CHAPTER 2: SETTING THE SCENE

This chapter is divided into several sections. It begins with a brief overview of health status of Malaysian, followed by other health-related issues like government health promotion and health care costs. The next section presents a general view on healthy lifestyle behaviours. This is followed by selected issues with the focus on exercise behaviour. Lastly, the links between healthy lifestyle and marketing are briefly discussed. Summary of the chapter then follows.

2.1 Health Status Overview

The health status of Malaysians has improved significantly since the days of the country’s independence. This is reflected by various health indicators and vital health statistics such as the increased life expectancy as well as declining trends in selected mortality and morbidity rates (World Health Report 2006). For instance, the Crude Death Rate went down from 12.4 per 1,000 live births in 1957 to 4.5 in 2005; The Infant Mortality Rate had improved dramatically from 75.7 per 1,000 live births to 5.1 per 1,000 live births in 2005; the life expectancy at birth for both genders stands at 71 for males and 76 for female in 2005 as compared to 56 for males and 58 for female in 1957 (Department of Statistics, Malaysia). The Malaysian healthcare system achievement has often been acknowledged by international organisations such as the World Health Organisation (WHO), World Bank and others as among the best health care systems compared to countries of similar socio economics status (Tee 2006).
Nevertheless, Malaysians are experiencing lifestyle changes due to socio-economic development, urbanisation and market globalisation. This has led to the prevalence of obesity and “lifestyle” related illnesses like diabetes, heart attack, and cancers (Omar 2002). For instance, diabetes mellitus afflicted about 6% of the adult population 20 years ago, but it has crept up to 10.3% in 2006 (Pang 2006b). As an indication, there are 46,000 new cases of strokes and 40,000 new cancer patients every year; about 30% of Malaysia adults above 30 years old have high blood pressure, and 8.3% are diabetic (The Star 21 Dec. 2006, SP4). It is projected based on the National Health Morbidity Survey (NHMS) that 2.99 million people will have the heart disease by year 2010 and 3.56 million, subsequently in 2020 (Pang 2006b). The condition is even more worrying with the increasing prevalence of these diseases among the adolescents and young adults Malaysians (Ministry of Health 2006).

The prevalence of obesity has been a major public health concern in both developed and developing countries, including Malaysia. According to the World Health Organisation Report (2006), over one billion people globally are now classified as being overweight, with at least 300 million of them are clinically obese (World Health Report 2006). The National Health and Morbidity Survey II (1996) in Malaysia revealed that out of 31,097 adults surveyed, 16.6% were overweight and 4.4% were obese and the prevalence of obesity was greater in women than men (Ministry of Health 1998). Another study by Universiti Kebangsaan Malaysia in 1998 among 1,026 schoolchildren aged 7 to 10 indicated that 12.5% of male children were obese compared with 5% of female children. It is reported that one in every five Malaysian adults is either overweight or obese (The World Factbook: Malaysia 2005). Researchers generally attribute the causes in obesity to less healthy diet and physical inactivity (Sylvia-Bobiak and Caldwell 2006) in addition to hereditary factors and endocrinal disorders (Mohamad 2000). In Malaysia, even though the prevalence of obesity
and overweight is relatively low compared to more developed nations, there is a potential increase in the cases of overweight and diet-related illnesses, which will cause a huge healthcare burden to the country. Obviously, the deterioration of public health condition and the preference to sedentary lifestyle have been worth noting in Malaysia.

2.2 Health Campaigns and Promotion

The Ministry of Health, the country’s foremost authority on health-related issues, is playing an important role to improve the health status of the growing population. In line with the health goals of Vision 2020, the Ministry of Health has formulated its vision as “to develop a nation of healthy individuals, families and communities, through a health system that is equitable, affordable, efficient, technologically appropriate, environmentally adaptable and consumer-friendly, with emphasis on quality, innovation, health promotion and respect for human dignity, and which promotes individual responsibility and community participation towards an enhanced quality of life” (Ministry of Health 2006). The government has incorporated research and development activities into the provisions of the Ninth Malaysia Plan to strengthen, develop and supports medical services (Pang 2006a). In planning for more integrated health campaigns and promotion activities, the government has placed the focus on four major elements: healthy eating, exercise and physical fitness, abstinence from smoking and stress management (Tee 2006).

