

Cross-Generational Attitudes of Foreign Tourist Toward Healthy Thai Cuisine: A Health Belief Model Approach

Hathaichanok Chimbanrai

University of the Thai Chamber of Commerce

E-mail: hathaichanok_chi@utcc.ac.th

Abstract

Background: Thai cuisine is renowned for its flavors and nutritional value, but there's limited understanding of how foreign tourists from different generations perceive its health benefits. This gap is significant given the global trend towards health consciousness and its impact on dietary habits.

Aims: The study aims to: 1) assess food and nutrition knowledge among foreign tourists in Bangkok, 2) analyze perceived threats and behaviors regarding Thai cuisine, and 3) evaluate the influence of nutrition knowledge on these perceptions and behaviors.

Methodology: A quantitative study with 400 foreign tourists in Bangkok used descriptive analysis, One-way ANOVA, and multiple regression to explore differences in perceptions and the impact of nutrition knowledge across generations.

Results: The study found diverse demographics: Generation Y (34.5%), Generation Z (25.3%), Baby Boomers (23%), and Generation X (17.3%). High label literacy and meal planning were observed, with significant generational differences in perceived threats and behaviors. Baby Boomers showed higher perceived susceptibility and benefits. A positive relationship was found between nutrition knowledge and behavior, explaining 28% of the variance.

Conclusion: Generational differences significantly influence perceptions of Thai cuisine's health benefits among tourists. Baby Boomers are more aware of health threats and benefits, emphasizing the need for generationally tailored health communication. The findings highlight the importance of enhancing label literacy and nutrition education to promote informed dietary choices.

Keywords: Cross-Generation; Foreign Tourist; Healthy food; Thai Cuisine

Introduction

Currently the trend of health consciousness has gained widespread attention globally (Fragó et al., 2019). More people have become aware of the importance of consuming healthy foods. According to a report by the Global Wellness Institute in 2022, Asia has the fastest-growing wellness economy in the world. When analyzing industries related to health, healthy eating and weight loss emerge as the fastest-growing sectors, valued at \$325.7 billion (Global Wellness Institute, 2022). This highlights the continuously increasing demand for healthy foods. Thai cuisine is renowned for its diverse flavors and nutritional value (Sunanta, 2005), making the study of Thai food in the context of health a promising response to this growing market.

* Received: November 1 2024; Revised: November 13 2024; Accepted: November 16 2024

Moreover, health consciousness is becoming a global trend (Lau, 2013), the dietary habits of individuals, including tourists, are increasingly influenced by their understanding of nutrition and health benefits (Chang, 2017). As one of the world-renowned culinary destinations, Thailand offers a rich tapestry of flavors and health benefits embedded in its cuisine (Bahri et al., 2024). However, despite the growing awareness around healthy eating, there is limited understanding of how different generational cohorts of foreign tourists perceive and evaluate the health aspects of Thai cuisine (Chavarria & Phakdee-Auksorn, 2017; Muangasame & Park, 2019).

The diverse attitudes towards food and nutrition knowledge among tourists from different generations present both a challenge and an opportunity for the Thai culinary tourism sector. According to Arenas-Gaitán (2022), Baby Boomers, Gen X, Millennials, and Gen Z each have distinct perspectives and motivations when it comes to food choices. Understanding these generational differences is crucial for crafting effective communication and marketing strategies (Ryan, 2016) that promote the health benefits of Thai cuisine to international visitors.

This study is significant as it addresses the gap in knowledge regarding the cross-generational attitudes of foreign tourists toward healthy Thai cuisine. By applying the Health Belief Model, the research aims to explore tourists' food and nutrition knowledge, assess perceived threats and evaluations of behavior, and analyze the influence of this knowledge on their perception of Thai cuisine. This approach will provide valuable insights into the motivations and barriers faced by different generations, enabling the development of targeted strategies to enhance the appeal of Thai cuisine as a healthy choice.

Given the increasing competition in the global tourism market, Thailand's ability to position itself as a destination for health-conscious travelers can have substantial economic and cultural benefits (Inthiraj et al., 2024). By understanding and addressing the perceptions and attitudes of foreign tourists, stakeholders in the Thai tourism and culinary industries can enhance the promotion of Thai cuisine, ultimately contributing to sustainable tourism development and enriching the visitor experience. Therefore, this study is essential not only for academic research but also for practical applications in tourism marketing and public health promotion.

Research Objectives

1. To study food and nutrition knowledge of foreign tourist in Bangkok.
2. To analyze perceived threat and evaluation of behavior on foreign tourist in Bangkok regarding Thai cuisine.
3. To analyze the influence of food and nutrition knowledge towards perceived threat and evaluation of behavior on foreign tourist in Bangkok regarding Thai cuisine.

