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FACULTY OF ECONOMICS

MASTER'S THESIS

ATTITUDES TOWARDS HEALTHY DIET AMONG SLOVENIAN UNIVERSITY STUDENTS: THE ANTECEDENTS AND RELATIONSHIP TO ACTUAL BUYING BEHAVIOR

Ljubljana, September 2013 ARTYOM ALEKSANDROV

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The undersigned **Artyom Aleksandrov,** a student at the University of Ljubljana, Faculty of Economics, (hereafter: FELU), declare that I am the author of the master's thesis entitled **Attitudes Towards Healthy Diet Among Slovenian University Students: The Antecedents And Relationship To Actual Buying Behavior**, written under supervision of **Prof. Dr. Irena Vida**

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INTRODUCTION

It is widely agreed that healthy diet and the right choice of food for consumption are important for a person's wellbeing. Healthy eating allows a person to live a healthier and longer life by preventing certain types of diseases (World Health Organization, 1990). According to Pokorn (in Zupančič & Hoyer, 2006, p. 157), healthy diet plays a role in an individual's development. Since food choices are included in the parameters of one's lifestyle (Kotler & Armstrong, 2006, p. 146), healthy diet can also be considered a part of healthy lifestyle.

Healthy diet will be considered in this work as both the choice of healthy food products for one's consumption, while avoiding harmful products, and consumption the food in a suitable way, involving the frequency and distribution of meals throughout a day, as suggested by National Institute of Public Health (n.d.).

The market of healthy food includes the segments of organic, natural, food intolerance and for other types of products. The growth rate and turnover of healthy food market have been reported to be high on a global scale (Health and Wellness the Trillion Dollar Industry in 2017: Key Research Highlights, 2012). Healthy food is a part of product designed to the market of healthy and nature conscious lifestyle consumers, which is reported to be very prospective (Kotler & Armstrong, 2006, p. 91).

The challenge of maintaining one's diet is particularly demanding for students. A number of authors from different countries state that the period of tertiary study is particularly challenging. Students often tend to lead an unfavorable lifestyle with a range of unhealthy habits, including undersleeping, smoking, alcohol consumption, use of illicit substances and unhealthy dietary practices (von Bothmer & Fridlund, 2005, p. 115; El Ansari et al., 2011, p. 201; Branen & Flatcher, 1999). El Ansari, Stock, & Mikolajczyk (2012, pp. 3 – 4) also point out the presence of unhealthy dietary practices among the students in each of the four selected European countries.

Slovene students are also demonstrating unhealthy food practices. It has been pointed out, that there is a considerable proportion of students not following the main healthy diet recommendations, such as regular consumption of fresh fruit and vegetables, as well as avoidance of snacks (Zupančič & Hoyer, 2008).

Attendance of higher education programs offered by universities is very widespread in Slovenia. According to the data by Statistical Office of the Republic of Slovenia (2012b), half of individuals aged between 19 and 24 are attending a tertiary education program. Overall, there are over 104 thousand individuals attending tertiary education institutions. Relatively low income and a high proportion of students living with parents are characteristic of Slovene students (Statistical Office of the Republic of Slovenia, 2012a, 2012b; Ministrstvo za visoko šolstvo, znanost in tehnologijo, 2010). At the same time, a considerable number of students

have reported having poor financial situation, and two-thirds were working (Ministrstvo za visoko šolstvo, znanost in tehnologijo, 2010).

Theory of Reasoned Action and Theory of Planned Behavior suggest that buying behavior is determined by attitude towards the action. Theory of Reasoned Action also states that the attitude is in turn influenced by a person's psychological characteristics and environmental factors (Peter & Olson, 2010, p. 146 – 147; Ajzen, 2005, p. 117 – 118). The factors studied in the empirical part of this work were both demographic, including age, gender, income and type of living arrangement, and psychological traits of future orientation and susceptibility to interpersonal influence.

This work is focused on the factors triggering the attitude to healthy diet and the relationship between the attitude of healthy diet and actual purchasing of healthy food by the students. In addition, the relationship between actual healthy food purchasing and some of the demographic factors was examined. Finally, the relationships observed between attitude to healthy diet and its psychological antecedents were compared for the population divided by gender and income to explore the differences in decision making of students belonging to those groups.

Scientific and media publications analyzed are discussed in the literature review. The obtained insights were used to form the hypotheses and research design for the empirical part of this work.

Section one includes theoretical background on attitudes in the framework of consumer behavior and theoretical models linking attitudes with their antecedents as well as factors affected. Section two contains information on healthy diet, its determinants and economical aspects. Finally, Section three presents the diet-related behavior of students and the characteristics of the market segment formed by Slovenian students.

1 ATTITUDES IN THE FRAMEWORK OF CONSUMER BEHAVIOR AND THEIR ANTECEDENT FACTORS

1.1 Definition and nature of attitudes.

There are a number of definitions different authors give to the concept of **attitude,** both in the scope of marketing and consumer behavior and in its general meaning. In terms of psychology, attitude is referred to as "a cognition, often with some degree of aversion or attraction (emotional valence), that reflects the classification and evaluation of objects and events" (Attitude, n.d.).

A number of definitions are presented for the concept in the framework of marketing and consumer behavior. According to Kotler (2003, p. 199): "an attitude is a person's enduring

favorable and unfavorable evaluations, emotional feelings, and action tendencies towards some object or idea". Another definition suggests that attitude is "a person's overall evaluation of a concept" (Peter & Olson, 2010, p. 128). Ajzen (2005, p. 3) states that attitude is: "a disposition to respond favorably or unfavorably to an object, person, institution, or event." Finally, Blackwell, Miniard and Engel refer to the attitude as: "what we like and dislike" (Blackwell, Miniard, & Engel, 2001, p. 289).

Attitudes include three components: **cognitive, affective** and **conative** (Noel, 2009, p. 98). When the attitude is of affective nature, it involves emotions, feelings and moods, directly resulting from the impact of stimuli. In case attitudes are created by cognitive system, they "integrate knowledge, meanings and beliefs on the attitude concept" (Peter & Olson, 2010, p. 128). Conative component involves "behavioral inclinations, intentions, commitments, and actions with respect to the attitude object" (Ajzen, 2005, p. 5).

The process of attitude generation results in assessing the "personal relevance of the concept" (Peter & Olson, 2010, p. 128). In accordance with this, attitudes are assisting the behavior by means of reducing the effort needed for the process of decision-making, as people "do not have to interpret and react to every object in a fresh way." As a result, similar behavioral patterns appear as a response to similar objects (Kotler, 2003, p. 199).

The attitudes can be subdivided into **attitudes towards objects** and **attitudes towards behaviors**. While the first concept involves "an evaluation of the attitude object", the second stands for "evaluation of performing a particular behavior involving the attitude object, such as buying the product" (Blackwell et al., 2001, p. 289).

Attitudes have the following characteristics (Vukasović, 2012, p. 93):

- Continuous nature
- Acquisition during one's lifespan
- Influence on behavior
- Complexity

Noel (2009, p. 98) also states the continuous nature of attitudes, which "must apply many different situations", while stressing the importance of understanding the formation of attitudes. According to Ajzen (2005, p. 3), attitudes can only be measured indirectly: "attitude is a hypothetical construct that, being inaccessible to direct observation, must be inferred from measurable responses. Given the nature of the construct, these responses must reflect positive or negative evaluations of the attitude object." One option for the measuring an attitude is the multiattribute attitude model by Fishbein. This model states that overall attitude is made up of the evaluations of salient beliefs. **Salient belief** denotes a belief that can be recalled and used in conscious consideration.

Assuming there are n salient beliefs on the object in focus, attitude is a function of belief strengths (b_i) and evaluations (e_i), which can be expressed by the following formula (Peter &

Olson, 2010, pp. 134, 136):

$$A_O = \sum_{i=1}^{n} b_i e_i \qquad (1)$$

1.2 The role of attitudes in predicting buying behavior

Several theoretical models were devised to study the determinants of buying behavior. Several of them include attitude as one of the determinants. In addition, some models state that attitudes have a number of determinant factors.

Firstly, attitudes are included in **Stimulus-response model** that suggests that a consumer's buyer behavior, triggered by marketing and other stimuli, is shaped by cultural, social, personal and psychological factors. Psychological factors, in turn, include motivation, beliefs and attitudes (Kotler, 2003, pp. 184-185).

Another model, the **Theory of reasoned action**, claims that attitude towards object or action, combined with the subjective norms, determine an intention. The intention is in turn justifying the actual behavior. The model's name reflects the assumption that consumers "consciously consider" the effects of the actions they can perform and behave in such a way that that provides for the best consequences (Peter & Olson, 2010, p. 145).

Finally, the **Theory of planned behavior**, built up on the previous model, also suggests that the behavior in focus is triggered by behavioral intention, which is in turn shaped by the attitude to the behavior and social norm. However, one new concept, perceived behavioral control is added to reflect the amount of control an individual has in the given situation (Ajzen, 2005).

1.2.1 Stimulus-response model

This model stipulates that a buying decision is influenced by the buyer's characteristics and decision processes, arising as a response to marketing and other stimuli. Marketing stimuli include the 4Ps of marketing mix – Product, Price, Place and Promotion, while environmental stimuli are economic, technological, political and cultural factors.

Attitudes are included in this model in the scope of psychological characteristics of a buyer, along with beliefs and motivation. It is important to note that some sociodemographic variables, including age and income, are included in personal factors. However, no interconnection between the attitude and sociodemographic factors is presented (Kotler, 2003, pp. 184-185).

1.2.2. Theory of reasoned action

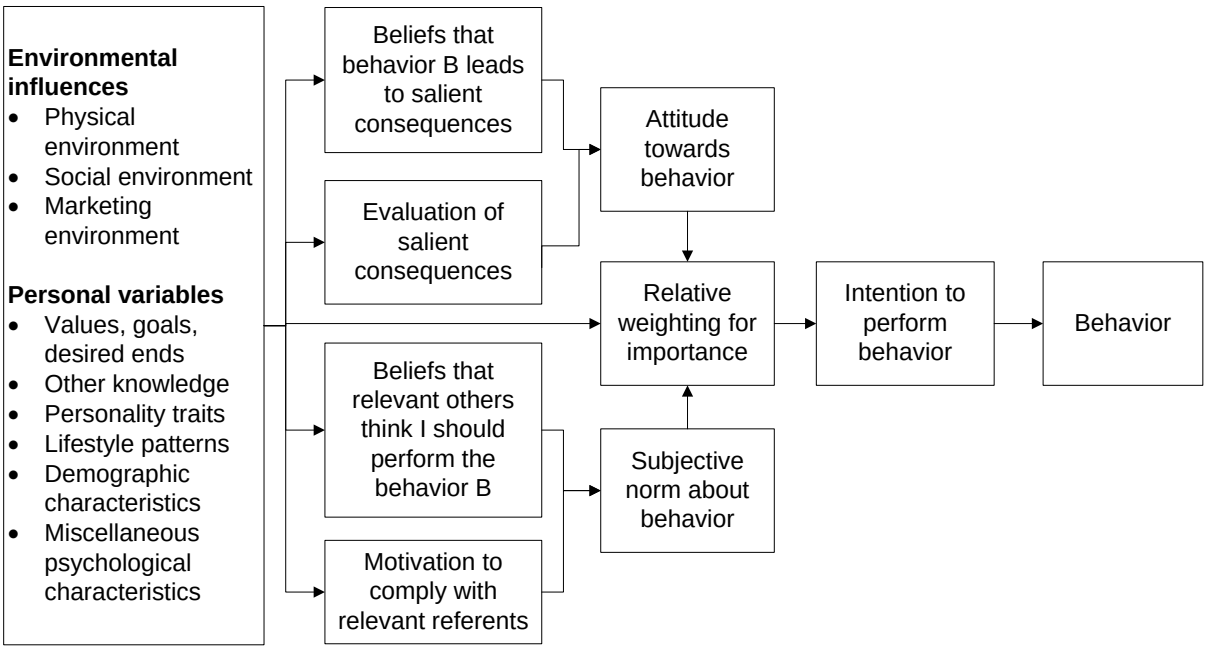
Theory of reasoned action asserts that individuals consider the alternative behaviors based on the consequences each of them can lead to (Peter & Olson, 2010, p. 145). The theory includes the following components (Peter & Olson, 2010, p. 147):

- **Behaviors**, which are defined as "specific actions directed at some target object",
- **Behavioral intentions**, standing for "a proposition connecting self and a future action" or "a plan to engage in a specified behavior in order to achieve a goal", and
- **Attitudes towards the behavior or action**, representing "the consumer's overall evaluation of performing the behavior."

According to the model, environmental influences and a consumer's personal factors influence one's belief that a certain behavior B leads to noteworthy consequences (b_i), evaluation of the important consequences (e_i), belief that relevant reference individuals will appraise the behavior B (NB), and the motivation to comply with the reference persons (MC). An attitude towards behavior A_b is then derived as a function of a consumer's salient beliefs on the functional consequences of and action, similar to attitude to object, presented in formula (1):

$$A_{act} = \sum_{i=1}^{n} b_i e_i$$

Figure 1. Graphical presentation of Theory of reasoned action.



Source: J.P. Peter & J.C. Olson, *Consumer Behavior and Marketing strategy*, 2010, p. 146.

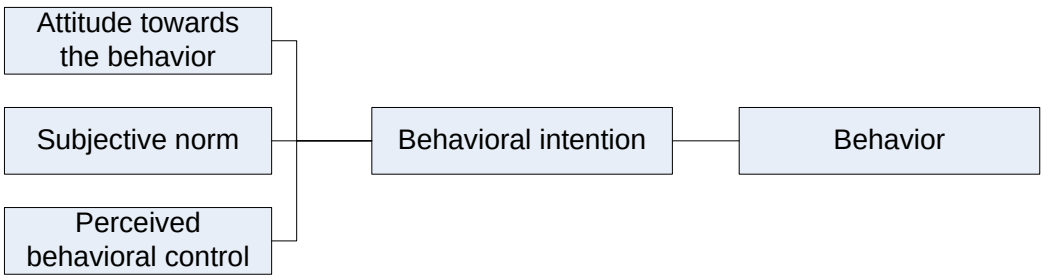
Strengths and evaluations of salient beliefs can be measured in order to reveal the attitude to action or behavior. Similarly, subjective norm SN_b can be measured by summing the products of NB_j and MC_j . A_b and SN_b, in turn, are then combined into an intention to perform behavior, involving the weighting between the two concepts. Finally, the intention functions as the determinant of the actual behavior in focus, as demonstrated in Figure 1.

Some of the personal variables, involved in this model, include the personality traits, lifestyle patterns and demographic characteristics. Out of those age, gender, income, type of living arrangement and psychological constructs of future orientation and susceptibility to interpersonal influence will be used in the empirical part of this work as the antecedents of attitude to healthy diet among the students in Slovenia.

1.2.3 Theory of planned behavior

Similar to Theory of reasoned action, Theory of planned behavior is derived from the assumption that people act rationally, processing the available information and making decisions having considered the alternatives with the respective consequences. In addition, an important role is assigned to behavioral intention, as the most important determinant of behavior (Ajzen, 2005, p. 117).The model differs from the Theory of reasoned action in the determinants of behavioral intention and hence behavior, as illustrated in Figure 2. To begin with, **attitude towards the behavior**, a personal determinant, is similar to that in Theory of reasoned action, including its applicability to a particular behavior and not to an object. **Subjective norm**, the social determinant, represents a society's or a reference group's pressure to perform the behavior. In addition, **perceived behavioral control** represents the control determinant reflecting one's percepted ability to perform the particular behavior. Furthermore, the author states that the determinants are not equally important, with the weighting taking place for each particular behavioral intention. Moreover, it is not mandatory that all determinants are influential for each action – in some cases; the theory suggests that one or two determinants can have no effect on behavioral intention. Finally, the influences of subjective norm and perceived behavioral control on the attitude are assumed.

Figure 2. Theory of Planned Behavior.



Source: I. Ajzen, *Attitudes, Personality and Behavior*, 2005, p. 118.

1.3 Temporal orientation

Temporal orientation is a cultural value, reflecting the different attitudes towards time use present in different cultures. For example, Mediterranean countries are believed to have past-oriented culture, Arab countries are considered as present-oriented, and the US and some European countries are future-oriented (De Burca, Fletcher, & Brown, 2004, p. 84).

The 5-dimension version of Hofstede cultural typology includes a dimension of long-term vs. short-term orientation. Long-term oriented cultures possess the values of "thrift, perseverance, concern for proper ways of doing things, building market share, rather than chasing immediate returns to stakeholders, respect for tradition, fulfilling social obligations and a focus of causing others to gain" (De Burca et al., 2004, p. 84).

At the same time, an individual's temporal orientation stands for whether a person emphasizes immediate or distant consequences of his or her actions, according to the findings of Joireman, Strathman, and Balliet (in Kees, Burton, & Tangari, 2010, p. 21). Future orientation is of particular interest for this research. The concept of Consideration of Future consequences was developed by Strathman, Gleicher, Boninger and Scott Edwards in 1994 to represent the relative importance of future versus immediate consequences of the anticipated actions of an individual.

1.4 Susceptibility to interpersonal influence

According to Netemeyer, Bearden, & Teel (1992, p. 380), **susceptibility to interpersonal influence** is an individual's trait, reflecting the responsiveness of an individual to social influences.The concept is defined as "the need to identify with or enhance one's image in the opinion of significant others through the acquisition and use of products and brands, the willingness to conform to the expectations of others regarding purchase decisions, and/or the tendency to learn about products and services by observing others or seeking information from others" (Bearden, Netemeyer, & Teel, 1989, p. 473). It can be inferred that the concept is related to the Motivation to comply component of subjective norm, which is present in the Theory of reasoned action. Subjective norm was referred to as a determinant of intention to perform a behavior in Theory of Reasoned action and as a determinant of the attitude in Theory of Planned Behavior (Peter & Olson, 2010, p. 149; Ajzen, 2005, p. 118).

As Mourali, Laroche and Pons (2005, p. 169) suggest, susceptibility to interpersonal influence, with the exception of its informational influences, is linked with **collectivism/individualism** dimension of Hofstede cultural typology. In particular, individualistic orientation was found to have negative influence on utilitarian and value-expressive aspects of susceptibility to interpersonal influence. The concept of collectivism denotes the degree to which group needs are considered supercedent of an individual's needs, which can be defined for each particular country. Highly collectivist cultures include Chinese

and Korean, while individualistic cultures include those of the United Stated, Australia and Great Britain (De Burca et al., 2004, p. 82). Slovene culture is considered rather individualistic, with the individualism score of 28 (Rinne, Steel, & Fairweather, 2011, p. 15). Therefore, relatively low scores on susceptibility to interpersonal influence are expected.
Susceptibility to interpersonal influence is a complex concept including the following types of influences, according to the findings of Deutsch, Gerard, Kelman, Etzel, Burnkraut and Cousineau, Park and Lessig (in Bearden et al., 1989, p. 474):

- **Normative influences**, representing the tendency of conforming to the expectations of others. These influences can be subdivided into value expressive and utilitarian aspects.
  - **Value expressive** aspects represent an individual's desire to strengthen his or her image by affiliating with a reference group.
  - **Utilitarian** aspects reflect the compliance with the expectations of others, "to achieve rewards or avoid punishments".
- **Informational influences**, standing for interpreting the information from others as being able to represent the reality. This includes both information search from other individuals and making conclusions while observing the behavior of other individuals.

1.5. Selected previous studies on consumer attitude to healthy eating

In this section, selected studies dedicated to consumer attitude, its antecedents and connection with the applicable behavior related to healthy eating are presented.

Two important examples include Promote healthy eating among adolescents: a Hong Kong study (Chan & Tsang, 2011) and Using theory of planned behavior to predict healthy eating among Danish adolescents (Grønhøj, Bech-Larsen, Chan, & Tsang, 2013). Both studies focus on healthy eating among adolescents, albeit promotion of healthy eating by means of advertising was included in the first study, while the second was dedicated to predicting healthy eating. In addition, the studies have been conducted in two different countries, Denmark and Hong Kong.

Both studies are based on the Theory of planned behavior, which asserts that the behavior is justified by behavioral intention, which, in turn, is influenced by the attitude to the behavior, subjective norm, and the perceived behavioral control, while the attitude can be influenced by both the subjective norm and the perceived behavioral control (Ajzen, 2005, pp. 117 – 119). The work by Chan and Tsang (2011, pp. 354 – 362) was focused on the behavioral intention of Hong Kong students for healthy eating. The research purpose was to explore how attitude, subjective norm, influences of sex, age and Body Mass Index, and attitude to advertising are correlated to the behavioral intention to healthy eating. The findings demonstrate that the attitude to behavior "was the most important factor in predicting the behavioral intention for healthy eating." In addition, social norms imposed by family members and government bodies were the most important in triggering the intention to healthy eating (Chan & Tsang, 2011, p. 354).

The study by Grønhøj et al. (2013, pp. 4 – 17) had similar research goals, with the exceptions of studying the impact of advertising. The research was performed among Danish adolescents. According to the results, high importance of one's personal opinion in the formation of behavioral intention was also indicated. Compared to the first study mentioned, different priorities were found in the reference groups for the subjective norms – in this case, family members, television programs and teachers had the most influence on behavioral intentions. In addition, the attitudes to different attributes of healthy eating were revealed. While the respondents have agreed that healthy eating is "beneficial, good and useful", they have also believed it to be boring, less enjoyable and interesting.

Sharma, Harker, Harker, & Reinhard (2009, pp. 436 – 451) have performed the research devoted to food motives and attitude to healthy eating among German and Australian students. The research questions included whether there is a difference in food motives according to gender, and what are the factors influencing the students' attitude towards healthy eating. The survey was carried out among individuals aged 18 to 24 years. Significant differences in the health-related food motives were reported between male and female students in both Germany and Australia. German females were found to possess a stronger attitude to healthy eating than Australian females. Apart from that, the factors influencing the attitude to healthy eating were identified. Those included age, gender and health for German students, and age, health, mood, convenience, familiarity and ethical concerns for their Australian counterparts.

Cheah and Phau (2011, pp. 452 – 472) have performed the study on attitudes towards environmentally friendly products. The results of the survey carried out among the Australian students indicate that interpersonal influence is negatively correlated with consumer environmental attitudes. In addition, the relation between attitude and behavior was studied on the basis of Theory of Reasoned action, revealing that respondents demonstrating positive environmental attitudes were more likely to purchase environmentally friendly goods.

