

A STUDY OF FACTORS INFLUENCING CONSUMER'S  
CONSUMPTION OF DIETARY SUPPLEMENTS IN BANGKOK



A STUDY OF FACTORS INFLUENCING CONSUMER'S  
CONSUMPTION OF DIETARY SUPPLEMENTS IN BANGKOK

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# CHAPTER 1

## INTRODUCTION

### 1.1 Introduction

Nowadays, most of people who living in big urban areas having a hectic lifestyle. They are facing to variety factors to make them have a rush life and unhealthy behaviors such as late night sleep, early wake up and eating unhealthy food.

Most of people concern of the benefit's to having five food group i.e having carbohydrate in the morning to provide energy, increasing the muscle and repair cell by having protein, vitamins and minerals able to help for metabolism process, etc. Regarding as rushing life are mentioned above the nutrition for food per each meal might not be enough, there is a chance that they will become malnourished.

The survey of National Statistical Office of Thailand show the resulted of survey that only 86 percent of people during 25 – 59 years old populations had completed three meals a day (<http://web.nso.go.th/>, 12/08/2013). The busy life may lead to having no time to cook and having nutritious foods, also, unhealthy diet able to make the people lack of expenditure of necessary vitamins and minerals. With this unhealthy behaviors are to lead people to risk in poor health. The results of unhealthy affect to body system i.e. gastrointestinal, cardiovascular, central nervous system, etc. also, appearance which may affects i.e. dry skin, wrinkles and exhaustion, etc.

A number of people who are spending their fast lifestyle and start to have unhealthy or feeling tired might seeking some solutions. They are come to trust that in order to affect unhealthy by taking dietary supplement.

The dietary supplement i.e. vitamins, dietary or herb supplement is a good short cut solution to get better quality of health. It is an accessible solution for a people who had a hectic lifestyle, especially in Bangkok. The people who not rather gradually concern deteriorating health conditions and certainly they need to get treated by doctor.

Accordingly, buying and consuming dietary supplement are turn to be a part of healthy lifestyle people. Many pharmaceutical company are concern regarding dietary supplement market and launch variety product as direct result for each requirement of consumer to increasing the intent of consumer behavior.

Dodds, Monroe, & Grewal (1991) defined purchase behavior of consumer as the action to purchase a product. Engel, Blackwell, & Miniard (2001) also described that buying intention are performing the subjective awareness for future purchasing behavior. Therefore, buying intention assist the marketer to have a vision and able to get more understanding to do forecast consumer's behavior intention, also, market strategies for the right target market of consumers by targeting on the factors which affect buying intention.

Regarding to the related literature review, there factor which affecting the decided to purchase food or dietary supplements. According to Salleh, Ali, Harun, Jalil & Saharudin (2010), health consciousness are example the most credible factor with eagerness to purchase an organic food products. An important factor that been related to attitude, subjective norm, perceived price, and attention to purchase dietary supplement. Moreover, Chakrabarti (2010) monitered that one of the influencing factors to buy an organic food was word-of-mouth (activity and praise). Julius (2012) described that perceived price that also impact on purchase intention.

## **1.2 Research Objective**

1. To examine the effect of healthy lifestyle on behavior intention;
2. To examine the effect of perceived price on behavior intention;
3. To examine the effect of social word-of-mouth on behavior intention;
4. To examine the effect of health consciousness on behavior intention;
5. To examine the effect of behavior on behavior intention;

## **1.3 Scope of Research**

This research studies towards the factor which impact consumer to purchase dietary supplement. They are many factors affecting the purchase intention. This research was conducted to study that factors which influencing consumer to buy

dietary supplement in Bangkok. However, this research will focus on independent variable and dependent variable as follows:-

### **1.3.1 Independent variables**

- Healthy lifestyle
- Perceived Price
- Social word-of-mouth
- Health Consciousness

### **1.3.2 Dependent variable**

- Behavior intention

### **1.3.3 Field work period**

The study took place between November 2015 – January 2016

## **1.4 Significance of study**

### **1.4.1 Benefits related academic**

The benefits for this study expand to academic related to extent the existing research in dietary supplements using Thailand as a context.

### **1.4.2 Benefits related commercial**

This research has been show factors affecting the purchase intention are necessary information for marketers of all dietary supplement brand. Moreover, related information of consumers' behavioral intention is acquired.

