The Investigation of Thai Mature Consumer's Intention to Buy Health Related Products

Wit Kritcharoen

A Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of Master of Business Administration (International Program)
Prince of Songkla University
2018

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ชื่อวิทยานิพนธ์ ความตั้งใจซื้อผลิตภัณฑ์ที่เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทย
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บทคัดย่อ

การวิจัยชิ้นนี้มีวัตถุประสงค์เพื่อสำรวจความตั้งใจซื้อผลิตภัณฑ์ที่เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทย และศึกษาข้อมูลเกี่ยวกับประสบการณ์การป้องกันสุขภาพ ความใส่ใจสุขภาพ แรงจูงใจในด้านสุขภาพและรูปแบบการดำเนินชีวิต เพื่อหาข้อมูลเชิงลึกเกี่ยวกับความตั้งใจในการซื้อผลิตภัณฑ์เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทย เก็บข้อมูลจากผู้สูงอายุกลุ่มตัวอย่าง 415 คน จากจังหวัดกรุงเทพมหานคร ราชบุรี เชียงใหม่ นครราชสีมา และสงขลา วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา สัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน การวิเคราะห์การถดถอยและการวิเคราะห์องค์ประกอบเชิงสำรวจ ผลการทำวิจัยพบว่า ผู้สูงอายุในประเทศไทยมีประสบการณ์การป้องกันสุขภาพ ความใส่ใจสุขภาพและแรงจูงใจในด้านสุขภาพอยู่ในระดับสูง นอกจากนี้ยังพบว่าผู้สูงอายุในประเทศไทยมีการรับรู้ว่า ประสบการณ์การป้องกันสุขภาพเป็นการมีปฏิสัมพันธ์กับผู้อื่น ส่งผลให้ประสบการณ์การป้องกันสุขภาพมีความสัมพันธ์เชิงลบต่อความใส่ใจสุขภาพ ทั้งนี้รูปแบบการดำเนินชีวิตของผู้สูงอายุในประเทศไทยสามารถแบ่งเป็น 3 กลุ่ม คือกลุ่มที่เป็นผู้อุปถัมภ์สังคม กลุ่มผู้ที่ต้องการการยอมรับจากสังคม และกลุ่มผู้ต้องการความมั่นคง แต่อย่างไรก็ตามความตั้งใจซื้อผลิตภัณฑ์ที่เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทยยังอยู่ในเกณฑ์ที่ค่อนข้างต่ำ ซึ่งแรงจูงใจในด้านสุขภาพเป็นตัวแปรสำคัญในการกระตุ้นความตั้งใจซื้อผลิตภัณฑ์ที่เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทย

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Major Program Business Administration (International Program)
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ABSTRACT

This thesis aimed to investigate intention to buy health health-related product of Thai mature consumer. Health preventive experience, health consciousness, health motivation, and lifestyle has also been included within this research in order to gain an in-depth information toward Thai mature consumer's intention to buy health related-product. The researcher has collected the data from 415 Thai mature consumer throughout Thailand, which Bangkok, Ratchaburi, Chiang Mai, Nakhon Ratchasima, and Songkhla has been selected to represent their region. Moreover, descriptive statistic, class interval, Pearson correlation, regression analysis, and exploratory factor analysis has been applied into data analysis process. As a result, Thai mature consumer tends to have high health preventive experience, health consciousness, and health motivation. Moreover, Thai mature consumer perceived health preventive experience to be a way to socialise with others, which caused health preventive experience and health consciousness to has a negative relationship with each other. Lifestyle of Thai mature consumer can also be categorised into three group, which are social benefactor, social acceptance, and self-assurance. However, the intention to buy health-related product of Thai mature consumer considered to be low, which health motivation is the key variable that can stimulate Thai mature consumer intention to buy health-related product.

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Wit Kritcharoen

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List of Abbreviations

AIO	=	Activity, Interest, and Opinion
BDMS	=	Bangkok Dusit Medical Services
DV	=	Dependent Variable
EHBM	=	Expanded Health Belief Model
EIC	=	SCB Economic Intelligence Centre (EIC)
HA	=	Health Alertness
HBM	=	Health Belief Model
HC	=	Health Consciousness
HCS	=	Health Consciousness Scale
HCSC	=	Health Self-Consciousness
HI	=	Health Involvement
HM	=	Health Motivation
HP	=	Health Preventive Experience
HSM	=	Health Self-Monitoring
ITB	=	Intention to Buy Health-Related Product
IV	=	Independent Variable
L	=	Lifestyle
LOV	=	The List of Values
MRA	=	Moderated regression Analysis
NFL	=	Nutrition Fact Seeker
SA	=	Social Acceptance
SAS	=	Self-Assurance
SB	=	Social Benefactor
SCG	=	Siam Cement Public Company Limited
S.D.	=	Standard Deviation
TL	=	Taste Lover
TPB	=	Theory of Planned Behaviour

CHAPTER ONE

INTRODUCTION

1.1 Problem Statement

According to Shogo, Emmanuel, and Masafumi (2015), the world is entering aging society era because of changes in the world's demographic, which the number of elderly people in the world (aged 60 and over) has increased from 8% in 1950 to 12% in 2014. The number of elderly people in the world are expected to increase to 21% in 2050 along with the life expectancy that will be increased from 47 years in 1950 to 75 years in 2050. This tends to rise an alarm for the world towards the aging society issue, as the aging society has created a significantly concerned in many countries, such as the excessive social welfare or the unbalance domestic job market structure in Japan and United Kingdom (UK) (The economist, 2017; 21st Century Challenges, 2017).

Despite the concern in other countries, Thailand already encountered with the aging society. According to Public Health Ministry, Thailand is in the second rank among the Southeast Asian countries that has the highest number of elderly people (MCOT, 2014). Thailand will also enter aging society in the next seven years, as the group of older people expected to be increase from 9 million in 2015 to 12.9 million in 2025 and 20 million in 2050 (MCOT, 2014; UNFPA Thailand, 2006). However, the life expectancy of people in Thailand has increased from 71 years in 2001 to 74 years in 2013, which expected to be higher soon because of the advancement in healthcare system in the developed world (Shobert, 2013; World Bank, 2013). Furthermore, Thailand also has the lowest population growth rate when comparing to other Southeast Asian Countries, which is 0.4% in 2014 (World Bank, 2014). These indicators indicated that the proportion of older people will increase rapidly and will become the majority group in the society. Therefore, the aging society is one of the significant factor that need to be studying to understand its nature especially in term of mature consumers in Thailand.

Thai Health Promotion Foundation (ThaiHealth) found that 95% of elderly people in Thailand are considered to have unhealthy health condition, which has shown in

Table 1 (Thepkhamram, 2014). Moreover, 53% of elderly people in Thailand required assistive devices in their daily life, which the main reasons came from *immobility, hearing problems, eyesight problems*, and *incontinence* but only 29% have received assistive devices (HITAP, 2013).

Table 1 The percentage of unhealthy health condition of Thai Elderly

Health condition	Percentage
Hypertension	41%
Diabetes	18%
Alzheimer's disease	12%
Osteoarthritis	9%
Handicap or immobility	6%
Major depressive disorder	1%
Bed ridden	1%

Source: Thepkhamram (2014)

SCB Economic Intelligence Centre (EIC) (2015) also explained about the top five health concern for Thai elderly, which the details can be seen below in *Table 2*. While the health concern continues, the World Bank (2016) discovered that the co-residence rate of elderly people in Thailand has steadily decreased from 80% in 1986 to 60% in 2014. This has led to the high instability (fall) rate in Thai elderly. As there is no support from their adult child in their daily life activities and 44.7% of elderly people in Thailand have eyesight problem which also increase the instability rate (FOPDEV, 2015). However, the instability also creates negative impact to elderly people in both psychology and physiology (Maipimai, 2013).

Table 2 Top five health concern for Thai elderly

Health concern	Percentage
Heart disease and hypertension	54%
Bone diseases	48%
Diabetes,	36%
Cancer	22%
Vision and hearing diseases	21%

Source: SCB Economic Intelligence Center (2015)

Due to the unhealthy health condition and concerns on health condition, Thai elderly has become more health consciousness and adopted health preventive consumption behaviour, as EIC's survey found that these group of people consume more organic food that consist with fruits, vegetables, and seafood (SCB Economic Intelligence Center, 2015). Thai elderly also participates in health check-up more often than other group of people, which 10% of Thai elderly owned home medical equipment according to the EIC's survey. There are other researches that tried to investigate health consciousness in Thailand, but all the researches concentrated mainly on adult as their target group and tends to ignore mature consumer or elderly people. For example, Jindabot (2015) has investigated Thai consumer's health consciousness and their perceived value toward vegetable oil products. Nielsen (2016) also found that Thai consumer have become more health consciousness toward their sugar level and obesity. As a result, both studies have shown the significant result for high health consciousness in Thai consumers in general but required more study toward the level of health consciousness for each sub segment of consumer especially Thai mature consumer. Therefore, this research will investigate health consciousness by reviewing past researches to acquire more information on Thai elderly's health consciousness.

The high level of health consciousness also influences Thai elderly to pursue and adopt health preventive consumption behaviour such as purchase of organic food which mentioned above. Nevertheless, there are no researches that try to identify health preventive consumption behaviour of mature consumer in Thailand, which required this research to identify health preventive consumption behaviour of Thai elderly to find the intention to buy health related products of Thai elderly or mature consumer. Moreover, it is unavoidable to investigate health motivation along with health preventive behaviour, as health motivation is a significant factor that can influence individual to adopt health preventive behaviour and create intention to by health-related product according to Jayanti and Burns (1998). Therefore, health motivation and health preventive behaviour must be investigated to gain thorough information on the intention to buy health-related product of Thai mature consumer.

Nowadays, there are various new businesses in Thailand's market but most of businesses are targeting on Gen Y (people who born between 1980 to 1997) rather than

older consumer or mature consumer (TCIJ, 2016; The Guardian, 2016). For example, fashion business, beverage business, and dessert business. These markets are very competitive and saturate, which is very difficult for the new comers to gain market share. TCIJ (2016) also point out that fashion business, beverage business, and dessert business are also list in the downtrend business list in 2016 according to Dhurakij Pundit University's survey. Furthermore, Gen Y are also hard to please by business sector because of the dynamic lifestyle that expected services and products to exceed their expectation all the time (Forbes, 2015). On the other hand, the aging problem tends to create good opportunities for business, as there will be an enormous market of mature consumer for business to capture. Akarapan (2015) stated that mature consumer also has less competitive and prosper when comparing with other target group such as Gen Y due to the number of Thai elderly that continue to increase every year. Hence, the market of mature consumer cannot be overlooked by business.

Osornprasop and Sondergaard (2016) have discovered the need from healthcare sector is rapidly increasing its important in mature consumer market, as the proportion of mature consumer living with their adult children is significantly dropped according to data of the World Bank (2016) that has been mentioned earlier. Kongrukgreatiyos (2016) also stated that there are enormous unmet health needs of mature consumers in Thailand due to weakness in Thailand's social security and long-term care systems. These indicated the significant issue for both government sector and business sector, as health concern in mature consumers tends to grow rapidly which required both sectors to satisfy and solve this unmet health needs.

Prachachat Online (2016) also found that the value of elderly care support business and health related product considered to be one billion baht in 2016 and will double it value in the next few years due to the high demand from within domestic and overseas (Prachachat Online, 2016). To response to the unmet need of mature consumer, a lot of companies in Thailand has launched new services to serve a strong demand from Thai elderly, such as Siam Cement Public Company Limited (SCG) and Bangkok Dusit Medical Services (BDMS). In 2015, SCG has launched the eldercare solution that aim to improve Thai elderly lifestyle and safety by offering housing solution from decorrelations to installation (SCG, 2015; SCG, 2017). On the other hand,

BDMS also responded to the eruption in the demand of mature consumer toward healthcare services by acquiring Nai Lert Park hotel and turn it into holistic services medical centre, which aimed to attract mature consumer around the world (Bangkok Post, 2016).

Despite the booming era of elderly care support and health related product, there are limited number of research that study about the intention to buy health related product of Thai consumers but there is no research on Thai mature consumers. Pomsanam and Suwanmaneepong (2014) investigated on the factors that influence the intention to buy organic foods of Thai consumers, which subjective norm and environment protection are the main factor that drives Thai consumers to consume organic foods. However, there are only 6.3% of the respondents that aged above 54, which made it less relevant to the topic of this thesis that focus on Thai mature consumer only. Later in 2016, Maichum, Parichatnon, and Peng (2016) has used the theory of planned behaviour of Ajzen (1991) to investigate the intention to buy green product of Thai consumers, which 4.76% of the respondents aged above 55. Without a clear understand of intention to buy health related product of mature consumer, business could fail to capture the market share and make profit. As, Sun Tzu and Cleary (2005) once said in the art of war “Know yourself and enemy, you can fight a hundred battles without tragedy”. Therefore, it is significant for the researcher to conduct a research to study the intention to buy health related product of mature consumers before entering the market, as it will benefit for most businesses that are interest in satisfying mature consumer in Thailand.

Due to the market fragmentation, mature consumer tends to have different lifestyle, which can make the demographic segmentation become insufficient for business to go after as their target market (Solomon, Charbonneau, Huges, Chitty, Marshall, & Stuart, 2009). Moreover, Moschis (1992) and Solomon et al. (2009) also stated that to gain more knowledge about this mature consumer, business must classify mature consumer by using psychographics segmentation, as psychographics segmentation allows business to understand more about the differences lifestyle of their target group. Moschis (1992) has applied psychographics segmentation to segment mature consumer in United Stated, which allow him to categories US mature consumer into groups

according to their lifestyle. Moreover, each mature consumer group also indicated the difference lifestyles that can influence their intention to buy health-related product. Hence, lifestyle must be included together with the intention to buy health-related product of mature consumer to gain an in-depth information toward mature consumer in Thailand. However, the information on lifestyle of mature consumers in Thailand still unclear, as there is insufficient research that try to investigate this topic which most of the research are concentrated on the poverty level of mature consumer in Thailand.

For instance, the three policy that can reduce the poverty level of Thai elderly of Suwanrada (2009), the analyse of Thailand's social protection of Chalamwong and Meepien (2012), the discussion on poverty and inequality issues in Southeast Asia of Cook and Pincus (2014), or how multinational corporation can alleviate the poverty issue in Mekong countries of Pimpa (2017). Thus, it's significant for the researcher to develops more knowledge on lifestyles of Thai mature consumer. As, the fundamental of marketing is about how business can offer products or services that meet the needs and lifestyle of different stakeholders (Solomon et al., 2009). Moreover, World Bank (2016) discovered that most of the Thai elderly are live in poverty, which 45% of individuals who aged of 60 are live in poverty and the proportion will be increased to 60% for individuals who aged 75 and over. This have created the difficulty for Thai elderly to consume products and services that has been offered by business due to the low purchasing power, such as the assistive devices issue that has been mentioned earlier. Therefore, business must develop knowledge on this issue to support their marketing campaign by using it together with Thai elderly lifestyle to find the optimal price of their products or services that can stimulate the intention to buy health related product of mature consumer in Thailand.

As mentioned previously, the aging society seems to rise its significant in every moment while the number of aging people in Thailand continues to growth in every year. The market of mature consumer also increases rapidly in the same direction of the era of aging society. For business perspective, it is worthwhile to study the intention to buy of this mature consumer to find the best method to influence these group of consumers to consume the health-related products or services of the company. Moreover, the health condition and concern among Thai elderly also create a strong

demand for health-related product to improve and maintain their overall health. Hence, it is significant for the researcher to investigate Thai mature consumer's intention to buy health-related products. However, it's require more analyses on several factors that can influence intention to buy health-related products, which are health preventive behaviour, health motivation, lifestyle, and health consciousness.

The research of Akhondan, Johnson-Carroll, and Rabolt (2015), Azzurra and Paola (2009), Gould, (1988), Hong (2009), and Kraft and Goodell (1993) stated that health consciousness has positive relationship with health preventive behaviour. Jayanti and Burns (1998) and Michaelidou and Hassan (2008) also found that individual who adopted health preventive behaviour will has high health consciousness as their main goal is to improve and maintain their health condition which later can create strong intention to buy health-related product. Furthermore, there are a positive relationship between lifestyle and health consciousness according to Chen (2011). There is also a positive relationship between health consciousness and health motivation, as health motivation considered to be one of the dimensions of health consciousness according Hong (2009).

1.2 Purpose of the study

1) To identify health preventive experience, health consciousness, health motivation, and lifestyle of mature consumer in Thailand.
2) To identify intention to buy health related products of mature consumer in Thailand.
3) To analyse the relationship among health consciousness, health motivation, and lifestyle of mature consumer in Thailand.
4) To analyse the influences of health consciousness, health motivation, and lifestyle on intention to buy health related products of mature consumer in Thailand.

1.3 Expected Outcomes

The expected outcome of this research is to identify and analyse Thai mature consumer in term of health motivation, lifestyle, health consciousness, and health preventive behaviour. As, these factors can influence the intention to buy health-related product of Thai mature consumer. The study can also be a guideline for business that want to offer products or services for Thai mature consumer, as the main objective of this thesis is to investigate Thai mature consumer's intention to buy health related products.

Moreover, the knowledge on Thai mature consumer's health motivation, lifestyle, health consciousness, health preventive behaviour, and the intention to buy health-related product can also benefit on the literature level of Thailand. As, the other researchers can use these knowledges to perform their research in other area of interest that related to mature consumer in Thailand, which later can improve the literature level of Thailand toward Thai elderly. Hence, the expected outcome of this thesis can enlighten both business and educational sector on Thai mature consumer's intention to buy health related products.

1.4 Research Question

- What are the influences of health consciousness, health motivation, and lifestyle on intention to buy health related products of mature consumer in Thailand?

1.5 Key terms definition

1) ***Mature consumer:*** people who aged 60 or above according to National Statistical Office (2014)
2) ***Health consciousness:*** a degree to which the mature consumer daily activities are incorporate with health concern according to Jayanti and Burns (1998).
3) ***Health preventive experience:*** refer to experienced consumer who already adopt or experience with health preventive behaviour, which health preventive behaviour is "any activity undertaken by the mature consumer who believe

him/her-self to be healthy for the purpose preventing disease in an asymptomatic stage" (Burns, 1992).

4) ***Intention to buy:*** a degree of motivation and willingness to eventually purchase health-related product based on Baker, Donthu, and Kumar (2016).
5) ***Health motivation:*** consumers' goal-directed that influence consumer to adopt health preventive behaviour (Moorman & Matulich, 1993).
6) ***Lifestyle:*** a system concept that consist with a distinctive or characteristic mode of living in its aggregate and broadest sense (Lazer, 1963).

CHAPTER TWO

LITERATURE REVIEW

According to the previous chapter, this chapter will be discussed about the relevant factors that has been mentioned before, which are *mature consumer, health consciousness, health preventive consumption behaviour, health motivation, lifestyle,* and *intention to buy health-related product.* The definition, concept, and measurement of each factors will be explained in detail by using past researches that relevant to the factors. Lastly, the measurements of each factors will be reviewed and selected to apply in the research method for the questionnaire part.

2.1 Mature Consumer

2.1.1 The definitions of mature consumer

Mature consumer or older person are classified as people who aged 55 and above (Moschis & Nguyen, 2008). However, the National Statistic Office of Thailand classifies mature consumer as people who aged 60 or above (National Statistical Office, 2016). Consequently, this research will categorise the mature consumer to be a group of people who aged 60 or above, according to National Statistic Office of Thailand. As, all the statistical number of mature consumers that appeared within this research came from the National Statistic Office of Thailand.

2.1.2 The segmentation of mature consumer

The mature consumer segment is not homogeneous but consist with a lot of sub-segment, which are the *young old* (aged 55 to aged 64), *middle old* (aged 65 to aged 74), *senior sector* (aged 75 to aged 84), and *very old* (aged 85 and over) (Burnett, 1991; Lazer, 1986). To be more precisely, Moschis (1992) has developed a "*Gerontographics*" approach to classify mature consumer in the market. This approach focuses mainly on mature consumers' lifestyle and behaviour. It also consists with four group, which are *healthy indulgers, healthy hermits, ailing outgoers,* and *frail recluses*.

Healthy hermit consists with individual who has good health, withdrawn from society, and small interest in staying active. For *Healthy indulgers*, mature consumer in this group tends to have good health, independent, very active, and behave like younger consumer. Moreover, individuals in *ailing outgoers* tend to have bad physical condition, socially active, and resist to change their lifestyle (Moschis, 1992). Lastly, *frail recluses*, people in this group tend to have bad health, inactive, and psychologically withdrawn from society.

2.1.3 Mature consumer in Thailand

The number of elderly people is expecting to increase every year, due to the decrease in birth rate and the advancement in healthcare system (Shobert, 2013; World Bank, 2013). The birth rate of Thailand has declined from 43 in 1960 to 11 in 2015 (World Bank, 2015). According to National Statistical Office (2016), there are 10,420,418 of elderly people in Thailand in 2015 (15.5% of the total population), which the percentage of population who age between 0 to 14 has decreased from 19.2 in 2010 to 17.8 in 2015.

National Statistical Office (2014) also found that central region has highest number of elderly people (2,561,811 people) and Southern region has the lowest number of elderly people (1,199,756 people). Additionally, 62.7% of elderly people are working in agricultural sector, 27.2% are working in trading and services sector, and 11.1% are working in production sector. However, the health condition of Thai mature consumer has raised a substantial concern for the government sector. As, most Thai mature consumer are living with unhealthy condition which this issue has been discussed within the first chapter under *problem statement* section. This has built unsatisfied demand toward health-related products, which considered to be a great opportunity for business sector to maximise its profit. To maximise profit and competitive advantage, business must understand about the nature of mature consumer. This will require the knowledge on lifestyle and behaviour to gain sufficient information on Thai mature consumer (Moschis, 1992; Solomon, et al., 2009). Therefore, this research will identify and analyse lifestyle and behaviour of Thai mature consumer.

