

BARRIERS TO VISIT RESTAURANTS BY OLDER ADULTS IN MALAYSIA

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Abstract: *The growth of older adults globally is inevitable as the by-product of medical technology advancement and lower fertility rate. Nevertheless, this age segment does not receive the attention they should as a consumer. While there are many studies done about restaurant preferences of older adults, the factors that stand as a barrier for the older segment to visit a restaurant were not given much importance. To fill the gap in the literature, this research will focus on identifying the barriers preventing older adults to visit a restaurant. Qualitative approach was used in this study. 15 informants aged 55 or above were chosen from Klang Valley using the purposive sampling method. The semi-structured interviews were recorded using a voice recorder. The obtained recordings were then transcribed, translated, coded, and analysed. Atlas.ti software (version 7) was used to help in the coding of the themes. Barriers identified in this research were cleanliness, service quality, ageing, life's perspective and food. Recognising these barriers and improvising the restaurant marketing strategy based on it is expected to be beneficial.*

Keywords: *Older Adults, Barrier, Restaurant, Dining Out*

Introduction

Population aging is seen as the victory for the progress of medical science, social and economy (Dobriansky, Suzman, & Hodes, 2007). From 2000 to 2015, older person population had increased 48 per cent that is from 607 million to 901 million worldwide (United Nations, 2015). It was also projected that by 2030, the growth will be at 56 per cent or there will be 1.4 billion people who is 60 years and above worldwide. Not only that, the older population itself is aging.

In many countries, older population are surviving above 80 years old and in 2000, this age group made up 19 per cent of the worlds' older population; 26 percent in developed countries and 15 percent in developing countries (Kinsella & He, 2009).

The needs of older consumer differ significantly than other consumer segment. Many physiological characteristic of older consumer undergo changes such as the decrease in visual acuity, agility and the sense of smell and taste (Meneely, Strugnell, & Burns, 2009). The loss of smell and taste in older adults signify that older adults might not be able to fully appreciate the flavour of food and thus might end up not liking it. It was shown by Schiffman and Warwick (1993) that flavour enhancement of food increases the food intake of elderly retirement-home residents and at the same time able to improve their immune system.

The advancement in medical technology had not only increased the life expectancy of people but also help older generation to grow old healthily. Even though old age increases the chance of disease, the advancement of medical technology has been said to “slow the progression from chronic disease to disability; there is a decrease in the prevalence of severe disability but an increase in milder chronic diseases” (Dobriansky et al., 2007, p. 13). This means that the older generation now are healthier and mobile compared to the previous generation of older adults.

The development of technology has also impacted the structure of families. Today, more and more extended families are becoming nuclear family (Dobriansky et al., 2007; Yusoff & Buja, 2013). Elderly living in nuclear families has seen an increase of seven per cent from the year 1991 (31 per cent) to the year 2000 (38 per cent) and 14 per cent of them lived only with their spouse (Mat & Taha, 2003). Older adults especially female elderly felt cooking can take a lot of time especially among those people with reduced agility (Reynolds & Hwang, 2006). This had brought the need to eat out for convenience. Older people are said to be social diners who eat out quite often (Reynolds & Hwang, 2006).

Many researches has been done in many countries to study this growing market segment in term of their restaurant dining choices (E.g., Kim, Bergman, & Raab, 2010; Moschis, Curasi, & Bellenger, 2003; Sun & Morrison, 2007) and their dining experience (Reynolds & Hwang, 2006; Wildes, Demicco, & Seo, 2001). While these are important point to be studied, the factors that stand as a barrier for the older segment to visit a restaurant were not given much importance. To fill the gap in research, this study will focus on identifying the barriers preventing older adults to visit a restaurant.

