

**MARKETING FOR MEAL-KITS:  
THE INFLUENCE OF  
CONSUMER CHARACTERISTICS  
ON THE EFFECTIVENESS OF  
MONETARY SALES  
PROMOTIONS AND  
ADVERTISEMENT CLAIMS**

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## Preface

Dear reader,

Hereby I proudly present my master's thesis "Marketing for meal-kits: the influence of consumer characteristics on the effectiveness of monetary sales promotions and advertisement claims". This thesis is part of the curriculum of the master Business Administration, specialisation Marketing. Since learning that the topic of meal-kits was available, I was immediately excited about it. The topic closely aligns with my strong passion for everything related to Food & Beverage.

Thankfully I got the opportunity to study the topic with Dr. Marleen Hermans as my supervisor. Due to her detailed feedback and overall support the process was highly educational for me. I would like to thank her for this. Furthermore, I would also like to thank Dr. Paolo Franco, my second examiner, for his feedback during the process.

Additionally, I would like to thank my family, friends, and boyfriend for their support and encouraging words the past half year. Lastly, I want to thank everyone who participated in the experiment or helped me with the research in another way. Overall, writing this thesis was a challenging endeavour but it was very good for my personal development especially because it was challenging.

I hope you enjoy reading this thesis,

Emma Eltink  
Valburg, June 2023

## Abstract

Despite the increasing popularity of meal-kits, companies offering meal-kits appear to struggle with aspects of their marketing mix. Additionally, existing research on meal-kits from a marketing research is scarce and related literature streams are often contradicting or ambiguous about important topics. This thesis aims to help improve the understanding of meal-kits from a marketing perspective by providing insights into the effectiveness of different types of monetary sales promotions and advertisement claims in relation to meal-kit purchase intention. Furthermore, it is investigated how these effects are moderated by health orientation and convenience orientation. Multiple regression analysis conducted on the data gathered from an online experiment (n = 216) shows that price discounts and rebates both positively influence meal-kit purchase intention. No difference is found between the effects of price discounts and rebates. Health orientation moderates the effect of taste advertisement claims compared to positive emotions advertisement claims. No other difference exists between the effect of taste advertisement claims and positive emotions advertisement claims. Convenience orientation does not moderate any of the relationships. The results of this study provide practitioners with preliminary information about which variables can and cannot enhance meal-kit purchase intention for consumers with certain characteristics.

**Keywords:** meal-kits, healthy food, convenience food, health orientation, convenience orientation, monetary sales promotions, price discount, rebate, advertisement claims, taste, positive emotions, meal-kit purchase intention

## Table of content

1.	Introduction.....	6
1.1	Practical phenomenon .....	6
1.2	Literature gap .....	6
1.3	Theoretical contributions .....	7
1.4	Thesis outline.....	8
2.	Theoretical background.....	9
2.1	Healthy food .....	9
2.2	Convenience food.....	10
2.3	Sales promotions .....	11
2.4	Food advertisement claims .....	12
3.	Conceptual framework.....	14
3.1	Conceptual model .....	14
3.2	Monetary sales promotions .....	14
3.2.1	No monetary sales promotions and price discount/rebate .....	14
3.2.2	Price discounts and rebates .....	14
3.3	Advertisement claims.....	15
3.4	Health orientation .....	17
3.4.1	Monetary sales promotions and health orientation .....	17
3.4.2	Rebates and health orientation.....	17
3.4.3	Taste advertisement claims and health orientation .....	17
3.5	Convenience orientation.....	18
3.5.1	Monetary sales promotions and convenience orientation .....	18
3.5.2	Rebates and convenience orientation.....	18
3.5.3	Taste advertisement claims and convenience orientation .....	19
4.	Methodology .....	20
4.1	Research design.....	20
4.2	Operationalisation.....	21
4.2.1	Manipulated variables.....	21
4.2.2	Latent variables .....	23
4.2.3	Control variables.....	23
4.2.4	Overview.....	24
4.3	Data analysis.....	25
4.4	Research ethics.....	26

5.	Results .....	27
5.1	Sample characteristics.....	27
5.2	Factor analysis and reliability analysis.....	29
5.3	Assumptions .....	29
5.4	Multicollinearity, outliers, and influential observations .....	30
5.5	Analyses and interpretation .....	31
5.5.1	Primary analysis results and interpretation .....	31
5.5.2	Secondary analysis results and interpretation .....	33
5.6	Overview hypotheses .....	33
5.7	Moderators and control variables.....	34
5.8	Robustness checks.....	34
5.8.1	Excluded participants .....	34
5.8.2	Median splits .....	35
6.	Discussion and conclusion.....	36
6.1	Academic implications.....	36
6.1.1	Monetary sales promotions .....	36
6.1.2	Advertisement claims .....	37
6.1.3	Health orientation .....	37
6.1.4	Convenience orientation .....	38
6.1.5	Control variables.....	39
6.2	Practical implications.....	40
6.3	Limitations and future research .....	41
	References.....	44
	Appendices .....	52
	Appendix A: Scenarios .....	52
	Appendix B: Experiment.....	53
	Appendix C: Factor analysis and reliability analysis .....	60
	Appendix D: Assumptions .....	61
	Appendix E: Multicollinearity .....	63
	Appendix F: Model Fit .....	65
	Appendix G: Secondary analysis.....	66
	Appendix H: Robustness checks .....	67

# 1. Introduction

The current chapter first describes the practical phenomenon which is studied in this thesis. Next, the corresponding literature gap is reviewed, followed by the theoretical contributions. Last, the thesis outline provides a brief overview of the information discussed in the following chapters.

## 1.1 Practical phenomenon

Both healthy food (Niva, 2006) and convenience food (Brunner et al., 2010) have become more popular over time. Producers have consequently developed products that cater to these consumer wishes. Meal-kits are an example of a product that combines the needs for both healthy food and convenience food (Yoon et al., 2022). Meal-kits are “pre-measured bundles of raw ingredients with recipe cards for a complete home-cooked meal” (Yoon et al., 2022, p. 1). The main benefits of meal-kits are that they reduce food-related decision-making fatigue (Fraser et al., 2021) and effort related to cooking (Hertz & Halkier, 2017).

Interest in meal-kits has surged in recent years (Yoon et al., 2022). In 2021 the meal-kit delivery segment in the Netherlands had a revenue of 458,55 million euros, which was an 65,2% increase compared to the previous year (FoodService Instituut Nederland, 2022). One of the main players in the meal-kit delivery segment is HelloFresh. Currently, HelloFresh serves 7,5 million customers worldwide (DistriFood, 2022). The revenue of HelloFresh increased by 31.4% to 1.86 billion euros in Q3 of 2022 (Pasquini, 2022). Regardless of the popularity of meal-kits, companies such as HelloFresh appear to struggle with some aspects of their marketing mix. The main issues relate to the price of the meal-kits (Statista, 2019) and ineffective marketing strategies that do not play into customer needs and wishes (Andonova et al., 2021).

## 1.2 Literature gap

Despite the rapid growth and challenges concerning the marketing mix, research on meal-kits from a marketing perspective is scarce. A large amount of research has been conducted on the topics convenience food and healthy food. However, these literature streams are contradicting or ambiguous about for example the effects of certain types of monetary sales promotions and advertisement claims. The influence of monetary sales promotions and advertisement claims is therefore uncertain for healthy convenience foods, such as meal-kits. To help close this literature gap relating to meal-kits from a marketing perspective, the following main question is answered: *“To what extent do different types of monetary sales promotions and advertisement claims influence meal-kit purchase intention, and how are these effects moderated by health orientation and convenience orientation?”*

### 1.3 Theoretical contributions

This study adds to existing literature in three ways. First, the effects of three different monetary sales promotion conditions (none, price discounts, and rebates) in relation to meal-kit purchase intention are studied. Prior research has shown that monetary sales promotions have a greater ability to lead to purchase intentions than non-monetary sales promotions (Kwok & Uncles, 2005). However, which type of monetary sales promotion is most successful at increasing meal-kit purchase intention is uncertain because the literature streams on healthy food and convenience food contradict each other on this topic. On one hand, ample research has shown that rebates increase healthy food purchases (Banerjee et al., 2020; Olsho et al., 2010; Olsho et al., 2016; Phipps et al., 2015; Sturm et al., 2013). On the other hand, for convenience food a monetary sales promotion that requires less effort, such as a price discount (Shi et al., 2005) might be preferred. Hence, it is uncertain which monetary sales promotion type is most effective at increasing purchase intention of healthy convenience food, such as meal-kits.

Second, this thesis compares the influence of two types of food advertisement claims (positive emotions and taste) in relation to meal-kit purchase intention. Existing literature has demonstrated that food advertisement claims influence food choices (Vukmirovic, 2015) and that diverse claims are made in food advertisements (Kim et al., 2009). Regardless of this, no research has been conducted on which type of food advertisement claim is most suitable when aiming to increase meal-kit purchase intention. Healthy food and convenience food literature streams are ambiguous when it comes to which type of advertisement claim should be the most influential. Both positive emotions and taste advertisement claims are known to influence healthy food and convenience food decisions (e.g., Gardner et al., 2014; Imtiyaz et al., 2021). It is therefore uncertain which type of advertisement claim is more influential in the case of meal-kits.

Third, the influence of two consumer characteristics (health orientation and convenience orientation) as moderators is studied. Existing research on meal-kits has not yet considered consumer characteristics. Hence, it is uncertain for which types of consumers certain monetary sales promotions and advertisement claims influence meal-kit purchase intentions the most. Considering that meal-kits combine aspects of healthy and convenience food (Yoon et al., 2022), it is likely that the effects of these monetary sales promotions and advertisement claims are influenced by health orientation and convenience orientation of consumers.

To summarize, this study considers the effectiveness of different types of monetary sales promotions, advertisement claims, and the corresponding moderating effects of health orientation and convenience orientation. The results of this study provide preliminary insights for practitioners that might help with their challenges concerning price and ineffective marketing strategies. By better

taking into account wishes and needs of different consumers practitioners can enhance the efficiency of their marketing strategies to ultimately increase meal-kit purchase intention. For the academic community the theoretical contributions of this study might provide information that can help advance marketing research on healthy convenience food, such as meal-kits.

#### 1.4 Thesis outline

The remainder of this thesis is structured the following way. Chapter two contains the literature review which provides theoretical background information on the relevant streams of literature and important concepts: healthy food, convenience food, monetary sales promotions, and food advertisement claims. Chapter three delineates the conceptual framework and the corresponding hypotheses. Next, chapter four features the methodological choices and their substantiation, including research ethics and limitations. Chapter five shows the data analyses and results including information concerning which hypotheses were supported or not. In chapter six the implications, limitations, and avenues for future research are discussed.

## 2. Theoretical background

In the first subchapter to commence an explanation is provided about what healthy food entails. Afterwards, complexities and barriers concerning healthy food are highlighted. Last, an important consumer characteristic related to healthy eating, called health orientation, is reviewed. The subchapter for convenience food follows the same structure and discusses a related consumer characteristic called convenience orientation. The consecutive subchapters are dedicated to sales promotions and food advertisement claims. After an explanation of the concept sales promotions, different types of sales promotions are discussed, and it is explained which sales promotion types are included in this thesis. The subchapter dedicated to food advertisement claims follows the same structure.

### 2.1 Healthy food

Existing literature shows some consensus about what healthy food entails: healthy food contains essential nutrients such as vitamins, proteins, and fibres (De Moraes Prata Gaspar et al., 2020). Additionally, it should contain limited concentrations of (saturated) fats, salt, and sugar (De Moraes Prata Gaspar et al., 2020; Bucher et al., 2015; Kombanda et al., 2022; Paquette, 2005; Ronteltap, et al., 2012). Certain food groups such as fruits, vegetables (Bucher et al., 2015; Kombanda et al., 2022; Paquette, 2005; Van Der Heijden et al., 2021), poultry, and pulses are often considered healthy (Kombanda et al., 2022). Regularly, quality aspects such as unprocessed, natural, fresh (Kombanda et al., 2022; Paquette, 2005), and pure are associated with healthy food (Niva, 2006). A final important aspect of healthy food is that it is frequently cooked at home (Kombanda et al., 2022; Niva, 2006; Paquette, 2005; Ronteltap et al., 2012).

Aside from these common denominators, many complexities surround the notion of healthy food. The link between food and health can even be considered complex (Niva, 2006; Paquette, 2005; Ronteltap et al., 2012). This is partly because the diet as a whole is considered and this makes the notion of 'healthy food' ambivalent (De Moraes Prata Gaspar et al., 2020; Paquette, 2005). Variety, moderation (in frequency or amount), and balance within the diet appear to be important (De Moraes Prata Gaspar et al., 2020; Kombanda et al., 2022; Niva, 2006; Paquette, 2005; Ronteltap et al., 2012). Nevertheless, those terms do not necessarily mean the same to every consumer (Kombanda et al., 2022; Paquette, 2005).

Another complexity arises due to the oftentimes normative character of the connection between health and food. 'Healthy food' should be eaten and/or 'unhealthy food' should be avoided (De Moraes Prata Gaspar et al., 2020). However, which foods belong to which category is a difficult matter as boundaries are not well defined (De Moraes Prata Gaspar et al., 2020; Paquette, 2005). Furthermore, 'healthy food' is a complicated concept which is greatly influenced by culture, society

(Niva, 2006), and traditions (Van Der Heijden et al., 2021). Due to these factors, consumers find it difficult to make the 'right' decisions when trying to eat healthy. To make the matter even more complex demographic factors, living arrangements, social, and psychological factors influence what the term 'healthy food' means to consumers (Kombanda et al., 2022).

If consumers have been able to determine what 'healthy food' is, two other issues arise which might stop consumers from eating healthy: time and money (Van Der Heijden et al., 2021). According to Hill et al. (2016) consumers often believe that healthy foods such as fruits, vegetables, and whole grains are more expensive than unhealthy food. Yet, some research has also shown that this is often not the case and that healthy food is usually equally or even less expensive (Hill et al., 2016). Consensus has not been reached on this topic.

A final important notion concerning healthy food is that consumers might vary in the importance they attach to health in general and in relation to food. A consumer characteristic related to this is often referred to as health orientation or health consciousness (Chekima et al., 2017). Health orientation can be defined as: "the individual motivation for pursuing the goal of being healthy" (Cavaliere et al., 2016, p. 111). This characteristic will be incorporated as a moderator in this thesis.

## 2.2 Convenience food

Existing research has defined convenience food in many different ways (Scholliers, 2015). Convenience food also has multiple meanings for producers, supermarkets, scholars, and practitioners (Hertz & Halkier, 2017). The term can be used for various categories of "processed foods, manufactured for mass consumption, including frozen, chilled, dried, and canned goods; confectionery, snacks, and beverages; processed meat, pasta, and cheese; take-away food, and ready-meals" (Jackson & Viehoff, 2015, p. 2). One aspect that often is agreed upon is that convenience food is linked to 'preparing' food at home (Scholliers, 2015). Additionally, most recent literature seems to agree on two dimensions of convenience: (1) type and (2) timing (Darian & Cohen, 1995). The first dimension, type, considers whether the amount of time, physical energy, and/or mental energy required is reduced (Brunner et al., 2010; Buckley et al., 2007; Candel, 2001; Darian & Cohen, 1995). The amount of time saved considers both spending less time on activities and absence of waiting time (Darian & Cohen, 1995). The second dimension, timing, refers to which moments in the consumption process provide convenience (Darian & Cohen, 1995). The different moments include planning, shopping, meal preparation, consumption, and clearing up (Buckley et al., 2007; Darian & Cohen, 1995; Jaeger & Meiselman, 2004; Veflen Olsen, 2012). Convenience can play a role at each of these stages (Candel, 2001) and may not be equally important in all situations (Olsen et al., 2007). Together, these two dimensions provide a perspective on how to determine the level of convenience for a food.