2 HEALTHY DIET AND HEALTHY EATING

An individual's **lifestyle** is his or her "pattern of living, as expressed with activities, interests and opinions" expressing "a person's whole pattern of acting and interacting in the world." The concept also includes one's perception food as the example of one's interests and opinion (Kotler & Armstrong, 2006, p. 146). Therefore, healthy diet can be considered as a part of healthy lifestyle.

Different authors agree on the fact that healthy diet is important in one's life and for one's health. For example, World Health Organization states that healthy diet aims at maintaining physical health and prolonging one's life by preventing the diseases that have dietary component or components (World Health Organization, 1990, pp. 4-6). Pokorn (in Zupančič & Hoyer, 2006, p. 157) suggests that: "Healthy eating enables optimal psychophisical development and vitality, as well as improves general resistance and productivity."

There are several options available to define healthy diet and healthy eating. In their research on the predictors of eating behavior and physical activities among adolescents, Baker, Little and Brownell (2003, p. 190) have defined healthy eating as follows: "(a) eating in a balanced way with a lot of fruits and vegetables, (b) eating three meals a day, (c) not eating too much junk food (fast food, chips, and sweets or desserts), (d) eating moderate amounts (not too much or too little) when you are hungry and stopping when you are full (e) eating only a moderate amount of fat."

Healthy diet has the following characteristics, according to Pokorn (in Zupančič & Hoyer, 2006, p. 157):

- Balanced, standing for preventing the deficit of nutrients in body with the ensuing diseases.
- Safe, including the limits on additives and contaminants
- Defensive, which stands for the prevention of illnesses.

Slovene National Institute of Public Health (n.d.) presents the following principles of healthy diet:

1. Regular consumption of meals; choosing a variety of food, with a focus on seasonal and locally produced products and products of vegetable origin.
2. Choosing the products made of full-value grain.
3. Consumption of fruits and vegetables several times per day. Fresh and locally produced items are recommended.
4. Control over the amount of daily consumed fat; unsaturated fat is preferred over saturated.
5. Replacing high-fat meat with low-fat meat or other sources of proteins.
6. Adequate consumption of milk and dairy products.
7. Reduction of salt consumption.
8. Limited consumption of sugar.
9. Adequate consumption of liquids.
10. Limitation of alcohol consumption.
11. Food preparation in healthy and hygienic manner.
12. Physical activity as a means to sustain appropriate weight.

The following habits are identified as unfavorable dietary practices (World Health Organization, n.d.):

- Low consumption of fruit and vegetables
- Consumption of high-energy and processed products
- Consumption of products with high content of sugar and fat
- Consumption of more than 5 grams of salt per day

2.1 Examples of healthy food products

Different options are also available for defining the food products that can be considered healthy. Turrell has used the following eleven categories to evaluate if a consumer purchases healthy food: low-fat milk, unsweetened yoghurt, cheese, low-fat minced meat, wholegrain or multigrain bread, brown rice, wholegrain pasta, unsweetened fruit juice, natural canned fruit, low-salt spreads, and vegetable oils (Turrell, 1998, p. 139).

According to the Food Pyramid by Slovene Healthcare Agency, the following groups with the applicable instructions can be identified, from the top to the bottom of the pyramid (Zavod za Zdravstveno Zavarovanje Slovenije, n.d.):

- Red group – top of the pyramid – products with high amount of added sugar or fat, should be only consumed seldom. This group includes salad dressings, cream, butter, sweetened drinks, candies and sweet snacks.
- Yellow group – the preference should be given to low-fat or skimmed options. These products are milk and dairy products, meat, poultry, fish, eggs and nuts.
- Green group – upper line: fruit and vegetables. The consumption of those products is encouraged.
- Green group – lower line: bread, grain, pasta, potatoes. It is recommended to include various products from this group in the daily food choice.

2.2 Role of healthy food market in the economy

Purchasing the food is one of the ways to obtain food for one's consumption, with the others including cultivating the food and dining out. Food purchasing is an important expenditure of a household, with an average household in the European Union using 12.4% of its expenditure on food and beverages, with the exception of alcoholic beverages. Nevertheless, in 2012, the proportion was reported to be 15% (European Commission, 2012).

Food and drink industry is of very high importance in the European economy, with its annual turnover being equal to € 836 billion and 3.8 million employees in 2006. The industry's turnover exceeded that of automobile and chemical industries combined during the same period (European Commission, 2007). In 2012, 7% of labor market and 6% of GDP were provided by farming and food industry (European Commission, 2012).

Healthy food purchasing is one of the phenomena of interest to be studied in the empirical part of this work. Worldwide, healthy food market has a volume of over 600 billion USD and a growth rate of 6.5%, which can mean that a turnover of over 1 trillion USD can be reached by year 2017 (Health and Wellness the Trillion Dollar Industry in 2017: Key Research Highlights, 2012).

According to a research by Nielsen (Global trends in healthy eating, 2010), Europeans are aware of healthy eating: "Europeans know what's healthy and what's not", although they often tend to purchase the unhealthy alternative. However, locally produced food is highly valued and 35% of European customers tend to purchase organic food. European Commission (2007) has stated in its publication on traditional food in Europe that an increased interest in healthy eating can be observed in the European Union (European Commission, 2007).

The market of healthy food is complex, consisting of different segments of products with their characteristics and benefits. The segments include traditional food, organic, naturally healthy, functional and food intolerance products (European Commission, 2007; Health and Wellness the Trillion Dollar Industry in 2017: Key Research Highlights, 2012).

Natural food is a broad definition denoting the products that are "minina1y processed and free of synthetic preservatives; artificial sweeteners, colors, flavors and other artificial additives; growth hormones; antibiotics; hydrogenated oils, stabilizers, and emulsifiers" (Food Marketing Institute, n.d.). **Organic food** can also be considered a natural food (Food Marketing Institute, n.d.). However, it is a subject to strict regulations on the additive, chemical inputs and processing methods. In addition, genetically modified organisms are not allowed to be used in the preparation of organic food. The use of non-organic and chemical additives is limited and highly regulated. Artificial flavors and colorants are banned from being used in organic products (European Commission, n.d.).

Purchasing healthy food and an intention to do so can impact certain sectors of the economy by creating or influencing demand for certain food products. Especially, local production of agricultural goods can be facilitated. As indicated in the guidelines for healthy diet National Institute of Public Health (n.d.), the consumption of local and seasonal food is advised. This is also supported in the publication by Zofija Mazej Kukovič (2012), a Member of European Parliament, cultivation and production of healthy products present an opportunity to Slovene economy: "At the times of high unemployment, it is a very important challenge for Slovenia, representing the opportunities for entrepreneurship and new workplaces." The finding that Slovene consumers demonstrate very high trust for locally produced food products should also be taken into account (Društvo za Marketing Slovenije, 2013).

The dynamics of consumption and domestic production are shown and discussed for several products involved in a healthy diet, namely grain, fruits, vegetables and fish, and those are presented in the section that follows to illustrate the healthy food market trends.

The importance of producing healthy products in a safe way can be implied from the proliferation of **organic farming** in Slovenia. A steady increase can be observed in both the number of ecological farms and the proportion of land used for ecological farming from 2004 to 2011, as demonstrated in Table 1.

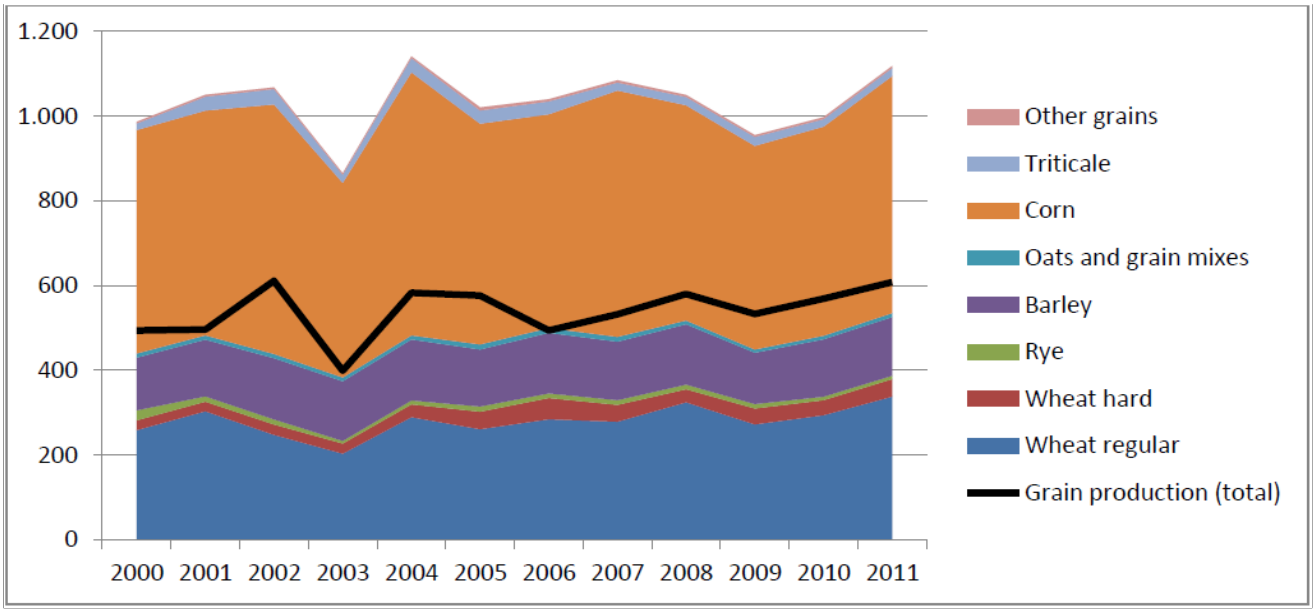
Table 1. Indicators of Ecological Farming in Slovenia

Indicator	2004	2005	2006	2007	2008	2009	2010	2011
Proportion of farm entities with ecological farming or farming at the restructuring (%)	2.1	2.2	2.4	2.7	2.7	2.8	3.0	3.2
Proportion of farm land used in ecological farming or farming at the restructuring (%)	4.7	4.6	5.5	5.9	6.1	6.3	6.4	7.0

Source: Statistical Office of the Republic of Slovenia, *Kazalniki ekološkega kmetijstva,* 2012e.

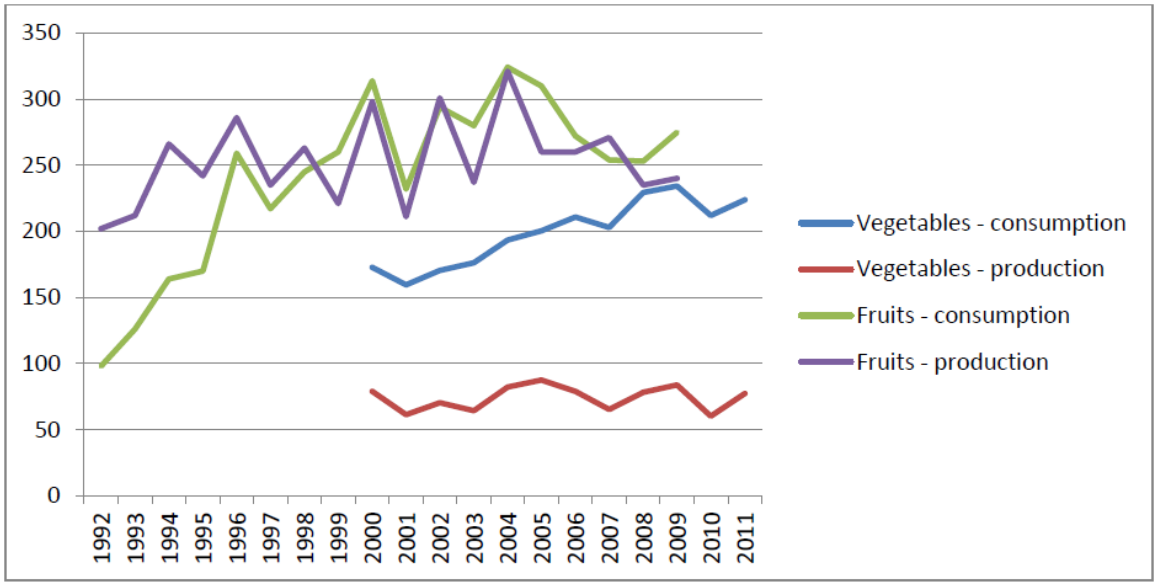
Both production and consumption of grain have been growing during the years 2009 to 2011. In addition, the consumption of vegetables had been demonstrating a major trend of growth during the period 2000 to 2011. The estimated consumption of fish and seafood has been growing since 1992, the date for which the first statistical data are available (Food and Agriculture Organization of the United Nations, n.d. b) Nevertheless, the consumption of fish per inhabitant is reported to be one of the lowest in Europe, only reaching 7 kilograms per year (Zveza potrošnikov Slovenije, 2012). Total consumption of grain in Slovenia has been fluctuating throughout the years 2000 to 2011, with minimums taking place in 2003 and 2009. A positive trend was present in 2010 and 2011. Figure 3 presents the data for each grain type. It can be seen that domestic grain production, shown with the thick black line, mimics the fluctuations of aggregate grain consumption.

Figure 3. Consumption and Production of Grain in Slovenia, 2000 – 2011 (in thousand tons).



Source: Statistical Office of the Republic of Slovenia, *Bilanca proizvodnje in porabe žit (1000t),* 2012f.

Figure 4. Consumption and Production of Vegetables and Fruits (Excluding Grape) in Slovenia, 1992-2011, (in thousand tons)

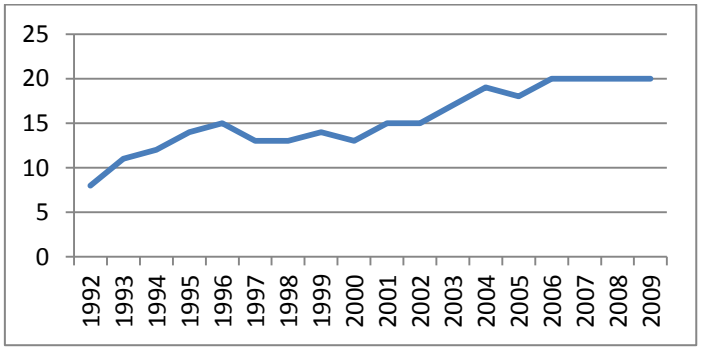


Source: Statistical Office of the Republic of Slovenia, *Bilanca proizvodnje in porabe zelenjave*, 2012g; Food and Agriculture Organization of the United Nations, *Commodity Balances. Fruit excluding wine*, n.d. b.

As demonstrated in Figure 4, production and consumption of fruit in Slovenia had been highly fluctuative, with the production having exceeded the consumption in some years. On the contrary, only a portion of vegetables consumed are produced locally. Much lower fluctuation and steadier increase in consumption can be observed among the indicators of vegetables production and consumption.

According to the statistical data by Food and Agriculture Organization of the United Nations, fish and seafood consumption has been demonstrating an upward trend throughout the entire period from 1992 to 2004. In years 2006 to 2009, however, the consumption did not change (see Figure 5).

Figure 5. Fish and seafood consumption in Slovenia, in thousand tons.



Source: Food and Agriculture Organization of the United Nations, *Commodity Balance. Fish and seafood.* n.d. a.

2.3 Determinants of dietary habits and attitudes towards healthy eating

Research provides evidence that eating practices and attitude to eating vary among individuals. In addition to the obvious cultural, geographic and environmental factors, demographic and psychological antecedents were found to determine the food choice and other dietary practices (Maddock, Leek, & Foxall, 1999; Divine & Lepisto, 2005; Grønhøj et al., 2013, and others), as well as attitude to healthy diet (Sharma, Harker, M., Harker, D., & Reinhard, 2010). Both types of determinants were included in the Theory of Reasoned actions as personal variables, which can influence one's attitude (Peter & Olson, 2010, p. 146 – 147). The impact of demographic antecedents, including age, gender and income, and psychological antecedents, represented by temporal orientation and susceptibility to interpersonal influence are described in the following paragraphs.

2.3.1 Age

A consumer's age is considered in many works as a factor that affects an individual's dietary practices. To begin with, Divine and Lepisto (2005, p. 280) state in their study on healthy lifestyle consumer segment that older consumers are more likely to eat the recommended amounts of fruit and vegetables. The hypothesis claiming that the age has "a positive effect on maintaining a healthy lifestyle" was proven true. Apart from that, a considerable difference in the healthy eating practices has been revealed in the research performed by Maddock et al. (1999) in Great Britain between 16-24 and 25-34 age groups, which is particularly relevant for the empirical part of this work. The findings show that the rise in healthy eating practices is present in the entire range, except for 65+ age group. (Maddock et al., 1999, p. 274). Finally, according to the findings of Hayes and Ross (in Piggford, Raciti, Harker, & Harker, 2008, p. 19), younger consumers have different motives in food purchasing than older consumers, in particular the familiarity and ethical concern, which reflects their concern with the appearance.

According to the findings of the study on the food preferences and attitude to healthy eating of university students in Australia and Germany by Sharma et al. (2010), age had a statistically significant effect on the attitude towards healthy eating. However, the correlation between the age and attitude was negative among German students, while being positive among the respondents in Australia.

During 2011/2012 academic year, students aged 18 to 24 constituted 69% of overall tertiary student population in Slovenia, while those aged 25 to 29 have accounted for 17.6% (Statistical Office of the Republic of Slovenia, 2012d).

2.3.2 Gender

Gender is also an important factor defining the patterns of one's nutrition. Several authors (Divine & Lepisto, 2005, p. 280; Maddock et al., 1999, p. 274; Grønhøj et al., 2013) have stated in their works that women are more likely to maintain healthy eating than men. In addition, gender was proven to be a significant predictor for maintaining a healthy lifestyle by Divine and Lepisto (2005, p. 280). Apart from that, it was found that female consumers are more involved in planning the meals for family and search for information on nutrition (Maddock et al., 1999, p. 274).

The prevalent food motives tend to be different for males and females. While the primary food motives for females are health, weight control and convenience, males value sensory appeal, as it was observed in Australia and other countries (Piggford et al., 2008, pp. 21-22). Research on the eating patterns among Slovene students found that more female than male students (78% and 63% respectively) had normal Body Mass Index (Zupančič & Hoyer, 2006, p. 162).

In their cross-country study on the food consumption and living arrangements of the European students El Ansari et al. (2012, p. 3 – 4) have found significant differences in the dietary practices of male and female students. In particular, female students, on average, consumed more sweets and cakes, while males consumed more fast-food products. On the other hand, males consumed more meat and fish, while females ate more fruits and salads (El Ansari et al., 2012).

As indicated in the study by Grønhøj et al. (2013, pp. 11-12), carried out among Danish adolescents, "female respondents had higher behavioural intention for healthy eating than male respondents." Finally, differences resulting from gender were identified in the attitudes of German university students towards healthy eating (Sharma et al., 2010).

In the academic year 2011/2012 there were more female students than their male counterparts in Slovenia – with the proportion of 58:42 (Statistical Office of the Republic of Slovenia, 2012a).

2.3.3 Income

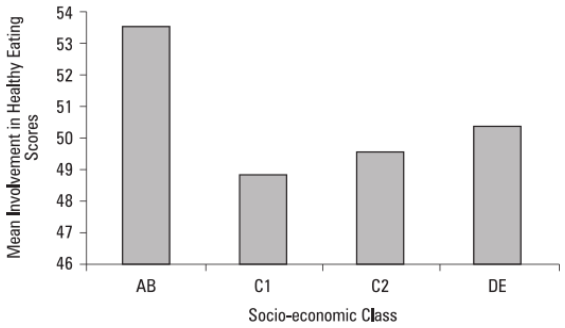
Income can be an important determinant of buying behavior. To begin with, it is one of demographic variables that functions as a determinant of attitude, which in turn affects buying intention and the purchase (Peter & Olson, 2010, p. 146).

The research findings on the impact of income on eating found are not homogeneous. Some authors (Piggford et al., 2008, p. 23; Divine & Lepisto, 2005, p. 280) state that there was no statistically significant correlation between income and the measured behavior. On the other hand, some researchers have claimed income to influence the dietary choices. Maddock et al.

(1999, pp. 274-275) report that consumers in the UK belonging to the two highest socio-economic classes (A and B) have shown the greatest involvement in healthy eating. The findings were explained by the "levels of disposable income and time available for food preparation." Nevertheless, there was no linear dependence of involvement in healthy eating on the socio-economical class The differences between socio-economical classes are displayed in Figure 6.

The study executed in Australia by Turrell (1998) has revealed that not only do consumers from lower social classes demonstrate less healthy eating practices, but also demonstrate preferences for fewer healthy food products. Conversely, the respondents in the high income group have demonstrated more consistence with dietary recommendations, and reported their preferences for more healthy food products (Turrell, 1998, p. 145).

Figure 6. Involvement in Healthy Eating and Social Class



Source: S. Maddock et al., *Healthy eating or chips with everything? Nutrition & Food Science,* 1999, p. 274

The effect of higher income on healthy food purchasing relates to the price a consumer can pay for a certain product. It was reported that the majority of consumers in the USA consider price the most important deterrent from purchasing organic food. In addition, the individuals with higher income were found more likely to purchase organic food (Food Marketing Institute, 2011).

While the average net salary in Slovenia was € 972.73 as of September 2012, the average income of a student was significantly lower - € 396 among the students living in separate household, and € 292 among the students living with parents (Statistical Office of the Republic of Slovenia, 2012c; 2012a).

2.3.4 Accommodation type

The commencement of independent living is an important change for young individuals. Among other influences, it affects eating habits. In spite of the fact that some food habits are common to all students, there is a difference between those who live with their families and those who live independently (Sharma et al., 2010, pp. 444-445; El Ansari et al., 2012, pp. 3-4, 7). Jelinić, Nola, and Matanić (2008, pp. 205-206) have reached a similar conclusion

regarding the dietary practices of Croatian students, claiming that "poor dietary habits are more expressed [among] the students who live outside the family.

The diet of students living independently is less healthy. In particular, both authors have revealed that students living independently eat less fruit and vegetables. In addition, a smaller proportion of independent students consume a suitable quantity of meals per day (Sharma et al., 2009, pp. 446-447).

One of the reasons for differences in food habits for students living with the family and independently is the commencement of financial planning and responsibility. As a student has to plan his or her expenses independently, which can be challenging, price becomes the most important criterion during the food choice. In contrast with this, health and sensory appeal were observed to be the most important factors in the food choice for students living with parents. (Sharma et al., 2009, p. 444). Apart from that, the influence of parents takes place, in a form of direct shaping of the diet and role modeling, resulting in more beneficial eating habits among their children, according to Hill et al. (in El Ansari et al., 2012).