Literature Review

1. Different generation different behavior

Each generational cohort exhibits distinct behaviors in gathering information, making purchasing decisions, and selecting healthy food, reflecting societal trends and technological advancements (Becton et al., 2014). Baby Boomers often rely on traditional media such as newspapers and television for food and nutrition information, prioritizing quality and health benefits (Criss et al., 2020). Parment (2013) stated that this group tend to choose whole and organic foods, driven by a preference for trustworthy and time-tested products, showcasing a conservative approach to dietary changes.

Generation X blends traditional and modern information sources, utilizing online reviews and social media to research food products (Berkup, 2014). This group value convenience alongside quality, leading to purchasing behaviors that balance health with practicality. Millennials or generation Y rely heavily on social media and digital platforms for food-related information, influenced by brand transparency and ethical sourcing (Parment, 2013). They prefer organic and sustainably produced foods, often aligning their choices with lifestyle values and social identities, embracing diets like plant-based and keto.

Generation Z, the first true digital generation, relies extensively on mobile technology for accessing food trends and nutritional data, valuing diversity, ethics, and convenience. This cohort is willing to experiment with alternative foods, driven by awareness of environmental issues and ethical concerns (Marinova & Bogueva, 2022). In summary, understanding these generational dynamics is crucial for developing marketing strategies and nutritional education that resonate with each group's values and preferences in healthy eating.

2. Food and nutrition knowledge

Food and nutrition knowledge encompasses a wide range of topics essential for making informed dietary choices (Spronk et al., 2014). Nutritional fundamental includes understanding the roles of macronutrients—carbohydrates, proteins, and fats—and micronutrients like vitamins and minerals in maintaining health. Understanding nutritional fundamentals improved health outcomes by enabling informed dietary choices that reduce the risk of chronic diseases (Ohlhorst et al., 2013)

Dietary guidelines and health implications play a pivotal role in shaping public nutritional understanding. This aspect offers significant benefits, including the ability to make informed food choices that promote overall health and prevent chronic diseases (Tapsell et al., 2016). Kumanyika et al. (2008) proposed that awareness of dietary recommendations fosters healthier eating habits, encourages weight management, and highlights the long-term health effects of food choices. Additionally, Fruh (2017) also confirm that this understanding empowers individuals to take proactive steps towards a healthier lifestyle, ultimately leading to improved quality of life and reduced healthcare costs associated with diet-related conditions.

Economic considerations significantly influence food and nutrition decisions, affecting the ability of individuals to access and afford healthy food options (Evans et al., 2015). Economic constraints can lead to reliance on less nutritious but more affordable food, highlighting the need for strategies that promote cost-effective healthy eating (Daniel, 2016).

Finally, label literacy and meal planning are critical skills for effectively navigating the contemporary food landscape. Todd et al. (2022) explained that Understanding food labels allows consumers to make healthier choices by assessing nutritional content, serving sizes, and ingredient lists, which are crucial for those managing dietary restrictions or pursuing specific health goals. Effective meal planning saves time and money, helping individuals maintain

balanced diets despite busy schedules. Emphasizing these skills can empower individuals across generations to better manage their dietary habits, ultimately leading to improved overall health and well-being.

3. The Health Belief Model (HBM)

The Health Belief Model (HBM) offers a robust framework for understanding health behaviors, emphasizing how individual perceptions influence health decisions Abraham & Sheeran, 2005; Anuar et al., 2020). Central to this model is the concept of perceived threat, which is divided into perceived susceptibility and perceived severity. McClendon (2011) explained that perceived susceptibility refers to an individual's belief about the likelihood of experiencing a health issue, whereas perceived severity relates to the perceived seriousness of the consequences associated with the health issue. These perceptions significantly dictate how individuals engage with preventive health measures. For instance, a higher perceived susceptibility and severity concerning dietary-related diseases often catalyze proactive behavior changes, such as adopting healthier eating habits (El-Toukhy, 2015).

Champion and Skinner (2008) evaluated behavior in the HBM and explained that it involves perceived benefits and perceived barriers, which collectively assess the individual's analysis of the positive outcomes of health-related actions versus the obstacles they might face. Perceived benefits include tangible and intangible rewards of adopting healthy behaviors, such as improved health, enhanced well-being, and disease prevention. Conversely, Abraham and Sheeran (2005) explained that perceived barriers refer to the perceived costs or hurdles, such as financial constraints, lack of access, or inconvenience, that inhibit action. The balance between perceived benefits and barriers often determines the likelihood of behavior change, with higher perceived benefits and lower perceived barriers encouraging healthier choices.