Despite some consensus being reached on those two dimensions, no clear definition of convenience food exists (Candel, 2001; Hertz & Halkier, 2017). Furthermore, different authors have proposed contradicting ways of categorising convenience food (Daniels & Glorieux, 2015). Brunner et al. (2010) for example have distinguished between (1) highly processed food items, (2) moderately processed food items, (3) single components, and (4) salads. The typology of Daniels and Glorieux (2015) consists of eight categories that differ in the level of convenience (non-convenience, semi-convenience, and convenience) and the use of food in a meal (ingredients, accessory meal ingredients, and full meals). Instead, Costa et al. (2001) have proposed the categories (1) ready to eat, (2) ready to heat, (3) ready to end-cook, and (4) ready to cook. These different categorisations illustrate that academics have not reached consensus on how to categorise convenience food.

Aside from the complexities concerning what convenience food exactly is and how it should be categorised, important barriers surrounding convenience food exist. Many negative associations such as feelings of guilt, regret, and neglecting of duty are linked to convenience food (Veflen Olsen, 2012). Moreover, concerns about naturalness and nutrition knowledge are reasons for people to abstain from using convenience food items (Brunner et al., 2010). Convenience food is also associated with food waste (Mallinson et al., 2016) and is often perceived as less healthy compared to foods that are prepared from scratch at home (Buckley et al., 2007; Jackson & Viehoff, 2015). To summarize, convenience food is linked to negative associations such as unhealthy, lazy, unnatural, wasteful, and feelings of guilt.

An important concept related to convenience food is the convenience orientation of individual consumers (Candel, 2001; Olsen et al., 2007). Convenience orientation can be defined as “the extent to which the consumer is likely to seek time and energy (both physical and mental) savings in relation to his/her food-related activities” (Buckley et al., 2007, p. 601). Convenience orientation is positively related to convenience food usage (Candel, 2001) and is often considered in convenience food research. This characteristic will be included as a moderator in this thesis.

### 2.3 Sales promotions

The topic of sales promotions has attracted considerable attention from marketing scholars. Sales promotions are known to influence brand choice behaviour (Dodson et al., 1978) and the consumers’ decision-making process (Mela et al., 1997). There are three types of sales promotions: (1) trade promotions, (2) retailer promotions, and (3) consumer promotions (Blattberg & Neslin, 1993). The current research focuses on consumer sales promotions. A consumer sales promotion can be defined as an “action-oriented marketing event whose purpose is to have a direct impact on the behavior of the firm’s customers” (Blattberg & Neslin, 1990, p. 3). Different types of sales promotions exist. The first main distinction that most authors acknowledge is: (1) monetary and (2) non-monetary sales promotions (Chandon et al., 2000). These two types of promotions are perceived differently by

consumers (Chandon et al., 2000) because most monetary sales promotions are seen as reduced losses while non-monetary sales promotions are often perceived as gains (Diamond & Johnson, 1990). Monetary sales promotions include price discounts, rebates, and coupons (Diamond & Johnson, 1990; Narasimhan, 1988). Monetary sales promotions are known to have a temporary positive effect on sales (Kopalle et al., 1999; Raghurir et al., 2004), accelerate purchases (Gupta, 1988), and encourage consumers to switch brands (Dodson et al., 1978; Gupta, 1988; Nagar, 2009; Narasimhan, 1988). However, not all monetary sales promotions are equally successful at creating brand switching behaviour and repeat purchases (Dodson et al., 1978). Promotions thus have to be selected while keeping the objectives of the company in mind (Dodson et al., 1978).

Furthermore, existing literature distinguishes between active and passive sales promotions (Schneider & Currim, 1991). Active sales promotions require more intensive effort outside of the store environment while passive sales promotions require limited effort and occur in the store environment (Schneider & Currim, 1991). Consumers are prone to either active or passive type of promotions (Schneider & Currim, 1991).

The current research compares three conditions (1) a condition without monetary sales promotions and two types of monetary sales promotions (2) price discounts and (3) rebates. A price discount can be defined as a “temporary reduction of the list price of the product” (Shi et al., 2005, p. 470). Price discounts have become increasingly important in promotional strategies (Palazon & Delgado-Ballester, 2009; Raghurir, 2005) and are the most common type of sales promotion (Chandon et al., 2000). Consumers mentally frame price discounts as reduced losses compared to the full price of a product (Banerjee et al., 2020; Thaler, 1985). Rebates are perceived differently. Rebates are defined as: “a certain amount of money refunded to consumers when they purchase certain goods and services.” (Banerjee et al., 2020, p. 2). Consumers experience two separate phases concerning rebates: a loss (price of the product) and a small gain (the rebate amount) (Banerjee et al., 2020; Thaler, 1985). Consumers mentally frame rebates in such a way that the small gain is a ‘silver lining’ (Banerjee et al., 2020).

#### 2.4 Food advertisement claims

Advertisement claims highlight positive benefits and aim to maximise the attractiveness of a product (Wells et al., 2006). In food advertisements many different types of claims have been used (Kim et al., 2009). The term ‘claim’ is most often used in relation to health and nutrition benefits. When it comes to other benefits, not all literature uses the term ‘claim’ consistently. For example, some literature refers to ‘marketing messages’ instead (e.g., Pitts et al., 2014). However, the term ‘marketing message’ is not considered specific enough for this thesis since it is a fairly ambiguous term. Hence, advertisement messages stressing positive benefits of a food will be called advertisement claims in this study to prevent confusion.

The most frequently used types of advertisement claims are those related to consumer-related benefits (Pitts et al., 2014). Among consumer-related benefits, positive emotions and taste are commonly used (Pitts et al., 2014). Other possible types are health benefits, specific nutrients/ingredients, and minimization/elimination of nutrients (Pitts et al., 2014). Health and nutrition advertisement claims, despite often being featured in research, are used less frequently than advertisement claims about consumer-related benefits (Pitts et al., 2014). Therefore, this thesis compares two types of consumer-related benefit claims: (1) positive emotions and (2) taste. Positive emotions motivate, lead to behaviour (Batson et al., 1992), and are part of the emotional component of an experience (Gentile et al., 2007). Positive emotions can be attributed to a specific situation (Richins, 1997; Sidaoui et al., 2020) and aim to establish an affective relation with a product (Gentile et al., 2007; Richins, 1997). In the means-end chain (Reynolds & Olson, 2001) positive emotions advertisement claims seem to belong to the level of psychosocial consequences since they describe how the consumer will feel because of the product. Examples of positive emotions advertisement claims include keywords such as feeling good and feelings of happiness (Pitts et al., 2014).

Taste advertisement claims relate to an element of the sensorial component of an experience, which can be perceived by the senses (Gentile et al., 2007). For food overall, taste advertisement claims are the most frequently used advertisement claims (Pitts et al., 2014; Kim et al., 2009). Looking at the means-end chain (Reynolds & Olson, 2001) it seems that taste advertisement claims function at the product attribute level because they stress a characteristic of the product (Wang & Yu, 2016). Example keywords found in taste advertisement claims are delicious and pleasant taste (Pitts et al., 2014).

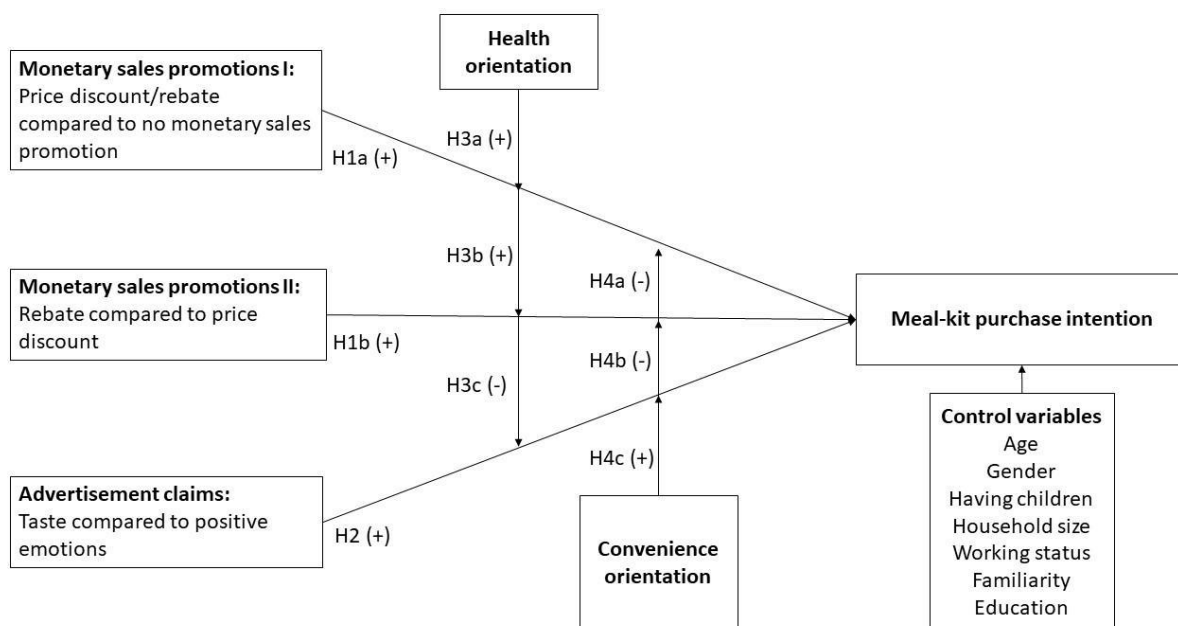
### 3. Conceptual framework

This chapter first shows the conceptual model of this study. Afterwards the hypotheses and corresponding substantiation are discussed.

#### 3.1 Conceptual model

The current research determines how the moderators health orientation and convenience orientation influence the effects of different monetary sales promotions conditions (none, price discount, and rebate) and advertisement claims (positive emotions and taste) on meal-kit purchase intention. The conceptual model of this thesis is shown below in Figure 1.

**Figure 1**  
*Conceptual Model*



#### 3.2 Monetary sales promotions

##### 3.2.1 No monetary sales promotions and price discount/rebate

Price is an important factor that influences meal-kit purchases (Cho et al., 2020) especially since consumers often perceive meal-kits as expensive (Fraser et al., 2021; Gibson & Partridge, 2019; Khan & Sowards, 2018; Moores et al., 2021). Both price discounts and rebates lead to a temporary reduction of the amount of money spent by the consumer. Therefore, it is expected that price discounts and rebates positively influence meal-kit purchase intention.

*H1a: Price discounts and rebates, when compared to no monetary sales promotions, have a more positive effect on meal-kit purchase intention.*

##### 3.2.2 Price discounts and rebates

Contrasting evidence exists when it comes to whether price discounts or rebates should be more successful at increasing meal-kit purchase intention. A substantial amount of research shows that rebates are successful at increasing the purchasing of healthy food (Banerjee et al., 2020; Olsho et

al., 2010; Olsho et al., 2016; Phipps et al., 2015; Sturm et al., 2013). Normally healthy food is linked to lower reward-related responses in the brain compared to unhealthy food because the brain associates healthy food with lower amounts of calories (Verdejo-Román et al., 2016). However, discounts and rebates negate this low effect for healthy food because the products become associated with a monetary reward instead (Banerjee et al., 2020). Healthy food literature has shown that rebates, compared to price discounts, are more effective in increasing the levels of reward-related responses and monetary values of the reward for consumers due to the silver lining effect (Banerjee et al., 2020). This indicates that for healthy food, rebates are the more influential type of monetary sales promotions. Given that meal-kits share characteristics with healthy food (Yoon et al., 2022) rebates might also be more influential for meal-kits.

Alternatively, from a convenience food literature point of view it could be argued that price discounts are more effective than rebates. For convenience food saving time and effort are vital product attributes (Darlan & Cohen, 1995) this makes offering a convenience food product with a rebate instead of price discount seem counterintuitive. Price discounts do not involve substantial effort or time for the consumer: the consumer only has to compare the price including discount with the regular price of the product (Shi et al., 2005). Rebates demand a more substantial amount of effort and time of the consumer (Diamond & Johnson, 1990). After purchasing the product the consumer has to match the redemption requirements to claim the rebate (e.g., fill in an online redemption application form and/or upload a copy of the receipt) (Currie & Mizerski, 2016). Therefore, for convenience food it appears as if price discounts would be more suitable than rebates. Considering that meal-kits share characteristics with convenience food (Yoon et al., 2022), this could indicate that price discounts are better suited for meal-kits.

To summarise, rebates should be more effective for healthy food while price discounts should be more effective for convenience food. Existing research has directly compared the effect of price discounts and rebates on purchase intention in the context of healthy food but no similar comparison has been made for convenience food. Hence, the evidence in favour of rebates is considered stronger for this thesis.

*H1b: Rebates, when compared to price discounts, have a more positive effect on meal-kit purchase intention.*

### 3.3 Advertisement claims

From both a healthy food and convenience food literature perspective, advertisements claims are important influencing factors (Harris et al., 2009; Imtiyaz et al., 2022). When it comes to determining whether positive emotions or taste advertisement claims should be more influential for meal-kits, healthy food and convenience food literature streams are ambiguous. Positive emotions advertisement claims influence choices related to both healthy food and convenience food (Gardner

et al., 2014; Imtiyaz et al., 2021). Positive emotions advertisement claims increase healthy food choice because they lead to increased focus on long-term goals like health (Gardner et al., 2014). Thinking about the long-term perspective is encouraged by these claims because positive emotions cues are associated with friendly/safe nearby surroundings (Labroo & Patrick, 2009). Convenience food literature has linked positive emotions advertisement claims to purchase decisions (Imtiyaz et al., 2021). Consumers for example associate convenience food with lower stress levels, coping better with multiple tasks in their busy lives, and increased free time (Honkanen & Frewer, 2009; Imtiyaz et al., 2021; Januszewska et al., 2011). Furthermore, feeling good and helping to relax are the most influential factors influencing convenience food consumption (Imtiyaz et al., 2021). To summarize, positive emotions advertisement claims could be effective for both healthy food and convenience food.

Taste advertisement claims have also been linked to both healthy food and convenience food. Consumers generally think that healthy food is less tasty and that unhealthy food is tastier (Raghunathan et al., 2006). However, highlighting good taste instead of the health properties may positively influence the expectations and attractiveness of healthy products because they lead to different consumer expectations (Bublitz & Peracchio, 2015). This effect is confirmed by Turnwald and Crum (2019) who found that communication focussed on taste instead of health leads to increased selection of healthy food (Turnwald & Crum, 2019). Convenience food literature notes that taste advertisement claims are often used since consumers want speed and convenience but not at the expense of taste (Brewis & Jack, 2005). Good taste is a vital factor driving convenience food purchase intention (Buckley et al., 2007; Fitzgerald et al., 2010; Imtiyaz et al., 2021). Hence, taste advertisement claims could be effective for both healthy food and convenience food.

Summarising, healthy food literature and convenience food literature provide indications that positive emotions and taste advertisement claims could both be effective. Despite this ambiguity, for meal-kits it is expected that taste advertisement claims will be more effective than positive emotions advertisement claims because overall taste is more important than positive emotions for food choice (Steptoe et al., 1995). Furthermore, literature has shown that for functional foods such as the main meals featured in the meal-kits (Garg et al., 2007; Wansink & Chandon, 2006) taste advertisement claims are infrequent but can lead to strong purchase intentions due to a perceived level of incongruity between the product type and the taste advertisement claim (Kim et al., 2009). Consumers positively evaluate the incongruity between the product and the advertisement claim (Mandler, 1981). Moreover, consumers consider resolving incongruity as a rewarding process, which again leads to positive responses (Meyers-Levy et al., 1994). A similar effect has not been found for positive emotions advertisement claims.