In this study, the type of accommodation will be defined by whether a student lives with the parents or independently. The latter option includes residence in a dormitory, a room or an apartment rental with flatmates, as well as living with a partner.

As the findings of Eurostudent IV study suggest, the proportion of students living with parents was 62.7%. Further 24.5% were living in a dormitory, and the remaining 12.8% were living in their "own households" in 2010. The proportions varied considerably for different age groups – while the percentage of students living with parents was decreasing with the increase of age among the students older than 21, the percentage of those living in their own households was increasing among the same age groups (Ministrstvo za visoko šolstvo, znanost in tehnologijo, 2010). In 2012, the number of Slovene students living in dormitories was 10,696, representing approximately 10.3% of tertiary education students in Slovenia (Statistical Office of the Republic of Slovenia, 2012i).

2.3.5 Psychological characteristics

Two psychological antecedents of attitude to healthy diet are studied in this work – temporal orientation and susceptibility to interpersonal influence.

The concept of **temporal orientation** has important implications on an individual's behavior. According to Hendrix's (1984) research on the use of time, temporal orientation is an antecedent of time use and consumption of goods and services. As Divine and Lepisto (2005, p. 278) suggest in their publication, people planning ahead were proven more likely to maintain healthy lifestyle, which can also include healthy dietary practices. In addition, two-thirds of healthy food and 61% of beverage purchases were found to be planned ahead in a study by Food Marketing Institute (2011) carried out among the American consumers.

It was also demonstrated that the future-oriented consumers are demonstrating different attitudes than the present-oriented consumers. For example, more positive attitude to recycling and more negative attitude to oil drilling were demonstrated by future-oriented individuals. Moreover, it was also proven that consideration of future consequences could act as a significant predictor of certain attitudes associated with environmental and health (Strathman, Gleicher, Boninger, & Edwards, 1994, p. 750).

Susceptibility to interpersonal influence represents how important are the opinions of others for one's consumption behavior (Bearden et al., 1989).

Kropp et al. have found in his research that smokers and non-smokers had different susceptibility to interpersonal influence (Kropp, Lavack, & Holden, 1999, p. 548). Apart from that, the concept was proven capable of influencing consumer attitudes. Cheah and Phau (2011, p. 463) have found interpersonal influence to be negatively correlated to consumer environmental attitudes in a research carried out in Australia, which mostly included the individuals aged 18 to 24. Therefore, it can be assumed that susceptibility to interpersonal influence can influence both attitude and the corresponding behavior.

3 MARKET CHARACTERISTICS AND DIET-RELATED CONSUMER BEHAVIOR OF UNIVERSITY STUDENTS

The target population of this study consists of students at the Slovene universities. Students are a very specific part of a country's general population. The period of tertiary education is characteristic of major changes in an individual's life, representing new experiences and challenges.

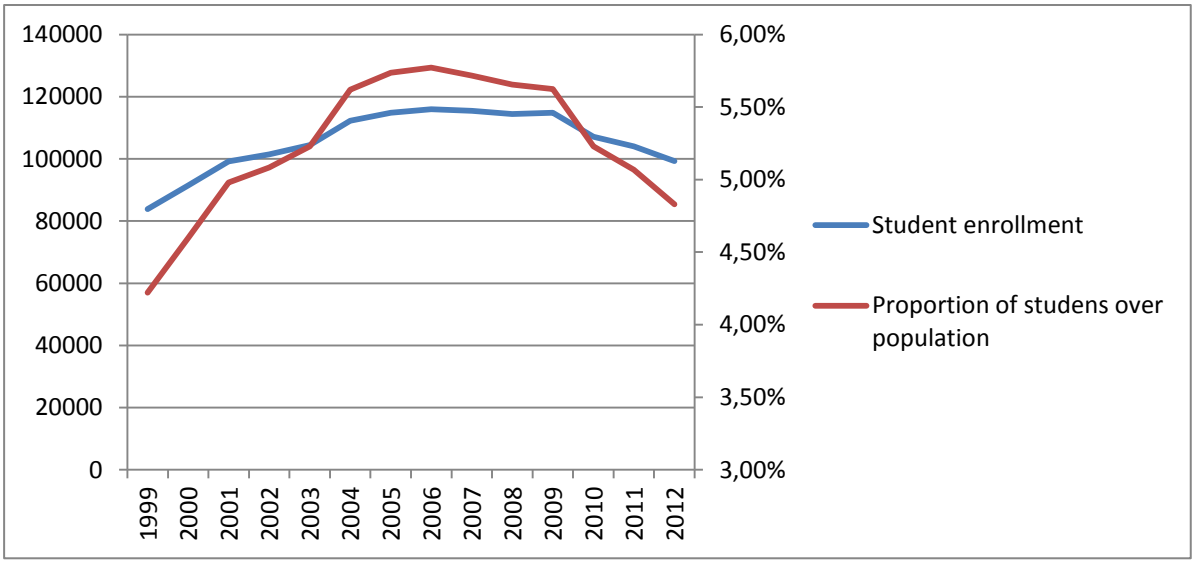
It is the student lifestyle that makes students stand out and rises health concerns. In many cases the lifestyle of the majority of students is considered unhealthy. For example, as few as 28% of students in Sweden were maintaining a healthy lifestyle (von Bothmer & Fridlund, 2005, p. 115). A study by El Ansari et al. (2011, p. 201) has demonstrated that a considerable number of students in several universities in the UK practice undersleeping, alcohol consumption, resorting to illicit substances and inadequate consumption of fruit and vegetables. Several other authors (Jelinić et al., 2012; Branen & Flatcher, 1999) have also stated in their works that students demonstrate various unfavorable dietary practices.

3.1 Characteristics of the market segment

In Slovenia, students represent a significant part of population. With the country's population only slightly exceeding 2 million, the number of students reached almost 116.000 at its peak in 2006. The ratio of university students to the country's total population was equal to 5.77 that year. Afterwards, both indicators have slightly decreased. Nevertheless, the quantity of

students and the ratio of students to the country's total population are still high. Half of individuals aged 19 to 24 are students, according to the data of Statistical Office of the Republic of Slovenia (2012b). It is important to note that Slovenia has the highest participation of youth in tertiary education (Statistical Office of the Republic of Slovenia, 2012a). The dynamics of student number and ratio to the total population are presented in Figure 7.

Figure 7: Student Popddulation in Slovenia and Ratio of Students over Total Population of Slovenia



Note. * Temporary data used for year 2012

Source: Statistical Office of the Republic of Slovenia, *Študentje terciarnega izobraževanja po starosti in spolu, Slovenija, letno*, 2012d; Statistical Office of the Republic of Slovenia, *Prebivalstvo po velikih in petletnih starostnih skupinah in spolu, občine, Slovenija, polletno*, 2012h.

It can be implied that due to their high number university students are an important consumer segment, in spite of their low disposable incomes. While students living independently had €396 of average monthly income, those living with parent had €292 at their disposal (Statistical Office of the Republic of Slovenia, 2012a). It is supposed that income is an important variable in student decision-making regarding food purchasing, taking into account the findings of Marketing Association of Slovenia, which states that during the last three years the proportion of Slovene customers economizing at the expense of food has risen from 6% to 17% (Društvo za Marketing Slovenije, 2013).

The following characteristics of student market are presented in the Eurostudent report (Ministrstvo za visoko šolstvo, znanost in tehnologijo, 2010):

- 24.2% of students living outside their family have defined their financial situation as "poor" with further 20.9% reporting "very poor" financial situation, while for those living with parents the percentages were 22.4 and 18.7% respectively.

- 67% of students had a job, with 17% of available time used for work.
- 6% of students had children.
- 86.9% have reported having no health problem.

In order to correctly interpret dietary and food purchasing trends of the Slovene students, it is necessary to take into account the availability of subsidized meals. A unified subsidy is provided for every study day partially covering the meal cost at selected dining facilities (Zakon o subvencioniranju študentske prehrane, Ur.l. RS, št. 74/2007). It can be therefore inferred that students can substitute buying and preparing the food the with subsidized meals consumption.

3.2. Dietary practices of university students abroad

Student nutrition and eating habits have been a topic of study in different countries and regions. According to Branen and Flatcher (1999, p. 308), the following characteristics of student nutrition appear in the childhood and are preserved until the late adolescent years: eating dessert, cleaning the plate and eating regular meals. It is necessary to note that the age of respondents was between 18 and 23 years, which would does not include the whole student population.

Anderson has pointed out that "University students are considered an extremely vulnerable population for health concerns, in particular substance abuse, tobacco use, and poor eating habits which are all prevalent on university campuses." The author claims that environmental influences can lead to the aforementioned undesirable behaviors (in Szymona et al., 2012, pp. 497-498). As a background for the study of young adults' food motives in Australia, Piggford et al. (2008, p. 19) refer to the data of Australian Bureau of Statistics, suggesting that the health of young adults, aged 18 to 24, "is of particular concern as people in this age group are more likely to be overweight or obese than other individuals."

In the study devoted to the food practices of European students, the authors have revealed that some undesirable practices were present in the diet of students in all four countries studied. In most cases, the consumption of fruits and vegetables was below adequate, while a significant consumption of unhealthy products had been reported. The results varied from country to country. Details on the positive and negative dietary practices revealed are presented in Table 2.

While Bulgarian students were the most active consumers of fast food and sweets, their German counterparts appeared to consume less fish. Fast food consumption was the lowest in Poland, while sweats were consumed least often in Denmark (El Ansari et al., 2012, pp. 3-4).
The authors of studies conducted in other countries have also shown their concern for students' diets. In the UK, as low as 14.9% of students have reported to consume fruit and vegetables with recommended frequency of five servings per day (El Ansari et al., 2011, p.

201). Croatian students have demonstrated inadequate consumption of fruit and vegetables as well. Moreover, they only tended to consume an average of two meals per day, skipping the breakfast (Jelinić et al., 2008, pp. 205-206).

Table 2. Students' Consumption of Food Products by Country and Gender

	Germany	**Denmark**	**Poland**	**Bulgaria**
Sweets*	33.0	15.2	28.7	52.8
Cakes**	27.7	18.9	60.6	72.2
Snacks**	28.2	14.7	25.8	60.9
Fast food**	33.6	19.6	10.6	77.1
Fruits*	41.4	41.7	35.0	49.6
Salads*	32.5	34.6	27.2	58.7
Vegetables*	25.9	19.3	15.2	31.6
Meat*	44.2	52.7	46.3	47.4
Fish**	26.6	34.9	29.2	38.1

Note. * Percentage of students consuming the product at least once per day ** Percentage of students consuming the product at least several times per week

Source: W. El Ansari et al., *Relationships between food consumption and living arrangements among university students in four European countries -A cross-sectional study*, 2012, p. 4, Table 2.

3.3 Dietary practices of university students in Slovenia

A comprehensive study of students' eating habits and practices has been performed by Zupančič and Hoyer in 2006. The results have demonstrated that the nutrition of students is unhealthy. The first reason outlined is the habit of avoiding eating the breakfast, which is one in contrary with healthy diet guidelines by National Institute of Public health (n.d.). 58% of students have reported to skip the breakfast regularly; out of those, 20% did not eat the breakfast on a regular basis. The authors claim that proportions are well over those for the overall population of Slovenia.

Secondly, similar to the findings of the authors studying student dietary practices abroad, the consumption of fruit and vegetables was not adequate. As few as 42% of students were consuming fruits every day, while 43% have answered to consume vegetables daily. 24% of the respondents consume fruit three times per week or less often, while for vegetables this figure is 18% (Zupančič & Hoyer, 2006, pp. 159-161). Details are presented in Table 3 and Figure 9.

Thirdly, the consumption of fish was very low. As few as 12% of respondents have answered that they eat fish three times per week or more often. These findings are confirmed by Slovene Consumer's Association (Zveza potrošnikov Slovenije, 2012), stating that fish

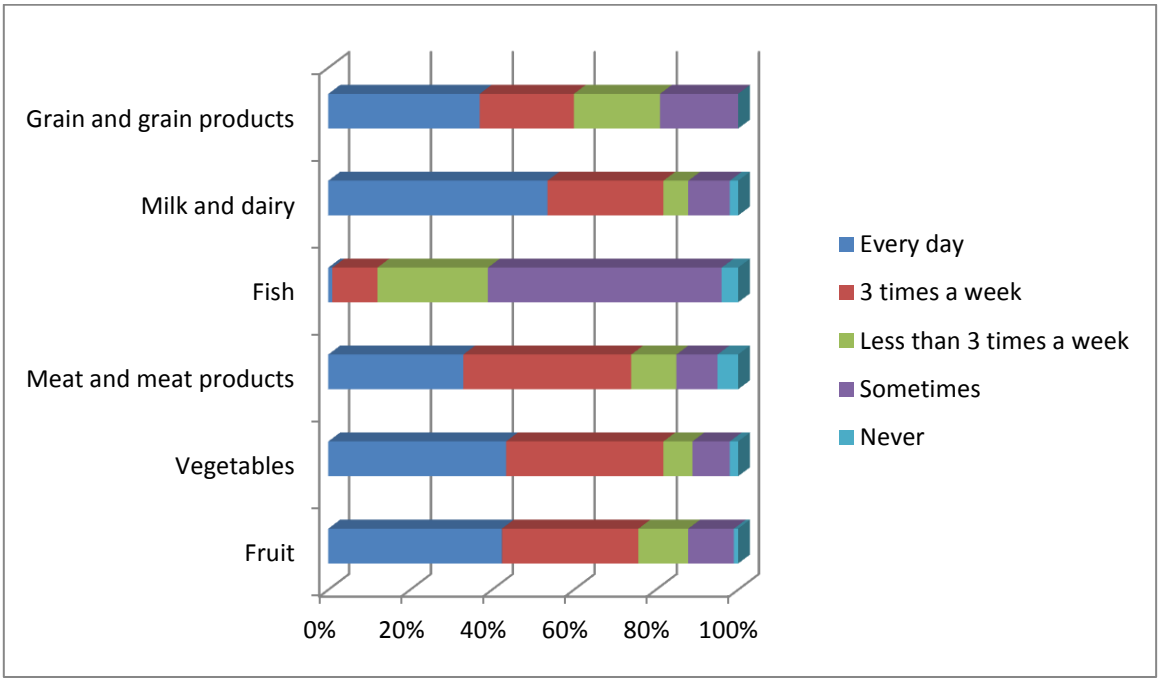
consumption in Slovenia at the level of general population is one of the lowest in Europe. As it can be seen in Figure 8, the patterns of fish consumption are considerably different from consumption trends of all other nutrition groups covered in the survey.

Table 3. Consumption Frequency of Selected Nutrient Groups by Slovene Students, %

	Every day	**3 times a week**	**Less than 3 times a week**	**Sometimes**	**Never**
Fruit	42	33	12	11	1
Vegetables	43	38	7	9	2
Meat and meat products	33	41	11	10	5
Fish	1	11	27	57	4
Milk and dairy	53	28	6	10	2
Grain and grain products	37	23	21	19	0

Source: A. Zupančič & S. Hoyer, *Prehranjevalne navade študentov,* 2006, p.160, Table 8.

Figure 8. Consumption of Selected Nutrient Groups by Slovene Students.



Source: A. Zupančič & S. Hoyer, *Prehranjevalne navade študentov,* 2006, p.160, Table 8.

Fourthly, the majority of students are not following the recommendation of consuming 3 to 5 meals per day. 19% of students only have two meals per day. In addition, in many cases the proper rhythm of nutrition is not observed. Moreover, considerable presence of snacks in the students' daily menu was indicated, including chocolate, pralines, cookies, chips and popcorn (Zupančič & Hoyer, 2006, pp. 159-161).

Student Clinic in Ljubljana reported more positive view on the situation in 2011, claiming that 66% of students eat at least three meals per day, 70% eat milk and dairy products daily, the same proportion consume fruit and vegetables daily, and a half consume meat once a day or more often (Zdravstveni dom za študente Univerze v Ljubljani, 2011).

The aforementioned findings and theoretical background were used for the development of research design for the empirical phase of this study, as well as for defining hypotheses and research questions.

4 EMPIRICAL RESEARCH: ATTITUDE TO HEALTHY DIET AMONG SLOVENE STUDENTS, ITS ANTECEDENTS AND HEALTHY FOOD PURCHASING.

4.1 Research goals and hypotheses

Currently, university study is very popular and widespread in Slovenia, with students representing a considerable proportion of a country's population (Statistical Office of the Republic of Slovenia, 2012b). The period of university study is an important and very specific part of an individual's lifespan, with a distinct lifestyle being formed and led throughout the study period (von Bothmer & Fridlund, 2005, p. 115; El Ansari et al., 2011, p. 201).

One of the characteristics of student lifestyle is a specific diet, often referred to as unhealthy. According to my personal observation, low importance is assigned to the following of the dietary recommendations and guidelines. Moreover, negative attitude to healthy eating could be inferred in many cases through personal conversations.

Attitude to a behavior is an important concept in consumer behavior studies, which allows to predict the actual behavior, as suggested in Theory of Reasoned Action and Theory of Planned Behavior (Peter & Olson, 2010; Ajzen, 2005). This study is focused on attitudes to healthy diet, standing for both consuming healthy food and consuming food in an appropriate way, which stands for the consumption of the adequate number of meals within suitable intervals and consuming food in adequate settings.

The behavior of interest, associated with the attitude to healthy eating, will be narrowed down to healthy food purchasing that signifies a valuable outcome in terms of the students' consumer behavior and, more generally, the food products marketing.

The antecedents of the attitude studied in this research include both a person's psychological characteristics and traits, such as temporal orientation and susceptibility to interpersonal influence, and demographic characteristics, including age, gender, income and living arrangement.

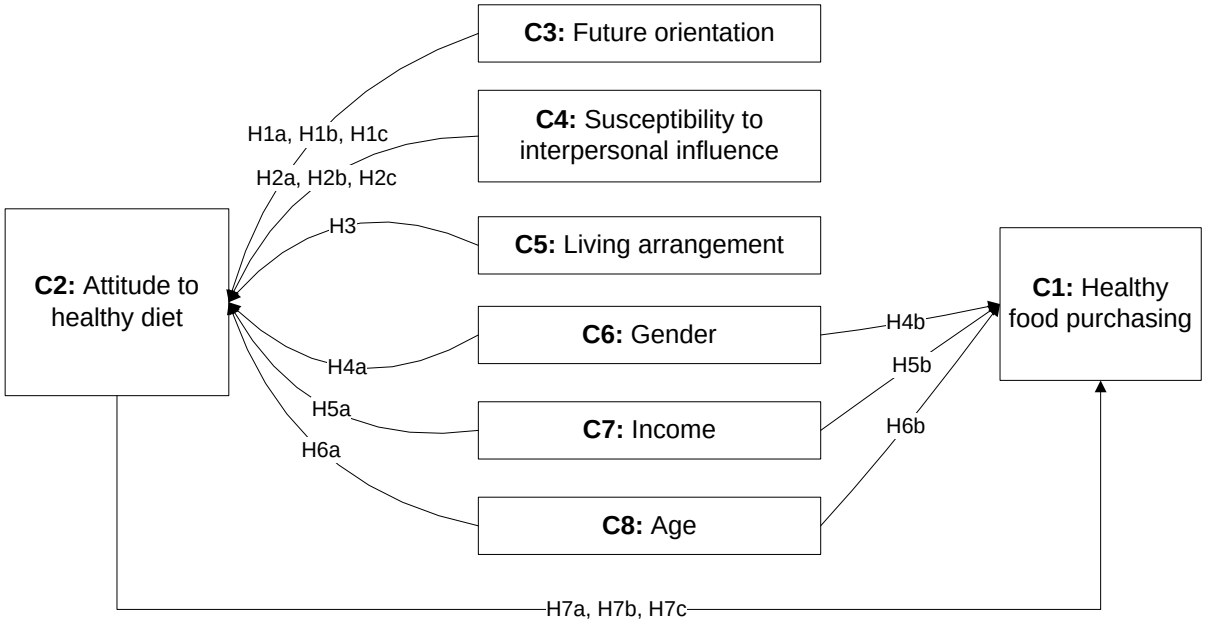
The goal of this empirical research is to explore the impact of the aforementioned antecedents on consumer's attitude to healthy diet in the target population, and to examine the relationship between the attitude to healthy diet and purchasing of healthy food by the members of target population, consisting of Slovene university students. For the demographic antecedents of age, income and gender, the direct influence on buying behavior was also studied.

Theoretical background for the empirical research has been defined and explained in the theoretical part of this work. Two theoretical models – Theory of Reasoned Action and Theory of Planned Behavior - were employed to provide the basis for the relationship between attitudes to behavior and its antecedents, being represented by a person's characteristics and traits. Both models state that the attitude to behavior indirectly triggers the behavior (Peter & Olson, 2010, pp. 146 – 147; Ajzen, 2005, p. 118).

Conceptual model

Dependent variables: attitude to healthy diet and healthy food purchasing.

Figure 9: Graphical Representation of the Hypothesized Relationship between Variables.



Research hypotheses:

Hypothesis 1a: Future orientation is positively related to the positive attitude to healthy diet.

Hypothesis 1b: The correlation between future orientation and attitude to healthy diet is different for female and male consumers.

Hypothesis 1c: The correlation between future orientation and attitude to healthy diet is different for the consumers with higher and lower income.

Hypothesis 2a: High susceptibility to interpersonal influence is negatively related to the positive attitude to healthy eating.

Hypothesis 2b: The correlation between susceptibility to interpersonal influence and attitude to healthy diet is different for female and male consumers.

Hypothesis 2c: The correlation between susceptibility to interpersonal influence and attitude to healthy diet is different the consumers with higher and lower income.

Hypothesis 3: Students living independently from parents demonstrate less positive attitude to healthy eating than students living with parents

Hypothesis 4a: Female students are more prone to the positive attitude to healthy diet than male students.

Hypothesis 4b: Female students are demonstrating higher scores on healthy food purchasing than male students.

Hypothesis 5a: Students with higher income are more prone to the positive attitude to healthy eating than students with lower income

Hypothesis 5b: Students with higher income are more prone to healthy food purchasing than students with lower income

Hypothesis 6a: Older respondents in the target group are more prone to the positive attitude to healthy eating than younger respondents

Hypothesis 6b: Older respondents in the target group are more prone to healthy food purchasing than younger respondents

Hypothesis 7a: Positive attitude to healthy eating is positively correlated to actual purchasing of healthy food

Hypothesis 7b: The correlation between attitude to healthy diet and healthy food purchasing is different for female and male consumers.

Hypothesis 7c: The correlation between attitude to healthy diet and healthy food purchasing is different the consumers with higher and lower income.