2.2 Health Preventive Consumption Behaviour

2.2.1 Health preventive experience

By considering about the relevant information on Thai mature consumer and their health preventive behaviour, most of Thai mature consumer are *health preventive experience* consumers who already adopted health preventive behaviour due to the influence from the unhealthy health condition (Thepkhamram, 2014). SCB Economic Intelligence Center (2015) found that Thai mature consumer has switched to consume more organic food and participate in health-check up more frequently to improve and maintain their health condition. This indicated that Thai mature consumers are experienced consumers who already adopted health preventive behaviour due to the high health consciousness, as individual with high health consciousness will has high chanced to adopt health preventive behaviour according to Jayanti and Burns (1998). Therefore, the term *"health preventive experience"* will be used to described Thai mature consumers' health preventive behaviour within this thesis.

2.2.2 The definitions of Health Preventive Behaviour

As health preventive consumption behaviour is not recognised in the literatures, the concept of health preventive behaviour will be applied. Health preventive behaviour refer to "any activity undertaken by a person who believe himself to be healthy for the purpose preventing disease in an asymptomatic stage" (Burns, 1992). Jayanti and Burns (1998) also described preventive health behaviour to be "behaviours that will prolong one's healthy life or practices that otherwise lessen the effects of infectious disease, chronic illness, or debilitating ailments". However, there are still lack of research for health preventive behaviour in marketing perspective which most of the previous research conducted during nineteen centuries, such as Rosenstock (1966), Burns (1992), Moorman and Matulich (1993) and Jayanti and Burns (1998). These researchers tried to illustrate and identify factors that influence on health preventive behaviour.

Moreover, the investigation on health preventive behaviour in term of marketing perspective considered to be insufficient for business and academic purpose, as all the researches are too old. This has led to the key point of this thesis to conduct

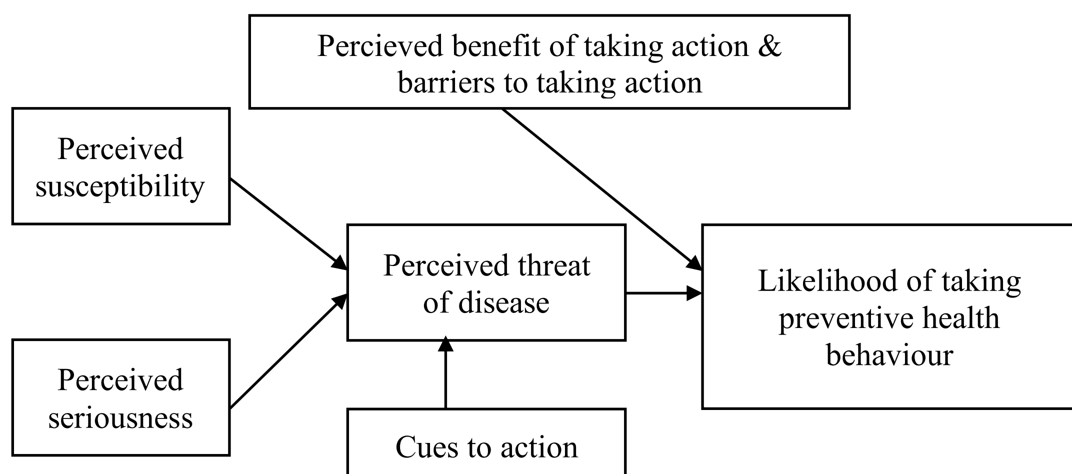
the investigation on health preventive behaviour toward Thai mature consumer in order to gain an update information that can benefit business and educational sector. Therefore, it is essential to gain latest information on health preventive behaviour of Thai mature consumer. As it can help business sector to plan their marketing plan more effectively with accurate and update information on Thai mature consumers' behaviour. Moreover, the education sector also benefits from this investigation in term of the advancement in the discovery of Thai mature consumers' health preventive behaviour, which can lead to many more discovery in the future toward Thai mature consumer.

2.2.3 The models of Health Preventive Behaviour and measurement

2.2.3.1 Health Belief Model of Rosenstock (1966)

Rosenstock (1966) is the first scholar to develop health belief model (HBM) that demonstrate and enlighten the possibility of an individual adopting health preventing behaviour (Jayanti & Burns, 1998). The HBM consist with five variables, which are *perceived susceptibility, perceived seriousness, perceived benefit of taking action and barriers to taking-action, and cues to action.* The researcher used these variables to determine the likelihood of individual taking preventive health behaviour, which *figure 1* shown the relationship between each variable.

Figure 1 The Health Belief Model



Source: Rosenstock (1966)

According to Rosenstock (1966), the *perceived susceptibility and perceived seriousness* is used to determine individual's perception toward *threat of disease. Perceived susceptibility* measured the subjective risk of receiving an illness, which the *perceived seriousness will be concerned* with the seriousness of individual health problem. By combining these two variables together, it allows the researcher to measure individual threat of disease, which define the state of readiness to act of individual that referred to "individual's point of view about susceptibility and seriousness".

Rosenstock (1966) also stated that the readiness to act can be stimulated by *cues to action* which can be define as a cue or trigger that make preventive health behaviour become necessary. There are two types of cues, which are internal (perception of physical condition) and external (media communication or interpersonal interaction). However, the different intensity of cues is required to stimulate individual to adopt preventive health behaviour. As, individual with low level of readiness to act might require extreme stimulus more than individual with high level of readiness to act. Lastly, individual must be compared *perceived benefit of taking-action and barriers to taking-action* to find preferable path of action and determine individual cause of action. For example, if benefit and barriers are equal, individual will be highly motivated to avoid preventing health behaviour, as he perceived that action might lead to painful or unpleasant situation (Rosenstock, 1966). Hence, the possibility of individual taking preventive health behaviour depends on the *perceived threat of disease, perceived benefit of taking action and barriers to taking-action, and cues to action.*

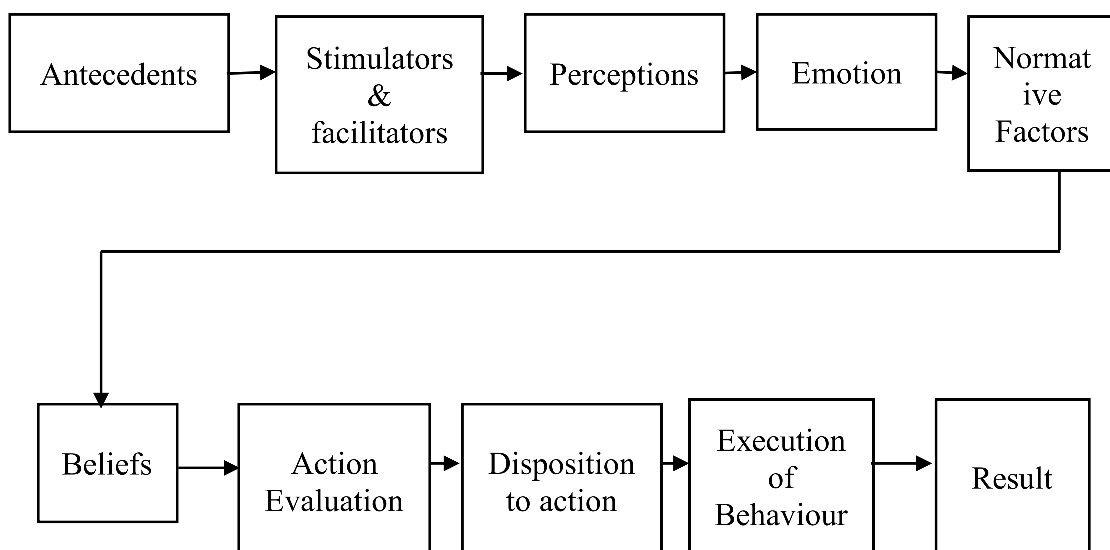
Insurance companies are an excellent example that has been used intensive cue to actions via television advertisement. As according to Deloitte (2015), most of consumers tends to have low awareness on the uncertainty toward their health condition which required intense stimulus to create strong demand for insurance program. The stimulus will emphasise on the important life events of consumer to demonstrate high impact of life event that can encourage insurance purchase, which having children, buying home, change in financial situation, and marriage are the most impactful life event to consumer. The strong stimulus from insurance company also put more weigh on the perceive benefit of taking-action when consumer compare between perceived benefit of taking-action and barriers to taking-action. Therefore, it is important for

business to find an effective cue to action to stimulus the demand and awareness of their consumer, especially for those who are in the health-related product industry (Rosenstock, 1966). Which, an effective cue to action can motivate consumer to adopt preventive health behaviour by purchasing health-related product of the company.

2.2.3.2 The Expanded Health Belief Model of Burns (1992)

Due to the lack of validity of the HBM of Rosenstock (1966), Burns (1992) has modified the HBM by adding variable that can reveal individual's emotion, perceptual, and cause of actions. He also stated that the *Expanded Health Belief Model* (EHBM) is increase the explanatory power of the HBM. To do so, ten variables has been added to elaborate the individual's preventive health behaviour (*figure 2*), which consist with *antecedents, stimulation and facilitators, perceptions, emotion, normative factors, belief, action evaluation, disposition to act, execution of behaviour, and result.*

Figure 2 The Expanded Health Belief Model of Burns



Source: Burns (1992)

Antecedents

According to Burn (1992), the *antecedents* used to distinguish people's traits by using four factors, which are *demographics, health history, health importance, and locus of control.* The *demographics* will be the first factor that distinguish populations

in term of gender, age, and education level, which also included in Rosenstock (1966). Secondly, *health history* defined to aspect of target segment, which are the person's past and present illness experience and the interaction level between individual and health care providers. Burns (1992) also described that health history is very significant, as it tends to affect the remain of the variables of the model. For example, individual with poor health condition will be more participated in preventive health behaviour than individuals with good health condition. Thus, health history can assist the researcher to understand the likelihood of individual participate in preventive health behaviour.

The next factor (*health importance*) will involve with the value that individual place on good health, which will be considered about economic impact of absent from work, aversion to illness, and one's self-image (Burns, 1992). Lastly, *locus of control* refers to the individual's belief that the health outcomes are manageable (Moorman & Matulich, 1993). Thus, *antecedents* demonstrate the internal of individual that drive them to adopt preventive health behaviour.

Stimulation and facilitators

If the *antecedents* are the internal of an individual, *stimulations and facilitators* are individual's external. As, the factors within this variable composed with *cues to action* and *social influences* that trigger individual to pursue preventive health behaviour (Burns, 1992). However, the author has elaborated the channel of the cues to action of Rosenstock (1966) to be a "statements, warning, comments, or signals that initiate or perpetuate a person's realisation that he or she is in health risk". Additionally, *social influences* also drive individual toward preventive health behaviour, as Rosenstock (1966) noted that the individual's behaviour will be influenced by belief regard to norms and pressures from social group. Burns (1992) also stated that the recommendations from family and close friends have a significant impact on individual towards preventive health behaviour. Hence, *stimulations and facilitators* are the external factors that hold significant influence on individual's preventive health behaviour.

Perceptions

The individual's perception will be measure by *threat of illness* of Rosenstock (1966) to reveal individual's motivation towards preventive health behaviour. The *threat of illness* can be determined by *perceived susceptibility* and *perceived seriousness* or *severity* according to Burns (1992). The author also suggested that the perceived *threat of illness* must be analysed to understand publics realities, as individual's behaviour influence by these perceptions. Furthermore, the *threat of illness* also *acts* as a filter for individual's attention towards external cues and social influences. For example, if the threat of lung cancer perceived to be low, individual will have little motivation to stop smoking.

According to Panich (2014), Thai people have consumed lard (oil from pig) for many generations which help Thai consumer have less illness such as diabetes, heart disease, hypertension, and kidney failure. However, the influence on vegetable oil from develop country has changed Thai consumer perception entirely toward lard. The influence on vegetable made Thai consumer to believe that lard is bad for their health and switch to vegetable oil. This has made Thai consumer to have less motivation to consume lard due to the high perceived susceptibility and perceived seriousness, while the consumption of vegetable oil has risen significantly. Later, the vegetable oil has found to create negative health condition especially high cholesterol which could lead to many serious illness, such as heart disease and many more. This is the case that show the significant of consumer's perception. If consumer perceived lard to have negative effect on their health, consumer will be motivated to consumer vegetable oil instead of lard even though it has more negative impact to their health when compare to lard. Hence, preventive behaviour can be distorted and influence by the individual's perceptions towards the *threat of illness.*

Emotion

Burns (1992) stated that *emotional response* is significant factor to predict individual's motive of adopt or refuse preventive health behaviour. He also defined e*motional response* to be "subjective (like or dislike) aspects of preventive health care

choice evaluation". The negative emotion might prevent individual for embracing preventive health behaviour, such as fear of needles might prevent individual from getting vaccine. The symptoms can also create negative emotion to individual, such as the colostomy bag that required after the removal of cancerous colon. However, the positive emotion also creates a desirable outcome that encourage individual to pursue preventive health, such as the confident in medical profession or personal relationship with physician may prompt the adoption of preventive health behaviour. By evaluating individual's emotion, the researcher can gain effective information on why and when individual avoid or adopt preventive health behaviour.

Normative factors

Behavioural norms are significant variables that represent insightful information about individual's preventive health behaviour, as it tends to have a great influence on human behaviour (Burns, 1992). According to Sumaedi and Yarmen (2015), behavioural norm refers to "perception of the degree of moral correctness of behaviour" and individual's decision might change if it doesn't match with the moral norm. Moreover, emotional and behavioural norms can cause a person to ignore the rest of the process and jump straight to the disposition to action and execution of behaviour stage. Therefore, it is important to find emotional factors and norms that can stimulate the adoption process of preventive health behaviour.

Belief

Belief is the first variable in the action assessment features and it composed of two types of efficacy, which are *response efficacy* and *self-efficacy* according to Burns (1992). He also said that *response efficacy* is the "degree to which a person believes an action will eventually reduce the health threat". He also refers *self-efficacy* to "whether a person believes he or she can implement an action". Thus, these two factors can help the researcher to predict individual's action toward preventive health behaviour. If both or one of *response efficacy* and *self-efficacy* are low, individual will be required some stimulus to change their belief. For instance, a smoker will perceive that stop smoking can reduce possibility of lung cancer (high response efficacy) but he or she might face

with difficulty to implement an action due to low level of self-abstinence (low self-efficacy). Thai Health Promotion Foundation has invested heavily to change Thai smokers' belief by launching stop smoking campaign and television advertisement, such as 3 million 3 years stop smoking campaign for King Rama IX or TV advertisement that emphasise on the negative effect of smoking on smokers' family and health condition (Thai Health Promotion Foundation, 2016). The objective of Thai Health Promotion Foundation is to stimulate Thai smoker to change their belief toward smoking and encourage Thai smoker to stop smoking even though the implementation might be difficult to complete. Thus, this is a good example that demonstrated a situation that require some stimulus to change the belief of Thai people toward smoking.

Action evaluation

For this variable, Burns (1992) has adopted the *cost-benefits analysis* from Rosenstock (1966), which both researcher believed "individual will weigh the believed benefit of the target action against the know or suspect costs to derive an ultimate value of the action". To do so, the *value of action* factor was added to the EHBM of Burns (1992) to capture all the individual's alternative action. As individual are most likely to weigh all alternative to find the best actions that generate the best result for their health condition (Burns, 1992). Moreover, *response efficacy* and *self-efficacy* will be involved in individual's *cost-benefits analysis* to value all alternative actions. Thus, if individual perceived the benefit is outweigh cost, individual will move to the next features, which is the *disposition to act.*

Disposition to act

As mentioned above, individual will move to disposition to implement the action when benefit is outweighing cost and when individual select the best action from the assessment of the value of the target action (Burns, 1992). The disposition to action features is drive by individual's intention. However, intention is not sufficient to use as a predictive of preventive health behaviour, as individual might have intention to take a diet but he or she might fail to do it because of procrastination or lack of a precipitating

event (Burns, 1992). *Situational factor* was included to solve the ambiguous notions of intention. Burns (1992) suggest that intention might be analyse with situation, which situation refers to a “condition that prevent an intention or its fulfilment”. Hence, the researcher can gain an insightful information to predict preventive health behaviour by analysing individual’s intention and situations.

Execution of behaviour and Result

After the intention was fulfil by individual, individual will move to action behaviour. However, Burns (1992) point out that individual might found obstacle to execute the action, as some health preventive action required different duration of time and commitment of the action. He also noted that individual must weigh the duration and commitment before executing his or her action. Moreover, the major commitment and protracted action such as hypertension and exercise are the greatest obstacle to prevent individual from execute their action towards preventive health behaviour. Lastly, individuals will compare the outcome of the executed action with his or her desired state to evaluate the situation whether he or she should continue to adopt preventive health behaviour.

2.2.3.3 The preventive health care behaviour model of Jayanti and Burns (1998)

Table 3 Comparison of the Three Health Belief Models

<table>
<tr><th></th><th>Health Belief Model</th><th>Expanded Health Belief Model</th><th>Preventive Health Care Behaviour Model</th></tr>
<tr><td rowspan="4">Antecedent</td><td>Demographics</td><td>Demographics</td><td>Health motivation</td></tr>
<tr><td rowspan="3">Psychosocial factors</td><td>Health history</td><td>Health knowledge</td></tr>
<tr><td>Health importance</td><td rowspan="2">Health consciousness</td></tr>
<tr><td>Locus of control</td></tr>
<tr><td rowspan="6">Mediators</td><td>Cues to action</td><td>Stimulators and facilitators</td><td rowspan="3">Self-efficacy</td></tr>
<tr><td rowspan="2">Threat of the illness</td><td>Perception</td></tr>
<tr><td>Emotion</td></tr>
<tr><td rowspan="2">Self-efficacy</td><td>Normative factor</td><td rowspan="3">Response efficacy</td></tr>
<tr><td rowspan="2">Beliefs</td></tr>
<tr><td>Response efficacy</td></tr>
</table>

Source: Jayanti and Burns (1998)

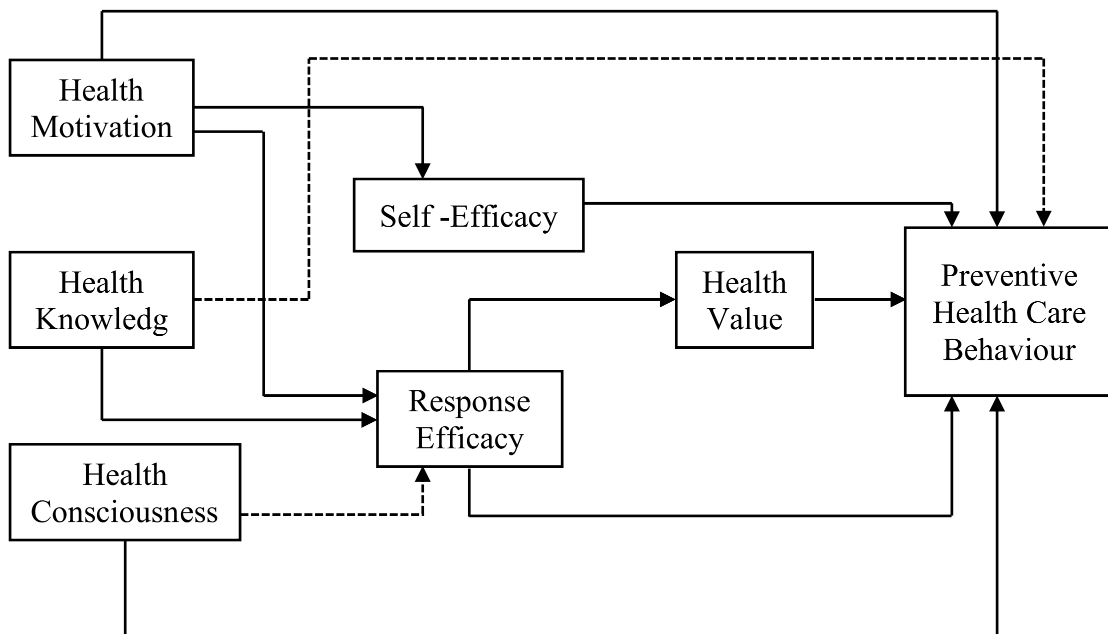
Table 3 Comparison of the Three Health Belief Models (Continue)

	Health Belief Model	Expanded Health Belief Model	Preventive Health Care Behaviour Model
Mediators	Value action	Action evaluation	Health value
		Disposition to act	
Consequences	Likelihood of acting	Execution	Preventive health care behaviour

Source: Jayanti and Burns (1998)

Jayanti and Burns (1998) developed this model to reduce the complexity of EHBM of Burns (1992) and to test the empirical validation of the previous preventive health models. The researchers also noted that the HBM of Rosenstock (1966) and EHBM of Burns (1992) required empirical validation. The HBM of Rosenstock (1966) also have narrow scope for predicting preventive health behaviour as this model developed for specific health care behaviour such as taking flu shots, receiving inoculations for various contagious diseases, or adhering to regimen prescribed for the control of hypertension (Jayanti & Burns, 1998). Additionally, the model of Jayanti and Burns (1998) aims to reveal individual's healthy behaviour that he or she participate in instead of asking for specific action like Rosenstock (1966). To do so, the model of Jayanti and Burns (1998) consists with six variables, which are *health motivation, health knowledge, health consciousness, self-efficacy, response efficacy, health value,* which *figure 3* shows the frame work of the model and *Table 3* demonstrate the differences between the three models.