*H2: Taste advertisements claims, when compared to positive emotions advertisement claims, have a more positive effect on meal-kit purchase intention.*

### 3.4 Health orientation

#### 3.4.1 Monetary sales promotions and health orientation

Most literature seem to suggest that health oriented consumers greatly value price (Raaijmakers et al., 2018). Moreover, health orientation has been linked to a long-term focus (Li & Hu, 2019; Muñoz-Vilches et al., 2019). This time perspective (short-term versus long-term focus) influences health behaviour (Daugherty & Brase, 2010) and financial behaviour (Van Beek et al., 2013). Therefore, highly health oriented consumers are expected to make decisions that help secure or improve their long-term financial situation. This expectation is in line with Özyörük (2021) who found that long-term oriented consumers are more price conscious. Increased price consciousness in turn might make the monetary sales promotions more effective. All in all, most existing literature seems to provide indications that the effect of monetary sales promotions compared to no monetary sales promotions might be strengthened by health orientation.

*H3a: The positive effects of price discounts and rebates, when compared to no monetary sales promotions, are strengthened by health orientation.*

#### 3.4.2 Rebates and health orientation

Consumers differ in the extent to which they prefer immediate rewards or focus more on future benefits instead (Daugherty & Brase, 2010). Given that health orientation and a long-term focus are connected (Li & Hu, 2019; Muñoz-Vilches et al., 2019) it seems likely that health oriented consumers are more long-term focused. Consumers who are more long-term oriented are more tolerant of a delay in rewards, while consumers who are short-term oriented want an immediate effect (Dassen et al., 2015). Since rebates include a delayed gain component (Banerjee et al., 2020) their effect for health oriented/long-term oriented consumers is expected to be stronger compared to price discounts because health oriented consumers might be more accepting of future rewards.

*H3b: The positive effect of rebates, when compared to price discounts, is strengthened by health orientation.*

#### 3.4.3 Taste advertisement claims and health orientation

Marketing research has shown that differences in consumer characteristics, such as health orientation, are important to consider while using advertisements claims (Machiels & Karnal, 2016; Muñoz-Vilches et al., 2019; Mai & Hoffmann, 2012). Since health oriented consumers appear to be more focussed on the long-term perspective (Li & Hu, 2019; Muñoz-Vilches et al., 2019), they likely have more long-term goals in mind for their dietary choices (Steptoe et al., 1995). Taste advertisement claims appear to be more in line with a short-term perspective (Muñoz-Vilches et al., 2019). Moreover, Maehle et al. (2015), have established that health oriented consumer segments

attach less importance to taste. This is in line with the ideas presented by Mai and Hoffmann (2012), who have shown that health oriented consumers may accept less tasty food, as long as it is healthy. Overall, it is expected that more health oriented consumers are less focussed on taste because they consider other long-term goals as more important. Since taste becomes less important for highly health oriented consumers, taste advertisement claims are expected to be less effective.

Conversely, positive emotions advertisement claims do appear to be in line with long-term goals. Gardner et al. (2014) have shown that positive emotions cues lead to increased focus on long-term goals like health. Considering that highly health oriented consumers are strongly motivated to be healthy (Cavaliere et al., 2016) and more long-term oriented (Li & Hu, 2019; Muñoz-Vilches et al., 2019) positive emotions claims seem to be more suitable for health oriented consumers. This expectation is in line with studies elaborating on the cognitive fit theory that found that content is more persuasive if it matches the motivation of the consumer (e.g., Cesario et al., 2004).

Altogether, it is thus hypothesized that the effect of taste advertisement claims is weakened compared to positive emotions advertisement claims because taste advertisement claims match less well with the long-term oriented goals of health oriented consumers.

*H3c: The positive effect of taste advertisement claims, when compared to positive emotions advertisement claims, is weakened by health orientation.*

### 3.5 Convenience orientation

#### 3.5.1 Monetary sales promotions and convenience orientation

Research has shown that highly convenience oriented consumers are less price-sensitive compared to consumers who are less convenience oriented (Swoboda & Morschett, 2001). Furthermore, Buckley et al. (2007) found that the most convenience oriented consumer segment is indifferent towards price when it comes to convenience food. This might be because these highly convenience oriented consumers are willing to pay more for the convenience they want (Brunner et al., 2010). If highly convenience oriented consumers are less price sensitive or even indifferent towards the price of food that offers convenience this might also be the case for meal-kits. In turn this would lead to reduced effectiveness of the monetary sales promotions.

*H4a: The positive effects of price discounts and rebates, when compared to no monetary sales promotions, are weakened by convenience orientation.*

#### 3.5.2 Rebates and convenience orientation

Some consumers prefer passive sales promotions since they require limited effort (Schneider & Currim, 1991). Price discounts can be considered passive sales promotions because limited effort is involved for consumers and because they occur in the store environment (Schneider & Currim, 1991). It is expected that highly convenience oriented consumers favour passive sales promotions because they try to reduce the effort involved in food-related activities (Buckley et al., 2007). A

rebate is not a passive sales promotion type because rebates require effort to redeem outside of the store environment (Diamond & Johnson, 1990). Therefore, it seems likely that rebates, when compared to price discounts, would work less well for highly convenience oriented consumers. Furthermore, convenience orientation could be argued to be in line with choosing immediate consequences over future effects (Olsen & Tuu, 2017). Given the immediate money-saving properties of price discounts versus the delayed component of rebates (Banerjee et al., 2020), rebates could be less effective than price discounts for convenience oriented consumers.

*H4b: The positive effect of rebates, when compared to price discounts, is weakened by convenience orientation.*

### 3.5.3 Taste advertisement claims and convenience orientation

Convenience orientation primarily appears to be in line with making decisions based on a short-term perspective (Olsen & Tuu, 2017). Since taste advertisement claims are likely to fit better with a short-term perspective (Muñoz-Vilches et al., 2019) it is likely that taste advertisement claims are more effective for convenience oriented consumers. Oppositely, due to the link between positive emotions advertisement claims and long-term orientation (Gardner et al., 2014; Li & Hu, 2019; Muñoz-Vilches et al., 2019) positive emotions advertisement claims likely are less effective for convenience oriented consumers. These anticipated effects are based on the work of Cesario et al. (2004) who found increased persuasiveness of content that is in line with motivation and/or cognitive state of the consumer due to cognitive fit. Altogether it is expected that the effect of taste advertisement claims compared to positive emotions advertisement claims could be strengthened by the moderator convenience orientation.

*H4c: The positive effect of taste advertisement claims, when compared to positive emotions advertisement claims, is strengthened by convenience orientation.*

## 4. Methodology

In this methodology chapter first the research design is discussed. Second, the operationalisation of the variables included in this research is reviewed. Third, the process of data analysis is described and last the choices concerning research ethics are described.

### 4.1 Research design

To answer the research question quantitative research was conducted. Quantitative research methods focus on the relationships between variables and the strength of those relationships (Bleijenbergh, 2015; Vennix, 2019). Since the aim of this thesis is to determine the strength of the relationships included in the conceptual model a quantitative research method was suitable.

To be able to make statements about causality comparisons of controlled conditions are necessary (Field, 2018). Hence, for this study an experimental design was selected in which manipulation of variables allows for a comparison between the effects of the different conditions related to the types of monetary sales promotions and advertisement claims. The experiment was conducted online via Qualtrics. Important advantages of online experiments are their convenience (Van Quaquebeke et al., 2022) and reduced socially desirable answers (Roberts & Allen, 2015). The research was cross-sectional, which indicates that data was gathered at one moment in time (Vennix, 2019). Cross-sectional research was suitable for this thesis because measuring changes in variables over time was not necessary.

The experimental design chosen was a 3 (no monetary sales promotion, price discount, rebate) x 2 (positive emotions, taste) between-subjects design. Participants were randomly assigned to one of those scenarios. Randomization is important to get the most accurate measurement of the effects of the manipulations in the experiment (Field, 2018). A between-subjects design was chosen because it limits the time asked of the participant. In the case of a within-subjects design participants would have had to answer questions about six different scenarios. This would have led to a lengthy experiment and could have led to participants becoming exhausted, bored, or losing focus (Jeong et al., 2023). This phenomenon is called survey fatigue, which can lead to reduced response quality (Jeong et al., 2023). For online experiments the quality reduction due to survey fatigue is expected to be more pronounced than for offline experiments (Savage & Waldman, 2008).

The experiment was conducted with a convenience sample which indicates that participants were chosen based on availability and convenience (Myers, 2020). The data was collected among adult Dutch consumers because they are expected to make the decision about whether or not to buy meal-kits for their households in the Netherlands. Furthermore, Dutch adult consumers, when compared to consumers living in other countries, were most convenient to reach. The experiment and questions were thus translated to Dutch. A qualitative pre-test (n=6) was conducted to ensure that all questions were clear and that the experiment did not contain any errors that are only obvious

for population members (Reynolds et al., 1993). Participants were invited to partake in the definitive experiment via social media platforms, such as LinkedIn, Facebook, and WhatsApp.

The chosen data analysis method was multiple regression. For multiple regression a minimum sample size of 50 is required and 100 is preferred (Hair et al., 2019). Furthermore, for experiments at least 20 observations per cell are required and the preferred amount is 30 (Hair et al., 2019). Since the experiment consisted of six scenarios at least  $20 \times 6 = 120$  participants were required and the amount of  $30 \times 6 = 180$  was preferred.

The experiment consisted of six different steps. First, an introduction including information concerning research ethics was provided. Second, an explanation was given about meal-kits and the scenario the participant was about to see. Third, one randomly assigned scenario with questions related to meal-kit purchase intention was shown. Fourth, questions regarding the health orientation and convenience orientation level of the consumer were provided. Amongst the convenience orientation questions an Instructed Response Item (IRI) was placed to ensure that participants were paying attention while answering the questions. The participants were asked to select a certain answer option. Previous research has shown that participants who fail IRI checks show other behaviour that is associated with measurement and nonresponse error (Gummer et al., 2021). Hence, it is important to become aware of such participants. Fifth, the questions related to the control variables age, gender, having children, household size, working status, familiarity with meal-kits, and education were shown. Sixth and last, participants could submit remarks about the experiment and were thanked for completing the experiment. Appendix A shows the scenarios that were used and Appendix B features an overview of the experiment.

## 4.2 Operationalisation

### 4.2.1 Manipulated variables

This study included six scenarios for the variables that were manipulated (monetary sales promotions and advertisement claims). All scenarios included the same non-branded example image of a meal-kit and a description. By not showing a brand in the image, it was attempted to prevent evoking any bias participants might have towards a brand. The image and description were included to make sure all the participants had the same understanding of what a meal-kit entails. It was explicitly mentioned that the image was only an example and the specific ingredients or dishes shown in it were not important. The participants were instructed that other ingredients or dishes that were appealing to them could be kept in mind instead.

The scenarios showed one out of three monetary sales promotion conditions. The first condition did not include a monetary sales promotion and only featured the rounded off average price of a meal-kit order, which is €41,99 (Emerce, 2022). Such an order contains three meals for two persons (Emerce, 2022).

The second condition described a price discount of 30%. This percentage was chosen because consumers expect a price discount between 20% and 40% (Raghubir et al., 2004). If the price discount is higher, this could lead to negative inferences about the quality of the product (Raghubir et al., 2004). If the price discount is lower, then it might not be perceived as attractive enough by consumers (Raghubir et al., 2004). Furthermore, consumers do not experience differences in perceived savings after 30% anymore (Della Bitta et al., 1981). The regular price of €41,99 was included in the text as well since including a reference price leads to an increased perception of money saved (Lichtenstein et al., 1989). The price discount was featured in an amount-off format (-€12,50), as opposed to a percentage-off (-30%) format because an amount-off format is more effective in the case of material products and monetary sales promotions (Yuan et al., 2021). The sales price, which is the price of the meal-kit while on sale (€41,99 - €12,50 = €29,49), was not included as prior research has shown that consumers might start to expect a lower price in the future because of it (Compeau & Grewal, 1998).

The third condition was the rebate. Participants were informed that after the purchasing of a meal-kit they could get a part of their money back after uploading a picture of their receipt online. Existing research has shown that most consumers do not consider providing a receipt copy discouraging when it comes to claiming a rebate (Currie & Mizerski, 2016). Additionally, this step was included because it is common for companies offering rebates (e.g., Scoupy, n.d.; Shopbuddies, n.d.) to ask for proof of the purchase. By explaining this step in the experiment, a realistic picture was painted of the time, effort, and information that is normally involved in claiming a rebate. Contemporary rebate research, such as the work of Olsho et al. (2010) and Olsho et al. (2016) has incorporated refunds to bank-accounts. Therefore, this thesis included that same information. The rebate amount offered had the same monetary value as the price discount (€12,50) and was also shown in the same amount-off format as the price discount. The reference price was included in the scenario. That way, differences in results cannot be attributed to the difference in value or framing.

The advertisement claim questions in the six scenarios included either a positive emotions advertisement claim or a taste advertisement claim. The advertisement claims themselves were kept simple to prevent participants from being influenced by other elements of the claim. The advertisement claims include keywords based on the work of Pitts et al. (2014). The positive emotions advertisement claim featured the keywords *feeling good*. These exact keywords were chosen because they are among the most influential factors for convenience food (Imtiyaz et al., 2021) and are connected with healthy food consumption (Bourcier et al., 2003). Furthermore, these keywords translated well to Dutch and have been used to advertise food (Yang et al., 2021) and meal-kits in the past (e.g., by Maaltijdbox.nl, 2017). The advertisement claim that was incorporated in the scenario was: *"Feel good while cooking with this meal-kit"*. The keyword that was included in

the taste advertisement claim is *delicious*. This keyword was chosen because it can be used to describe all kinds of meal-kit dishes (as opposed to more specific terms such as *creamy* or *rich*). Moreover, it translates well to Dutch and already is frequently used in meal-kit descriptions or advertisements (e.g., by Maaltijdbox.com, 2023; Marley Spoon, n.d.). The taste advertisement claim incorporated in the scenarios was: “Cook *delicious meals with this meal-kit*”.

#### 4.2.2 Latent variables

The variable health orientation was measured with the health importance scale, developed by May and Irmak (2014). This scale measures how important being healthy is for consumers (Bruner, 2017; May & Irmak, 2014). The scale consists of three items. Answer options are based on a seven-point scale ranging from not important at all to very important. This is in line with the original work of May and Irmak (2014).

Convenience orientation was measured with the convenience orientation scale established by Olsen et al. (2007). This scale is an adaptation of the CONVOR scale developed by Candel (2001). The adaptations have made sure that the construct includes more stages of the consumption process (Olsen et al., 2007). Since meal-kits influence multiple stages of the consumption process (Cho et al., 2020) this scale seemed more suitable for this thesis than the CONVOR scale of Candel (2001). The answer options for the four items in the scale were represented by seven-point scales ranging from completely disagree to completely agree. This is in line with the work of Olsen et al. (2007).

Purchase intention was measured using the Willingness to Buy Indicators developed by Dodds et al. (1991). Purchase intention and willingness to buy are similar concepts that are both used interchangeably in literature. Willingness to buy/purchase intention can be defined as the probability that the consumer intends to buy a product (Dodds et al., 1991). The scale consists of five items which were slightly adapted by mentioning meal-kits instead of ‘the product’. Furthermore, two questions that focus specifically on the relationship with price were deleted. This choice was made because otherwise too much emphasis might have been put on price by the participant.

