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Compartmentalized Health Consciousness: Examining the Selective Health Filter in Health-Related Consumer Behavior among Young Adults in Bangladesh

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Abstract

Health consciousness is an important element affecting health-related consumer behavior; however, health awareness and good intentions do not always make for consistent choices in favor of healthier eating. This narrative literature review explores this inconsistency among young adults in Dhaka, Bangladesh, via the concept of compartmentalized health consciousness. The present work discussed relevant studies of health-consciousness, consumer behavior, attitude–behavior gaps and organic food consumption fast-food behavior in youth consumers. According to the existing literature, decision making regarding health is influenced not only by health but also by factors such as price, taste, convenience, availability, social influence (of family and peers), time pressure on the decision maker (the consumer), emotional state of the consumer, habit and experience-dependent automatic shifts in behavior (especially for topics like dietary habits) with two-way influence between self-identity and subsequent purchasing or consumption decisions. Thus, the same person can make health a priority in one consumption situation but more of a secondary concern in another. This review synthesizes these findings and contributes by presenting the Selective Health Filter as a concept through which health may be reinforced, negotiated or superseded in decision-making. Additional empirical investigations are still needed to validate this framework for different consumption behaviors, particularly among the younger generation of Dhaka.

Keywords: Health Consciousness, Consumer Behavior, Compartmentalized Health Consciousness, Selective Health Filter, Young Adults

1. Introduction

1.1 Background of Health Consciousness and Health-Related Consumer Behavior

Health has been emerging as a key consideration for consumers in the decision-making process. Consumers no longer judge products based on price, taste, convenience, quality and functional benefit alone; they might also think of the future impact of consumption on their physical or

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mental health which can often lead to uncertainty. This evolution is particularly apparent for food or beverage consumption because nutritional quality, sugar and fat content, food safety concerns, natural ingredients (natural compounds in addition to calories consumed), organic production of foodstuffs and the prevention of diseases in the long run may affect consumer choices [1]. The same health-oriented concern is also reflected in the utilization of fitness services, diet-related products, personal-care products, supplements and other lifestyle goods and services. Therefore, the relationship between health awareness and consumer behavior has attracted research attention on the part of not just consumer psychologists but also marketers, public health officials and behavioral scientists to name a few [2]. Health consciousness is a key construct in the literature, Health consciousness, in general, indicates How aware the people are of their fitness or how well they care about their health and do make an effort to retain it. Health consciousness itself was defined through dimensions such as health self-consciousness, health alertness, health involvement and health self-monitoring by Gould (1990), whose Health Consciousness Scale became very influential in the formation of this area of research. Here a health conscious person is not just an individual who owns information about health [3]. Instead, health consciousness refers to a more general psychological orientation whereby health holds a prominent place in the evaluation of oneself and one's thoughts. These individuals search for information, know about health signals, self-track their behaviors and contemplate taking preventive measures[4]. Health consciousness has been studied as an important antecedent of attitudes and intentions towards health in product among consumer behavior research. One such research stream is organic food consumption, where studies have identified that health consciousness and food-safety concerns are associated with the intention or attitude of consumers to buy organic substitutes (e.g. Similar research conducted on Bangladeshi consumers also indicated that health-related consciousness is a key variable in the explanation of the organic-food purchase intentions and behavior, but at the same time it revealed that antecedent factors such as trust and price consciousness explain both when a favorable orientation leads to purchase decisions [5]. These results highlight a key characteristic of health-related consumption: decisions are made in the context of other factors, not purely based on health. On the contrary, health motives contend among and interact with economic, social, psychological and situational information. The multidimensional aspect of consumer choice is especially critical here, since concern for health does not equate with always choosing the healthiest options available. For example, someone might work out consistently and intentionally limit sugar but eat fast food often. One consumer may scrutinize nutritional labels when buying packaged foods, but prioritize gourmet on the plate in restaurants. Likewise, one set of health-related goods where the consumer may have a readiness to purchase significantly more

expensive products in some categories and could refuse pay for healthier alternatives on another category [6]. These behaviors are not necessarily pointers of a non-health conscious mind. On the contrary, they propose that health consciousness may have heterogeneous behavioral consequences conditional upon product type, context, exposure to risk, availability of alternatives and financial cost; social environment; emotional state and immediate goal for consumption. In the wider public-health context in Bangladesh, this issue is particularly salient. Substantial exposure to behavioral and metabolic risk factors for non-communicable diseases was found among Bangladeshi adults [7], as demonstrated in the national WHO STEPS-based survey. The survey indicated remarkable existence of insufficient fruit and vegetable consumption and urban populations were more likely than rural populations to have a combination of several risk fortitudes, consisting of insufficient physical activity, obesity, hypertension and diabetes. Such findings show us why our daily life and consumption choices and matters. In particular, several studies have shown that an individual may engage in behaviors such as food choice, physical activity, convenience-oriented consumption and preventative practices; the cumulative care of these behaviors over time ensures long-term impact on health [8].

Nevertheless, the existence of health risks does not necessarily yield stable preventive behavior. People can be aware of the adverse effects of specific consumption behaviors and yet actively engage in them. Similarly, consumers may in one breath want healthful products, but in another engage in gratifying consumption. It brings a crucial difference between health awareness and health intention versus actual behavior regarding your health. Most consumers will treat these ideas as equivalent, which may grossly simplify the real world decision (or compromise) making. Consequently, the present review starts from the premise that health consciousness can neither be a given nor a homogenous behavioral disposition [9]. Rather than attempting to answer this question directly, it may be more fruitful to explore the circumstances in which health considerations drive consumer choice. This perspective first grounds the investigation of what this review refers to as compartmentalized health consciousness a pattern whereby a person's concern for health is reported to be strongly held in certain behaviors or domains of consumption, whilst being weakly held or temporarily laid aside in others. The review builds upon the notion of a "Selective Health Filter" as a potential conceptual lens for how consumers may selectively activate, respond to, elevate or diminish health cues during disparate purchase/consumption situations. Instead of treating individuals as being either health-conscious or not-health-conscious – this approach to health consciousness is viewed through a lens that sees it as potentially dynamic, contextual, and behaviorally selective [10].