Literature Review

The aging society poses a new type of challenge particularly in social insurance, pension system and social support (United Nations, 2015). Older people on average is expected to live at least 20 years after their statutory retirement age during which they have to live with “the benefits or a lump-sum payment, which is typically the case in countries with provident funds” (United Nations ESCAP, 2017, p. 49). The longer life expectancy also increases the old age dependency ratio (measure of potential support needed from working age population) (United Nations, 2015). This means that there are fewer workers for every aged person (United Nations ESCAP, 2017). For example, by 2050 one older adults will only have 3.5 working-aged people which is half the number in 2015 (United Nations, 2015). Due to this, many questions have been raised on the capacity of a country to sustain its economic growth and sustainability and at the same time providing general welfare for all ages.

Receiving a formal education 60 years back was a privilege that not many afford due to mainly limited educational opportunity (Hamid, 2015). In the study about Singapore's senior citizen by Kang, Tan, and Yap (2013), they had found that people between the age of 55-64 has higher educational attainment percentage compared to the 64-75 age group and those 75 above. The same was found by Masud and Haron (2014) who states that younger generation of the older segment (especially those born after independence) has higher chances in attaining education due to the expansion of educational services. This situation directly relates to the employment status as higher education usually promises a formal employment and thus better pay which translate to better economic position (Masud & Haron, 2014). It can be easily concluded that younger segment of the older adults are comparatively more wealthy than the older segment.

Recognizing the problem arising due to the growth of this older adult population size, most of the countries started to consider increasing the statutory retirement age. The same scenario has been seen in Malaysia where they had extended the minimum retirement age for both private and public sector to be at 60 years old in 2012 (Hamid, 2015; Zawawi, 2013). This is because old age is commonly associated with financial problem and the increase in retirement age will give more time for the accumulation of pension fund and at the same time prolong the participation of this age segment in the labour force (United Nations, 2015).

It must be taken into consideration that pension is not the only source of income for older adults. According to Knutson, Elsworth, and Beck (2006a, 2006b), mature market obtains their income through many sources such as retirement income, social security, investment income and in some cases, part time employment. This market segment is quite different from the earlier generation of older consumer as this generation are willing to spend their money. Yet, despite these differences, very few studies have examined this consumer segment closer in the Malaysian foodservice context. Understanding the older adults' perceived barriers to dining out will be beneficial for foodservice establishments to manage the marketing strategies aimed at enticing this relatively ignored consumer segment.

Methodology

This research utilized qualitative methodology, specifically the phenomenological research design. The phenomena is studied through the experience and description obtained from the participants of this research. Older adult in this research is defined as those who are 55 years or older following the suggestion by previous researchers (Moschis et al., 2003; Parks & Fu, 2016; Wildes et al., 2001; Yamanaka & Almanza, 2003). This research was conducted with 15 informants staying in Klang Valley and are aged 55 years old or above. The demographic characteristic of the participants are summarized in Table 1. The informants were chosen based on purposive sampling and the service of recruiter was used to identify and recruit the informants. This method was used as the older adults preferred it when the interviewer is introduced by someone they know and trust. This also post as a challenge as the older adults interviewed tend to open up and share more only when trust is established. Many of the previous researches discussed the factor influencing the older adults to visit a restaurant but there are no studies done specifically to understand factors that prevents or discourage them from visiting a restaurant.

Table 1: Demographic Profile of Participants (n = 15)

Variable	Frequency	Percentage
Gender		
Male	9	60
Female	6	40
Age		
55-60	6	40
61-66	6	40
≥67	3	20
Education		
Primary school	4	26.67
Secondary school	6	60
College or above	5	33.33
Monthly disposable income		
< RM1000	3	20
RM1001- RM1500	0	0
RM1501- RM2000	1	6.67
RM2001- RM2500	0	0
RM2501-RM3000	4	26.67
>RM3001	7	46.67
Average number of times dining per month		
<1	0	0
2-10	11	73.33
>10	4	26.67

Qualitative methodology was employed to study in-depth the factors that act as a barrier for older adults to visit a restaurant. The interview questions were semi-structured, meaning it is not rigid and the interviewer has the flexibility to ask questions without following the chronology of question as long as all the questions has been asked (Edwards & Holland, 2013). The interviews were conducted in Tamil, Malay and English languages depending on the preference of the informants. 14 of the interviews were recorded using a digital voice recorder except for one. It was written down verbatim as the informant requested that the interview not to be recorded. The amount of interview to be conducted was not pre-set. Once the data has reached saturation or when no new themes transpired during the interview sessions, the data collection was stopped.

