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Determinants Influencing Consumers' Intention to Buy Food Safety in Hanoi

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ABSTRACT

Food safety is one of Asian consumers' primary concerns (Latip et al., 2020), and it has a significant impact on consumers' buying decisions in countries where food safety and health are prioritized (Prentice et al., 2019). This study investigates the determinants of buying intention towards food safety in Hanoi, Vietnam, through a modification of the theory of planned behavior. Drawing on an online questionnaire survey from 179 respondents in Hanoi city during 2022, the empirical results revealed that attitude toward food safety (Att), attention to the environment (Ev), and health care (He) significantly affect intention to buy safe food (Int). Implications and guidelines are discussed for policymakers and practitioners. The findings of this article are of special value for public and private organizations that manage and market food safety.

KEYWORDS: food safety, consumers, purchase intention, marketing, business administration

JEL CODES: M31, M10, M20

1. INTRODUCTION

Food safety is one of Asian consumers' primary concerns (Latip et al., 2020), and it has a significant impact on consumers' buying decisions in countries where food safety and health are prioritized (Prentice et al., 2019). Furthermore, counterfeiting, adulteration, and food scandals in some Asian countries prompted a desire for more nutritious and safe foods, such as healthy foods (Willer & Lernoud, 2019). Food safety is becoming increasingly important in developing countries, and consumer awareness of food safety information and food demand analysis are strongly linked (Obayelu, 2014). Suh et al. (2012) stated that people are paying more attention to their food's quality, nutrients, and components. Customers will opt for healthy foods when facing pregnancy, illness, food-borne diseases, or other particular conditions (Richter, 2005).

While eating healthy foods can be regarded as an investment in one's health, making healthy food habits would be important to reduce the chances of getting affected by any viral diseases during the COVID-19 pandemic (Castellini et al., 2021).

In urban areas of Vietnam in general and Hanoi in particular, food safety is a pressing issue for consumers. Unsafe food is pervasive in the market. Food containing artificial fertilizers, pesticides, and genetically modified organisms causes many worries for consumers and the whole society. This problem needs to be solved with the cooperation of producers, traders, consumers, and society. For manufacturers and traders, choosing safe food for business is a solution and a new opportunity.

In the new era, production and business enterprises all want to satisfy their consumers. Satisfying customer needs is a challenge and a driving force for enterprises. To meet the needs and wants of consumers, manufacturers and traders need to understand their consumers well. Therefore, it becomes very important to study consumer behavior. According to research by Ajzen (1991), attitude is the best predictor of behavioral intention. Therefore, studying purchase intention can help manufacturers, traders, and marketers predict the buying behavior of consumers. This study was conducted with the aim of helping administrators identify a number of factors affecting consumers' attitudes and intentions to buy safe food in Hanoi and understand the extent as well as direction in which each factor affects. As a result, it helps promote consumers' intentions to buy safe food in Hanoi.

Based on the theory of planned behavior (TPB) of Ajzen and Fishbein (1975) and previous studies related to the topic, the authors use qualitative research methods to conduct research. The quantitative method is carried out through the survey method, a direct survey of consumers in the inner districts of Hanoi at supermarkets, markets, and residential areas. Collected data are processed by SPSS software through the following techniques: reliability analysis of the scale (Cronbach's alpha), exploratory factor analysis (EFA), and multiple regression analysis.

2. LITERATURE REVIEW AND RESEARCH HYPOTHESIS

Customers are being more concerned about their health, thus, always try to get food that provides them mental satisfaction and physical nourishment to abstain from experiences that may have damaging and harmful effects on their health (Glanz et al., 1998).

The readiness to take healthy actions can be measured by health consciousness (Becker et al., 1977). Findling et al. (2018) highlighted that health consciousness is often regarded as a significant factor in food quality perception, and it is regularly discussed in conjunction with customers' buying intentions towards foods. Consumers with solid health consciousness are motivated to buy healthier food in their daily lives due to the attributes found in healthy foods. Health consciousness is a critical driving factor effective in motivating consumers to purchase healthy foods (Rao et al., 2020). Zagata (2012) found that health consciousness is the most important determinant of a consumer's food buying intention. Consumers' buying intentions towards healthy foods can be predicted by their health consciousness (Xie et al., 2015).