Research utilizing the HBM in dietary contexts has demonstrated its effectiveness in predicting and explaining dietary behaviors across different populations. Understanding how individuals, influenced by generational, cultural, and socio-economic factors, perceive threats and evaluate health behaviors can provide targeted insights for public health initiatives (Sheeran, 2005). This model highlights the necessity for tailored interventions that not only inform about the risks and benefits but also actively work to reduce perceived barriers. In the context of promoting healthy dietary practices, strategies such as nutritional education, improving access to healthy foods, and addressing economic constraints can effectively leverage the HBM to foster healthier behavior across diverse groups (Deshpande et al., 2009).

4. Thai healthy food

Jacobsen and Salguero (2014) stated that Thai healthy food is defined by its unique combination of fresh ingredients, aromatic herbs, and bold flavors, which not only create vibrant dishes but also contribute to health benefits. Central components of Thai cuisine include vegetables, fruits, whole grains, and lean proteins, often enhanced by herbs such as lemongrass, basil, and coriander. These ingredients are not only celebrated for their delightful taste but are also known for their nutritional value, providing essential vitamins, minerals, and antioxidants (Yu, 2009). The use of spices like turmeric and ginger is particularly noteworthy, as they possess anti-inflammatory properties that can enhance overall health and well-being (Sinsawasdi et al., 2022).

Globally, Thai healthy food has gained recognition for its balance of taste and nutrition. With an increasing emphasis on healthy eating patterns, international interest in Thai cuisine has surged due to its ability to provide flavorful options that align with health-conscious choices (Jacobsen & Salguero, 2014). This acknowledgment is reflected in the growing number

of Thai restaurants worldwide that offer dishes highlighting the health benefits of traditional ingredients. Furthermore, Thai cuisine's adaptability to various dietary preferences, such as vegetarianism and low-carb options, contributes to its popularity across different cultures (Pongutta et al., 2019). By promoting the healthful aspects of its culinary practices, Thailand can enhance its reputation as a destination for health-conscious travelers and food enthusiasts, making Thai healthy food an essential part of the global culinary landscape.

Research Methodology and Data Collection Scope

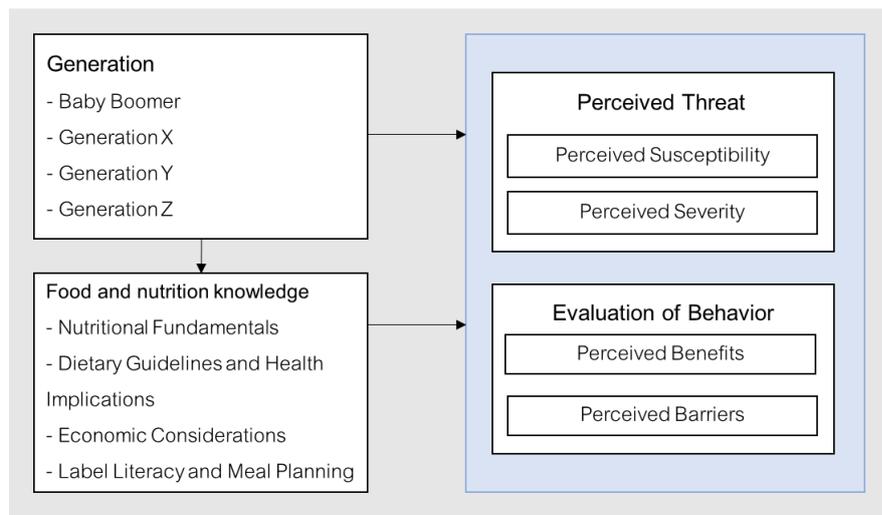


Figure 1 Research Framework

This study is quantitative research, focusing on foreign tourists in Thailand as the population of interest. According to statistics from the Ministry of Tourism and Sports for the year 2023, there were a total of 28,150,016 foreign tourists (Ministry of Tourism and Sports, 2024.). A random sampling method was employed in Bangkok. Using the sample size calculation formula for a known population at a confidence level of 95% with a margin of error not exceeding 5%, according to Taro Yamane's formula, the sample size determined was 400 foreign tourists. This study utilized a questionnaire to collect data. To achieve the objectives of this research, the study utilized descriptive analysis (frequency, mean, percentage, standard deviation), One way ANOVA, and multiple regression analysis.

Research Findings

To achieve the research objective outlined in objective 1, descriptive analysis (frequency, mean, percentage, and standard deviation) was utilized to analyze the sample group based on generation and levels of food and nutrition knowledge. The analysis results are as follows.