Figure 3 The preventive health care behaviour model



Source: Jayanti and Burns (1998)

Health value refers to "individual's assessment of benefits relative to costs in engaging in preventive health care behaviour" (Jayanti & Burns, 1998). Moreover, this variable based on previous researches of Burns (1992) and Rosenstock (1966), as this variable concern about the cost-benefit approach. *Self-efficacy* concern about the belief that the action can be
successfully implemented, which the *response efficacy* is focusing on the belief that the target action can moderate health threat. *Health motivation* is the variable that significant for preventive health behaviour model, as Moorman and Matulich (1993) found this variable to has positive relationship with preventive health behaviour in their research. Moreover, health motivation has influence on the adoption of certain preventive health behaviour, such as health information acquisition, diet addition, or eliminating alcohol consumption. Next is *health knowledge*, this variable can be defined as "the individual's storehouse of information about preventive health care behaviours" (Jayanti & Burns, 1998). The result Moorman and Matulich (1993) demonstrated that individual with high level of health knowledge and health motivation will be involved in preventive health behaviour more than individual with low level of health knowledge and health motivation. Jayanti and Burns (1998) also noted that

health knowledge has a significant influence on individual's food choices and dietary habits. Lastly, *health consciousness* variable is based on Kraft and Goodell (1993), which its' definition and measurement mentioned in *section 2.3*.

Jayanti and Burns (1998) used five-point Likert-scale for *health value scale, self-efficacy scale, response efficacy scale, health motivation scale, health knowledge scale* and three-point Likert-scale for preventive health behaviour scale. Jayanti and Burns (1998) also state that their model considered to be empirical validity, as 9 out of 11 hypotheses relationship considered were support empirically.

In conclusion, the preventive health care model of Jayanti and Burns (1998) will be used to measure health preventive behaviour of mature consumers in term of marketing perspective for this thesis. However, the scale of the preventive health care model will be changed to be five-point Likert-scale instead of three-point Likert-scale, as the three-point Likert-scale is nominal scale and it can't be used in multiple regression analysis. Moreover, this thesis will change the scale from 1 = always to 1 = never and 5 = never to 5 = always to reduce the misunderstanding between the scale of the questionnaire and the participant. The reconceptualised model of Hong (2009) will be used to measure mature consumers' health consciousness instead of using health consciousness scale of Jayanti and Burns (1998).

2.3 Health Consciousness

2.3.1 The definitions of Health consciousness

Jayanti and Burns (1998) have described health consciousness to be a degree to which a person's daily activities are incorporate with health concern. The person with high health conscious are characterised as being responsible and concern with their health condition which include managing their stress and nutrition to prevent health hazard (Hong, 2009; Kraft & Goodell, 1993). To be precisely Hong (2009) has described "health consciousness individual to be persons that are aware of their health condition by paying attention to and reflecting on their health, as well as being responsible for their health and motivated to improve or maintain their health given high level of health value".

Health consciousness also motivated individual to improve and maintain their health condition to prevent ill health by engaging in healthy behaviours (Michaelidou & Hassan, 2008). Gould (1988) found that a person with high health consciousness will pay more attention to his or her health status by taking medical check-ups than those who has lower health consciousness. Newsom, McFarland, Kaplan, Huguet, and Zani (2005) also stated that health conscious consumers also participants in more than one health behaviours such as exercise and consume organic food. Moreover, health conscious is one of the independent variable that can be used to forecast consumers' attitude and health behaviours (Akhondan, Johnson-Carroll, & Rabolt, 2015; Azzurra & Paola, 2009; Gould, 1988; Hong, 2009; Kraft & Goodell, 1993).

Later in 2012, Mai and Hoffmann (2012) has segmented consumers into two groups by using the consumers' level of health consciousness. The first group called *the taste lover (TL),* which consumers within this group are focusing mainly on tastes regardless of the nutrition that can cause obesity and diabetes. Contradictory, *Nutrition fact seeker (NFS)* group are focusing mainly on the positive nutrition that can prevent them from ill health condition, such as sugar content, fat content, and genetic engineering free food product. Hence, health consciousness will be low for consumers within *TL* group but high in the *NSF* group.

2.3.2 The trend of health consciousness

Health consciousness has become significant trend since 20th century due to the change in consumer attitude, as consumers are changing from being passive role to more active role in his or her own health care (Gould, 1988; Reeder, 1972). The Hartman Group (2015) also discovered the increasing in consumers' health conscious behaviour, as consumer have changed from passive role to proactive role by concentrating on quality of food, ingredient, and healthy nutrition instead of focusing on calories intake. This considered to be consistent with the studies of Gould (1988) and Reeder (1972).

Despite the uprising of health consciousness trend, consumers have change their lifestyle by eating outside their home more often, which accounted for 44% of their

expenditure in 2010 compared to 32% in 1980 (Jindabot, 2015). This lifestyle might cause unhealthy health condition to consumers especially Thai consumers, as there are numerous number of fast food restaurant and unhealthy footstall that use oil that contaminated by pollutions or reused oil which considered to be highly toxic ingredient (Vanhaleweyk, 2015). However, the research of Mindshare has reveal that 77% of Thai consumers have been highly health conscious since 2009 due to the unhealthy lifestyle that mentioned above (Prachachat Online, 2009). Moreover, vegetables and fruits has been the main ingredients that Thai consumers consume to remain healthy according to Prachachat Online (2009). Jindabot (2015) also conclude in his research that Thai consumer are highly health conscious especially on health-related information.

Thai government also participated in this trend by established campaign to rise consumers' awareness toward health consciousness behaviour, which help Thailand's health industry to grow steadily since 2012 (Bangkok Post, 2012). For instance, Prime Minister of Thailand has led his official to physical exercise to demonstrate and stimulate health consciousness behaviour (The Government Public Relations Department, 2017). The deputy director of the National Food Institute of Thailand also stated that the main reason of the continual growth in health industry is come from the change in consumer behaviour which consumer are taking more proactive role in their health care (Bangkok Post, 2012).

By considering about health consciousness trend, it is significant for the researcher to study health consciousness concept as this concept considered to be main concern for Thai consumers due to the previous unhealthy lifestyle and there are also limited number of research that investigate on health consciousness in Thailand. Therefore, it is worth to investigate Thai consumers' health consciousness as it can help the researcher to gain an in-depth information on mature consumers' health consciousness.

2.3.3 Health consciousness's dimensions and measurements

Per Hong (2009) stated that there are five dimensions from the previous research that concentrating on health consciousness by using different approaches and

definitions, which are *integration of health behaviour, psychological or inner state, health information seeking and usage, personal health responsibility,* and *health motivation*.

Dimension 1: Integration of health behaviour

Kraft and Goodell (1993) had explored health consciousness by using wellness lifestyle concept to identify consumers' health consciousness based on the *high-level wellness* of Ardell (1977). The wellness can be defined as "a set of personal activities, interest, and opinions related to one's health" and "individual who adopt wellness lifestyle are concern with their nutrition and physical fitness" (Kraft & Goodell, 1993). Moreover, Kraft and Goodell (1993) have developed four dimensions for their wellness scale and used five-point Likert scale for questions in all dimensions. The four dimensions consist with *health environment sensitivity, physical fitness, personal health responsibility, and nutrition and stress management.*

For the first dimension, *Health environment sensitivity* concerned with the impact of the environment on one's health which most of the question aimed to describe personal sensitivity about health behaviour toward chemicals, water quality, and nitrites. Next, the *physical fitness* included with questions that aim to reveal consumers' physical fitness behaviour by concerning with exercise, active participation, and time spent to minimise stress. The third dimension, *personal health responsibility* demonstrated the acceptance level of individual toward personal responsibility for their own health. The last dimension involved with nutrition attitudes and stress that allow the researcher to reveal individual's wellness behaviour (Kraft & Goodell, 1993). In conclusion, both researchers found that an individual with wellness-orientated lifestyle are highly health conscious and feel responsible for their own health.

By observing at the four dimensions of Kraft and Goodell (1993), most of the dimensions are used to reveal individual's health behaviour except *personal health responsibility* (individual's psychological state). For example, the question within the second dimension "I exercise more than I did three years ago" or "I avoid foods containing nitrites or preservatives" in the first dimension. This implies that Kraft and

Goodell (1993) have focused mainly on individual's behaviour. Later, Jayanti and Burns (1998) has adopted Kraft and Goodell (1993)'s measurement by using six-item Likert-type scale to measure health consciousness within their model. Furthermore, Jindabot (2015), also used five-point Likert-Scale to measure health consciousness, which has adopted from Jayanti and Burns (1998).

Dimension 2: Psychological or inner state

Gould (1988) has developed the Health Consciousness Scale (HCS) from the Self-Consciousness Scale of Fenigstein, Scheier, and Buss (1975) to measure health consciousness by using psychological state. He also added four subscales within the HCS, which are *Health Self-Consciousness (HCSC)*, *Health Involvement (HI), Health Alertness (HA), and Health Self-monitoring (HSM)*. For *HCSC,* this subscale aims to disclose information on the level of health consciousness that individual have toward their health condition. Secondly, *HI* are used to exanimate the degree of the involvement of consumers toward their health. The *HA* concentrated on the will of consumer to maintain and improve their health. Lastly, the *HSM* used to reveal how consumers feel and perceive about their health. Moreover, the HCS composed with nine-items measured on five-point Likert-Scale, which "a '0' means the statement does not describe you at all" and "a '4' means it describes you very well".

Gould (1988) perceived health consciousness to be psychographic variable that not incorporated with visible behaviour (Hong, 2009). Additionally, the result of Gould (1998) also shown that physical activity is irrelevant with one's dietary lifestyle, as the individual with high health conscious are focusing more on health-related information instead of physical activity such as exercise (Hong, 2009). The researcher also found that the HSC's items are concentrating only on consumers' psychological. For example, item 9 "I notice how I feel physically as I go through the day." and item 1 "I reflect my health a lot.".

Later, Michaelidou and Hassan (2008) used the HCS of Gould (1998) to measure health consciousness to predict attitude and intentions of consumers towards organic food. Moreover, Akhondan, Johnson-Carroll, and Rabolt (2015) has adopted

the HCS of Gould (1988) to measure Health Consciousness towards organic food consumption by using 5-point Liker-type scale by ranging from not at all to very well. Iversen and Kraft (2006) also used the HCS of Gould (1988) to measure the influence of health consciousness on the response of woman towards health-related messages in media by using five-point scale ranging from 'not at all typical' to 'very typical'.

Dimension 3: Health information seeking and usage

The health information-related has been the most popular factor that most researchers adopted to measure consumers' health consciousness or predict individual's health behaviour. Rodgers, Chen, Duffy, and Fleming (2007) has developed new segmentation method that use consumers' media usage on health information-related and demographic to segment the market. As, these researchers perceived the traditional segmentation to be subjective and indiscretion.

Rodgers et al. (2007) came up with four distinctive group, which are *health uninformed, health autonomous, health conscious, and health at risk,* which *health at risk* individuals considered to have lowest health consciousness behaviour when compared with the other individual from other three group. Individual in *health at risk* tends to pay little or none attention to their health treatments, health activities, health information searches, and self-reported changes to improve health (Rodgers et al., 2007). However, individuals from *health uninformed, health autonomous and health conscious* are highly health conscious and participate in health treatments, health activities, health information searches, and self-reported changes to improve health. Despite the high level of health consciousness, individuals from *health uninformed, health autonomous and health conscious* have different interest in health information usage. The *health autonomous* that consist with middle-aged individuals considered have highest health information usage by accessing to all type of media, which are push and pull media and social media (Rodgers et al., 2007).

Iversen and Kraft (2006) also conclude that high health conscious consumers perceived health information to be personal relevant and think more systematically about the argument and recommendations that appear in the health-related messages.

Moreover, the result form Jindabot (2015) also shown that health-related information is the most concern for consumers with high health conscious, which considered to be consistent result with Rodgers et al (2007) and Iversen and Kraft (2006). The research of Dutta-Bergman, (2005) also revealed that high consciousness consumers are more likely to find health-related information after encountered with health issues. Therefore, consumers with high health conscious will be highly concern about health-related information but the degree of concern will vary depend on the health issues and demographic of consumer.

Dimension 4: Personal health responsibility

Per Hong (2009) stated that health consciousness consumers always have high personal health responsibility. This statement also relevant with Kraft and Goodell (1993), as both researchers suggested that personal health responsibility can be used to predict consumers' health consciousness. For example, Kraft and Goodell (1993) have added personal health responsibility into their wellness dimension to identify health conscious consumers. Moreover, Dutta-Bergman (2004) also found that consumers with high health conscious will feel responsible for their personal health, as these consumers will participate in activities that positively related to their health. Hence, personal health responsibility is significant factor to measure health consciousness. As there are evidences from previous researches that found a positive relationship between personal health responsibility and health consciousness.

Dimension 5: Health motivation

Health motivation always appeared in most articles that concern about consumers' health or health consciousness. Moorman and Matulich (1993) defined health motivation as "a goal-directed arousal to engage in preventive health behaviour". Moreover, high health motivation consumers are more active to pursue health behaviour than consumers with less health motivation (Moorman & Matulich, 1993). Dutta-Bergman (2004) also noted that health consciousness can be used to indicate consumers' motivation to maintain healthy behaviour. This shows the significant consistent between health motivation and health consciousness. However, Jayanti and

Burns (1998) argued that health motivation and health consciousness is different, as "health motivation refers to the internal characteristics of a person, whereas health consciousness refers to the external characteristics of how person's health is taken care of". Additionally, Jayanti and Burns (1998) also stated that "health motivation and health consciousness can be used to describe individual but in different aspects of individual's health behaviour". Therefore, it is unarguable about the significant of health motivation that can be used to describe individual's behaviour, but it required further research to study about the relationship between health consciousness and health motivation.

The reconsideration of health consciousness

In conclusion, health consciousness can be defined and measure by using different approach and dimensions, which depends on the researchers' aspects. After classifies health consciousness dimensions, Hong (2009) has concluded health conscious persons to be "characterised as actively incorporating healthy behaviours in their daily routines, consistently being attentive to their health conditions, actively seeking and using health information from diverse sources, taking responsibility for their health and being motivated to stay healthy".

According to the information above, most researchers has tried to measure health consciousness by using actual health behaviour and ignoring psychological traits of consumer except Gould (1988). However, it is nearly impossible to capture and analyse all of consumer's health behaviours, which lead to a limitation in explaining different health behaviours (Hong, 2009). Furthermore, the numerous dimensions have created ambiguous and complexity for health consciousness concept. To gain an effective result, Hong (2009) suggested that researcher ought to approach "health consciousness concept as a personal attribute and measuring the psychological basis of the concept to predict diverse health behaviour". For instance, asking about "I exercise more than I did three years ago" might not be useful to measure health consciousness when compare to "I reflect about my health a lot", as consumers might exercise more to attract opposite sex and gain the acceptance from others, which might not be related

to their health behaviour. Hence, psychological state should be integrated with health consciousness instead of actual specific behaviours (Hong, 2009).

According to Hong (2009), the HCS of Gould (1988) that emphasise on psychological basis also has limitations, as the model concentrated mainly on psychological attention which cause less validity in measuring health consciousness. Furthermore, he has reconceptualised the HCS of Gould (1998) to explain the complexity of health consciousness by including personal responsibility and health motivation into health consciousness model. As, these concepts appeared to be consistent with Dutta-Bergman (2004), Kraft and Goodell (1993), and Moorman and Matulich (1993). Therefore, Hong (2009) redefined health conscious individual to be "aware of their health condition by paying attention to and reflecting on their health, as well as being responsible for their health and motivated to improve or maintain their health given the high level of health value".

The reconceptualised model of Hong (2009) has conducted a pilot-test and factor analysis to support validity and reliability of the model. The first analysis result in a total of 99 items with 22 factors which later reduced to 11 items with three factors. Most of the 11 items are come from previous research, which consist with Item 1, 2, 3 and 5 from Gould (1998), item 4, 7, 8 from Kraft and Goodell (1993), item 6 from Michaelidou and Hassan's (2008), and item 10, and 11 from Dutta (2007). The 11 items also loaded to three factors that consistent with the reconceptualised model of Hong (2009), which four items measuring self-health awareness, four items measuring personal responsibility toward health, and three items measuring health motivation. Therefore, the reconceptualised model of Hong (2009) consider to be valid and reliable, as the result of the pilot-tested consist with three dimensions that the researcher perceived to be significant for measuring health consciousness.

In conclusion, this research will use the reconceptualised model of Hong (2009) and concentrate on the psychological basis of mature consumer toward their health consciousness, which consist of three elements (self-health awareness, personal responsibility, and health motivation). Moreover, most of the items in the model of

Hong (2009) also developed from the model of Gould (1998) that has been replicated by many researchers and considered to the best health consciousness model at that time.

2.4 Health motivation

2.4.1 The definitions and concept of Health Motivation

According to Moorman and Matulich (1993), *health motivation* can be defined as a consumers' goal-directed that influence consumer to adopt health preventive behaviour. Both researchers also indicated that individual with high health motivation will acquired more health information than those who has low health motivation. Chrysochou and Grunert (2014) found that health motivation has positively impact to intention to buy health-related product of consumer, as individual with high health motivation will evaluate health-related product more positively than those who has low health motivation. Moorman and Matulich (1993) also stated that high health motivation consumers are more active to pursue health behaviour than consumers with less health motivation. Moreover, individual with high health motivation will perceived that the target health preventive behaviour can be performed according to Jayanti and Burns (1998).

2.4.2 The measurement of health motivation

Moorman (1990) has developed the scale to investigate consumers' health motivation, which consist with five questions and use seven-point Likert-scale. The scale of Moorman (1990) has been adopted by Chrysochou and Grunert (2014) to measure the influence of health-related advertisement and health motivation on product evaluations. However, the scale of Moorman (1990) considered to have a narrow scope to measure health motivation, as the scale focus mainly on consumer's motivation to process of health-related information (Chrysochou & Grunert, 2014).

Later, Jayanti and Burns (1998) have used health motivation to be a fundamental to analyse the likelihood that individual will taking health preventive behaviour, which called the *"preventive health care behaviour model"*. The health motivation scale in *preventive health care behaviour model* of Jayanti and Burns (1998)

consist with six questions and use three-point Likert-scale to measure consumers' health motivation in general alike the scale of Moorman (1990) that concentrate mainly on the process of health-related information. Due to the broad scope and high empirical validation of Jayanti and Burns (1998)'s scale, this thesis will use the health motivation scale of Jayanti and Burns (1998) to measure Thai mature consumers' health motivation. However, the scale will be changed to be five-point Likert-scale, as the three-point Likert-scale can't be used in multiple regression analysis.

2.5 The relationship between health consciousness and health motivation

Health motivation considered to have a strong relationship with health consciousness, as many researchers have used it to describe individual's health consciousness. For instance, health motivation is one of the health consciousness dimension of Hong (2009), which the detail of this dimension has been explained in *section 2.2.3*. Hong (2009) also include health motivation into the reconceptualise model of health consciousness to measure individual's health consciousness. Furthermore, Dutta-Bergman (2004) also stated that health motivation is a key fundamental of health consciousness, which health consciousness can be defined as "an indicator of the consumer's intrinsic motivation to maintain good health (Hong, 2009). However, Jayanti and Burns (1998) have argued that health consciousness and health motivation can be used to describe different aspect of consumers characteristics, which has been mentions in *section 2.3.3* under *dimension 5: health motivation* section. Therefore, it is worthwhile for this thesis to test the relationship between health consciousness and health motivation to gain more knowledge on the ambiguity relationship between both factors.

2.6 Lifestyle

Marketers are using lifestyle (psychographic) to categories their target market to gain an insight information, as the information from geographic and demographic is inadequate for marketer to use (Solomon et al., 2009). Moreover, the psychographic allows marketers to segment their target market in terms of activities, interest, and opinion (Solomon et al., 2009). According to Moschis, Lee, and Mathur (1997),

lifestyle is a very effective tool for marketers to segment mature consumer group. Therefore, lifestyle is one of the most important component that can help business to analyse their target market more effectively.

2.6.1 The definitions and concept of lifestyle

Lazer (1963) define lifestyle as a system concept that consist with a distinctive or characteristic mode of living in its aggregate and broadest sense. It also can be defined as the consistent patterns that people follow in their lives, including how they spend their time and money (activities), and what they place as important in their immediate surroundings (interest), and what they feel about themselves and the world around them (opinions) (Schoell & Guiltinan, 1992; Plummer, 1974). Lifestyle are related to feeling, attitudes, interests and opinion, and attitudes and values that directly tied to consumer behaviour (Krishnan, 2011; Tai & Tam, 1996). However, lifestyle can also be influence by socio-cultural changes, such as concern over health, environment, aesthetics, life-balance, and many other issues (Thach & Olsen, 2004). This result in the change in lifestyle of consumer during the past and present. Therefore, it is unavoidable for business to do lifestyle analysis during their segmentation and selection of their target market, as this can help business in term of product positioning and develop more knowledge on their consumer regardless of culture (Plummer, 1974; Tai & Tam 1996)

2.6.2 The measurement of lifestyle

The lifestyle dimensions of Plummer (1974) is widely used as a variable in lifestyle analysis (Tai & Tam, 1996). It consists with three variables, which are activity, interest, and opinion (AIO). However, the AIO consist with too many statement, which difficult for respondents to handle the questionnaire. Later in 1988, Kahle has developed new lifestyle analysis, which is "the list of values" (LOV). The LOV consist with nine values, which are sense of belonging, excitement, warm relationships with others, self-fulfilment, being well respected, fun and enjoyment in life, security, self-respect, and a sense of accomplishment (Kahle & Kennedy, 1998). The respondents are asked to rate all the nine values and indicate their most significant value (Kahle &

Kennedy, 1998; Lin, 2003). According to Kahle and Kennedy (1998) and Lin (2003), the LOV instrument has been adopted and replicated in a lot of research and a test-retest reliability method was used to ensure the reliability issue of LOV.

Therefore, this research will use the LOV instrument to find the lifestyle of mature consumer in Thailand. As, this instrument tends to have high reliability and can reduce the difficulty for the respondents to answer the survey question. Moreover, the twelves core values of Thai people will also be added into the lifestyle analysis of this thesis in order to gain an accuracy information on the lifestyle of Thai mature consumer and facilitate the exploratory factor analysis within the data analysis process (Ngammuk, 2016).