#### 4.2.3 Control variables

The following control variables were included in this research: age, gender, having children, household size, working status, familiarity with meal-kits, and education. These control variables were included because they might influence meal-kit purchase intention since they are known to influence convenience food consumption (Brunner et al., 2010), healthy food consumption (Hulshof et al., 2003), consumer decisions (Park & Lessig, 1981), and/or meal-kit repurchase intention (Cho et al., 2020).

#### 4.2.4 Overview

Table 1 below shows an overview of the operationalisation of all the variables that were included in this study.

**Table 1**  
*Variable operationalisation*

Variable	Operationalisation	Source	Cronbach's alpha
<i>Manipulated variables</i>			
Monetary sales promotion	No monetary sales promotion was the reference category. Two dummies were created: one for price discount (price discount = 1, others = 0) and one for rebate (rebate = 1, others = 0).		
Advertisement claim	Positive emotions advertisement claim was the reference category. One dummy was created for taste advertisement claim (taste advertisement claim = 1, other = 0)		
<i>Latent variables</i>			
Health orientation	7-point Likert scale (1: not important at all – 7: very important). <ul style="list-style-type: none"> <li>● Overall, how important do you think it is to be healthy?</li> <li>● How important do you think it is to be in good shape physically?</li> <li>● How important do you think it is to watch what you eat?</li> </ul>	(May & Irmak, 2014)	.94
Convenience orientation	7-point Likert scale (1: completely disagree – 7: completely agree). <ul style="list-style-type: none"> <li>● I prefer meals that are easy to plan, buy, prepare, and cook.</li> <li>● The less physical effort (work, energy) I need to buy and prepare a meal, the better.</li> <li>● I prefer meals that are quick to plan, buy, prepare, and cook.</li> <li>● I prefer meals that can be prepared and cooked quickly</li> </ul>	(Olsen et al., 2007)	.89
Meal-kit purchase intention	7-point Likert scale (1: very low – 7: very high) <ul style="list-style-type: none"> <li>● The likelihood of purchasing this meal-kit is:</li> <li>● The probability that I would consider buying this meal-kit is:</li> <li>● My willingness to buy this meal-kit is:</li> </ul>	(Dodds et al., 1991)	.97 and .98
<i>Control variables</i>			
Age	How old are you? (Continuous scale)	(Gendall & Healey, 2008)	
Gender	What is your gender identity? Select all that apply. <ul style="list-style-type: none"> <li>● Male</li> <li>● Female</li> </ul>	(Fraser, 2018)	

	<ul style="list-style-type: none"> <li>● Trans male/trans man</li> <li>● Trans female/trans woman</li> <li>● Non-binary</li> <li>● Not listed (please state)</li> </ul>	
Having children	Do you have any children? <sup>1</sup> <ul style="list-style-type: none"> <li>● Yes</li> <li>● No</li> </ul>	(Brunner et al., 2010)
Household size	Of how many people does your household consist? <ul style="list-style-type: none"> <li>● 1 person, alone</li> <li>● 2 persons or more</li> </ul>	(Cho et al., 2020)
Working status	What is your working status? <ul style="list-style-type: none"> <li>● Full time (35 hours or more per week)<sup>2</sup></li> <li>● Part time (less than 35 hours per week)<sup>3</sup></li> <li>● Not working</li> </ul>	(Brunner et al., 2010; Centraal Bureau voor de Statistiek, n.d.-c)
Familiarity with meal-kits	How familiar are you with meal-kits? (1: unfamiliar – 5: very familiar)	(Park & Lessig, 1981)
Education	What is the highest level of education you have completed? <sup>4</sup> <ul style="list-style-type: none"> <li>● Primary school</li> <li>● vmbo</li> <li>● havo</li> <li>● vwo</li> <li>● mbo</li> <li>● hbo</li> <li>● wo</li> </ul>	(Centraal Bureau voor de Statistiek, n.d.-f)

### 4.3 Data analysis

The type of analysis that was performed was multiple regression. According to Hair et al. (2019) multiple regression is suitable for studies with one metric dependent variable and multiple metric independent variables. In the current thesis indeed the dependent variable (meal-kit purchase intention) was metrically scaled. The independent variables (monetary sales promotions and advertisement claims) were turned into dummy variables (Table 1) and afterwards could be considered metrically scaled data. Additionally, dummy variables were constructed for the control variables: gender, having children, household size, working status, and education. The reference categories for these dummies were chosen based on the highest number of observations (Field, 2018).

<sup>1</sup> Brunner et al. (2010) has shown that having children or not influences convenience food consumption.

Therefore, the categories having children (yes or no) were included as a control variable in this research.

<sup>2</sup> Centraal Bureau voor de Statistiek (n.d.-c) considers 35 hours or more per week as fulltime employment.

<sup>3</sup> Centraal Bureau voor de Statistiek (n.d.-a) considers less than 35 hours as parttime employment.

<sup>4</sup> Centraal Bureau voor de Statistiek (n.d.-f) distinguishes between these categories.

#### 4.4 Research ethics

This study was conducted while following ethical standards. The introduction of the experiment informed participants of their rights and what to expect. Appendix B shows the experiment including the ethics preambles. The purpose of the research and expected duration of the experiment were included. The introduction furthermore highlighted that participants had the right to decline participation to the research and were allowed to withdraw at any point during the process without any consequences. No incentives were offered for participation and an email address was provided via which participants could get in touch if they had any questions/remarks. The introduction also highlighted that the anonymity of the participants was guaranteed since no personal information was collected that could be traced back to the participants. Additionally, it was announced that the results of the research would be processed transparently and that the results of the research would become available online via the Radboud Educational Repository eventually. Lastly, it was highlighted that the gathered data is only accessed and used by the researcher, would be treated confidentially, and that the results would only be used for research purposes.

## 5. Results

The current chapter first delineates the sample characteristics, the factor analysis, and reliability analysis that were conducted. Next, the assumptions regarding multiple regression in relation to the gathered data are reviewed. Afterwards the topics of multicollinearity, outliers, and influential observations are discussed. Then the results of the analyses are shown and the hypotheses are reviewed followed by an overview of supported/not supported hypotheses. The effects of the moderators and control variables are reviewed afterwards. Last, the robustness checks are discussed.

### 5.1 Sample characteristics

First, an analysis of missing data was conducted. Out of 239 initial participants, 237 participants completed the full experiment. Generally, ten percent missing values is acceptable and it is important that the sample remains large enough for the chosen data analysis method (Hair et al., 2019). This was the case for this study and therefore it was chosen to only include the data of the participants who completed the full experiment. Next, it was determined if any participants were younger than 18 since they would have to be excluded. No participants were younger than 18. To ensure the quality of the data gathered the 21 participants who failed to comply with the Instructed Response Item (IRI) were excluded from the analyses. The remaining sample size ( $n = 216$ ) was large enough to be able to conduct multiple regression.

Out of the remaining 216 participants, 58.3% identified as female and 41.7% as male. The average age was 40 years old and ranged between 19 and 81 years old. Most participants (54.6%) had no children and lived together with at least one other person (79.6%). Furthermore, most participants worked fulltime (48.6%) or parttime (37.5%), whereas 13.9% were not working. Most of the participants (32.9%) were moderately familiar with meal-kits ( $M = 3.03$ ). Lastly, most participants either had finished an education at a university of applied sciences (hbo) (44.4%) or university (wo) (31%). A more extensive overview of characteristics of the final sample ( $n = 216$ ) can be found below in Table 2.

**Table 2**  
*Sample characteristics*

<b>Variable</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. deviation</b>
Age	216	19	81	40.19	16.223
Familiarity with meal-kits	216	1	5	3.03	1.025
<b>Variable</b>	<b>Category</b>	<b>N</b>	<b>Percentage</b>		
Gender <sup>5</sup>	Male	90	41.7%		
	Female <sup>6</sup>	126	58.3%		

<sup>5</sup> No participants identified as either trans male, trans female, non-binary, not listed or a combination of multiple categories. Therefore, only male and female have been included in the analysis.

<sup>6</sup> Reference category based on the largest number of observations criterium (Field, 2018).

Having children	Yes	98	45.5%
	No <sup>6</sup>	118	54.6%
Household size	1 person	44	20.4%
	2 persons or more <sup>6</sup>	172	79.6%
Working status	Fulltime <sup>6</sup>	105	48.6%
	Parttime	81	37.5%
	Not working	30	13.9%
Education level <sup>7</sup>	vmbo	6	2.8%
	havo	10	4.6%
	vwo	5	2.3%
	mbo	32	14.8%
	hbo <sup>6</sup>	96	44.4%
	wo	67	31.0%

Table 3 below shows the descriptive statistics of the other variables included in the analysis. From this table the following can be concluded: the mean purchase intention was highest in case of a price discount. The rebate also led to a higher mean meal-kit purchase intention than no monetary promotion. The mean meal-kit purchase intention was higher when a taste advertisement claim was included rather than a positive emotions advertisement claim. Whether these differences were statistically significant will be discussed in the results chapter. Health orientation and convenience orientation had (fairly) high means.

**Table 3**  
*Descriptive statistics*

<b>Variable</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. deviation</b>
Purchase intention: Overall	216	1	7	3.568	1.565
Purchase intention: No monetary promotion	74	1	7	3.054	0.176
Purchase intention: Price discount	73	1	7	3.968	0.183
Purchase intention: Rebate	69	1	7	3.696	0.179
Purchase intention: Positive emotions advertisement claim	111	1	7	3.490	0.145
Purchase intention: Taste advertisement claim	105	1	7	3.651	0.157
Health orientation	216	3.67	7	5.927	0.682
Convenience orientation	216	1.25	7	4.863	1.298

<sup>7</sup> No participants selected primary school education as their highest education level. Therefore, this category is not included in the analysis.

## 5.2 Factor analysis and reliability analysis

To be able to create summated scales, first it was made sure that the questions that intended to measure the same latent variable indeed loaded on the same factor. This was done with a factor analysis and reliability analysis. These analyses were conducted on the variables health orientation, convenience orientation, and purchase intention since they were measured with multiple questions in the experiment. Appendix C, Table C1 shows the factors, no cross loaders, and no reasons to delete any variables. A summary of the results of the reliability analysis can be found in Appendix C, Table C2. The reliability analysis shows sufficient reliability for all latent variables. A reliable scale should have a Cronbach's alpha of .80 or more (Field, 2018). Some minor improvements could have been made by deleting one item for some variables (Health orientation 3, Convenience orientation 2). However, this should only be done if deletion leads to an improvement of more than .05 (Field, 2018). This was not the case. Furthermore, the content of the item must also be considered in order not to damage the content validity (Field, 2018). Altogether, it was decided not to remove any items for any of the latent variables.

After the factor analysis and reliability analysis it was allowed to create summated scales for purchase intention, health orientation, and convenience orientation. Summated scales were constructed to help reduce measurement error (Hair et al., 2019). The most common version of summated scales, taking the average score (Hair et al., 2019), was selected. Additionally, mean-centred variables were constructed for the continuous variables. This helps ease interpretation and reduces multicollinearity (Hair et al., 2019). Moreover, mean-centring variables is also necessary to create the interaction term between the independent variables and moderators (Hair et al., 2019). Therefore, health orientation, convenience orientation, age, and familiarity were mean-centred.

## 5.3 Assumptions

The assumptions related to multiple regression analysis are normality, linearity, homoscedasticity, and independence of error terms (Hair et al., 2019). These assumptions will now be discussed. First, the normality was investigated. Generally, regression analysis can be considered robust to violations of normality for large samples ( $n > 200$ ) (Hair et al., 2019). This is the case for this thesis since the sample is large enough ( $n = 216$ ). Nevertheless, an assessment of normality should still be made to discover potential problematic issues (Hair et al., 2019). To investigate the normality descriptive statistics, normality tests, the histogram, and the P-P Plot were considered.

After looking at the descriptive statistics of the variables age, familiarity, health orientation, convenience orientation, and purchase intention it was attempted to reduce the skew and kurtosis of some variables. If dividing the skewness or kurtosis by its standard error leads to a value that is  $< |3|$  values require attention (Hair et al., 2019). Values requiring attention were the skewness of convenience orientation ( $-.577/.166 = -3.476$ ) and the kurtosis of age ( $-1.464/.330 = -4.436$ ). The

negative skewness of convenience orientation indicated a larger number of larger values while the negative kurtosis indicated a shape that was flatter than normal. For both convenience orientation and age none of the available transformation methods (inverse, square root, logarithm) improved the kurtosis while still keeping the skewness within the acceptable range of  $<|3|$ . Hence, the original variables were used in the analysis.

The results of the normality tests can be found in Appendix D, Table D1. A Kolmogorov-Smirnov ( $D(216) = .087, p = <.001$ ) and Shapiro-Wilk test ( $D(216) = .966, p = <.001$ ) of the dependent variable showed that the dependent variable, meal-kit purchase intention, likely was not normally distributed. However, it has been advised to not attach too much value to these tests for large samples since they will be significant even when skew and kurtosis do not differ a great deal from a normal distribution (Field, 2018). Additionally, Appendix D (Figure D1 and Figure D2) shows that the histogram and the Normal P-P plot both looked fairly normally distributed. To conclude, due to the large enough sample size and the central limit theorem normality can be assumed for the gathered data (Field, 2018).

Second, the linearity was inspected by including the polynomial terms of the variables age, familiarity, health orientation, and convenience orientation in the multiple regression analysis (Hair et al., 2019). These were incorporated in the analysis to determine whether those variables perhaps had a curvilinear character instead of linear (Hair et al., 2019). Based on theory a linear relationship is expected. If the polynomial terms are significant this indicates non-linearity (Hair et al., 2019). The polynomial terms were not significant so the assumption of linearity was met. The polynomial terms were deleted afterwards to prevent multicollinearity.

Third, homoscedasticity was investigated with the ZRESID-ZPRED plot. This plot should not show clear patterns and values should be as evenly spread as possible (Hair et al., 2019). The plot can be found in Appendix D, Figure D3. The scatterplot showed no clear pattern and the values appeared to be fairly evenly spread out. As a result, the assumption of homoscedasticity was fulfilled.

Fourth and last, the independence of error terms was considered with the Durbin-Watson test. The complete regression model showed uncorrelated residuals (Durbin-Watson value = 2.167). A value of 2 indicates that residuals are uncorrelated, while values between 1 and 3 are acceptable (Field, 2018). Additionally, observations of participants were independently measured due to the setup of the research. Moreover, the research was cross-sectional. In conclusion, this assumption was met both statistically and theoretically.

#### 5.4 Multicollinearity, outliers, and influential observations

Before being able to interpret the outcomes of the multiple regression analysis it was important to check for multicollinearity by looking at the Pearson's correlations, Tolerance values, and VIF values. The correlation table (Appendix E, Table E1) showed a slightly high value for the correlation between

age and having children ( $r = .815$ ). Values of higher than .8 might warrant action (Field, 2018). Tolerance values below .10 or VIF values greater than 10 indicate a substantial problem with multicollinearity (Field, 2018; Hair et al., 2019). All Tolerance values were above that limit and the VIF values were below that limit (Appendix E, Table E2). For age and having children the values were also within the desired limits. Therefore, it was decided to include all the variables in the analysis.