Recent studies have indicated that consumers are gradually becoming more conscious of their health, and they often prefer to purchase natural and healthy food products (Hasselbach & Roosen, 2015).

Frequent food safety incidents make consumers more concerned regarding food safety issues (Hsu et al., 2019). Therefore, consumers are involved in knowing the level and extent of food additives, pesticides, insecticide residues, and artificial flavoring, as well as the process through which the food is processed (Rao & Annadana, 2017). Consumers who are more concerned about food safety will seek safe, pure, and natural foods to avoid eating harmful substances (Teng & Lu, 2016).

Food buyers are now more involved in knowing their products' quality and ingredients (Winter & Davis, 2006).

Earlier research on consumer behavior towards healthy foods focused on long-term food consumption and the environmental damage caused by conventional eating (Latip et al., 2020).

Kalafatis et al. (1999) argued that attitude had been found to have substantial correlational links with behavior and behavioral intention in different circumstances, according to the theory of planned behavior (Ajzen, 1991; Ajzen & Fishbein, 1980). Several studies have shown that a consumer's attitude can influence their buying intention, either directly or indirectly through other variables, e.g., food safety, environmental concern, health consciousness, as well as taste (Nguyen et al., 2019).

Although previous studies conducted by Padel and Foster (2005) and Baker et al. (2004) have highlighted food safety as a reason to buy healthy foods, its association with consumers' attitudes and intentions towards healthy foods has yet to be thoroughly evaluated (Michaelidou & Hassan, 2008). On the other hand, concerns about food safety are the most crucial factor in determining whether or not someone will buy healthy foods (Hsu et al., 2016).

3. METHODOLOGY

3.1. Research background

Food safety is going through a difficult period of slow development due to a variety of reasons, such as a lack of production standards, counterfeit goods due to consumers, and even retailers' difficulty in tracing the origin of products due to limited information about products and production processes.

The problem of counterfeit goods, imitations, and foods disguised as safe

In fact, it is very difficult for consumers to distinguish between real, safe food and food disguised as safe food. Although consumers are willing to pay a higher price in the hope of a better-quality product, going to places that sell high-priced food, such as supermarkets, is still uncertain because there have been many cases of unsafe vegetables being sold in supermarkets, even though the products are labeled as safe (Lan, 2016).

The ambiguity of some supermarkets is partly due to the fact that consumers cannot distinguish between "clean" food and "dirty" food; they can only rely on the reputation and conscience of the seller. However, in the face of huge profits due to fraudulent acts, some supermarkets are still "ready" to deceive customers. When consumers' belief in products decreases, the market for clean and safe food in Vietnam encounters difficulties.

Missing and inaccurate information

Although safe food has become a consumer movement in recent times, it has been held back. Reasons include consumers' lack of a thorough understanding of safe food, a lack of information on traceability, and difficulty learning and understanding the production process. In addition, steps in the process of providing safe food to consumers, such as production, harvesting, preliminary processing, preservation, transportation, etc., are also not declared, which leads to confusion and a lack of information (Giang, 2018).

Food safety prices

Currently, foods that are labeled safe in Vietnam are many times more expensive than normal foods. Vegetables and mushrooms are about 4-5 times more expensive; pork is about 3 times more expensive (Ngan, 2017). Therefore, safe food is usually only available to families with a moderate or even rich income. The characteristics often associated with this group of consumers are being highly educated, often living in big cities, having high positions or being office workers, and not being self-employed.

Distribution channel system

Consumers who buy safe food often live in central areas and new urban areas, where food distribution enterprises often choose to open stores and supermarkets. However, there are still a large number of potential consumers scattered in areas other than the centers; in these concentrated urban areas, access to shops and supermarkets that distribute organic food is difficult.

There are many stores selling "self-proclaimed" safe food products (Khanh, 2017), which means they sell products that they say are safe without having any certification. Thus, it is very difficult for consumers to buy a safe food product when it is difficult to find a store that hangs a safe food sign; once it is found, it is even more difficult to know that this store is indeed selling safe food, not "self-proclaimed" food safety.