Hypothesis 8a: Students demonstrate above-average attitude to healthy diet.

Hypothesis 8b: Students demonstrate scores on healthy food purchasing that are significantly different from the average.

The interrelation of the concepts and hypotheses is illustrated in Figure 9.

4.2 Research Methodology

This empirical research was performed based on the information and findings presented in the theoretical part of the work. Survey carried out by means questionnaire was employed.

The target population included the students of Slovene Universities, studying at both undergraduate and graduate programs. Some of the students with foreign citizenship were included, based on their study mode. Exchange students were not included in the population, while regular students with foreign citizenship were included, since they are involved in the Slovene student community, and it is reasonable to expect the responses consistent with those of Slovene nationals.

4.2.1 Data Sources

Both primary and secondary sources have been employed in the research. Secondary sources have been used in the theoretical part of the research. Those sources included research publications, news and other publications in media, textbooks, acts of legislation and reports by organizations. Digital databases were used, including Emerald Insight, EbschoHost, Web of Science and ProQuest. The information found was subsequently used for developing the research hypotheses. Conceptual models used in previous research were used as the basis for the empirical research.

Primary data have been obtained by means of survey. A structured questionnaire has been distributed electronically among 151 Slovene students in March and April, 2013. During the distribution of thee online questionnaire, it was observed that too few male students have replied. In order to mitigate this disproportion, a printed version was developed and distributed personally to ensure sample representativeness based on gender proportion. 32 self-administered questionnaires were distributed in paper format. Due to the use of electronic survey tool, data table was instantly available for the online phase of data collection, eliminating the need to keying in the data by hand.

4.2.2 Research Instrument

This empirical research can be classified as descriptive, due to the availability of prior knowledge on the phenomena studied and a structured manner of data collection. Among the two techniques available for descriptive research, namely survey and observation, the decision was made in favor of the former, due to its advantages of reliability and simplicity

(Malhorta & Peterson, 2006, pp. 76, 181-182). Furthermore, this method does not require much time and effort from the respondent, which is highly beneficial due to the hectic lifestyle and possible time pressure among the target population, and no monetary or similar rewards assigned to motivate the respondents.

Both paper and online options of questionnaire distribution were considered, with the emphasis on the online questionnaire. Taking into account the nature of the topic, potentially sensitive questions, and the characteristics of the population, the following advantages of online questionnaire can be identified (Malhorta & Peterson, 2006, p. 192):

- Elimination of interviewer bias.
- Electronic distribution possible, allowing presenting the form to remote respondents.
- Automatic and fast data analysis and graphical presentation.
- Filling out possible in the environment and at the time comfortable for the respondent.
- No expense incurred during the questionnaire design and distribution.

Google Forms were used as the online survey interface.

The questionnaire included 17 questions divided into five sections. The first section consisted of one question with six scale items, aimed at measuring the attitude to healthy eating. Section two included the question with eleven items for the measurement of healthy food purchasing. Sections three and four were devoted to the concepts of temporal orientation and susceptibility of interpersonal influence respectively, with four scale items per section. Finally, the last section included the sociodemographic questions.

4.2.3 Measurement

The four concepts included in the research were measured using scales adopted from previous research. The measurement instruments used are multi-item Likert and semantic differential scale questions.

Attitude to healthy diet has been measured by means of a set of semantic differential scales, developed by Wood Baker, Little and Brownell and used in the research by Grønhøj et al. (2013, p. 8) and and Wu et al. (2009, p. 117). The respondents were asked to rate healthy eating according to the following word pairs: boring-interesting, useful-useless, enjoyable-un-enjoyable, desirable-undesirable, good-bad, harmful-beneficial, of 6 items each, with higher scores representing positive characteristics. The average score obtained represents the overall scale value. (Grønhøj et al., 2013, p. 8).

The measurement of temporal orientation has been adopted from a study by Kees et al., (2010, p. 23), devoted to the influence of temporal orientation on societal needs and responses to advertising. For the purpose of measurement, the concept was narrowed down to the concept of Consideration of Future Consequences (Hereinafter CFC). A part of 14-item CFC

scale, developed by Strahman, Gleicher, Boninger and Edwards has been implemented (in Joireman, Shaffer, Balliet, & Strathman, 2012, p. 1273). The original scale included 7 questions on the immediate consequences and 7 questions on future consequences of actions. Since future orientation was mentioned to affect the health-related behavior (Divine & Lepisto, 2005, p. 281; Joireman et al., 2012, p. 1283), four questions were selected from the Future consequences subscale, including "I consider how things might be in the future, and try to influence those things with my day to day behavior" and "I am willing to sacrifice my immediate happiness or wellbeing in order to achieve future outcomes." Each item is measured on a 7-point scale, with point 1 corresponding to the Totally disagree option, and 7 standing for Totally agree. The overall score was derived as the average of individual item scores.

Susceptibility to interpersonal influence was measured by a set of items selected from Bearden scale (Bearden et al., 1989, p. 477). The selected statements are "If other people can see me using a product, I often purchase the product they expect me to buy"; "To make sure I buy the right product or brand, I often observe what others are buying and using"; "I achieve a sense of belonging by purchasing the same products and brands that others purchase"; "If I have little experience with a product, I often ask my friends about the product"; "I frequently gather information from friends or family about a product before I buy", and "When buying products, I generally purchase those brands that I think others will approve of" (Bearden et al., 1989, p. 477). Each of the statements was accompanied by a 7-item scale, with the sum of scores of the 4 items serving as a scale value.

For the measurement of healthy food purchasing, a modified version of a scale used by Turrell (1997, p. 139) in his research on socioeconomic factors in food preferences and healthy food purchasing has been implemented. Both the original and modified schemes include 11 healthy food categories, with the recommended and regular products outlined for each category. If a recommended product is selected, three points are counted towards the total. If a responded has selected a "regular" product, one point is counted. Two points signify the respondent's buying of both "regular" and "recommended" products. Finally, no points are counted for the category if no products from a particular category are being bought by the respondent. The points are then summed and transformed into 0 to 100 index. The categories were adjusted in line with the dietary recommendations of National Institute of Public health of Slovenia (n.d.).

Sociodemographic data, including age and income were measured by multiple-choice and dichotomous questions. For this purpose, categories were introduced for age and income variables, resulting in easier analysis and making questions less sensitive for the respondents. Ordinal variables were introduced for age and income, while the other questions were coded by nominal variables.

Please refer to Appendix A for the complete questionnaire. The questionnaire in Slovene language used during the survey is presented in Appendix B.

4.2.4 Sampling

Non-probability technique of quota sampling has been used in the research, compromising for the straightforward implementation at a low cost and a relatively high representativeness of the sample (Malhorta & Peterson, 2006, p. 332).

The quota was set to maintain the gender proportions of Slovenian student population, including 58% female students and 42% male students (Statistical Office of the Republic of Slovenia, 2012a). Due to the possibility of instant analysis of demographic variables after each response, available in the Google survey forms, the sample was maintained to match the quota. In addition, the approximate proportions of student population at the Slovene Universities were roughly maintained, so that the majority of respondents were the students of University of Ljubljana, followed by a considerable number of respondents attending University of Maribor. New respondents were being added continuously throughout the survey process, taking place in March and April 2013, with the eventual number of 183 respondents, out of which five responses were subsequently removed due to incorrect or incomplete answers and not being a member of the target population.

4.3 Data collection

4.3.1 Questionnaire pretest

Questionnaire pretest has been carried out in two phases. The first phase involved translation check. Two Slovenes with excellent command of English have independently compared the original questionnaire in English with the Slovene translation, presented in the paper format. After the corrections had been made, the electronic form was designed. In the subsequent second phase, four members of the target population were asked to critically evaluate the electronic questionnaire, assessing the overall perception, clarity of the questions and answers, and the logical flow. Several comments were made regarding the design of the online form, in particular the use of radio boxes in question 2.a – 2.k Although tick boxes would be more appropriate for the questions, they would result in problems during data interpretation, since it is impossible to reveal whether no options apply for the answer or the question was not answered in the case when no checkbox is checked for a given question. The other corrections have been applied after the pretest completion.

Please refer to Appendix A for the final questionnaire in English language and Appendix B for the questionnaire in Slovene used in the survey.

4.3.2 Data collection process

Data have been collected mostly by the distribution of a link to the questionnaire. The message sent included the link along with the explanation of the topic and the purpose of this

research. In the first stage, the students were contacted by means of social networks and e-mail according to the list of already available contacts. In the next phase, some of the respondents who have participated in the first phase were asked to forward the link to their colleagues. The second phase was followed by a preliminary preview of demographic indicators to be controlled in order to achieve greater sample representativeness. Finally, in the third phase some potential respondents were approached and asked to fill out the paper version of the questionnaire, until the desired sample characteristics were reached. This phase was carried out at faculties, in libraries, dormitories, parks, and other places frequently attended by students.

Generally, the respondents have expressed positive evaluation of the questionnaire. However, women have demonstrated much higher interest for filling out the questionnaire than men. In addition, several men have mentioned that the questionnaire was too long, complicated, or not interesting.

Response rate was approximately 65% for the third phase of data collection. Response rate for other phases cannot be estimated due to the unknown number of individuals who have read the message, as well as the anonymity of data collected.

4.3.3 Statistical tests used in the study

Data were analyzed in a quantitative manner with the use of statistical software. Namely, Microsoft Excel was used for the analysis of sample, while SPSS was been utilized for the data analysis. Descriptive statistics were derived for the purpose of presenting the findings. The dataset included nominal, ordinal and interval variables.

Statistical analysis included five phases:

1. Data exploration and elimination of unsuitable cases, calculation of scale values.
2. Finding correlations between and performing one sample and independent sample T-tests on the data for the entire sample.
3. Deriving correlations between the variables from a sample split into two, based on (1) gender and (2) income.

The data and the research findings are presented by means of descriptive statistics, tables and figures.

4.4 Data analysis

In order to improve the reliability of statistical analysis, outliers were identified and eliminated from the analysis. The data were analyzed based on attitude to healthy diet and healthy food purchasing variables. Visual analysis of data plot was used to find the outliers. A particular case involves a student consuming the produce of own farms, hence only buying a very limited range of food products.

In addition, incomplete responses and responses that contained the answers to scale questions exclusively at the extremes were excluded from the analysis.

4.4.1 Sample description

183 responses were collected during the survey. Out of those, 178 were used in the analysis, with the others discarded. Three students have indicated studying at a foreign university, meaning they could not be included in the research population. Further two cases were removed due to incorrect answers or scale scores falling into extreme points, thus forming the outliers.

Gender and age

The gender structure of the sample, that includes 58.4% of female and 41.6% of male respondents was very close to that of student population, which has the ratio of 58 to 42 (Statistical Office of the Republic of Slovenia, 2012a).

Data on the age of respondents were gathered in the form of age groups, which included the groups of Under 18, 18 to 24, 25 to 30, and Above 30. The majority of students surveyed (71.3%, 127 respondents) were belonging to 18 – 24 group. Another large age group, 25 to 30 years, comprised 24.8% of the respondents. Only a small number of student were the members of Under 18 and Above 30 age groups, with 2 respondents (1.1%) and 5 respondents (2.8 %) respectively. Therefore, only the difference between the two larger groups was considered in the analysis. The breakdown is illustrated in Figure 10.

Income

The data on income of the respondents were collected be means of a multiple-choice question, including income categories, in order to reduce the sensitivity of the question. The answer options included the categories ‘below 300 €’, ‘301 – 500 €', ‘501 – 700 €', ‘701 – 900 €', and 'over 900 €', In line with the data by Statistical Office of the Republic of Slovenia (2012a), the majority of students surveyed had the available amount of under 300 €. 42 students, or 23.6% of the sample had income between 301 and 500 €. Further 11.8% of the respondents had income in the range of 501 to 700 €. 10 respondents have reported to have between 701 and 900 € at their monthly disposal, and an equal number possessed income exceeding 900 €. The breakdown between the categories is shown in Figure 11.

Figure 10. Age Structure of the Respondents

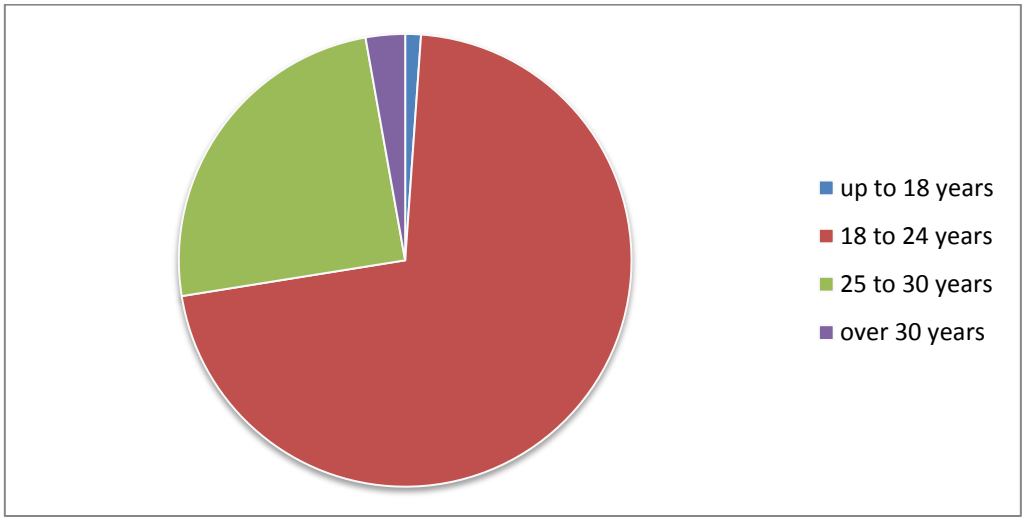
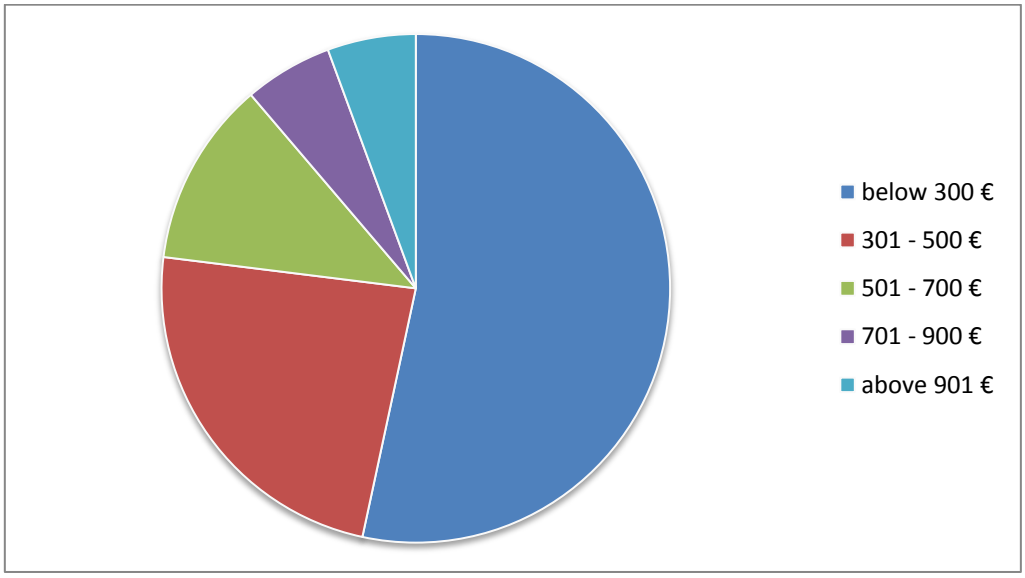


Figure 11. Income of the Respondents



Living arrangement

Regarding the type of living arrangement, a substantial number (42.7%) of students have reported to live with parents. The answer options for living outside the family included dormitory, rented apartment and a room in a rented apartment. A considerable proportion of students had rented accommodation, with 14% renting an apartment and 10.7% renting a room. In addition, 19.1% were residing in a dormitory. Finally, 24 respondents, or 13.5% of the sample have chosen the "other" option. As some respondents have commented during the offline survey execution, their responses included the individuals living with a partner or with a partner's family.

Figure 12. Living Arrangement Types of the Respondents

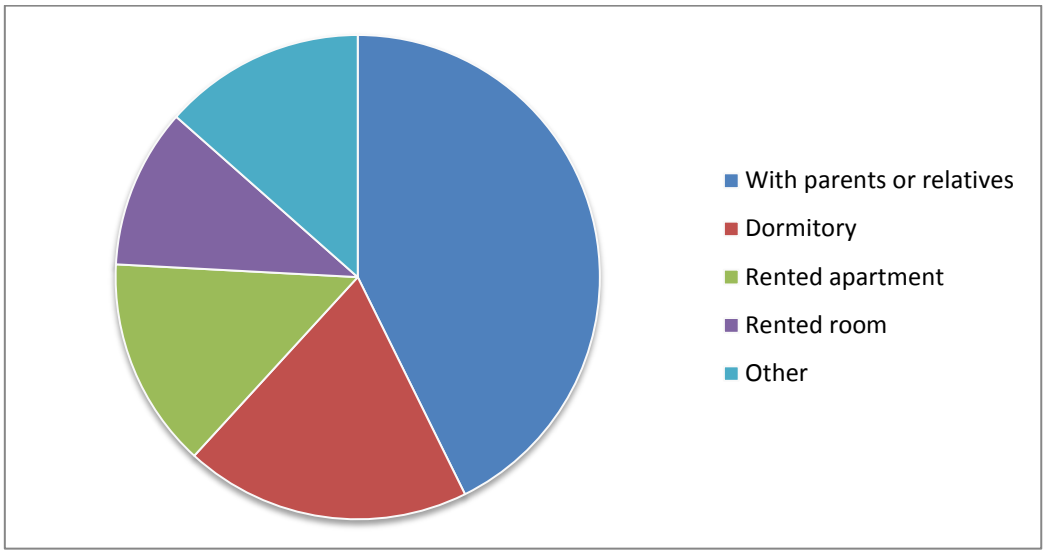
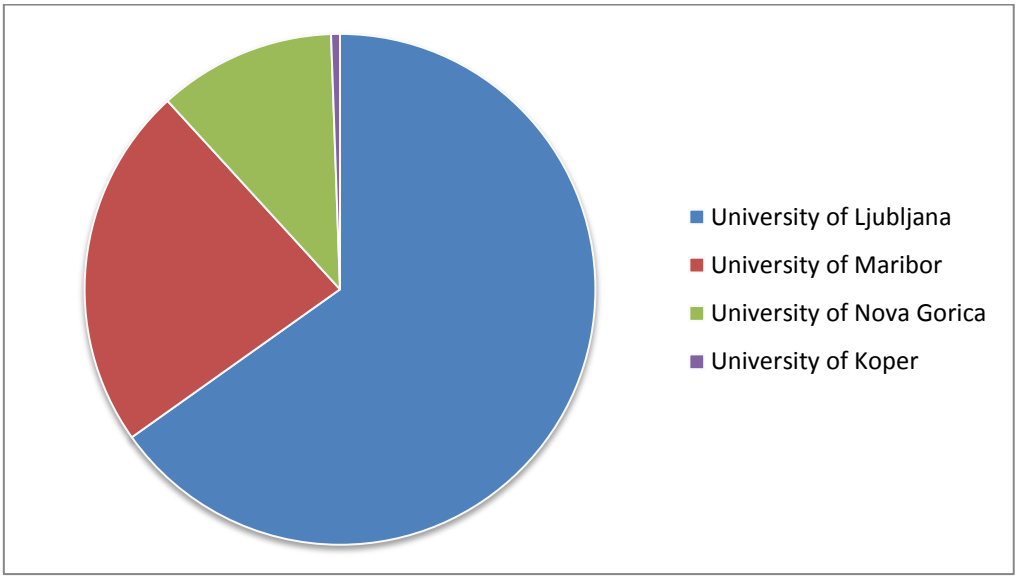


Figure 13. Universities of Enrolment of the Respondents



University of enrolment and stage of study

The respondents were studying at four Slovene Universities: University of Ljubljana (116 respondents; 65.2%), University of Maribor (41 respondents, 23%), University of Nova Gorica (20 respondents; 11.2%) and University of Koper (one respondent; 0.6%). The data for three respondents studying at foreign universities were discarded. The proportions are illustrated in Figure 13. 77% of survey participants were studying in undergraduate study programs, while 21.9% were graduate students. In addition, two respondents (1.1%) have provided other answers, standing for pre-Bologna master study.

4.4.2 Descriptive data analysis

Attitude to healthy diet

Unidimensionality of the scale used to measure attitude to healthy diet was assessed by calculating the Cronbach's Alpha. The coefficient obtained for the scale of six items is 0.755, which allows considering the scale as unidimensional. The concept was measured by a six-item semantic differential scale. The overall score was calculated as an average of the six items. In line with the finding of the studies by Chan and Tsang (2011, pp. 357 – 359) and Grønhøj et al. (2013, p. 9 – 12), the overall attitude of students to healthy diet was positive, with the mean of 6.08 and standard deviation of 0.684. 17 students (9.7%) had neutral to positive attitude, encompassing scale scores of 4.01 to 5.0 on the seven-item scale. 66 students (37.7%) had positive attitude, corresponding to scores between 5.01 and 6.0. Finally, the remaining 92 students (52.6 %) had very positive attitude, falling between 6.01 and 7. Frequencies of scores on overall attitude can be found in Appendix C. Among all attributes, "Useful" and "Good" have received the highest scores, while the lowest scores were on "Interesting" and "Enjoyable" attributes. Descriptive statistics for overall attitude and its individual items are presented in Table 4.

Table 4. Descriptive Statistics for Overall Attitude to Healthy Diet and its Individual Items.

	Mean	**Standard deviation**
Overall attitude	6.08	0.68
Interesting	5.38	1.22
Useful	6.55	0.75
Enjoyable	5.41	1.26
Desirable	6.23	0.98
Good	6.47	0.82
Beneficial	6.42	0.97

Healthy food purchasing

The scale of healthy food purchasing included eleven healthy food categories, with the respondents indicating whether they chose the recommended option, other options, both recommended and other options, or buying no goods from each category. Three points were counted per category in case of purchasing the recommended option, one point was counted in case of purchasing other than recommended product offers, and two points were assigned in case the respondent purchased both recommended and other alternatives. Finally, zero points were assigned if no products were bought in a category. Category points were then summed and converted to a 100-point index.

The scale had a mean of 65.2 out of 100 points and a standard deviation of 13.78. 12.9% of students have demonstrated low scores, up to 50 points inclusively, 55.7% had medium scores on healthy food purchasing, comprising the values from 50 to 70 inclusively, and the remaining 15.1% had high scores, including those above 70. Detailed information can be found in Figure 14.