Next, outliers and influential observations were investigated by looking at the Cook's distance and Mahalanobis  $D^2$ . Some observations had a relatively high Cook's distance but no values were larger than 1.0. Hence, no observations were deleted (Hair et al., 2019). Other observations had a relatively high Mahalanobis  $D^2$ . However, all influential observations could be explained by characteristics that were included in the regression equation. Examples were very low convenience orientation, low familiarity with meal-kits, low health orientation, etc. Hence, these observations should not simply be deleted as they represent important characteristics of the sample (Hair et al., 2019). Moreover, when comparing a dataset with and without participants with higher Cook's distance and Mahalanobis  $D^2$  the results of the multiple regression analysis remained robust. To conclude, no additional participants were excluded.

## 5.5 Analyses and interpretation

The results and interpretation have been split up in two sections: the primary analysis and the secondary analysis. It was necessary to run the secondary analysis to make the comparison between price discounts and rebates for H1b, H3b, and H4b.

### 5.5.1 Primary analysis results and interpretation

For the primary analysis two models were constructed. The first model contained the main effects of the independent variables, moderators, and control variables. In the second model the interaction effects were incorporated as well. The adjusted  $R^2$  was .240 for model 1 and .241 for model 2 which indicates that model 1 explains 24% of the variance and model 2 explains 24.1% of the variance. The adjusted R squared was considered instead of R Squared because it takes into account the model complexity and sample size (Hair et al., 2019). Appendix F, Table F1 shows the corresponding statistics.

Both model 1 ( $F(17,198) = 4.983, p < .001$ ) and model 2 ( $F(23,192) = 3.963, p < .001$ ) were significant which indicated that both regression models significantly explained variability for the dependent variable (Field, 2018). The statistics can be found in Appendix F, Table F2. However, when looking at the Sig. F Change ( $(6,192) = 1.050, p = .394$ ) it became apparent that adding the interaction terms (in model 2) did not lead to significant change. This indicated that the interaction terms did not add a large amount of new information compared to model 1. Table 4 below shows the results of the primary analysis for model 1 and 2.

**Table 4**  
*Results Model 1-2*

	<b>Model 1</b>			<b>Model 2</b>		
	B	Std. Error	Sig	Std. Error	B	Sig
(Constant)	3.298	.310	<.001	3.288	.310	<.001
<b>Independent variables</b>						
Discount	.792	.230	<.001	.717	.234	.003
Rebate	.547	.236	.021	.500	.239	.038
Taste	.267	.189	.161	.295	.192	.127
<b>Moderators</b>						
Health orientation	-.014	.154	.925	.275	.286	.339
Convenience orientation	.152	.074	.042	.068	.165	.682
<b>Interaction effects</b>						
Health orientation * Discount				.192	.345	.579
Health orientation * Rebate				-.302	.349	.387
Health orientation * Taste				-.511	.286	.075
Convenience orientation * Discount				.017	.189	.930
Convenience orientation * Rebate				-.026	.188	.888
Convenience orientation * Taste				.149	.154	.333
<b>Control variables</b>						
Gender – male	-.147	.204	.473	-.128	.205	.533
Having children – yes	-.633	.358	.079	-.637	.360	.078
Household size – 1 person	-.671	.260	.011	-.608	.264	.022
Working status – Parttime	.072	.218	.741	.122	.219	.579
Working status – Not working	.423	.305	.167	.502	.315	.113
Education – vmbo	.129	.590	.827	.002	.606	.997
Education – have	.511	.462	.270	.435	.467	.353
Education – vwo	.708	.668	.291	.750	.680	.271
Education – mbo	.555	.289	.056	.517	.291	.077
Education – wo	-.110	.233	.637	-.099	.239	.680
Age	.003	.011	.771	.003	.011	.811
Familiarity with meal-kits	.650	.099	<.001	.648	.100	<.001

The unstandardized beta coefficients from model 1 (Table 4) are reported below except for the hypotheses concerning interaction effects. For those interaction effects the results from model 2 (Table 4) are incorporated. It should be noted that the results of model 1 were mainly robust when compared to model 2.

In line with H1a both the price discount (B = .792, p = <.001) and rebate (B = .547, p = .021) had a significant positive effect on purchase intention. This confirmed that both the price discount and the rebate led to significantly higher meal-kit purchase intention. As a result, H1a was supported. In contrast to H2 taste advertisements, when compared to positive emotions advertisement claims, did not have a significantly stronger positive effect (B = .267, p = .161). That is, H2 was not supported. In contrast with hypothesis 3a the positive effects of price discounts (B = .192, p = .579) and rebates (B = -.302, p = .387) compared to no monetary sales promotions were not strengthened by health orientation. Consequently, hypothesis H3a was not supported. Contrary to H3c no weakened positive

effect was found for taste advertisement claims compared to positive emotions advertisement claims ( $B = -.511, p = .075$ ). The found effect was marginally significant but negative instead. Hence, H3c was not supported. Contrasting H4a no significant effects were found for the interaction term between convenience orientation and price discounts ( $B = .017, p = .930$ ) or convenience orientation and rebates ( $B = -.026, p = .888$ ). Therefore, H4a was not supported. Lastly, contrary to H4c no significant interaction term was found between taste advertisement claims and convenience orientation ( $B = .149, p = .333$ ). Because of this, H4c was not supported.

### 5.5.2 Secondary analysis results and interpretation

The setup of the secondary analysis was the same as the primary analysis. Two models were included in which model 1 contained the main effects of the independent variables, moderators, and control variables. Model 2 added the interaction effects. The only difference was the coding of the dummies in which the price discount condition became the reference category. Furthermore, new interaction terms were created for model 2. Multicollinearity checks were conducted for the variables in this analysis and no values warranted caution. Appendix G (Table G1) shows the results of the analysis. Again, unstandardized beta coefficients from model 1 (Appendix G, Table G1) are reported below, except for the hypotheses concerning interaction effects. For those interaction effects the results from model 2 (Appendix G, Table G1) are incorporated.

Contradicting H1b, no significant positive difference was found between rebates and price discounts ( $B = -.245, p = .305$ ). H1b thus was not supported. In contrast with H3b no significant strengthened positive effect was found for the interaction between rebates and health orientation ( $B = -.494, p = .167$ ). Consequently, H3b was not supported. Also, contrasting to H4b no significant effect was found for the interaction between convenience orientation and rebates ( $B = -.043, p = .816$ ). H4b was not supported.

## 5.6 Overview hypotheses

Below, in Table 5, an overview is provided of the hypothesis and whether they were supported or not.

**Table 5**  
*Overview results*

<b>Hypothesis</b>	<b>Supported or not</b>
<b>H1a:</b> Price discounts and rebates, when compared to no monetary sales promotions, have a more positive effect on meal-kit purchase intention.	Supported
<b>H1b:</b> Rebates, when compared to price discounts, have a more positive effect on meal-kit purchase intention.	Not supported
<b>H2:</b> Taste advertisements claims, when compared to positive emotions advertisement claims, have a more positive effect on meal-kit purchase intention.	Not supported
<b>H3a:</b> The positive effects of price discounts and rebates, when compared to no monetary sales promotions, are strengthened by health orientation.	Not supported

<b>H3b:</b> <i>The positive effect of rebates, when compared to price discounts, is strengthened by health orientation.</i>	Not supported
<b>H3c:</b> <i>The positive effect of taste advertisement claims, when compared to positive emotions advertisement claims, is weakened by health orientation.</i>	Not supported
<b>H4a:</b> <i>The positive effects of price discounts and rebates, when compared to no monetary sales promotions, are weakened by convenience orientation.</i>	Not supported
<b>H4b:</b> <i>The positive effect of rebates, when compared to price discounts, is weakened by convenience orientation.</i>	Not supported
<b>H4c:</b> <i>The positive effect of taste advertisement claims, when compared to positive emotions advertisement claims, is strengthened by convenience orientation.</i>	Not supported

## 5.7 Moderators and control variables

Model 1 (Table 4) shows that the main effect of health orientation was not significant ( $B = -.014$ ,  $p = .925$ ). The main effect of the moderator convenience orientation was significant ( $B = .152$ ,  $p = .042$ ). This indicates that the meal-kit purchase intention of consumers with higher convenience orientation scores have significantly higher meal-kit purchase intentions. When the interaction effects were added for model 2 (Table 4) convenience orientation was no longer significant ( $B = .068$ ,  $p = .682$ ).

Four (marginally) significant effects for control variables were found (Table 4). The dummies of the control variables 1 person households ( $B = -.671$ ,  $p = .011$ ) and familiarity with meal-kits ( $B = .650$ ,  $p < .001$ ) were significant. Moreover, the dummy for having children ( $B = -.633$ ,  $p = .079$ ) and mbo education ( $B = .555$ ,  $p = .056$ ) were marginally significant. Consumers who live alone had significantly lower meal-kit purchase intentions than those who live together with others. Consumers who were more familiar with meal-kits had a significantly higher purchase intention than those who were less familiar with meal-kits. Having children resulted in a marginally significantly lower purchase intention. Lastly, consumers who completed a mbo education compared to hbo education had a significantly higher meal-kit purchase intention. The other control variables gender ( $B = -.147$ ,  $p = .473$ ), working status ( $B = .072$ ,  $p = .741$ ;  $B = .423$ ,  $p = .167$ ), education ( $B = .129$ ,  $p = .827$ ;  $B = .511$ ,  $p = .270$ ;  $B = .708$ ,  $p = .291$ ;  $B = -.110$ ,  $p = .637$ ), and age ( $B = .003$ ,  $p = .771$ ) had no significant influence.

## 5.8 Robustness checks

### 5.8.1 Excluded participants

To ensure the robustness of the current research a comparison was made between the final data set without the participants who failed the IRI check ( $n = 216$ ) and the data set in which those participants were still included ( $n = 237$ ). The adjusted  $R^2$  of the multiple regression for the full data set was .214 for model 1 and .207 for model 2. This indicated that the analyses conducted on the full data set explain 2,6% and 3,3% less variance than the analyses conducted on the data without the participants who failed the IRI check. Furthermore, the fact that model 2 explains less variance than model 1 warrants caution. Based on a visual inspection of the histogram and Normal P-P plot (Appendix H, Figure H1-H2) the data might also be less normally distributed.

Appendix H, Table H1-H2 show that the results of the regression remain robust. However, the marginally significant interaction effect between health orientation and taste was no longer marginally significant ( $B = -.350$ ,  $p = .175$ ). H3c was not supported prior and remains not supported due to this change. For the moderators and control variables (Appendix H, Table H1) some minor differences also arose. The main effect of convenience orientation became marginally significant ( $B = .141$ ,  $p = .056$ ) instead of significant. Moreover, the dummies for having children ( $B = -.224$ ,  $p = .500$ ) and mbo education ( $B = .331$ ,  $p = .224$ ) were no longer marginally significant. To conclude, when compared to the analyses including the full data set ( $n = 237$ ) the results of this study remained considered robust.

### 5.8.2 Median splits

To further check the robustness of the results the primary and secondary analysis were conducted again with median splits of health orientation and convenience orientation. Dummy variables of health orientation and convenience orientation were included. These dummy variables had a low (lower than the median) health or convenience orientation as the reference categories and a high (higher than the median) health or convenience orientation as the other category. Appropriate interaction terms were constructed. By comparing the results of these two analyses with the original analyses it was determined whether any non-significant findings could be attributed to the operationalisation of the moderators.

The results of the primary analysis including median splits can be found in Appendix H, Table H3. Based on model 1 (Appendix H, Table H3) the main effects can be considered robust. In model 2 (Appendix H, Table H3) the interaction effect between health orientation and price discount ( $B = .975$ ,  $p = .062$ ) became marginally significant. However, no additional hypothesis was supported by this outcome. The outcomes of the secondary analysis including median splits can be found in Appendix H, Table H4. Model 1 and Model 2 both show robust results.

For the moderators and control variables (Appendix H, Table H3) some differences did arise. The main effect of health orientation ( $B = -.367$ ,  $p = .095$ ) became marginally significant while the main effect of convenience orientation was no longer significant ( $B = .473$ ,  $p = .114$ ). The dummy for having children was no longer significant ( $B = -.557$ ,  $p = .118$ ), while the dummy for not working ( $B = .541$ ,  $p = .079$ ) became marginally significant. Overall, based on the outcomes of the analyses including median splits, the results of the current research still can be considered fairly robust.

## 6. Discussion and conclusion

The aim of this study was to help increase the understanding of meal-kits from a marketing perspective by providing insights into the effectiveness of different types of monetary sales promotions, advertisement claims, and moderating effects of health orientation and convenience orientation in relation to meal-kit purchase intention. The current chapter first reviews the academic implications of this thesis. Afterwards, the practical implications are discussed. The limitations and future research are reviewed last.

### 6.1 Academic implications

#### 6.1.1 Monetary sales promotions

This study showed that price discounts and rebates, when compared to no monetary promotions, positively affect meal-kit purchase intention. These effects were expected due to consumers perceiving meal-kit prices as high (e.g., Fraser et al., 2021; Gibson & Partridge, 2019). The findings of this thesis confirmed that consumers indeed had higher meal-kit purchase intentions when price discounts and rebates were offered. This was likely due to the temporary savings that the monetary sales promotions pertained. The found effects seem to confirm that the price of a meal-kit is important for consumers. This is in line with the work of Cho et al. (2020) who found that reasonable price is a very important meal-kit attribute.

However, a comparison between rebates and price discounts showed that neither type increases meal-kit purchase intention more than the other. This was not in line with the expectation that rebates would have been more effective due to the silver lining effect (Banerjee et al., 2020; Thaler, 1985). The lack of difference between the effectiveness of rebates and price discounts might have been due to a number of factors. First of all, since healthy food literature and convenience food literature showed contrasting proposed effects for rebates and price discounts, perhaps the effects cancelled out one another for meal-kits. Next, perhaps rebates were less effective than anticipated because consumers bear risks and might experience uncertainty related to rebates (Lu & Moorthy, 2007). Consumers do not know for sure whether they will get the refund. Other factors such as privacy concerns also might have played a role for rebates (Currie & Mizerski, 2016) and might have discouraged consumers from having higher meal-kit purchase intentions. Lastly, the silver lining principle might not have been influential enough in this study. Jarnebrant et al. (2009) showed that the optimal rebate amount depends on the purchase price and the loss aversion of the consumer. The chosen rebate amount in the scenarios was always €12,50 and thus might not have been effective enough for all participants.

### 6.1.2 Advertisement claims

For meal-kits neither taste advertisement claims or positive emotions advertisement claims were more effective than the other. A stronger effect was expected for taste advertisement claims based on the study by Kim et al. (2009) including schema incongruity theory. The findings of this study did not confirm the proposed stronger effect of taste advertisement claims. A possible explanation for the lack of a stronger effect of taste advertisement claims is that for meal-kits a matching advertisement claim type might have been more suitable than an incongruent advertisement claim type. The work of for example Stafford and Day (1995) suggest that for functional foods a rational advertisement claim perhaps might have been more effective. Alternatively, meal-kits might not have been affected enough by functional values in the eyes of the consumer (Cho et al., 2020). If that was the case the incongruity between meal-kits and taste advertisement claims was not strong enough to lead to a stronger purchase intention.