1.2 Health Consciousness and the Problem of Inconsistent Consumer Behavior

A key problem in health-related consumer behavior is the discrepancy between consumers' beliefs, intentions and behaviors. Believe an attitude should correspond with action is where most conventional consumer decision-making models fall short. While this relationship can be supported in many contexts, consumer behavior in the real world is much more complex. People often inconsistently behave according to their own stated preferences. This inconsistency is especially relevant in the context of health-related behavior, as individuals may appreciate that their lifestyles are damaging while simultaneously making lifestyle choices which contradict their long-term goals for good health [11].

The Theory of Planned Behavior (TPB) gives an important theoretical basis for this issue. Defined by Ajzen (1991), Behavioral intention is determined by the attitude towards behavior, subjective norms and perceived behavioral control. Then, perceived control combined with behavioral intention is predicted to lead to actual behavior. This is important in health related consumer research, because the model acknowledges that positive change of attitudes by themselves may be insufficient. While a consumer may prefer to eat a healthy food, he or she may succumb to social pressures and make other choices, or feel they cannot afford it/it isn't available/convenient. This can lead to behavior being different from attitude even with strong intentions concerning health [12]. The intention-behavior gap has been a topic of interest for behavioral and health research. For example, Faries (2016) explain an intention–behavior gap where those who have a resolution to change their lifestyle often do not make the transition of that resolved change into long-term behavior. Consumer research demonstrates similar inconsistencies. For organic-food purchasing, Schäufele and Janssen (2021) discovered a positive attitude did not lead uniformly to increases in purchases across product categories. The analysis further demonstrated that the attitude–behavior gap differed across categories of meat, frozen food, cheese and confectionery, and that price and convenience played an explanatory role in differences between favorability towards the products and purchase [13]. Crucially, this evidence shows that inconsistency may be between people but also within the same consumer across different categories of goods. That is particularly relevant to the notion of compartmentalized health consciousness. To take a traditional perspective, a consumer could be called "inconsistent" if they buy healthy breakfast foods but often eat high-calorie fast food. But this explanation does not describe where the inconsistency comes from. A consumer might use one set of decision criteria at a moment, and a completely different one the next [14]. When consumers are at the grocery store, health may matter most because they can compare products, expect to buy more over time and find the purchase relevant to their long-term health. At a social event, on the other hand, taste, pleasure, quick pick-up convenience, social

pressures or simply wanting to join the group may outweigh health. This means that an individual may still be health conscious in the long run, but not necessarily act on it and due to this a person mightn't follow healthy behavior. Another type of contradiction can occur for economic reasons. Consumers may also express a preference for healthier alternatives but reject them if they deem the price differential too high. Studies on organic-food research suggest that even in consumers who form positive attitudes towards healthier or more sustainable products, price consciousness undermines real behavior (e.g. purchasing) [15]. The analysis by Schäufele and Janssen concluded that price consciousness negatively affected organic purchases, while convenience orientation negatively related to actual purchasing behavior. Recent research in Bangladesh has also pointed to the relevance of price sensitivity as a driver for younger consumers' practical organic-food purchases (Zheng et al., 2021). Thus, even financial constraints might not remove health concern but restrict the places where health concern can be translated in to action. The relationship between health consciousness and behavior is also complicated by hedonic motivation. All decisions that a consumer makes are always a struggle between long-term results and short-term gain [16]. Healthy alternatives can be associated with "far" future benefits but highly palatable foods, convenience foods, or comfort products can afford immediate sensory or emotional gratification. When we are under stress or fatigue, time pressure, celebration or socialization (all of which may signal that immediate rewards are much more important). Thus it is possible for a person to truly care about health and also make a conscious decision to indulge. Now this behavior should not be taken as automatically irrational from consumer-behavior perspective. Instead, it may reflect shifting priorities across decision contexts [17]. Taken together, these observations inspire the key hypothesis of this review: health consciousness influences behavior in a biased way. The proposed "Selective Health Filter" is not a known or previously validated psychological scale, but rather an analysis concept utilized in this review as developed through synthesis of the findings in existing literature. The filter proposes the point at which general health concern competes with other factors that influence purchasing choices including price, taste, convenience, availability, social norms, emotional state, perceived risk, product characteristics and time pressure. Depending on the strength of these factors, health consciousness may either stay above all else, be negotiated with competing goals or take a back-burner. So instead of just asking if a consumer is health-conscious, perhaps you should be more interested in the degree to which that consumer lets health consciousness influence behavior [18]. By changing the focus from a trait question to a contextual question, this gives way to an explanation for seemingly inconsistent health-related consumption. It translates too to model health conscious behavior as a continuum from highly consistent across domains to quite selective in specific contexts. This variability is of specific interest with a focus

on younger urban consumers as their consumption decisions may have taken place in significantly changing social, economic, technological time and lifestyle contexts [19].

1.3 Young Adults and the Urban Consumer Context of Dhaka, Bangladesh

The transition into young adulthood is a critical developmental period for investigating health-related consumer behavior as individuals start to exert more freedom in daily decision-making amidst shifting social connections, monetary obligations and various lifestyle choices as well as personal identities. At this phase, that is when a lot of customers start to make food, fitness, personal-care, transportation and lifestyle decisions separate from their families. That means that they will also become increasingly conscious of physical appearance, fitness, preventive health and self-presentation against the backdrop of powerful market and social pressures. The balancing of these competing influences defines young adults as a suitable population to detect whether health consciousness behaves selectively rather than uniformly [20].