Figure 14. Healthy Food Purchasing Index

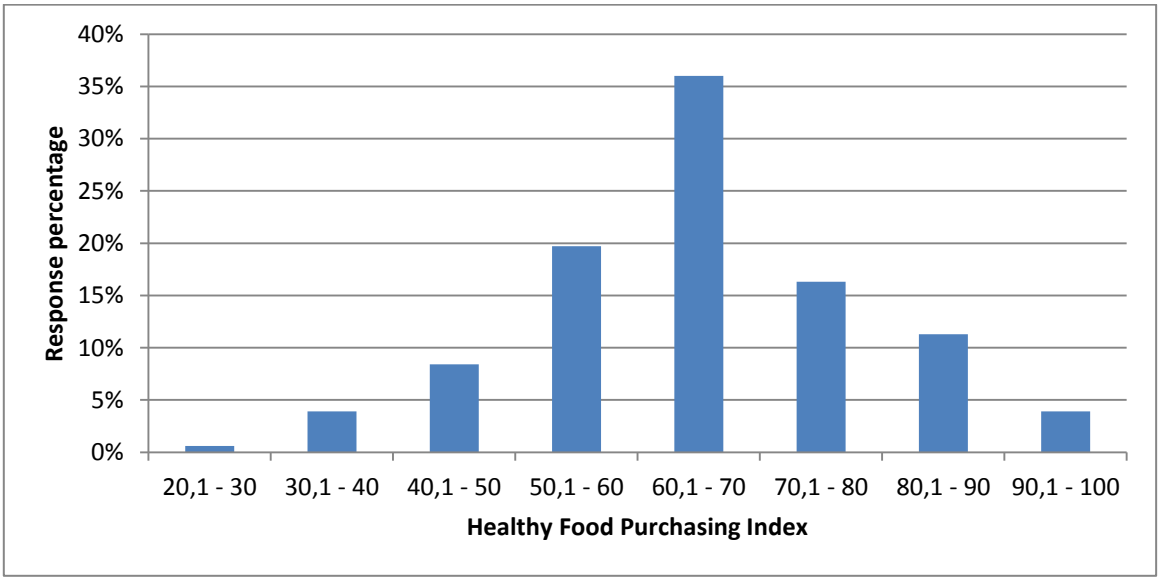


Table 5. Healthy Food Purchasing Practices by Categories.

Product category	**Recommended alternative purchased in %**	**Other alternatives purchased, in %**	**Both recommended an other alternatives purchased in %**	**No goods purchased within the category in %**	**Category mean**	**Category standard deviation**
Fruits	34.8	9.6	51.7	3.9	2.17	0.76
Vegetables	42.7	7.9	41.0	8.4	2.18	0.90
Bread	37.6	15.7	32.6	14.0	1.94	1.05
Meat	30.9	25.3	27.0	16.9	1.72	1.08
Fish	44.4	10.7	21.9	23.0	1.88	1.21
Yoghurt	32.6	29.2	31.5	6.7	1.90	0.94
Pasta	18.0	49.4	29.8	2.8	1.63	0.81
Cheese	57.9	9.0	25.3	7.9	2.33	0.94
Grain and flakes	40.4	20.8	24.7	14.0	1.92	1.08
Oil and fat	41.6	14.0	37.1	7.3	2.13	0.91
Juices	34.8	11.8	28.1	25.3	1.72	1.19

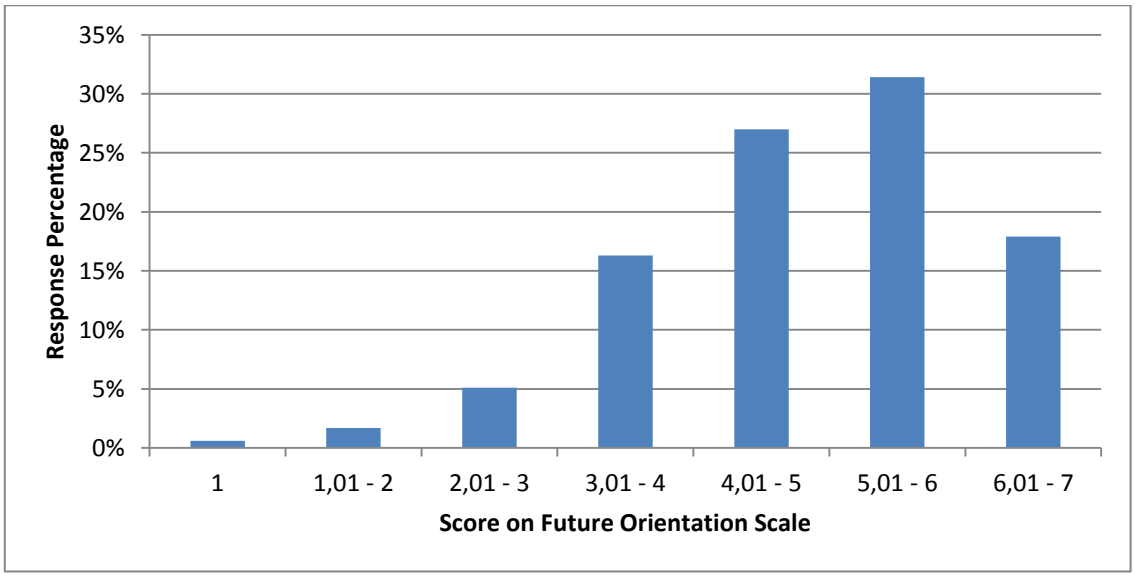
Among the eleven categories included in the index, cheese had the highest percentage of purchases of the recommended option, being as high as 57.9%. In addition, substantial number of respondents have reported purchasing the recommended alternatives for fish (44.4%), vegetables (42.7%), oil and fat (41.6%). Other alternatives were frequently chosen for pasta (49.4%), yoghurt (29.2%), and meat (25.3%). Many respondents have indicated buying both recommended and other offers, with the highest percentages observed in the categories of fruits, reaching 51.7%, vegetables with 41%, and oil or fat with 37.1%. Every category included some respondents claiming that they buy no products within than category, with the higher percentages for fish (23%), meat (16.9%), bread (14%), and oil or fat (14%). Please refer to Table 5 for the details on the purchases in each category. The categories with highest means are cheese, fruits and vegetables, while pasta, meat and juices have the lowest means.

Future orientation

The scale derived from future dimension of Consideration of Future Consequences (CFC) Scale included four items, represented by individual questions in the questionnaire. Cronbach's Alpha of the four-item scale is 0.808, reflecting the good internal consistency of the scale and proving the unidimensionality.

The findings suggest that the majority of respondents are highly future-oriented. Very few students have received low scores on future orientation. At the same time, 27% of students surveyed had future orientation score of five to six, 31.4% scored between five and six, and further 17.9% had the highest future orientedness, corresponding to the scores of six to seven. The distribution is demonstrated in Figure 15.

Figure 15. Future Orientation Represented by Scores of CFC Scale Future Dimension



As it can be seen in Table 6, among the scale items, Item 1 had the highest mean, while Item 3 had the lowest mean, although there is no considerable dispersion of means of scale items. Values of six and seven were highly frequent among all questions, while the percentages for scores of one to three were low among the entire scale.

Table 6. Descriptive Statistics for the Future Orientation Scale

	Mean	**Standard deviation**
1. My behavior is generally influenced by future consequences.	5.12	1.52
2. When I make a decision, I think about how it might affect me in the future	4.94	1.54
3. I am willing to sacrifice my immediate happiness or wellbeing to achieve future outcomes	4.67	1.64
4. I consider how things might be in the future, and try to influence those things with my day to day behavior	5.10	1.41
Scale overall	4.96	1.22

Susceptibility to interpersonal influence

Cronbach's Alpha of the scale consisting of four items is 0.817, suggesting that scale reliability is good, meaning that the scale can be considered as unidimensional.

The findings on means analysis of susceptibility to interpersonal influence present a distribution very different from that of temporal orientation scale. As indicated in Figure 17, many of the surveyed individuals are not highly susceptible to interpersonal influence. 15.2% have the score of one, 32.5 scored between one and two, and for further 26.4% the result fell between two and three. On the other end, only 11.8% of respondents had the scores above four.

Similar to the scale used for measuring temporal orientation, susceptibility to interpersonal influence was measured by a 4-item scale. Descriptive statistics for individual scale items and the questions used are presented in Table 7. The highest mean was measured for Item 1 and the lowest for Item 4, although the difference between the lowest and the highest mean did not exceed 1. The percentage of responses 1 and 2 was exceptionally high among all scale questions, especially Item four with 50.6% of respondents having chosen 1 as response. None of the questions has received a considerable percentage of favorable responses, corresponding to scores of four to seven.

Figure 16. Scores on Susceptibility to Interpersonal Influence Scale.

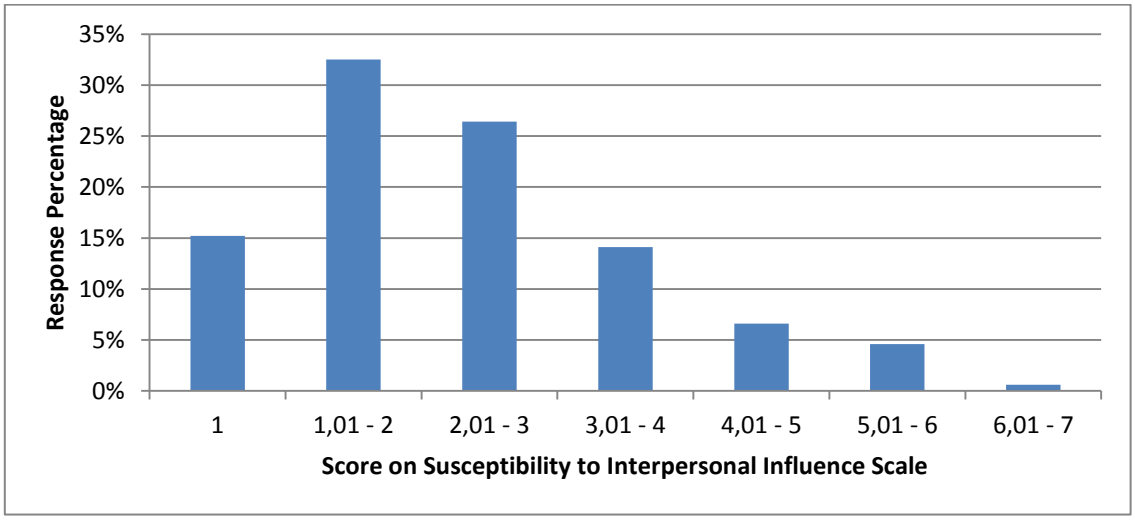


Table 7. Descriptive Statistics for the Scale of Susceptibility to Interpersonal Influence

	Mean	**Standard deviation**
1. When buying products, I generally purchase those brands that I think others will approve of	2.81	1.66
2. If other people can see me using a product, I often purchase the product they expect me to buy	2.34	1.45
3. To make sure I buy the right product or brand, I often observe what others are buying and using	2.58	1.55
4. I achieve a sense of belonging by purchasing the same products and brands that others purchase	2.14	1.56
Scale overall	2.47	1.25

4.4.3 Hypotheses testing

Correlations between the constructs based on the entire sample of 178 valid cases were revealed in the beginning of data analysis in SPSS software. Later, the correlations between the same constructs were calculated on the sample split by gender and income category with a threshold of 500€.

Hypotheses 1a, 1b and 1c. Correlation between Future orientation and Attitude to healthy diet.

Hypothesis 1a proposed the presence of positive correlation between future orientation and attitude to healthy diet based on the data from the entire sample. Pearson's Correlation

Coefficient of 0.305 was derived with 2-tailed P-value being equal to 0.000. The P-value observed does not exceed the threshold value of 0.05. As a result, the research hypothesis is supported and it can be concluded that the correlation between future orientation and attitude to healthy diet is positive and statistically significant, although weak.
Hypothesis 1b proposed that the correlation of future orientation and attitude to healthy diet is different among female and male customers. Results of data analysis suggest that for a subsample of female respondents the coefficient of correlation was equal to 0.332 with a P-value of 0.001. At the same time, correlation coefficient for the subsample of male respondents was lower, being equal to 0.248 with a P-value of 0.033. Since both P-values do not exceed the threshold value of 0.05, the correlation coefficients are statistically significant. It can be concluded that the correlation between the constructs in focus is higher among female students, compared to their male counterparts, while both correlation coefficients are positive and weak.

Hypothesis 1c proposed that the correlation of future orientation and attitude to healthy diet is different for the students with higher or lower income. The cutting point was set as 500 €, so that the income less or equal to this amount was considered as "lower", while income higher than 500 € was referred to as "higher". For the subsample of students with lower income, the coefficient of correlation was equal to 0.303, with a P-value of 0.000. The results for another subsample, including the respondents with higher income, included the correlation coefficient of 0.320 and a P-value of 0.041. Both correlations are therefore statistically significant. The observed correlation between future orientation and attitude to healthy diet is slightly higher among the respondents with higher income, while both correlation coefficients are positive and weak.

Hypotheses 2a, 2b, and 2c. Correlation between Susceptibility to Interpersonal Influence and Attitude to healthy diet

The presence of a significant non-zero correlation between susceptibility to interpersonal influence and attitude to healthy diet across the entire sample was proposed in Hypothesis 2a. Pearson's coefficient of correlation was used to test this hypothesis, with the correlation coefficient of -0.223 retrieved. With a coefficient of significance of 0.003, being less than the threshold value of 0.05, the presence of negative correlation, albeit weak, is proven for the concepts of susceptibility to interpersonal influence and attitude to healthy diet.

Hypothesis 2b stated that the correlation between susceptibility to interpersonal influence and attitude to healthy diet is different for male and female students. According to the results of the statistical test, Pearson's coefficient of correlation is -0.337 for the subsample of males, with a P-value of 0.003. For the subsample of female respondents, the result is not statistically significant, with a P-value of 0.357. Therefore, it is impossible to make a conclusion that the correlation between attitude to healthy diet and susceptibility to interpersonal influence is different for women and men.

Table 8. Summary of Correlation Coefficients for the hypotheses tested.

Constructs	**Entire sample, N = 178**	**Female respondents, N = 104**	**Male respondents, N = 74**	**Respondents with income up to 500 €, N = 137**	**Respondents with income equal to or above 501 €, N = 41**
Future orientation, Attitude to healthy diet	0.305	0.332	0.248*	0.303	0.320*
Susceptibility to interpersonal influence, Attitude to healthy diet	- 0.223	Not significant	-0.337	-0.201*	-0.310*
Attitude to healthy diet, Healthy food purchasing	0.294	0.279	0.282*	0.281	0.347*

Note. * P-value does not 0.05; in other cases P-value is equal to or less than 0,01.

Hypothesis 2c stated that the correlation between susceptibility to interpersonal influence and attitude to healthy diet is different among the respondents with higher and lower income. Pearson's correlation coefficient for the subgroup with lower income was -0.201 with a P-value of 0.018. For the subgroup with higher income, the correlation coefficient was -0.310 with a P-value of 0.048. Since both correlation coefficients are significant, it can be figured out that the correlation between susceptibility to interpersonal influence and attitude to healthy diet is stronger for the individuals with income exceeding 500 €, while both correlation coefficients are weak and negative.

Hypothesis 3. Effect of living arrangement on Attitude to healthy diet.

Hypothesis 3 stated that students living with their families have more positive attitude to healthy diet than students having other types of living arrangements. The hypothesis was tested by means of T-test, where attitude to healthy diet was applied as the dependent variable, and accommodation as the categorical variable.

Levene's test for equality of variances has returned F of 0.291 and a P-value of 0.590. Therefore, T-test with the assumption of equal population variances was applied, producing T

equal to 1.251 and a P-value of 0.212. Since P-value exceeds the threshold value of 0.05, the hypothesis stating there is significant difference between the population means cannot be supported. Therefore, there is no statistically significant evidence that students living with parents have better attitude to healthy diet than students with other forms of living arrangement.

Hypotheses 4a and 4b. Effect of gender on Attitude to healthy diet and healthy food purchasing.

It was assumed in Hypothesis 4a that women demonstrate more positive attitude to healthy diet than men. T-test was used to check the hypothesis, with attitude summary used as the dependent variable and gender used as the categorical variable. Levene's test of equality of variances has produced F equal to 1.183 and P-value of 0.278, exceeding P of 0.05. Therefore the variances of the two populations can be considered equal. T-test has yielded the value of 2.71 and mean difference of 0.277 with a P-value of 0.007. Since P-value is less than the threshold value of 0.05, the hypothesis is supported, stating that women's attitude to healthy diet is significantly more positive than that of men.

Hypothesis 4b stated that female students demonstrate higher score on healthy food purchasing scale than male students. Similar to Hypothesis 4a, T-test was used, with healthy food purchasing index assigned as the dependent variable. Levene's test of variance equality has resulted in the value of 0.347 and P-value of 0.542. Since P-value exceeded the threshold value of 0.05, the variances of the two populations can be considered equal. T-test has produced the value of T equal to 1.383 with a two-tailed P-value of 0.168. Since the P-value retrieved exceeds the threshold value of 0.05, the hypothesis cannot be supported. Therefore, there is no statistically significant evidence that female students purchase more healthy food.

Hypotheses 5a and 5b. Effect of income on Attitude to healthy diet and healthy food purchasing.

Hypothesis 5a stated that students with higher income have more positive attitude to healthy diet than students with lower income. The hypothesis was tested by means of T-test, where attitude to healthy diet was used as the dependent variable and income as categorical variable. The threshold was set at 500 €, with the respondents having income above that amount were considered as those with higher income.

Levene's test for variance equality has retrieved F equal to 0.752 with a P-value of 0.387. Since P-value exceeds the threshold value of 0.05 the variances of the populations can be considered equal. Therefore, the T-test with the assumption of equal variances was applied, producing T of 0.331 and P-value of 0.741. Since P-value exceeds the threshold value of 0.05, it is impossible to support the hypothesis stating there is a statistically significant difference of means. This can be interpreted as no statistically significant difference takes place for the attitude to healthy diet score between the students with higher and lower income.

It was assumed in hypothesis 5b that students with higher income are demonstrating more healthy food buying than students with lower income. Similar to Hypothesis 5a, T-test was used. Healthy food purchasing index was applied as the dependent variable, while income was used as the categorical variable with the same parameters as defined in Hypothesis 5a.

Population variances can be considered equal, since Levene's test for equality of variance has resulted in F of 0.677 and P-value of 0.412, which exceeds the threshold value of 0.05. T-test with the assumption of equal population variances has yielded the test variable of 2.290 with a P-value of 0.023. In this case, P-vales does not exceed the threshold value, therefore the research hypothesis is supported. The mean difference observed is 5.55. It can be concluded that students with higher income are demonstrating better scores healthy food purchasing scale than students with lower income.

Hypotheses 6a and 6b. Effect of age on Attitude to healthy diet and healthy food purchasing.

It was stated in Hypothesis 6a that students belonging to the age group of 25 to 30 years (older students) demonstrate significantly more positive attitude to healthy diet than students belonging to the age group of 18 to 24 years (younger students). The hypothesis was tested by means of T-test with attitude to healthy diet acting as the dependent variable and age group used as the categorical variable. Levene's test of variance equality has returned a P-value of 0.997, which exceeds the threshold value of 0.05. Therefore, the equalities of the populations can be considered equal. T-test with the assumption of equal variances produced T of 0.040 and P-value of 0.968. Since P-value exceeds the threshold value, the research hypothesis cannot be supported. Therefore, there is no statistically significant evidence that older students have more positive attitude to healthy diet.

It was stated in Hypothesis 6a that older students demonstrate significantly higher scores on healthy food purchasing than younger students. Similar to Hypothesis 6a, T-test was used with age group being the categorical variable. Healthy food purchasing index was used as the dependent variable. Levene's test of variance equality has returned F of 0.005 and P-value equal to 0.946. As P-value exceeds 0.05, the population variances can be considered equal. T-test has returned T of 0.429 and P-value 0.669, with the assumption of variance equality. The P-value observed exceeded the threshold value, therefore the hypothesis is not supported. As a result, there is no significant evidence that students belonging to the age group of 25-30 demonstrated better healthy food purchasing practices than those belonging to 18-24 age group.

Hypotheses 7, 7a, and 7b. Correlation between Attitude to healthy diet and Healthy food purchasing.

Hypothesis 7a stated that there is positive statistically significant correlation between the attitude to healthy diet and healthy food purchasing across the entire sample, in line with

Theory of Reasoned Action and Theory of planned behavior. Data processing in statistical software has yielded Pearson's Coefficient of Correlation of 0.294 and P-value of 0,000, which does not exceed the threshold value of 0.05. As a result, the hypothesis is confirmed, confirming that healthy food purchasing is positively correlated with attitude to healthy diet, although the correlation is weak.

Hypothesis 7b stated that the correlation between attitude to healthy diet and actual healthy food purchasing is different among female and male customers. For the subsample of female students, the analysis produced Pearson's coefficient of correlation equal to 0.279. The applicable P-value was 0.004. Regarding the subsample of male students, the correlation coefficient was 0.282 with a P-value of 0.015. Both coefficients of correlation can be considered statistically significant, while being weak and positive. Therefore, it can be concluded that the relationship between attitude to healthy diet and actual healthy food purchased is slightly stronger among male students.

Hypothesis 7c stated that the correlation between attitude to healthy diet and actual healthy food purchasing is different among the students with higher and lower income. Pearson's coefficient of correlation was equal to 0.281 with a P-value of 0.001 for the respondents with lower income. At the same time, the results were 0.347 and 0.026 respectively for the respondents whose income was classified as higher. Both correlation coefficients are positive and weak. The correlation between attitude to healthy diet and actual healthy food purchasing is higher for the students whose monthly available funds exceed 500 €.