### 6.1.3 Health orientation

The studied effects of health orientation have led to four main outcomes. First, health orientation did not have a direct effect on meal-kit purchase intention. The sample characteristics of this study might explain this nonsignificant effect. The sample characteristics might have led to a high mean score for health orientation which can cause the insignificance of related effects. Perhaps if a larger sample size or more representative sample was used the results might have been different. Alternatively, the lack of a significant direct effect of health orientation on meal-kit purchase intention might be explained through other factors. Perchance highly health oriented consumers do not consider meal-kits healthy enough because meal-kits sometimes contain too much salt and fat (Gibson & Partridge, 2019). Highly health oriented consumers are known to consider weight control as more important than other consumers (Steptoe et al., 1995) and thus might not want to purchase meal-kits. Alternatively, highly health oriented consumers may have more concerns about the naturalness of meal-kit ingredients since they attach greater importance to the natural content of food than other consumers (Steptoe et al., 1995). Concerns about naturalness are known barriers for convenience foods (Brunner et al., 2010) and therefore this might also be an important barrier for meal-kit purchase intention among highly health oriented consumers. Furthermore, highly health oriented consumers might have better cooking skills than less health oriented consumers (De Camargo et al., 2020) which could mean that they do not require or want to follow meal-kit recipes.

Second, health orientation did not strengthen the effects of price discounts and rebates compared to no monetary sales promotions. This was expected due to the link between health orientation, long-term focus, and price consciousness (Li & Hu, 2019; Muñoz-Vilchese et al., 2019; Özyörük, 2021). Surprisingly, the interaction effect of price discounts and health orientation did

become marginally significant when median splits were included for the robustness check. This indicated that if health orientation was measured differently, price discounts do become more effective while this effect did not occur for rebates. That finding indicates that for meal-kits the connection between health orientation and long-term orientation perhaps also led to more value being attached to the risk involved with rebates (Zaleskiewicz, 2001) and/or privacy concerns (Schumacher et al., 2022).

Third, health orientation did not strengthen the more positive effect of rebates compared to price discounts. This was again not in line with the studies of Li and Hu (2019), and Muñoz-Vilches et al. (2019) that link health orientation to a long-term perspective. It was expected that rebates would be more accepted by health oriented/long-term oriented consumers due to a higher tolerance for delayed rewards (Dassen et al., 2015). The nonsignificant effect again might be due to increased value being attached to risk (Zaleskiewicz, 2001) and/or privacy concerns (Schumacher et al., 2022) by highly health oriented consumers since these factors likely influence rebates and not price discounts.

Fourth, health orientation marginally significantly moderated the effect of taste advertisement claims compared to positive emotions advertisement claims. Taste advertisement claims led to higher purchase intention for consumers with low health orientation. For consumers with a high health orientation, taste advertisements led to a lower purchase intention instead. The opposite is true for positive emotions advertisement claims: consumers with a low health orientation showed a lower purchase intention, while consumers with a high health orientation had a higher purchase intention when a positive emotions advertisement claim was shown.

Despite the anticipated effect being negative instead of weakened positive, the finding largely appears to be in line with existing literature that has suggested that taste advertisement claims are better suited for consumers with a short-term focus (Muñoz-Vilches et al., 2019) while positive emotions advertisement claims appear to be more in line with long-term goals (Gardner et al., 2014). The finding however, does not seem to be in line with the work of Steptoe et al. (1995) who found that consumers with low health orientation do not consider taste or positive emotions as unimportant. It seems that for meal-kits in the case of incongruity between the advertisement claim and health/long-term orientation the effect of the claim can be negative. This might indicate that choosing the 'wrong' type of claim is more influential than anticipated.

#### 6.1.4 Convenience orientation

The effects of convenience orientation have led to four main findings. First, convenience orientation had a direct effect on meal-kit purchase intention. Nevertheless, the interaction effects involving convenience orientation were not significant. This indicates that other factors that have not been studied here explain the higher purchase intention.

Second, the effects of price discounts and rebates compared to no monetary sales promotions were not weakened by convenience orientation. This is not in line with the studies of Brunner et al. (2010), Buckley et al. (2007), and Swoboda and Morschett (2001). Due to those studies the expectation arose that highly convenience oriented consumers are less price sensitive or even indifferent to price. The lack of a significant proposed effect might be explained by meal-kits not being convenient enough for highly convenience oriented consumers. Meal-kits differ from traditional convenience foods such as ready-meals (Hertz & Halkier, 2017) and therefore they might not be convenient enough for highly convenience oriented consumers. In turn, this might have led to highly convenience oriented consumers not being less price sensitive or indifferent to price for meal-kits. Hence, the effect of the monetary sales promotions was not weakened.

Third, convenience orientation did not weaken the effect of rebates compared to price discounts. This finding is not in line with the hypothesized reduced effect of active sales promotion types due to their high-effort properties (Schneider & Currim, 1991) or with the proposed reduced effect of rebates due to a delayed component (Banerjee et al., 2020). The lack of the proposed effect might be due to Dutch consumers not being familiar enough with rebates to let the high effort discourage them. Currie and Mizerski (2016) stated that consumers who claim rebates might have little knowledge of the redemption effort. If convenience oriented Dutch consumers indeed cannot estimate the effort correctly, this might not have discouraged them enough to lead to the reduced effect. Additionally, the proposed link between convenience orientation and short-term orientation might not have been strong enough in the context of meal-kits. This connection warrants more attention for future research.

Fourth, convenience orientation did not strengthen the effect of taste advertisement claims compared to positive emotions advertisement claims. Perhaps, due to the long tradition of promoting convenience food with taste advertisement claims (Brewis & Jack, 2005) the wear-out effect (East, 2003) is more pronounced among highly convenience oriented consumers. The finding also again does not seem to be in line with the proposed connection between convenience orientation and a short-term perspective (Olsen & Tuu, 2017).

#### 6.1.5 Control variables

The findings concerning the control variables having children, single-person households, and familiarity were in line with Brunner et al. (2010), Cho et al. (2020), Park and Lessig (1981) respectively. The findings concerning education level are not in line with existing research (Brunner et al., 2010; Hulshof et al., 2003) since the only education level that influences meal-kit purchase intention mbo education compared to hbo. Furthermore, contrary to that literature the lower education level (mbo) leads to a higher meal-kit purchase intention. This effect and the

nonsignificant control variables might be explained by the sample characteristics which are not completely in line with the population characteristics.

## 6.2 Practical implications

The findings from this study lead to five main practical implications for practitioners. First, price discounts and rebates both are effective monetary sales promotion types when the aim is to increase meal-kit purchase intention. Since no difference exists in the effectiveness of rebates and price discounts, rebates could be an interesting alternative to the more common price discount. A rebate achieves the goal of increasing purchase intention while also offering possible interesting benefits for the company that offers the rebate. The first benefit is that not all consumers claim rebates which leads to the company saving money compared to a situation in which price discounts are given (Currie & Mizerski, 2016). The second benefit is that some consumers actually get satisfaction from saving money with a rebate (Brown, 1999; Tat & Lee, 1993; Tat & Schwepker, 1998). The consumers who get satisfaction from claiming a rebate are also more likely to claim them (Tat & Schwepker, 1998). If this satisfaction becomes associated with the meal-kit, this might make these consumers extra enthusiastic about the product. If practitioners are not willing to set-up rebate actions themselves, they can consider offering rebates through platforms such as Scoupy or one of the many cashback websites.

Second, using health orientation as a segmentation criterion for the prime target group of meal-kits is not recommended because health orientation had no direct effect on meal-kit purchase intention. However, segmenting based on health orientation might be important when trying to determine whether to use taste or positive emotions advertisement claims. Using the 'wrong' claim might lead to reduced purchase intention for health oriented consumers. If highly health oriented consumers are the target group of the meal-kit, for example for a high protein dish, it is best to use positive emotions advertisement claims. Practitioners should also refrain from using taste advertisement claims because taste advertisement claims lower the meal-kit purchase intention. If consumers with a lower health orientation are the target group, for instance for more indulgent/less healthy dishes, it is recommended to use taste advertisement claims. Moreover, it is dissuaded to use positive emotions advertisement claims since they lower the meal-kit purchase intention. No differences in effectiveness of the monetary sales promotions due to health orientation were found. This suggests that practitioners do not have to keep other effects of health orientation in mind.

Third, convenience orientation is a useful segmentation criterion for practitioners when deciding on the prime target group of their meal-kits due to the direct effect of convenience orientation on meal-kit purchase intention. Furthermore, convenience orientation does not alter the effects of rebates, price discounts, or positive emotions advertisement claims compared to taste

advertisement claims. This suggests that practitioners do not have to keep any other effects of convenience orientation in mind when trying to decide on which type of monetary sales promotion or advertisement claim to use.

Fourth, practitioners should not use gender, working status, or age as segmentation criteria for meal-kits because these factors did not affect meal-kit purchase intention. It is therefore not necessary to devote time and resources to targeting consumers based on these characteristics via for example online target marketing. Instead, it is advised to segment and target consumers with higher convenience orientation, higher familiarity with meal-kits, mbo education, multiple-person households, or households without children.

Last, it is advised to conduct market research to determine if the consumer groups with characteristics that were linked to a lower meal-kit purchase intention are interested in new types of meal-kits or can be persuaded with different information. Special meal-kits for single-person households could be designed that include ingredients for two portions. With such a meal-kit the consumer does not have to cook again the next evening. Alternatively, a single-person household meal-kit could include ingredients and recipes for two different dishes that can be made with almost the same ingredients. That way the consumer can use the meal-kit to meal-prepare for multiple days without having to eat the same dish all the time. This suggestion is in line with Cho et al. (2020) who have found that single-person households highly value menu variety of meal-kits. For consumers who are less familiar with meal-kits perhaps more practical information is needed to be persuaded to buy meal-kits. Instruction videos might help to boost confidence in being able to successfully cook a meal with the meal-kit for less familiar consumers. Lastly, for consumers with lower convenience orientation levels different value propositions might be beneficial. Based on the work of Cho et al. (2020) stressing menu variety instead of convenience might be a more effective communication strategy for consumers with low convenience orientation.

### 6.3 Limitations and future research

This thesis has six limitations and corresponding recommendations for future research. First, due to the convenience sample used in this research certain groups are over- and underrepresented. Therefore, the external validity and generalisability is reduced (Vennix, 2019) which indicates that the findings of the current research cannot be used to make strong generalisations. Instead, this thesis can lead to insights that could be further explored in future research. When comparing the sample characteristics to those of the Dutch population, some differences exist that might have influenced the results of this study. Table 6 below shows an overview of the characteristics of the groups that have been overrepresented in this study compared to the Dutch population.

**Table 6**  
*Sample and population characteristics*

<b>Characteristic</b>	<b>Sample</b>	<b>Dutch population</b>	<b>Source</b>
Mean age	40.19	42.4	(Centraal Bureau voor de Statistiek, n.d.-d)
Having children – No	54.6%	47.3%	(Centraal Bureau voor de Statistiek, n.d.-b)
Multiple person households	79.6%	61%	(Centraal Bureau voor de Statistiek, n.d.-b)
Females	58.3%	50.25%	(Centraal Bureau voor de Statistiek, n.d.-e)
Working status – Fulltime	48.6%	37.6%	(Centraal Bureau voor de Statistiek, n.d.-c)
Education level – Hbo/wo	71.4%	36.1%	(Centraal Bureau voor de Statistiek, n.d.-a)

Together, these differences might have contributed to the high mean scores for health orientation and convenience orientation which might have caused the insignificance of some studied effects. Future research could aim to include a sample that is more representative of the population and therefore contains more diverse scores for health orientation and convenience orientation. Furthermore, especially for health orientation consumers might provide answers that are partly socially desirable. Consumers might not want to admit that they do not care that much about their health. Social desirability effects have already been found in the contexts of health-related topics such as self-reported diet (Hébert et al., 1997) and physical activity (Adams et al., 2005). To deal with this possible social desirability it is recommended to use procedural remedies that combat social desirability in future research, as advised by Cerri et al. (2019).

Second, this study investigated self-reported purchase intention. However, actual purchase behaviour might be different from self-reported purchase intentions. In the context of healthy food and health behaviours a number of factors explain such an intention-behaviour gap (e.g., by Mullan et al., 2014). If such a gap exists for healthy food, perhaps meal-kit purchase intention is influenced by similar factors. Future research could thus benefit from including actual meal-kit purchase data.

Third, this study did not include a condition in which no advertisement claims were shown. Hence, it was not possible to determine how strongly the taste and positive emotions advertisement claims influenced meal-kit purchase intention compared to a situation in which there was no advertisement claim shown. Future research should include this condition and could include a question to test whether participants remembered the type of advertisement claim shown after the manipulation. That way researchers can ensure that the manipulation was noticed by the participants. Additionally, future research could test and optimize the placement of the advertisement claim in the scenarios to achieve the biggest claim influence.

Fourth, many other types of advertisement claims and monetary sales promotions could be considered in future research. Possibly interesting advertisement claims might be quality claims ‘natural’ or ‘homemade’. The word natural is often associated with healthy food (Kombanda et al., 2022; Paquette, 2005) while concerns about naturalness are strong barriers stopping consumers

from buying convenience food (Brunner et al., 2010). For similar reasons the claim 'homemade' may be interesting to study (e.g., Kombanda et al., 2022). Future research might consider studying coupons since they differ from rebates and also offer an important benefit: companies have more control over who they want to provide coupons to (Lu & Moorthy, 2007). The main difference between rebates and coupons is that coupons grant the deals when the product is purchased. For rebates this happens after the purchase (Lu & Moorthy, 2007). Due to this, consumers experience less risk and uncertainty with coupons (Lu & Moorthy, 2007). Altogether, coupons might be interesting to consider in future research on meal-kits.

Fifth, this study measured familiarity with meal-kits by asking how familiar participants are with meal-kits. Future research could consider adding a question that measures how often participants have bought a meal-kit to check if consumers who are more familiar with meal-kits have also bought them more often. Furthermore, if purchase frequency significantly predicts meal-kit purchase intention this might be valuable information for practitioners.

Sixth, some decisions concerning the scenario content could be changed in future research. This thesis described meal-kits including three meals for two persons. It would be interesting to see if the same effects will be found for smaller meal-kits that resemble the supermarket meal-kit more. Additionally, keeping in mind the work of Jarnebrant et al. (2009) it could be interesting to investigate the effects of different rebate amounts and moderating role of risk aversion.

Despite these limitations this thesis provides insights into the effectiveness of different types of monetary sales promotions, advertisement claims, and how these effects are moderated by health orientation and convenience orientation. This thesis might serve as a starting point for future research which in turn hopefully can enhance knowledge for the academic community and practitioners.

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## Appendices

### Appendix A: Scenarios

#### **Scenario 1**

Deze maaltijdbox bevat **drie** maaltijden voor **twee** personen en kost €41,99. Dit pakket is in de supermarkt verkrijgbaar, maar kan ook thuisbezorgd worden

***Voel jezelf goed terwijl je kookt met deze maaltijdbox.***

#### **Scenario 2**

Deze maaltijdbox bevat **drie** maaltijden voor **twee** personen en kost normaal €41,99. Op dit moment geldt er een actie waardoor dit pakket €12,50 minder kost. Deze maaltijdbox is in de supermarkt verkrijgbaar, maar kan ook thuisbezorgd worden.

***Voel jezelf goed terwijl je kookt met deze maaltijdbox.***

#### **Scenario 3**

Deze maaltijdbox bevat **drie** maaltijden voor **twee** personen en kost normaal €41,99. Op dit moment is er een actie waarmee u €12,50 teruggestort krijgt na het online uploaden van een foto van de kassabon. Deze maaltijdbox is in de supermarkt verkrijgbaar, maar kan ook thuisbezorgd worden.

***Voel jezelf goed terwijl je kookt met deze maaltijdbox.***

#### **Scenario 4**

Deze maaltijdbox bevat **drie** maaltijden voor **twee** personen en kost €41,99. Dit pakket is in de supermarkt verkrijgbaar, maar kan ook thuisbezorgd worden.

