

CHAPTER I

INTRODUCTION

1.1 Background

Healthy food restaurants have been discussed in recent decades. A healthy food restaurant is one alternative to increase the level of health (Newson, 2015). The study of Lewis et al (2005) said that a healthy environment as shown by the increasing existence the existence of healthy food restaurants, becomes an important element in supporting economic development in America and Africa. According to Duran et al (2013), the level of education is influencing dining at the healthy food restaurant. Meanwhile, according to Kang (2015), individual health value is the foundation of healthy food choices at casual restaurants; a key predictor of hedonic expectations, positive outcome expectations, and interest in healthy food. However, from previous studies found, the researcher did not find research about patrons' motivation visiting healthy food restaurants. The reason the researcher chose this topic is that there is still little literature found about healthy food restaurants, and hopefully this research will fill a knowledge gap about healthy food restaurant.

The World Health Organization in 2017, shows that obesity rates from year by year on all continents experience an increase. The continent with the highest obesity rate is America and on second place is Europe. Obesity rates in the America and Europe increase by 0.5% from 2015 to 2016. As a part of Europe, Switzerland has also experienced an increase in obesity rate from 53.9% in 2015 to 54.3% in 2016 and 10.3% of citizen of Switzerland are obese (OECD, 2018). The region with the lowest overweight rate is South East Asia with 21.3% of population in 2015. The South East Asia population is also increasing in 2016 with 21.9%. For example, Indonesia has the highest proportion of non-meat eaters, with 15% of the Indonesian population get their protein only from fish (Newson et al., 2015). Data from WHO (2017) shows that Indonesia had an overweight rate of 27.4% in 2015, it increases to 28.2% in 2016. The Economist

Intelligence Unit (2017) also shows that Indonesia has overweight rate more than 25%.

Table 1.1 Overweight Data by continents

WHO region	2016			2015		
	Prevalence of overweight among adults, BMI \geq 25 (age-standardized estimate) (%) ^f			Prevalence of overweight among adults, BMI \geq 25 (age-standardized estimate) (%) ^f		
	18+ years			18+ years		
	Both sexes	Male	Female	Both sexes	Male	Female
Africa	31.1 [29.2-33.1]	22.8 [20.1-25.7]	38.8 [36.2-41.7]	30.5 [28.7-32.4]	22.3 [19.8-25.0]	38.2 [35.7-40.8]
Americas	62.5 [60.5-64.5]	64.1 [61.3-66.9]	60.9 [58.1-63.8]	62.0 [60.0-63.9]	63.6 [60.8-66.2]	60.4 [57.7-63.1]
South-East Asia	21.9 [19.7-24.3]	19.7 [16.5-23.1]	24.1 [21.0-27.4]	21.3 [19.2-23.5]	19.0 [16.2-22.2]	23.5 [20.6-26.5]
Europe	58.7 [56.9-60.5]	63.1 [60.7-65.6]	54.3 [51.7-56.9]	58.2 [56.5-59.9]	62.6 [60.3-64.9]	53.9 [51.5-56.4]
Eastern Mediterranean	49.0 [46.8-51.2]	45.4 [42.2-48.7]	52.6 [49.6-55.7]	48.4 [46.4-50.5]	44.7 [41.7-47.9]	52.0 [49.2-54.9]
Western Pacific	31.7 [28.8-34.7]	33.7 [29.3-38.3]	29.6 [25.8-33.4]	31.0 [28.3-33.8]	32.8 [28.7-37.1]	29.0 [25.5-32.6]
(WHO) Global	38.9 [37.5-40.3]	38.5 [36.5-40.6]	39.2 [37.3-41.1]	38.4 [37.1-39.7]	38.0 [36.1-39.9]	38.7 [37.0-40.5]

Source: World Health Organization, 2017

Table 1.2 Overweight Data by Countries

Country	2016			2015		
	Prevalence of overweight among adults, BMI \geq 25 (age-standardized estimate) (%) ^f			Prevalence of overweight among adults, BMI \geq 25 (age-standardized estimate) (%) ^f		
	18+ years			18+ years		
	Both sexes	Male	Female	Both sexes	Male	Female
Indonesia	28.2 [24.2-32.3]	25.0 [19.5-30.8]	31.2 [25.8-37.0]	27.4 [23.7-31.1]	24.1 [19.0-29.5]	30.5 [25.4-35.9]
Switzerland	54.3 [50.0-58.2]	62.6 [56.9-68.1]	45.9 [39.7-51.9]	53.9 [49.9-57.6]	62.2 [56.8-67.3]	45.6 [39.7-51.3]