Numerous efforts and initiatives have been undertaken by the government to promote lifelong wellness and healthy lifestyle with the aims to help Malaysians attain better health at the lowest cost and to reduce the disease burden. As part of the effort to strengthen tobacco control and to promote healthy lifestyle, the Malaysian Health Promotion Foundation was established in 2002 (http://www.healthpromo.gov.my). One such initiative
to cultivate healthy lifestyle among children was the collaboration by both the Ministry of Health and Ministry of Education in introducing the “Young Doctor Programme” in all primary school since 1989 (Chong 2006). Other health promotion campaigns include the yearly healthy lifestyle campaigns called “Be Healthy for Life” that has been carried out since 1991 as well as “Executive fitness programme”, “Sports for All”, and “Say No to Smoking” (Omar 2002).

To provide better health surveillance and services, the government is setting up more than 500 polyclinics and clinics by 2010 in the country (Pang 2006b). Besides primary healthcare infrastructure development, the Ministry also organised numerous continuous health campaigns like free health checks, nutrition education programme, exhibitions and talks (The Star 21 Dec. 2006, SP4). Other intervention measures carried out by the government include the setting up of the National Food and Nutrition Council; more stringent local legislation and guidelines on food and dietary; and the partnering with NGOs, the private sector, local universities, and international agencies such as WHO, UNICEF, FAO and the World Bank in continuous monitoring and evaluation of the situation in the country (Omar 2002).

2.3 Health Care Costs

Following emerging diseases that have severely posed threats over the years, health is probably one of the subjects that have been given much attention by the government and mass media. For instance, the Nipah virus outbreak that killed 104 people during 1998 to 1999; the Severe Acute Respiratory Syndrome (SARS) outbreak and bird flu attacks in the region have heightened the need to develop effective response mechanism in order to strengthen disease surveillance in the country (WHO Country Cooperation Strategy
Malaysia 2006-2008). In the battle of future spread of such deadly and contagious diseases in the country, Malaysian government allocated RM60.464 million in year 2006 and RM47.664 million the following year for the implementation of the National Influenza Pandemic Preparedness Plan (NIPPP) (Pang 2006b). The government is concerned with the health issues that will affect the productivity and consequently, the nation economy in view of the importance of health as an asset in the development of human capital.

Increasing concern over rapidly increasing health care expenditures is evident in the media. In Malaysia, spending on health care is about 3.8% of the country's GDP in 2003 compared to the USA whereby the health care is a trillion-dollar business with total expenditure on health at 15.2% of the country’s GDP the same year (World Health Organisation 2006). The pressure of escalating costs of public health care has been experienced by the Malaysian government (Sim 2006). The health care expenditure of the Ministry of Health increased from RM759 million in 1980 to RM2.49 billion in 1996. Later, the budget allocated by the government had increased tremendously to RM7.8 billion in year 2005 to sustain the medical cost of the country (Ministry of Health 2006). There is growing consensus regarding the link between healthy lifestyle behaviours (e.g., smoking, diet, exercise, and weight control) and current / future health status, and mortality. Healthier lifestyles help to decrease health care and medical costs (Murrow and Welch 1997). Therefore, promotion of public healthy lifestyle behaviour is crucial in reducing both health risks and costs.

2.4 Healthy Lifestyle Behaviour

The impact of healthy lifestyle behaviour on both consumer and society has been an issue and concern of both marketers in the health-related industries and public policy makers for long. Healthy lifestyle promotion is associated with consistent health conscious
behaviour like quitting unhealthy behaviours such as smoking, alcohol consumption, and sedentary behaviours; and practicing healthy behaviours like regular exercise, healthy dietary practices, weight control, and managing stress (Nahas, Goldfine and Collins 2003). Overall, healthy lifestyle behaviours are activities undertaken to protect, promote or maintain health (Steptoe, Wardle, Vinck, Tuomisto, Holte and Wichstrøm 1994) as well as an orientation toward health prevention for the maximisation of personal wellness (Bloch 1984).

The spread of contagious diseases as well as the rising statistics of illnesses such as diabetes, heart attack, and cancers have heightened the importance of maintaining healthy lifestyle. Malaysians are increasingly conscious of the food and supplements they eat, the quality of drinking water and air as well as the general state of health, especially among population of middle to higher social-economic class group (Omar 2002). Many health experts and nutritionists have generally reached consensus that that consumers can reduce the risk of illnesses such as heart disease, stroke, and cancer by monitoring their diets and by maintaining a healthy lifestyle (Rimal 2002). Specifically, regular exercise participation can prolong the development of heart disease, diabetes and obesity (Charatan 2001). Therefore, promotion of health lifestyle or health seeking behaviour is an effective way to reduce or even to avoid the medical costs of treating such preventable illnesses associated with lifestyle behaviours (Murrow and Welch 1997).