The digitally recorded data or the raw data were then transcribed verbatim and translated to English when required. This process was then validated by one of the co-author. The validated data was then uploaded into Atlas.ti software to be analysed. The themes and sub-themes in the research have been identified with the help of a codebook.

Results and Discussion

Figure 1 below shows the list of themes and sub-themes found to be the barrier for older adults in Malaysia to eat out using Atlas.ti software. Five themes identified were ageing, life's perspective, food, cleanliness, and service quality. The following section explains the themes and sub-themes considered as barrier to dining out, including excerpts from the informants.

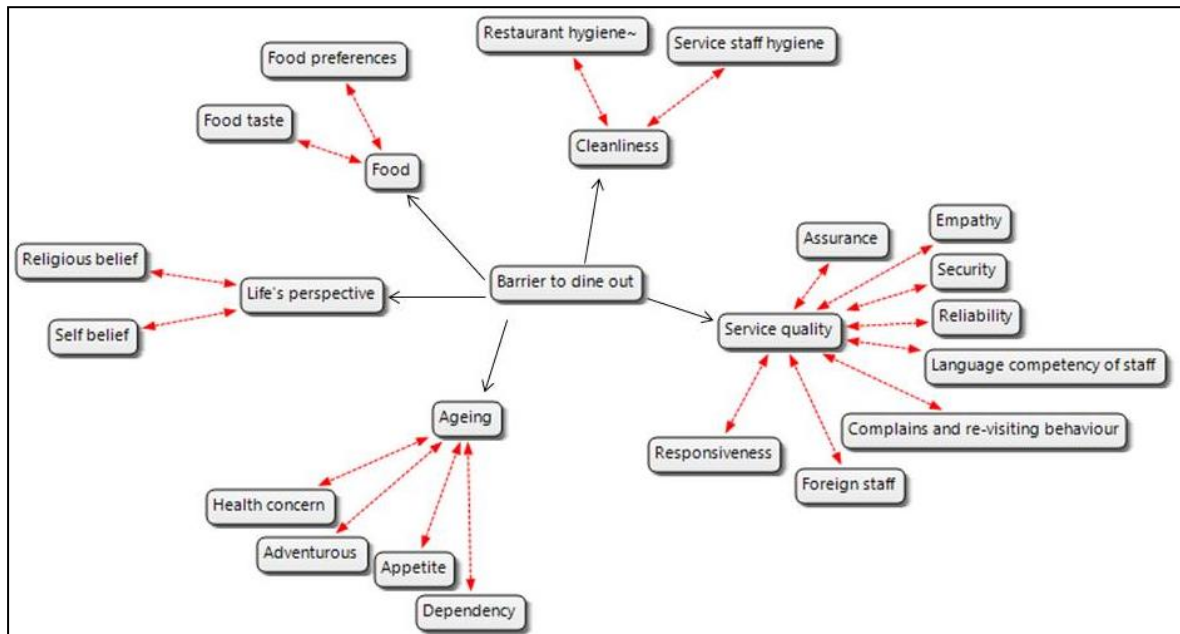


Figure 1: Visual Representation of Barriers For Older Adults To Visit A Restaurant

Ageing

Being concerned about health is part of growing old. Older people in this research believe that one can have a healthy body if they control their food intake or exercise or both. Food intake or dietary intake should match the activity level to avoid weight gain (Simpson et al., 2005). They reduce the intake of food in general and this might affect the food consumed in a restaurant.

- *“(This is) because of the lack of exercise. My leg will not support extra weight. It is because of this I had to reduce my dinner”. (Informant 3)*
- *“I am controlling my food intake so that I do not become overweight. When I get old, being overweight can be troublesome.” (Informant 4)*
- *“That is why I exercise five times a week. I will walk, will walk around an hour. If I do not walk, eating without control and stay at home only I feel that my weight is increasing”. (Informant 5)*

Eating food for health reasons are decisions that were made consciously. Some eating behavior is caused by the biological changes that arise as one ages. The most common changes that will happen are the reduction in appetite. The reduction in appetite is said to be part of the aging process (Pederson, 1993) which occurs involuntarily.

