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Designing an Integrated Healthy Food Business Strategy at Griya Sehat Annaba Makassar Using QSPM

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Abstrak. The growing public awareness of healthy lifestyles presents a strategic opportunity for complementary therapy service providers to innovate through nutrition-based services. This study aims to identify customer perceptions and preferences regarding the integration of healthy food services into Griya Sehat Annaba Makassar, analyze its strengths and challenges, and formulate optimal implementation strategies. Employing a Quantitative methods approach, primary data were collected through questionnaires from 96 clients and Focus Group Discussion with five key participants, including the owner and therapists. Quantitative data were analyzed using descriptive statistics, validity and reliability testing, and strategic mapping through SWOT, TOWS, and QSPM approaches through Focus Group Discussion. The findings indicate that most clients have a favorable perception and high interest in the healthy food service, with trust in therapists and perceived health benefits serving as key determinants. The prioritized strategy emphasizes the development of personalized therapy-based services and collaboration with local partners. The study contributes theoretically to the development of nutrition-based alternative health service integration through a consumer behavior perspective. It offers a practical strategic model for community-based health service providers and entrepreneurs. It also recommends expanding digital-based services and strengthening human resource training as a means of enhancing the sustainability of the integration system.

Keywords: Business design, healthy food, health service integration, business strategy, Griya Sehat Annaba Makassar, TOWS matrix, QSPM

INTRODUCTION

The global community's tendency towards healthy lifestyles has created a surge in demand for healthy foods in recent years (Fu et al., 2024). Various studies show that dietary changes can significantly lower the risk of non-communicable diseases such as obesity, diabetes, and heart disease, which are the main burdens on the health system in many countries (Amerikanou et al., 2023). In Indonesia, this trend is also strengthening as public awareness of the importance of balanced nutrition and natural food consumption increases (Widjaja et al., 2023). However, the penetration of the healthy food market still faces challenges in terms of cost, distribution, and affordability for the wider community (Buffington & Braxton, 2021). Therefore, strategic innovation is needed in the provision of healthy food that not only pays attention to health aspects but also integrates with service systems that have been trusted by the community.

The integration of healthy food services into health service centers, such as therapy clinics, is one of the innovative solutions that can answer these challenges. This approach adds value to key services by providing nutrition education as well as healthy consumption options that are relevant to the patient's condition. A study by Wood et al. (2024) shows that the implementation of nutrition standards in public service contracts is able to improve compliance with health policies and improve consumption patterns systemically. However, there are still few studies in Indonesia that review how this integration strategy can be effectively implemented at the community therapy facility level. Meanwhile, other research highlights the importance of service differentiation and business positioning in the healthy food sector to penetrate a competitive market (Wimartanti & Sonny, 2020).

To answer this complexity, this study uses an in-depth theoretical and conceptual approach. The theories used include the *Theory of Planned Behavior* (Ajzen), which explains the relationship between behavioral intentions and actual actions of customers towards healthy food services, as well as the *Health Belief Model* (Rosenstock), which emphasizes the perception of health risks and benefits as determinants of consumption decisions (Lim et al., 2021). In addition, the *Diffusion of Innovation* (Rogers) approach is used to analyze the acceptance of innovation and service quality (Ridwan & Ningsih, 2021). In this context, in crafting a healthy food service integration strategy, a data-driven approach that considers the organization's internal and external factors becomes crucial. A systematic analysis of the strengths, weaknesses, opportunities, and challenges in the market environment allows for strategies that are more adaptive to the local context. This strategy is strengthened through the mapping of strategic issues and the use of structured decision-making methods, resulting in policy directions that are more responsive and contextual to the dynamics of the healthy food industry (Fitricia et al., 2025).

This study aims to: (1) identify customer perceptions and preferences towards healthy food services designed at Griya Sehat Annaba Makassar; (2) analyze internal and external factors influencing service integration using SWOT and TOWS approaches; and (3) develop QSPM-based priority strategies that can be implemented in a sustainable manner. The research questions asked were: (1) Do customers have a high interest in healthy food services? and (2) Is this service considered to provide real benefits to the effectiveness of therapy? (3) What is the most relevant business model to be implemented sustainably? The approach used in this study is quantitative methods, in the form of a Likert scale questionnaire and validation through FGD with owners and therapists.