Source: World Health Organization, 2017

Overweight is one health problem that can cause several number of diseases (American Heart Association, 2013). The diseases can caused by being overweight are high blood pressure, diabetes, heart attack, joint problems, sleep problems, shortness of breath, cancer, strokes, metabolic syndrome, and psychosocial effects. Overweight can be reduced by lifestyle modification, including reducing calories that will enter the body. Unhealthy food restaurants become one of the factors that contribute on overweight problems (Newson, 2015). Eating in the unhealthy food restaurants gives a significant impact on calorie increase, which causes weight gain. This is also supported by researchers who claim that eating in a restaurant, in general, will cause people to gain weight for the long term (Todd et al., 2010; McCrory et al., 1999). This leads to healthy food restaurant to be noticed or recognized. Currently, a healthy

food restaurant is an option to increase the level of healthiness and the restaurant industry has witnessed a rise in healthy food restaurant brands (Liu et al, 2019; Newson et al., 2015).

Based on Euromonitor data (2016), there was a growth of 8.7% CAGR from 2010-2014 in food services such as in restaurants in Indonesia. In 2013 there were 380 million customers who visited restaurants in Jakarta and it generated revenues of USD 1.5 Billion. It is also supported by Cekindo, which stated that in 2013, 14.33% GDP (gross domestic product) in Indonesia came from hotels and restaurants.

The consumption of Indonesia mostly consists of culinary, online shopping and traveling (Ikhansti, 2017). It is because of the busy lifestyle in urban areas and it is the main factor why people use food services outside of people's home. The community chooses to eat outside the home because there is limited time to do chores such as cooking and cleaning. According to Euromonitor (2016), Indonesian people's consumption habits outside their home are also influenced by condition such as recreational needs and brands. Besides, consumers' awareness of healthiness is also increasing, seen from the increasing number of consumers who are looking for high-quality food when eating out.

Based on this phenomenon, the researcher decided to study healthy food restaurants in Indonesia and Switzerland. Indonesia are selected to be researched because Indonesia is one of South East Asia Country that has a low rate of overweight and obesity. And Switzerland becomes selected also because Switzerland is one of the countries in Europe that has a second-place of overweight and obesity rate. The researcher focuses on patrons' motivation, healthy food restaurant atmosphere, cognitive responses, satisfaction, and repatronage intention.

This research will be correlating the relationship between healthy food restaurant patrons' motivation and its influence of dining on the healthy food restaurant atmosphere and cognitive responses. This study will measure the effect of motivation towards the restaurant's atmosphere and patrons' cognitive responses. This study will also produce a cross-cultural survey, and the results will be contrasted and compared because the samples were taken from

two different countries. From the results, we could see how cultural influences affect their patrons' motivation and on dining healthy food restaurant experience.

1.2 Research Questions

The research has four research questions that will be answered:

1. Do the healthy food restaurant patrons' motivation affect their dining experiences?
2. Does the healthy food restaurant atmosphere influence their patrons' cognitive responses?
3. Does the patrons' cognitive response within the healthy food restaurant affect their patrons' satisfaction?
4. Does the patrons' satisfaction within the healthy food restaurant affect their patrons' repatronage intention?

1.3 Objectives

The objectives of this research are:

1. To examine the influence of patrons' motivations on dining experiences, especially in terms of atmosphere and cognitive responses.
2. To compare the generation Y of Indonesia and Switzerland in terms of patrons' dining motivation at healthy food restaurants.
3. To fill a knowledge gap.

1.4 Scope of Work and Limitation

This research explore how motivation in a healthy food restaurant influence the patrons' healthy food restaurant experiences. In this study, the experiences are divided into two types: atmosphere and cognitive responses. The study was conducted by one researcher for four months with limited resources and abilities. For the first and second months, the researcher was working on chapters 1, 2, and 3, as well as the preparation for colloquium. The third month of study, the researcher was conducting using mixed methods (qualitative and quantitative). This research utilized digital technologies such as email, WhatsApp, and others to make the data

collection easier. To simplify the study as stated in the research scope, the research participants were chosen by true random sampling.

Figure 1.1 Structure of Thesis