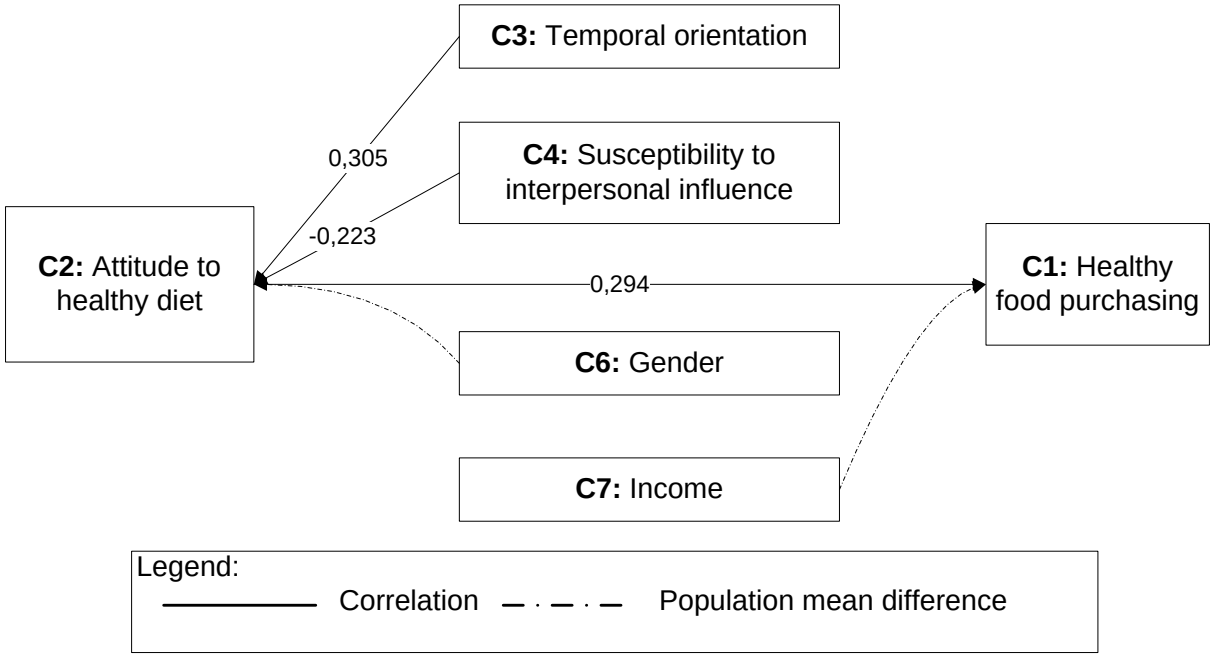
Hypotheses 8a and 8b.

Hypothesis 8a stated that overall score on attitude to healthy diet scale is significantly higher than the average. One-tail single-sample T-test was used to check the results obtained against the test value of 4, representing the scale midpoint. The test produced T of 40.150 and P-value of 0.000, being lower than the threshold value. Hence, the hypothesis is confirmed, allowing for the conclusion that mean attitude to healthy diet is considerably higher that the scale midpoint.

Hypothesis 8a stated that index of healthy food purchasing obtained through this study is considerably different from scale midpoint. One-tail single-sample T-test was used to check the results obtained against the test value of 50, representing the scale midpoint. The results of the test were T equal to 14.718 and P-value equal to 0.000. Since the P-value is less than the threshold value, the hypothesis is confirmed, proving that the population mean for healthy food purchasing index is significantly higher than the scale midpoint of 50.

Figure 17 depicts the conceptual map by the results of findings, excluding the differences revealed for the population divided by gender and income.

Figure 17. Conceptual Map* According to the Findings.



Note. * Only the relationships for the entire sample are included.

Questionnaire feedback

A feedback field was included in the electronic questionnaire. A few of the responses included the comments on the questionnaire content and the topic. Several important feedback answers are included here:

- A student has indicated that the majority of the food he consumes was being produced at the family farm. Since he has reported purchasing at least some products from very few of healthy food categories in Question 2, his answers were omitted from the analysis.
- High prices for healthy products can impede students from choosing the food suitable for healthy diet.
- One respondent has reported choosing the products that do not harm animals and environment in general.
- Some students are vegetarian or vegan.

Although the aforementioned findings are not necessarily included in the scope of the current research, they can be used as suggestions for further and additional research.

4.5 Discussion

The majority of results and findings obtained through data analysis were in accordance with theoretical models and previous research works.

To begin with, the sample of Slovene students used in this study have demonstrated positive attitude to healthy eating, which is significantly higher than average. Comparable results were presented in the studies by Grønhøj et al. (2013, pp. 9 – 12) and Chan and Tsang (2011, pp. 357 – 359), involving the surveys of Hong Kong and Danish adolescents. Theory of Reasoned Action and Theory of Planned behavior (Peter & Olson, 2010, p. 145; Ajzen, 2005, p. 118) suggest that attitude is one of the determinants of purchase intention, which is, in turn, a determinant of a purchase behavior. The majority of the students have demonstrated middle scores on healthy food purchasing scale. Although the mean scale value is significantly higher than the scale middle point, the fact that that dining out practices and preferences were not studied should be considered while making conclusions on the diet of Slovenian students.

Attitude to healthy diet has been proven to be positively correlated to healthy food purchasing, which is in line with the aforementioned theoretical models and findings of Grønhøj et al. (2013 pp. 9 – 12) and Chan and Tsang (2011, pp. 357 – 359). The correlation observed was not very strong, possibly suggesting that the attitude is not the only determinant of healthy food purchasing. The coefficients of correlation were almost equal for male and female populations, while among the students with income above 500 € the correlation was much higher than among the students with lower income.

The correlation between future orientation and attitude to healthy diet was also statistically significant and positive, reflecting the statement by Strathman et al. (1994), asserting that future orientation can predict health-related behaviors. The correlation was stronger among female students and among the students with income exceeding 500 €.

Susceptibility to interpersonal influence was negatively correlated with the attitude to healthy diet. Theory of Reasoned Action suggests that one's psychological characteristics have indirect influence on one's attitude (Peter & Olson, 2010, p.146). Hence, the findings suggest that individuals who are more receptive to the influence of others demonstrate less positive attitude to healthy diet. Since the correlation was not significant for female respondents, comparison of coefficients based on gender cannot be made. However, the correlation between the two constructs was much higher for the students whose income exceeds 500 €.

Theory of Reasoned Action asserts that an individual's personal and demographic characteristics can act as determinants of one's attitude behavior (Peter & Olson, 2010, p. 145). Among the demographic determinants of attitude to healthy diet, only gender was found to have a significant effect, with female students possessing more positive attitude than male students. The influence of gender was also reported by Sharma et al. (2010) in the population of German students. In addition, Grønhøj et al. (2013, pp. 9 – 12) have stated in their study that female respondents tended to have stronger attitude to healthy diet. It can be inferred that the attitude of those female respondents could also be more positive than that of male respondents. Moreover, gender influenced the relation between some of the concepts studied – stronger correlation between future orientation and attitude to healthy diet was observed

between male students, while female students demonstrated stronger correlation between attitude to healthy diet and actual healthy food purchasing.

With a threshold set at 500 €, income had no statistically significant effect on attitude to healthy diet. However, income was proven to have a direct effect on healthy food purchasing. This reflects the assertions by Food Marketing Institute (2011, p. 11), while being contradictory findings of Piggford et al. (2008, p. 21) and Divine and Lepisto (2005, p. 279), reporting income has no statistically significant effect on healthy eating practices. In addition stronger correlation was observed in the subsample of the respondents with higher income between attitude to healthy diet and susceptibility to interpersonal influence and actual healthy food purchasing, while the correlation between future orientation and attitude to healthy diet was stronger for the subsample of individuals with lower income.

Age had no significant effect on both attitude to healthy diet and actual healthy food purchasing. This is different from the findings Sharma et al. (2010, pp. 444 – 445) have obtained in their study on healthy eating practices of German and Australian students. The type of living arrangement, standing for whether or not a student lives with parents, did not show any effect on the attitude to healthy diet, in spite of the findings of Sharma et al. (2009, pp. 446-447), El Ansari et al. (2012, pp. 3-4, 7) and Jelinić et al. (2008, pp. 205-206), suggesting the difference of dietary practices of students living independently and with their parents.

To sum up, attitude to healthy diet was found to have significant linear correlation with the constructs of future orientation, susceptibility to interpersonal influence and actual healthy food purchasing. The correlation between attitude to healthy diet and susceptibility to interpersonal influence was negative, while the other two correlations were positive. Female students were found to possess more positive attitude to healthy diet. Income had no effect on the attitude, while students with income exceeding 500 € were demonstrating higher scores on healthy food purchasing scale. Age had no statistically significant influence of either the attitude or actual buying behavior. Finally, whether or not a student lives with his or her family did not affect the attitude to healthy diet.

CONCLUSION

This empirical study was dedicated to examining the attitude to healthy diet among Slovene students, the factors acting as determinants to attitudes, and actual buying behavior, defined as healthy food purchasing in the shop or at the market.

According to the findings, Slovene students demonstrate highly positive attitude to healthy diet and medium scores on healthy food purchasing. The correlation between the two concepts was positive, although rather low, suggesting that other determinants of healthy food

purchasing can be present. Stronger correlation was observed for the population of male students and students with higher income.

Positive attitude to healthy diet was positively correlated to future orientation, with the relationship between the two concepts being stronger in the population of female students and students with higher income.

The relation between susceptibility to interpersonal influence and attitude to healthy diet was negative, with higher correlation observed among the students with higher income.

Among the demographic characteristics, gender was found to affect the attitude to healthy diet, with female students demonstrating more positive attitude. Income had no significant effect on the attitude, while it had direct effect on healthy food purchasing, with students having more than 500€ at their disposal demonstrating significantly higher scores on healthy food purchasing.

To sum up, the findings presented enable better understanding on the determinants and antecedent relations in the process of healthy food purchasing, while giving insight into shopping practices of Slovene students. Psychological constructs of future orientation and susceptibility to interpersonal orientation were found to effect the attitude, as well as the demographic antecedent of gender. Positive attitude could act as a predictor of the purchases, although it is apparently not the single determinant- the direct effect of income on healthy food purchasing was revealed. Finally, the influences of gender and income were noted on the correlations present in the findings.

The findings on correlation between the attitude to healthy diet and psychological traits of future orientation and susceptibility to interpersonal influence, as well as the influence of gender on the attitude can be used by the producers of healthy food products in their market segmentation and product positioning decisions. A customer profile of a female student with income over 500€, demonstrating high future orientation and low susceptibility to interpersonal influence, prone to possess a more positive attitude to healthy diet, can be used in the design of marketing campaigns. Moreover, the direct effect of income on the purchasing behavior can be considered in the pricing of the healthy food products.
At the same time, the findings of this study can be used in designing social advertising campaigns by identifying the individuals who are less likely to have a healthy diet and therefore need to be targeted first. In addition, the detailed data on actual healthy food purchasing can be applied for the evaluation of the students' dietary practices and food preferences.

The fact that the findings provide some insights in healthy food purchasing by Slovenian students is very important due to high number of students in Slovenia, as well as low income and specific lifestyle the students lead, making them a specific market segment.

Limitations and future research

The first limitation to be considered during the interpretation of the findings of this research is the use of nonprobability sample. Although its representativeness was improved by applying the quotas according gender of the respondent to and the university of study, the nonprobability nature of sampling should be taken into account. In addition, the questionnaire contained several sensitive questions, including those on shopping habits and income. In spite of the electronic means of survey, a possibility exists that some of the answers were given in accordance with socially desirable standards, and not the actual situation.

Additional research is recommended on other attitudes of students related to the components of healthy lifestyle, relevant to marketing and sales. The applicable products can include natural food supplements, tea and other similar drink, sports equipment, gym and fitness services, active recreation and tourism. Another option, a broader population can be selected, for example all individuals in Slovenia aged 18 to 30. Finally, regional differences can be also studied. Since this study did not involve the analysis of vegetarian and vegan trends, as well as markets of the applicable food products, the aforementioned trends can be studied in the scope of Slovene youth market with a methodology similar to this study.

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APPENDIXES

TABLE OF APPENDIXES

Appendix A: Povzetek v slovenskem jeziku

UVOD

Splošno je sprejeto, da je zdravo prehranjevanje koristno za človeka, saj s preprečevanjem določenih bolezni omogoča daljše življenje (World Health Organization, 1990) ter ima vlogo v razvoju posameznika (Pokorn v Zupančič & Hoyer, 2007, str. 157). Zdravo prehranjevanje je tudi del zdravega življenjskega sloga (Kotler & Armstrong, 2006, str. 146). Kot navaja Euromonitor International (Health and Wellness the Trillion Dollar Industry in 2017: Key Research Highlights, 2012), ima tržišče zdrave prehrane širok obseg ter visoko stopnjo rasti na globalni ravni.

Problematika zdravega prehranjevanja je posebej pomembna za študente zaradi njihovega posebnega življenjskega sloga, ki vključuje nezdrave navade in prakse, kot so kajenje, nezadostni spanec, jemanje drog ter nezdravo prehranjevanje (von Bothmer & Fridlund, 2005, str. 115; El Ansari et al., 2011, str. 201; Branen & Flatcher, 1999). Nezdrave prehranjevalne navade imajo tako študentje v različnih evropskih državah (El Ansari et al, str. 3 – 4), kot tudi slovenski študentje (Zupančič & Hoyer, 2006, str 159 – 161).

Teoretično podlago za povezavo med odnosom do vedenja ter ustreznim dejanjem predstavljajo Teorija utemeljenega dejanja (angl. *Theory or Reasoned Action*) ter Teorija načrtovanega vedenja (angl. *Theory of Planned Behavior*). Obe teoriji tudi navajata prisotnost faktorjev, ki vplivajo na odnos do vedenja (Peter & Olson, 2010, str. 146 – 147; Ajzen, 2005, p. 117 - 118).

Ta magistrska naloga je posvečena dejavnikom, ki določajo odnos do zdravega prehranjevanja ter povezavo med odnosom do zdravega prehranjevanja in dejanskim kupovanjem. Poleg tega vsebuje analizo povezav med dejanskim nakupovanjem in nekaterimi demografskimi dejavniki.

1 ODNOS V OKVIRU POTROŠNIŠKEGA VEDENJA TER NJEGOVE DOLOČLJIVKE

Avtorji predlagajo različne opredelitve pojma odnos v okvirju marketinga ter potrošniškega obnašanja. Kotler (2003, str.199) opredeljuje odnos kot "trajne pozitivne in negativne ocene, čustva in nagnjenosti k dejanjem, ki jih ima oseba v zvezi z določenim objektom ali idejo". Ajzen (2005, str.3) navaja, da je odnos "nagnjenost osebe k pozitivnim ali negativnim odzivom glede objekta, osebe, institucije ali dogodka". Peter in Olson (2010, str. 128) pravita, da je odnos "splošna ocena koncepta." Odnosi vsebujejo kognitivno, čustveno ter konativno komponento (Noel, 2009, str. 98). Treba je ločiti odnose do objektov ter odnose do dejanj, kjer se slednji nanašajo na določeno dejanje z določenim objektom (Blackwell et al., 2001, str. 289). Odnosov ni mogoče izmeriti neposredno, mogoče pa je preučiti merljive odzive glede objekta, na katerega se nanaša odnos (Ajzen, 2005, str. 3).

1.1 Vloga odnosa v napovedovanju nakupnega vedenja

Povezava med odnosom ter dejanskim vedenjem je bila predstavljena v sledečih teoretičnih modelih:

- Spodbudno-odzivni model (angl. *Stimulus-response model*) trdi, da na odločitev o nakupu vplivajo karakteristike kupca ter procesi sprejemanja odločitev, ki se pojavljajo zaradi učinkovanja marketinških spodbud. Odnosi so vključeni med psihološke karakteristike (Kotler, 2013, str. 184-185).
- Teorija utemeljenega dejanja (angl. *Theory or Reasoned Action*) trdi, da med sprejemanjem odločitve posameznik primerja možnosti dejanj glede na njihove posledice. Teoretični model vsebuje okoljske spremenljivke ter osebne karakteristike, ki vplivajo na odnos do vedenja ter na subjektivno normo glede vedenja. Odnos ter subjektivna norma določata namero za vedenje, ki pa opredeljuje vedenje (Peter & Olson, 2010, str. 145 – 147).
- Teorija načrtovanega vedenja (angl. *Theory of Planned Behavior*) je podobna zgoraj omenjenemu teoretičnemu modelu in sicer v tem, da se posamezniki odločajo racionalno, z upoštevanjem obstoječih alternativnih dejanj ter njihovih posledic. Poleg tega so razmerja med dejanjem, namero, odnosom ter subjektivno normo analogna tistim iz teorije utemeljenega dejanja. Razlika pa je v novem dejavniku, ki se imenuje dojemanje kontrole nad vedenjem, ki se nanaša na vpliv, ki ga oseba občuti v določeni situaciji. Dojemanje kontrole nad vedenjem vpliva na vedenjsko namero (Ajzen, 2005, str. 117).

1.2 Časovna usmerjenost

Joireman, Strathman, in Balliet (in Kees et al., 2010, str. 21) pravijo, da je časovna usmerjenost (angl. *Temporal orientation*) psihološki koncept, ki opredeljuje ali oseba poudarja takojšnje ali oddaljene posledice svojih dejanj. Prihodnostna usmerjenost bo vključena med psihološke določljivke odnosa v empiričnem delu raziskave.

1.3 Podvrženost medosebnim vplivom

Bearden et al. (1989, str. 473) opredeljujejo podvrženost medosebnim vplivom (angl. *Susceptibility to interpersonal influence*) kot "potrebo po utrjevanju svojega vzgleda pri pomembnih posameznikih s pridobitvijo in uporabo izdelkov in znamk, željo ustrezati pričakovanjem drugih glede odločitev o nakupih, in/ali tendenco spoznavanja izdelkov z opazovanjem drugih ali z iskanjem informacij pri drugih osebah."

1.4 Prejšnje raziskave potrošniškega odnosa do zdravega prehranjevanja

Chan in Tsang (2011, str. 354 – 362) sta raziskovala namero hongkonških študentov do zdravega prehranjevanja in ugotovila, da je odnos najvažnejša določljivka za napovedovanje vedenja. Grønhøj et al. (2013, str. 4 – 17) so izvedli podobno raziskavo na Danskem in ugotovili, da mnenje osebe močno vpliva na namero. Sharma et al. (2009, str. 436 – 451) so

izvedli raziskavo o prehrambni motivaciji ter odnosu do zdravega prehranjevanja med avstralskimi in nemškimi študenti. Ugotovili so, da jo motivacija različna glede na spol v obeh državah in da imajo avstralske študentke bolj pozitivni odnos do zdravega prehranjevanja kot avstralski študentje. Cheah in Phau (2011) sta raziskovala odnose do okolju prijaznih izdelkov ter ugotovila, da je tovrstni odnos negativno povezan z medosebnimi vplivi, medtem ko je povezava med odnosom in vedenjem pozitivna.

2. ZDRAVO PREHRANJEVANJE

Življenjski slog posameznika se opredeljuje kot "vzorec življenja, ki je izražen z dejavnostmi, interesi in mnenji", ki opisujejo "celoten vzorec delovanja in komuniciranja osebe v svetu." Koncept vsebuje tudi dojemanje hrane (Kotler & Armstrong, 2006, str. 146). Svetovna organizacija za zdravje (1990, str. 4-6) poudarja pomen zdrave prehrane v življenju. Pokorn (in Zupančič & Hoyer, 2006, str. 157) opredeljuje zdravo prehrano kot uravnoteženo, varno in varovalno. Inštitut za varovanje zdravja (n.d.) navaja 12 smernic za zdravo prehranjevanje, na primer redna in pestra prehrana, omejena poraba alkohola, sladkorja in soli ter pogosto uživanje sadja in zelenjave predvsem lokalnega porekla. Prehrambena piramida, ki jo predstavlja Zavod za Zdravstveno Zavarovanje Slovenije (n.d.), porazdeljuje živila v štiri skupine s posebnimi navodili za vsako posamezno skupino.

2.1. Vloga trga zdrave prehrane v gospodarstvu

Tržišče zdrave hrane se porazdeljuje na več segmentov, kot so tradicionalna, funkcionalna, navadna in organska hrana (European Commission, 2007; Health and Wellness the Trillion Dollar Industry in 2017: Key Research Highlights, 2012). Navadna hrana je minimalno predelana hrana brez umetnih dodatkov, organska hrana pa je navadna hrana s strožjimi omejitvami in zahtevami (Food Marketing Institute, n.d.; European Commission, n.d.). Na svetovni ravni je imelo tržišče zdrave hrane obseg 600 milijard dolarjev in stopnjo rasti 6,5 % (Health and Wellness the Trillion Dollar Industry in 2017: Key Research Highlights, 2012). Prehrambena industrija je zelo pomembna v evropskem gospodarstvu (European Commission, 2007). Raziskovalna agencija Nielsen (Global trends in healthy eating, 2010) navaja, da Evropejci "vedo kaj je zdravo in kaj ni zdravo", kljub temu, da pogosto kupujejo nezdravo hrano. Medtem je hrana lokalnega porekla visoko ovrednotena, 35 % potrošnikov pa kupuje organsko hrano.

Prav tako je tržišče zdrave hrane pomembno v Sloveniji. Društvo za marketing Slovenije (2013) trdi, da slovenski potrošniki zaupajo domačim pridelovalcem živil. Rast potrebe po zdravi hrani se posredno izkazuje z rastjo ekološkega kmetijstva – med leti 2004 in 2011 je odstotek ekoloških kmetij zrasel z 2,1 na 3,2 %, odstotek površine zemljišč, ki se uporabljajo v ekološkem kmetijstvu, pa je zrasel s 4,7 na 7 %. (Statistical Office of the Republic of Slovenia, 2012e). Poleg tega se je v obdobju 1992 – 2009 povečala poraba sadja in rib, prav tako pa se je v obdobju 2000-2011 povečala poraba zelenjave (Statistical Office of the

Republic of Slovenia, 2012g; Food and Agriculture Organization of the United Nations, n.d. a, n.d. b).

2.2. Določljivke prehranjevalnih navad ter odnosa do zdravega prehranjevanja

V raziskavo so bile vključene štiri demografske določljivke – starost, spol, prihodki, in stanovanjska situacija. Starost posameznika lahko vpliva tako na prehranjevalne navade kot na odnos do zdravega prehranjevanja. Divine in Lepisto (2005, str. 280) sta ugotovila, da starejši posamezniki uživajo več sadja in zelenjave, na splošno pa ima starost pozitiven vpliv na vzdrževanje zdravega življenjskega sloga. Maddock et al. (1999, str. 274) so med posamezniki v starostnih skupinah 16-24 in 25-34 let v Veliki Britaniji ugotovili opazne razlike v prehranjevalnih navadah. Sharma et al. (2009, str. 444 – 445) pa poročajo, da ima starost vpliv na odnos do zdravega prehranjevanja med študenti v Avstraliji in Nemčiji.