The scientific contribution of this research lies in the integration of empirical analysis with a cross-disciplinary conceptual framework to design a healthy food business model that is applicable in a therapeutic service environment. This study complements the literature gap related to the model of healthy food integration in the context of non-hospital healthcare in Indonesia, as well as providing an alternative to a customer-based and integrated approach in sustainable health promotion efforts (Aliwarga et al., 2025). With this approach, this research is not only relevant for business practitioners and healthcare managers but also for academics interested in public health-based service innovation.

METHOD

This study uses a quantitative approach with a descriptive survey strategy to measure customer perceptions and preferences towards healthy food services that will be integrated into Griya Sehat Annaba Makassar. This survey is the basis for formulating business strategies through SWOT analysis, TOWS matrix, and strategic priority mapping using the *Quantitative Strategic Planning Matrix* (QSPM). To support the strategic validation and interpretation process, a *Focus Group Discussion* (FGD) was conducted with the owner and therapist as the internal management. This approach allows researchers to identify consumer responses in a measurable manner, and at the same time obtain contextual input from the management for the preparation of relevant and applicable strategies.

The data sources in this study consist of primary data and secondary data. Primary data was obtained through a closed questionnaire distributed to 96 active customers of Griya Sehat

Annaba Makassar, as well as through an FGD session with five key informants from internal management. Meanwhile, secondary data were obtained from scientific literature, internal reports, and other supporting documents related to the development of healthy food services in the context of alternative health services.

The questionnaire instrument used a five-point *Likert scale* to measure the dimensions of customer perception and preference for healthy food services. This scale was chosen because it has high reliability in measuring consumer attitudes and perceptions, and has been shown to provide optimal construct validity and internal consistency in various quantitative survey studies (Malik et al., 2021). The validity test of the instrument was carried out through Pearson's correlation of each item with a minimum value of >0.30, while reliability was measured using *Cronbach's Alpha* with a value of 0.956, which indicates very high internal consistency (Malapane & Ndlovu, 2024).

The inclusion criteria in this study included customers who had received therapy services at least twice in the last three months, were at least 18 years old, and were willing to complete a complete questionnaire. The exclusion criteria include new customers, incomplete data, as well as individuals who declined participation. Meanwhile, FGD participants were selected purposively based on their involvement in the management of the service, namely owners and permanent therapists.

The unit of analysis in this study is individual customers as the main quantitative subject, while the management informant is a complementary unit for strategy validation through FGD. The sampling technique for the survey was carried out non-probabilistically with an accidental sampling approach, while the FGD used the purposive sampling technique.

Data analysis is carried out in several stages. First, quantitative data from the questionnaire was analyzed descriptively using *Microsoft Excel* software to obtain the distribution of customer responses. Furthermore, the results of the survey are used as the basis for compiling a SWOT matrix based on customer perception. This information is then validated and enriched through focus group discussions (FGDs) with internal parties to identify strengths, weaknesses, opportunities, and threats in more depth. The TOWS matrix is compiled based on a combination of SWOT factors to generate alternative strategies. These strategies are then analyzed using QSPM to determine implementation priorities based on the *Total Attractiveness Score* (TAS) value.

This approach relies on the power of quantitative methods in generating objective numerical data, which is further supported by qualitative insights from internal management to strengthen the strategic validity of the analysis results. Thus, this methodological design allows for data-driven decision-making while still considering the operational context of the service.