To conduct marketing strategies can assumed that the previous studies are variety factors influencing purchase intention and the research will conduct for factors that are significant affected to the willingness group of people to buy. Researcher will statistically analyze to get observational proven lists of factors that can be implemented in dietary supplement business

### 1.4.3 Statement of Problems

The quality of life regarding to maintain good health is to be concern. People try to prevent their health away from illness such as having nutrition food, sleeping well and exercising regularly. However, the hurry life in urban area is hard to change their lifestyle to be healthy. Due to the lack of information on intention to purchase dietary supplement, the research will study factors which encourage people to purchase the dietary product..

### 1.5 Definition of Terms

**Healthy Lifestyle:** A direction to avoid any health issue and gain the most benefit for health prosperity (Bloch, 1984)

**Behavior Intention:** The subjective probability that he or she will engage in a given behavior (Committee on Communication for Behavior Change in the 21<sup>st</sup> Century, 2002, P31)

**Perceive Price:** The price that put into consumer which presents the subjective perception of price for service or product. (Zeithaml, 1988)

**Electronic Word of Mouth (E-WOM):** A strong communication which able to create liability to consumer (Martin and Clark, 1996).

**Health conciseness:** The attitude of people who willingness of being a good health (Becker, Waldburger, Hughes, & Pepys, 1980).

## **CHAPTER 2**

### **LITERATURE REVIEW**

This chapter is related the relevant theory to the literature that build the research framework consisting of two key sections. The first section reviews the theories that support the conceptual framework which includes the concept associated with dependent and independent variables. The theory is explained in the second section. Finally, the previous studies are mentioned.

#### **2.1 Theory related Literature Review**

This part describes the related literature that associated with the factors in the conceptual framework. Theory of Reasoned Action (TRA)

##### **Theory of Reasoned Action (TRA)**

The Theory of Reasoned Action was developed by Martin Fishbein and Icek Ajzen (1975), derived from previous research that started out as the theory of attitude, which led to the study of attitude and behavior. There are leads for two important changes.

First, the reason of action has been increase element in the process of persuasion and intention of behavior. This theory is focus to predict attitudes of consumer to perceive Information Integration theory.

Second is that Reasoned Action uses two elements, attitude and norms to forecast behavior intention. That mean when the attitudes lead consumer to do something but the relevant norms suggest consumer should do something else, both factors impact on behavior intention. For example, Susan's attitudes encourage her to use whitening toothpaste but her friend may think gum care toothpaste is more important than whitening toothpaste. The results towards her attitudes suggest buying whitening toothpaste or the norms of her friend suggest that Susan will buy gum care toothpaste instead.

Theory of Reason Action (TRA) defines the consumer's behavior to conduct themselves in most satisfied. An intention of consumer behavior is a plan that

someone will going to conduct behavioral intention in specific way of situations which may turn or not turn to actually of consumer to do so. For example, a person who is thinking to stop drinking *intends* or plan to stop, but it can happen or not is follow through on the intent.

Intent of behavior is core explanation of behavior. TRA focus on consumer behavior attitude towards same as the subjective norms of significant. For example of subjective norms towards intention is manager intend to read the report and able to see how the report can apply for use in their work. This is a forecast that manager can neither read nor not read the report. The *attitude* of manager to read the report (in case of reading the report can be positive or negative) and the *norms* that manger perceives from the colleagues about whether or not this even if or not but reading the report is such a good thing to do. Refer to TRA theory and norms are the core inspirations on intention which can be turn to strongly inspire motivator (manager) of behavior.

The theory of reasoned action described the individual behavior which is pushed by behavioral intentions. Behavioral intentions are a function of an individual's attitude towards the behavior and subjective norms surrounding the performance of the behavior(Ajzen, 1980).The TRA model, developed by Ajzen and Fishbein in 1975, is shown in Figure 2.1