***Kook heerlijke maaltijden met deze maaltijdbox.***

#### **Scenario 5**

Deze maaltijdbox bevat **drie** maaltijden voor **twee** personen en kost normaal €41,99. Op dit moment geldt er een actie waardoor dit pakket €12,50 minder kost. Deze maaltijdbox is in de supermarkt verkrijgbaar, maar kan ook thuisbezorgd worden.

***Kook heerlijke maaltijden met deze maaltijdbox.***

#### **Scenario 6**

Deze maaltijdbox bevat **drie** maaltijden voor **twee** personen en kost normaal €41,99. Op dit moment is er een actie waarmee u €12,50 teruggestort krijgt na het online uploaden van een foto van de kassabon. Deze maaltijdbox is in de supermarkt verkrijgbaar, maar kan ook thuisbezorgd worden.

***Kook heerlijke maaltijden met deze maaltijdbox.***

## Appendix B: Experiment

### **Pagina 1**

Beste respondent,

Mijn naam is Emma Eltink en ik ben master student aan de opleiding Business Administration aan de Radboud Universiteit in Nijmegen. Op dit moment onderzoek ik de aankoopintentie van maaltijdboxen voor verschillende consumenten. Deze enquête zal maximaal 8 minuten van uw tijd in beslag nemen. Na deze inleiding volgt een beschrijving van een situatie, waarna enkele stellingen aan u worden voorgelegd.

U kunt ervoor kiezen om niet deel te nemen aan dit onderzoek en tijdens het invullen van de enquête kunt u er op ieder moment voor kiezen om te stoppen. Hieraan zijn geen consequenties verbonden. De gegevens die voortkomen uit dit onderzoek worden vertrouwelijk behandeld en worden alleen ingezien en gebruikt door mij. Er wordt niet gevraagd om persoonsgegevens die naar u te herleiden zijn en daardoor is uw anonimiteit gewaarborgd.

Mocht u vragen of feedback hebben over deze enquête dan kunt u dit aangeven bij de laatste vraag of een mail sturen naar [emma.eltink@ru.nl](mailto:emma.eltink@ru.nl). De resultaten van de enquête worden alleen gebruikt in dit onderzoek en worden transparant verwerkt. Mocht u geïnteresseerd zijn in de uitkomsten van het onderzoek waarvan deze enquête deel uitmaakt, dan kunt u mijn thesis op den duur online bekijken op de Radboud Educational Repository.

Alvast hartelijk bedankt voor uw tijd.

Heeft u bovenstaande inleiding doorgenomen en wilt u deelnemen aan deze enquête?

- Ja (1)
- Nee (2)

### **Pagina 2**

**Uitleg maaltijdbox** Een maaltijdbox bevat **alle** benodigdheden om thuis een maaltijd te kunnen bereiden. Een maaltijdbox bestaat uit een **recept** en de **juiste hoeveelheden** ingrediënten die nodig zijn om dit recept te bereiden.

Er volgt nu een beschrijving van een type maaltijdbox met een foto van hoe zo'n maaltijdbox eruit zou kunnen zien. Of de specifieke ingrediënten/gerechten op de foto u aanspreken is niet van belang. U mag ook andere ingrediënten/gerechten in gedachten nemen die u aanspreken in plaats hiervan.

Lees de bijbehorende tekst aandachtig door en ga vervolgens verder naar de bijbehorende stellingen.

**Pagina 3 (vragen die horen bij de scenario's)**

Onderstaande stellingen gaan over uw aankoopintentie met betrekking tot de zojuist beschreven maaltijdbox.

De kans dat ik deze maaltijdbox zou kopen is:

- Zeer klein (1)
- Klein (2)
- Redelijk klein (3)
- Niet klein of groot (4)
- Redelijk groot (5)
- Groot (6)
- Zeer groot (7)

De kans dat ik zou overwegen om deze maaltijdbox te kopen is:

- Zeer klein (1)
- Klein (2)
- Redelijk klein (3)
- Niet klein of groot (4)
- Redelijk groot (5)
- Groot (6)
- Zeer groot (7)

Mijn bereidheid om deze maaltijdbox te kopen is:

- Zeer klein (1)
- Klein (2)
- Redelijk klein (3)
- Niet klein of groot (4)
- Redelijk groot (5)
- Groot (6)
- Zeer groot (7)

**Pagina 4**

De volgende stellingen gaan over hoe belangrijk u **gezondheid** vindt.

Gezondheid 1 In het algemeen, hoe belangrijk vindt u het om gezond te zijn?

- Zeer onbelangrijk (1)
- Onbelangrijk (2)
- Enigzins onbelangrijk (3)
- Neutraal (4)
- Enigzins belangrijk (5)
- Belangrijk (6)
- Zeer belangrijk (7)

Hoe belangrijk vindt u het om fysiek in goede vorm te zijn?

- Zeer onbelangrijk (1)
- Onbelangrijk (2)
- Enigzins onbelangrijk (3)
- Neutraal (4)
- Enigzins belangrijk (5)
- Belangrijk (6)
- Zeer belangrijk (7)

Gezondheid 3 Hoe belangrijk vindt u het om in de gaten te houden wat u eet?

- Zeer onbelangrijk (1)
- Onbelangrijk (2)
- Enigzins onbelangrijk (3)
- Neutraal (4)
- Enigzins belangrijk (5)
- Belangrijk (6)
- Zeer belangrijk (7)

**Pagina 5**

De volgende stellingen gaan over hoe belangrijk u **gemak** vindt.

Mijn voorkeur gaat uit naar maaltijden die gemakkelijk te plannen, kopen, bereiden, en koken zijn.

- Sterk mee oneens (1)
- Oneens (2)
- Enigzins mee oneens (3)
- Neutraal (4)
- Enigzins mee eens (5)
- Eens (6)
- Sterk mee eens (7)

Hoe minder fysieke inspanning (werk, energie) het vereist om een maaltijd te kopen en te bereiden, hoe beter.

- Sterk mee oneens (1)
- Oneens (2)
- Enigzins mee oneens (3)
- Neutraal (4)
- Enigzins mee eens (5)
- Eens (6)
- Sterk mee eens (7)

Mijn voorkeur gaat uit naar maaltijden die snel te plannen, kopen, bereiden, en koken zijn.

- Sterk mee oneens (1)
- Oneens (2)
- Enigzins mee oneens (3)
- Neutraal (4)
- Enigzins mee eens (5)
- Eens (6)
- Sterk mee eens (7)

Selecteer hieronder alstublieft het antwoord **Enigszins mee oneens** om te laten zien dat u deze enquête zorgvuldig invult.

- Sterk mee oneens (1)
- Oneens (2)
- Enigszins mee oneens (3)
- Neutraal (4)
- Enigszins mee eens (5)
- Eens (6)
- Sterk mee eens (7)

Mijn voorkeur gaat uit naar maaltijden die snel voorbereid en gekookt kunnen worden.

- Sterk mee oneens (1)
- Oneens (2)
- Enigszins mee oneens (3)
- Neutraal (4)
- Enigszins mee eens (5)
- Eens (6)
- Sterk mee eens (7)

**Pagina 6**

De volgende vragen gaan over demografische informatie.

Leeftijd Hoe oud bent u? (in jaren)

Wat is uw genderidentiteit? Selecteer alle antwoorden die van toepassing zijn.

- Man (1)
  - Vrouw (2)
  - Trans man (3)
  - Trans vrouw (4)
  - Non-binair (5)
  - Geen van bovenstaande (vul alstublieft hieronder uw antwoord in) (6)
- 

Heeft u kinderen?

- Nee (1)
- Ja (2)

Uit hoeveel personen bestaat uw huishouden?

- 1 Persoon (1)
- 2 Personen of meer (2)

Welke omschrijving past het beste bij uw arbeidssituatie?

- Fulltime (35 uur per week of meer) (1)
- Parttime (minder dan 35 uur per week) (2)
- Niet werkend (3)

Hoe bekend bent u met maaltijdboxen?

- Totaal niet bekend (1)
- Enigzins bekend (2)
- Gematigd bekend (3)
- Zeer bekend (4)
- Buitengewoon bekend (5)

Wat is de hoogste opleiding die u heeft afgerond?

- Basisschool (1)
- vmbo (2)
- havo (3)
- vwo (4)
- mbo (5)
- hbo (6)
- wo (7)

Heeft u nog opmerkingen of feedback betreffende deze enquête?

---

## Appendix C: Factor analysis and reliability analysis

**Table C1**  
*Rotated Component Matrix*

	<b>Component</b>		
	1	2	3
Convenience orientation 3	.940	.006	-.029
Convenience orientation 4	.921	.051	.010
Convenience orientation 1	.878	.073	.079
Convenience orientation 2	.842	.096	-.046
Purchase intention 1	.045	.960	.003
Purchase intention 2	.083	.940	-.054
Purchase intention 3	.068	.937	.010
Health orientation 1	.018	-.027	.899
Health orientation 2	.017	-.006	.881
Health orientation 3	-.023	-.005	.802

**Table C2**  
*Reliability Analysis*

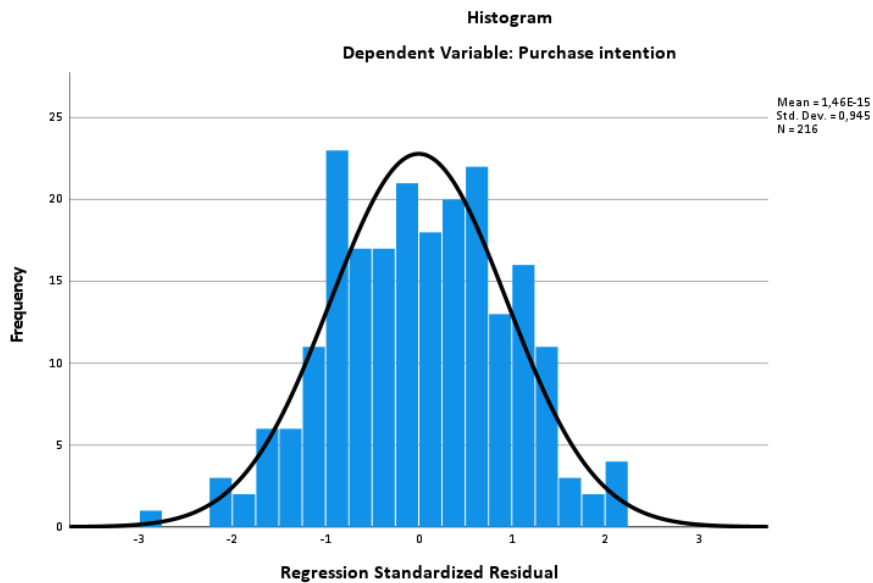
<b>Latent construct</b>	<b>Cronbach's alpha</b>	<b>Item</b>	<b>Cronbach's alpha if item is deleted</b>
Health orientation	.809	Health orientation 1	.691
		Health orientation 2	.702
		Health orientation 3	.836
Convenience orientation	.916	Convenience orientation 1	.901
		Convenience orientation 2	.919
		Convenience orientation 3	.867
		Convenience orientation 4	.877
Meal-kit purchase intention	.943	Purchase intention 1	.898
		Purchase intention 2	.924
		Purchase intention 3	.930

## Appendix D: Assumptions

**Table D1**  
*Tests of Normality*

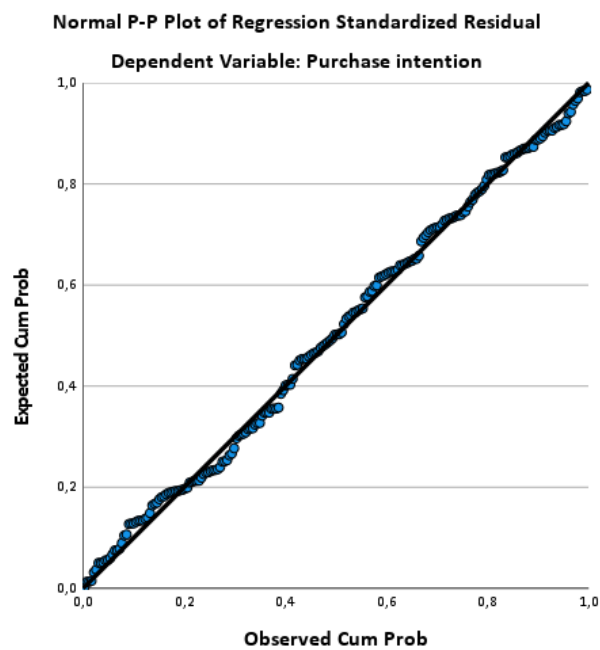
	Kolomogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Purchase intention	.087	216	<.001	.966	216	<.001

**Figure D1**  
*Histogram*

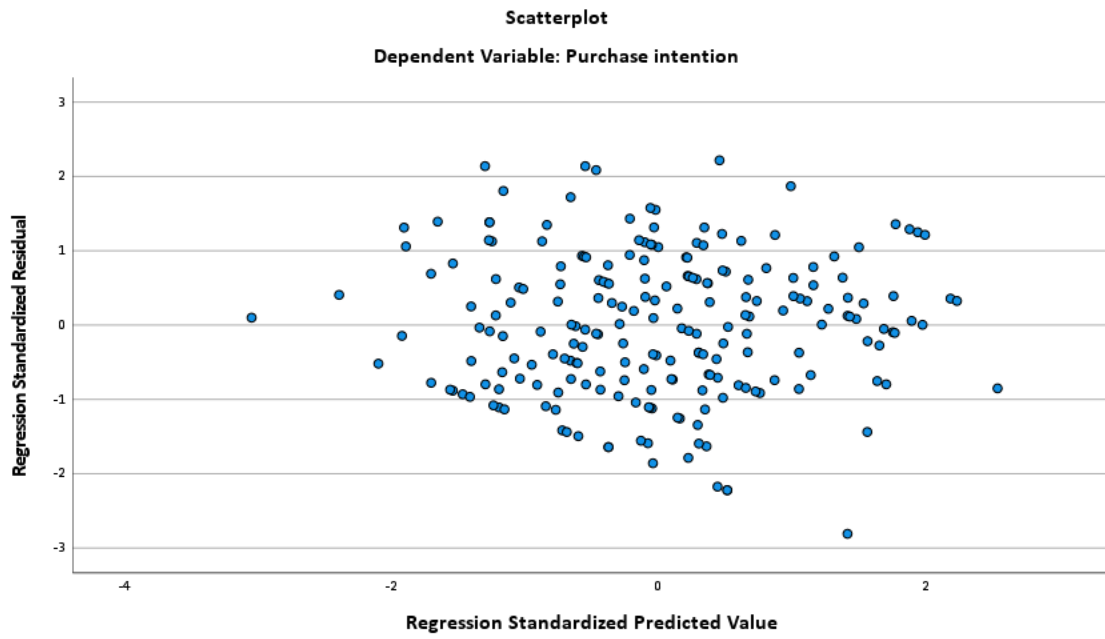


**Figure D2**

*Normal P-P Plot of Regression Standardized Residual*



**Figure D3**  
*ZRESID-ZPRED Scatterplot*



Appendix E: Multicollinearity

**Table E1**  
Correlation table

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1: Purchase intention	1																	
2: Discount	.183	1																
3: Rebate	.056	-.490	1															
4: Taste	.052	-.029	.009	1														
5: Health orientation	-.029	.033	-.049	.058	1													
6: Convenience orientation	.132	-.047	.139	.035	.003	1												
7: Gender – male	-.011	.051	.045	.061	-.025	-.007	1											
8: Having children – yes	-.129	-.022	-.026	-.049	.257	.062	.060	1										
9: Household size – 1 person	-.105	.027	.023	.037	-.115	.031	.016	-.345	1									
10: Working status – Parttime	.027	.033	-.018	-.045	.134	.034	-.228	.235	-.131	1								
11: Working status – Not working	-.032	-.004	.041	-.042	-.042	.040	-.041	-.070	.262	-.311	1							
12: Education – vmbo	-.031	.058	-.055	-.052	.115	.056	-.029	.129	-.085	.044	.014	1						
13: Education – havo	.019	-.018	-.056	.006	.034	-.062	.082	-.068	.053	-.080	.039	-.037	1					
14: Education – vwo	-.023	.150	-.105	-.088	-.089	.099	.057	.107	.075	.072	.027	-.026	-.034	1				
15: Education – mbo	.085	.088	-.146	-.014	.064	-.074	-.035	.222	-.081	.054	.021	-.070	-.092	-.064	1			
16: Education – wo	.015	-.035	.034	-.011	-.105	.042	-.120	-.310	.183	-.023	-.009	-.113	-.148	-.103	-.280	1		
17: Age	-.144	-.001	-.020	-.033	.382	-.010	.150	.815	-.226	.141	.022	.076	-.039	.105	.166	-.345	1	
18: Familiarity with meal-kits	.418	.028	.049	-.045	-.044	.030	.051	-.107	-.059	.072	-.247	-.087	-.049	-.185	-.011	.178	-.184	1