Younger consumers already appear in health-oriented consumption research. Because health, environmental consciousness, product novelty and social influences are argued to drive the purchasing intentions of consumers, especially younger ones (Miller et al. In Bangladesh, Zheng et al. Similarly, Alizaei et al. The results showed that health-related motives are included in the decision-making, and factors such as trust and price sensitivity affect the intention–purchase journey. This is important to the current review because it indicates that health awareness alone does not account for health-motivated consumption among younger Bangladeshi consumers [21]. However, equal amount of evidence related to dietary behavior among children and adolescents in Bangladesh implies that an awareness on health-risk and actual consuming behavior exists together complexly. Numerous studies, conducted in young adult Bangladeshi populations show that frequent fast-food consumption is associated with overweight and obesity, making it a growing public-health concern (Tareq *et al.,* 2022). They should certainly not be read as evidence that young consumers are indifferent to health. Instead, it raises an important behavioral question: if a growing proportion of the population is exposed to health information, fitness discourse, nutrition messages, and preventive-health concerns [22].

There are good reasons why Dhaka was such a useful city through which to approach this question. Dhaka is the national capital, it serves as the principal metropolitan and commercial center of the country, embodying complex mixes of consumption, education (both formal and informal), employment pathways, digital connectivity and social networks in lifestyle aspiration. In truth, although Dhaka is not the same city for all of its young residents, in the context of this review it does serve a purpose [23]. By contrast, economic status, profession, education, sex of an individual,

domestic setting and personal resources create significant variations in consumption opportunities. However, the more urban environment could also provide contexts in which different consumption priorities often conflict. Health can be about prioritizing health, but it is often about balancing it with other issues: affordability, convenience, taste, social involvement in food activities [24], saving time (47), aesthetics (47), enjoyment/pleasure. This again makes consumer behavior in urban environment relevant to health with a wider context, as well. According to the national STEPS survey of 2018, inadequate fruit and vegetable intake among Bangladeshi adults was highly prevalent and urban respondents were more likely to report several NCD-related risk factors including insufficient physical activity, obesity, hypertension, and diabetes (Riaz *et al.,* 2020). They do not show there is such a thing as a "Selective Health Filter," and they are not specific evidence about young adults in Dhaka. Nevertheless, they suggest that urban health behavior in Bangladesh requires close investigation and that the knowledge about health risks may not automatically translate into health protective behavior [25]. In real life consumer contexts, young adults in Dhaka might not explicitly demonstrate this health consciousness as one would expect. As an example, some people might keep regular exercise going and choose the low-sugar drinks, but go for the very-ladden food when out with friends. A different consumer might favor fresh or very minimally processed foods at home but then rely on convenient meals when academic or work commitments ramp up. Someone buys expensive fitness equipment but skips on more pricey health food options; someone else meticulously monitors everyday meals but feels free to break the rules of personal health on weekends, celebrations or social occasions. The following examples are not empirical statements about every resident of Dhaka, but simply illustrations [26]. They have been designed to illustrate the kinds of context-dependent choices that the idea of compartmentalized health consciousness attempts to explore. These decisions may be made further difficult in digital and social environments. Young consumers, for example, are exposed to competing signals through messages on health-related content (vs. fitness content), food advertisement (food vs. restaurants), peer recommendations (cross-overs with app use -> peers + lifestyle + appearance-oriented ideals) [27]. Consumers may be prodded to keep a more disciplined lifestyle but also face powerful pushes toward convenience and indulgence. Therefore, health-related consumption is unlikely to stem from any one stable motivation. Instead there will be constant tradeoffs between different objectives. Therefore, the current review does not consider young adults in Dhaka to merely be a demographic group but as an arena where penury and competing consumption pressures contend with health awareness warranting specific scrutiny [28]. Previous research on organic-food intention, health concerns, price sensitivity, common risk factors for noncommunicable diseases (NCDs) and fast food consumption in Bangladesh provides relevant

insights; however, it tends to be considered independent of each other. This juxtaposition raises the question of whether seemingly contradictory behaviors might instead reflect a broader tendency to priorities health selectively. Therefore, this contextual focus gives way to exploratory analysis of how a health consciousness can be organized or separated as it applies to different products and occasions, social settings, and economic status among young adults living in urban areas [29].

1.4 Research Gap, Rationale, and Purpose of the Review

Despite previous work examining health consciousness in consumer and health-behavior research, several conceptual and contextual limitations persist. The literature reviewed is primarily oriented on a sizable fraction of previous research investigating the effect of higher health consciousness on either improved attitudes or higher intention towards certain products. This perspective has produced useful proof, especially in areas such as organic foods, functional/decorative food products, healthy consumption practices and nutritional products. However, investigating separately if health consciousness significantly drives purchase intention may yield only a partial representation of actual consumer behavior [30]. Given the presence of multiple competing criteria for consumers at the same time, as well as a significant effect called context switching-the same intention formed in one situation is not converted into behavior when actual consumption circumstances are different. One important limitation relates to the distinction between intention and behavior. Behavioral theories, such as Theory of Planned Behavior view intention to act behaviorally as one of the main antecedents of action and include perceived control (Ajzen, 1991). Yet, later health-behavior literature showed that strong intentions do not necessarily translate into continuous behavior (Faries, 2016). Consumer research has also provided evidence of attitude–behavior gaps between positive attitudes toward products and subsequently purchasing (Kuhn & Alpert, 2000). Using real household purchase data, Schäufele and Janssen (2021) provided not only evidence of such a gap in organic purchasing but also statistically significant variations in its magnitude across food product categories. Such category-specific variation is very salient as it counters the notion that health-oriented or sustainability-related attitudes are driven in a forceful, but uniform way across the suite of products that constitute any given consumer's behavior [31].