2.7 The relationship between health consciousness and lifestyle

The relationship between health consciousness and lifestyle consider to has positive relationship with each other. Gould (1990), Jayanti and Burns (1998), and Chen (2011) also described individual with high degree of health consciousness and wellness-oriented lifestyle are more likely to adopt health preventive behaviours. Chen (2011) also found that individuals with high degree of health consciousness will participate in activity that can improve health condition such as consume organic food to maintain good health and to live a balanced life. On the other hand, individual with low degree of health consciousness will pay little interest in health-related activity. To prove the relationship between these two factors, Chen (2011) has created hypothesis that "The joint moderator of health consciousness and healthy lifestyle can exert its positive impact on consumers' willingness to use functional foods" and used moderated regression analysis (MRA) to find the interaction term. The result of the MRA demonstrated a strong support for the hypothesis of Chen (2011). Therefore, health consciousness and lifestyle consider to has a positive relationship with each other according to the previous researches.

2.8 Intention to buy health-related product

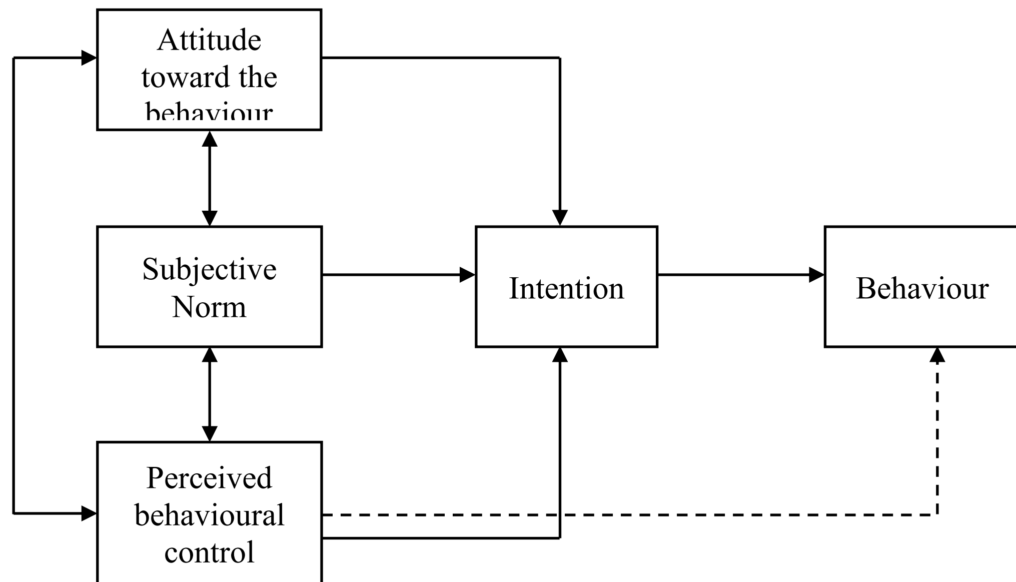
2.8.1 The definitions of Intention to buy

Baker, Donthu, and Kumar (2016) define *"intention to buy or purchase intention"* to be a degree of motivation and willingness to eventually purchase product. The authors also stated that the intention to buy can be influenced by calculations that include practical cost considerations and other physical resources necessary to make a purchase, such as price and the product envelope. Ajzen (1991) has described *intention* to be "the motivational factors that influence a behaviour", which can be used to indicate the degree of how hard individual willing to try or perform certain behaviour. Moreover, Individual with high intention will likely to perform behaviour, which the degree of intention are depends on non-motivational factors (availability of requisite opportunities) and resources (e.g. time, money, skills, cooperation of others).

2.8.2 The theory of planned behaviour

In the late 19 centuries, Ajzen (1991) has developed a framework to determine individual behaviour based on their intention which called "*the theory of planned behaviour (TPB)".* There are three factors that can be used to determine the individual's intention which are *attitude toward behaviour, subjective norms, and perceived behavioural control.* The *attitude toward behaviour* refer to "the degree of which an individual has a favourable or unfavourable evaluation or appraisal of the behaviour in question". *Subjective norm* is the second predictor that refer to the perceived social pressure that influence the performance outcome of the behaviour whether an individual should perform the behaviour or not. Lastly, *perceived behavioural control* refers to "the perceived ease or difficulty of performing the behaviour, which includes past-experience, anticipated impediments, and obstacles".

Figure 4 The theory of planned behaviour



Source: Ajzen (1991)

Ajzen (1991) also stated that an individual's intention to perform certain behaviour will be high when attitude and subjective norm toward behaviour and perceived behavioural control considered to be strongly favourable and high. For example, intention to buy health-related products will be high among Thai consumers due to the strong pressure from Thai society (high subjective norm) such as the influence from Thai celebrities which most of them are trying to engage in healthy activity and post it on social media (Thairath, 2016). Moreover, Thai people also has solid favourable toward health-related product (high attitude toward the behaviour) as the level of health consciousness in Thailand has increased significantly for the past few years according to Jindabot (2015) and Prachachat Online (2016). Lastly, the perceived behavioural control of Thai consumers toward the purchase of health-related product considered to be high, as nowadays there are verities of health-related products that offer greater taste, convenient, fashionable, and reasonable price which made the purchasing of health-related product become enjoyable and easy to purchase. For example, the Diamond Grains company has offer healthy snack called "Granola", which consist with a lot of baked grains that contain a lot of benefits for those who are on diet and required clean foods that has high nutrition and great taste (Diamond Grains, 2017).

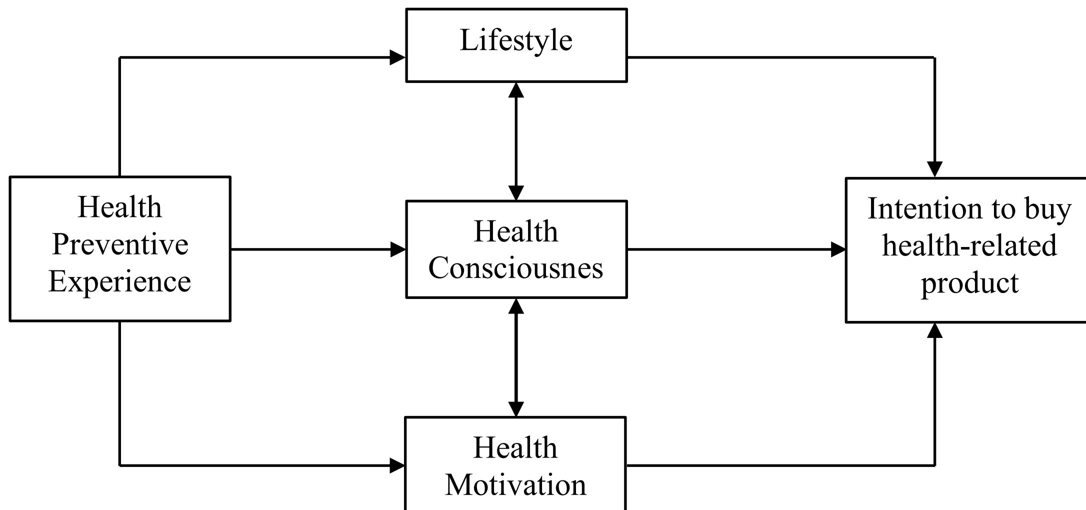
The TPB models has become popular since its published, as it has been used by many researches that try to determine certain behaviour of individuals. Abu Kassim, Arokiasamy, Isa, and Chieng Heng (2017) have used TPB model to explore the intention to purchase safer car in Malaysia due to the high car accident rate. Hasking and Schofield (2015) have investigated drinking behaviour of Australian people by using TPB and health knowledge to predict drinking intentions and behaviour. Yadav and Pathak (2017) tried to examine the intention and behaviour of green consumption among Indian people by using TPB. Min Soo and Jeffrey (2016) also used TPB to analyse the intention and behaviour to purchase sport team licensed merchandise of American people. Yazdanpanah and Forouzani (2015) use TPB to find the intention behaviour towards organic food consumption in Iran. Later, Yadav and Pathak (2016) have used TPB to investigate the intention to purchase organic foods among Indian. However, there are many more researches that used TPB to investigate individuals' intention and behaviour which is impossible to mention it all within this research. By reviewing these researches, it tends to support the reliability and credibility of the TPB, as it has been cited and used by many researchers since its published dated. Therefore, this thesis will use the TPB of Ajzen (1991) to investigate the intention to purchase health-related product of Thai mature consumers.

2.8.3 The measurement of theory of planned behaviour of Ajzen (1991)

There are three factor that will be used to determine the intention to purchase within the TPB, which are attitude toward behaviour, subjective norms, and perceived behavioural control. However, there is no research that tried to investigate the intention to purchase health related-product which most of them are focusing on sub segment of health-related product such as organic foods of Michaelidou and Hassan (2008), Yazdanpanah and Forouzani (2015) and Yadav and Pathak (2016) or green consumption of Yadav and Pathak (2017). To do so, this thesis will use the purchase intention questionnaire of Michaelidou and Hassan (2008) to investigate Thai mature consumers' intention to purchase health-related product. The questionnaire consists with three questions and used 5-point Likert's scale which 5 indicate "*Definitely" and 1 indicate "Not at all".*

2.9 Conceptual framework

Figure 5 The conceptual framework of this research



According to *figure 5,* there are five variables within the conceptual framework of this research, which consist with four independent variables and one dependent variable. *health preventive experience, health consciousness, health motivation* and *lifestyle* are independent variables that influence the *intention to buy health related product* (dependent variable) of mature consumer. Moschis (2007) has stated that consumer's life experience can shape consumer behaviour in later life stage, which these life experiences called "*Life course*". Since, Thai mature consumer has adopted health preventive behaviour due to unhealthy health condition in their life stage. The experience from this life course event will change Thai mature consumer behaviour to become more health preventive, which led to the term of *"health preventive experience"*. The health preventive experience of Thai mature consumer can also be used to determine intention to buy health-related product, as life course can be used to predict needs and demand for specific product according to Moschis (2007).

Jayanti and Burns (1998) has described health preventive experience to be any activity that can reduce or prevent individual from the effect of health hazard and illness. Both researcher also concluded that health consciousness is the degree that health concerns are incorporate with individual's activities. This has shown the relationship between health preventive experience and health consciousness, which

health preventive experience can be used to influence individual's health consciousness according to Moschis (2007). Moreover, health preventive experience can be used to predict and influence health motivation, as individual with high health preventive experience will have high health motivation (Moorman & Matulich, 1993; Jayanti & Burns, 1998). Lastly, Burns (1992), Jayanti and Burns (1998), and Kotler and Keller (2012) also stated that health preventive experience is one of the wellness-oriented lifestyle that can be used to describe individual's lifestyle. Thus, this research has aimed to investigate the influence of health preventive experience toward health consciousness, health motivation, and lifestyle by using simple regression analysis.

Health consciousness also considered to be a key fundamental variable that has relationship with health motivation and lifestyle. Dutta-Bergman (2004) and Hong (2009) has indicated that health motivation is the key fundamental of health consciousness, which Hong (2009) has add health motivation into his health consciousness model. Additionally, Jayanti & Burns (1998) has included health consciousness to be one of the wellness-oriented lifestyle, which indicated the relationship between health consciousness and lifestyle. Hence, Pearson correlation will be applied to test the relationship among health consciousness, health motivation, and lifestyle within this thesis.

According to Jayanti & Burns (1998) and Chrysochou and Grunert (2014), health consciousness can be used to predict individual's intention to buy health-related product, as individual with high health consciousness will perceived health-related product more positively than those who have low health consciousness. Moreover, individual with high health motivation will also has high intention to buy health-related product according to Moorman and Matulich (1993) and Jayanti and Burns (1998). Lifestyle also can be used to influence individual's intention to buy health-related product, as individual with wellness-oriented lifestyle tends to have high intention to improve and maintain their health condition, which later will result in the high intention to buy health-related product (Moschis, Lee, & Mathur, 1997; Solomon, et al., 2009). Thus, this research has applied multiple regression to test and prove the influence of health consciousness, health motivation, and lifestyle toward intention to buy health-related product of Thai mature consumer.

In order to investigate this conceptual framework, the researcher has selected various data analysis techniques to analyse the data, which some of the techniques has been mentioned above. However, the thorough information on the data analysis will be explain in chapter three that aim to clarify the methodology of this research.

CHAPTER THREE

RESEARCH METHOD

This research is a descriptive research, as the objective of this research is trying to describe and identify the health consciousness, health preventive behaviour, lifestyle, and health motivation of mature consumer in Thailand. Moreover, this research required to use a various numerical data to describe health consciousness, health preventive behaviour, lifestyle, health motivation, and intention to buy health related products of mature consumer in Thailand, which make the quantitative research to be the best method that can help researcher to address the research objectives through empirical assessment that involve numerical measurement and analysis approach (Zikmund et al., 2013).

3.1 Population and Sample

3.1.1 Population

The population of this research is the mature consumer in Thailand, which has 10,420,418 people according to National Statistical Office (2016).

3.1.2 Sample

3.1.2.1 Sample size

As a result of too many number of mature consumer, this research will be determined the sample size by using the simplified formula of Yamane (1967). The sample size can be calculated by using the equation below:

$$n = \frac{N}{1 + N(e)^2}$$

In this equation n is the sample size, N is the population size and e is the level of precision. Assume that a 95% confidence level and $P = .05$ for this equation. The result is:

$$n = \frac{N}{1 + N(e)^2} = \frac{10{,}420{,}418}{1 + 10{,}014{,}705(.05)^2} = 400\ mature\ consumers$$

3.1.2.2 Sampling method

Due to the large number of population of mature consumer in Thailand, the multistage area sampling was applied to ensure the element of true randomness, which the geographic areas were randomly selected into a smaller unit according to Zikmund et al. (2013). The quota sampling was used in the first stage to "ensure that various subgroup of unknown population will be represented on pertinent characteristics" (Zikmund et al., 2013).

Table 4 The interview quota for each region

Region and Area	Percentage of Thai elderly	Proposed Interview quota	Actual Interview quota
Bangkok	9%*	38	50
Central region	26%*	102	102
Northern region	21%*	85	85
North-eastern region	32%*	128	128
Southern region	12%*	48	50
Total	**100%**	**400**	**415**

Source: *National Statistical Office (2014)

The researcher has used the proportion of Thai elderly in each region to find the interview quota for each region in Thailand. According to National Statistical Office (2014), there are five regions, which consist with Bangkok, Central region, Northern region, North-eastern region, and Southern region. Moreover, Thai elderly has lived in Bangkok, Central region, Northern region, North-eastern region, and Southern region with a total percentage of 9%, 26%, 21%, 32%, and 12% respectively (National Statistical Office, 2014). To do so the researcher has used the number of sample size of mature consumer and multiply by the percentage of each region to find the proposed interview quota for each region in Thailand, which the result has shown in *table 4.* Since the result of each region has to compare with other regions and represent their whole region, the minimum number of interview quota are 50 mature consumers (Malhotra, 2010). Which the interview quota of Bangkok (38 mature consumer) and

Southern region (48 mature consumer) has been adjusted to be 50 mature consumers in each region even though the sample size of this research is 400 of mature consumers according to *table 4.* This has made the sample size of this research increase to be 415 of Thai mature consumer.

For the second stage, the simple random sampling was employed to select one sample province from each five regions to study for this research. This will be done by picking the provinces from a hat that represent each five regions to ensure that each respondent from each province has an equal chance of being include in the sample. As a result, five provinces have been selected to include in the sample, which consists with ***Bangkok*** **for Bangkok region** (942,546 elderly people), ***Ratchaburi*** **for Central region** (135,644 elderly people), ***Chiang Mai*** **for Northern region** (274,331 elderly people), ***Nakhon Ratchasima*** **for North-eastern region** (423,924 elderly people), and ***Songkhla*** **for southern region** (199,368 elderly people) (National Statistical Office, 2014).

Due to the large number of Thai mature consumer in each province, the probability sampling has become inappropriate to use as sampling technique in the third stage (Zikmund et al., 2013). As, it is nearly impossible to obtain all the list on Thai mature consumer in each province even though the population has a known. In this case, nonprobability sampling has become optimal to use and select individual from their province, which the snowball sampling was selected as sampling method. Within this third stage, the researcher and research assistants has selected the initial respondent in each province and ask the initial respondent to recommend and provide the information on the next respondents. This process has been continued until the number of the respondent in each province reach the interview quota that has been determined in the first stage.

3.2 Research Procedure

This research was conducted in Thailand and concentrated on Thai mature consumers' intention to buy health-related product. The survey method was used in the

data collection process, which the detail, validity, and reliability of the survey will be discussed in *3.3 instrument* section.

This research was collected the data from Thai mature consumer who live in the sample province that has been selected in *section 3.1.2.2.* Due to the large sample size, the research assistants were required to collect the data in other provinces except Songkhla and Chiang Mai to facilitate the data collection process of this research. However, the researcher must explain the purpose and concept of this thesis to the research assistants to avoid any ambiguity and confusion, which face to face conversation may require in this process. The research assistants were required to assist the respondents during the data collection process. As, most of Thai mature consumer tends to have hearing and eyesight problem, which can cause a refusal and delay in the data collection process according to HITAP (2013). Lastly, the questionnaire was translated into Thai language before initiate the data collection process, which the data collection process of this survey is divided into four steps, which are:

- The first step will be about briefing and explaining the purpose of this research, the benefit of this study, and all the information of the respondents will be concealed from public.
- The second step will be hand out the questionnaire to the respondent to answer. In this step, if the respondents can't read and answer the question, the research assistants will be required to aid them.
- After the respondents answered all the question, the next step is to collect the questionnaire from them.
- Lastly, gather all the information from all respondents and analyse the information.

3.3 Instrument

3.3.1 Survey question

The questionnaire in this research consists with five part which are general information, health consciousness, health preventive behaviour, lifestyle, health

motivation, and intention to buy health-related product. The questionnaire displayed in the appendix.

Part 1: General information

The questions in the first part were based on Lin (2003) and have six questions, which used the nominal and ordinal as measurement scales. The questions asked about gender, age, marital status, family member, education level, and income of the respondents.

Part 2: Health preventive experience

The questions in preventive health behaviour part were based on the preventive health care behaviour model of Jayanti and Burns (1998). This part consists with 17 items and asks respondents to rate 17 value items individually on a five-point importance scale, where 1 = never, and 5 = always.

1) Eat a well-balanced diet.
2) See your dentist for regular check-ups.
3) Eat fresh fruits and vegetables.
4) Reduce amount of salt in your diet.
5) Watch for salt content in diet.
6) Exercise regularly.
7) Watch the amount of fat consume.
8) Take precautions against sexually transmitted diseases.
9) Pay attention to your intake.
10) Pay attention to the amount of red meat you eat.
11) Cut back on snacks and threats.
12) Avoid foods with additives and preservatives.
13) Get enough rest and sleep.
14) reduce stress and anxiety.
15) Maintain a balance between "work" and "play".
16) Pay attention to the amount of alcohol you drink.
17) Try to avoid smoking.

Part 3: Health consciousness

The questions in health consciousness part were based on Hong (2009). This part consists with 11 items and asks respondents to rank 11 value items individually on a five-point importance scale, where 1 = strongly disagree, and 5 = strongly agree.

1) I'm very self-conscious about my health.
2) I'm generally attentive to my inner-feelings about my health.
3) I reflect about my health a lot.
4) I'm concerned about my health all the time.
5) I notice how I feel physically as I go through the day
6) I take responsibility for the state of my health
7) Good health takes active participation on my part.
8) I only worry about my health when I get sick.
9) Living life without disease and illness is very important to me.
10) My health depends on how well I take care of myself.
11) Living life in the best possible health is very important to me.

Part 4: Health motivation

The questions in health motivation part were based on the preventive health care behaviour model of Jayanti and Burns (1998). This part consists with six items and asks respondents to rate six value items individually on a five-point importance scale, where 1 = strongly disagree, and 5 = strongly agree.

1) I try to prevent common health problems before I feel any symptoms.
2) I'm concerned about common health hazards and try to take action to prevent them.
3) I don't worry about common health hazards until they become a problem for me or someone close to me.
4) Because there are too many illnesses that can hurt me these days, I am not going to worry about them.
5) I don't take any action against common health hazards I hear about until I know I have a problem.
6) I would rather enjoy life than try to make sure I am not exposing myself to a health hazard.

Part 5: Lifestyle

The questions in lifestyle part were based on Kahle (1983) and Ngammuk (2016). This part consists with 21 questions and asks respondents to rate 21 value items individually on a five-point importance scale, where 1 = not important, and 5 = extremely important.

1. Sense of belonging.
2. Excitement.
3. Warm relations with others.
4. Self-fulfilment.
5. Being well respected.
6. Fun and enjoyment of life.
7. Security.
8. Self-respect.
9. A sense of accomplishment.
10. Upholding the nation, the religions and the Monarchy.
11. Being honest, sacrificial and patient with positive attitude for the common good of the public.
12. Being grateful to the parents, guardians and teachers.
13. Seeking knowledge and education directly and indirectly.
14. Treasuring the precious Thai tradition.
15. Maintaining moral, integrity, well-wishes upon others as well as being generous and sharing.
16. Understanding, learning the true essence of democratic ideals with His Majesty the King as the Head of State.
17. Maintaining disciple, respectful of laws and the elderly and seniority.
18. Being conscious and mindful of action in line with His Majesty's the King's statements.
19. Practicing the philosophy of sufficiency Economy of His Majesty the king. Saving money for time of need. Being moderate with surplus used for sharing or expansion of business while having good immunity.
20. Maintaining both physical and mental health and unyielding to the dark force or desires, having sense of shame over guilt and sins in accordance with the religious principles.
21. Putting the public and national interest before personal interest.

Part 6: intention to buy health-related product

The purchase intention questionnaire of Michaelidou and Hassan (2008) was applied within this part. This part consists with three questions and asks respondents to rate three value items individually on a five-point importance scale, where 1 = “not at all”, and 5 = “definitely” on the first and second value item. However, the third value items will be rated by using 1 = “not at all likely”, and 5 = “very likely”

1) I intend to purchase health-related product within the next fortnight.
2) I want to purchase health-related product within the next fortnight.
3) How likely is it that you will purchase health-related product within the next fortnight?