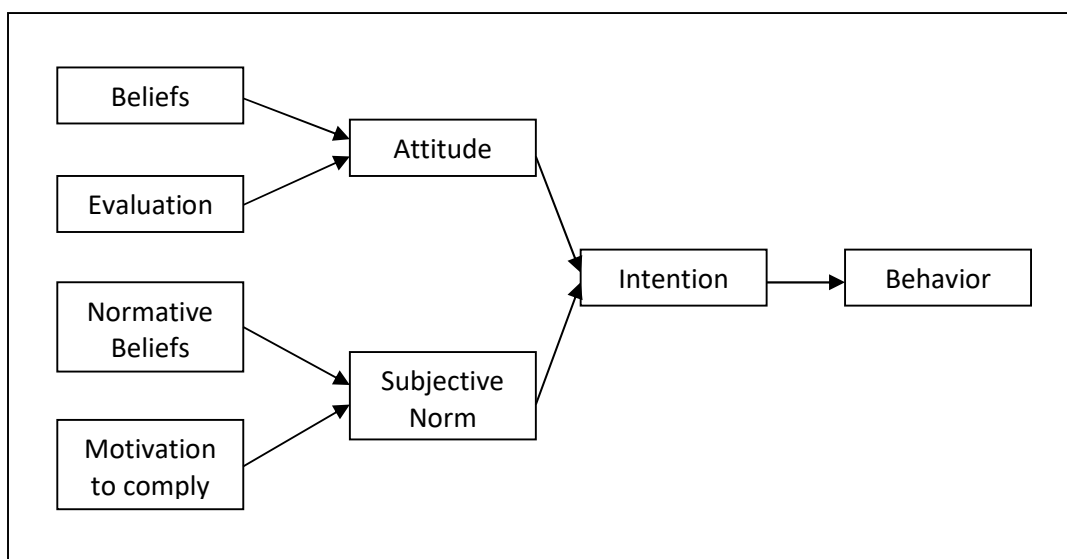


Figure 2.1: The theory of reasoned action diagram

Source: Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behaviour : An introduction to theory and research*. Reading, Mass.; Don Mills, Ontario: Addison-Wesley

### 2.1.1 Attitude toward behavior

An attitude is "a relatively enduring organization of beliefs, feelings, and behavioral tendencies towards socially significant objects, groups, events or symbols" (Hogg, & Vaughan 2005, p. 150). Attitude can be more explanation.

Attitude can be base on variety factors such as experience which but the important regarding attitude towards TRA that outcome can turn to positive, negative or neutral such as the situation that has been mentioned above, if the manager firmly read the report with positive attitude the resulted will lead to desire outcome, meanwhile, negative attitude can turn out come to undesired. An attitude was combined with two (2) main factors:-

- Behavioral Beliefs: beliefs related outcome of the behavior (such as practical or un-practical) Beliefs that underlie a person's attitude toward behavior (Fishbein & Ajzen, 1975, p.7) mean beliefs can turn to be positive or negative of perform a valued outcomes (Fishbein &

Ajzen, 2010, p.203). Behavioral performance is directly related to unquestionable performance of outcomes (Montano & Kasprzyk, 2008, p.74)

- Evaluation: evaluation related potential outcome (such as positive or negative outcome). To represent an evaluation of the attitude example as product or services. Evaluation of operating a specific behavior including the attitude object (Blackwell, Miniard & Engel, 2001, p.289) such as purchasing product or services. Likely we monitor its of behavior, the behavioral beliefs are stronger than evaluation.

*Subjective norm:*

Aertsens, Verbeke, Mondelaers & Van (2009) defined subjective norm as the perceived social pressure for a person who decides to engage or not to engage in a behavior and is assumable to determine as a set of accessible normative belief following the expectations of important person such as family, friends. Also, with reference to (O'Neal, 2007)

Subjective norms are related to their belief how others, who are important to them, would view them engaging in particular behavior. Moreover, McClelland (1987) theory of needs suggest that trends of each person to perform behavior that is deemed desirable by love ones or reference group, due to their need for affiliation and group identification. Subjective norms have 2 components are as:

- Normative beliefs: are individuals' beliefs about the extent to which other people who are important to them think they should or should not perform particular behaviors. In general, researchers who measure normative beliefs also measure motivations to comply—how much individuals wish to behave consistently with the prescriptions of important others. Each normative belief about an important other is multiplied by the person's motivation to comply with that important other

and the products are summed across all of the person's important others to result in a general measure that predicts subjective norms. (Fishbein, 1980; Fishbein & Ajzen, 1975).