Poor in variety

According to Nhien (2016), at present, safe food is available from many manufacturers, but it is limited to ordinary products such as rice, vegetables, meat, fish, etc. Other factors such as spices, fish sauce, salt, etc. are still lacking, making it difficult for consumers to go several places to buy enough ingredients for their family meals (Nhien, 2016). What's more, these essential products are not only lacking but also not being cared for and produced by manufacturers, so consumers are sometimes forced to buy them at regular grocery stores. This causes 'half-consumption psychology', which means the main food is safe while the seasoning and ingredients are common, preventing consumers from buying safe food.

3.3. Research sample

The research sample includes consumers in Hanoi City, Vietnam.

Research sample: The official quantitative research sample collection includes 179 consumers in Hanoi city.

Qualitative research was conducted through in-depth interviews with experienced subjects on the research topic (5 consumers working at safe food enterprises in Hanoi and 3 lecturers majoring in business administration at 2 universities in Hanoi). The interview results help the authors adjust the model, scale, and make discoveries, which also allows them to make modifications to the questionnaire before starting the qualitative research and testing the model.

The qualitative research was conducted on 179 consumers through a survey, which is an appropriate sample size, as according to Hair et al. (2014), the sample size should be five times greater than the number of observed variables. The number of observed variables in this study is 22, so the sample size should be at least 110. The collected data is then used to evaluate the scale, analyze factors, test the model, and research hypotheses with the help of SPSS 23.

3.2. Research model

On the basis of previous research, we proposed the research model (see figure 1).

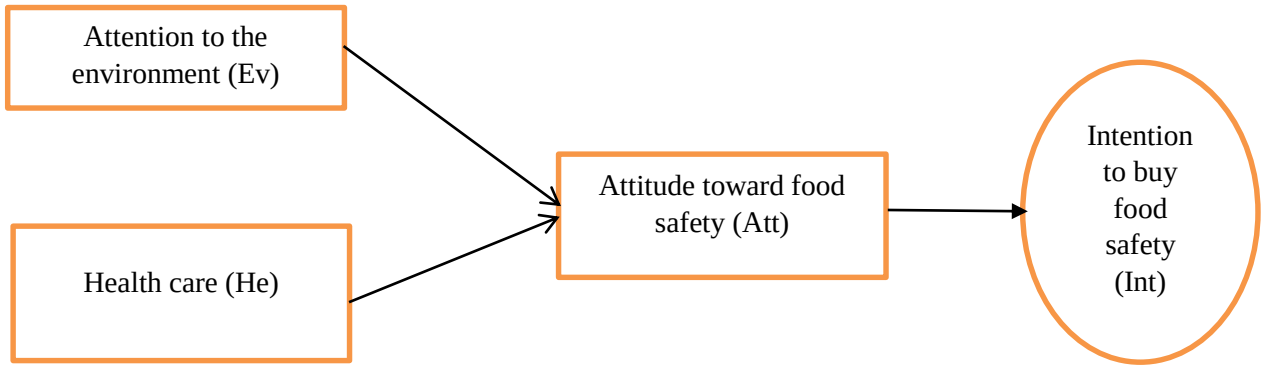

Figure 1. Research model

The research model with three independent variables and one dependent variable is described in Table 1 as follows:

Table 1: Independent variables and dependent variable

Code	Scale	Sources
Intention to buy food safety (Int)		
Int1	I will actively look for safe food.	Susan and Donald (1990)
Int2	I will definitely buy safe food	
Int3	I will buy safe food next time.	
Int4	I'm likely to buy safe food if the product is available in my area.	
Int5	In the future, I will buy it if I need a product with properties like safe food.	
Attitude toward food safety (Att)		
Att1	Protecting the environment is important to me when buying safe food.	Tanner and Kast (2003)
Att2	Genetically modified foods are dangerous to humans.	