3.3.2 Reliability and Validity

3.3.2.1 Reliability

The reliability was tested by launching the try-out for 30 surveys and used the coefficient alpha α to represent internal consistency of the scaled items, which the minimum value of Cronbach’s alpha that consider to be acceptable is 0.7 (Zikmund et al., 2013). However, the researcher has edited some questions in the questionnaire to make it more understandable for Thai elderly. To do so, the researcher has conducted the try out surveys in Songkhla for 30 surveys, which Cronbach’s alpha value of health preventive experience, health consciousness, health motivation, lifestyle, and intention to buy health-related product are 0.95, 0.81, 0.8, 0.95, and 0.96 respectively.

3.3.2.2 Validity

Zikmund et al. (2013) also described that the validity must be tested to measure the accuracy of the survey questions that truthfully represent a concept of this thesis. Face validity method will be used to test the validity of the survey questions by consulting with three experts who specialised in marketing to ensure that the survey question reflects that the concept of this thesis to be measured. To do so, the researcher has consulted with three experts in marketing faculty of Prince of Songkla University by using the IOC method. The IOC method has shown the result to be above 0.67,

which the full result can be seen in the appendix. This also indicated the high validity of the survey question of this thesis.

3.4 Data Analysis

3.4.1 Descriptive statistic

According to Lin (2003), descriptive analysis was employed to give a profile of the study respondents to provide an overview of the research and the research respondents. The general information part was tabulated and analyse the frequency, mode and percentage. However, health consciousness, preventive health behaviour, health motivation, and intention to buy health-related product part has used the descriptive analysis to find mean and standard deviation. Moreover, item HM8 in health consciousness part and items HM3-HM6 must be recoded in order to gain an accurate information on these negative items. As, Zikmund et al. (2013) has stated that the reverse coding must be applied to change the value of the negative items, as these items was assigned the value oppositely from other items within the questionnaire.

3.4.2 Class interval

Since, five-point Likert-scale has been used in the questionnaire in part 2 to part 6. The class interval must be calculated to accurately describe Thai mature consumers' health preventive experience, health consciousness, health motivation, intention to buy health-related product, and lifestyle, which the class interval calculation of can be seen below

$$Class\ interval = \frac{Highest\ value - lowest\ value}{Number\ of\ class}$$

$$= \frac{5-1}{5}$$

$$= 0.8$$

Thus, the class interval of each part can be arranged into five classes which the detail of each class can be seen below:

3.4.2.1 Health preventive experience

The class interval of health preventive experience can be arranged into five classes, which are *1) 1.00-1.80 is never 2) 1.81-2.60 is rarely (1-2 days per week) 3) 2.61-3.40 is sometimes (3-4 days per week) 4) 3.41-4.20 is often (5-6 days per week) 5) 4.21-5.00 is always (7 days per week).*

3.4.2.2 Health consciousness

This factor will have the same class interval with the above section but *1) 1.00-1.80 is strongly disagree 2) 1.81-2.60 is disagree 3) 2.61-3.40 is neutral 4) 3.41-4.20 is agree 5) 4.21-5.00 is strongly agree.*

3.4.2.3 Health motivation

This section will use the same class interval with health consciousness section.

3.4.2.4 Intention to buy health-related product

This factor will be used the same class interval with the rest of the above sections, but the definition of each interval will be changed to *1) 1.00-1.80 is very unlikely 2) 1.81-2.60 is unlikely 3) 2.61-3.40 is about as likely as not 4) 3.41-4.20 is likely 5) 4.21-5.00 is very likely* for *ITB3* and the *average of all items of intention to buy health-related product* factors. However, *ITB1* and *ITB2* will use *1) 1.00-1.80 is Definitely not2) 1.81-2.60 is probably not 3) 2.61-3.40 is possibly 4) 3.41-4.20 is very probably 5) 4.21-5.00 is definitely.*

3.4.2.5 Lifestyle

The class interval of this section can be arranged into five class according to the formula above, which are *1) 1.00-1.80 is very unimportant 2) 1.81-2.60 is unimportant 3) 2.61-3.40 is Neutral 4) 3.41-4.20 is important 5) 4.21-5.00 is very important.*

3.4.3 Exploratory factor analysis (EFA)

The EFA has been selected to observe and analyse the relationships among variables and estimate the relative importance of alternative paths of influence within the LOV model in the lifestyle part according to Kahle and Kennedy (1998). As, the

LOV consist nine values that can be categorised into many dimensions to represent individual lifestyle. Therefore, the information of the nine values of the LOV model will be summarised into dimension that can generate the optimal result to represent Thai mature consumers' lifestyle (Zikmund, Babin, Carr, & Griffin, 2013).

3.4.4 Pearson correlation

This study was used Pearson correlation to find the relationship between two sets of variables, which are *1) health consciousness and health motivation* and *2) lifestyle and health conscious*. According to Wall Emerson (2015), the correlation coefficient can differ from -1 to 1 and the two variables will have no relationship when $r = 0$. Moreover, when $r = 1$, it means that there are perfectly sync between two variables and moving in same directions and when $r = -1$, it means that there are perfectly sync between two variables but moving in opposite directions. Lastly, the values from -.5 to -.1 and .5 to 1 are considered, as a strong relationship.

3.4.5 Regression

3.4.5.1 Simple regression

Simple regression was applied to find the influence of *health preventive experience (IV)* toward *lifestyle (DV), health consciousness (DV),* and *health motivation (DV).* As, simple regression will assist the researcher to understand the influence of independents toward dependent variables, which independent variable can be used to predict various dependent variables according to Zikmund et al. (2013). Which the simple regression equations can be seen below:

1) *health preventive experience* and *health conscious*

$$\hat{Y}_{HC} = a + \beta X_{HP}$$

Whereas:

$\hat{Y}_{HC}$ = Health consciousness

a = Constant value

β = Unstandardized coefficient

X_{HP} = Health preventive experience

2) *health preventive experience* and *lifestyle*

$$\hat{Y}_{L} = a + \beta X_{HP}$$

Whereas:

$\hat{Y}_{L}$ = Lifestyle

a = Constant value

β = Unstandardized coefficient

X_{HP} = Health preventive experience

3) *health preventive experience* and *health motivation*

$$\hat{Y}_{HM} = a + \beta X_{HP}$$

Whereas:

$\hat{Y}_{HM}$ = Health motivation

a = Constant value

β = Unstandardized coefficient

X_{HP} = Health preventive experience

3.4.5.2 Multiple regression

The multiple regression was adopted to analyse the influence of independent variables (*Health Consciousness, Health motivation, and Lifestyle*) toward dependent variable (*Intention to buy Health-related product*) within this research. Moreover, Zikmund et al. (2013) also stated that the multiple regression will allows dependent variables to be predicted by numerous independent variables. Hence, the multiple

regression will allow the researcher to understand about the influences of *health consciousness, health motivation, and lifestyle* toward the intention to buy health-related product of mature consumers in Thailand.

The interpreting for simple regression and multiple regression will be done by considering significant value and R square. The regression model should be dismissed when the significant value exceeds 0.05 or p < 0.05, as it demonstrated none statistical significance between independent and dependent variables (Zikmund et al., 2013). Moreover, the authors also stated that R square can also indicate the percentage of variation that use to explain the combination of independent variables. Thus, both values are significant factors that can assist the researcher to determine the influence of independent variables towards dependent variable in data analysis process.

Which the multiple regression equation can be seen below:

$$\hat{Y}_{ITB} = a + \beta_{HC}X_{HC} + \beta_{HM}X_{HM} + \beta_{L}X_{L} + \ldots + \beta_{n}X_{n} + e_{i}$$

Whereas:

$\hat{Y}_{ITB}$ = Intention to buy health-related product

a = Constant value

β = Unstandardized coefficient

X_{HC} = Health consciousness

X_{HM} = Health motivation

X_{L} = Lifestyle

CHAPTER FOUR

RESULTS

This chapter will be discussed about the result of data analysis methods that has been mention in chapter three which all of the results will be used to support and answer the research objectives. There are four data analysis methods which are descriptive statistic, exploratory factor analysis, Pearson correlation, and multiple regression. Moreover, all of the data analysis will be done by statistical program.

4.1 Descriptive statistic

4.1.1 Demographic of the participants

The participants' demographic of this research has conducted during March 2018, which all of the information consists with gender, domicile, age, marital status, No. of children, educational level, and income. Moreover, five provinces have been selected to represent their region, which are Chiang Mai, Bangkok, Ratchaburi, Nakhon Ratchasima, and Songkhla.

Table 5 The demographic of the participants

Variables	Description	Frequency (n=415)	Percentage
Gender	Male	164	39.5
	Female	251	60.5
	Total	415	100
Domicile	Chiang Mai	85	20.5
	Bangkok	50	12
	Ratchaburi	102	24.6
	Nakhon Ratchasima	128	30.8
	Songkhla	50	12
	Total	415	100
Age	60-69 years	258	62.2
	70-79 years	110	26.5
	80-89 years	45	10.8
	90-99 years	2	0.5
	Total	415	100

Table 5 The demographic of the participants (Continue)

Variables	Description	Frequency (n=415)	Percentage
Marital status	Single	46	11.1
	Married	271	65.3
	Widow	74	17.8
	Divorce	13	3.1
	Separated	11	2.7
	Total	415	100
No. of Children	No Children	72	17.3
	1-2 Children	177	42.7
	3-4 Children	115	27.7
	5-6 Children	36	8.7
	7-8 Children	12	2.9
	9-10 Children	3	0.7
	Total	415	100
Educational	Primary School	147	35.4
	High School	60	14.5
	Vocational Certificate	14	3.4
	High Vocational Certificate	11	2.7
	Bachelor’s degree	113	27.2
	Master’s degree	53	12.8
	Doctor's degree	5	1.2
	Others	12	2.9
	Total	415	100
Income	0-19,999 baht	234	56.4
	20,000-39,999 baht	104	25.1
	40,000-59,999 baht	39	9.4
	60,000-79,999 baht	9	2.2
	80,000-99,999 baht	9	2.2
	100000 and Over baht	20	4.8
	Total	415	100

This research has conducted survey with 415 participants, which 39.5% were male and 60.5% were female. According to *table 5,* most of the participants are married *(65.3%)* and aged between 60 to 69 years old (62.2%) which have an income between 0 to 19,000 baht per month (56.4%). Primary school is the highest educational level that most of the participants have completed or acquired (35.4%). However, more information on the participants can be seen in *table 5 above*.

4.1.2 Health preventive experience

This section will discuss about the descriptive statistic of health preventive experience by calculating mean, standard deviation, and class interval to explain health preventive experience of Thai mature consumers.

Table 6 The result of health preventive experience

Label	Items	Mean	SD	Description
HP1	Eat a well-balanced diet.	3.58	1.06	Often
HP2	See your dentist for regular check-ups.	2.98	1.33	Sometimes
HP3	Eat fresh fruits and vegetables.	3.91	1.11	Often
HP4	Reduce amount of salt in your diet.	3.47	1.12	Often
HP5	Watch for salt content in diet.	2.42	1.16	Rarely
HP6	Exercise regularly.	3.44	1.20	Often
HP7	Watch the amount of fat consume.	3.41	1.11	Often
HP8	Take precautions against sexually transmitted diseases.	3.86	1.47	Often
HP9	Pay attention to your intake.	3.69	1.16	Often
HP10	Pay attention to the amount of red meat you eat.	3.59	1.12	Often
HP11	Cut back on snacks and threats.	3.69	1.26	Often
HP12	Avoid foods with additives and preservatives.	3.66	1.34	Often
HP13	Get enough rest and sleep.	3.90	1.11	Often
HP14	Reduce stress and anxiety.	3.60	1.14	Often
HP15	Maintain a balance between "work" and "play".	3.78	1.05	Often
HP16	Pay attention to the amount of alcohol you drink.	3.95	1.35	Often
HP17	Try to avoid smoking.	4.18	1.44	Often
Average of all items of Health preventive experience		3.59	0.76	Often

According to *table 6, HP17* is the top health preventive behaviour that all participants *often* perform, as HP17 has an average score of 4.18 and 1.44 of standard deviation. Moreover, *HP5* has the lowest average score (2.42), which most of the participant *rarely* perform this activity. The rest of the items considered to have average score between 3.41 to 3.95, which can be described as *often* or *6-5 days per week*. However, most of the participants considered to have health preventive experience by performing 17 health preventive behaviour with average score of 3.59 which considered

to be *often* or *6-5 days per week*. Therefore, the participants considered to have health preventive experience according to the average score of 3.59 in *table 6*. This indicated that most of the participants pay attention to their consumption by eating well-balanced diet, trying to avoid any ingredient that might harm their body (sodium, food additives, food preservatives, snack, and junk food) and trying to reduce stress and anxiety by manage their work-life balance.

4.1.3 Health consciousness

Mean, standard deviation, and class interval will also calculate within this section in order to describe the participants' health consciousness. To do so, all of the 11 items of health consciousness has been calculated, which the result can be seen in *table 7*.

Table 7 The result of health consciousness

Label	Items	Mean	SD	Description
HC1	I'm very self-conscious about my health.	4.19	1.73	Agree
HC2	I'm generally attentive to my inner-feelings about my health.	4.07	0.99	Agree
HC3	I reflect about my health a lot.	3.96	0.97	Agree
HC4	I'm concerned about my health all the time.	3.46	1.16	Agree
HC5	I notice how I feel physically as I go through the day	3.28	1.17	Neutral
HC6	I take responsibility for the state of my health	3.93	1.01	Agree
HC7	Good health takes active participation on my part.	3.98	1.01 1	Agree
HC8*	I only worry about my health when I get sick.	3.02	1.29	Neutral
HC9	Living life without disease and illness is very important to me.	4.28	1.03	Strongly agree
HC10	My health depends on how well I take care of myself.	4.28	0.98	Strongly agree
HC11	Living life in the best possible health is very important to me.	4.39	0.99	Strongly agree
Average of all items of Health consciousness		3.90	0.74	Agree

Note: *Recoded item

HC11 has the highest average score (4.39) with equivalent to strongly agree. On the other hand, the item that has lowest average score (3.02) is *HC8*. The average score of the remains items are ranging from 3.28 to 4.28, which the description of each item can be seen in *table 7*. By considering the average score of the 11 items of health consciousness (3.90), the researcher found that most of the participant were agree with the 11 items of health consciousness which indicated high health consciousness of the majority of the participants. This result also demonstrated that most of the participants pay attention to their inner feeling and concern about their physical health condition throughout the day. While living with the best possible health condition is the main goal for most of the participants.

4.1.4 Health motivation

Health motivation of the participants of this research will be described by using mean, standard deviation, and class interval. Since five-point Likert-scale has been applied within this section, the class interval is required to describe each six items in health motivation section.

Table 8 The result of health motivation

Label	Items	Mean	SD	Description
HM1	I try to prevent common health problems before I feel any symptoms.	4.14	0.893	Agree
HM2	I'm concerned about common health hazards and try to take action to prevent them.	3.82	1.046	Agree
HM3*	I don't worry about common health hazards until they become a problem for me or someone close to me.	2.79	1.265	Neutral
HM4*	Because there are too many illnesses that can hurt me these days, I am not going to worry about them.	2.73	1.286	Neutral
HM5*	I don't take any action against common health hazards I hear about until I know I have a problem.	2.45	1.236	Disagree
HM6*	I would rather enjoy life than try to make sure I am not exposing myself to a health hazard.	3.28	1.36	Neutral
Average of all items of Health motivation		3.20	0.67	Neutral

Note: *Recoded item

According to *table 8, HM1* has the highest average score with a total of 4.14, which mean that most of the participants feel agree with this statement. Moreover, *HM5* has the lowest average score (2.45), which indicated the disagreement to the *HM5* statement. This represent that the participants are trying to take any actions that can prevent them from any common health hazard before receiving problems from any common health hazard. However, the average score of the rest of the items are ranging from 2.73 to 3.82. The average score of the six items of health motivation (3.20) shows neutral opinion of the participants, which indicated that most of the participants are worrying about health hazards and illnesses. The participants are also trying to prevent any health hazards and illnesses before exposing to health hazards or receive any illnesses.

4.1.5 Intention to buy health-related product

Mean, standard deviation, and class interval will still be used to conduct descriptive statistic for this section.

Table 9 The result of intention to buy health-related product

Label	Items	Mean	SD	Description
ITB1	I intend to purchase health-related product within the next fortnight.	2.38	1.177	Probably not
ITB2	I want to purchase health-related product within the next fortnight.	2.28	1.136	Probably not
ITB3	How likely is it that you will purchase health-related product within the next fortnight?	2.23	1.186	Unlikely
Average of all items of intention to buy health-related product		2.30	1.07	Unlikely

The average score of each item in this factor are ranging between 2.23 to 2.38. *Table 9 also* shows that *ITB1* has 2.38 average score which is the highest average score within this factor. However, *ITB3* has the lowest average score when compare to other items which is 2.23. As a result, the average of all items of intention to buy health-related product has 2.30 of average score, which indicated the unlikely chance that the participants of this research will purchase health-related product. It can also be interpreted that the participants of this research have low intention to buy health-related product.

4.2 Exploratory factor analysis (EFA)

Due to the strong influence of each nine values within the LOV model and the excessive items of the twelve-core value of Thai people in lifestyle part, the EFA has conducted to eliminate insignificant factor and summarise the lifestyle part into dimensions that can describe Thai mature consumers' lifestyle (Zikmund, Babin, Carr, & Griffin, 2013). To do so, all of the 21 items will be analysed by using principal component analysis to find the computation of the correlation matrix, factor extraction, and rotated factor matrix (Coakes & Steed, 2007). As, principal component analysis is optimal for summarise all of the components and arrange it into factors through data reduction, which can be used to describe each group of lifestyles of the participants according to Hair, Black, Babin, and Anderson (2014).

The result of Bartlett's test has shown the significance sign and KMO is 0.947 which is greater than acceptable level (0.6) according to Coakes and Steed (2007). All of the 21 items of lifestyle can be extracted into three group of factors, which the Eigenvalues is 1.000 at factor 3.

Table 10 The result of exploratory factor analysis

Label	Items	Load.[a]	Com.[b]	Eigen.[c]	α
Social Benefactor (Factor 1)				10.85	0.95
L10	Upholding the nation, the religions and the Monarchy.	0.742	0.639		
L11	Being honest, sacrificial and patient with positive attitude for the common good of the public.	0.664	0.693		
L12	Being grateful to the parents, guardians and teachers.	0.658	0.7		
L14	Treasuring the precious Thai tradition.	0.716	0.687		
L15	Maintaining moral, integrity, well-wishes upon others as well as being generous and sharing.	0.748	0.764		
L16	Understanding, learning the true essence of democratic ideals with His Majesty the King as the Head of State.	0.804	0.726		
L17	Maintaining disciple, respectful of laws and the elderly and seniority.	0.721	0.722		

Table 10 The result of exploratory factor analysis (Continue)

Label	Items	Load.[a]	Com.[b]	Eigen.[c]	α
L18	Being conscious and mindful of action in line with His Majesty's the King's statements.	0.838	0.769		
L19	Practicing the philosophy of sufficiency Economy of His Majesty the king. Saving money for time of need. Being moderate with surplus used for sharing or expansion of business while having good immunity.	0.776	0.634		
L20	Maintaining both physical and mental health and unyielding to the dark force or desires, having sense of shame over guilt and sins in accordance with the religious principles.	0.695	0.604		
L21	Putting the public and national interest before personal interest.	0.743	0.651		
Social Acceptance (Factor 2)				1.86	0.95
L1	Sense of belonging.	0.701	0.601		
L2	Excitement.	0.793	0.683		
L3	Warm relations with others.	0.602	0.628		
L4	Self-fulfilment.	0.45	0.218		
L5	Being well respected.	0.72	0.66		
L13	Seeking knowledge and education directly and indirectly.	0.464	0.509		
Self-Assurance (Factor 3)				1	0.95
L6	Fun and enjoyment of life.	0.564	0.63		
L7	Security.	0.776	0.744		
L8	Self-respect.	0.741	0.782		
L9	A sense of accomplishment.	0.635	0.678		

Note: [a] Factor loadings. [b] Communalities. [c] Eigenvalues. [d] Percentage of Variance Explained. (Method: Principal Component Analysis. Rotation method: Varimax with Kaiser Normalisation.)

According to *table 10*, the first lifestyle group is called the *"Social Benefactor"* as this group tends to focus mainly on other people within the society by doing right, upholding the institution of the country, and comply to the King's philosophy. The factor loading of this group were between 0.664 to 0.838. *Social acceptance* is the second lifestyle group which these group tends to care about others while trying to gain

more knowledge to achieve personal goals. Moreover, *Social acceptance* has factor loading varying from 0.450 to 0.793. Lastly, the lifestyle group of "*self-assurance*" will involve with living with fun, enjoyment, and sense of accomplishment while self-respect and security are the main goal. This lifestyle group has factor loading between 0.635-0.776.