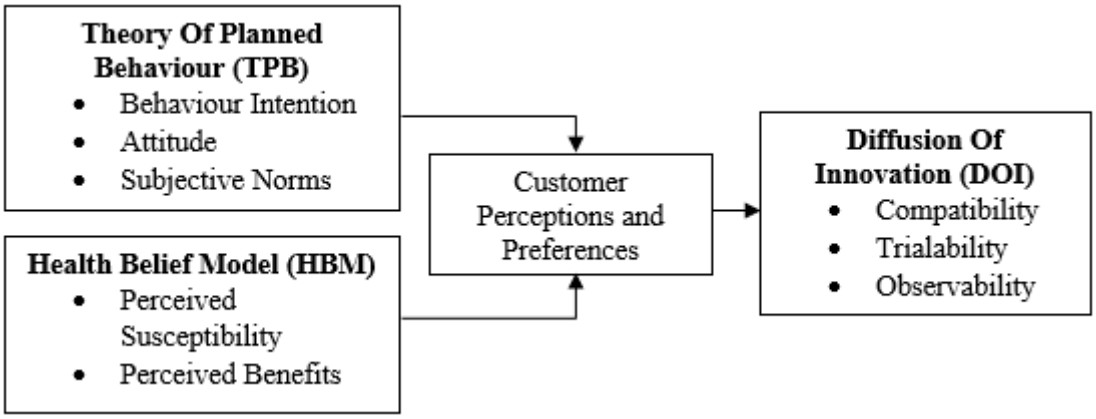

Figure 1. Conceptual Framework

RESULTS AND DISCUSSION

The results of this study were compiled based on a quantitative approach that integrated quantitative data from a questionnaire on 96 respondents of Griya Sehat Annaba customers and validated from a Focus Group Discussion with five key participants (owners and therapists). All results are compiled sequentially, starting from the presentation of the results of the questionnaire and the stages of QSPM.

Table 1. Descriptive Statistics of Customer Perception and Preference Indicators

No	Indicator	Average Score
1	Desire to try healthy food if provided directly by Griya Sehat	4,61
2	Hope that healthy food can support the healing process	4,55
3	The belief that healthy food services will increase the added value of therapy places	4,48
4	The ease and convenience of getting healthy food at the therapy site	4,46
5	Willingness to pay more for healthy foods that support therapy	4,43
6	Griya Sehat's belief in being able to run a healthy food business well	4,39
7	Healthy food service recommendations to others	4,38
8	Support for the integration of healthy foods in cupping services	4,35
9	Education on the importance of healthy food from Griya Sehat	4,32
10	Collaboration with communities or digital distribution partners	4,26
11	Integrated promotional strategy through social media	4,22
12	Initial knowledge of healthy food	3,82

Source: Data processed, 2025.

Based on the table above, data processing was carried out on 14 indicators of perception and preference for healthy food services with a Likert scale of 1–5. The results of descriptive statistics show that the majority of respondents give a high assessment of the benefits of integrating healthy food services in supporting the therapy process. The average overall score is 4.32 out of 5. The highest scoring indicator was "desire to try healthy food if provided directly by Griya Sehat" (mean = 4.61), followed by "hope that healthy food can support the healing process" (mean = 4.55). The indicator with the lowest score was "prior knowledge of healthy food" (mean = 3.82), which indicates that the space for nutrition education is still open to customers.

The validity test shows that all indicators have an item-total correlation value of >0.30 which indicates the validity of the construct is met. Meanwhile, the reliability of the instrument was measured with Cronbach's Alpha value of 0.95 which indicates a very high level of internal consistency. The distribution of data is normal, with skewness and kurtosis values being in the range of ±2.

Analysis Based on TPB (Theory Of Planned Behaviour)

Table 2. SDG Analysis

TPB Components	Indicators that represent	Findings
Attitude **(Sikap)**	1. Desire to try healthy food if provided directly by Griya Sehat	High average score (4.6), indicates a positive attitude
Subjective Norms	7: "Healthy food service recommendations to others"	High scores → customers are ready to become social agents
Perceived Behavioral Control	5: "Willingness to pay more for healthy food that supports therapy", 6: "Griya Sehat's belief that it is able to run a healthy food business well"	Demonstrate the perception that the service is reachable and runnable

Source: Data processed, 2025.

The questionnaire data reflects that customers have a strong *intention* to accept the service, because they like the idea, feel socially supported, and believe the service can be run.

Analysis Based on HBM (Health Belief Model)

Table 3. HBM Analysis

HBM Components	Indicators That Represent	Findings
Perceived Benefits	2 & 6: "The hope that healthy food can support the healing process"	Very high → customers understand the benefits
Perceived Barriers	5 : "Willingness to pay more for healthy foods that support therapy" (financial barrier overcome)	There are no significant obstacles from the customer side
Cues to Action	9 : Education on the importance of healthy food from Griya Sehat	Customers see education as a catalyst for change
Self-efficacy	6 : Griya Sehat Belief in Being able to run a healthy food business well	Reflection on confidence in the service ecosystem, including customer participation

Source: Data processed, 2025.

The HBM model indicates that customers feel that healthy food is important to support therapy, the existence of healthy food at Griya Sehat Annaba does not see many obstacles, but requires education to customers.