Več avtorjev (Divine & Lepisto, 2005, str.280; Maddock et al., 1999, str. 274; Grønhøj et al., 2013, str. 4 – 17) navaja, da ima spol vpliv na prehranjevalne navade, in sicer da ženske uživajo bolj zdravo hrano kot moški. Divine in Lepisto (2005, str. 280) tudi pravita, da je spol določljivka zdravega življenjskega sloga. Grønhøj et al. (2013, str. 11-12) so ugotovili, da imajo ženske močnejšo vedenjsko namero v zvezi z zdravim prehranjevanjem. Prav tako je bil ugotovljen vpliv spola na odnos do zdravega prehranjevanja (Sharma et al., 2012, str. 3 – 4).

Nekateri avtorji (Piggford et al., 2008, str. 23; Divine & Lepisto, 2005, str. 280) pravijo, da ni povezave med prihodki in vedenjem, ki je povezano s prehranjevanjem. Maddock et al. (1999, str. 274-275) pa pravijo, da imajo pripadniki dveh najvišjih socioekonomskih razredov v Veliki Britaniji najboljše prehranjevalne navade. Turrell (1998, str.145) je ugotovil, da imajo pripadniki nižjih socialnih razredov ne samo slabše prehranjevalne navade, temveč tudi manj zdravih živil med priljubljenimi. Vpliv prihodkov na kupovanje zdrave hrane se kaže v ceni, ki jo lahko posameznik plača za določen izdelek (Food Marketing Institute, 2011).

Stanovanjska situacija v ožjem pomenu razlikuje med tem ali živi študent s starši ali v lastnem gospodinjstvu in kako to vpliva na študentove prehranjevalne navade (Sharma et al., 2009, str. 444-445; El Ansari et al., 2012, str.3-4, 7). Študentje, ki ne živijo z družino, so imeli v povprečju slabše prehranjevalne navade, kar se je nanašalo na nezadostno porabo sadja in zelenjave in število obrokov na dan (Sharma et al., 2009, str. 446-447; Jelinić et al., 2008, str. 205-206).

Prihodnostna usmerjenost in podvrženost medosebnim vplivom sta bili vključeni kot psihološki določljivki. Prihodnostna usmerjenost vpliva tako na verjetnost vzdrževanja zdravega življenjskega sloga (Divine & Lepisto, 2005, str. 278), kot na določene z zdravjem povezane odnose (Strathman et al., 1994, str. 750). Podvrženost medosebnim vplivom je povezana z nekaterimi oblikami vedenja, kot so pitje alkohola in kajenje (Kroppet al., 1999, str.548), obenem pa vpliva na odnose, ki so povezani z okoljem (Cheah & Phau, 2011, str. 463).

3 KARAKTERISTIKE TRŽNEGA SEGMENTA, KI GA SESTAVLJAJO SLOVENSKI ŠTUDENTJE TER NJIHOVO POTROŠNIŠKO VEDENJE V ZVEZI S PREHRANJEVANJEM.

3.1 Karakteristike tržnega segmenta

Študentje predstavljajo pomemben del prebivalstva Slovenije. Polovica posameznikov v starostni skupini od 19 do 24 let je vpisanih na terciarni izobraževalni program. Slovenija je na prvem mest med državami EU po deležu mladih vključenih v terciarno izobraževanje (Statistical Office of the Republic of Slovenia, 2012a; 2012b). Študentje imajo nizke prihodke, še posebej v primeru bivanja v družini (Statistical Office of the Republic of Slovenia, 2012a). Med študenti je 58 % žensk in 42 % moških. Večina (69 %) pripada starostni skupini od 18 do 24 let, 17,6 % pa starostni skupini od 25 do 29 let. (Statistical Office of the Republic of Slovenia, 2012a, 2012d). V letu 2010 je 62,7 % študentov živelo s starši, 24,5 % v študentskem domu, 12,5 % pa v lastnem gospodinjstvu (Ministrstvo za visoko šolstvo, znanost in tehnologijo, 2010).

3.2 Prehranjevalne prakse študentov univerz v tujini in v Sloveniji

V več primerih je bilo ugotovljeno, da imajo prehranjevalne navade študentov negativne značilnosti. El Ansari et al. (2012) so ugotovili, da imajo študentje v vsaki od zajetih držav, in sicer v Nemčiji, Bolgariji, na Danskem in Poljskem, neprimerne prehranjevalne prakse. V večini primerov so se le-te nanašale na nezadostno porabo sadja in zelenjave ter uživanje nezdravih živil. Le 14,9 % študentov v Veliki Britaniji je uživalo zadostne količine sadje in zelenjave (El Ansari et al., 2011, str. 201). Tudi hrvaški študentje so pokazali podobne prakse; v povprečju so uživali dva obroka na dan (Jelinić et al., 2008, str. 205-206).

Glede na ugotovitve raziskave o prehranjevalnih praksah slovenskih študentov, ki sta jo izvedli Zupančič in Hoyer (2006), so slovenski študentje izkazali navade podobne zgoraj omenjenim, kar je vključevalo tudi izpuščanje zajtrka, nezadostno uživanje rib, ter poraba prigrizkov. Zdravstveni dom za študente v Ljubljani (2011) pa je predstavil bolj optimistične podatke, posebej glede uživanja potrebnega števila obrokov ter porabe sadja, zelenjave in mleka.

4 EMPIRIČNA RAZISKAVA

4.1 Cilji in hipoteze raziskave

Cilj te empirične raziskave je proučiti vpliv demografskih ter psiholoških določljivk na odnos študentov do zdravega prehranjevanja ter povezavo med odnosom do zdravega prehranjevanja in kupovanjem zdrave hrane med študenti. Poleg tega bo proučen tudi direkten vpliv demografskih določljivk na vedenje.

Oblikovane so bile naslednje hipoteze raziskave:
Hipoteza 1a: Močna prihodnostna usmerjenost je pozitivno povezana s pozitivnim odnosom do zdravega prehranjevanja.
Hipoteza 1b: Korelacija med prihodnostno usmerjenostjo in odnosom do zdravega prehranjevanja je različna med študentkami in študenti.
Hipoteza 1c: Korelacija med prihodnostno usmerjenostjo in odnosom do zdravega prehranjevanja je različna med študenti z večjimi in študenti z manjšimi prihodki.
Hipoteza 2a: Močna podvrženost medosebnim vplivom je negativno povezana s pozitivnim odnosom do zdravega prehranjevanja.
Hipoteza 2b: Korelacija med podvrženostjo medosebnim vplivom in odnosom do zdravega prehranjevanja je različna med študentkami in študenti.
Hipoteza 2c: Korelacija med podvrženostjo medosebnim vplivom in odnosom do zdravega prehranjevanja je različna med študenti z večjimi in študenti z manjšimi prihodki.
Hipoteza 3: Študentje in študentke, ki živijo v samostojnem gospodinjstvu, imajo manj pozitiven odnos do zdravega prehranjevanja kot tisti, ki živijo s starši.
Hipoteza 4a: Študentke imajo bolj pozitiven odnos do zdravega prehranjevanja kot študentje.
Hipoteza 4b: Študentke imajo višje kazalnike na lestvici kupovanja zdrave prehrane kot študentje.
Hipoteza 5a: Študentje z večjimi prihodki imajo bolj pozitiven odnos do zdravega prehranjevanja kot študentje z manjšimi prihodki.
Hipoteza 5b: Študentje z večjimi prihodki imajo višje kazalnike na lestvici kupovanja zdrave prehrane kot študentje z manjšimi prihodki.
Hipoteza 6a: Starejši študentje imajo bolj pozitiven odnos do zdravega prehranjevanja kot mlajši študentje.
Hipoteza 6b: Starejši študentje imajo višje kazalnike na lestvici kupovanja zdrave prehrane kot mlajši študentje.
Hipoteza 7a: Pozitiven odnos do zdravega prehranjevanja je pozitivno povezan z dejanskim kupovanjem zdrave prehrane.
Hipoteza 7b: Korelacija med odnosom do zdravega prehranjevanja in dejanskim kupovanjem zdrave prehrane je različna med študentkami in študenti.
Hipoteza 7c: Korelacija med odnosom do zdravega prehranjevanja in dejanskim kupovanjem zdrave prehrane je različna med študenti z večjimi in študenti z manjšimi prihodki.
Hipoteza 8a: Študentje imajo nadpovprečen odnos do zdravega prehranjevanja.
Hipoteza 8b: Študentje imajo nadpovprečne kazalnike na lestvici kupovanja zdrave prehrane.

4.2 Metodologija raziskave

Raziskava je bila izvedena v obliki anketiranja, saj ta metoda zadosti potrebi po zbiranju velikega obsega kvantitativnih podatkov, zanesljivosti in enostavni izvedbi (Malhorta & Peterson, 2006, str. 76, 181-182). Kot inštrument raziskave je bil uporabljen spletni vprašalnik, saj njegova uporaba izključuje vpliv raziskovalca na anketiranca, omogoča avtomatično shranjevanje in analizo podatkov ter izpolnjevanje v okolju, ki je za anketiranca

prijazno (Malhorta & Peterson, 2006, str. 192). Za namen kontrole vzorca pa je bilo uporabljeno še osebno anketiranje z natisnjenim vprašalnikom.

Ciljna skupina je zajemala študente slovenskih univerz; vključeni so bili redni študentje slovenskih univerz s tujim državljanstvo, razen študentov, ki opravljajo študijski izmenjavo. Vzorčenje je bilo izvedeno po neverjetnostni metodi kvotiranja. Kvota je bila določena v skladu z razmerjem med študentkami in študenti, ki je 58:42 (Statistical Office of the Republic of Slovenia, 2012a). Končno število posameznikov v vzorcu je bilo 178.

Za vse teoretične koncepte, zajete v tej raziskavi, so bila uporabljena merilna orodja iz prejšnjih raziskav. Vsa merilna orodja so bila sestavljena iz Likertovih in semantično diferencialnih lestvic. Odnos do zdravega prehranjevanja je bil proučen s šestimi semantičnimi diferencialnimi lestvicami, ki so jih sestavili Wood Baker, Little in Brownell, v svojih raziskavah pa so jih uporabili Grønhøj et al. (2013, str. 8) in Wu et al. (2009, str. 117). Za meritev časovne usmerjenosti je bila uporabljena do štirih elementov skrajšana Lestvica upoštevanja posledic v prihodnosti (angl. *Consideration of Future Consequences scale*) s sedmimi točkami, ki so jo razvili Strahman, Gleicher, Boninger in Edwards (v Joireman et al., 2012, str. 1273). Podvrženost medosebnim vplivom je bila merjena z Beardnovo lestvico (angl. *Bearden scale*) s sedmimi točkami, ki je bila skrajšana do štirih vprašanj (Bearden et al., 1989, str. 477). Za merjenje kupovanja zdrave hrane pa je bilo uporabljeno orodje iz raziskave Turrela (1997, str.139), usposobljeno v skladu s smernicami Inštituta za varovanje zdravja (n.d.). Merilno orodje sestavlja lestvico s 100 točkami iz 11 kategorij zdrave hrane, glede na skladnost nakupnih navad posameznika s smernicami zdrave prehrane za vsako kategorijo.

Pred zbiranjem primarnih podatkov je bil vprašalnik testiran - vnaprej je bila preverjena skladnost prevoda vprašalnika z originalom v angleščini, nato pa je bil pregledan elektronski vprašalnik. Na podlagi opomb in komentarjev je bil vprašalnik popravljen. Vprašalnik je bil najprej razdeljen elektronsko, potem pa še osebno, z namenom vzdrževanja pravih razmerij v vzorcu. Izpolnjeno je bilo 183 vprašalnikov, pet od njih pa je bilo zavrženih zaradi nepopolnega in nepravilnega izpolnjevanja oziroma nepripadnosti posameznika ciljni skupini.

4.3 Analiza podatkov in ugotovitve raziskave

Demografska struktura vzorca je predstavljena v Tabeli 1.

V vzorcu zajeti študentje so izkazali visoko pozitiven odnos do zdravega prehranjevanja. Povprečna vrednost lestvice znaša 6,08, s standardnim odklonom 0,684. 9,7 % študentov je imelo odnos od nevtralnega do pozitivnega, v razmiku 5,01 do 5. 33,7 % študentov je imelo pozitiven odnos, s kazalniki v razmiku 5,01 do 6. 52,6 % študentov pa je imelo izrazito pozitiven odnos do zdravega prehranjevanja, s kazalniki v razmiku od 6,01 do 7. Med vsemi elementi lestvice sta imeli največje ocene karakteristiki “Dobro” in “Koristno”, najmanjše ocene pa “Zanimivo” in “Užitno”.

Tabela 1: Demografska struktura vzorca

Spol	58,4 %ženske; 41,6 % moški
Starost	1,1 % mlajši 18 let; 71,3 % od 18 do 24 let; 24,8 % od 25 do 30 let; 2,8 % starejši od 30 let.
Prihodki	53,4 % do 300€; 23,6 % med 301 in 500€; 11,8 % med 501 in 700 €; 5,6 % med 701 in 900€; 5,6 % nad 900€
Stanovanjska situacija	42,7 % s starši; 14 % najemniško stanovanje; 10,7 % soba v najemniškem stanovanju; 19,1 % študentski dom; 13,5 % ostalo.
Univerza	65,2 % Univerza v Ljubljani; 23 % Univerza v Mariboru; 11,2 % Univerza v Novi Gorici; 0,6 % Univerza na Primorskem.

Povprečna vrednost lestvice kupovanja zdrave prehrane je bila 65,2, standardni odklon pa je znašal 13,78. 12,9 % študentov je izkazalo nizke vrednosti v lestvici – 50 točk ali manj. 55,7 % študentov je imelo srednje kazalnike, v razmiku 50,1 – 70 točk. Ostalih 15,1 % pa je imelo visoke vrednosti v lestvici, v razmiku 70,1 – 100 točk. Največ anketirancev je kupovalo priporočene različice izdelkov iz kategorij sir (57,9 %), ribe in zelenjava (44,4 %), ter olja in maščobe (42,7 %). "Drugi" izdelki so bili največkrat izbrani v kategorijah testenine, jogurt in meso. Veliko anketirancev je navedlo, da kupujejo tako priporočene kot ostale izdelke, posebej znotraj kategorij sadje (51,7 %), zelenjava (41 %) ter olje in maščobe (37,1 %).

Večinoma so anketiranci izkazali visoko prihodnostno usmerjenost. Le 23,7 % študentov je imelo vrednosti do vključno 4 na lestvici iz 7 točk. 27 % je izkazalo vrednosti od štiri do vključno pet, 31,4 % je imelo kazalnike od pet do vključno šest, ostalih 17,9 % pa od šest do sedem točk. Povprečna vrednost lestvice je 4,96 s standardnim odklonom 1,22. Med posameznimi trditvami, zajetimi v lestvici, je imela največjo povprečno vrednost "Na moje vedenje načeloma vplivajo morebitne dolgoročne posledice mojih dejanj", najmanjšo pa "Trenutno ugodje žrtvujem z namenom doseganja boljših rezultatov v prihodnosti".

V nasprotju z ugotovitvami o prihodnostni usmerjenosti, je imela večina anketirancev nizke kazalnike na lestvici podvrženosti medosebnim vplivom. 15,2 % študentov je izkazalo vrednost ena, 32,5 % je imelo kazalnike od ena do vključno dva, 26,4 % pa je imelo kazalnike v razmiku od dva do vključno tri. 14,1 % je izkazalo vrednosti od tri do vključno štiri, in le 11,8 % anketirancev je imelo kazalnike večje od štirih točk. Povprečna vrednost je znašala 2,47, standardni odklon pa 1,25. Med trditvami, vključenimi v lestvico, je imela največjo povprečno vrednost "Ponavadi kupujem znamke, za katere mislim, da jih drugi odobravajo", najmanjšo pa "Ko kupujem iste izdelke in znamke kot drugi, pridobivam občutek pripadnosti".

Hipoteze 1a, 1b in 1c so bile posvečene povezavi med prihodnostno usmerjenostjo in odnosom do zdravega prehranjevanja. H1 je bila potrjena, s šibkim pozitivnim koeficientom korelacije 0,305. Potrjena je bila tudi H1b, s koeficientoma korelacije 0,332 med ženskami ter

0,248 med moški. H1c je bila prav tako potrjena, s koeficientoma 0,320 med študenti s prihodki višjimi od 500€ in 0,303 med študenti s prihodki nižjimi od 500€.

Hipoteze 2a, 2b in 2c so bile posvečene povezavi med podvrženostjo medosebnim vplivom in odnosom do zdravega prehranjevanja. H2 je bila potrjena, s šibkim negativnim koeficientom korelacije -0,223. H2b ni bilo mogoče potrditi zaradi neznačilne korelaciji med podvzorcem žensk. H2c pa je bila potrjena, s koeficientoma -0,310 med posamezniki z višjimi prihodki in -0,201 med posamezniki z nižjimi prihodki.

Hipoteza 3 je preučevala vpliv stanovanjske situacije na odnos do zdravega prehranjevanja. Hipoteze ni bilo mogoče potrditi, saj je stopnja značilnosti po izvidih T-testa presegala stopnjo tveganja.

Hipotezi 4a in 4b sta preučevali vpliv spola na odnos do zdravega prehranjevanja in kupovanje zdrave hrane. H4a je bila z uporabo T-testa potrjena, kar potrjuje, da imajo študentke bolj pozitiven odnos do zdravega prehranjevanja. H4b pa je bila zavrnjena, saj je stopnja značilnosti presegla stopnjo tveganja.

Hipotezi 5a in 5b sta preučevali vpliv prihodkov na odnos do zdravega prehranjevanja in kupovanje zdrave hrane. H5a je bila z uporabo T-testa zavrnjena, saj je stopnja značilnosti presegla stopnjo tveganja. H5b pa je bila potrjena, kar potrjuje domnevo, da študentje s prihodki večjimi od 500€ kupujejo več zdrave hrane.

Hipotezi 6a in 6b sta preučevali vpliv starosti na odnos do zdravega prehranjevanja in kupovanja zdrave hrane. Obe hipotezi sta bili zavrnjeni, saj je v obeh primerih stopnja značilnosti po izvidih T-testa presegala stopnjo tveganja.

Hipoteze 7a, 7b in 7c so bile posvečene povezavi med odnosom do zdravega prehranjevanja in dejanskim kupovanjem zdrave hrane. H7 je bila potrjena, s šibkim pozitivnim koeficientom korelacije 0,294. H7b je bila potrjena, vendar je bila razlika minimalna; korelacijski koeficient med ženskami je bil 0,282, med moškimi pa 0,279. Prav tako je bila potrjena H7c – med študenti s prihodki višjimi od 500€ je bil koeficient korelacije 0,347, med ostalimi pa 0,281.

Hipoteza 8a je trdila, da je povprečje odnosa do zdravega prehranjevanja večje od sredinske točke, hipoteza 8b pa je navajala, da je povprečje kazalnika kupovanja zdrave hrane večje od sredinske točke. Obe hipotezi sta bili potrjeni z uporabo T-testa.

4.4. Razprava

V skladu z rezultati raziskav, ki so jih izvedli Grønhøj et al. (2013, str. 4 – 17) in Chan in Tsang (2011, str. 357 – 359), so v vzorcu zajeti slovenski študentje prikazali nadpovprečno pozitiven odnos do zdravega prehranjevanja. Kupovanje zdrave prehrane je bilo prav tako

nadpovprečno, kar je skladno s teoretičnima modeloma, nasprotuje pa rezultatom, ki sta jih predstavili Zupančič in Hoyer (2006).

Teorija utemeljenega dejanja pravi, da imajo psihološke spremenljivke vlogo v nastajanju odnosov (Peter & Olson, 2010, str.145). V skladu s tem je imel odnos do zdravega prehranjevanja šibko pozitivno korelacijo s prihodnostno usmerjenostjo, ki je bila močnejša med ženskami ter posamezniki z višjimi prihodki. Tudi korelacija med odnosom in kupovanjem zdrave hrane je bila pozitivna in šibka, medtem ko so imeli posamezniki z višjimi prihodki višji koeficient. Korelacija med odnosom do zdravega prehranjevanja pa je bila šibka in negativna, z večjim koeficientom med študenti z višjimi prihodki. Študentke so izkazale bolj pozitiven odnos do zdravega prehranjevanja kot študentje. Podobne rezultate so objavili Sharma et al. (2009, str. 444 – 445) v njihovi raziskavi med avstralskimi in nemškimi študenti. Starost, prihodki in stanovanjska situacija niso imeli vpliv na odnos. Prihodki so imeli direkten vpliv na kupovanje zdrave hrane – študentje s prihodki večjimi od 500€ so kupovali več zdrave hrane, kar se ujema s trditvami ameriškega Inštituta za marketing hrane Food Marketing Institute (2011, str. 11). Ostali demografski faktorji pa niso imeli vpliva na kupovanje zdrave hrane.

SKLEP

Ugotovitve te empirične raziskave potrjujejo, da imajo slovenski študentje v povprečju pozitiven odnos do zdravega prehranjevanja. Poleg tega med samostojnim nakupovanjem nemalokrat dejansko kupujejo zdravo hrano. V skladu s teoretičnimi modeli sta bili ugotovljeni pozitivni korelaciji odnosa do zdravega prehranjevanja s prihodnostno usmerjenostjo in dejanskim kupovanjem zdrave hrane ter negativna korelacija s podvrženostjo medosebnim vplivom. Med demografskimi podatki ima spol vpliv na odnos, prihodki pa neposredno vplivajo na nakupno vedenje. Tovrstne podatke lahko uporabljajo proizvajalci in prodajalci zdrave prehrane za sprejemanje marketinških odločitev in sicer v zvezi s segmentiranjem tržišča, izbiro cene in razvojem oglaševalskih akcij. Prav tako se lahko ugotovitve uporabljajo v oglaševalskih akcijah, ki jih izvajajo javni zavodi, in sicer z določanjem skupin, ki imajo slabše prehranjevalne navade in zato potrebujejo več pozornosti. K pomembnosti ugotovitev prispevajo visoko število študentov v Sloveniji in škodljive značilnosti življenjskega sloga študentov.