- Motivation to comply: defined as a motivation of an individual to do what a pertinent referents or a weight of how much rating the respondent's responsibility in case that situation will be agree or disagree of their convenience activities. Motivation to comply will be completed when once after the complete of question from two situations has been done. Fishbein & Ajzen, 1992 give an example of motivation to comply that "In general, I want to do what my father (mother, friend, coach, and physical education teacher) thinks I should do?" this question is to react motivation to comply question the scale of score able to rating on a 4 point of score ranging from totally agree (1) to totally disagree (4)

*Behavioral intention and behavior:*

Behavioral intention (BI) is defined as a person's perceived likelihood or "subjective probability that he or she will engage in a given behavior" (Committee on Communication for Behavior Change in the 21<sup>st</sup> Century, 2002, p30)

BI is behavior-specific and operationalized by direct question such as "I intend to (behavior)", "with Likert scale response choices to measure relative strength of intention. Intention has been represented in measurement by other synonyms (e.g., "I plan to (behavior)") and is distinct from similar concepts such as desire and self-prediction (Armitage & Conner, 2001)

The idea is to consider a large set of behaviors in a particular domain of interest rather than a single behavior. For example, the domain could be cancer prevention behaviors, exercise behaviors, safety behaviors, dietary behaviors, and so on. Instead of measuring variables (e.g., theory of reasoned action variables) for only one behavior, the researcher measures these variables for

the whole set of behaviors. This research design makes it possible to conduct traditional between-persons analyses (these are analyses within a single behavior and across persons), but it is also possible to perform within-persons analyses (these are analyses within a single person and across behaviors). Thus, it is possible to determine, for each person, whether his or her behaviors are more controlled by the attitudinal or normative pathway. Finlay and her colleagues (Finlay, Trafimow, & Moroi, 1999; Finlay, Trafimow, & Villarreal, 2002) have demonstrated the usefulness of this approach in a variety of health domains, and Sheeran, Trafimow, Finlay, and Norman (2002) have demonstrated that the approach can be extended to include additional variables such as perceived behavioral control.

The Theories of Reasoned Action research was conducted by Sounthey, 2011 to study consumer behavior related economic analysis. The paper used TRA lead to consumption with explanation of consumer alternative choice when they decided to purchased the product. The resulted of study has shown that TRA are indicated in a stage of prediction to lead consumer to decision making process.

## 2.2 Factors Theory

### 2.2.1 Health Consciousness

Health consciousness assesses of the willingness of being healthy (Becker, Waldburger, Hughes, & Pepys, 1980). A person, who is health conscious, is aware of well-being, and urges oneself to stay healthy in order to prevent the ailments by avoiding bad behaviors related to health (Plank & Gould, 1990). Gould (1988) also defined those consumers who have health concerns realized and are concerned about the activities related to healthiness and are motivated to maintain or stay healthy. Newsom, Mcfarland, Huguet, & Zani (2005) explained that health conscious people are concerned about the state of well-being and try to put effort to maintain a healthy life. Health interest is addressed as the first motivation of willingness to buy the organic food (Lockie, Lyons, Lawrence, & Mummery, 2002) and also defined as the predictor of attitude, purchase intention of organic food (Magnusson, Avrola, Hursti Koivisto, Aberg, & Sjoden, 2003).

Mentioned from (Magnusson, Avrola, Hursti Koivisto, Aberg, & Sjoden, 2003) attitude can be defined as a personal key factor to forces that lead to individual behavior action. Personal attitude push in generate from a concern point of person to lead them to fulfilled their needs. The personal attack by consciously and subconsciously, to decrease this two concern through behavior that they forecast to individual activities needs and try to protect their stress.

Kriwy and Mecking, 2011 mentioned according motivation is a key important factor related consumer behavior to make a decision to purchase healthy and safety of organic food. Personal motivation related to the perceived health of organic food to compose as motive of consumer's purchase intentions (Gracia and De Magistris, 2008). Many consumers are being awareness to prevent their risk component related health with the utilization. Moreover, consumer changing their utilization from direct effect of opinion regarding to health consciousness to be more concern of health being (Kim and Seock, 2009).

Mai & Hoffmann (2012) study effect of health consciousness other examine study the effect of health consciousness on consumer he consider property and their found that join effect of nutrition and self efficacy and quality of product produce.

The authors found that consumers with a high degree of self consciousness tend to put emphasis on health related attributes. Moreover, they also found a positive joint effect of health consciousness and nutrition self-efficacy on consumer's emphasis on health-related attributes.

- 1) The effect of Health Consciousness on health relate product
- 2) The join effect of Health Consciousness and Nutrition self efficacy on the quality and quality of food attribute

### **2.2.2 Perceived Price**

Price is defined of “what is given up or sacrificed to obtain a product” (Zeithaml, 1988). Price can be divided by 2 types are as objective price and perceived price (Jacoby & Olson, 1977)

- **Objective Price:** Objective price has been described as an actual price of service or product but they was put into customer in the way that most valuable to them without memorable the exactly price of service or product. (Jacoby & Olson, 1977)
- **Perceived Price:** (Zeithaml, 1988) defined perceived price as the price that put into consumer. Perceived price as the consumer perceptual which been present towards subjective perception of price for service or product.