Att3	I am willing to pay higher prices to support safe food producers and suppliers.	
Att4	Health issues play an important role for me when it comes to menu planning.	
Att5	It's important to me to support local farmers with their purchases.	
Att6	When buying safe food, I care a lot about the taste of the product.	
Attention to the environment (Ev)		
Ev1	Modernization is destroying the environment.	Gil J et al. (2000)
Ev2	I like to consume safe food to contribute to environmental protection.	
Ev3	I sort my trash before putting it in the bin.	
Ev4	Environmental pollution can only be improved when everyone acts together to protect the environment.	
Health care (He)		
He1	I am a person who is very concerned about my health.	Oude Ophuis (1989)
He2	I try to eat healthy.	
He3	Health is very important to me.	
He4	In my opinion, it is necessary to know how to eat healthy.	
He5	I can sacrifice some hobbies to protect my health because I think health is very precious.	
He6	I am satisfied with my health.	
He7	I don't care if food is good for my health.	

4. RESULTS

4.1. Cronbach's Alpha

By using scale analysis, it can eliminate inconsonant variables and reduce errors in the research model. Therefore, only variables that have total correlation coefficients (corrected item-total correlation) greater than 0.3 and Cronbach's alpha coefficients equal to or greater than 0.6 are accepted (Hoang & Nguyen, 2008; Hair et al., 2010). By analyzing Cronbach's alpha analysis of determinants that have an influence on the consumers' intention to buy safe food in Hanoi (3 determinants with 17 observed variables), the result is presented in Table 2. The result shows that all Cronbach's alpha coefficients of the population are above 0.6; all corrected item–total correlation of observed variables are above 0.3. Thus, all variables of research model are suitable for next analyses (Hair et al., 2010).

Table 2: Results of analysis of Determinants Confidence of Scales in the Model

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Attention to the environment (Ev): 0.819, N = 4				
Ev1	9.054	6.384	.642	.772
Ev2	9.005	6.171	.647	.769
Ev3	8.881	6.438	.566	.706
Ev4	8.951	5.917	.710	.738
Health care (He): 0.917, N = 7				
He1	17.738	24.516	.683	.813
He2	17.707	24.498	.645	.819
He3	17.609	23.704	.769	.802
He4	17.718	22.832	.831	.893
He5	17.635	22.716	.822	.894
He6	17.720	22.685	.847	.890
He7	17.712	22.532	.838	.850
Attitude toward food safety (Att): 0.842, N = 6				
Att1	6.008	3.254	.694	.802
Att2	5.974	3.802	.702	.786
Att3	5.930	3.686	.736	.754
Att4	6.903	3.532	.802	.768
Att5	5.729	3.638	.724	.730
Att6	6.210	3.576	.822	.821

Intention to buy safe food (Int): 0.886; N = 4				
Int1	7.028	3.191	.771	.845
Int2	6.984	3.215	.787	.831
Int3	7.111	3.143	.777	.839
Int1	7.028	3.191	.771	.845

Exploratory Factor Analysis (EFA)

Exploratory Factor Analysis (EFA) was conducted through component analysis and varimax.

The results of factor analysis in Table 3 show that 0.5 < KMO = 0.809 < 1. Bartlett's testimony shows sig. = 0.000 < 0.05, which means variables in the whole are interrelated (Hair et al., 2010).

Table 3: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.809
Bartlett's Test of Sphericity	Approx. Chi-Square	4,132.157
	Df	153
	Sig.	.000

4.3. Regression Model Analysis

Based on adjusted model after the exploratory factor analysis, we use a multiple regression model as follows:

$Att = \alpha + \beta 1Ev + \beta 2He$ (a)

$Int = \alpha + \beta 1Att$ (b)

Table 3a: Model Summary[b]

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.820[a]	.672	.665	.503

a. Predictors (Constant): He, Ev

b. Dependent Variable: Att

Table 3b: Model Summary[b]

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.847[a]	.717	.702	.501

a. Predictors (Constant): Att

b. Dependent Variable: Int

Table 4a: Anova[a]

Model		**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
1	Regression	69.913	2	9.332	23.564	.000[b]
	Residual	34.124	192	.396		
	Total	104.037	194			

a. Dependent Variable: Att

b. Predictors: (Constant): He, Ev

Table 4b: Anova[a]

Model		**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
2	Regression	70.545	1	9.528	21.302	.000[b]
	Residual	27.844	192	.396		
	Total	98.389	193			

a. Dependent Variable: Int

b. Predictors: (Constant): Att

Table 5a: Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	1.879	.326		5.758	.000		
He	.214	.061	.217	3.492	.001	.982	1.019
Ev	.120	.161	.240	5.253	.000	.989	1.011

a. Dependent Variable: Att

Table 5b: Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	1.920	.326		3.758	.000		
Att	3.339	.031	.344	6.625	.000	.928	1.119

a. Dependent Variable: Int

Results of Table 3a, 3b; 4a, 4b; 5a, 5b show that:

Multicollinearity testing: all variance inflation factors (VIF) of independent variables are under 2, so the multicollinearity of the model is low (Hoang & Chu, 2008; Hair et al., 2010). Therefore, this regression model does not violate the CLRM's basic assumption.

