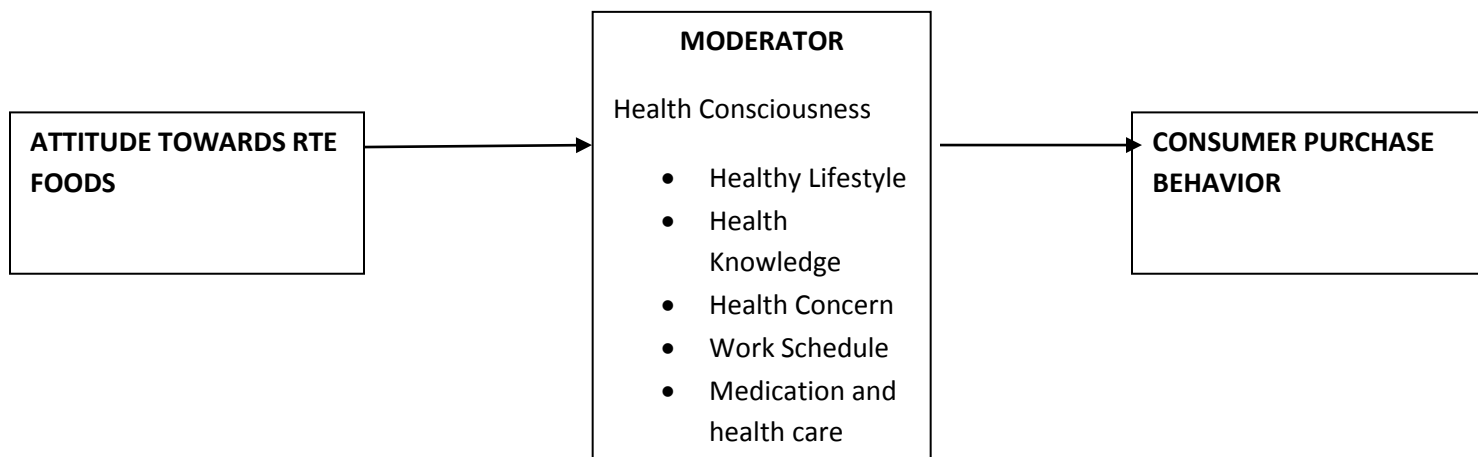
However, due to changing lifestyle and increased urbanization which has led presence of women in the workforce have changed the food consumption (Fischler, 2001); (Worsley, 2008); (Wenrich, 2010); (Sloan, 2006). These changes have been observed both in the composition of meals and in the type of food consumed (Poulain, 2002) found that 25% of Americans consume snacks between meals, while 13 percent have replaced meals with snacks.

H₄: *Work Schedule moderates the relationship between consumer's attitude and purchase behavior towards RTE foods.*

Health Motivation/ Medication and Health Care

Argued that health motivation makes an individual involve herself in preventive health behaviors (i.e., health information acquisition behaviors and health maintenance behaviors). also regarded health motivation as involving oneself in medication and health care activities. Dutta's studies used an item stating, "Living life in the best possible health is very important to me." defined health consciousness as "an indicator of the consumer's intrinsic motivation to maintain good health" as well as "a reflection of his or her responsibility toward health". Unlike differentiated health value from health motivation by defining health value as "an individual's assessment of benefits relative to costs in engaging in preventive health care behavior" i.e. taking notice of health care recommendations, regular health check-ups, proper treatment of diseases or illness, consistently being attentive to their health conditions, actively seeking and using health information from diverse sources, and being motivated to stay healthy Figure 1. An individual with strong determination towards his health is likely to understand the significance of exercise, healthy diet and refrain from smoking and drinking (Bephage, 2000.).

H₅: *Medication moderates the relationship between consumer's attitude and purchase behavior towards RTE foods.*



**FIGURE 1
PROPOSED MODEL OF CONSUMER BEHAVIOR**

RESEARCH METHODOLOGY

Objectives of the Study

1. To evaluate the relationship between consumer attitude and their behavior towards RTE food products and the moderating effect of health consciousness.
2. To draw the strategic propositions for the marketer.

H₁: Health consciousness moderates the relationship between consumer attitude and purchase behavior towards RTE food products.

Research Methodology

This section outlines the methodology adopted for empirically investigating the model proposed in previous section. A discussion on the research design and statistical tools used for analysis is given in this section. The data was collected through a primary survey by designing a questionnaire. Various Research papers and reports related to RTE foods were also referred Tables 1 & 2.