The concept of consumer's price perceptions has focusing to leverage consumer's perceptions regarding quality of branding and conclude the frequently purchasing of consumer behavior. Perception towards price might be

show an elementary of completely product's price base design under focus monitoring in each shop. However, it is might not be set as standard they have 3 of components price perception to be concern are as follows:

- Price Expectation

When a consumer makes a purchasing decision, they compare with the value of money they need to spend on the purchase and what are they trading that value of money for. For example, if I were to buy a new phone. I will prefer the latest model available in my preferred brand. Now I have a price, which is also know as **reference price** or **standard price**. I will compare other phones in different brands at the same price or a range. This range is known as **acceptable price range**. The highest end of the acceptable price range is called **reservation price**. Anything above this price is considered expensive. Anything priced below the lowest end of the acceptable price range is considered substandard. Of course the price range is likely to vary widely based on the consumer's characteristics and attitude toward a brand.

The other price range is **expected price range**, the price range in which products are available in the market. This is generally a broader range than the acceptable price range. The consumers buying decision will be based on a combination on both, the acceptable price range and expected price range.

- Actual versus Reference Price

Researchers have used assimilation contrast theory to explain consumer reaction. It is rare that the actual price and reference price is exactly the same. If the actual price is way higher than the reference price consumers do not purchase and perceive the product expensive. However, if the actual price is lower than the reference price and the consumer has options, the buying decision is based on collecting

product information and comparative analysis. The purchase is made on best value for their money.

- Price Quality Relationship

Consumers perceive a price-quality association. In most situations when the consumer does not have enough product knowledge or information, they associate price with quality. The price is an indication of quality. If consumers do have enough knowledge and information about the quality of the product, they generally do not make and references based on price. Rao and Monreo, (1989) conclude that the price quality association is the strongest factor effecting their purchasing decision when they do not have knowledge or information about the product.

To development framework of research to support the different between objective and perceived price (Allen Harrell, and Hutt, 1976; Gabor and Granger, 1961; Progressive Grocer, 1964) They are study related function that consumer do not aware or remember the actual price of products. But the conceal price is more significant to consumer (Dickson and Sawyer, 1985; Zeithaml, 1982, 1983). Consumer attention was shown that the price are not so much important than necessary especially for consumer who have careful internal reference price (Dickson & Sawyer, 1995). Many factors was combined to use for paper but finally, the authors concluded that consumer decided to buy the product followed by they satisfaction with less price comparing.

### 2.2.3 Healthy Lifestyle

Bloch (1984) explained healthy lifestyles as a “direction toward the avoidance of health concerns and the gain of personal prosperity”. This can be accurate to develop a wide various of behaviors from accessory after meals to implements block, most healthy lifestyle research has focused on diet and exercise (Kraft & Gooddell, 1993)

For related to consumer behavior, life style is very famous concept for consumer behavior. Life style defined consumer behavior in shorter term of period than personality and more completely with easy understanding than values. Life style for marketing experiment can be involving a product, advertisement, though, to usual day life of our target market group.

“Lifestyle defines a pattern of consumption that reflected a person’s choices of how to spend his or her time and money, both in terms of relative allocations to different products and services, and to specific alternatives within these categories” (Michael R. Solomon, 2011, p.469)

There are 3 approaches to studying consumer’s lifestyle. People build up their lifestyle to interpret the activities which come around while the activity as well as to harmonize their value with event. To explain how the factors which related the lifestyle or technique to study the behavior towards lifestyle are as follows:-

- **Psychographics** Demby, (1974) combined that word “psychology” and “demographics” together to become definition of Psychographics. We defined Psychographics is “an operational technique to measure life style” (Blackwell, Miniard, & Engel, 2001, p.220)
- **AIO:** The term which often used to described psychographic separate to be three (3) sub-factors that call AIO’s in technical terms (Blackwell, Miniard, & Engel, 2001) AIO’s components are as follows:-

*Activity:* mean action of people for example as talking on mobile phone, shopping in supermarket or swimming. While we observe this usual activities, the reasons for action in each activity has been shown about occasionally and frequency.

