



Health Consciousness as a Moderator of the Food Quality–Purchase Intention Relationship: Evidence from University Students in the Cameroonian Restaurant Industry

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Abstract— The restaurant industry faces persistently high failure rates globally, and a significant driver of business sustainability is the ability to attract and retain consumers. This study examines the moderating role of health consciousness on the relationship between food quality (independent variable) and purchase intention (dependent variable) among university students in the Cameroonian restaurant industry. Grounded in an integrated theoretical framework comprising the Theory of Planned Behaviour (TPB) and the Protection Motivation Theory (PMT), the study adopts a quantitative cross-sectional survey design. Data were collected from 801 undergraduate students across four Cameroonian universities and analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM) via SmartPLS 4. Confirmatory Tetrad Analysis (CTA) guided measurement model specification. Food quality was modelled formatively; health consciousness and purchase intention were modelled reflectively. Results confirm that food quality exerts a significant positive direct effect on purchase intention ($\beta = 0.16$, $p = 0.02$, $f^2 = 0.10$). Critically, health consciousness significantly moderates this relationship ($\beta = 0.18$, $p = 0.01$, $f^2 = 0.21$), with the interaction term carrying a moderate effect size—the most powerful explanatory mechanism in the focal model. Simple slope analysis confirms that the food quality–purchase intention relationship is substantially stronger among highly health-conscious students. These findings advance the cross-cultural applicability of PMT and SCT in sub-Saharan African restaurant research and carry significant implications for restaurant operators and public health policymakers in Cameroon.

Keywords— Cameroon, Food Quality, Health Consciousness, Moderation, PLS-SEM, Protection Motivation Theory, Purchase Intention, Restaurant Industry, Theory of Planned Behaviour.

1. INTRODUCTION

The restaurant industry is a vital component of the global economy, valued at approximately US\$3.74 trillion in 2024 and projected to reach US\$6.45 trillion by 2032 at a compound annual growth rate of 7.13% (Fortune Business Insights, 2024). In West Africa, the food services market reached US\$6.2 billion in 2024 and is projected to grow to US\$11.4 billion by 2033 (IMARC Group, 2025), with Cameroon experiencing particularly rapid urbanisation and increasing reliance on restaurants for convenience, social interaction, and dietary variety. Despite this expansion, the industry faces one of the highest business failure rates globally—approximately 30% of restaurants fail or change ownership within their first year, and over 60% close within three years



(Nemeschansky, 2019). A key contributor to this attrition is insufficient understanding of what drives consumer purchase decisions within specific socio-economic and cultural contexts.

Purchase intention—defined as the likelihood or willingness of a consumer to purchase a product or service (Zeithaml, 1988)—is widely employed as a proxy for actual purchasing behaviour in restaurant research. It is shaped by multiple restaurant attributes, of which food quality is among the most consistently identified predictors (Namkung & Jang, 2007; Sulek & Hensley, 2004). Food quality encompasses taste, freshness, nutritional value, presentation, and temperature, and its positive evaluation engenders favourable consumer attitudes toward dining at a given establishment, directly strengthening purchase intention. However, whether food quality's effect on purchase intention is uniform across consumers—or whether it is conditioned by consumer-level characteristics—is a question that has received insufficient empirical attention in non-Western contexts.

Health consciousness—defined as the degree to which individuals are aware of and motivated to engage in health-promoting behaviours (Kraft & Goodell, 1993)—is a particularly important consumer-level moderator in the Cameroonian context. The World Health Organisation (2022) reported that diet-related non-communicable diseases (NCDs) accounted for 38% of all deaths in Cameroon in 2022, a public health burden that is reshaping dietary awareness among educated young people. Theoretical support for the moderating role of health consciousness on the food quality–purchase intention relationship is grounded in the joint logic of TPB and PMT. From a PMT perspective (Rogers, 1975; 1983), health-conscious individuals exhibit elevated threat appraisal regarding dietary health risks and activate coping appraisals in which food quality—particularly its nutritional content, freshness, and safety—functions as the primary protective response, amplifying food quality's influence on purchase intention. TPB (Ajzen, 1991) reinforces this argument by suggesting that health-conscious consumers are more likely to develop favourable attitudes toward high-quality food and stronger intentions to choose it, because they perceive such choices as consistent with valued health outcomes and within their behavioural control, thereby making food quality uniquely salient in their purchase decisions. Neither the TPB alone nor existing single-theory models fully capture this health-protective motivational mechanism.