4.2.1 The elaboration of three lifestyle group

Since each group of lifestyles has a distinctive characteristic, the elaboration of each groups is required to make a clear explanation on the nature of each lifestyle groups. According to *section 4.2,* there are three groups of lifestyles which consist with *social benefactor, social acceptance,* and *self-assurance.* The researcher will calculate mean, standard deviation, and class interval for each item in each group of lifestyles to describe all of the lifestyle groups, which the result can be seen in *table 11.*

Table 11 The result of Lifestyle

Label	Items	Mean	SD	Description
Social Benefactor (Factor 1)				
L10	Upholding the nation, the religions and the Monarchy.	4.630	0.706	Very Important
L11	Being honest, sacrificial and patient with positive attitude for the common good of the public.	4.480	0.725	Very Important
L12	Being grateful to the parents, guardians and teachers.	4.600	0.704	Very Important
L14	Treasuring the precious Thai tradition.	4.260	0.794	Very Important
L15	Maintaining moral, integrity, well-wishes upon others as well as being generous and sharing.	4.510	0.702	Very Important
L16	Understanding, learning the true essence of democratic ideals with His Majesty the King as the Head of State.	4.380	0.795	Very Important
L17	Maintaining disciple, respectful of laws and the elderly and seniority.	4.490	0.728	Very Important
L18	Being conscious and mindful of action in line with His Majesty's the King's statements.	4.450	0.772	Very Important

Table 11 The result of Lifestyle (Continue)

Label	Items	Mean	SD	Description
L19	Practicing the philosophy of sufficiency Economy of His Majesty the king. Saving money for time of need. Being moderate with surplus used for sharing or expansion of business while having good immunity.	4.440	0.768	Very Important
L20	Maintaining both physical and mental health and unyielding to the dark force or desires, having sense of shame over guilt and sins in accordance with the religious principles.	4.430	0.758	Very Important
L21	Putting the public and national interest before personal interest.	4.350	0.784	Very Important
Average of Social Benefactor group		4.456	0.609	Very Important
Social Acceptance (Factor 2)				
L1	Sense of belonging.	4.140	0.876	Important
L2	Excitement.	3.880	0.852	Important
L3	Warm relations with others.	4.310	0.760	Very Important
L4	Self-fulfilment.	4.170	1.643	Important
L5	Being well respected.	4.050	0.838	Important
L13	Seeking knowledge and education directly and indirectly.	4.070	0.871	Important
Average of Social acceptance group		4.104	0.678	Important
Self-Assurance (Factor 3)				
L6	Fun and enjoyment of life.	4.340	0.750	Very Important
L7	Security.	4.410	0.768	Very Important
L8	Self-respect.	4.410	0.736	Very Important
L9	A sense of accomplishment.	4.220	0.811	Very Important
Average of Self-Assurance group		4.343	0.649	Very Important

4.2.1.1 Social Benefactor

According to *table 11, L19* has the highest average score (4.63) which indicate that the participants in this lifestyle group perceived *L19* to be very important in their daily life. *L14* has the lowest average score (4.26) when compare to other items within this group. However, the average score of this lifestyle group are ranging between 4.26 to 4.63. This range of the average score represent the significant level that the participant within this group perceived toward each items of this lifestyle group. By considering about the significant level of each items, the participants within this group

tends to focus and concern mainly on other people within the society by doing right, upholding the institution of the country, and comply to the King's philosophy. Hence, this lifestyle group can be name as *"Social Benefactor"*.

4.2.1.2 Social Acceptance

The participant within this group tend to enjoy life and socialise with other people, as *"warm relation with others" (L3)* has the highest average score of 4.31. This lifestyle group also want to be respected by other people, as the participant perceived *L1* (4.14) and *L5* (4.05) to be important in their life. Moreover, the excitement *(L2)* and seeking new knowledge *(L13)* are the main goal of the participants within this group. The average score of this lifestyle are ranging between 4.05 and 4.31 according to *table 11*, which all of the items can be interpreted to be important to the participants' life. Therefore, this lifestyle group can be concluded as *"Social Acceptance"*. As, being well respect, warm relationship with others, and sense of belonging are important in the participants' life.

4.2.1.3 Self-Assurance

According to *table 11, L7* and *L8* has the highest average score (4.10). This indicated that this lifestyle group perceived self-respect and security to be very important in their life. However, *L9* has the lowest average score (4.22) but it still considered to be very important to this lifestyle group as well. The average score of this lifestyle group fluctuating between 4.22 and 4.41. Therefore, this lifestyle group tend to concentrate on *"self-assurance"*, as this group want their life to be fun, enjoyment, and successful while security and self-respect are the main thing in their life.

4.3 Pearson correlation matrix

This section will discuss the correlation between three sets of factors, which are 1) health consciousness and health motivation, 2) health consciousness and lifestyle and 3) health motivation and lifestyle. Moreover, Pearson correlation matrix will be conducted to find the correlation of each two sets of factors which the result has shown in *table 12*.

Table 12 Correlation between lifestyle, health motivation, and health consciousness

Variable	HC	HM	SB	SA	SAS
Health Consciousness	1.00	0.26**	0.49**	0.44**	0.45**
Health Motivation		1.00	0.12*	0.17**	0.15**

* $p < 0.05$, ** $p < 0.01$

Note: SD = Standard Deviation, HC= Health consciousness, HM = Health Motivation, SB = Social Benefactor, SA = Social Acceptance, and SAS = Self-Assurance

Fitzpatrick (1999) and Zikmund et al. (2013) have stated that the strength correlation coefficient can be varied between *little if any* (r = 0.000-0.25), *low* (r = 0.26-0.49), *moderate* (r = 0.50-0.69), *high* (r = 0.70-0.89), *very high* (r = 0.90-1.00). *Health consciousness* has low relationship with *social benefactor, social acceptance, and self-assurance* according to *table 12. Social benefactor* has the strongest relationship with *health consciousness* when compare to other variables ($r = 0.49$, $p < 0.01$). *Social acceptance* has the lowest relationship with *health consciousness* when compare to other variables ($r = 0.44$, $p < 0.01$).

According to *table 12, health motivation* also has low relationship with *social benefactor, social acceptance, and self-assurance. Social acceptance* has the strongest relationship with *health motivation* when compare to other variables ($r = 0.17$, $p < 0.01$). *Social benefactor* has the lowest relationship with *health motivation* when compare to other variables ($r = 0.12$, $p < 0.05$). On the other hand, *health consciousness* also has low relationship with *health motivation*, as $r = 0.26$ and $p < 0.01$. Therefore, there is a low positive relationship between 1) *Health Consciousness and lifestyle,* 2) *health motivation and lifestyle*, and 3) *Health Consciousness* and *Health Motivation*.

4.4 Regression analysis

Within this section, the influence of independent variables toward dependent variables will be analysed according to the conceptual framework of this research in *figure 5.* Firstly, simple regression analysis will be conducted to find the influence of *health preventive experience* (X_{HP}) towards *1) health consciousness* ($\hat{Y}_{HC}$), *2) lifestyle* ($\hat{Y}_{SB}$, $\hat{Y}_{SA}$, *and* $\hat{Y}_{SAS}$), *3) health motivation* ($\hat{Y}_{HM}$). Furthermore, the multiple regression

analysis will be used to examine the influence of *1) lifestyle (* X_{SB}*,* X_{SA}*,* and X_{SAS} *), 2) health consciousness (* X_{HC} *), and 3) health motivation (* X_{HM}*)* toward *intention to buy health-related product (* $\hat{Y}_{ITB}$ *).*

4.4.1 Simple Regression

4.4.1.1 Health preventive experience and health consciousness

The simple regression analysis has been conducted for *health preventive experience (IV)* and *health consciousness (DV),* which the result can be seen below in *table 13*.

Table 13 Simple regression between health preventive experience and health consciousness

Predictor	b	S.E. (b)	Beta	t	Sig.
(Constant)	4.469	0.115		38.956	0.000
Health preventive experience	-0.245	0.047	-0.25	-5.255	0.000
R^2 = 0.063					
Adjusted R^2 = 0.060					
F = 27.61					

Note: dependent variable: health consciousness (Method: Enter)

As a result, from *table 13*, health preventive experience can be used to explain 6.3% of the variance ($R^2 = 0.063$) in health consciousness which F-value also indicated 27.61 with $p < 0.05$. Moreover, health preventive experience has -0.245 of b with $p < 0.05$, which implied that if health preventive experience increases by 1, health consciousness will be decreased by 0.245. Lastly, there is a normal distribution in the normal plot of regression standardised residual. Therefore, health preventive experience is one of the factor that be used to predict health consciousness of Thai mature consumers, which the equation can be seen below:

$$\hat{Y}_{HC} = 4.469 - 0.245X_{HP}$$

Whereas: $\hat{Y}_{HC}$ Health consciousness, $a =$ Constant value, and $X_{HP} =$ Health preventive experience

4.4.1.2 Health preventive experience and lifestyle (SB, SA, and SAS)

Since lifestyle has been categorised into three group by using exploratory factor analysis in *section 4.2,* the researcher will conduct simple regression to find the influence of health preventive experience towards *SB, SA,* and *SAS.*

Table 14 Simple regression between health preventive experience and social benefactor (lifestyle)

Predictor	b	S.E. (b)	Beta	t	Sig.
(Constant)	4.959	0.094		52.670	0.000
Health preventive experience	-0.215	0.038	-0.266	-5.616	0.000
R^2 = 0.071					
Adjusted R^2 = 0.069					
F = 31.543					

Note: dependent variable: Social Benefactor (lifestyle) (Method: Enter)

Social benefactor is the first group of lifestyles that has been analyse in this simple regression, which the result of health preventive experience can describe 7.1% of the variance (R^2 = 0.071) in social benefactor group with 31.543 of F-value and $p <$ 0.05 according to *table 14.* Moreover, social benefactor will decrease by 0.215 (b) if health preventive experience increases by 1. Lastly, there is a normal distribution in the normal plot of regression standardised residual. Therefore, social benefactor can be predicted by using health preventive experience as an independent variable, which the equation can be seen below:

$$\hat{Y}_{SB} = 4.959 - 0.215X_{HP}$$

Whereas: $\hat{Y}_{SB}$ = Social Benefactor (lifestyle), a = Constant value, and X_{HP} = Health preventive experience

Furthermore, social acceptance will be used together with health preventive experience to analyse the association between the influence of health preventive experience toward social acceptance.

Table 15 Simple regression between health preventive experience and social acceptance (Lifestyle)

Predictor	b	S.E. (b)	Beta	t	Sig.
(Constant)	4.378	0.108		40.605	0.008
Health preventive experience	-0.117	0.044	-0.130	-2.665	0.008
$R^2 = 0.017$					
Adjusted $R^2 = 0.015$					
F = 7.103					

Note: dependent variable: Social Acceptance (Lifestyle) (Method: Enter)

According to *table 15, Social acceptance* can be explained by health preventive experience with 1.7% of the variance (R^2 = 0.017), 7.103 of F-value, and $p < 0.05$. Moreover, *social acceptance* can be predicted by using *health preventive experience*. As if *health preventive experience* increases by 1, *social acceptance* will be decreased by 0.117 of b. However, there is a normal distribution in the normal plot of regression standardised residual. Lastly the equation of this regression analysis can be seen below:

$$\hat{Y}_{SA} = 4.378 - 0.117X_{HP}$$

Whereas: $\hat{Y}_{SA}$ = Social Acceptance (lifestyle), a = Constant value, and X_{HP} = Health preventive experience

Table 16 Simple regression between health preventive experience and self-assurance (Lifestyle)

Predictor	b	S.E. (b)	Beta	t	Sig.
(Constant)	4.772	0.102		46.935	0.000
Health preventive experience	-0.183	0.047	-0.25	-4.432	0.000
$R^2 = 0.045$					
Adjusted $R^2 = 0.043$					
F = 19.643					

Note: dependent variable: Self-Assurance (Lifestyle) (Method: Enter)

As a result of *table 16,* the last group of lifestyles can also explain by *health preventive experience* with 4.5% of the variance (R^2 = 0.045), which F-value is equal to 19.643 and $p < 0.005$. Self-assurance also negative relationship with *health preventive experience* as if *health preventive experience* increased by 1, *self-assurance* will decrease by 0.183. Moreover, there is also a normal distribution in the normal plot

of regression standardised residual. Lastly the equation of this regression analysis can be seen below:

$$\hat{Y}_{SAS} = 4.772 - 0.183X_{HP}$$

Whereas: $\hat{Y}_{SAS}$ = Self-Assurance (lifestyle), a = Constant value, and X_{HP} = Health preventive experience

By considering all of the results within this section, it shows that *health preventive* is significant to *lifestyle.* As, all of the lifestyle group have p value less than 0.05 and the results also indicated that each lifestyle group can be predicted by using *health preventive experience.*

4.4.1.3 Health preventive experience and health motivation

Table 17 Simple regression between health preventive experience and health motivation

Predictor	b	S.E. (b)	Beta	t	Sig.
(Constant)	2.920	0.107		27.332	0.000
Health preventive experience	0.120	0.043	0.135	2.770	0.006
R^2 = 0.018					
Adjusted R^2 = 0.016					
F = 7.675					

Note: dependent variable: health motivation (Method: Enter)

Table 17 show that *health preventive experience* is able to explain *health motivation* by 1.8% of the variance ($R^2 = 0.018$) with F-value equal to 7.675 and $p < 0.05$. The normal distribution also occurs within this section according to the normal plot of regression standardised residual. The result of the *table 17* also indicated positive relationship between dependent variable and independent variable, as if *health preventive experience* increased by 1, *health motivation* will be increase by 0.120. Therefore, *health preventive experience* is one of the factor that can influence and use to predict *health motivation* of Thai mature consumer, which the equation can be seen below:

$$\hat{Y}_{HM} = 2.920 + 0.120X_{HP}$$

Whereas: $\hat{Y}_{HM}$ = Health motivation, a = Constant value, and X_{HP} = Health preventive experience

4.4.1.4 Outliers

According to Hair, Black, Babin, Anderson, and Tatham (2005), outliers can be defined as "a distinctive combination of observations' characteristics that different from other observation". Moreover, the authors also stated that outlier can be detected by using standardise value, which the outlier will has a score above 4 for a large sample size. To do so, this research has used SPSS program to find the standardise value or z-Scores for each variable. As a result, there are only 8 outliers within lifestyle part. According to Hair et al. (2005), the researcher has decided to retain these outliers, as if outliers did not demonstrate to represent the whole population of this research due to a small number of outliers, these outliers should be retained. Therefore, these outliers must be retained to ensure the generalisability to the total population Hair et al. (2005).

4.4.2 Multiple Regression

Various independent variables *(Lifestyle, Health consciousness, and health motivation)* will be used to determine its' influence toward *intention to buy health-related product* (dependent variable) within this section. However, *lifestyle* factor will consist with three variables according to *section 4.2*, which the result of multiple regression can be seen in *table 18.*

Table 18 The result of multiple regression

Predictor	b	S.E. (b)	Beta	t	Sig.
(Constant)	1.659	0.254		6.521	0.000
Health motivation	0.199	0.078	0.125	2.560	0.011
R^2 = 0.016					
Adjusted R^2 = 0.013					
F = 6.555					

Note: dependent variable: intention to buy health-related product (Method: Stepwise)

Health consciousness (p = 0.876), social benefactor (p = 0.580), social acceptance (p = 0.336), and *self-assurance (p = 0.201)* were excluded from the analysis in *table 18*, as these variables have $p > 0.05$ and considered to have non-significant t-

value. However, *health motivation* has been including in this multiple regression analysis, as it can explain *intention to buy health-related product* with 1.6% of the variance (R^2 = 0.016) with F-value equivalent to 6.555 and $p < 0.05$. As a result, if *health motivation* increased by 1, *intention to buy health-related product* will be increased by 0.199. Moreover, the analysis also demonstrates normal distribution in the normal plot of regression standardised residual. Hence, *health motivation* is the significant variable that can be used to predict *intention to buy health-related product* of Thai mature consumer, which the equation of this multiple regression analysis can be seen below:

$$\hat{Y}_{ITB} = 1.659 + 0.199X_{HM}$$

Whereas: $\hat{Y}_{ITB}$ = Intention to buy health-related product, a = Constant value, and
X_{HM} = Health motivation

CHAPTER FIVE

DISCUSSION AND CONCLUSION

All of the results within chapter four will be discussed within this chapter, which the researcher will used the results from chapter four to describe and answer the research objectives and question that has been mentioned earlier in chapter one. Moreover, limitation, practical implication, and recommendation for future study of this research will also be included and clarify within this chapter as well.

5.1 Conclusion

Due to the aging society in Thailand, Thai elderly tends to have unhealthy health condition which required a lot of health care product to satisfy their needs (Thepkhamram, 2014). This has cause health care sector in Thailand to significantly expand its size (Osornprasop and Sondergaard, 2016). However, the intention to buy health-related product of Thai elderly is still unclear due to the limited research. By reviewing past research, Thai elderly can be called as "Thai mature consumer", which mature consumer are consumer who age 60 and above. Moreover, health preventive experience is composed with health consciousness, health motivation, and lifestyle according to Jayanti and Burns (1998) and Hong (2009). These factors are also the essential factors that can influence Thai mature consumers' intention to buy health-related product (Jayanti & Burns, 1998).

By conducting a survey on 415 of Thai mature consumers, this research has used a variety of data analysis technique to analyse the valuable information, which are descriptive statistic, class interval, Pearson correlation, exploratory factor analysis. simple regression, and multiple regression. The result of the survey question has generated satisfactory information to describe and answer this research objectives. According to the data analysis, Thai mature consumers considered to be a person with high health consciousness and high health motivation, while preform certain health preventive activities to improve and maintain their overall health condition which

considered to be health preventive experience. The lifestyle of Thai mature consumers can be categorised into three group of lifestyles, which each lifestyle group tend to have distinctive characteristic from each other.

The first group tend to put national interest to be their top priority while trying to be mindful, understanding, honest, respect, and sacrifice themselves to other people within the society. Moreover, the philosophy of sufficiency economy of His Majesty the king is the core value of this group. Thus, this group is called "*Social Benefactor*", as the main goal of this group is to support and take action that can benefit entire society. The second group tends to concern about the acceptance from other people within the society. This group tends to care about the feeling of other people, which sense of belonging and warm relationship with others are the main concern of this group. Moreover, Thai elderly within this group are trying to learn and obtain new knowledge in order to gain another people's respect and live in the exciting lifestyle. Hence, this group is called "*Social Acceptance",* as social acceptance is the most significant thing for this group of lifestyles. However, "*Self-Assurance"* is the last group of lifestyles, which the top priority of this group is a sense of accomplishment while trying to enjoy their lives with security and being self-respect.

On the other hand, Thai mature consumers' intention to buy health-related product considered to be low, as there is 2.30 of average score which indicated the unlikely chance that Thai elderly will buy health-related product within the next fortnight according to *section 4.1.5*.
The result of the survey also shown that health preventive experience can be used to influence health consciousness, health motivation, and lifestyle (SB, SA, and SAS) of Thai mature consumer, as these three factors has statistical significance ($P < 0.05$) with health preventive experience according to simple regression in *section 4.4.1*. Furthermore, the data analysis also demonstrated low positive relationship between 1) health consciousness and lifestyle, 2) health motivation and lifestyle, and 3) health consciousness and health motivation.

Lastly, according to *section 4.4.2,* the researcher has tested the influence of health motivation, health consciousness, and lifestyle (SB, SA, and SAS) against the

intention to buy health related product of Thai mature consumer. After the multiple regression analysis, health consciousness and lifestyle has been excluded from the result due to none statistical significance ($p > 0.05$). This made health motivation is the only one factor that can be used to influence intention to buy health-related product of Thai mature consumer, which the equation can be seen below:

$$\hat{Y}_{ITB} = 1.659 + 0.199X_{HM}$$

Whereas: $\hat{Y}_{ITB}$, = Intention to buy health-related product, a = Constant value, and

X_{HM} = Health motivation

5.2 Discussion

5.2.1 Health preventive experience, lifestyle, health motivation, and health consciousness of mature consumer in Thailand.

5.2.1.1 Health preventive experience of mature consumers in Thailand

As a result, from *chapter four*, Thai mature consumers considered to have high health preventive experience, as Thai mature consumer is already adopted health preventive behaviour. The main health preventive behaviour is eating well-balance diet, trying to avoid any ingredients that considered to be unhealthy, and manging their work-life balance by trying to reduce stress and anxiety according to *section 4.1.2*. Moreover, the result from *section 4.1.2* also indicated that smoking is the top activities that most of Thai mature consumer try to avoid in order to stay healthy. This result has been consistent with the study of SCB Economic Intelligence Center (2015), as this study found that Thai mature consumer has consume more organic food and participate in any activities that can improve and maintain their overall health condition. Moreover, Bangkok Post (2012) and The Hartman Group (2015) have stated that Thai mature consumer has switched from passive role to be proactive role by focusing on their food intake to improve their health condition. Boukeaw and Teungfung (2016) also suggested that eating well-balance diet and exercise are the main key activities that can improve and maintain Thai mature consumers' health condition.

Thepkhamram (2014) also stated that Thai mature consumers are already adopted health preventive behaviour due to the unhealthy health condition, which individual with unhealthy health condition will have a higher chance to adopt health preventive behaviour compare to individual with healthy health condition according to Burns (1992). This indicated that the unhealthy health condition is main reason that influence Thai mature consumer to adopt health preventive behaviour. Moreover, Thai mature consumer also forced to stay healthy and adopt health preventive behaviour as nowadays the co-residence rate of Thai elderly has been steadily decreased which Thai mature consumers are likely to stay alone and have to look after themselves according to World Bank (2016). Thus, the decreasing in co-residence rate and unhealthy health condition are the main reasons that influence Thai mature consumers to adopt health preventive behaviour. However, Health preventive behaviour can also influence lifestyle, health motivation, and health consciousness of mature consumers in Thailand, which more details will be explain in *section 5.2.1.2, 5.2.1.3*, and *5.2.1.4* below.

5.2.1.2 Lifestyle of mature consumers in Thailand

According to Burns (1992), Jayanti and Burns (1998), and Kotler and Keller (2012), Health preventive experience is one of the wellness-orientated lifestyle that Thai mature consumers have adopted, as it is a consistent pattern of behaviour that can prolong one's healthy life to prevent disease and illness in an asymptomatic stage. This has led to a negative relationship between health preventive experience and each three group of lifestyles. If Thai mature consumer moving toward and adopt more health preventive behaviour lifestyle and become health preventive experience, Thai mature consumer might have to sacrifice some of their current lifestyle to perform certain health preventive behaviour. For example, Thai mature consumer might switch from meat lover to well-diet balance food in order to stay healthy and preventing illness and disease. The consumption of organic food and exercise are the main activities that Thai mature consumer perform to stay healthy according to SCB Economic Intelligence Center (2015).