Healthy lifestyle encompasses variety of behaviours such as healthy diet, tobacco-free lifestyle, regular exercise, substance use, cautious preventive practices, weight control and supportive environment (Omar 2002). Most researchers work on healthy lifestyle behaviours have focused their research on diet and exercise (Divine and Lepisto 2005). In addition,
exercise and dietary behaviours have been considered as the most visible lifestyle shift among consumers (Kraft and Goodell 1993). Generally, people rely on regular exercise as means to maintain both their physical health and psychological well-being (Plante and Rodin 1990). Given the fact that exercise is recognised as an important aspect of healthy lifestyles and desired health behaviour, the present study focuses on exercise participation as one of the components of healthy lifestyle behaviour.

2.5 The Importance of Exercise

The exercise “boom” in the Western world started in 1970s when there were substantial increase in the number of people participate in exercise activities such as aerobic (Johnson 1998). This exercise craze has persisted into the 1990s due to an increased emphasis on fitness (Johnson 1998). The general notion that regular exercise participation promotes not only a person’s physical health and well-being, but also improves individual mood and self-esteem, has prolonged the exercise craze. This health trend has turned into a multibillion-dollar-a-year business with the promotion of corporate fitness programmes, video work-outs, and establishment of many gymnasiums and health clubs (Iannos and Tiggemann 1997). The global health and fitness market is very positive. This is evident in the global study conducted by Diagonal Reports Health and Fitness Club that the 10% growth rates that were typical in 2001 were expected to continue (The Global Health and Fitness Club Market Report 2002).

Substantial research has clearly supported the role of physical fitness and regular exercise in promoting both psychological and physical health and social well-being. In terms of physiological benefits, research has shown that regular exercises can decrease heart disease risks, mortality rates and blood pressure, also effective in weight management (Blair 1993).
Not only that, exercise is also recognised as playing a central role in the prevention of osteoporosis, hypertension, diabetes and some forms of cancers, including breast cancer (Scully, Kremer, Meade, Graham and Dudgeon 1998) and help in the promotion of healthy muscle, bones and joints (Ministry of Health 2006).

In addition to physical benefits, regular exercise has also been associated with reduced anxiety and depression symptoms, reduced tension, and mood improvement (Paluska and Schwenk 2000). In an extensive review of the exercise and psychological health literature, Folkins and Sime (1981) conclude that physical fitness training leads to improved mood, self-concept, and work behaviour as well as improved cognitive functioning. Specifically, their research reveals that mentally retarded children show sign of psychological improvement following physical fitness training. Beyond individual health benefits results from regular exercise, corporate and eventually the community as a whole benefited as well. Corporations start to implement different form of wellness programmes to promote physical fitness and health among employees. These wellness programmes not only lower health insurance costs, but also help to increase employee morale, job satisfaction, and productivity in the long run (Pate and Blair 1983). At community level, regular exercise leads to an overall decrease in medical and health care costs (Murrow and Welch 1997).

2.6 Exercise Participation among Malaysians

Exercise is recognised as an important way to lead a healthy lifestyle. Considerable effort has been put forward to promote exercise among the society as a whole by the Malaysian government agencies and Non-Government Organisation (NGOs), such as Ministry of Health, Ministry of Youth and Sports, and also National Sports Association
which consist of various sports bodies. There is substantial evidence to support that the lack of physical exercise or sedentary lifestyle is one of the major factors that contribute to illnesses. Also, most Malaysians are generally aware and agree with the benefits of regular physical activity.

However, despite all these facts, there are still large percentages of individuals who do not participate in regular exercise. According to the Ministry statistics, only 30.9% of Malaysians engages in light and moderate physical activity on regular basis (Ministry of Health 2006), rendering health promotion campaigns ineffective in improving health-related lifestyle behaviours. A study on exercise participation of 4,807 youth in Malaysia carried out in year 2006 revealed lack of interest in exercise and sports activities participation among youth (Andres 2006). The condition has detrimental effects as the low score for exercise participation indicates the health of youth would be affected in the long run.

Because of the problems associated with a sedentary lifestyle, many researchers in the West have devoted considerable attention in examining the determinants of healthy lifestyle behaviour, particularly the factors influencing adoption and maintenance of exercise participation. However, a review of literature reveals very few studies examining exercise behaviour in the context of Malaysia. Most of the local exercise related studies are commercial like survey or academic research that covers incomprehensive analysis of the predictors of exercise behaviour. Therefore, there is a need to develop a more comprehensive framework in understanding the determinants of individual exercise behaviour.
2.7 Exercise and Demographic Issues

Traditionally, football (soccer), badminton, athletics and swimming are the predominant sports games favoured by most Malaysians. During the mid 1980s to 1990s, golf was the craze, partially motivated by social contact with others. Later, the health and fitness club craze that hit the West a couple of decades ago have been slowly gaining popularity in Malaysia toward the end of 1990s (Ramli 2005). Various studies have provided demographically related determinants of exercise behaviour (e.g., Robinson and Rogers 1994; Nies and Kershaw 2002). Several demographic variables such as age, gender, education level, occupation, and income may have influence on exercise participation.