**Table E2**  
*Multicollinearity statistics*

<b>Model 1</b>	<b>Collinearity Statistics</b>	
	<b>Tolerance</b>	<b>VIF</b>
<i>Independent variables</i>		
Discount	.728	1.373
Rebate	.714	1.401
Taste	.962	1.040
<i>Moderators</i>		
Health orientation	.789	1.267
Convenience orientation	.932	1.073
<i>Control variables</i>		
Gender – male	.848	1.179
Having children – yes	.272	3.682
Household size – 1 person	.787	1.271
Working status – Parttime	.775	1.290
Working status – Not working	.775	1.291
Education – vmbo	.916	1.092
Education – havo	.916	1.092
Education – vwo	.853	1.172
Education – mbo	.817	1.224
Education – wo	.742	1.347
Age	.262	3.812
Familiarity with meal-kits	.834	1.199

## Appendix F: Model Fit

**Table F1**  
*Model Summary*

Model	R	R Square	Adjusted R Square	R Square Change	Change Statistics				
					F change	df1	df2	Sig. F Change	Durbin-Watson
1	.547	.300	.240	.300	4.983	17	198	<.001	
2	.567	.322	.241	.022	1.050	6	192	.394	2.167

**Table F2**  
*ANOVA*

Model		df	F	Sig
1	Regression	17	4.983	<.001
	Residual	198		
	Total	215		
2	Regression	23	3.963	<.001
	Residual	192		
	Total	215		

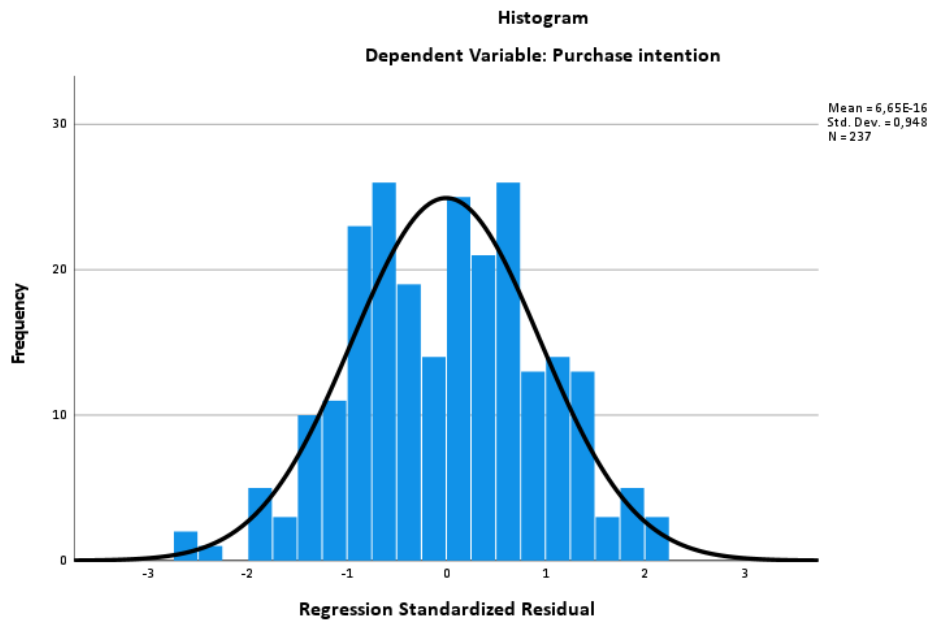
## Appendix G: Secondary analysis

**Table G1**  
Results Model 1-2: Price discount as reference category

	Model 1			Model 2		
	B	Std. Error	Sig	B	Std. Error	Sig
(Constant)	4.090	.314	<.001	4.004	.317	<.001
<b>Independent variables</b>						
Rebate	-.245	.238	.305	-.217	.239	.366
No monetary sales promotion	-.792	.230	<.001	-.717	.234	.003
Taste	.267	.189	.161	.295	.192	.127
<b>Moderators</b>						
Health orientation	-.014	.154	.925	.466	.291	.111
Convenience orientation	.152	.074	.042	.085	.142	.553
<b>Interaction effects</b>						
Health orientation * Rebate				-.494	.356	.167
Health orientation * No Monetary Sales promotion				-.192	.345	.579
Health orientation * Taste				-.511	.286	.075
Convenience orientation * Rebate				-.043	.185	.816
Convenience orientation * No Monetary Sales promotion				-.017	.189	.930
Convenience orientation * Taste				.149	.154	.333
<b>Control variables</b>						
Gender - male	-.147	.204	.473	-.128	.205	.533
Having children – yes	-.633	.358	.079	-.637	.360	.078
Household size – 1 person	-.671	.260	.011	-.608	.264	.022
Working status – Parttime	.072	.218	.741	.122	.219	.579
Working status – Not working	.423	.305	.167	.502	.315	.113
Education – vmbo	.129	.590	.827	.002	.606	.997
Education – havo	.511	.462	.270	.435	.467	.353
Education – vwo	.708	.668	.291	.750	.680	.271
Education – mbo	.555	.289	.056	.517	.291	.077
Education – wo	-.110	.233	.637	-.099	.239	.680
Age	.003	.011	.771	.003	.011	.811
Familiarity with meal-kits	.650	.099	<.001	.648	.100	<.001

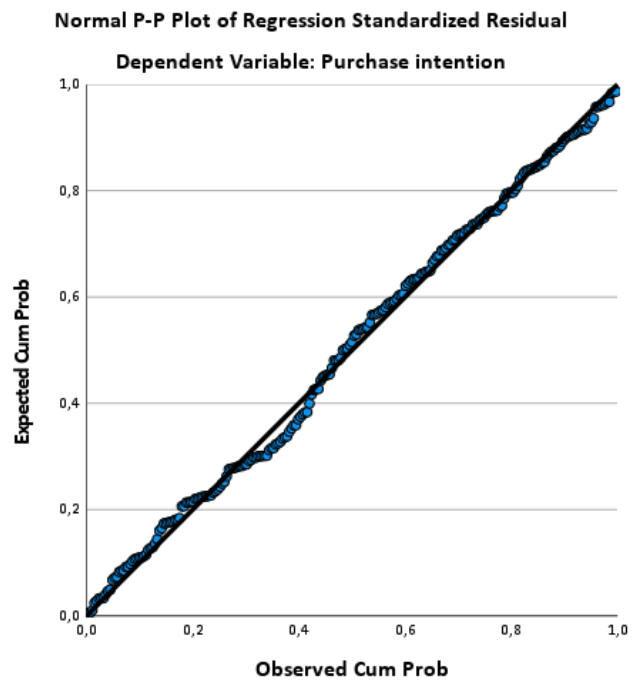
## Appendix H: Robustness checks

**Figure H1**  
*Histogram*



**Figure H2**

*Normal P-P Plot of Regression Standardized Residual*



**Table H1**  
*Results Primary Analysis, Model 1-2: Full Data Set*

	<b>Model 1</b>			<b>Model 2</b>		
	B	Std. Error	Sig	B	Std. Error	Sig
(Constant)	3.329	.301	<.001	3.335	.303	<.001
<b><i>Independent variables</i></b>						
Discount	.622	.229	.007	.563	.233	.016
Rebate	.520	.231	.026	.473	.235	.045
Taste	.146	.185	.430	.163	.188	.386
<b><i>Moderators</i></b>						
Health orientation	.108	.120	.373	.252	.286	.379
Convenience orientation	.141	.073	.056	.063	.168	.708
<b><i>Interaction effects</i></b>						
Health orientation * Discount				.231	.323	.475
Health orientation * Rebate				.030	.310	.922
Health orientation * Taste				-.350	.257	.175
Convenience orientation * Discount				-.021	.191	.913
Convenience orientation * Rebate				-.013	.187	.944
Convenience orientation * Taste				.144	.154	.352
<b><i>Control variables</i></b>						
Gender – male	-.151	.199	.449	-.131	.201	.517
Having children – yes	-.224	.331	.500	-.253	.336	.452
Household size – 1 person	-.632	.259	.016	-.614	.264	.021
Working status – Parttime	-.118	.213	.580	-.090	.215	.677
Working status – Not working	.383	.291	.189	.444	.299	.139
Education – vmbo	-.597	.560	.288	-.667	.578	.250
Education – havo	.246	.438	.575	.181	.445	.684
Education – vwo	.754	.678	.267	.852	.692	.220
Education – mbo	.331	.272	.224	.317	.276	.252
Education – wo	-.163	.234	.487	-.158	.241	.513
Age	-.010	.010	.314	-.010	.010	.312
Familiarity with meal-kits	.603	.095	<.001	.605	.096	<.001

**Table H2**  
*Results Secondary Analysis, Model 1-2: Full Data Set*

	<b>Model 1</b>			<b>Model 2</b>		
	B	Std. Error	Sig	B	Std. Error	Sig
(Constant)	3.951	.303	<.001	3.899	.307	<.001
<b><i>Independent variables</i></b>						
Rebate	-.103	.234	.662	-.090	.237	.705
No monetary sales promotion	-.622	.229	.007	-.563	.233	.016
Taste	.146	.185	.430	.163	.188	.386
<b><i>Moderators</i></b>						
Health orientation	.108	.120	.373	.483	.268	.073
Convenience orientation	.141	.073	.056	.042	.145	.772
<b><i>Interaction effects</i></b>						
Health orientation * Rebate				-.201	.274	.464
Health orientation * No Monetary Sales promotion				-.231	.323	.475
Health orientation * Taste				-.350	.257	.175
Convenience orientation * Rebate				.008	.187	.967
Convenience orientation * No Monetary Sales promotion				.021	.191	.913
Convenience orientation * Taste				.144	.154	.352
<b><i>Control variables</i></b>						
Gender - male	-.151	.199	.449	-.131	.201	.517
Having children – yes	-.224	.331	.500	-.253	.336	.452
Household size – 1 person	-.632	.259	.016	-.614	.264	.021
Working status – Parttime	-.118	.213	.580	-.090	.215	.677
Working status – Not working	.383	.291	.189	.444	.299	.139
Education – vmbo	-.597	.560	.288	-.667	.578	.250
Education – havo	.246	.438	.575	.181	.445	.684
Education – vwo	.754	.678	.267	.852	.692	.220
Education – mbo	.331	.272	.224	.317	.276	.252
Education – wo	-.163	.234	.487	-.158	.241	.513
Age	-.010	.010	.314	-.010	.010	.312
Familiarity with meal-kits	.603	.095	<.001	.605	.096	<.001

**Table H3**  
*Results Primary Analysis, Model 1-2: Median split*

	<b>Model 1</b>			<b>Model 2</b>		
	B	Std. Error	Sig	B	Std. Error	Sig
(Constant)	2.905	.408	<.001	2.712	.571	<.001
<b><i>Independent variables</i></b>						
Discount	.826	.230	<.001	.931	.671	.167
Rebate	.603	.234	.011	.775	.658	.240
Taste	.279	.190	.143	.356	.559	.525
<b><i>Moderators</i></b>						
Health orientation – High	-.367	.218	.095	-.372	.431	.389
Convenience orientation – High	.473	.298	.114	.633	.555	.255
<b><i>Interaction effects</i></b>						
Health orientation – High * Discount				.975	.520	.062
Health orientation – High * Rebate				.220	.531	.680
Health orientation – High * Taste				-.783	.417	.062
Convenience orientation – High * Discount				-.512	.750	.496
Convenience orientation – High * Rebate				-.292	.723	.687
Convenience orientation – High * Taste				.201	.621	.747
<b><i>Control variables</i></b>						
Gender – male	-.150	.204	.464	-.101	.205	.622
Having children – yes	-.557	.355	.118	-.562	.356	.116
Household size – 1 person	-.629	.260	.017	-.720	.266	.007
Working status – Parttime	.096	.217	.659	.156	.220	.479
Working status – Not working	.541	.307	.079	.690	.314	.029
Education – vmbo	.184	.588	.755	-.077	.599	.898
Education – havo	.511	.463	.270	.585	.476	.221
Education – vwo	.814	.661	.219	.829	.664	.213
Education – mbo	.567	.289	.051	.526	.295	.076
Education – wo	-.125	.233	.593	-.035	.244	.887
Age	.001	.011	.897	.001	.011	.918
Familiarity with meal-kits	.658	.099	<.001	.648	.099	<.001

**Table H4***Results Secondary Analysis, Model 1-2: Median split*

	<b>Model 1</b>			<b>Model 2</b>		
	B	Std. Error	Sig	B	Std. Error	Sig
(Constant)	3.731	.409	<.001	3.643	.592	<.001
<b><i>Independent variables</i></b>						
Rebate	-.223	.237	.347	-.156	.643	.808
No monetary sales promotion	-.826	.230	<.001	-.931	.671	.167
Taste	.279	.190	.143	.356	.559	.525
<b><i>Moderators</i></b>						
Health orientation – High	-.367	.218	.095	.603	.418	.150
Convenience orientation – High	.473	.298	.114	.120	.604	.842
<b><i>Interaction effects</i></b>						
Health orientation – High * Rebate				-.756	.525	.152
Health orientation – High * No Monetary Sales Promotion				-.975	.520	.062
Health orientation – High * Taste				-.783	.417	.062
Convenience orientation – High * Rebate				.221	.721	.760
Convenience orientation – High * No Monetary Sales Promotion				.512	.750	.496
Convenience orientation – High * Taste				.201	.621	.747
<b><i>Control variables</i></b>						
Gender – male	-.150	.204	.464	-.101	.205	.622
Having children – yes	-.557	.355	.118	-.562	.356	.116
Household size – 1 person	-.629	.260	.017	-.720	.266	.007
Working status – Parttime	.096	.217	.659	.156	.220	.479
Working status – Not working	.541	.307	.079	.690	.314	.029
Education – vmbo	.184	.588	.755	-.077	.599	.898
Education – have	.511	.463	.270	.585	.476	.221
Education – vwo	.814	.661	.219	.829	.664	.213
Education – mbo	.567	.289	.051	.526	.295	.076
Education – wo	-.125	.233	.593	-.035	.244	.887
Age	.001	.011	.897	.001	.011	.918
Familiarity with meal-kits	.658	.099	<.001	.648	.099	<.001