Secondly, studies normally focus on one product category at a time. One for instance is the one discussing organic-food purchasing and other studies are about fast-food consumption, nutritional labelling, fitness products and healthy beverages. While these research efforts help us understand specific markets, they fail to take into account any conflicts of interest that same person may have within themselves. The idea is that a robust health concern when buying organic vegetables might

not translate if the consumer is purchasing snacks, beverages, meals at eateries or convenience foods [32]. If researchers focus on just one behavior, the consumer can be labelled very or weakly health-oriented and not account for behaviors in a different setting. This, in turn, leads to the possibility that health consciousness may be compartmentalized across consumption domains and this undertone could misestimate within research emphasizing isolated categories. The third issue relates to situational characteristics. Type of text Price, convenience, availability, social norms, taste, emotional state (stress and craving), perceived health risk and time pressure may also affect actual choices in spite of continued relatively favorable underlying attitudes. The organic-food purchasing example shows this clearly: price salience and convenience can go so far as to directly constrain actual purchases (in ways we have discussed), while value-laden food attitudes differ by Food Type. Research has also recognized price consciousness among Generation Y consumers as one of the key determinants for organic-food purchasing behavior in Bangladesh (Zheng et al., 2021). Thus, translating health general desire into health behavior is not a direct relationship but rather a filtering through process that these findings further support [33]. The gap in contextual research is also quite significant. Research conducted in Bangladesh presents evidence on NCD risk factors, fast-food consumption behavior, intent to purchase organic foods, and other aspects of consumer behavior. Nevertheless, these topics are far from an integrated framework for how young urban consumers might selectively organize their consumption across dimensions of health. The published evidence which synthesizes the experiences of young adults living in Dhaka from a cross category, context-dependent health-consciousness perspective seems to be scarce [34]. Thus, the current review does not argue that existing studies have confirmed "compartmentalized health consciousness" as an established social reality in Dhaka. Rather, it identifies an opportunity to use relevant theoretical and empirical knowledge in a theoretical framework that can then be examined using empirical research. This review presents the concept of a "Selective Health Filter" as one possible lens in which to view these limitations. The concept refers to the context-based mode of decision making through which general health consciousness may be reinforced, challenged, de-emphasized temporarily or set aside when competing considerations prompt consumers to make tradeoffs. Such a filter may comprise aspects like price affordability, convenience, taste preference or habit/brand/product category, perceived health consequences (future worlds as estimated on the basis of given past experience), social setting and (emotional) condition benefits, availability, time pressure and target control. Thus health consciousness is placed at the start of and not assumed to lead directly to the decision making process behavior [35].

The main objective of this review is to critically analyses previous studies examining health consciousness and health behavior by consumer group within consumers, and applying the

findings of our review in studying whether young adults in Dhaka, Bangladesh possess compartmentalized health consciousness. More specifically, the review will examine why health-conscious consumers are likely to behave consistent and inconsistent with health goals in certain contexts; identify the empirical psychological, social economic and situational variables classes that predict these behaviors; and assess how existing theoretical perspectives can contribute to understanding selective prioritization of health behaviors. The review ultimately concludes that a dichotomy between health-conscious and non-health–conscious consumers may no longer adequately characterize contemporary consumption [36]. A more usefully comparative point of view might acknowledge variation in how much, who knows what about health and under what conditions health knowledge affects behavior. The primary aim of the proposed Selective Health Filter is to provide a conceptual foundation for future empirical research about this problem amongst young adults in Dhaka by synthesizing evidence around it. Aspects of a safer counterpart to moral dilemmas may include whether compartmentalization—be it product-specific, economic, temporal, social or situational—is a systematic phenomenon. The review aims to provide knowledge on the consumer-behavior literature as well as implications for health marketing, consumer education and public-health communication in an urban Bangladeshi setting [37].

Table 1: Key Concepts Relevant to the Present Review

Concept	Brief Meaning	Relevance to the Present Review
Health Consciousness	The degree to which individuals are aware of and concerned about maintaining or improving their health.	Represents the basic health orientation that may influence consumer choices.
Health-Related Consumer Behavior	Consumer decisions involving products, services, or activities perceived to affect health and well-being.	Provides the behavioral context in which health consciousness is expressed.
Attitude–Behavior Gap	A situation where positive attitudes or intentions do not fully translate into actual behavior.	Helps explain why health-conscious consumers may still make unhealthy choices.
Compartmentalized Health Consciousness	The proposed tendency for health consciousness to be expressed strongly in some consumption domains but weakly in others.	Represents the central phenomenon explored in this review.
Selective Health Filter	A proposed context-dependent process through which health considerations may be prioritized, weakened, or overridden by competing factors.	Serves as the main conceptual lens developed through the review.
Contextual Factors	Factors such as price, taste, convenience, social influence, time pressure, emotion, and availability.	May determine whether health consciousness influences actual consumer behavior. [38-40]

2. Literature Review

There is an age factor in relation to health consciousness and is one of the currently constantly discussed issues with respect to consumers. At present, the consumers come across greater information on nutrition, disease prevention, fitness and exercise, food safety issues as well as healthy lifestyles; organic foods and preventive healthcare. Consequently, health consciousness has become one of the vital psychological factors that have impacted the attitudes and purchase intentions along with the consumption behavior. Health-conscious consumers are more likely concerned about their physical health, pay more attention to health information, and evaluate products based on their perceived health benefits [41] Cite this article as: However, health conscious does not always translate into healthy behavior (2014). Several studies have focused on how health consciousness is linked to the organic food preference, health food behavior, dietary product consumption, supplement purchase intention, fitness-related products and dietary supplements as well as wellness gears. In general, these experiments find that health consciousness is positively correlated to favorable attitudes toward healthy products. Health-worry consumers enable more purchase intention to foods which are sensed as a natural, nutritious, secure or beneficial for long-term health. One strand of research that has been particularly important for establishing this relationship focuses on organic food. Health consciousness has been shown to have a positive impact on consumer perceived value of organic food and subsequently on their purchase intentions [42].