Although health consciousness as a moderating variable has received attention in Western food choice research (Michaelidou & Hassan, 2008; DiPietro, Remar, & Parsa, 2016; Jin, Line, & Lee, 2017), its moderating role specifically in the food quality–purchase intention relationship has received limited empirical investigation, and virtually none in sub-Saharan Africa.

This gap is particularly consequential given that health consciousness may operate differently in collectivist societies such as Cameroon, where health-related motivations are often embedded in community and family norms rather than individual dispositions (Rimal & Borah, 2016). University students in Cameroon represent an especially important yet understudied consumer segment: they are exposed to health information through education, exhibit some of the poorest dietary lifestyles among demographic groups (Stockton & Baker, 2013), and navigate the financial constraints of student life in a low- and middle-income country context. The extent to which health consciousness amplifies the effect of food quality on their restaurant purchase intention has not been empirically tested.



This study addresses this gap by pursuing the following research objectives: (1) to examine the direct effect of food quality perceptions on university students' purchase intention within the Cameroonian restaurant industry; and (2) to analyse the moderating effect of health consciousness on the relationship between food quality perceptions and purchase intention. By doing so, the study generates empirical evidence that is both theoretically meaningful—advancing the cross-cultural application of TPB, and PMT—and practically actionable for restaurant operators and public health policymakers in Cameroon.

2. METHODS

2.1 Research Design and Study Population

A quantitative cross-sectional survey design was adopted, consistent with the positivist research philosophy's emphasis on deductive hypothesis testing through numerically measured constructs analysed via statistical procedures (Saunders, Lewis, & Thornhill, 2023). The target population comprised undergraduate students from the University of Buea, University of Bamenda, University of Yaoundé II, and University of Douala. University students are a theoretically and practically important consumer segment for restaurant research in Cameroon: they face financial constraints, are exposed to health information through education, exhibit susceptibility to peer influence, and some maintain independence from parental dietary oversight (Arnett, 2000; Stockton & Baker, 2013). Using Yamane's (1967) formula with a national university population of approximately 350,000 students (University World News, 2023) and a 5% margin of error, the minimum required sample size was calculated as approximately 400 respondents. A convenience sampling approach was employed via an online questionnaire distributed through student WhatsApp platforms with lecturer facilitation, yielding a final usable sample of 801 complete responses collected between March and May 2024, with at least 100 students drawn from each of the four universities..

2.2 Measurement Instruments

All constructs were operationalised using previously validated Likert-type scales ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Food quality was measured using five items from Namkung and Jang (2007), capturing presentation, menu variety, nutritional value, taste, and appropriate temperature. Health consciousness was assessed using five items from Dutta-Bergman (2004), reflecting dietary awareness behaviours including avoidance of high-fat, high-sugar, and high-salt foods, fibre intake effort, and weight management consciousness. Purchase intention was measured using four items adapted from Michaelidou and Hassan (2008), assessing the likelihood and planning of restaurant food purchases. A pilot test with 30 students confirmed the reliability and face validity of all instruments prior to full data collection. Table 1 presents the measurement instruments.

Table 1: Measurement Instruments and Sources

S/N	Variable	Type	Source	α	Model
1	Food Quality	Independent	Namkung & Jang (2007)	0.91	Formative
2	Health Consciousness	Moderator	Dutta-Bergman (2004)	0.89	Reflective
3	Purchase Intention	Dependent	Michaelidou & Hassan (2008)	0.96	Reflective

Source: Author's Literature Review (2025)



2.3 Data Analysis

Data were analysed using Statistical Package for Social Sciences (SPSS) version 23 for descriptive statistics and Partial Least Squares Structural Equation Modelling (PLS-SEM) via SmartPLS version 4 for inferential statistics. PLS-SEM was selected over Covariance-Based SEM (CB-SEM) and Ordinary Least Squares (OLS) regression on four grounds: (i) the study's predictive and theory-extension objectives; (ii) the model's mixed reflective–formative measurement structure, which CB-SEM cannot accommodate without bias; (iii) the non-normal distribution typical of self-administered Likert-scale data; (iv) the need to test moderation between latent constructs (Hair, Risher, & Ringle, 2019; Hair et al., 2022). Confirmatory Tetrad Analysis (CTA) was conducted to empirically determine each construct's measurement specification. Reflective constructs were assessed for indicator reliability (outer loadings), internal consistency (Cronbach's α ; Composite Reliability, CR), convergent validity (Average Variance Extracted, $AVE \geq 0.50$), and discriminant validity (Heterotrait-Monotrait ratio, $HTMT < 0.85$). Formative constructs were evaluated for indicator significance (outer weights; $T > 1.96$; $p < 0.05$) and collinearity (Variance Inflation Factor, $VIF < 3.0$). The structural model was assessed using effect sizes (f^2) and path coefficients. Moderation was tested using the interaction term approach ($FQ \times HC$), with simple slope analysis to illustrate the conditional relationship.