Table 19 Thai mature consumers' lifestyle

Group of Lifestyle	Lifestyle
Social Benefactor	- Upholding the nation, the religions and the Monarchy. - Being honest, sacrificial and patient with positive attitude for the common good of the public. - Being grateful to the parents, guardians and teachers. - Treasuring the precious Thai tradition. - Maintaining moral, integrity, well-wishes upon others as well as being generous and sharing. - Understanding, learning the true essence of democratic ideals with His Majesty the King as the Head of State. - Maintaining disciple, respectful of laws and the elderly and seniority. - Being conscious and mindful of action in line with His Majesty's the King's statements. - Practicing the philosophy of sufficiency Economy of His Majesty the king. Saving money for time of need. Being moderate with surplus used for sharing or expansion of business while having good immunity. - Maintaining both physical and mental health and unyielding to the dark force or desires, having sense of shame over guilt and sins in accordance with the religious principles. - Putting the public and national interest before personal interest.
Social Acceptance	- Sense of belonging. - Excitement. - Warm relations with others. - Self-fulfilment. - Being well respected. - Seeking knowledge and education directly and indirectly.
Self-Assurance	- Fun and enjoyment of life. - Security. - Self-respect. - A sense of accomplishment.

Furthermore, Thai mature consumers' lifestyle has been categorised into three group of lifestyles which are social benefactor, social acceptance, and self-assurance according to *table 19*. Social benefactor and social acceptance tend to concern about their society but in a different way. Social benefactor will try to contribute and create a better society by scarifying themselves for the national benefit and interest while upholding the nation, the religions and the Monarchy. On the other hand, social

acceptance will concern for the acceptance from the society regardless of the well-being of the whole society. Moreover, this lifestyle group tends to ignore the national interest and concentrated on warm relationship with other people and sense of belonging. Finally, self-assurance is the only lifestyle group that concern about themselves and disregard the society, as this group focus on self-accomplishment, fun, and enjoyment lifestyle while being secure from all threat in the society.

5.2.1.3 Health motivation of mature consumers in Thailand

On the other hand, the result from *section 4.4.1.3* demonstrated that health preventive experience has positive relationship with health motivation. If health preventive experience increase, health motivation will increase accordingly to the increasing of health preventive experience. This finding has been consistence with the studies of Moorman and Matulich (1993) and Jayanti and Burns (1998). As, both studies concluded that individual with high health preventive experience will have high health motivation, which individual with high health motivation will perceived that the target health preventive behaviour can be performed. Therefore, health preventive experience is one of the factor that can be used to influence health motivation, which both factor have positive relationship with each other.

According to *section 4.1.4,* health motivation is considered to be high among mature consumer in Thailand, as most of Thai mature consumer are concern with health hazards and illness. Moreover, Thai mature consumers also tried to take any action that can prevent them from exposing to any health hazards and received any illnesses. Most of the participants of this research also said that "living with good health condition is the main goal of their lives" and they will try to take any action that can prevent and reduce all of the threat from health hazards and illnesses. This indicated that there is high health motivation among the participant of this research which have been selected to represent mature consumer in Thailand.

5.2.1.4 Health consciousness of mature consumers in Thailand

Thai mature consumers considered to have high health consciousness according to *section 4.1.3*, which the result has demonstrated that these consumers concern about their inner feeling and their physical health condition while living with the best health condition is the main goal. This finding has considered to be correspond with the study of Prachachat Online (2009) that described the majority of Thai mature consumers to be high health consciousness consumers. Jindabot (2015) also stated in his study that Thai consumer has high health consciousness. However, Reeder (1972), Gould (1990), Bangkok Post (2012), and The Hartman Group (2015) described that the high health consciousness trend was occur from the change in the role of consumers. As, consumers are shifting from passive role to proactive role by consuming healthy ingredients that can improve and maintain their overall health condition. Thai government also support this trend by launching a lot of campaign to encourage Thai mature consumers to participate in activities that can stimulate the sense of health consciousness. Hence, Thai mature consumer considered to have high health consciousness along with the majority of Thai consumer, which the main reason has come from the change in the consumers' role.

Furthermore, health consciousness can be influenced by health preventive experience, as a result in *section 4.4.1.1* has shown the negative relationship between these two variables. According to the result, Thai mature consumers' health consciousness will be decreased when health preventive experience of Thai mature consumer increased. Kraft and Goodell, (1993) and Jayanti and Burns (1998) stated that individual with high health concern will not believe in the effectiveness of health prevention, which later will reduce the amount of health preventive behaviour that used to be performed. The majority of the participant of this research also point out that their health preventive behaviour is the main activities that help them to improve and maintain their overall health condition, which made them feel less concern toward their health condition. Dr. Cheng of Harvard University also suggest that individual that perform certain health preventive behaviour such as exercise will have less health concern and better health condition than those who perform less or none health preventive behaviour (Harvard Health Publishing, 2013).

Moreover, the researcher has experienced that some of the participant described health preventive behaviour to be a way that they can socialise with other people, which made health concern become less important. For example, Thai mature consumer in Chiang Mai Tai Chi dance group will spent time to talk with each other after their Tai Chi dance around 30 to 60 minute each day. Most of them also said that they have nothing to do and no one to talk at their home. This has been consistent with the study of World Bank (2016), as most of Thai mature consumers are likely to stay alone, as their children are move away and working in the urban city. Which made Thai mature consumer to feel vulnerable and lonely, which later can create negative effect on Thai mature consumers' psychology state. This imply that some of Thai mature consumer perceived health preventive behaviour to be the way to socialise with other together.

Therefore, it is not necessary that health consciousness will increase correspondingly toward the increased of health preventive experience. On the other hand, the more Thai mature consumer participates in health preventive experience, the less chance that Thai mature consumer will concern with their health condition. As, health consciousness will become irrelevant to their lives due to the healthy health condition that Thai mature consumers have received form perform certain health preventive behaviour such as exercise, eating well-balance diet, and manage work-life balance. Moreover, some of Thai consumers only focusing on socialise instead of improving his or her health condition, which can made health consciousness become unimportant to their lives.

5.2.2 The intention to buy health-related products of mature consumer in Thailand.

The intention to buy health-related product considered to be low, as the participants have no intended and unwanted to purchase health-related product within two weeks. Most of the participants said that they have low or no income, which most of their income came from their children. World Bank (2016) also found that the majority of Thai elderly are living below the poverty line, which has result in a low purchasing power of Thai elderly. However, there are many researches that try to solve and elaborate on the poverty issue of Thai elderly, but the issue still continues without any reduction in the poverty level, which the main reason is come from the corruption

in Thai government according to Suwanrada (2009), Chalamwong and Meepien (2012), Cook and Pincus (2014), and Pimpa (2017). Recently, Thai government have been faced with a big scandal on the irregularity social welfare payment. (The Nation, 2018). This scandal has involved with 87% of the total welfare budget with an equivalent of 107 million baht, which 53 provincial Centre have involved in this scandal (Laohong, 2018). Thus, the poverty issues need to be resolves in order to reduce the poverty level of Thai mature consumer which later can create more intention to buy health-related product due to the increased in Thai elderly's purchasing power.

5.2.3 The relationship among health motivation, health consciousness, and lifestyle of mature consumer in Thailand.

As a result, in *section 4.3,* there are low positive relationship between health consciousness and health motivation. This finding has been consistent with the previous research that has been mention in chapter two under *section 2.5.* Dutta-Bergman (2004) and Hong (2009) has stated that health motivation is the key fundamental of health consciousness which can be used to analyse individual health consciousness. Hong (2009) also added health motivation into his health consciousness dimension and included it within his reconceptualised model of health consciousness, as it has a positive relationship with health consciousness. Thus, there is a strong evidence that demonstrated the relationship between these two variables.

The result from *section 4.3* also demonstrated a low positive relationship between health consciousness and each group of Thai mature consumer lifestyles. However, *social benefactor* has the strongest relationship with health consciousness, as this lifestyle group tend to maintain both of their physical and mental health (L20), which indicated the high health consciousness of Thai elderly within this group of lifestyles according to *table 11*. However, *social acceptance* has the lowest relationship with health consciousness, as this group tends to concentrate mainly on social acceptance and ignore their overall health condition according to *table 11*. According to Jayanti and Burns (1998), health consciousness is one of the consumers' lifestyle, which this type of lifestyle is called the wellness-oriented lifestyle. Chen (2011) also found that health consciousness and lifestyle can be joint moderator that can influence the

willingness of individual to use functional foods. Hence, health consciousness and lifestyle considered to have positive relationship with each other, as the finding of this research has been consistence with the studies of Jayanti and Burns (1998) and Chen (2011).

On the other hand, health motivation also has low positive relationship with lifestyle, which *social acceptance* has the strongest relationship with *health motivation while social benefactor* has the lowest relationship with *health motivation.* The strong relationship between *health motivation* and *social acceptance* came from the knowledge seeking lifestyle (L13) of Thai elderly. As Jayanti and Burns (1998) have suggested that individual with high health motivation will have high chance to acquire health-related information. Since, health motivation is the key fundamental of health consciousness, it is not surprise that there is a low positive relationship between health motivation and lifestyle. As, health consciousness itself also has low positive relationship with lifestyle according to *section 4.3.* Moreover, health consciousness is also one of consumer's lifestyle which can be used as a joint moderator to influence individual to consume functional foods according to Jayanti and Burns (1998) and Chen (2011).

5.2.4 The influences of health consciousness, health motivation, and lifestyle on intention to buy health related products of mature consumer in Thailand.

The multiple regression analysis has been applied in *section 4.4.2* to find the influences of lifestyle, health consciousness, and health motivation on intention to buy health-related product of Thai mature consumer. However, health motivation is the only variables that can influence and use to predict intention to buy health-related product of Thai mature consumer. As according to the multiple regression analysis, health motivation can describe Thai elderly's intention to buy with 1.6% of variance (R^2 = 0.0016) and has F-value equivalent to 6.555 with $p < 0.05$. On the other hand, health consciousness, social benefactor, social acceptance, and self-assurance has $p > 0.05$ which represent non-statistical significant to Thai elderly's intention to buy health-related product.

The study of Chrysochou and Grunert (2014) also found that health motivation is the variable that has a significant impact on intention to buy health-related product, which considered to be consistent with the result of this research. Moreover, the authors also suggested that individual with high health motivation will perceived health-related product to be more positive than those who have low health motivation. Lindbloom (2011) also suggested that health motivation is the significant component that can be used to predict individual intention to buy health-related product that related to dietary health behaviour. Ruangkalapawongse & Ruangkalapawongse (2015) also stated that health motivation from family has significant effect on consumer intention to buy health related product. Thus, health motivation is the essential variable that can be using to predict and influence intention to buy health-related product of Thai mature consumer.

5.3 Limitations

The data collection is the limitation of this research, as most elderly people tends to have less ability to read and answer the survey question due to the eyesight and hearing difficulty, which later can lead to a delay and refusal to cooperate and answer the survey question (FOPDEV, 2015; HITAP, 2013). However, the researcher and research assistance have been reduced this issue by reading the question to those who have eyesight problem, but the hearing difficulty still appeared to have an effect on the data collection process. Thus, it is impossible to avoid this limitation as the target group of this research is Thai elderly, which most of them are considered to have eyesight and hearing difficulty according to SCB Economic Intelligence Center (2015).

According to Thach and Olsen (2004), lifestyle can also be influence by socio-cultural changes, which later will result in the change of consumer’s lifestyle from time to time. This indicated that the result of this research might become inaccurate to describe Thai mature consumer’s intention to buy health-related product in the future due to the change in lifestyle of Thai mature. Thus, it is unavoidable for future research to do lifestyle analysis before reference the result of this research into their study. As the result of this research might be reliable today, but it might become out of date and unreliable in the future due to the change in Thai mature consumer’s lifestyle.

5.4 Practical implication

The intention to buy health related product of Thai mature consumer considered to be low, which require a lot of stimulation to create a strong demand for this type of product. However, health motivation is the essential factor that can be used to influence Thai mature consumers' intention to buy health-related product. In order to create a strong intention to buy health-related product, business sector must use intensive cue to actions in order to create impacts on Thai mature consumers' health motivation. For example, a lot of insurance companies have tried to launch various advertisement that emphasise on crucial moment of life event that has high impact on their consumers (Deloitte, 2015).

By considering all of the items in health motivation part, it shows that Thai elderly are concern about common health hazards and try to prevent them before feeling any symptoms (HM1 and HM2). Moreover, Thai elderly are also being cautious for common health hazards and trying to take any action that can prevent common health hazards even though there are too many of illnesses (HM3, HM4, and HM5). This shows that to stimulate Thai elderly's intention to buy health-related product, business must use cue to actions to create awareness toward health hazard that their product can prevent, as Thai elderly will concern and try to prevent any health hazard before feeling any symptoms. For example, Abbott Laboratories (Thailand) Ltd., has launched an advertisement for their Ensure Milk by displaying Thai elderly play with their nephews to demonstrate and create an awareness toward strong and good health condition toward Thai elderly (Abbott Laboratories, 2016). A few months later, Abbott Laboratories (Thailand) Ltd., has launch a viral clip video by showing Thai elderly that follow her dream to become a singer, which she has a good health condition by consuming Ensure Milk (Strong Dream, 2016).

The advertisement of Abbott Laboratories (Thailand) Ltd., has shown the way to create an awareness among Thai elderly which later can motivate Thai elderly to stay healthy. The advertisement also shows the benefit of being healthy and demonstrate that their product can support and enhance overall health condition. This has demonstrated a good advertisement that concentrate on health motivation and try to use it to stimulate and increase intention to buy health-related product of Thai elderly.

Despite the low intention to buy health-related product of Thai mature consumer, business sector can become successful in mature consumer market by focusing on Thai mature consumers' health motivation and try to use it to increase intention to buy health-related product of Thai mature consumer. Therefore, health motivation is the key factor that can assist business sector to maximise its profit within the mature consumer market.

5.5 Recommendation for future study

For future study, future research should try to investigate the relationship between health preventive experience, health motivation, and intention to buy health-related product. Whether, health preventive experience can directly influence intention to buy health-related product of Thai consumer or it require health motivation to be a mediator to influence intention to buy health-related product of Thai mature consumer. As, there is an evidence from the study of Jayanti and Burns (1998) that demonstrated that health preventive experience can directly influence individual's intention to buy health-related product. This investigation will help business sector to establish more way to influence Thai mature consumer's intention to buy health-related product. Moreover, it will enlighten educational sector in term of the relationship between these three variables. To do so, the future research should use regression analysis to find the influence of health preventive experience against the intention to buy health related product of Thai mature consumer.

Jayanti and Burns (1998) and Michaelidou and Hassan (2008) have found that individual who adopted health preventive behaviour will has high health consciousness. However, the result of this research has demonstrated different result, which health preventive experience considered to have negative relationship with health consciousness within this research. The negative relationship between these two variables came from Thai mature consumer's perception that perceived health preventive behaviour to be a way to socialise with other people instead of improving their health condition. This has led to an interesting topic for future research to study, as it can help business sector to find a new way to influence Thai mature consumer to adopt health preventive behaviour. Moreover, the result from this study also

demonstrated the true reason that influence Thai mature consumer to adopted health preventive experience whether to improve their health condition or to socialise with other people. Thus, future research should try to study about the socialisation in Thai mature consumer. To do so, future research should add socialisation in their conceptual frame work and use regression analysis to find its' influence against health preventive behaviour of Thai mature consumer.

5.6 Summary

Earlier within this chapter, this research has demonstrated that Thai mature consumer considered to have high health conscious, health motivation, and health preventive experience. The lifestyle of Thai mature consumer can also be classified into three group of lifestyles, which are *social benefactor, social acceptance,* and *self-assurance.* However, Thai mature consumer considered to have low intention to buy health-related product due to the low purchasing power. This required health motivation to influence Thai mature consumers' intention to buy health-related product, as health motivation is the significant variable that can increase the intention to buy health-related product. The negative relationship between health preventive experience and health consciousness can be explained by Thai mature consumer's perception. As, Thai mature consumer perceived health preventive behaviour to be a way to socialise with people in their society instead of maintaining and developing their health condition. In conclusion, Thai mature consumer tends to have different lifestyle with each other, but each group tends to concern about their health condition while trying to maintain or improve their health condition. Moreover, health motivation is the key variable that can stimulate Thai mature consumer intention to buy health-related product.

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APPENDIX (QUESTIONAIRE)

Dear Participant

My name is Wit. I'm studying the Master of Business Administration (International program) at Prince of Songkla University. For my thesis, I am trying to investigate Thai mature consumers' intention to buy health-related product. As you have met the criteria of this thesis, I want to invite you to participate and answer the survey question of this thesis. All of the information that you have provide in this survey question will be used only for academic purpose and conceal from public. Lastly, I want to thank you for participating and answering my survey question.

Sincerely,

Wit Kritcharoen

Part 1: Please study the questions carefully and pick the answer that best describe yourself.

1. What is your gender?

   Male Female

2. How old are you?

   60-79 80-89 90-99 100 and over

3. What is your marital status?

   Single Married Widowed Divorced Separate

4. How many children do you have? (Please write in number) ____________

5. What is the highest level of formal education you have completed?

   Primary school High school Bachelor's degree
   Master's degree Doctor's degree Others…………

6. What is your income?

   0 - 9,999 baht 10,000 - 19,999 baht 20,000 - 29,999 baht
   30,000 - 39,999 baht 40,000 - 49,999 baht 50,000 - 59,999 baht
   60,000 - 69,999 baht 70,000 - 79,999 baht 80,000 - 89,999 baht
   90,000 - 99,999 baht 100,000 - 109,999 baht 110,000 baht and over

Part 2: How often do you undertake the following activities in the past three months, where *1 = Never (7 days per week), 2 = Rarely (6-5 days per week), 3 = Sometimes (4-3 days per week), 4 = Often (2-1 days per week)* and 5 = *Always.*

	Never Always
1) Eat a well-balanced diet.	1----2----3----4----5
2) See your dentist for regular check-ups.	1----2----3----4----5
3) Eat fresh fruits and vegetables.	1----2----3----4----5
4) Reduce amount of salt in your diet.	1----2----3----4----5
5) Watch for salt content in diet.	1----2----3----4----5
6) Exercise regularly.	1----2----3----4----5
7) Watch the amount of fat consume.	1----2----3----4----5
8) Take precautions against sexually transmitted diseases.	1----2----3----4----5
9) Pay attention to your intake.	1----2----3----4----5
10) Pay attention to the amount of red meat you eat.	1----2----3----4----5
11) Cut back on snacks and threats.	1----2----3----4----5
12) Avoid foods with additives and preservatives.	1----2----3----4----5
13) Get enough rest and sleep.	1----2----3----4----5

14) reduce stress and anxiety.	1----2----3----4----5
15) Maintain a balance between "work" and "play".	1----2----3----4----5
16) Pay attention to the amount of alcohol you drink.	1----2----3----4----5
17) Try to avoid smoking.	1----2----3----4----5

Part 3: Please study the list carefully and then rate each item on how much you agree with each statement, where *1 = Strongly disagree* and *5 = Strongly agree.*

	Strongly Disagree Strongly Agree
1) I'm very self-conscious about my health.	1----2----3----4----5
2) I'm generally attentive to my inner-feelings about my health.	1----2----3----4----5
3) I reflect about my health a lot.	1----2----3----4----5
4) I'm concerned about my health all the time.	1----2----3----4----5
5) I notice how I feel physically as I go through the day	1----2----3----4----5
6) I take responsibility for the state of my health	1----2----3----4----5
7) Good health takes active participation on my part.	1----2----3----4----5
8) I only worry about my health when I get sick.	1----2----3----4----5
9) Living life without disease and illness is very important to me.	1----2----3----4----5
10) My health depends on how well I take care of myself.	1----2----3----4----5
11) Living life in the best possible health is very important to me.	1----2----3----4----5

Part 4: Please study the list carefully and then rate each item on how much you agree with each statement, where *1 = Strongly disagree* and *5 = Strongly agree.*

	Strongly Disagree Strongly Agree
1) I try to prevent common health problems before I feel any symptoms.	1----2----3----4----5
2) I'm concerned about common health hazards and try to take action to prevent them.	1----2----3----4----5
3) I don't worry about common health hazards until they become a problem for me or someone close to me.	1----2----3----4----5
4) Because there are too many illnesses that can hurt me these days, I am not going to worry about them.	1----2----3----4----5
5) I don't take any action against common health hazards I hear about until I know I have a problem.	1----2----3----4----5 1----2----3----4----5

6) I would rather enjoy life than try to make sure I am not exposing myself to a health hazard.

Part 5: The following is the list of things that some people look for or want out of life. Please study the list carefully and then rate each item on how important it is in your daily life, where *1 = Not important* and *5 = Very important.*

	Very Unimportant Very Important
1) Sense of belonging.	1----2----3----4----5
2) Excitement.	1----2----3----4----5
3) Warm relations with others.	1----2----3----4----5
4) Self-fulfilment.	1----2----3----4----5
5) Being well respected.	1----2----3----4----5
6) Fun and enjoyment of life.	1----2----3----4----5
7) Security.	1----2----3----4----5
8) Self-respect.	1----2----3----4----5
9) A sense of accomplishment.	1----2----3----4----5
10) Upholding the nation, the religions and the Monarchy.	1----2----3----4----5
11) Being honest, sacrificial and patient with positive attitude for the common good of the public.	1----2----3----4----5
12) Being grateful to the parents, guardians and teachers.	1----2----3----4----5
13) Seeking knowledge and education directly and indirectly.	1----2----3----4----5
14) Treasuring the precious Thai tradition.	1----2----3----4----5
15) Maintaining moral, integrity, well-wishes upon others as well as being generous and sharing.	1----2----3----4----5
16) Understanding, learning the true essence of democratic ideals with His Majesty the King as the Head of State.	1----2----3----4----5
17) Maintaining disciple, respectful of laws and the elderly and seniority.	1----2----3----4----5
18) Being conscious and mindful of action in line with His Majesty's the King's statements.	1----2----3----4----5
19) Practicing the philosophy of sufficiency Economy of His Majesty the king. Saving money for time of need. Being moderate with surplus used for sharing or expansion of business while having good immunity.	1----2----3----4----5

20) Maintaining both physical and mental health and unyielding to the dark force or desires, having sense of shame over guilt and sins in accordance with the religious principles.	1----2----3----4----5
21) Putting the public and national interest before personal interest.	1----2----3----4----5

Part 6: Please study the list carefully and then rate each item on how much you agree with each statement, where *1 = Not at all* and *5 = Definitely* on the first and second value item. However, the third value items will be rated by using 1 = "not at all likely", and 5 = "very likely"

	Not at all Definitely
1) I intend to purchase health-related product within the next fortnight.	1----2----3----4----5
2) I want to purchase health-related product within the next fortnight.	1----2----3----4----5

	Not at all likely Very likely
3) How likely is it that you will purchase health-related product within the next fortnight?	1----2----3----4----5

แบบสอบถามเลขที่.............................