Simultaneously, however, researchers have often flagged a discrepancy between positive attitudes or purchase intentions and actual behavior. This is widely referred to as the attitude–behavior gap or intention–behavior gap. It could also explain why consumers may be favorable towards purchasing healthy/organic products but then not actually do so repeatedly. So for example, a person may want to eat more healthily but still have ready meals, fast food, or sweets other goods that contrast with their health aspirations. This inconsistency implies that health-related behavior can neither be fully explained by awareness, nor by intending to do so [43].

Such discrepancies between attitudes and actual behavior have been largely addressed by the Theory of Planned Behavior. From this perspective, Behavior must be assessed in relation to: personal attitudes, subjective norms, perceived behavioral control and behavioral intention. So, although consumers may value healthier consumption as a goal to strive towards, ultimately their choices may be contingent on the degree of empowerment they feel around executing that behavior and whether their social and environmental conditions allow them space to act consistently. These additional factors have been repeatedly validated in consumer research [44].

Price is regularly cited obstacle to uptake against national health guidance. A consumer might understand the benefits of a more nutritious, organic, or premium product but still choose a lower priced option. This is especially true for young people, who may not have much disposable income or are relying on family support or scholarships to get them through school or early-career earnings. Previous studies report that, among Young Bangladeshi consumers research has revealed the positive effect of health consciousness on organic-food purchase intention; and price consciousness may reduce the relationship between intentions and actual purchase. This shows health concern and financial concern are not mutually exclusive among the same consumer [45].

Another big translating factor into consumer behavior is how convenient and accessible a brand/product/industry as a whole is, or not. With limited time, scarce products, academic pressure, work deadlines, commuting needs or social obligations. In such situations, convenience can trump health. Fast food is often very convenient, if a generally healthy person wants fast food it will most likely be for these reasons, easy access, quick to eat and prepares time. In turn, health-related behavior may be internally inconsistent because situational constraints supersede concern for health.

A third major parameter is taste and hedonic motivation. Nutritional considerations do not purely determine food consumptions. Consumers also seek enjoyment, pleasure, relaxation, novelty, and emotional satisfaction. In some instances consumers might choose the healthier products and in turn, other times they may rely on highly palatable or indulgent products. In addition, stress, celebration, socialization, fatigue and state of emotion contribute to this process also. So in times that are exigent for immediate pleasure or emotional reward, health consciousness may become attenuated [46].

Consumer decisions are also greatly affected by social influence among the youth. Social influences: Friends, family members, peers, social groups and online communities can shape food choices and lifestyle behavior. Young consumers alter their consumption choices when eating alone and in social situations. For example, one will stick to a health diet at home but eat junk food at times that they are hanging out with their mates. In the same vein social media, online food promotion, fitness influencers and lifestyle content could provide consumers with both health and indulgence messages. This creates a confused landscape where consumers are in constant negotiation between health and social pressures [47].

It has also been argued that the product category of an item can moderate the affective-conative relationship (the third part of the message on how attitudes impact behavior). Previous research on organic purchase career indicate that the attitude–behavior gap can vary dramatically by product

category. Consumers may stick right with their values when buying one product, but not with another. This is particularly relevant to our current study as it implies that health consciousness may not function in the same manner across all consumption categories. A consumer who hunts for the least sugary beverage, but hits Wendy's four times a week or buys organic while not addressing other aspects of their diet.

Bangladesh indeed furnishes some of the strongest evidence in support of this claim. University student cross-sectional studies conducted in Dhaka have documented high rates of fast food consumption among young adults alongside a relatively consistent understanding of the potential health risks associated with its excessive intake. The variables of taste, affordability and accessibility, convenience, and academic pressure have been recognized as facilitators for fast-food purchase. This suggests that even awareness of health risks does not translate into healthier behavior [48].

In contrast, the studies (Khan and Uddin 2023; Rahman Journal of Consumer Marketing 2022) on organic food consumption among young consumers in Bangladesh indicate that health consciousness positively effects purchase intention. Health consciousness, food-safety consciousness, trust and novelty have been identified as significant predictors of consumers' purchase intentions towards organic foods among Generation Y respondents in Bangladesh. In Dhaka, research has also found health consciousness and self-identity to be significant predictors of organic purchase intention. Combined, these findings indicate a surprising disconnect: young consumers might display high health-mindedness with some consumption habits but be very lenient with others [49].

Instead of viewing this contradiction as straightforward irrationality, the literature proposes that it might emerge from the interplay between several conflicting goals. While being health conscious might still be a core orientation, its impact on behavior will depend on price, taste, convenience, social environment, emotional state, category of interest (quiet apple or munchy Sheba) time pressure and levels of availability. This means that consumers are not always health-conscious or always unbothered about food and health. Instead, health consciousness may be unevenly realized in varying contexts.

This observation serves as the conceptual basis for compartmentalized health consciousness. This idea describes an explanation where an individual may report a strong health concern for some consumption areas but exhibits weaker health-oriented behavior in others. This compartmentalization can be in product categories, the social setting, economic conditions, moments or even moods. For instance, you could eat healthily through the week but act

indulgently at the weekend, maintain healthy behavior when on your own but change preferences in social environments, or purchase healthier goods only if the price differential is deemed justifiable [50].