Respondent Statistics

Table 1 Sample Profile of Respondents (N=632)			
Demographic Variables	Groupings	No. of Respondents	%
Gender	Female	286	45.20
	Male	348	55

Age Group	18-24	213	33.70
	25-35	188	29.74
	36-50	116	18.35
	51-60	57	9.01
	Above 60	63	9.96
Marital Status	Single	283	44.77
	Married	351	55.53
If married, no. of children	No Children	43	6.80
	1	100	15.82
	2	145	22.94
	More than 2	72	11.39
Qualification	High School	130	20.56
	Graduate	142	22.46
	Post Graduate	179	28.32
	Professional	185	29.27
Monthly Family Income	Less than Rs.50,000	42	6.64
	Rs.50,000-Rs.1,00,000	188	29.74
	Rs.1,00,000-Rs.2,00,000	239	37.81
	Rs.2,00,000 and above	167	26.42

Reliability Testing

Table 2				
RELIABILITY RESULTS FOR SCALES USED IN THE STUDY				
S.No	Variable		No. of items	Cronbach Alpha Value
1.	Dependent Variable	Product Purchase Behavior for RTE Food Products	9	0.802
2.	Consumer Specific Factors	Consumer Attitude towards RTE Food Products	3	0.631
3.	Moderators (Health Consciousness)*	HEALTH CONSCIOUSNESS (Overall)	21	0.812
		Dimensions of Health Consciousness:		
		Healthy Lifestyle	5	0.772
		Health Knowledge	6	0.753
		Health Concern	4	0.745
		Work Schedule	3	0.728
		Medication and Health care	3	0.673

Moderation Effect of Health Consciousness on the relationship between Consumer Attitude and their Purchase behavior towards NCFP

Consumers have lost their faith in the quality of conventional foods and are getting more interested in healthy foods (Rozin, 1999; Roosen, 2007). Healthiness has become a prime concern for consumers while searching the food products and making a purchase decision. Consumers nowadays demand fresh, natural and healthy foods with authentic certification and labeling. They are no longer relying on the conventional foods but constantly demand foods that serve their health and nutritional needs.

Dimensions of Health Consciousness

Twenty-five item scale comprising dimensions of health consciousness amongst consumers was factor analysed using varimax rotation (For the given data, KMO test value came out to be 0.839. The value of Bartlett's Test of Sphericity is $\chi^2=12991.239$ with $df=210S$, $p=0.000$, which indicates that correlation between items is sufficiently large for the purpose of principal component analysis). Factors with the eigen value of more than one were extracted with the explained variation of 56.86%. To further improve upon the explained variation, four variables (H17, H20, H21 and H24) with communalities less than 0.5 were removed and the revised five factor structure explained 58.387% variation in scale items. These factors were then subject to reliability testing using Cronbach's alpha as a measure of internal consistency. The results are reported in the Table 3. The revised factors reported cronbach alpha value of more than 0.6 which implied that the scale is reliable. The five factors were named as *Healthy lifestyle, Health knowledge, Health concern, Work schedule and Medication*.

Factors	Items	Factor loadings	Cronbach's alpha	Explained Variance
Factor 1: <i>Healthy Life Style</i>	I try to ensure regular exercising.	0.754	.772	26.623
	I am <i>particular</i> about regular health check-ups	.727		
	I have an organized lifestyle.	.654		
	I am very particular about food safety.	.528		
	I prepare the schedule of my work, to make best utilization of the day.	.511		
Factor 2 <i>Health knowledge</i>	Being vegetarian is good for health.	.693	0.753	10.756
	I make sure that my food contains all necessary nutrients.	.612		
	I avoid foods containing preservatives.	.586		
	I follow a low salt/sugar diet.	.576		
	I consume food which helps me to maintain or lose weight.	.562		
	I like talking about general health issues with my friends, family or relatives.	.518		
Factor 3 <i>Health concern</i>	Health is always the concern for me while buying the food product.	.796	0.745	9.274
	Health means a lot to me.	.794		
	I am highly concerned about health consequences of food product that I buy.	.726		
	Keeping good health is my personal responsibility.	.443		

Factor 4 <i>Work schedule</i>	I'm generally attentive to my inner feelings about my health.	.848	0.728	6.079
	I do notice how I go physically throughout the day.	.775		
	I ensure that I get sufficient relaxing time in my work schedule.	.711		
Factor 5 <i>Medication</i>	I am careless about treatment of my disease and illness.	.797	0.673	5.655
	It is doctor's job to keep me well.	.774		
	I do not take notice of health care recommendations from TV, radio, etc.	.673		
Explained Variance				58.388

Moderators	Mean ¹ (S.D)	Consumer attitude towards RTE foods	
		Correlation ²	p value
Healthy Lifestyle	5.17 (1.044)	-0.229	0.000
Health Knowledge	5.24 (1.019)	-0.245	0.000
Health Concern	5.73 (0.944)	-0.189	0.000
Work Schedule	4.93 (1.243)	-0.074	0.000
Medication	3.86 (1.459)	0.014	0.000