ANOVA testing result: Level of significant (Sig.) = 0.000 implies that the multiple regression model is suitable for the data.

a model (a): The coefficient of R^2 (R Square) = 0.672, which means 67.2% of the total variation in the attitude (Att) to safe food of consumers in Hanoi will be explained by the regression model (Hair et al., 2010).

b model (b): The coefficient of R^2 (R Square) = 0.717, which means 71.7% of the total variation in the intention (Int) to buy safe food of consumers in Hanoi will be explained by the regression model (Hair et al., 2010).

The research model result indicates that all independent variables He and Ev are significant (Sig. < 0.05) to the attitude (Att) to safe food of consumers in Hanoi (Hair et al., 2010). Besides, independent variable Att is significant (because Sig. < 0.05) to the intention (Int) to buy safe food of consumers in Hanoi (Hair et al., 2010).

Determinants influencing the attitude (Att) to safe food of consumers in Hanoi are presented in the following standardized regression model:

Att = 0.217 He + 0.240 Ev

Factors that the influence on intention (Int) to buy safe food of consumers in Hanoi are presented in the following standardized regression model:

Int = 0.344 Att

5. DISCUSSIONS AND IMPLICATIONS

The higher the consumer's concern for the environment, the more positive the influence on attitudes towards safe food.

Consumers in Hanoi often spend a lot of time with friends and family. Therefore, consumers will always want to be able to ensure the health of their loved ones. One of the ways is to use safe foods in the daily menu.

The attitude factor has a great influence on the intention to buy safe food of consumers in Hanoi. Therefore, marketing programs will be successful if they focus on creating a positive attitude for consumers right from the very beginning.

Consumers' concern for health and the environment will have a positive influence on their attitude toward safe food. Safe food enterprises can, therefore, carry out activities to arouse in consumers a sense of concern for their health. In fact, there are a number of industries, such as the functional food industry, that have used this solution. They offer wellness programs along with sales. Safe food enterprises can implement nutrition counseling and health promotion programs to improve consumers' understanding of food-related health issues. Thereby, it will raise awareness of safe food consumption and encourage consumers to buy safe food. Also, according to the research results, the factor of health concern has a high degree of influence on the intention to buy safe food and the buying behavior of consumers who buy safe food. Therefore, in marketing programs, administrators need to pay special attention to this factor.

REFERENCES

1. Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Process*, *50*(2), 179–211. https://doi.org/10.1016/0749- 5978(91)90020-T
2. Ajen I., & Fishbein M. (1975). *Belief, attitude, intention and behavior. An introductiion to theory and research*. Reading, Mass: Addison-Wesley.

3. Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, New Jersey: Prentice Hall
4. Baker, S., Thompson, K. E., Engelken, J., & Huntley, K. (2004). Mapping the values driving organic food choice: Germany vs the UK. *European Journal of Marketing*., *38*(8), 995–1012. https://doi.org/10.1108/ 03090560410539131
5. Becker, M. H., Maiman, L. A., Kirscht, J. P., Haefner, D. P., & Drachman, R. H. (1977). The health belief model and prediction of dietary compliance: A field experiment. *Journal of Health and Social Behaviour*, *18*(4), 348–366. https://doi.org/10.2307/2955344
6. Castellini, G., Savarese, M., & Graffigna, G. (2021). The impact of COVID-19 outbreak in Italy on the sustainable food consumption intention from a "One Health" perspective. *Frontiers in Nutrition*, *8*, 90. https://doi.org/10.3389/fnut.2021.622122
7. Findling, M. T. G., Werth, P. M., Musicus, A. A., Bragg, M. A., Graham, D. J., Elbel, B., & Roberto, C. A. (2018). Comparing five front-of-pack nutrition labels' influence on consumers' perceptions and purchase intentions. *Preventive Medicine*, *106*(2018), 114–121. https://doi.org/10.1016/j.ypmed.2017.10.022
8. Giang, T. (2018). Organic food market: supply and demand have not met. Dai Doan Ket Newspaper. From: http://daidoanket.vn/thi-truong/thi-truong-thuc-pham-huu-co-cung-cau-chua-gap-nhau-tintuc412699. [Vietnamese]
9. Gil, J. M., Gracia, A. & Sanchez, M. (2000). Market segmentation and willingness to pay for organic products in Spain. *International Food and Agribusiness Management Review*, *3*(2), 207-26.
10. Glanz, K., Basil, M., Maibach, E., Goldberg, J., & Snyder, D. (1998). Why Americans eat what they do: Taste, nutrition, cost, convenience, and weight control concerns as influences on food consumption. Journal of the American Dietetic Association, 98(10), 1118–1126.
11. Hair, J.F., Anderson, R.E., Tatham, R.L., & Black, W.C. (2010). Multivariate Data Analysis. Prentice-Hall International.
12. Hasselbach, J. L., & Roosen, J. (2015). Consumer heterogeneity in the willingness to pay for local and organic food. Journal of Food Products Marketing, 21(6), 608–625.
13. Hoang, T., Chu, N. M. N. (2008). *Analyzing researched data with SPSS*, 2nd Ed, Hong Duc Publishing House, Ho Chi Minh City. [Vietnamese]
14. Hsu, S. Y., Chang, C. C., & Lin, T. T. (2019). Triple bottom line model and food safety in organic food and conventional food in affecting perceived value and purchase intentions. British food journal.
15. Hsu, S. H., Chang, C. C., & Lin, T. T. (2016). An analysis of purchase intentions toward organic food on health consciousness and food safety with/under structural equation modeling. *British Food Journal*, *118*(1), 200–216. https://doi.org/10.1108/BFJ-11-2014-0376
16. Kalafatis, S., Pollard, M., East, R., & Tsogas, M. H. (1999). Green marketing and Ajzen's theory of planned behaviour: A cross-market examination. *Journal of Consumer Marketing*, *16*(5), 441–460. https://doi.org/ 10.1108/07363769910289550
17. Khanh, Vu. (2017). "Self-proclaimed" organic food disorder: who governs? Labor Newspaper. From: http://cafef.vn/loan-thuc-pham-huu-co-tu-xung-aiquan-ly-20171215135536857.chn.
18. Ngan, K. (2017). Baghdad map of self-proclaimed organic food, women's newspaper. From: https://www. phunuonline.com.vn/thitruong/bat-quai-tran-do-thuc-pham-tu-xungorganic-96668/. [Vietnamese]
19. Lan, N. 2016. Consumers are bewildered by the dirty food matrix. News.zing.vn, From: https://news.zing.vn/nguoi-tieu-dunghoang-mang-truoc-ma-tran-thuc-phamban-post620445.html [Vietnamese]
20. Latip, M. S. A., Newaz, F. T., Ramasamy, R., Tumin, S. A., & Noh, I. (2020). How do food safety knowledge and trust affect individual's green considerations during the COVID-19 pandemic in Malaysia? *Malaysian Journal of Consumer and Family Economics*, *24*, 261–285. https://www.majcafe.com/wp-content/uploads/2020/10/Vol-24-2020-Paper-11.pdf
21. Latip, M. S. A., Newaz, F. T., Latip, S. N. N. A., May, R. Y. Y., & Rahman, A. E. A. (2021). The sustainable purchase intention in a new normal of COVID-19: An empirical study in Malaysia. *Journal of Asian Finance, Economics and Business*, *8*(5), 951–959. https://doi.org/10.13106/jafeb.2021.vol8.no5.0951
22. Michaelidou, N., & Hassan, L. M. (2008). The role of health consciousness, food safety concern, and ethical identity on attitudes and intentions towards organic food. *International Journal of Consumer Studies*, *32* (2), 163–170. https://doi.org/10.1111/j.1470-6431.2007.00619.x
23. Nguyen, H. V., Nguyen, N., Nguyen, B. K., Lobo, A., & Vu, P. A. (2019). Organic food purchases in an emerging market: The influence of consumers' personal factors and green marketing practices of food stores. *International Journal of Environmental*