Following this literature, the current review proposes a conceptual framework that will help to comprehend how health consciousness transforms into real consumer behavior — the "Selective Health Filter". The Selective Health Filter denotes the point at which general health issue meets competing factors (price, convenience, taste, availability, social influence, self-identity emotions and perceived health risk). Depending upon the strength of balances between this tension health prominence could remain salient, negotiable to competing priorities or over-ridden temporally. In summary, the literature reviewed indicates that health consciousness is an important but not fully sufficient factor in predicting health eating behavior. The connection between awareness and behavior is thus shaped by a multitude of character, environmental, social, economic changes, contextual factors and one can also consider to add geographical properties. While existing research from Bangladesh and elsewhere clearly provides evidence of attitude–behavior inconsistency, it also explains very little about how this might work across multiple consumption contexts within the same individual. This gap offers the potential of treating health consciousness as a context-dependent, selective process rather than as a trait-like behavioral propensity. As such, the compartmentalized health consciousness and Selective Health Filter concepts provide useful theoretical underpinnings about the health-related consumer behavior of young adults in Dhaka, Bangladesh [51].

3. Methodology

3.1 Research Design

This study follows a **structured narrative literature review approach**. It is based on secondary data collected from previously published academic studies related to health consciousness, consumer behavior, healthy food choices, attitude–behavior gaps, and young consumers.

3.2 Sources of Data

Relevant literature was collected from academic databases and journal platforms, including:

- Google Scholar
- PubMed
- ScienceDirect
- SpringerLink
- Wiley Online Library

- Taylor & Francis
- Other peer-reviewed journal sources

Priority was given to studies related to Bangladesh, Dhaka, young adults, and health-related consumer behavior.

3.3 Search Keywords

The main keywords used were:

- Health consciousness
- Health-related consumer behavior
- Healthy food consumption
- Organic food purchase
- Attitude–behavior gap
- Intention–behavior gap
- Young consumers
- University students
- Bangladesh
- Dhaka
- Price consciousness
- Convenience
- Taste preference
- Social influence

These keywords were used individually and in different combinations.

3.4 Inclusion Criteria

Studies were included if they:

- Were relevant to health consciousness or consumer behavior
- Focused on healthy or unhealthy consumption
- Examined young adults or general consumers
- Were published in English
- Were peer-reviewed or academically reliable
- Provided findings relevant to Bangladesh or comparable contexts

3.5 Exclusion Criteria

Studies were excluded if they:

- Were unrelated to consumer behavior
- Focused only on clinical or medical treatment
- Lacked sufficient academic information
- Were duplicate or non-academic sources

4. Result and Discussion

4.1 Overview of the Synthesized Findings

The findings on this study was reported in the form of a structured narrative literature review; this means that these results represent synthesis and interpretation of studies that were previously reported rather than the collection of primary data from respondents. The results of the literature review found that health consciousness is an important factor for young consumers' choice processes, but it does not act as a linear predictor across studies. Young adults may acknowledge health claims, express positive disposition towards health supportive products, and exhibit willingness to choose healthy alternatives, but may still make the choices that ultimately deliver less money cost or utility for taste- appeal, convenience, peer acceptance or instant affect. The overall finding of the review is therefore not one of no health consciousness, but instead differential translation of health consciousness into action [52].

This pattern is congruent with the title and central hypothesis of this paper: that there exists compartmentalization in health consciousness. The expression of its behavior depends on the category of products, buying situations, social environments, time periods & emotional states. The (abstract) evidence reviewed suggests that the same person may implement a strict health standard in one area (for example, checking sugar content of soda or choosing organic chips) but use a looser standard in another area (as when eating fast food when studying for exams or during social outings). These seemingly conflicting options can be captured through the proposed Selective Health Filter, a conceptualization of how health considerations are kept, contested, diluted, or temporarily set aside in context.

The synthesis revealed five overarching findings. First, health consciousness generates a positive predisposition to healthy consumption. Second, there is a clear attitude—intention-behavior gap. Third, the price, taste, convenience and availability of healthful foods; social-cognitive factors such as intention and social influence; time pressure or other situations in which healthy choices become

burdensome; and emotional states (e.g., feeling hungry or stressed when healthy eating opportunities are available) determine whether health intentions translate into behavior. Fourth, these influences are not equally strong in all consumption domains or situations. Fifth, the need for trade-offs may be exacerbated in the context of Dhaka where young adults often have tight budgets, demanding study- or work-related schedules, limited urban mobility itself, and considerable peer and food-environment pressure. These findings provide conceptual justification but also highlight the need for direct empirical testing of compartmentalized health consciousness in young adults from Dhaka [53].

4.2 Health Consciousness as an Important but Insufficient Influence

The importance of health consciousness as a basis of health-related consumer behavior is well established in the literature. Gould (1990) characterized it by means of dimensions of health self-awareness, vigilance, engagement, and self-regulation. This point of view suggests that the health-focused consumer is not just knowledgeable about health; the consumer responds to signals in regard to one´s well-being, seeks care related details, and contemplates preventive measures. Based on earlier chapters, similar findings relating health consciousness to positive attitude and intention to purchase natural, safe, nutritious, organic or preventive products have been discussed in the studies [54].

However, the research outlined in this project indicates that health consciousness is not a sufficient predictor of consistently performed behavior. And that is exactly why the Theory of Planned Behavior provides a very useful explanation? Finally, Ajzen (1991) argues that behavior is predicted in addition to attitudes and intentions also by subjective norms and perceived behavioral control. This means that while a young consumer may value healthy eating, when the healthier choice is costly, impractical to find, inconvenient or less socially desirable—then we can understand why they might feel powerless to act. Positive health behaviors thus represent a propensity or predisposition to act rather than a concrete, predictable response.

This interpretation is further backed by the intention-behavior gap that Faries explained (2016). People might really want to make changes to their lifestyle but do not follow the behavior pattern necessary for the change is long-lasting. In consumer contexts, this means that expressing concern about nutrition or disease prevention cannot simply be interpreted as evidence of routine procurement of health-promoting products. This finding is particularly relevant for young adult studies, given that more favorable intentions may be formed in ideal conditions, whereas actual choices are made under constrained budget, time and access and social environments. Thus,

assessing health consciousness outside the choice context may overestimate its real-world impact [55].