เรียน ผู้มีส่วนร่วมในการตอบคำถาม

กระผมนาย วิชญ์ กฤษเจริญ กำลังศึกษาระดับปริญญาโท คณะวิทยาการจัดการ หลักสูตรบริหารธุรกิจมหาบัณฑิต (นานาชาติ) ที่มหาวิทยาลัยสงขลานครินทร์ วิทยาเขตหาดใหญ่ กระผมได้ทำวิทยานิพนธ์ในหัวข้อ ความตั้งใจซื้อผลิตภัณฑ์ที่เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทย ทั้งนี้กระผมได้เล็งเห็นว่าท่านมีคุณสมบัติที่อยู่ในเกณฑ์การเป็นกลุ่มเป้าหมายของวิทยานิพนธ์ฉบับนี้ ดังนั้นกระผมจึงขอความกรุณาในการตอบแบบสอบถาม ซึ่งข้อมูลทุกอย่างในการตอบคำถามของท่านผู้เข้าร่วมจะถูกเก็บเป็นความลับจากบุคคลภายนอกและนำไปใช้เพื่อการศึกษาเท่านั้น สุดท้ายนี้กระผมขอขอบคุณเป็นอย่างยิ่งสำหรับท่านผู้เค้าร่วมที่มีความกรุณาในการตอบแบบสอบถามฉบับนี้ของกระผม

ด้วยความเคารพและขอบคุณ

นายวิชญ์ กฤษเจริญ

ส่วนที่ 1: กรุณาอ่านคำถามอย่างถี่ถ้วนและทำเครื่องหมาย ✓ ในข้อที่ตรงกับท่านมากที่สุด

1. เพศ: ชาย หญิง
2. อายุ: 60-79 80-89 90-99
3. สถานภาพสมรส: โสด แต่งงาน ม่าย หย่าร้าง แยกกันอยู่
4. บุตร: (กรุณาเติมจำนวนในช่องว่าง)....................
5. ระดับการศึกษาสูงสุด:

   ประถมศึกษา มัธยมศึกษา ระดับประกาศนียบัตรวิชาชีพ (ปวช.)

   ระดับประกาศนียบัตรวิชาชีพชั้นสูงสุด (ปวส.) ปริญญาตรี

   ปริญญาโท ปริญญาเอก อื่นๆ (โปรดระบุ)....................
6. รายได้โดยเฉลี่ยต่อเดือน:

   0 - 19,999บาท 20,000 - 39,999 บาท 40,000 - 59,999 บาท

   60,000 - 89,999 บาท 90,000 - 109,999 บาท 110,000 บาท หรือมากกว่า

ส่วนที่ 2: ท่านได้ประกอบกิจกรรมเหล่านี้บ่อยแค่ไหนในระยะเวลา 3 เดือนที่ผ่านมา ซึ่ง *1 = ไม่เคย* (7 วันต่ออาทิตย์) *2 = นานๆครั้ง* (6-5 วันต่ออาทิตย์) *3 = บางครั้ง* (4-3 วันต่ออาทิตย์) *4 = บ่อยครั้ง* (2-1 วันต่ออาทิตย์) และ *5 = เป็นประจำ*

	ไม่เคย เป็นประจำ
1) บริโภคอาหารในปริมาณที่เหมาะสมและครบ 5 หมู่	1----2----3----4----5
2) มีการตรวจสุขภาพฟันอย่างสม่ำเสมอ	1----2----3----4----5
3) รับประทานผักและผลไม้สด	1----2----3----4----5
4) บริโภคเกลือในปริมาณที่เหมาะสม	1----2----3----4----5

5) มีความระมัดระวังในการบริโภคอาหารและเครื่องดื่มที่มีเกลือเป็นส่วนผสม	1----2----3----4----5
6) ออกกำลังกายอย่างสม่ำเสมอ	1----2----3----4----5
7) มีการควบคุมปริมาณของไขมันที่บริโภค	1----2----3----4----5
8) มีความระมัดระวังและป้องกันการติดต่อของโรคทางเพศสัมพันธ์	1----2----3----4----5
9) เอาใจใส่เกี่ยวกับปริมาณอาหารและเครื่องดื่มที่บริโภคต่อวัน	1----2----3----4----5
10) เอาใจใส่เกี่ยวกับปริมาณการบริโภคเนื้อสัตว์	1----2----3----4----5
11) ลดการบริโภคขนมคบเขี้ยวและอาหารขยะ	1----2----3----4----5
12) หลีกเลี่ยงอาหารที่มีส่วนผสมของวัตถุเจือปนอาหารและวัตถุกันเสีย	1----2----3----4----5
13) นอนหลับและพักผ่อนอย่างเพียงพอ	1----2----3----4----5
14) มีการลดภาวะความเครียดและความกังวล	1----2----3----4----5
15) มีการแยกเยะเวลาในการทำงานและเวลาในการพักผ่อนอย่างเหมาะสม	1----2----3----4----5
16) มีการควบคุมปริมาณการบริโภคของเครื่องดื่มที่มีแอลกอฮอล์	1----2----3----4----5
17) หลีกเลี่ยงการสูบบุหรี่	1----2----3----4----5

ส่วนที่ 3: กรุณาอ่านข้อความต่อไปนี้อย่างถี่ถ้วนและเลือกระดับความคิดเห็นที่ท่านเห็นด้วยต่อข้อความเหล่านี้ ซึ่ง 1 = ไม่เห็นด้วยอย่างยิ่ง 2 = ไม่เห็นด้วย 3 = ปานกลาง 4 = เห็นด้วย และ 5 = เห็นด้วยอย่างยิ่ง

	ไม่เห็นด้วยอย่างยิ่ง เห็นด้วยอย่างยิ่ง
1) ฉันตระหนักและรับรู้เกี่ยวกับสุขภาพของฉันเป็นอย่างดี	1----2----3----4----5
2) ฉันมีความใส่ใจต่อความรู้สึกของฉันในด้านสุขภาพ	1----2----3----4----5
3) ฉันไตร่ตรองและครุ่นคิดเกี่ยวกับสุขภาพของฉันอยู่เสมอ	1----2----3----4----5
4) ฉันมีความกังวลใจต่อสุขภาพของฉันตลอดเวลา	1----2----3----4----5
5) ฉันรับรู้ถึงความรู้สึกทางกายภาพของฉันตลอดเวลาในระหว่างวัน	1----2----3----4----5
6) ฉันมีการดูแลสุขภาพของฉันอยู่เสมอ	1----2----3----4----5
7) การดำเนินชีวิตของฉันมีส่วนในการทำให้ฉันมีสุขภาพที่ดี	1----2----3----4----5
8) ฉันจะกังวลใจต่อสุขภาพของฉันเมื่อฉันป่วยเท่านั้น	1----2----3----4----5
9) การใช้ชีวิตโดยไม่มีโรคภัยไข้เจ็บถือเป็นสิ่งสำคัญของฉัน	1----2----3----4----5
10) สุขภาพของฉันขึ้นอยู่กับการดูแลเอาใจใส่ของตัวฉันเอง	1----2----3----4----5

11) การมีชีวิตโดยที่มีสุขภาพแข็งแรงถือเป็นสิ่งสำคัญที่สุดสำหรับฉัน	1----2----3----4----5

ส่วนที่ 4: กรุณาอ่านข้อความต่อไปนี้อย่างถี่ถ้วนและเลือกระดับความคิดเห็นที่ท่านมีต่อข้อความเหล่านี้ ซึ่ง 1 = ไม่เห็นด้วยอย่างยิ่ง 2 = ไม่เห็นด้วย 3 = ปานกลาง 4 = เห็นด้วย และ 5 = เห็นด้วยอย่างยิ่ง

	ไม่เห็นด้วยอย่างยิ่ง เห็นด้วยอย่างยิ่ง
1) ฉันพยายามที่จะดูแลสุขภาพโดยรวมของฉันก่อนที่จะมีอาการเจ็บป่วย	1----2----3----4----5
2) ฉันมีความกังวลต่อโรคภัยไข้เจ็บและพยายามที่จะป้องกันโรคภัยไข้เจ็บเหล่านั้น	1----2----3----4----5
3) ฉันไม่กังวลหรือกลัวต่อโรคภัยไข้เจ็บ จนกระทั้งฉันหรือคนใกล้ตัวมีอาการเจ็บป่วยจากโรคภัยไข้เจ็บนั้น	1----2----3----4----5
4) เนื่องจากมีโรคภัยมากมายในปัจจุบัน ฉันจึงรู้สึกไม่กังวลใจต่อโรคภัยเหล่านั้น	1----2----3----4----5
5) ฉันรู้สึกเพิกเฉยต่อข่าวของโรคภัยที่ได้รับรู้มา จนกระทั้งฉันมีปัญหาสุขภาพเนื่องจากโรคภัยนั้น	1----2----3----4----5
6) ฉันเลือกที่จะใช้ชีวิตอย่างมีความสุขมากกว่าการที่ต้องกังวลเกี่ยวกับปัญหาสุขภาพและโรคภัยไข้เจ็บของฉัน	1----2----3----4----5

ส่วนที่ 5: ข้อความต่อไปนี้คือสิ่งที่ผู้คนตามหาและต้องการที่จะมีในชีวิต กรุณาอ่านข้อความต่อไปนี้อย่างถี่ถ้วนและเลือกระดับความสำคัญที่มีต่อชีวิตประจำวันของท่าน ซึ่ง 1 = ไม่มีความสำคัญเลย และ 5 = มีความสำคัญอย่างมาก 1 = ไม่มีความสำคัญอย่างยิ่ง 2 = ไม่มีความสำคัญ 3 = ปานกลาง 4 = มีความสำคัญ และ 5 = มีความสำคัญอย่างยิ่ง

	ไม่มีความสำคัญอย่างยิ่ง มีความสำคัญอย่างยิ่ง
1) การเป็นที่รักและเป็นส่วนหนึ่งของสังคม	1----2----3----4----5
2) ความตื่นเต้นและความกระตือรือร้น	1----2----3----4----5
3) มีความสัมพันธ์ที่ดีกับผู้อื่น	1----2----3----4----5
4) การบรรลุเป้าหมายของตัวเองที่ตั้งไว้	1----2----3----4----5
5) ได้รับการเคารพจากผู้อื่น	1----2----3----4----5
6) มีความสุขและสนุกกับชีวิต	1----2----3----4----5
7) ความปลอดภัย	1----2----3----4----5
8) การเคารพในตนเอง	1----2----3----4----5
9) การบรรลุเป้าหมายของชีวิต	1----2----3----4----5
10) มีความเคารพต่อชาติ ศาสนา และพระมหากษัตริย์	1----2----3----4----5
11) ซื่อสัตย์ เสียสละ และอดทนเพื่อผลประโยชน์ของส่วนรวม	1----2----3----4----5
12) มีความเคารพต่อพ่อแม่ ญาติพี่น้องและครูบาอาจารย์	1----2----3----4----5

13) ศึกษาหาความรู้อย่างสม่ำเสมอ	1----2----3----4----5
14) ให้ความสำคัญต่อประเพณีไทย	1----2----3----4----5
15) มีศีลธรรม ความซื่อสัตย์ หวังดีต่อผู้อื่น และแบ่งปัน	1----2----3----4----5
16) เข้าใจและเรียนรู้ระบบประชาธิปไตยที่มี พระมหากษัตริย์เป็นประมุข	1----2----3----4----5
17) มีระเบียบวินัย เคารพกฎหมาย และ เคารพผู้ใหญ่	1----2----3----4----5
18) มีสติ ความคิด และปฏิบัติตามพระราช ดำรัสของพระมหากษัตริย์	1----2----3----4----5
19) ใช้ชีวิตด้วยปรัชญาเศรษฐกิจพอเพียงตาม ประราชดำรัสของในหลวงรัชกาลที่ 9	1----2----3----4----5
20) มีความเข้มแข็งด้านร่างกายและจิตใจ สามารถต่อสู่กับกิเลสทั้งมวล มีความ เกรงกลัวต่อบาปตามหลักศาสนา	1----2----3----4----5
21) ผลประโยช์นของส่วนรวมและของชาติ มาก่อนผลประโยชน์ส่วนตัวเสมอ	1----2----3----4----5

ส่วนที่ 6: กรุณาอ่านข้อความต่อไปนี้อย่างถี่ถ้วนและเลือกระดับความคิดเห็นที่ท่านมีต่อข้อความเหล่านี้ ซึ่ง 1 = ไม่เห็นด้วยอย่างยิ่ง 2 = ไม่เห็นด้วย 3 = ปานกลาง 4 = เห็นด้วย และ 5 = เห็นด้วยอย่างยิ่ง

	ไม่เห็นด้วยเลย เห็นด้วยอย่างยิ่ง
1) ฉันมีความสนใจที่จะซื้อผลิตภัณฑ์เกี่ยวกับสุขภาพในสองอาทิตย์นี้	1----2----3----4----5

	ไม่เห็นด้วยเลย เห็นด้วยอย่างยิ่ง
2) ฉันมีความต้องการที่จะซื้อผลิตภัณฑ์เกี่ยวกับสุขภาพในสองอาทิตย์นี้	1----2----3----4----5

ส่วนที่ 6.1: กรุณาอ่านข้อความต่อไปนี้อย่างถี่ถ้วนและเลือกระดับความคิดเห็นที่ท่านมีต่อข้อความเหล่านี้ ซึ่ง ส่วนในข้อ 3 นั้น 1 = ไม่มีความเป็นไปได้เลย 2 = ไม่มีความเป็นไปได้ 3 = ไม่แน่ใจ 4 = มีความเป็นไปได้ และ 5 = มีความเป็นไปได้อย่างมาก

	ไม่มีความเป็นไปได้เลย มีความเป็นไปได้อย่างมาก
3) มีความเป็นไปได้ขนาดไหนที่ฉันจะซื้อผลิตภัณฑ์เกี่ยวกับสุขภาพในสองอาทิตย์นี้	1----2----3----4----5

The result of IOC

Part 1: General Information

Question	Asst.Prof.Dr. Teerasak Jindabot	Dr. Sunantha Hemthanon	Dr. Sumana Laparojkit	Total	Avg. Score	The result
What is your gender?	1	1	1	3	1	Pass
How old are you?	1	1	1	3	1	Pass
What is your marital status?	1	1	1	3	1	Pass
How many children do you have?	1	1	1	3	1	Pass
What is the highest level of formal education you have completed?	1	1	1	3	1	Pass
What is your income	1	1	1	3	1	Pass

Part 2: Health preventive experience

Question	Asst.Prof.Dr. Teerasak Jindabot	Dr. Sunantha Hemthanon	Dr. Sumana Laparojkit	Total	Avg. Score	The result
Eat a well-balanced diet	1	1	1	3	1	Pass
Question	**Asst.Prof.Dr. Teerasak Jindabot**	**Dr. Sunantha Hemthanon**	**Dr. Sumana Laparojkit**	**Total**	**Avg. Score**	**The result**
See your dentist for regular check-ups	1	1	1	3	1	Pass
Eat fresh fruits and vegetables	1	1	1	3	1	Pass
Reduce amount of salt in your diet	1	1	1	3	1	Pass
Watch for salt content in diet	1	1	1	3	1	Pass
Exercise regularly	1	1	1	3	1	Pass
Watch the amount of fat consume	1	1	1	3	1	Pass
Take precautions against sexually transmitted diseases	1	1	1	3	1	Pass

Pay attention to your intake	1	1	1	3	1	Pass
Pay attention to the amount of red meat you eat	1	1	1	3	1	Pass
Cut back on snacks and threats	1	1	1	3	1	Pass
Avoid foods with additives and preservatives	1	1	1	3	1	Pass
Get enough rest and sleep	1	1	1	3	1	Pass
Reduce stress and anxiety	1	1	1	3	1	Pass
Maintain a balance between "work" and "play"	1	1	1	3	1	Pass
Pay attention to the amount of alcohol you drink	1	1	1	3	1	Pass
Try to avoid smoking	1	1	1	3	1	Pass

Part 3: Health Consciousness

Question	Asst.Prof.Dr. Teerasak Jindabot	Dr. Sunantha Hemthanon	Dr. Sumana Laparojkit	Total	Avg. Score	The result
I’m very self-conscious about my health.	1	1	1	3	1	Pass
I’m generally attentive to my inner feelings about my health.	1	1	1	3	1	Pass
I reflect about my health a lot.	1	0	1	2	0.67	Pass
I'm concerned about my health all the time.	1	1	1	3	1	Pass
I notice how I feel physically as I go through the day	1	1	0	2	0.67	Pass
I take responsibility for the state of my health	1	1	1	3	1	Pass
Good health takes active participation on my part.	1	1	1	3	1	Pass

I only worry about my health when I get sick.	1	1	1	3	1	Pass
Living life without disease and illness is very important to me.	1	1	1	3	1	Pass
My health depends on how well I take care of myself.	1	1	1	3	1	Pass
Living life in the best possible health is very important to me.	1	1	1	3	1	Pass

Part 4: Health Motivation

Question	**Asst.Prof.Dr. Teerasak Jindabot**	**Dr. Sunantha Hemthanon**	**Dr. Sumana Laparojkit**	**Total**	**Avg. Score**	**The result**
I try to prevent common health problem before I feel any symptoms	1	1	1	3	1	Pass

Question	Asst.Prof.Dr. Teerasak Jindabot	Dr. Sunantha Hemthanon	Dr. Sumana Laparojkit	Total	Avg. Score	The result
I'm concerned about common health hazards and try to take action to prevent them.	1	1	1	3	1	Pass
I don't worry about common health hazards until they become a problem for me or someone close to me	1	1	1	3	1	Pass
Because there are so many illnesses that can hurt me these days, I'm not going to worry about them	1	1	0	2	0.67	Pass

I don't take any action against common health hazards I hear about until I Know I have a problem.	1	1	1	3	1	Pass
I would rather enjoy life than try to make sure I am not exposing myself to a health hazard.	1	1	1	3	1	Pass

Part 5: Lifestyle

Question	**Asst.Prof.Dr. Teerasak Jindabot**	**Dr. Sunantha Hemthanon**	**Dr. Sumana Laparojkit**	**Total**	**Avg. Score**	**The result**
Sense of belonging	1	1	1	3	1	Pass
Excitement	1	1	1	3	1	Pass
Warm relations with others	1	1	1	3	1	Pass
Self-fulfilment	1	1	1	3	1	Pass
Being well respected	1	1	1	3	1	Pass

Fun and enjoyment of life	1	1	1	3	1	Pass
Security	1	1	1	3	1	Pass
Self-respect	1	1	1	3	1	Pass
A sense of accomplishmen t	1	1	1	3	1	Pass
Upholding the nation, the religions and the Monarchy	1	1	1	3	1	Pass
Being honest, sacrificial and patient with positive attitude for the common good of the public.	1	1	1	3	1	Pass
Being grateful to the parents, guardians and teachers.	1	1	1	3	1	Pass
Seeking knowledge and education directly and indirectly.	1	1	1	3	1	Pass
Treasuring the precious Thai tradition	1	1	1	3	1	Pass

Question	**Asst.Prof.Dr . Teerasak Jindabot**	**Dr. Sunantha Hemthano n**	**Dr. Sumana Laparojki t**	**Tota l**	**Avg. Scor e**	**The resul t**
Maintaining moral, integrity, well-wishes upon others as well as being generous and sharing.	1	1	1	3	1	Pass
Understanding , learning the true essence of democratic ideals with His Majesty the King as the Head of State.	1	1	1	3	1	Pass
Maintaining disciple, respectful of laws and the elderly and seniority.	1	1	1	3	1	Pass
Being conscious and mindful of action in line with His Majesty's the King's statements.	1	1	1	3	1	Pass

Practicing the philosophy of sufficiency Economy of His Majesty the king. Saving money for time of need. Being moderate with surplus used for sharing or expansion of business while having good immunity	1	1	1	3	1	Pass
Maintaining both physical and mental health and unyielding to the dark force or desires, having sense of shame over guilt and sins in accordance with the religious principles.	1	1	1	3	1	Pass
Putting the public and national interest before personal interest.	1	1	1	3	1	Pass

Part 6: Intention to buy health-related product

Question	Asst.Prof.Dr. Teerasak Jindabot	Dr. Sunantha Hemthanon	Dr. Sumana Laparojkit	Total	Avg. Score	The result
I intend to purchase health-related product within the next fortnight.	1	1	1	3	1	Pass
I want to purchase health-related product within the next fortnight.	1	1	1	3	1	Pass
How likely is it that you will purchase health-related product within the next fortnight?	1	1	0	2	0.67	Pass

VITAE

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Educational Attainment	

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List of Publication and Proceeding

Kritcharoen, W. (2018). The 1st National Conference on Management: NCOM 2018 Challenge Management: "Bridging to 4.0 Transformation". *The 1st National Conference on Management* (pp. 69-75). Songkhla: Faculty og Humanities and Social Sciences of Thaksin University.