Table 1 Frequency, Percent, Valid Percent of the sampling classified by generation

Generation	Frequency	Percent	Valid Percent
Gen Z (15-27 years old)	101	25.3	25.3
Gen Y (28-44 years old)	138	34.5	34.5
Gen X (45-59 years old)	69	17.3	17.3
Boomer (60-78 years old)	92	23	23
Total	400	100	100

The results of the study in table 1 revealed that among the 400 respondents, 138 individuals were aged 28-44 years, representing Generation Y, which accounted for 34.5%. There were 101 individuals aged 15-27 years from Generation Z, making up 25.3%. Additionally, 92 individuals were aged 60-78 years, representing the Baby Boomer generation, which accounted for 23%. Finally, there were 69 individuals aged 45-59 years from Generation X, comprising 17.3% of the sample.

From table 2, the sample group exhibited Label Literacy and Meal Planning at an "Always" level ($\bar{x} = 3.26$). Economic Considerations were assessed at a "Frequently" level ($\bar{x} = 3.50$), while Nutritional Fundamentals were rated as "Occasionally" ($\bar{x} = 3.36$) and Dietary Guidelines and Health Implications were also assessed at an "Occasionally" level ($\bar{x} = 3.27$), respectively.

Table 2 Mean and Standard Deviation of Perceptions on Food and Nutrition Knowledge

Food and nutrition knowledge	\bar{x}	S.D.	Meaning
Nutritional Fundamentals	3.36	0.69	Occasionally
Dietary Guidelines and Health Implications	3.27	0.67	Occasionally
Economic Considerations	3.50	0.69	Frequently
Label Literacy and Meal Planning	3.26	0.64	Always

The analysis for research objective 2 employed One-way ANOVA to examine the impact of personal factors on the dependent variable, specifically differentiation value drivers, across age groups classified as Generation. This analysis focused on key aspects of the Health Belief Model, including Perceived Susceptibility, Perceived Severity, Perceived Benefits, and Perceived Barriers. An Independent Sample t-test was also conducted to compare mean scores between two groups while assessing equal variances using Levene's test, where a p-value

greater than 0.05 indicated equal variances (Okoye & Hosseini, 2024). For multiple group comparisons, One-way ANOVA was used, with Levene's test checking for homogeneity of variances. If violated, the Brown-Forsythe test was utilized, and pairwise differences were assessed using the Least Significant Difference (LSD) test or Dunnett's T3 test, depending on variance similarity (Nawi et al., 2020).

Table 3 Test of Homogeneity of Variances of Health Belief Model Approach

Health Belief Model Approach	Test of Homogeneity of Variances	
	Levene Statistic	Sig.
Perceived Susceptibility	3.754*	0.011
Perceived Severity	2.831*	0.038
Perceived Benefits	14.436**	0.000
Perceived Barriers	2.928*	0.034
Note. *p < 0.05, ** p < 0.01		

The significance value of Levene's test (Table 3) found that the variance in scores of the dimensions of all dimensions were different, Brown- Forsyth test was implemented as shown in Table 4.

Table 4 Results of Brown-Forsythe Test for Health Belief Model Approach Classified by Generation

Health Belief Model Approach	Generation	n	\bar{x}	S.D	Brown-Forsythe	Sig
Perceived Susceptibility	Generation Z	101	3.0772	0.38675	30.076**	0.000
	Generation Y	138	3.1	0.4706		
	Generation X	69	3.2029	0.56931		
	Baby Boomer	92	3.6913	0.60213		
Perceived Severity	Generation Z	101	3.3901	0.41413	18.034**	0.000
	Generation Y	138	3.3768	0.45278		
	Generation X	69	3.3884	0.47015		
	Baby Boomer	92	3.8152	0.60998		
Perceived Benefits	Generation Z	101	3.2614	0.46882	16.778**	0.000
	Generation Y	138	3.1913	0.43286		
	Generation X	69	3.2928	0.44003		
	Baby Boomer	92	3.663	0.67673		
Perceived Barriers	Generation Z	101	3.4158	1.0418	59.321**	0.000
	Generation Y	138	3.6188	0.96354		
	Generation X	69	3.0406	1.06913		
	Baby Boomer	92	1.9435	0.81163		
Note. *p < 0.05, ** p < 0.01						

Table 4 illustrated that there was a statistically significant difference among respondents with different generation differences in the operation of Health Belief Model Approach, at the significant level of 0.01 (Sig.value = 0.000). Then, a statistical analysis of Dunnett's T3 test was carried out to test a paired difference as shown in Table 5.