4.3 Evidence of Compartmentalized Health Consciousness

One of the key insights from the review is that inconsistency can surface in another domain and even within people. Particularly, research on organic-food purchase show that positive attitude has not the same covering for all product categories. As discussed in Chapter One, Schäufele and Janssen (2021) determined that the differences in adopting the behavior were found between categories namely price as well as convenience add to this variation. This phenomenon is at the heart of compartmentalized health consciousness because it suggests that someone cannot simply be identified as being either a health-conscious or non-health-conscious consumer based on their behavior in one category [56].

The Bangladeshi evidence examined in Chapters One and Three points to the same direction. Positive impacts of health consciousness, food safety concern, trust and self-image on purchase intention are widely reported among studies of organic-food consumption among young consumers. Similarly, the studies on university students and fast-food consumption in Dhaka point to high frequency of consumption despite awareness of associated health risks. Taste, price-point, availability, convenience and academic pressure are all frequently identified as relevant influences. Taken together, these lines of evidence point to health orientation remaining tightly bound at the level of belief yet very loose in terms of behavioral expression across domains like organic food, fast food, beverages, supplements, exercise and other lifestyle components [57].

Compartmentalization might also be temporal and contextual based. Person may stick to a meal plan during the week only but ease the restriction in weekends, during special occasions, exams or stressful durations. Our behavior changes when we are eating alone compared to eating out with friends, or once more when it is a planned shopping as opposed to impulse buy or an existing product versus a new indulgent option. Variation of this sort should not naturally be interpreted as irrationality or dishonesty. It might reflect a change in the relative salience of objectives: long-term health takes precedence in one environment, while saving money, saving time, social integration or immediate gratification take precedence in another. This reading puts a much more nuanced picture of young consumers than a hard binary label [58].

4.4 Operation of the Selective Health Filter

In this review, we proposed the Selective Health Filter, which can be framed as a decision stage separating health consciousness from consumer behavior. Health Consciousness provides an initial worry or preference, but the ultimate choice is determined in light of competing economic,

functional, social and behavioral factors. Health stays high on the radar when health risk feels immediate, and consumers can afford and access the paragons of health — which they themselves feel able to choose. When the cost, effort, time, social pressure or hedonic benefit of an alternative outweighs gains for health it leads us to negotiate with or park health.

The filter is selective and not absent, then. It does not mean that consumers forget about health at all. Instead, they ascribe varying importance to health information in different circumstances. People may take great care about how much sugar they buy when the drink is intended for regular use (since its health impact will add up) and ignore that concern during a celebration, viewing the occasion as exceptional. A consumer may pay a premium for a supplement perceived to be directly preventive, but reject a recurrent premium on organic food. The strength of the filter depends on how serious, common, controllable and personally relevant the health consequence appears to be.

This framework also shows why your information-only interventions are unlikely to work. Repeating the risk message does not make affordability, convenience, availability or social barriers disappear if a consumer already knows that a product is unhealthy. Change of behavior is easier if the choice environment encourages and rewards healthy options [61]. Consequently, the Selective Health Filter links an individual health-orientation with the situational conditions in which this orientation can be realized [59].

4.5 Major Factors Shaping the Filter

Price and affordability emerged as leading constraints. The review of Bangladeshi Generation Y consumers by Zheng et al. (2021), discussed in the earlier chapters, indicates that health consciousness may support organic-food purchase intention while price consciousness affects actual purchasing. For students and early-career adults with limited disposable income, the price difference between healthier and conventional alternatives can be decisive. Health may be valued, but the consumer may judge the financial sacrifice to be unjustified or unsustainable.

Taste and immediate pleasure also compete strongly with long-term health goals. Food consumption serves emotional and social functions in addition to nutritional needs. Highly palatable food may offer comfort, reward, novelty, or enjoyment, particularly during stress, fatigue, or celebration. In these moments, the immediate benefit is concrete while the health consequence appears delayed, allowing hedonic motivation to pass through the filter more strongly than health concern [60].

Convenience, availability, and time pressure influence perceived behavioral control. Young adults in Dhaka may manage classes, work, commuting, and social responsibilities within a dense urban environment. A healthier alternative that requires travel, preparation, or waiting may lose to an

option that is quick and easily available. This finding shows that an unhealthy choice can be structurally convenient rather than simply careless.

Social influence changes the meaning of a choice. Friends, family, peers, and online communities shape norms regarding eating, fitness, appearance, and lifestyle. A consumer may behave differently in private and in a group because participation, belonging, and avoiding social discomfort become immediate priorities. Digital media can further expose young adults to both wellness ideals and aggressive promotion of indulgent foods, creating competing cues within the same environment [61].

Habit, emotion, perceived risk, and self-identity complete the filtering process. Habit reduces deliberate evaluation, while stress or craving increases the attractiveness of immediate reward. Perceived risk determines whether a health consequence feels sufficiently serious to influence the present choice. Self-identity can strengthen consistency when the consumer sees healthy behavior as part of who they are, but even a strong identity may be suspended when situational pressures are high. The factors identified through the review and their expected effects are summarized below [61].

Table 2: Summary of Factors Operating Through the Selective Health Filter

Factor	Interpretation from the Review
Price and affordability	High price premiums or limited income weaken the translation of health intention into purchase.
Taste and pleasure	Immediate sensory or emotional reward can outweigh delayed health consequences.
Convenience and time	Quick, nearby, and low-effort options become stronger under study, work, or commuting pressure.
Availability	Health intention cannot become behavior when suitable alternatives are difficult to obtain.
Social influence	Peer and family norms can strengthen or suppress health-oriented choices across settings.
Emotion and habit	Stress, fatigue, craving, and routine can reduce deliberate health evaluation.
Perceived risk and identity	Immediate personal risk and a strong healthy self-identity tend to keep health salient [62-63].