- *“Sometimes, the reason is not known. Because sometimes our food appetite starts to decrease as the age starts increasing every year”. (Informant 7)*
- *“Talking about the topic of appetite, the informant had mentioned that his appetite is not good. He had reduced his food intake compared to before. It happened involuntarily and it wasn't a conscious decision. He feels that increasing age and reduced physical activity is the reason for the changes”. (Informant 9)*

It cannot be denied that a person's eating habits can turn into a routine as a repetitive behavior becomes a routine (Ajzen, 2015). Too used being in the routine, it is hard to escape it. It is said

that food purchasing is a routine process where it 'require little involvement and an external search for information' (Koen, Blaauw, & Wentzel-Viljoen, 2016).

- *“Chinese food... Malay food I got try. I am not that adventurous. I used to eat those (food) that I normally eat. I kind of repeat what I usually eat kind of thing. I am not that adventurous”.* (Informant 10)

Older people tend to have strong dependency and needs another person for emotional support and responsiveness (Fox & French, 1985). The older people in this research had shown some form of dependency mostly in term of emotional dependency where they need family members to decide on behalf of them, in this case their food or restaurant choice. This reduces their freedom to choose food and could not make their own decision regarding the food intake.

- *“I don't really remember to which restaurant I have been to but my husband remembers. He will know if we have been to the restaurant”.* (Informant 3)
- *I won't go alone. I won't go anywhere alone. I won't go anywhere without uncle [husband]”.* (Informant 2)

Physical dependency was seen in some of the older adults in this research. They had to rely on others to bring them out because they do not drive. Their inability to drive causes them to depend on their family members or friends to bring them to eat out even if they feel like eating out.

- *“With family. Friends... no. Because I do not drive. Thus, I do not go out with friends. If a friend suggests a place saying they serve good food, I will ask them to come and fetch me (to go there) since I do not drive”.* (Informant 13)

Life's perspective

Religion has a strong influence on a person's eating habits and most has strong and rigid guidelines in the consumption of food (Mak, Lumbers, Eves, & Chang, 2012). As known, Hindu's and Buddhist do not consume beef and Muslims do not consume pork because of their religious restriction. Other than food prohibition, the way food is prepared is also important (e.g. halal) or fasting observed during certain time of the week or year (e.g. Deepavali, Thaipusam, Ramadhan and etc.).

- *“They serve beef, that's why. It is not because the shop is not clean but because they serve beef what causes me not to eat there. For that reason I do not eat in their (Malay restaurant) shop”.* (Informant 4)
- *“Will definitely see if halal or not. My son loves to eat food like sushi and everything but halal. I will ask him to find the halal ones. So, he will find it out in the internet about the halal status and if okay, we'll go”.* (Informant 15)

The code self-belief here refers to the understanding and awareness the older consumer has about food which can be the result of education, knowledge or life experience. Past experience and knowledge of a person can help to shape the behaviour of a person. The experience of life events such as this will bring about stress and influences consumer behaviour (Sim & Othman, 2007). The same applies in eating behaviour.

- *“Because I used to, used to work in Agricultural Department. We have tried to mix a packet of Ajinomoto which was how much, 80 cents 60 cents? We pour it onto the grass. The grass that we sprayed with the mixture (water and Ajinomoto) died. It was since that day I banned it”.* (Informant 6)

Service quality

Two informants voiced their concern about the hiring of foreign nationals in term of the eligibility to handle food. They are concerned if these foreign employees have done proper medical check-up and received necessary immunization to be able to handle food.