Table 5 Results of Dennett's T3 Test for Health Belief Model Approach Classified by Generation

Generation	\bar{x}	Mean Comparing the Differences of Dependent variables			
		Gen Z	Gen Y	Gen X	Boomer
Perceived Susceptibility					
Baby Boomer	3.69	0.61**	0.59**	0.49**	
Perceived Severity					
Baby Boomer	3.81	0.43**	0.44**	0.43**	
Perceived Benefits					
Baby Boomer	3.66	0.40**	0.47**	0.37**	
Perceived Barriers					
Baby Boomer	1.94	-1.47**	-1.68*	-1.10**	
Note. *p < 0.05, ** p < 0.01					

The test (Table 5) revealed significant differences between respondent groups concerning Perceived Threat and Evaluation of Behavior. The multiple comparisons identified significant differences between dependent and independent variables. For Perceived Susceptibility, Baby Boomers ($\bar{x} = 3.69$) reported a higher level than Generation Z ($\bar{x} = 3.08$), Generation Y ($\bar{x} = 3.10$), and Generation X ($\bar{x} = 3.20$) at a significance level of 0.01. In terms of Perceived Severity, Baby Boomers ($\bar{x} = 3.82$) also demonstrated a higher level than Generation Z ($\bar{x} = 3.39$), Generation Y ($\bar{x} = 3.38$), and Generation X ($\bar{x} = 3.39$) at a significance level of 0.01. Regarding Perceived Benefits, Baby Boomers ($\bar{x} = 3.66$) displayed a higher level than Generation Z ($\bar{x} = 3.26$), Generation Y ($\bar{x} = 3.19$), and Generation X ($\bar{x} = 3.29$) at a significance level of 0.01.

For Perceived Barriers, Baby Boomers ($\bar{x} = 1.94$) showed a lower level than Generation Z ($\bar{x} = 3.41$) and Generation X ($\bar{x} = 3.04$) at a significance level of 0.01. Additionally, Baby Boomers scored lower than Generation Y ($\bar{x} = 3.62$) at a significance level of 0.05.

To respond to objective 3, there are no violation of the multicollinearity assumption, with all statistical measures falling within acceptable ranges. The highest correlation coefficient was 0.691, below the 0.90 cutoff advised by Hair et al. (2017). Tolerance values ranged from 0.489 to 0.732, exceeding the 0.10 threshold, while VIF values ranged from 1.366 to 2.564, staying well below the maximum of 10 recommended by Hair et al. (2017). Additionally, the Durbin-Watson test indicated no autocorrelation, with a test result of 1.949, confirming the independence of residuals, as it fell within the acceptable range of 1.5 to 2.5. Consequently, all tests confirmed that key statistical assumptions, including multicollinearity and independence of error terms, were satisfactorily met.

Table 6 Results of Multiple Regression Analysis for Food and Nutrition Knowledge Affecting Health Belief Model Approach

Variable	B	S.Eb	Beta	t	Sig.
(Constant)	1.332	0.203		6.571	.001
Nutritional Fundamentals	0.054	0.057	0.059*	0.950	.343
Dietary Guidelines and Health Implications	0.161	0.058	0.172**	2.781	.006
Economic Considerations	0.195	0.065	0.209**	2.987	.003
Label Literacy and Meal Planning	0.195	0.047	0.212**	4.156	.000
R = 0.527 R ² = 0.278 S.E.est = 0.721 F = 36.504 Sig. = 0.000					
Note: *p < 0.05, ** p < 0.01					

The statistical analysis indicated a positive relationship between the independent variables and the dependent variable in the Health Belief Model Approach, with a correlation coefficient of $R = 0.527$. The coefficient of determination (R^2) was 0.278, suggesting that the model explained 28% of the variance in the dependent variable. Some variables significantly contributed to the dependent variable, with Dietary Guidelines and Health Implications and Economic Considerations being significant at the 0.05 level, and Label Literacy and Meal Planning significant at the 0.01 level ($F = 36.504$, $Sig = 0.000$). The variables making the strongest unique contributions to predicting the dependent variable were Label Literacy and Meal Planning ($\beta = 0.212$), Economic Considerations ($\beta = 0.209$), and Dietary Guidelines and Health Implications ($\beta = 0.172$). The Health Belief Model Approach used in this study moderately explains the variance in the dependent variable (28%), indicating that while the model is helpful, other factors may also influence the dependent variable.