Research and Public Health, *16*(6), 1037. https://doi.org/10.3390/ijerph16061037

24. Nhien, A. (2016). Organic food: We need more than conventional products. *Electronic News Paper Young Knowledge*. from: http://soha.vn/thuc-pham-huu-co-can-nhieu-hon-nhung-san-pham-thong-dung-20161103171652375.htm. [Vietnamese]
25. Obayelu, O. A. (2014). Consumers' perception and willingness to pay for organic leafy vegetables in Urban Oyo. *European Journal of Nutrition & Food Safety*, *4* (2), 127–136. https://doi.org/10.9734/EJNFS/2014/6498
26. Oude Ophuis, P. A. M. (1989). Measuring health orientation and health consciousness as determinants of food choice behavior: development and implementation of various attitudinal scales", in Avlonitis, G.J., Papavasiliou, N.K. and Kouremenos, A.G. (Eds), *Marketing Thought and Practice in the 1990s, EMAC XVIII, Athens School of Economics and Business, Athens*, 1723-1725.
27. Padel, S., & Foster, C. (2005). Exploring the gap between attitudes and behaviour: Understanding why consumers buy or do not buy organic food. *British Food Journal*, *107*(8), 606–626. https://doi.org/10.1108/ 00070700510611002
28. Prentice, C., Chen, J., & Wang, X. (2019). The influence of product and personal attributes on organic food marketing. *Journal of Retailing and Consumer Services*, *46*, 70–78. https://doi.org/10.1016/j.jretcon ser.2017.10.020
29. Rao, C. K., & Annadana, S. (Eds) (2017). Nutrient biofortification of staple food crops: Technologies, products and prospects. Phytonutritional improvement of crops, 113–183. John Wiley & Sons, Inc
30. Rao, D. P., Mogili, R., & Nagaraj, S. (2020). A study on consumers' motivations towards organic food products in India. *Academy of Marketing Studies Journal*, *24*(2), 1–8. https://www.abacademies.org/articles/astudy-on-consumers-motivations-towards-organicfood-products-in-india-9240.html
31. Richter, T. (2005). Approaches for organic products-implication of recent consumer study results. *Proceeding of the 1st Scientific FQH Conference*, 28–29.
32. Suh, B. O., Eves, A., & Lumbers, M. (2012). Consumers' attitude and understanding of organic food: The case of South Korea. *Journal of Food Service Business Research*, *15*(1), 49–63. https://doi.org/10.1080/ 15378020.2012.650524
33. Susan. L. H., & Donald, R. L. (1990). Purchase Intentions and the Dimensions of Innovation: An Exploratory Model. *Journal of Product Innovation Management*, 7(1), 59–73.
34. Tanner, C., & Kast, S. W. (2003). Promoting sustainable consumption: Determinants of green purchases by Swiss consumers. *Psychology and Marketing*, *20*, 883–902.
35. Teng, C.-C., & Lu, C.-H. (2016). Organic food consumption in Taiwan: Motives, involvement, and purchase intention under the moderating role of uncertainty. Appetite, 105, 95–105.
36. Willer, H., & Lernoud, J. (2019). *The world of organic agriculture. statistics and emerging trends 2019* (20th ed.). Research Institute of Organic Agriculture FiBL and IFOAM Organics International, Frick and Bonn
37. Winter, C. K., & Davis, S. F. (2006). Organic foods. Journal of Food Science, 71(9), R117–R124.
38. Xie, B., Wang, L., Yang, H., Wang, Y., & Zhang, M. (2015). Consumer perceptions and attitudes of organic food products in Eastern China. *British Food Journal*, *117* (3), 1105–1121. https://doi.org/10.1108/BFJ-09-2013- 0255
39. Zagata, L. (2012). Consumers' beliefs and behavioural intentions towards organic food. Evidence from the Czech Republic. *Appetite*, *59*(1), 81–89. https://doi. org/10.1016/j.appet.2012.03.023