Appendix B: Questionnaire

Concept	Questions				
Attitude to healthy eating	How would you describe healthy eating?				
	Boring	□ □ □ □ □ □ □	Interesting		
	Useless	□ □ □ □ □ □ □	Useful		
	Un-enjoyable	□ □ □ □ □ □ □	Enjoyable		
	Unesirable	□ □ □ □ □ □ □	Desirable		
	Bad	□ □ □ □ □ □ □	Good		
	Harmful	□ □ □ □ □ □ □	Beneficial		
Purchasing of healthy food	Please indicate which products do you usually purchase during your regular, independent visit of a shop or a market.				
		A	B	C	D
	Fruit	□ Fresh, mainly local seasonal	□ Other options	□ Both A and B	□ None
	Vegetables	□ Fresh, mainly local seasonal	□ Other options	□ Both A and B	□ None
	Bread	□ Wholegrain, Multigrain	□ White, with additives, sweetened, others	□ Both A and B	□ None
	Meat	□ Low-fat	□ Regular, other options	□ Both A and B	□ None
	Fish	□ Fresh unprocessed, frozen unprocessed,	□ Processed, other options	□ Both A and B	□ None
	Yoghurt	□ Unsweetened	□ Sweetened, other	□ Both A and B	□ None
	Pasta	□ Wholegrain	□ Regular, other	□ Both A and B	□ None
	Cheese	□ Regular	□ Processed, with food additives, other	□ Both A and B	□ None
	Grain/Cereal	□ Unsweetened	□ Sweetened, with additives, other	□ Both A and B	□ None
	Fat/oil	□ Vegetable oils	□ Butter, margarine and similar fats and oils	□ Both A and B	□ None
	Juices	□ Natural	□ Sweetened, with additives, other	□ Both A and B	□ None

table continues

continued

Susceptibility to interpersonal influence	When buying products, I generally purchase those brands that I think others will approve of		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
	If other people can see me using a product, I often purchase the product they expectme to buy		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
	To make sure I buy the right product or brand, I often observe what others are buying and using		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
	I achieve a sense of belonging by purchasing the same products and bradns that others purchase		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
Temporal orientation	My behavior is generally influenced by future consequences.		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
	When I make a decision, I think about how it might affecy me in the future		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
	I am willing to sacrifice my immediate happiness or wellbeing to achieve future outcomes		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
	I consider how things might be in the future, and try to influence those things with my day to day behavior		
	Totally disagree	□ □ □ □ □ □ □	Totally agree
Living arrangement	Please identify your living arrangement: □ With parents □ In a dormitory □ Rented apartment □ Rented room □ Other		
Gender	Please identify your gender: □ Female □ Male		
Age	Please identify your age group: □ <18 □18 – 24 □ 25 – 30 □ >30		
Income	Please identify your income group (own income only, otherwise select ‘Dependent’ □ >400€ □ 401€ - 600€ □ 601€ - 800€ □ 801€ - 1000€ □ >1000€		

table continues

continued

Other demographic variables	Which is your university? □ University of Ljubljana □ University of Maribor □ University of Nova Gorica □ University of Koper
	Select the region of residence: □ Central Slovenia □ Gorenjska □ Severna Primorska □ Južna primorska □ Notranjska □ Dolenjska □ Štajerska □ Koroška □ Prekmurska □ Outside Slovenia
	Study stage: □ Graduate □ Undergraduate □ Other:_____

Appendix C: Questionnaire in Slovene language.

Raziskava - Odnos slovenskih študentov do zdravega prehranjevanja

Spoštovani,
vprašalnik pred vami je del raziskave o odnosu slovenskih študentov do zdravega prehranjevanja. Vaše sodelovanje je izjemnega pomena, saj bo samo tako mogoče pridobiti vpogled v dogajanje.
Za izpolnjevanje potrebujete približno 10 minut. Prosim, da odgovorite na vsako vprašanje.
Vprašanja se nahajajo na treh straneh.
Vprašalnik je anonimen, nobeni identifikacijski podatki se ne zbirajo.
Rezultate vprašalnika bom uporabil kot primarne podatke v sklopu moje magistrske naloge, ki jo bom zagovarjal na Ekonomski Fakulteti Univerzi v Ljubljani.
Upam, da bo izpolnjevanje vprašalnika zanimivo. V primeru vprašanj ali pripomb jih lahko vpišete v polje v spodnjem delu ankete.
Zahvaljujem se vam za udeležbo!
Artyom Aleksandrov.

1. Kako bi opisali zdravo prehranjevanje? *Označite na spodnji lestvicah, kam spada vaš odnos glede na besedne pare.* *Zdravo prehranjevanje pomeni uživanje zdrave hrane na primeren način (uživanje hrane v miru, ustrezno število in razporeditve obrokov itd)*		
Dolgočasno	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Zanimivo
Nekoristno	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Koristno
Neprijetno	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Prijetno
Nezaželjeno	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Zaželjeno
Slabo	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Dobro
Škodljivo	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Dobrodejno

table continues

continued

2. Za vsako posamezno kategorijo označite, katero vrsto hrane ponavadi kupujete med rednim samostojnim obiskom trgovine oz. tržnice.				
	A	B	C	D
a. Sadje	□ Sveže, večinoma lokalno pridelano sezonsko	□ Ostale vrste	□ A in B	□ Nič od naštetega
b. Zelenjava	□ Sveža, večinoma lokalno pridelana sezonska	□ Ostale vrste	□ A in B	□ Nič od naštetega
c. Kruh	□ Polnozrnat, iz več vrst zrn	□ Beli, z E-dodatki, sladkan, ostale vrste	□ A in B	□ Nič od naštetega
d. Meso	□ Pusto (Z manjšo vsebnostjo maščob)	□ Običajno (Ostale vrste), Predelano meso	□ A in B	□ Nič od naštetega
e. Riba	□ Sveža, zamrznjena nepredelana	□ Ostale vrste	□ A in B	□ Nič od naštetega
f. Jogurt	□ Nesladkan	□ Sladkan, ostale vrste	□ A in B	□ Nič od naštetega
g. Testenine	□ Polnozrnate	□ Navadne, ostale vrste	□ A in B	□ Nič od naštetega
h. Sir	□ Navaden	□ Predelan, z E-dodatki, ostale vrste	□ A in B	□ Nič od naštetega
i. Žita, kosmiči	□ Nesladkani	□ Sladkani, z E-dodatki, ostale vrste	□ A in B	□ Nič od naštetega
j. Masčoba, olje	□ Rastlinske maščobe	□ Maslo, margarina, svinjska mast ipd.	□ A in B	□ Nič od naštetega
k. Sokovi	□ Naravni	□ Sladkani, z E-dodatki, ostale vrste	□ A in B	□ Nič od naštetega

Označite, v kakšni meri se strinjate z naslednjimi trditvami.

3. Na moje vedenje načeloma vplivajo morebitne dolgoročne posledice mojih dejanj.		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam
4. Med sprejemanjem odločitev razmišljam, kako lahko le-te vplivajo na mojo prihodnost.		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam
5. Trenutno ugodje žrtvujem z namenom doseganja boljših rezultatov v prihodnosti.		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam
6. Razmišljam o tem, kakšne bojo stvari v prihodnosti, in se trudim vplivati nanje s svojim vsakdanjim vedenjem.		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam

Table continues

continued

7. Ponavadi kupujem znamke, za katere mislim, da jih drugi odobravajo		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam
8. V primeru da lahko ostali vidijo mojo uporabo določenega izdelka, bom kupil izdelek v skladu s pričakovanji drugih.		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam
9. Z namenom, da bi se prepričal o izbiri pravega izdelka ali znamke, opazujem kar kupujejo in uporabljajo drugi		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam
10. Ko kupujem iste izdelke in znamke kot drugi, pridobivam občutek pripadnosti		
Sploh se ne strinjam	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	Popolnoma se strinjam

11. Kakšna je Vaša stanovanjska situacija?
□ S starši / sorodniki
□ Študentski dom
□ Najemniško stanovanje
□ Soba v najemniškem stanovanju
□ Ostalo

12. Označite Vaš spol:
□ Ženski □ Moški

13. Označite Vašo starostno skupino:
□ <18 □18 – 24 □ 25 – 30 □ >30

14. Označite vaš mesečni prihodek (vključno z zaslužki, štipendijo in sredstvi, prejetimi od staršev)
□ >300€ □ 301€ - 500€ □ 501€ - 700€
□ 701€ - 900€ □ >900€

15. Katera je vaša univerza? (Kjer trenutno obiskujete študijski program)?
□ Univerza v Ljubljani
□ Univerza v Mariboru
□ Univerza na Primorskem
□ Univerza v Novi Gorici
□ Drugo: _____

16. V kateri regiji imate stalno bivališče?
□ Osrednja Slovenija □ Gorenjska
□ Severna Primorska □ Južna Primorska
□ Notranjska □ Dolenjska
□ Štajerska □ Koroška
□ Prekmurje □ Izven Slovenije

17. Vrsta študija:
□ DodiplomskI študij □ Podiplomski študij
□ Drugo: _____

Appendix D: Variable coding for statistical data analysis

Variable	**Code**
Attitude to healthy diet	attitude
Temporal orientation (Future)	tor
Susceptibility to interpersonal influence	stii
Healthy food purchasing	hfp, phf_index
Living accomosation	accom
Gender	gender
Income	income
Age	age

Appendix E: Statistical output

Figure 1. Frequencies of the scores on attitude to healthy diet scale.

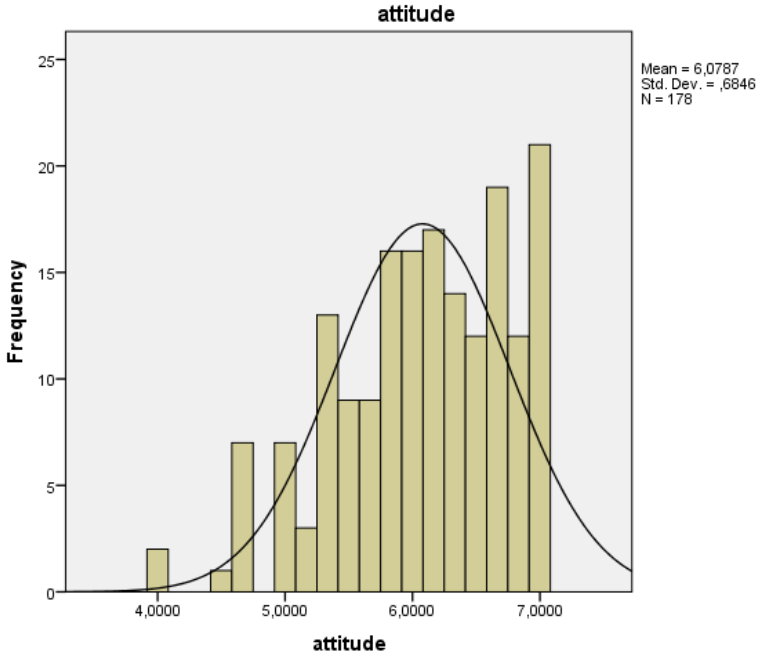

Figure 2. Frequencies of the scores on healthy food purchasing scale.

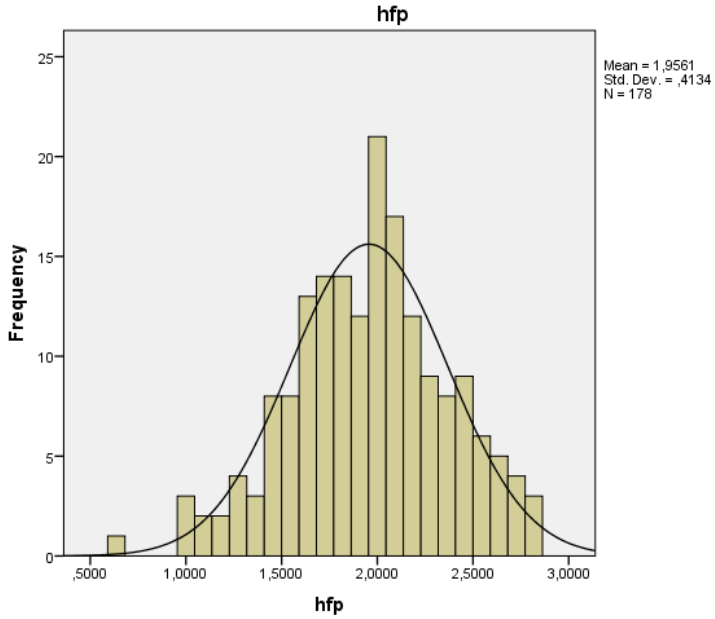

Figure 3. Frequencies of the scores on temporal orientation scale.

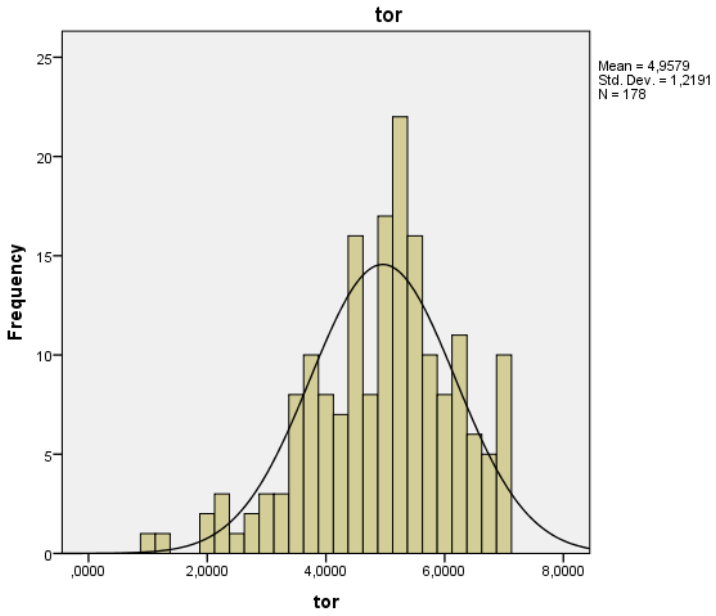

Figure 4. Frequencies of the scores on susceptibility to interpersonal orientation scale.

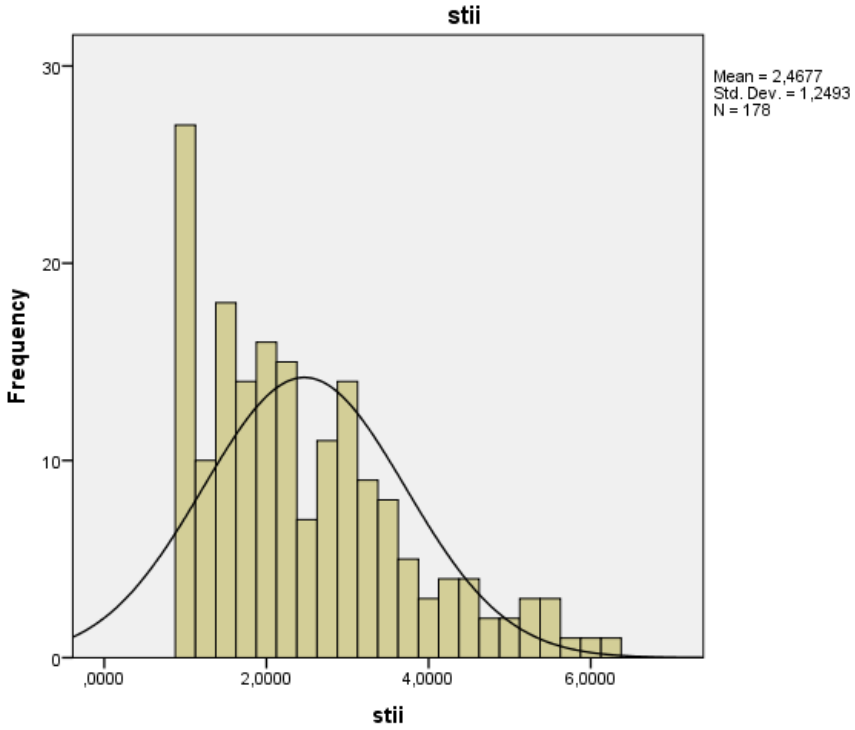

Table 1. Correlations for the Entire Sample, Hypotheses 1, 2, and 7.

		attitude	**tor**	**stii**	**hfp**
attitude	Pearson Correlation	1	0,305	-0,223	0,294
	Sig. (2-tailed)		0,000	0,003	0,000
	N	178	178	178	178
tor	Pearson Correlation	0,305	1	0,035	0,279
	Sig. (2-tailed)	0,000		0,642	0,000
	N	178	178	178	178
stii	Pearson Correlation	-0,223	0,035	1	-0,086
	Sig. (2-tailed)	0,003	0,642		0,252
	N	178	178	178	178
hfp	Pearson Correlation	0,294	0,279	-0,086	1
	Sig. (2-tailed)	0,000	0,000	0,252	
	N	178	178	178	178

Table 2. Correlations for the Female Student Population Hypotheses 1b, 2b, and 7b.

		attitude	**tor**	**stii**	**hfp**
attitude	Pearson Correlation	1	0,332	-0,091	0,279
	Sig. (2-tailed)		0,001	0,357	0,004
	N	104	104	104	104
tor	Pearson Correlation	0,332	1	0,125	0,276
	Sig. (2-tailed)	0,001		0,206	0,005
	N	104	104	104	104
stii	Pearson Correlation	-0,091	0,125	1	-0,003
	Sig. (2-tailed)	0,357	0,206		0,978
	N	104	104	104	104
hfp	Pearson Correlation	0,279	0,276	-0,003	1
	Sig. (2-tailed)	0,004	0,005	0,978	
	N	104	104	104	104

Table 3. Correlations for the Male Student Population Hypotheses 1b, 2b, and 7b

		attitude	**tor**	**stii**	**hfp**
attitude	Pearson Correlation	1	0,248	-0,337	0,282
	Sig. (2-tailed)		0,033	0,003	0,015
	N	74	74	74	74
tor	Pearson Correlation	0,248	1	-0,059	0,268
	Sig. (2-tailed)	0,033		0,615	0,021
	N	74	74	74	74
stii	Pearson Correlation	-0,337	-0,059	1	-0,164
	Sig. (2-tailed)	0,003	0,615		0,164
	N	74	74	74	74
hfp	Pearson Correlation	0,282	0,268	-0,164	1
	Sig. (2-tailed)	0,015	0,021	0,164	
	N	74	74	74	74

Table 4. Correlations for the Subsample of Students with Lower Income, Hypotheses 1c, 2c, and 7c

		attitude	**tor**	**stii**	**hfp**
attitude	Pearson Correlation	1	0,303	-0,201	0,281
	Sig. (2-tailed)		0,000	0,018	0,001
	N	137	137	137	137
tor	Pearson Correlation	0,303	1	0,041	0,298
	Sig. (2-tailed)	0,000		0,635	0,000
	N	137	137	137	137
stii	Pearson Correlation	-0,201	0,041	1	-0,048
	Sig. (2-tailed)	0,018	0,635		0,578
	N	137	137	137	137
hfp	Pearson Correlation	0,281	0,298	-0,048	1
	Sig. (2-tailed)	0,001	0,000	0,578	
	N	137	137	137	137

Table 5. Correlations for the Subsample of Students with Higher Income, Hypotheses 1c, 2c, and 7c

		attitude	tor	stii	hfp
attitude	Pearson Correlation	1	0,320	-0,310	0,347
	Sig. (2-tailed)		0,041	0,048	0,026
	N	41	41	41	41
tor	Pearson Correlation	0,320	1	0,019	0,246
	Sig. (2-tailed)	0,041		0,909	0,121
	N	41	41	41	41
stii	Pearson Correlation	-0,310	0,019	1	-0,240
	Sig. (2-tailed)	0,048	0,909		0,130
	N	41	41	41	41
hfp	Pearson Correlation	0,347	0,246	-0,240	1
	Sig. (2-tailed)	0,026	0,121	0,130	
	N	41	41	41	41

Note. *. Correlation is significant at the 0.05 level (2-tailed).

Table 6. Group Statistics, Hypothesis 3.

	accom	N	Mean	Std. Deviation	Std. Error Mean
attitude	>= 2,00	102	6,133988	0,6529250	0,0646492
	< 2,00	76	6,004384	0,7226369	0,0828921

Table 7. Independent Samples Test, Hypothesis 3.

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
attitude	Equal variances assumed	1,251	176	0,212	0,1296040
	Equal variances not assumed	1,233	152,180	0,220	0,1296040

Table 8. Group Statistics, Hypotheses 4a and 4b.

	gender	N	Mean	Std. Deviation	Std. Error Mean
attitude	1,00	104	6,193909	0,6262457	0,0614084
	2,00	74	5,916669	0,7331312	0,0852248
phf_index	1,00	104	66,404429	13,3204261	1,3061752
	2,00	74	63,513514	14,3230470	1,6650204

Table 9. Independent Samples Test, Hypotheses 4a and 4b.

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
attitude	Equal variances assumed	2,710	176	0,007	0,2772397
	Equal variances not assumed	2,639	141,455	0,009	0,2772397
phf_index	Equal variances assumed	1,383	176	0,168	2,8909154
	Equal variances not assumed	1,366	150,184	0,174	2,8909154

Table 10. Group Statistics, Hypotheses 5a and 5b.

	income	N	Mean	Std. Deviation	Std. Error Mean
attitude	>= 3,00	41	6,109763	0,6439979	0,1005756
	< 3,00	137	6,069341	0,6982823	0,0596583
phf_index	>= 3,00	41	69,475240	12,2603799	1,9147497
	< 3,00	137	63,923911	13,9925902	1,1954677

Table 11. Independent Samples Test, Hypotheses 5a and 5b

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
attitude	Equal variances assumed	0,331	176	0,741	0,0404225
	Equal variances not assumed	0,346	70,532	0,731	0,0404225
phf_index	Equal variances assumed	2,290	176	0,023	5,5513296
	Equal variances not assumed	2,459	73,957	0,016	5,5513296

Table 12. Group Statistics, Hypotheses 6a and 6b.

	age	N	Mean	Std. Deviation	Std. Error Mean
attitude	3,00	44	6,075755	0,7047758	0,1062489
	2,00	127	6,070867	0,6867085	0,0609355
phf_index	3,00	44	65,771350	14,7092543	2,2175035
	2,00	127	64,733954	13,5124469	1,1990358

Table 13. Independent Samples Test, Hypotheses 6a and 6b

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
attitude	Equal variances assumed	0,040	169	0,968	0,0048876
	Equal variances not assumed	0,040	73,235	0,968	0,0048876
phf_index	Equal variances assumed	0,429	169	0,669	1,0373962
	Equal variances not assumed	0,412	69,784	0,682	1,0373962

Table 14. One-Sample Statistics. Hypothesis 8a.

	N	Mean	Std. Deviation	Std. Error Mean
attitude	178	6,078652	,6845934	,0513124

Table 15. One-Sample Test. Hypothesis 8a

	Test Value = 4					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
attitude	40,510	177	0,000	2,0786517	1,977389	2,179915

Table 16. One-Sample Statistics. Hypothesis 8b

	N	Mean	Std. Deviation	Std. Error Mean
phf_index	178	65,202588	13,7805526	1,0328961

Table 17.One-Sample Test. Hypothesis 8b.

	Test Value = 50					
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
phf_index	14,718	177	0,000	15,2025877	13,164211	17,240964