- *“Of course, there is a consequence in hiring this people. We are not sure if the owner did medical check up to their employees, so that is a risk right? For me, I do not like having foreign staff”.* (Informant 5)
- *“If the worker is handling food, they must have received injection (typhoid injection). Does these foreign workers taken their injection? Whoever handling food, must display the injection certificate. There will be certificate right? That is the problem with (hiring) foreign people. The doubt will always be there. That’s why when I go to a restaurant I will see all this. Usually the restaurant that is quite established has this (injection certification). The one on the roadside I don’t dare vouching for them [laughs]”.* (Informant 13)

It can be concluded that some of the older adults from this study do not like the presence of foreign workers especially in the food preparation area as they tend to assume that the foreign staff are not eligible to handle food safely and make safe food. The relation between healthy diet and long life had sparked the interest of older consumer more than the younger generations (Kim et al., 2010). It is advisable for the restaurateurs to reduce the foreign employee involvement in the kitchen but if it is not possible, the typhoid injection certificate or compliance of the Food Hygiene Regulation 2009 must be placed where it can be viewed by the customers.

Different from what is understood by the most, older consumer in this research do not like to be kept waited or have low tolerance for slow service. Responsiveness of the staff is very important.

- *“There was once a restaurant where I already seated for 15 minutes and no one [service staff] came to take order. We just get out of that place. After that (incident), did not go there again. Easy”* (Informant 8)

The obtained result is consistent with Knutson et al. (2006) who found that more than 70% of the respondent of their research said that speed of service is an important factor for older adults to visit a restaurant. This might be due to the fact that older consumer in Malaysia are still maintaining the attitude of middle age [36-55 years old is the age of middle age (Petry, 2012)] as suggested by Gunter (1998).

Older adults are more vocal than the younger customer when it comes to complaining about their food or the service acquired. Sometimes the older adults can be unforgiving. They do not complain even if they have any disagreement or any issues with their food but rather leave without the intention to return to the restaurant. When asked if they would give their feedback to the restaurant, these are some of the quotation from the interviews:

- *“Depends on my mood. If my mood is not good, I will keep quiet and will not go there again”. (Informant 5)*
- *“There is no need to scold or ask them (restaurant staff) about this. Get out in a (good) manner. It is okay, we can go to other places. They [the restaurant staff] will not be saddened by us and we also...we also no need to think to scold them why late and such. No need”. (Informant 8)*

This is consistent with the study by Wildes et al. (2001) that said both older and younger customer complaint behavior is by not returning to the restaurant. Even if they do return, it is because they are out of choice.

Cleanliness

Cleanliness is an important criterion that is considered when it comes to go to a restaurant by every type of consumer segments. Many researchers have found that cleanliness of a restaurant is the biggest concern of older adults when it comes to deciding where to eat. Lack of cleanliness has found to affect both the decision to dine in a new restaurant or re-visiting a restaurant they went previously. The informants of this research mentioned two types of attributes that they assess to determine whether the restaurant is clean or not. One is restaurant hygiene and service staff hygiene.

Restaurant hygiene according to the informants covers the cleanliness of the service area, cutleries, kitchen and washroom. This is the same criteria found by Almanza, Ghiselli, and Jaffe (2000) who studied the older people in three segments (50-64, 65-79 and 80+). They found that the entire older people age segment studied gave significant importance to cleanliness especially of dining areas and table, kitchen and rest room in a restaurant. If they found any of this to not meet their requirement of cleanliness, the older adults do not hesitate to leave the restaurant.

- *“When we go to certain restaurant’s washroom, the environment is not good. If I saw something like that, I will not go to the restaurant again. I have seen a bottle of soy sauce that is full of maggot once in a restaurant. I have not visited the restaurant since.” (Informant 1)*
- *“Yes, when we go out to a restaurant that restaurant should be clean. That is why I am very choosy. I would check the glass. I will wash the glass and cutleries in hot water. I would ask them to bring (the hot water). Only after that I would eat. If the glass is smelly, I will not drink at all. I would buy drinks in the shop next door.” (Informant 2)*
- *“I will see how the restaurant is. Is it clean? That is the main thing I will look for. Second is the service, how they treat us.” (Informant 8)*
- *“In term of cleanliness, in term of service... if I am not satisfied, I will not go again. If I see anything unhygienic, I will not eat. (Informant 13)*

The presence of inedible item in food item also falls under cleanliness for the older adults. This type of mistakes and inattentiveness shown by the restaurant are usually taken seriously and most informants consider it to be the last day they were there.