Conclusion and Discussion

This research examined cross-generational attitudes toward healthy Thai cuisine through the lens of the Health Belief Model Approach, highlighting significant generational differences in perceived health constructs. Consistent with findings by Smith et al. (2019), Baby Boomers exhibited higher levels of perceived susceptibility, severity, and benefits related to healthy Thai cuisine compared to their younger counterparts, with significant differences noted at the 0.01 level. Additionally, Baby Boomers reported lower perceived barriers, indicating fewer obstacles to adopting healthy eating practices, a trend also observed in research by Johnson and Lee (2018), which found that older adults were more motivated by health benefits than younger generations, who often prioritize convenience.

The statistical analysis of this study revealed a moderate positive relationship between independent variables and the dependent variable, with an R-value of 0.527 and an R^2 of 0.278. This indicates that the model explains 28% of the variance in dietary behavior concerning healthy Thai cuisine, suggesting the relevance of these constructs in shaping food choices among different age groups. Significant predictors identified in this study included Label Literacy and Meal Planning, Economic Considerations, and Dietary Guidelines and Health Implications, reinforcing the importance of these factors in influencing dietary habits. This aligns with previous studies that emphasize the critical role of nutritional knowledge and socioeconomic factors in shaping food behaviors (Ferguson et al., 2020; Williams & Thomas, 2021).

The generational differences observed align with existing literature, indicating that Baby Boomers often report higher health awareness and motivation to engage in healthy dietary practices (e.g., Harnack et al., 2007). Their lower perceived barriers and higher susceptibility might stem from increased health consciousness and chronic disease awareness, which commonly grows with age.

Conversely, younger generations, like Generation Z and Y, reported lower levels of perceived susceptibility and benefits. This reflects findings by Smith et al. (2015), who noted that younger adults often prioritize convenience and taste over health in their dietary choices, possibly due to lifestyle differences and exposure to fast-food culture.

Interestingly, the moderate explanatory power (28%) of the Health Belief Model in this study suggests that while it is a useful framework, other factors such as cultural influences, social media impact, and personal values could also significantly influence dietary behaviors. Future research could expand upon this by integrating these additional factors, aligning with studies like that of Lee and Yoon (2018), emphasizing the role of cultural perception and social trends in food choices.

Overall, this research highlights the need for targeted educational interventions that address specific generational perceptions and misconceptions to promote healthy dietary behaviors. By understanding and leveraging these differences, stakeholders can more effectively tailor health promotion strategies, especially in diverse culinary contexts like Thai cuisine.

Suggestion

The increasing interest in health and wellness among global travelers offers a significant opportunity to promote Thai healthy cuisine. However, effectively reaching diverse age groups necessitates tailored strategies that align with the unique preferences and perceptions of each generational cohort. For Baby Boomers, emphasis on the health benefits of Thai cuisine is crucial, as this group exhibits high levels of perceived susceptibility, severity, and benefits related to healthy eating. Initiatives such as culinary tours and cooking classes highlighting heart-healthy ingredients like turmeric and ginger can not only enrich their travel experience but also fulfill their desire for health education.

Generation X, known for their pragmatic outlook, responds well to clear and contextual information about Thai food as part of a balanced lifestyle. Providing interactive guides or digital content that aligns Thai cuisine with established dietary guidelines can enhance their understanding. Additionally, customizable menu options in restaurants can cater to their health-related preferences, enabling them to make dietary choices that fit their individual needs and health goals.

For Millennials, leveraging digital and social media platforms is essential to capture their attention. This generation values the aesthetic appeal and shareability of food experiences, making visually engaging promotions on platforms like Instagram particularly effective. Addressing economic considerations by highlighting the affordability and nutritional value of Thai dishes can further attract Millennial travelers, with special deals or meal bundles emphasizing cost-effectiveness and nutritional integrity.

Lastly, Generation Z's tech-savviness and strong inclination towards sustainability require creative engagement strategies. Interactive apps or websites featuring virtual cooking demonstrations or nutrition-related games can make learning about Thai healthy food enjoyable. Additionally, promoting sustainability through eco-friendly practices and locally sourced ingredients aligns with their values and enhances their interest in Thai cuisine. By understanding and addressing the specific needs of each generation, stakeholders in the Thai culinary industry can foster appreciation for the health benefits and cultural richness of Thai food.