Thus, the hypothesis (H11) Health consciousness moderates the relationship between consumer's attitude and their purchase behavior towards RTE foods proposed earlier, is therefore further expanded to allow for the testing of hypothesized relationship in terms of each of the dimension of health consciousness Table 4. The concerned hypotheses are:

H₁: *Healthy lifestyle moderates the effect of consumer attitude towards RTE foods on consumer product purchase behavior.*

H₂: *Health knowledge moderates the relationship between consumer attitude and product purchase behavior towards RTE foods.*

H₃: *Health concern moderates the effect of consumer attitude towards RTE foods on consumer product purchase behavior.*

H₄: *Work schedule moderates the relationship between consumer attitude and product purchase behavior towards RTE foods.*

H₅: *Medication moderates the relationship between consumer attitude and product purchase behavior towards RTE foods.*

Moderation Analysis

A moderator variable is an independent variable that affects the relationship of the dependent variable and independent variable. The moderation effect is represented by the interaction between independent variable and moderator variable.

As suggested by Aiken & West (1991) the independent variable and moderators need to be mean centered prior to creating interaction terms to reduce multi collinearity issue.

In the present research study, the impact of five moderators viz., *healthy lifestyle, health knowledge, health concern, work schedule and medication*, on the relationship between consumer attitude and their purchase behavior towards RTE foods was investigated using moderated regression analysis. For the purpose of examining the role of healthy lifestyle in the relationship between consumer's attitude and consumer purchase behavior towards NCFP, first, healthy lifestyle as a moderator was mean centered to reduce the issue of multi collinearity. Secondly, following three models were tested with the help of hierarchical regression for each of the food products separately.

Model 1: $BEHAV_i = a + \beta_1 (ATT_i) + e$

Model 2: $BEHAV_i = a + \beta_1 (ATT_i) + \beta_2 (HLS_i) + e$

Model 3: $BEHAV_i = a + \beta_1 (ATT_i) + \beta_2 (HLS_i) + \beta_3 (ATT \times HLS_i) + e$

Where, BEHAV was a measure of consumer's product purchase behavior. HLS was the measure of consumer's healthy lifestyle and ATT was the measure of consumer attitude towards RTE foods.

Table 5
MODERATION ANALYSIS

Moderators	Model 1			Model 2			Model 3			Tolerance	VIF
	R ²	F value	Standardized β_1 (p value)	R ²	F value	Standardized β_2 (p value)	R ²	F value	Standardized β_3 (p value)		
Healthy Lifestyle	0.055	35.549	-0.234 (0.000)	0.108	37.157	-0.179 (0.000)	0.113	25.896	0.068 (0.078)	0.734	1.032
Health Knowledge	0.055	35.45	-0.234 (0.000)	0.097	32.806	-0.181 (0.000)	0.097	21.878	0.014 (0.733)	0.917	1.082
Health Concern	0.054	35.4	-0.233 (0.000)	0.057	18.649	-0.223 (0.000)	0.06	13.066	-0.055 (0.174)	0.869	1.052
Work Schedule	0.054	35.176	-0.232 (0.000)	0.118	41.187	-0.212 (0.000)	0.121	28.204	0.055 (0.149)	0.75	1.005
Medication	0.281	238.21	0.53 (0.000)	0.288	123.26	0.507 (0.000)	0.311	91.632	0.159 (0.000)	0.815	1.095

Healthy Lifestyle: The above Table suggests that consumer's attitude is significantly related to their purchase behavior (Model 1: $\beta_{(RTE)} = -0.234$; Model 2: $\beta_{(RTE)} = -0.179$). For Model 3, the above analysis shows that for the variable consumer attitude, β coefficient is 0.068 and p value is not significant at $p < 0.05$. It implies that healthy lifestyle does not act as a moderator to the relationship between consumer's attitude and their product purchase behavior for RTE foods. Hence, H1.1 stands rejected.

Health Knowledge: The above table shows that there is a significant relationship between consumer's attitude and their purchase behavior before and after interaction (Model 1: $\beta_{(RTE)} = -0.234$; Model 2: $\beta_{(RTE)} = -0.181$ with $p < 0.05$). After introducing interaction term for further

analysis in Model 3, β coefficient for RTE foods is 0.014 and p value is insignificant at $p < 0.050$. Hence, hypothesis H1.2 Stands Rejected.