In a study on physical activity and health outcome in sedentary women, Nies and Kershaw (2002) report age, income, and race to have significant effect on physical activity. Specifically, the study concludes that as age increased, overall physical activity level decreased; whereas income is related to physical activity performance positively. In an analysis of several types of healthy lifestyle behaviours including exercise, Divine and Lepisto (2005) showed that individual who adopt a healthy lifestyle tend to be female, older, and more educated with higher income. According to Robinson and Rogers (1994), blue-collar occupation groups are directly related to non-adherence to exercise programme. Similarly, Marks and Lutgendorf (1999) also report higher income individual engaged in significantly higher levels of exercise; and more educated seniors exercised more.

Relating exercise to age issues, Trujillo, Brougham, and Walsh (2004) examine the reason for exercising between different age group. The results showed that younger individuals exhibit greater concern for interpersonal attraction outcomes, while older individuals exhibit greater concern for health outcomes. In the U.S. context, baby boomers are more likely to
join fitness clubs, and more likely to adhere to exercise classes and participate in a variety of sports activities (Johnson 1998). The proportion of baby boomers who regularly participate in exercise is twice that of the rest of the population (Dychtwald and Gable 1990). In agreement with this, Divine and Lepisto (2005) and Murrow and Welch (1997) also demonstrate that young people are generally not keen in adopting health behaviour.

In an attempt to study exercise practices, Backman (1999) reports males as having greater exercise intention and more favourable attitude toward exercise. In terms of exercise frequency, his study also found that males exercise more hours per week compared to females. Consistent with Mummery, Spence and Hudec’s (2000) study among youth sample, Symons Downs et al. (2006) report that boys score higher than girls on the measures of past exercise behaviour. Inferences can be made based on these studies that boys are more likely to have stronger motivations and plans to exercise. In a more general study about health behaviours, Steptoe et al. (1994) report higher score on the health practices index for women than for men. This is consistent with another similar study conducted by Divine and Lepisto (2005). Overall, it can be briefly concluded here that females tend to adopt or maintain healthy lifestyle across a range of health practices. However, when it comes to specific health behaviour such as exercise, the literature generally suggests that males exercise more regularly and are more motivated to exercise compared to female.

2.8 Healthy Lifestyle and Marketing

There are increasing concerns about health and fitness among Malaysians especially among urbanite and higher social class groups. Public agency and policy makers are also concerned about the general population health condition in view of the sedentary lifestyle that prevails in the country. Health campaigns and various mass media health promotion
sponsored by federal, state, and local agencies have had a great impact in increasing public awareness of the role of healthy lifestyle in disease prevention (http://www.healthpromo.gov.my). This heightened public awareness of health lifestyles has resulted in great business opportunities for many marketers and has led to a wide range of new consumer products and services. Health conscious consumers adopt varying strategies at different intervention levels in an attempt to adjust their lifestyle behaviours. These strategies include healthy diet, regular exercise as well as efforts in balancing work stress. Some consumers go beyond these basic steps to seek fast results such as consuming health supplements, slimming and low calorie diet, and the purchases of exercise equipment (Kraft and Goodell 1993).

All these trends have strong implications to both marketers and policy makers. For instance, public policy agencies should have good understanding of the antecedents to such healthy lifestyle behaviours so as to intervene effectively the growing incidence of obesity and other illnesses such as diabetes, heart attack that relate to physical inactivity and unhealthy diet. In marketing sense, healthy lifestyle behaviours are related to a set of activities, interests, and opinions orientated toward the consumption of various goods and services (Divine and Lepisto 2005). This healthy lifestyle trend drives demand for various healthier products and services and brings great impact on a number of industries. For instance, in the food industry, numerous low-fat, low cholesterol, low-sugar, and low-preservative foods have come on the market and have been widely promoted. More consumers especially amongst more educated and affluent groups are realising the importance of taking preventive health measures via consumption of vitamins and dietary supplements. In 2005, total consumer expenditure on health products and medical services in Malaysia reached RM4 billion (OTC Healthcare Malaysia, Euromonitor 2006). Specifically, Malaysians spent an average of USD17.30
monthly on health supplements (http://strategis.ic.gc.ca). These major shifts in consumer buying patterns have greatly altered the way many marketers in the food, healthcare and medical services industry market their brands.