Transition to DOI (Diffusion Of Innovation)

The results of TPB and HBM show that customers have reached the stage of "persuasion" in the DOI.

Tabel 4. Diffusion Of Innovation

DOI Stages	Indicators that represent
Knowledge	Reflected in high awareness (2, 6, 9)
Persuasion	High score on 1, 5, 6
Decision	6 & 7: "Confident can go well"
Implementation	Need initiative from management
Confirmation	It will appear after the service is launched (future research)

The TPB and HBM from the questionnaire strongly support innovation adoption readiness (DOI). Customers have entered the decision stage, indicating that they are ready to receive healthy food services. These results support the feasibility of advanced analysis using SWOT and QSPM techniques because there is a strong foundation in the aspects of behavioral theory and innovation readiness.

Table 5. SWOT Analysis Based on FGD Results

Category	SWOT Factors	Rating
Strength	Customers have a positive perception of healthy food	3,6
Strength	Trust in spirituality-based services and affordable prices	3,8
Strength	The patient's interest in diet education from the therapist	3,8
Strength	The perception of Griya Sehat Annaba's image as a provider of healthy food is also quite high	3,4
Weakness	Less strategic location and parking problems	3,4
Weakness	Therapist competence in nutrition is still limited	3,2
Weakness	Willingness of customers to pay more is uneven	2,8
Opportunity	Positive response to the integration strategy from customers	3,2
Opportunity	High Demand for a Healthy Lifestyle	3,6
Opportunity	Partnerships with MSMEs & Academics	3,6
Threat	Competition from more premium cupping and healthy food services	2,8
Threat	Price Becomes a Sensitive Factor	3
Threat	Urban diets high in sugar and fat in society	3,8
Threat	Official nutrition standards (SNI, BPOM) that have not been implemented thoroughly	3,4

Source: Data processed, 2025.

Based on the table above, the results of the SWOT analysis based on customer perception scores and FGD show that the main internal strengths include Customers have a positive perception of healthy food (Rating: 3.8), Trust in spirituality-based services and affordable prices (3.8), Patient interest in diet education from therapists (3.6), The perception of Griya Sehat Annaba's image as a provider of healthy food is also quite high (3,4). Internal weaknesses identified include less strategic location and parking problems (3.4), Therapist competence in nutrition is still limited (3.2), Uneven willingness of customers to pay more (2.8). External opportunities include Positive Response to Customer Integration Strategies

(3.2), High Demand for Healthy Lifestyles i (3.6), and Partnerships with MSMEs & Academics (3.6). The main threats include competition from more premium cupping and healthy food services (2.8), price being a sensitive factor (3.0), urban diets high in sugar and fat in the community (3.8), and official nutrition standards (SNI, BPOM) that have not been implemented thoroughly (3.4). Furthermore, the SWOT Analysis Data above will be used to compile the TOWS Matrix, and Strategy Analysis using QSPM.

Matrix TOWS

The TOWS matrix is compiled based on the results of the SWOT analysis above, to formulate an integrative strategy of strengths, weaknesses, opportunities, and threats.

Table 6. Matrix TOWS

Strategy	Strategy Description
SO (Strength-Opportunity)	1. Develop healthy food services based on the therapist's personal recommendations, utilizing patient trust and healthy living trends 2. Promotion of social media based on spiritual values to strengthen the image and educate the public
WO (Weakness-Opportunity)	3. Partnership with the faculty of nutrition and MSMEs to improve competence and distribution 4. Digitizing the booking system and utilizing logistics partners to overcome location limitations
ST (Strength-Threat)	5. Creation of a common disease-specific diet roster to strengthen trust and respond to people's dietary challenges. 6. Educational nutrition labels to strengthen transparency and mitigate gaps in official nutrition standards 7. Educational nutrition labels to strengthen transparency and mitigate gaps in official nutrition standards
WT (Weakness-Threat)	8. Intensive nutrition training and internal education to close competency gaps and reduce external dependency 9. Price segmentation for low-purchasing power customers as a mitigation against premium market threats

Source: Data processed, 2025.

QSPM (Quantitative Strategic Planning Matrix) Integrated

The results of the calculation of TAS (Total Attractiveness Score) are based on the results of the FGD with the Internal Management Team of Griya Sehat Annaba.