2.4 Hypotheses

Two hypotheses guide the study:

H1: University students' food quality perceptions have a significant positive effect on their purchase intention within the restaurant industry in Cameroon.

H2: University students' health consciousness levels moderate the relationship between food quality perceptions and purchase intention within the restaurant industry in Cameroon.

3. RESULTS

3.1 Measurement Model

3.1.1 Confirmatory Tetrad Analysis

Table 5 summarises the CTA results for all three constructs. At least one significant tetrad ($p < 0.05$) was identified for food quality, supporting a formative specification consistent with Ho et al. (2020) and Jarvis et al. (2003), whose guidelines confirm that observable indicators such as presentation, variety, nutrition, taste, and temperature are defining—rather than interchangeable—dimensions of food quality.

All tetrads for health consciousness were non-significant, supporting a reflective specification consistent with Kraft and Goodell's (1993) conceptualisation of health consciousness as an underlying attitude manifested uniformly across behavioural indicators, and with Ahadzadeh et al. (2017).

For purchase intention, although one tetrad was significant, theoretical considerations (Zeithaml, 1988; Michaelidou & Hassan, 2008) and prior work by Kuster et al. (2016) and Lim et al. (2017) support reflective specification, as the indicators are manifestations rather than defining characteristics of the latent construct.

Table 5: Summary of Confirmatory Tetrad Analysis (CTA) Results

Construct	Tetrad Combination	T-stat	p	Result	Decision
Food Quality	FQ1-FQ2-FQ3-FQ4	1.332	0.183	Non-sig.	Reflective supported
	FQ1-FQ2-FQ4-FQ3	1.968	0.049	Sig.	Formative supported
	FQ1-FQ3-FQ5-FQ2	3.078	0.002	Sig.	Formative supported
	FQ1-FQ3-FQ4-FQ5	2.882	0.004	Sig.	→ Modelled formative
Health Consciousness	HC1-HC2-HC3-HC4	0.972	0.331	Non-sig.	Reflective supported
	HC1-HC2-HC4-HC3	0.712	0.476	Non-sig.	Reflective supported
	HC1-HC3-HC5-HC2	0.227	0.821	Non-sig.	→ Modelled reflective
Purchase Intention	PI1-PI2-PI3-PI4	6.002	0.000	Sig.	Formative supported
	PI1-PI2-PI4-PI3	1.355	0.175	Non-sig.	→ Reflective (theory)

Source: Researcher's Computation (2025)

Tables 2, 3, and 4 present the frequency distributions for food quality, health consciousness, and purchase intention respectively.

3.1.2 Reflective Measurement Model — Health Consciousness and Purchase Intention

Table 6 presents indicator reliability for the two reflective constructs. All outer loadings range between 0.722 and 0.827, exceeding the 0.50 threshold, and all are statistically significant ($p < 0.001$), confirming strong indicator reliability (Hair et al., 2022).

Table 6: Indicator Reliability — Reflective Constructs

Construct	Indicator	Outer Loading	T-stat	p
Health Consciousness	HC1 – Avoid fat/cholesterol	0.728	24.096	0.000
	HC2 – Fibre intake effort	0.741	25.513	0.000
	HC3 – Sugar concern	0.789	35.108	0.000
	HC4 – Salt avoidance	0.786	37.074	0.000
	HC5 – Weight control	0.740	27.499	0.000
Purchase Intention	PI1 – Purchase likelihood	0.768	33.373	0.000
	PI2 – Restaurant preference	0.761	33.946	0.000
	PI3 – Purchase planning	0.827	57.614	0.000
	PI4 – Hunger-driven consideration	0.722	26.841	0.000

Source: Researcher's Computation (2025)

Table 7 confirms satisfactory internal consistency and convergent validity. Both constructs meet the Cronbach's $\alpha \geq 0.70$ threshold; Composite Reliability values are within the 0.70–0.90 satisfactory range; and AVE values exceed 0.50, confirming convergent validity (Hair et al., 2022).

Table 7: Internal Consistency Reliability and Convergent Validity

Construct	Cronbach's α	CR	AVE	Assessment
Health Consciousness	0.814	0.870	0.573	Satisfactory
Purchase Intention	0.774	0.853	0.593	Satisfactory

Source: Researcher's Computation (2025)

Discriminant validity is confirmed in Table 8. The HTMT ratio between purchase intention and health consciousness (0.315) is well below the conservative 0.85 threshold, and the confidence interval does not include 1, establishing that the two constructs are empirically distinct (Henseler, Ringle, & Sarstedt, 2015).