Another industry which explosive growth has been fuelled by health conscious consumers is the pharmaceutical industry. The Malaysian pharmaceutical market had been growing at 8% to 10% annually over the last decade (http://www.mopi.org.my). Over-the-counter (OTC) healthcare in Malaysia experienced modest growth with sales reaching a total of RM1 billion by the end of 2005. The growth of OTC healthcare is expected to be positive during the forecast period of 2005-2010, and vitamins and dietary supplements market are expected to grow significantly and remained the leading OTC healthcare products in Malaysia (OTC Healthcare Malaysia, Euromonitor 2006). In 2005, the sales for vitamins and dietary supplements reached RM620 million with sales expecting to reach RM733 million by 2010 (OTC Healthcare Malaysia, Euromonitor 2006). It can also be seen that the number of OTC products registered with the Drug Control Authority has shown a significant increase of 82% from 3,331 products to 6,072 between 1991 and 2000 (http://strategis.ic.gc.ca).

More specifically, the health club and various fitness programmes have spread across urban areas in Malaysia. Despite the relatively low exercise participation among Malaysians, several fitness trends such as the embracement of home exercise equipment; diversified forms of exercise and fitness club popularity are evident among urbanite, more affluent and educated population (Ramlı 2005). Today, fitness clubs in Malaysia are becoming a lifestyle choice. Not only do most international fitness clubs offer a variety of exercise classes from aerobics, kickboxing, salsa dance, and martial arts to yoga, it also encompasses from fitness to beauty and relaxation plus sports injury therapy to friendly social activities and events.
Essentially, the fitness industry is moving towards a one-stop, holistic wellness centre concept, appealing to a broader market rather than hard physical exercise (Johnson 1998). This shift of exercise pattern has implications for the marketers and advertisers. Marketers start to embrace innovative marketing strategies and finding ways to differentiate themselves in the competitive market. Those in the advertising business are also aware of the changes and making lots of adjustments to make their advertisements more appealing to consumers.

The global health and fitness market is very positive. This is evident in the global study conducted by Diagonal Reports Health and Fitness Club that the 10% growth rates that were typical in 2001 are expected to continue (The Global Health and Fitness Club Market Report 2002). The contribution of service sector to the Malaysian economy is significant. Notably, the income from service sector has grown by 6.7% in the year 2004 and accounts for 59.1% of GDP in Malaysia the same year (The World Factbook: Malaysia 2005). According to a survey sponsored by Fitness First, less than 1% of the working population is an active fitness club member (Raj 2005). At present, only about 2% of the Klang Valley population regularly exercises in fitness clubs (Raj 2005). This implies that there is a strong potential growth in Malaysia for fitness industry.

In the marketing perspective, consumers adopting a healthy lifestyle can be viewed as a specific market segment. Those manufacturers or vendors who supply health-related products and services that appeal to this segment need to understand the predictors to such health behaviour. This facilitates a better decision as to how best in utilising marketing budgets for advertising, personal selling efforts, and other promotion activities. Exercise is an important component of healthy lifestyle behaviours. The choices made by individual
concerning exercise and fitness activities are a form of consumer behaviour. There are numerous factors that can influence individual exercise behaviour, for instance, demographic, psychological, environmental, cultural and family influence (Kerner and Grossman 2001). Analysing exercise behaviour can lead to a better understanding of how these related factors interact and influence each other, thus building a deeper understanding of complex consumer behaviour.

Very few researches related to exercise and fitness has been found in the marketing literature. Therefore, the present study attempts to develop and confirm a health-related model that is able to explain and predict exercise behaviour. This model examines the social cognitive and psychological factors that could be useful to health care marketers in segmenting markets, targeting promotions and positioning products and services. Armed with this knowledge, marketing practitioners can then find potential market opportunities and determine the appropriate marketing mix in order to develop practical and effective marketing strategies.

2.9 Summary

The prevalence of obesity and other lifestyle related illnesses such as diabetes has been a major public health concern among Malaysian population and the government. In view of the rising medical and health care costs, government agencies and NGOs have implemented various public health campaigns in promoting healthy lifestyle behaviour. Healthy lifestyle behaviours can be viewed as a set of activities, interests, and opinions related to consumption of various health products and services. The present study focuses on exercise participation as one of the components of healthy lifestyle behaviour. Exercise participation among Malaysians is relatively low despite the published information
regarding the benefits of exercise and the government initiative in promoting regular exercises. Therefore, there is a need to understand the determinants of individual exercise behaviour. Specifically, the present study integrates several social cognitive and personality factors in explaining and predicting exercise behaviour. Implications and conclusions from the research findings will be drawn from consumer behaviour perspective.