- *“Another thing, there was once in term of cleanliness. There was cockroach in the curry for the ‘Roti Canai’. A part of it. The head was in it. I did not inform them [restaurant*

staff] or the owner of the restaurant. Just that I had made my mind that this would be the last time I will enter this shop again. That's all." (Informant 6)

- "When I did the survey [referring to a research she has done during her degree] previously, I saw a cleaning brush string in my food. I took them out (from food) and took the picture first. When I let them know about it, it seems like they do not want to accept it. I paid for the food, not that I did not pay. In truth they must apologize for it. It is okay if they do not want to accept it. I do not want to fight. Finish eating, I will just go away. And there will not be a next time there." (Informant 13)

Food

Ageing has a deteriorating influence on the sense of taste and smell (Popper & Kroll, 2003) which affect the ability to taste food. It might be because of this that older adults could not appreciate the taste of food as much as the other segment of consumer. Even though older adults have lower level of taste sensitivity compared to younger people, older people still gave importance towards their food taste. Food taste was found to be either an influence or barrier for older adults to visit a restaurant. This is no difference than the younger consumer where they only visit a restaurant if it serves delicious food.

The taste need of a person changes according to their norm as well. Informer 10 had mentioned that she is very health concerned due to her family hereditary disease (high-blood pressure) thus preferring food with less oil and salt. For informer 14, she said she used to eat food with less salt at home and tend to expect the food in the restaurant to be such way as well. For informer 6, he said that he cannot take food that is spicy because he is used to eating that way since small.

- "When it is not tasty, I would suggest going to other place." (Informer 2)
- "It is because the food does not taste nice. Certain shop is not clean. If you see, the cutleries are not kept clean. The food does not taste nice. There was an Indian shop that we went and none of the food tasted nice. At that time I thought of not coming to this shop ever again." (Informer 3)
- "Sometimes I don't like too salty and or too sweet. Because (at) some restaurant (for) some people (the food is) very tasty but I find their food is too salty." (Informer 10)
- "I usually do not eat food that is sour. I do not eat sour food." (Informer 3)
- "I cannot take food that is too spicy. I cannot finish if there is too much rice as well. For that I do not ask for extra rice. I will tell that I do not want extra. I do not eat mustard greens. I do not like it, so I will let them know not to put it. I cannot eat if there is too much salt. I will ask them to reduce it." (Informer 4)
- "I will straight away reject food that is spicy, won't eat it. Not because of health reason but because I cannot, since I was a boy. When I was a boy going to school, I am like this. I will not eat if my mom cooks anything spicy." (Informer 6)
- "Firstly it is because we are so used home-cooked food (where) we don't eat too salty (food). So when (we are) outside, it is tend to be salty so we tell ah... fry vegetables and fry what to be less salt. Mostly it is less oil and less salt. Because these are the two that is very bad for health." (Informer 14)

When the taste of the food does not match the taste of the older adults, this becomes the barrier to visit the restaurant.

Proposed Theoretical Framework

Based on the findings of this research the following is the proposed theoretical framework utilising both the Theory of Planned Behaviour (Ajzen, 1991) and Social Cognitive Theory (Bandura, 1986) to explain the barriers to restaurant visiting among older adults. The five barriers identified (*ageing, life's perspective, food, cleanliness and service quality*) can be categorised into *personal, sociodemographic, and environmental barriers* that will to a certain degree influence the intention of a person to visit a restaurant that eventually lead to the behaviour or non-behaviour.