*Interest:* the point of feeling that able to lead special or occasionally of event or commodity.

*Opinion:* is response answer from people either spoken or written the answer. It defined perception, fear, confidence and decision.

- **Value:** The value system approach assesses the importance of lifestyle within a certain target group. The most important instrument of measuring values is the Rokeach Value Survey (Rokeach, 1973).

### **Value System Approach**

The Value system approach assess the importance on lifestyle within a certain target group. The most important instrument for measuring values is the Rokeach Value Survey (Rokeach, 1973).

His inventory comprises 18 values: • A comfortable life; • An exciting life; • A sense of accomplishment; • A world at peace; • A world of beauty; • Equality; • Family security; • Freedom; • Happiness; • Inner harmony; • Mature love; • National security; • Pleasure; • Salvation; • Self-respect; • Social recognition; • True friendship; • Wisdom.

As Gunter and Furnham (1992, p.70) point out: 'Lifestyles are defined as patterns in which people live and spend their time and money. They are primarily functions of consumers' values.' These values affect a wide spectrum of behavior and hence impact consumer choice.

Refer to the theory of lifestyle has been used in research to study in area “Analysis of the healthy lifestyle consumer” (Richard L., Divine and Lawrence Lepisto, 2005). The purpose of study is to understanding healthy consumer lifestyle by use demographic, personal value and psychographic factors. This research analysis would like to found out of the segment consumer (both healthy and unhealthy people) what personal values and categorize the people who belongs to product segment decision on health discussion and resolve an amount of figure psychological extraction focusing on healthy lifestyle people. The research results show that healthy life style mention consumption across demographic such as Gender, female is more concern healthy lifestyle than male. Education, More educated people are able to find information from variety of sources for information to make the best decision when they have found out the alternative choice. Age, Nowadays, the number growth rate of population has been decrease and people are able to take care of their health to stay longer and their activities in their life better than young people.

#### **2.2.4 Social (Word-of-Mouth)**

Bone (1992) defined that WOM communication is an exchange of comments, ideas or thoughts among two or more individuals in which non of individual represent a marketing source. Solomon (2013) described that word-of-mouth is product information that an individual conveyed to other individuals. WOM has a likelihood to be more reliable and trustworthy than messages from more formal marketing channels and usually come with social pressures in order to have the conformity. The process of WOM within a service purchase decision context was investigated by Bansal & Voyer (2000).

In the traditional way, WOM process remains with 2 components is a *sender* and *receiver*, the information will be exchange by each.

- *Receiver*: receiver advantage data about behavior and solutions to make receiver in benefits of decision making process. The receivers able to get immediate reaction about behavior to make a decision, which can be used for

complete in process to pursue or not. WOM is benefits to decrease the negative attitude or doubt after decide to purchase.

- *Sender:* Able to add certainly in personal product or behavior solutions by influence others to react in the same thing. The sender able to get reputation and benefits mental power of usefulness of providing data and solutions while the other agree when decision process is successful. The WOM also, influence the group of people not just only and individual for who have a same lifestyle.

The sender of data who has strong opinion in the WOM can attribute themselves as opinion leader.

*Opinion Leader:* This person described as a person who impact to the opinion of another person. Meanwhile, opinion leader are able to change the role to be receiver data from other sender when they feels that they did not have enough information in some specific area. (Blackwell, Miniard & Engel, 2001)

Podnar and Javernik, (2012) has been conducted by using WOM attitude effect towards purchasing of consumer. WOM is such a traditional way to develop data information in market, it is an effective factor to lead and show how consumer's make a decision to buy something (Walker, 1995; Soderlund & Rosengren, 2007). The research is able to show the contrast of the empower factor which influence purchasing behavior. WOM can make the researcher to get more understand about brand positioning and image of brand included how the customer think about the product when they decided to purchase.

### **2.2.5 Electronic Word-of-Mouth (E-WOM)**

In electronic area Electronic Word-Of-Mouth (e-WOM) are communications between public and unidentified area on many channel of media platform such as emails, website, blogs, (Dobele, Toleman, & Beverland, 2005). The innovative of technology have change the active e-WOM communication (Goyette, Richard, Bergeron, & Marticotte, 2010) that provide new way to connect between each other among consumer and another.