Health Concern: In context of health concern as a moderator, Table 5 shows that consumer attitude is significantly and positively related to consumer purchase behavior (Model 1: $\beta_{(RTE)} = -0.233$; Model 2: $\beta_{(RTE)} = -0.223$). After introducing interaction term in Model 3, the β coefficient for the variable consumer's attitude across RTE foods is -0.055 with insignificant p value. Though the model is insignificant but β_3 coefficients locate the direction of the relationship between consumer attitude and product purchase behavior. It appears that there is a negative though insignificant relationship between the given set of variables in context of RTE foods. Thus, it requires detailed investigation to gain deeper insights to examine the role played by the given set of variables. Thus, health concern does not act as a moderator to the relationship between consumer's attitude and their product purchase behavior. Hence, H1.3 stands rejected.

Work Schedule

The above table shows that there is a significant relationship between consumer's attitude and their purchase behavior before and after interaction term (Model 1: $\beta_{(RTE)} = -0.232$; Model 2: $\beta_{(RTE)} = -0.212$). However in Model 3, β coefficient 0.055 and p value is insignificant at $p < 0.05$. Thus, H1.4 is rejected.

Medication

It is measured through three statements on a 7-point Likert scale. As per the results reported in the above presented table, Model 1 shows that there is a significant relationship between consumer's attitude and their purchase behavior with β coefficient as 0.530. Model 2 also reports significant p value with $p < 0.05$ and β coefficient as 0.507. From the above analysis, it was found that VIF value is less than 5 and TOL value is more than 0.1 in all the regression equations.

In Model 3 after introducing the interaction term, β_3 coefficient for RTE foods is -0.033 respectively and p value is significant at $p < 0.05$. Hence, medication acts as a moderator. Similarly in Model 3, R^2 changes significantly on the subsequent additions of health concern medication as a moderator. R^2 increased from 28.1% to 31.1% $p < .01$. For further investigation, simple slope analysis is conducted to find out the differences in the values at high, medium and low levels of the MV scores using Aiken & West (1991).

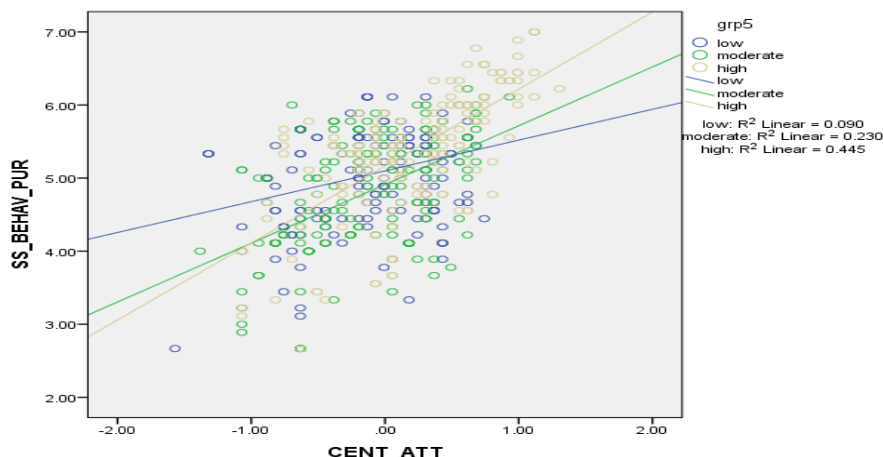


FIGURE 2
MEDICATION

From the above figure, it can be observed that who are less concerned about their health tend to buy more of RTE foods are less apprehensive of harmful effects of RTE foods on their health. It can be further interpreted that the slope of regression line is greater in case of consumers who do not take notice of health related issues as compare to consumers with medium or less reluctant towards health and medication. Thus, hypothesis H1.5 is accepted Figure 2.

It was found that medication is the only moderator influencing the relationship between consumer purchase behavior and attitude towards RTE foods. It implies that consumers are well aware about their well-being and are conscious about their health. It can be observed that respondents who are less concerned about their health tend to buy RTE foods.

CONCLUSION

This study provides a better understanding of what moderates the consumer attitude towards RTE foods. While investigating the role of health consciousness as a moderator in the relationship between consumer attitude and consumer purchase behavior towards RTE foods, it was found that healthy lifestyle, health knowledge, health concern and work schedule does not moderate the effect of consumer attitude towards their purchase behavior but p value is significant at 0.050 in case of medication and health care which implied consumers who are less concerned about their health tend to buy more of RTE foods are less apprehensive of harmful effects of RTE foods on their health.

The results are in line with the study conducted by who suggested that consumers prefer RTE foods as they seek convenience both in terms of time and efforts. Thus, a marketer must try to gain out of this situation as he can charge a higher price from those consumers who will buy RTE food item because they perceive them to be better in taste. Whereas a study conducted by mentioned RTE foods as a harmful additive and consumers who is health conscious shall not buy them. Thus, to uplift the market of RTE food items, the marketer could try to improve the health knowledge of the consumers by organizing free seminars, workshops, or by putting up advertising that RTE foods are not unhealthy and they are prepared keeping in mind health of the consumers.

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