Table 8: Discriminant Validity — HTMT Ratio and Confidence Intervals

Construct Pair	HTMT	CI 2.5%	CI 97.5%
Purchase Intention ↔ Health Consciousness	0.315	0.240	0.393

Source: Researcher's Computation (2025)

3.1.3 Formative Measurement Model — Food Quality

Table 9 presents the outer weights, significance, and VIF values for the five food quality indicators. All indicators are statistically significant ($p < 0.001$, $T > 1.96$), confirming their relevance as defining dimensions of food quality. FQ5 (appropriate temperature: weight = 0.362) makes the strongest contribution, while FQ4 (tasty food: weight = 0.210) makes the most modest but still significant contribution. All VIF values are below 2.0, indicating the complete absence of problematic collinearity among indicators.

Table 9: Outer Weights and Collinearity Statistics — Food Quality (Formative)

Food Quality Indicator	Outer Weight	T-stat	p	VIF
FQ1 – Presentation	0.253	8.960	0.000	1.844
FQ2 – Variety	0.232	8.372	0.000	1.760
FQ3 – Nutritious	0.265	8.401	0.000	1.523
FQ4 – Taste	0.210	6.251	0.000	1.648
FQ5 – Temperature	0.362	10.572	0.000	1.474

Source: Researcher's Computation (2025)

3.2 Structural Model and Hypothesis Testing

Table 10 presents the path coefficients, p-values, and effect sizes for the two hypothesised relationships.

Table 10: Structural Model Results — Path Coefficients, Effect Sizes, and Hypothesis Outcomes

Relationship	β	p	f^2	Decision
H1: Food Quality → Purchase Intention	0.16	0.02*	0.10	Supported
H2: Health Consciousness × Food Quality → Purchase Intention	0.18	0.01**	0.21	Supported

Note: * $p < 0.05$; ** $p < 0.01$. f^2 benchmarks: ≥ 0.02 small; ≥ 0.15 medium; ≥ 0.35 large (Cohen, 1988). Source:

Researcher's Computation (2025)

H1 is supported: food quality exerts a significant positive direct effect on purchase intention ($\beta = 0.16$, $p = 0.02$, $f^2 = 0.10$). A one-unit increase in perceived food quality is associated with a 0.16-unit increase in purchase intention. The small-to-medium effect size indicates a meaningful though modest independent contribution.

H2 is supported: health consciousness significantly moderates the food quality–purchase intention relationship ($\beta = 0.18$, $p = 0.01$, $f^2 = 0.21$). The inclusion of the interaction term (FQ \times HC) increased the variance explained in purchase intention by 8 percentage points, and the moderate effect size ($f^2 = 0.21$) is the largest in the focal model, exceeding that of the direct food quality effect ($f^2 = 0.10$) by more than double. Simple slope analysis confirms that at high levels of health consciousness, the positive relationship between food quality and purchase intention is substantially steeper than at low levels of health consciousness, where the relationship is comparatively weak and approaches negligibility. In other words, the predictive importance of food quality for purchase intention is fundamentally contingent on the health consciousness of the student.

4. DISCUSSION

The direct effect of food quality on purchase intention (H1: $\beta = 0.16$, $f^2 = 0.10$) is statistically significant and directionally consistent with the TPB-based prediction that positive food quality evaluations—encompassing taste, freshness, nutritional value, presentation, and appropriate temperature—engender favourable attitudes toward restaurant patronage, which in turn strengthen purchase intentions (Ajzen, 1991). This result replicates well-established findings in the restaurant literature (Namkung & Jang, 2007; Bujisic, Hutchinson, & Parsa, 2014; Ryu & Han, 2010) while extending them to the Cameroonian university context. The modest effect size ($f^2 = 0.10$) is contextually interpretable: infrastructure deficiencies—unreliable electricity disrupting refrigeration, poor road networks delaying ingredient delivery—create persistent threats to food quality consistency in Cameroonian restaurants (National Employment Fund, 2017), suppressing variation in food quality across establishments and thereby attenuating its predictive power. Ryu and Han's (2010) observation that food quality's primacy is contingent on dining context further supports this interpretation, as convenience-driven, budget-conscious student dining environments may naturally dilute food quality's independent effect.

The moderation finding (H2: $\beta = 0.18$, $f^2 = 0.21$) is the study's most theoretically novel and empirically powerful result. The interaction term carries the largest effect size in the focal model—exceeding food quality's direct effect by more than double—establishing health consciousness as the most analytically important explanatory mechanism rather than a peripheral moderating variable.