Table 7. QSPM Results

No	Strategy Priorities	Weight	AS	BAG	Ranking
1	Develop healthy food services based on the therapist's personal recommendations, utilizing patient trust and healthy living trends	0,1293	3,8	0,4912	1
2	Educational Social Media Campaign & Nutrition Spirituality (educational content based on a healthy	0,1156	3	0,3469	5

	lifestyle in Makassar, which is based on local and Islamic values).				
3	Partnership with the Faculty of Nutrition & MSMEs (partnering with external partners as nutrition consultants and locally-based healthy food producers).	0,1088	3,4	0,3701	2
4	Pre-Order & Scheduled Distribution System	0,1156	2,8	0,3238	8
5	Creation of a diet roster for common complaints (gout, diabetes, hypertension) as a form of service integration.	0,1088	3,2	0,3483	3
6	Strengthening Annaba's Unique Identity (Spiritual + Affordable) with a spiritual, educational, and affordable approach.	0,102	3,2	0,3265	6
7	Implementation of Internal Nutrition Labels & Supervision. Start with educational labels based on common claims: "low purines", "high antioxidants", etc., as a means of education and transparency.	0,102	2,8	0,2857	9
8	Experiment with Light and Seasonal Products Start with healthy/herbal snacks (ginger, turmeric, castor leaves) that are not easily damaged.	0,1088	3	0,3265	7
9	Digitization of the Booking & Menu Ordering System. Integration of healthy food ordering with therapy schedules to minimize queues, maximize venue efficiency (responding to complaints of overcrowding)	0,1088	3,2	0,3483	4

Source: Data processed, 2025.

In the QSPM section, the priority strategy that has the highest total attraction value (TAS) is "Provision of healthy food services based on personal recommendations from therapists" with a value of (0.49), followed by "Partnership with the Faculty of Nutrition & MSMEs" (0.371), and "Creation of a diet roster for general complaints" (0.32).

These findings are supported by the results of previous research that affirms that personalization of health condition-based services increases intervention effectiveness and customer satisfaction (Fitricia et al., 2025). Other studies show that food education by trusted non-medical personnel such as therapists or companions is also effective in influencing consumption behavior (Md Nor et al., 2025). In addition, the integration of consumer data through needs-based strategies is also considered effective in micro and medium service models (Wimartanti & Sonny, 2020).

Therapists at Griya Sehat are also referred to as informal consultants, building psychological closeness that strengthens the effectiveness of nutrition-based therapy recommendations (Ridwan & Ningsih, 2021). The opportunity to integrate healthy food in such a therapy center is also in line with the finding that integration between services in one location strengthens customer loyalty (Wood et al., 2024). In the context of therapeutic services, the integration of healthy food with services (Food is Medicine) has also been shown to increase client satisfaction and engagement, which is an important foundation for loyalty to service providers (Ridberg et al., 2025).

These results show that both from the customer and service provider side, the integration of healthy food services is seen as a realistic and expected strategic innovation, although it requires strengthening aspects of the distribution system, staff education, and consistent operational management.

The results of the study show that the integration of healthy food services at Griya Sehat Annaba Makassar received a very positive response from customers. This is reflected in the high average scores of perceptions and preferences in the questionnaire, as well as the in-depth narrative of the FGD showing high trust in services, comfort of communication with therapists, and religious motivation in maintaining health. These findings reinforce the relevance of the formulation of the problem and the purpose of the research, namely to understand how preferences and perceptions of healthy food services are formed and influenced by internal and external factors.

Theoretically, the Theory of Planned Behavior (TPB) approach is very relevant to explain the findings. Customers' positive attitudes towards healthy food services, the perception that these services facilitate access to nutritious food, as well as social support from the therapeutic environment, support the formation of an intention to continue using these services. The element of perceptual behavior control is also seen from the belief that this service can be accessed easily through familiar locations and affordable prices (Ajzen, 2020).

In addition, the Health Belief Model (HBM) approach provides an additional dimension in explaining the perception of risks and benefits believed by customers. The information obtained from the therapist about healthy eating and the education provided in the context of therapy strengthens the perception of health benefits, as well as lowers psychological barriers to adopting a healthy diet. This is reflected in the high score on the indicator of expectation for therapeutic benefits and the desire to try healthy food services.