4.6 Relevance to Young Adults in Dhaka

This framework is now especially relevant for the young people of Dhaka as their consumption decisions are produced in the context of intersecting economic, urban, and social pressures.

Students and beginners are often on budgets or receive support from family. Speed and proximity can drive immensely in Dhaka where traffic is heavy, commute time long, academies are broken into hours after weights remove loneliness from the blossom and employment prospers. Including the simple availability of more unhealthful convenient foods and their marketing; it increases even more the seeing practices overcoming broader health.

Young adults are also highly exposed to health information though education, social media, fitness culture, product advertising and public-health communication. This combination could create significant visibility without reliable execution. Others may be well informed of what goes into their food by reading nutritional labels, yet they regularly make convenience- or socially-based decisions regarding what to eat. The Dhaka backdrop, therefore does not necessarily lead to low health consciousness, but perhaps leads to negotiations of health consciousness repeatedly [64].

Still, the review should be taken with a grain of salt. Multiple health-related decisions in the same individuals are not investigated directly in IEDs (behavioral trend, recommendation, and choice) or very few studies based on modelling for one target outcome (e.g., only fast-food consumption or organic-food purchase intention studies [82–84], etc.) from Bangladesh used behavioral mapping. Thus the current study provides indicative but not conclusive empirical evidence that Dhaka young adults have a Selective Health Filter. Future primary research should measure multiple domains at once to assess comparative behavior across price conditions, social settings, time pressure and emotional states [65].

4.7 Discussion

The primary aim was to investigate the connection between health consciousness and consumer behavior. The review identifies a view that is generally positive for attitudes and intentions, but weaker and more conditional on actual behavior. Nonetheless, health consciousness is important—but with perceived control and underlying choice conditions matter.

The second and third objectives were inconsistent decisions, and the part played by price, preferences, convenience social factors or situations conditioning External pressures. The evidence we reviewed suggests that inconsistency is most often driven by competing goals, not an inherent lack of concern about health. Economic constraints, immediate pleasure, instant gratification, availability of products in the market, social norms with peers vis-a-vis alcohol and substance use, stress and time pressure can become more pronounced than subsequent health outcomes [66].

The Fourth Objective: To Elucidate Compartmentalized Health Consciousness across the Products and Situations this phenomenon is plausible, given the cross-category and contextual

variation reported in the literature. Health behavior in one domain is not necessarily predictive of health behavior in another domain, and planned private behavior may be unrelated to unplanned social behavior.

The fifth objective was to discuss how the Selective Health Filter can be viewed conceptually. The synthesis suggests that the framework provides a consistent mechanism to link stable health interests and variable behavior. The ultimate goal was to find out the research gaps and future avenues in Dhaka. The main gap is the same as just from cross-domain research with an integrated, within-person perspective. Future research should integrate validated measures of health consciousness with objective or recently reported choices across food, beverage, exercise, supplementation and personal care/and or preventive behavior. This research should also differentiate intention from behavior and examine how the same individual can adjust its emphasis on health given rather different contextual settings [67].

4.8 Implications, Limitations, and Overall Interpretation

These results have far-reaching implications for communication strategies in public health, consumer education and health-related marketing. The messages conveyed to young adults must go beyond just stating what behavior is healthy. Price Filtered the most (most frequently) requires cheaper and value communication Healthy options must be fast and easy where convenience rules. Taste, Product reformulation Sensory appeal in situations where social influence is strong, group-normative messages and communication may have a stronger impact than individual warnings. All our interventions that target the active filter are more likely to turn awareness into behavior [68].

The study also has limitations. A narrative review is not systematic or pooled and hence does not give an effect estimate on the prevalence of compartmentalized health consciousness among young adults in Dhaka. The studies reviewed employed different populations, product categories, measures and research designs that prevented direct comparisons between them. Most of the evidence currently available, however, is cross-sectional and assesses intentions or self-reported behavior rather than observed purchasing. Third, the Selective Health Filter should therefore be viewed as a theoretical heuristic around which some converging literature exists rather than a validated model with diagnostic utility [69].

The results suggest that health consciousness in young consumers is predominantly conditional and context-dependent. However, when i) a consumer's economic capacity, time available for shopping, social environment surrounding him, emotional/mental state or philosophies of life learned about how to eat and whether/unless instant gratification is not very important then that apparent contradiction between knowing what is right yet deciding different than it becomes easier

to understand. This interpretation underwrites the notion of compartmentalized health consciousness and offers a singular basis for future empirical exploration amongst young adults in Dhaka, Bangladesh [70].

5. Conclusion

The review shows that health consciousness is both a significant determinant of consumer attitudes and intentions but it does not consistently influence actual behavior. Contextual influences on health-related choices include factors such as price, taste, convenience, availability, social influences (the biggest influence is others), time pressure, emotions and feelings or moods around food consumption pressures to consume reminiscent of habit information risk (whether someone perceives risks around consuming a certain food) identity trace (perceived self-identity traits of the eater continue in long term behavior choice). As such, consumers may behave healthily in one instance and less so when the context changes.

It is suggested that this review conceptually supports compartmentalization of health consciousness, where concerns about health are differentially expressed across products situations and social contexts. To account for this pattern, the study suggests the Selective Health Filter, whereby health consideration conflicts with competing economic, social, psychological and situational influences engaged prior to a decision.

Young adults in Dhaka might be especially connected to this, being somewhat cash strapped, under intense academic or work pressures, with social norms pushing for consumption in environments that favor ease. The present literature has not yet more than adequately evidenced the Selective Health Filter as an established behavioral model. As such, it should be considered a conceptual model needing further empirical testing. Further studies should also help determine whether multiple health-related behaviors are examined among the same individuals or not, and therefore identify perceptions in health awareness, intent and behavior separately. Taken together, this review indicates that health consciousness may be better conceived as a contextually mediated and selectively articulated orientation than simply a uniformly enacted behavioral trait.

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