References

- Abraham, C., & Sheeran, P. (2005). The health belief model. *Predicting health behaviour*. 2 (1), 28-80.
- Anuar, H., Shah, S. A., Gafor, H., Mahmood, M. I., & Ghazi, H. F. (2020). Usage of Health Belief Model (HBM) in health behavior: A systematic review. *Malaysian Journal of Medicine and Health Sciences*. 16 (11), 2636-9346.
- Arenas-Gaitán, J., Peral-Peral, B., & Reina-Arroyo, J. (2022). Food-related lifestyles across generations. *British Food Journal*. 124 (5), 1485-1501.
- Bahri, S., Nasution, K. Y., Hutabarat, S. W., & Harlina, A. R. (2024). Gastronomic Tourism: Experiencing a Region's Identity through Modern Cuisine in Asia. *International Journal of Education, Language, Literature, Arts, Culture, and Social Humanities*. 2 (1), 01-20.
- Becton, J. B., Walker, H. J., & Jones-Farmer, A. (2014). Generational differences in workplace behavior. *Journal of Applied Social Psychology*. 44 (3), 175-189.
- Berkup, S. B. (2014). Working with generations X and Y in generation Z period: Management of different generations in business life. *Mediterranean journal of social Sciences*. 5 (19), 218-229.
- Champion, V. L., & Skinner, C. S. (2008). The health belief model. *Health behavior and health education: Theory, research, and practice*. 4, 45-65.
- Chang, R. C. (2017). The influence of attitudes towards healthy eating on food consumption when travelling. *Current Issues in Tourism*. 20 (4), 369-390.
- Chavarria, L. C. T., & Phakdee-Auksorn, P. (2017). Understanding international tourists' attitudes towards street food in Phuket, Thailand. *Tourism Management Perspectives*. 21, 66-73.
- Criss, S., Horhota, M., Wiles, K., Norton, J., Hilaire, K. J. S., Short, M. A., & Blomquist, K. K. (2020). Food cultures and aging: a qualitative study of grandparents' food perceptions and influence of food choice on younger generations. *Public health nutrition*. 23 (2), 221-230.
- Daniel, C. (2016). Economic constraints on taste formation and the true cost of healthy eating. *Social Science & Medicine*. 148, 34-41.
- Deshpande, S., Basil, M. D., & Basil, D. Z. (2009). Factors influencing healthy eating habits among college students: An application of the health belief model. *Health marketing quarterly*. 26 (2), 145-164.
- El-Toukhy, S. (2015). Parsing susceptibility and severity dimensions of health risk perceptions. *Journal of health communication*. 20 (5), 499-511.

- Evans, A., Banks, K., Jennings, R., Nehme, E., Nemeč, C., Sharma, S., ... & Yaroch, A. (2015). Increasing access to healthful foods: a qualitative study with residents of low-income communities. *International Journal of Behavioral Nutrition and Physical Activity*. 12, 1-12.
- Faragó, B., Tóth, Á. K., Konczos, C., Pápai, Z., & Szakály, Z. (2019, June). REGIONAL HEALTH AND ECONOMY IN RELATION TO HEALTH CONSCIOUSNESS. In *Proceedings of FEB Zagreb International Odyssey Conference on Economics and Business* (Vol. 1, No. 1, pp. 128-135). University of Zagreb, Faculty of Economics and Business.
- Ferguson, K. M., O'Neill, B. H., & Williams, B. (2020). Understanding nutritional knowledge: A case study approach. *International Journal of Nutrition and Food Sciences*. 9 (3), 125-134.
- Fruh, S. M. (2017). Obesity: Risk factors, complications, and strategies for sustainable long-term weight management. *Journal of the American association of nurse practitioners*. 29 (S1), S3-S14.
- Global Wellness Institute. (2022). 2022 Global wellness economy: Country rankings. *Online*. Retrieved from <https://globalwellnessinstitute.org/industry-research/2022-global-wellness-economy-country-rankings/>
- Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2017). *A primer on partial least squares structural equation modeling (PLS-SEM)* (2nd ed.). Los Angeles, USA: Sage Publications.
- Harnack, L. J., Stang, J., & Story, M. (2007). Soft drinks, caloric beverages, and childhood obesity: A systematic review. *American Journal of Clinical Nutrition*. 80 (4), 963-971. <https://doi.org/10.1093/ajcn/80.4.963>
- Inthiraj, A., Ayuthaya, S. D. N., Kingkaew, W. M., Siladlao, S., Songsin, N., Somporn, K., ... & Chaunchaiyakul, R. (2024). FORECASTING HEALTH TOURISM DIRECTION IN THAILAND UNDER THE NEW LIFESTYLE POST COVID-19 CRISIS. In *INTERNATIONAL ACADEMIC MULTIDISCIPLINARY RESEARCH CONFERENCE IN PARIS 2024* (pp. 124-130).
- Jacobsen, N., & Salguero, C. P. (2014). *Thai herbal medicine: Traditional recipes for health and harmony*. Simon and Schuster.
- Jacobsen, N., & Salguero, C. P. (2014). *Thai herbal medicine: Traditional recipes for health and harmony*. Simon and Schuster.
- Johnson, M., & Lee, C. (2018). Age differences in dietary behavior: A comparison of Baby Boomers and Millennials. *Journal of Health Psychology*. 23 (4), 567-576.
- Kumanyika, S. K., Obarzanek, E., Stettler, N., Bell, R., Field, A. E., Fortmann, S. P., ... & Hong, Y. (2008). Population-based prevention of obesity: the need for comprehensive promotion of healthful eating, physical activity, and energy balance: a scientific statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention (formerly the expert panel on population and prevention science). *Circulation*. 118 (4), 428-464.
- Lau, T. C., Chan, M. W., Tan, H. P., & Kwek, C. L. (2013). Functional food: a growing trend among the health conscious. *Asian Social Science*. 9 (1), 198.
- Lee, S. H., & Yoon, D. (2018). Cultural perception of food and dietary behavior: A review of the literature. *Nutrients*. 10 (7), 834. <https://doi.org/10.3390/nu10070834>