Furthermore, the application of the Diffusion of Innovations (DOI) model in this study enriches understanding of the mechanism of adopting healthy food-based service innovations. The DOI model suggests that innovation characteristics such as compatibility (suitability of values and user needs), trialability (ease of testing), and observability (the ability to observe results) greatly determine the level of adoption (Iqbal & Zahidie, 2021). In the context of Griya Sehat Annaba, healthy food services are seen as compatible with the religious values and healthy lifestyle of the local community, can be tested directly through an integrated therapy package, and show positive results in the form of improved health conditions of clients. These three characteristics strengthen the process of diffusion of innovation in the community.

This finding is also supported by the FGD which reveals the central role of the therapist as a trusted opinion leader and becomes the main reference for patients in making decisions related to diet. This is in accordance with the concept of DOI which states that the presence of influential individuals in social networks can accelerate the process of adoption of innovation. Thus, the DOI not only serves as an additional explanatory framework, but also as a strategic foundation for designing more effective community-based service deployment approaches.

These findings are in line with similar studies at the international level, such as the Healthy Meal Program in the United States that combines a local needs approach with nutrition education in health services (Diallo et al., 2020), as well as a model of integration of agriculture and nutrition education in Tanzania that has succeeded in increasing the consumption of nutritious food through a community-based approach (Fitriana & Hapsari, 2022). However, the studies also noted infrastructure challenges and initial resistance from industry players as obstacles in the implementation stage—things that were also found in the context of Griya Sehat Annaba, such as limited food distribution and staff skills in nutrition education.

From the theoretical side, this study contributes to strengthening the use of a combined

approach of TPB, HBM, and DOI in explaining health service adoption behavior. The integration of these three theories allows for a more holistic analysis, by incorporating individual psychological aspects, risk perception, and social dynamics in the diffusion of innovation. This model has proven to be relevant in the local context of Indonesia, which has cultural and social uniqueness in healthy food consumption practices.

The main limitation of this study lies in the limited geographical scope and the potential bias of respondents who have a strong preference for a healthy lifestyle. Follow-up research is recommended to cover more diverse locations and populations, as well as evaluate the long-term effectiveness of the integration of healthy food services in improving public health status.

In practical terms, the implications of these results open up great opportunities for MSMEs, community-based healthcare providers, and policymakers to develop healthy food integration models based on value, education, and technology. Digital-based innovations such as personalized healthy food ordering applications according to health conditions, as well as regular training for therapists as nutrition educators, are concrete strategies that can strengthen the sustainability of these services.

CONCLUSION

This study concludes that the integration of healthy food services in the therapeutic service system at Griya Sehat Annaba Makassar received a very positive response from customers, both in terms of perception and consumption preferences. Quantitative results showed that the majority of respondents assessed the existence of healthy food services as a form of significant added value to the effectiveness of therapy. Meanwhile, the element of trust in service providers, the emotional connection between therapist and patient, and the expectation of alignment between therapy and nutrition are key elements that support the acceptance of these innovations. Through SWOT, TOWS, and QSPM analysis, the priority strategies identified include the provision of healthy food services based on personalization of therapeutic needs and strengthening local partnerships. All of these results directly answer the objectives and formulation of research problems regarding perceptions, strategic strengths, and implementation schemes of healthy food services in alternative therapy facilities. The main contribution of this research lies in the integration of health behavioral theory and service innovation in one applicable conceptual framework. Through this *behavioral theory* integration approach, this study succeeded in presenting a comprehensive understanding of the dynamics of community-based healthy food service adoption, as well as presenting a business strategy map that can be applied contextually. Theoretically, this study enriches the combined use of *Theory of Planned Behavior* (TPB), *Health Belief Model* (HBM), and *Diffusion of Innovation* (DOI) in the non-formal health sector. Practically, the results of this study provide a decision-making basis for service providers and *MSME* actors to build a business model based on values, health, and strong personal relationships. As a further implication, this study opens up space for the development of a nutrition-based health service model that is integrated with digital platforms, nutrition education, and personalized recommendation systems. Future studies are suggested to expand the coverage of the population, test the effectiveness of service models in the long term, as well as examine the economic and logistical sustainability aspects of the integration of healthy food services in different types of health facilities and socio-cultural regions.

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