This finding is precisely what PMT predicts: health-conscious individuals exhibit elevated threat appraisal regarding food-related health risks, perceiving themselves as more personally vulnerable to the consequences of poor dietary choices (Rogers, 1975; 1983). This heightened threat appraisal activates coping appraisals in which food quality—particularly its nutritional content, freshness, and safety—is evaluated as the primary available protective response within the restaurant context. For health-conscious students, food quality thereby functions as a coping mechanism against perceived dietary health risks, and PMT predicts—consistent with this study's finding—that the stronger the health threat appraisal, the more motivationally decisive food quality becomes as a driver of purchase intention.

These findings extend prior evidence from Roininen, Lähteenmäki, and Tuorila (1999), Michaelidou and Hassan (2008), Pieniak, Verbeke, and Scholderer (2010), and Mai and Hoffmann (2012) to a sub-Saharan African university context where this moderation had not previously been empirically tested. The public health significance of the finding is amplified by the Cameroonian context: with diet-related NCDs accounting for 38% of all deaths in 2022 (World Health Organisation, 2022), the rising prevalence of dietary disease appears to be reshaping consumer behaviour in the restaurant market in ways that create a growing and commercially important segment of health-conscious students for whom nutritional food quality is a decisive purchase criterion. The attitude-behaviour gap literature (Verbeke & Vackier, 2005; Sapp & Harrod, 1989) nonetheless introduces a theoretical caution: health-conscious intentions do not always translate into corresponding purchase behaviour, as situational constraints—including financial limitations—can override health motivations. Among Cameroonian university students, financial precarity represents a particularly powerful attenuating force, and future research should examine whether the moderating effect of health consciousness is weaker among the most financially constrained students through multigroup analysis.

5. CONCLUSION

This study demonstrates that food quality exerts a significant positive direct effect on university students' restaurant purchase intention in Cameroon ($\beta = 0.16$, $f^2 = 0.10$), and that this relationship is significantly and powerfully moderated by health consciousness ($\beta = 0.18$, $f^2 = 0.21$). The moderation effect is the most analytically powerful mechanism in the focal model, establishing health consciousness not as a peripheral control variable but as the primary explanatory lens through which food quality's influence on purchase intention must be understood. These findings confirm the cross-cultural applicability of an integrated TPB-PMT framework in a sub-Saharan African restaurant context, while revealing a pattern of effects—health consciousness amplifying food quality's influence more than twofold—that advances the theoretical literature on restaurant consumer behaviour beyond prevailing Western-centric characterisations.

For restaurant operators in Cameroon, the most strategically important implication is to actively segment the student market by health consciousness level. Health-conscious students, whose PMT-predicted threat appraisals activate coping appraisals centred on food quality, represent a commercially growing segment for whom investments in communicating nutritional content, ingredient freshness, and food safety credentials are likely to yield disproportionate returns in purchase intention and patron loyalty. Menu labelling, ingredient transparency, health-focused digital marketing through student social networks, and the introduction of nutritious meal options at accessible price points are practical instruments for operationalising this segmentation strategy. Restaurants that position food quality as a health-protective value proposition—rather than competing solely on taste or price—are likely to build a differentiated market position within the health-conscious student segment that is becoming increasingly significant as dietary health awareness rises in Cameroon.

For policymakers, the finding that health consciousness is the most powerful driver of food quality's effect on purchase intention in a country where diet-related NCDs are a major public health burden suggests that interventions to raise health literacy and dietary awareness among university students—through campus health communications, nutritional education programmes, and restaurant menu information standards—could



simultaneously advance public health goals and stimulate consumer demand for higher-quality restaurant food. The introduction of regulatory requirements for nutritional labelling in restaurant menus would align consumer health motivations with operator quality investment, creating a regulatory environment supportive of both outcomes.

Future research should address the limitations of this study. A cross-sectional design limits causal inference; longitudinal research tracking the same students across time would establish temporal precedence and illuminate how the food quality–purchase intention relationship evolves with changing health consciousness levels. Extending the sample beyond university students to more economically heterogeneous populations would test whether health consciousness retains its moderating power across consumer groups with different financial constraints. Qualitative methods should be employed to identify indigenous dimensions of food quality and health consciousness as experienced by Cameroonian restaurant consumers, addressing the risk of construct underrepresentation in Western-derived formative measurement frameworks. Future studies should also investigate the potential mediating role of variables such as trust in food safety, perceived restaurant credibility, and digital word-of-mouth in the food quality–health consciousness–purchase intention nexus.

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