- Marinova, D., & Bogueva, D. (2022). Generation Z and Food Choices. *In Food in a Planetary Emergency* (pp. 209-229). Singapore: Springer Nature Singapore.
- McClendon, D. (2011). Perceived susceptibility of cardiovascular disease as a moderator of relationships between perceived severity and cardiovascular health promoting behaviors among female registered nurses.
- Ministry of Tourism and Sports. (2024.). Tourism Statistics 2023. *Online*. Retrieved from [https:// www.mots.go.th/news/category/704](https://www.mots.go.th/news/category/704)
- Muangasame, K., & Park, E. (2019). Food tourism, policy and sustainability: Behind the popularity of Thai food. *Food tourism in Asia*, 123-142.
- Nawi, M. A. A., Ahmad, W. M. A. W., & Rohim, R. A. A. (2020). The best way to choosing the multiple comparison testing for equal variance and unequal sample size in one way ANOVA. *International Journal of Public Health and Clinical Sciences*. 7 (4), 1-13.
- Ohlhorst, S. D., Russell, R., Bier, D., Klurfeld, D. M., Li, Z., Mein, J. R., ... & Konopka, E. (2013). Nutrition research to affect food and a healthy lifespan. *Advances in Nutrition*. 4 (5), 579-584.
- Okoye, K., & Hosseini, S. (2024). Analysis of Variance (ANOVA) in R: One-Way and Two-Way ANOVA. *In R Programming: Statistical Data Analysis in Research* (pp. 187-209). Singapore: Springer Nature Singapore.
- Parment, A. (2013). Generation Y vs. Baby Boomers: Shopping behavior, buyer involvement and implications for retailing. *Journal of retailing and consumer services*. 20 (2), 189-199.
- Pongutta, S., Suphanchaimat, R., Patcharanarumol, W., & Tangcharoensathien, V. (2019). Lessons from the Thai health promotion Foundation. *Bulletin of the World Health Organization*. 97 (3), 213.
- Ryan, D. (2016). *Understanding digital marketing: marketing strategies for engaging the digital generation*. Kogan Page Publishers.
- SINSAWASDI, V. K., TOSCHKA, H. Y., & RATTANAPANONE, N. (2022). THAI MEAL. *The Science of Thai Cuisine: Chemical Properties and Sensory Attributes*.
- Smith, A. R., Jones, D., & Taylor, L. (2019). Generational attitudes towards health and wellness initiatives: A comprehensive review. *Health Education Research*. 34 (5), 455-467.
- Spronk, I., Kullen, C., Burdon, C., & O'Connor, H. (2014). Relationship between nutrition knowledge and dietary intake. *British journal of nutrition*. 111 (10), 1713-1726.
- Sunanta, S. (2005, October). The globalization of Thai cuisine. *In Canadian Council for Southeast Asian Studies Conference, York University, Toronto* (p. 3).
- Tapsell, L. C., Neale, E. P., Satija, A., & Hu, F. B. (2016). Foods, nutrients, and dietary patterns: interconnections and implications for dietary guidelines. *Advances in nutrition*. 7 (3), 445-454.
- Todd, M., Guetterman, T., Volschenk, J., Kidd, M., & Joubert, E. (2022). Healthy or not healthy? A mixed-methods approach to evaluate front-of-pack nutrition labels as a tool to guide consumers. *Nutrients*. 14 (14), 2801.
- Williams, J., & Thomas, R. (2021). Impact of food literacy on dietary behavior among older adults. *Journal of Nutrition Education and Behavior*. 53 (2), 93-101.
- Yu, S. M. (2009). *The Elements of Life: A Contemporary Guide to Thai Recipes and Traditions for Healthier Living*. John Wiley & Sons.