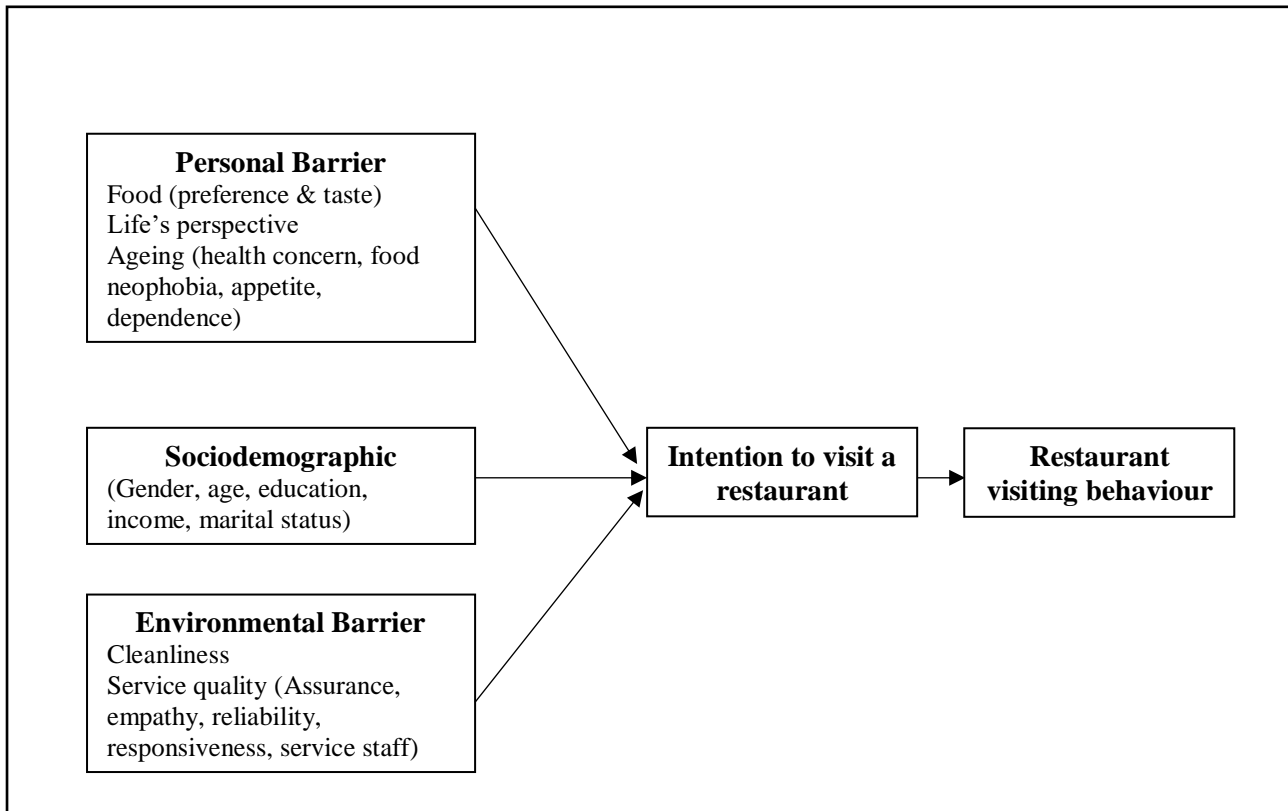


Figure 2: Proposed Theoretical Framework Explaining Barriers for Older Adults To Visit A Restaurant

According to Ajzen, “intentions are assumed to capture the motivational factors that influence a behaviour” (Ajzen, 1991, p. 181) or in other word, it shows how much effort people willing to put to perform the behaviour. It must be taken into consideration that all this variables are not mutually exclusive but interacts bi-directionally (Bandura, 1989). Another point to note is that the sources of influence are not of equal strength as one can be stronger than the other or some do not happen at the same time (Bandura, 1989).

Conclusion

Five factors have been identified in this research that act as a barrier for older adults in preventing them from visiting a restaurant. The result from this study will provide food establishment the information regarding the disagreement that older consumer has towards the restaurant in general and what prevents them from visiting a restaurant. With this information, restaurant operators can construct an effective marketing strategy and find ways to implement them to bring this consumer segment to restaurant more often.

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