Henning-Thurau et al., (2004) mentioned that the internet is empower to engage one-to-one and community of communication in higher level than traditional WOM in consumer's motivation to engage in the communication process. Traditional WOM is fast and good in terms of confidential data but it has a lot limitation (Dellarocas, 2003) and less dominate than e-WOM (Steffes and Burgee, 2009)

. Martin and Clark, (1996) mentioned e-WOM are strong communication that able to create liability and trust to consumer when compare to the other communication tools. The most famous tools for e-WOM are said to belong to Mobile devices due to easy communication by upload and share data with other easily without time and place limitation.

Litvin, Goldsmith, & Pan (2006). Study the impact of Electronic Word-Of-Mouth is an impact to consumer behavior to buying a product or services. Consumer's behavior that influence consumer that encourage to inspire among other in the same group of people who have same interested topic. That is impact to business to be widely well know and make interaction among consumer to sharing data to each other.

When social effect impact to business that make the research keep data from hugh number of sample size, an activate discussion while keep the data. This report defined social effect to hospitality and tourism industry and mentioned a growing related technology that E-WOM is a potential tools is benefits for business interms of cost saving and serve the most satisfaction towards consumer behavior to make a decision to purchase.

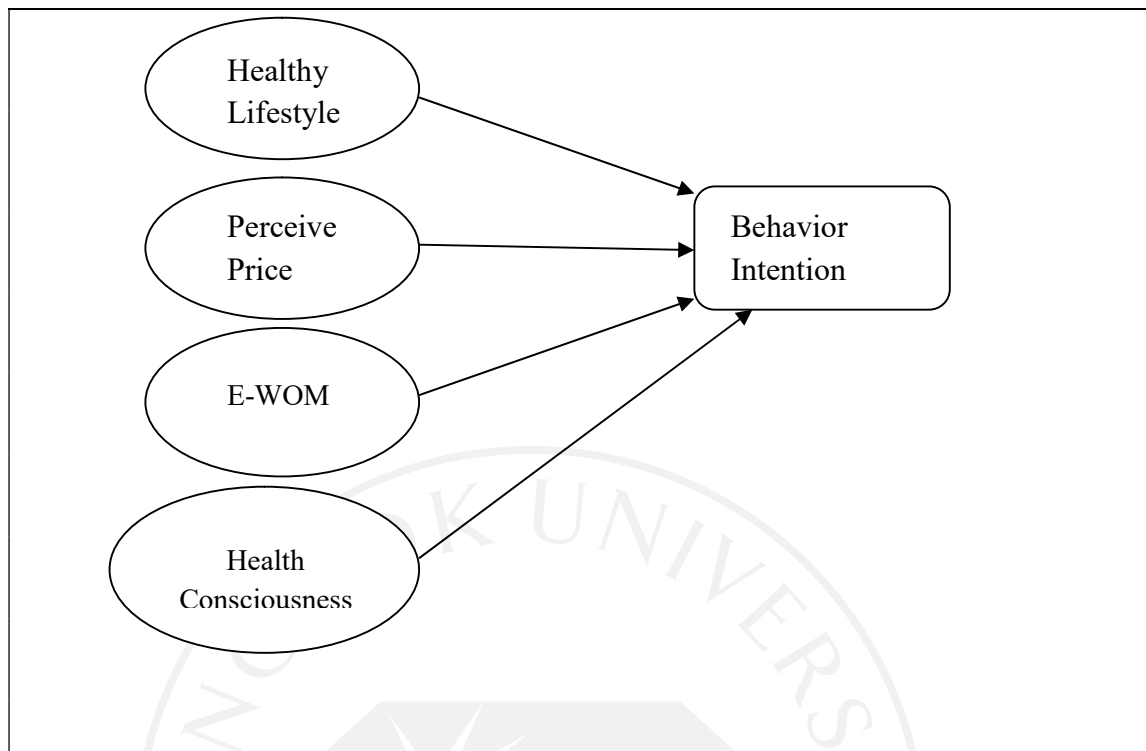


Figure 2.2: Conceptual Frame Work of Behavior Intention

### 2.3 Research Hypotheses

These research hypotheses are designed to prove that all independent variables exert significant influence on purchase intention. Those hypotheses are indicated as follows.

$H_0$ : Healthy lifestyle does not influence behavioural intention

$H_a$ : Healthy lifestyle significantly influences behavioural intention

## **CHAPTER 3**

### **METHODOLOGY**

The purpose of this chapter is to provide all of research methodology support in this report. Researcher use relevant tools to investigate the data to complete the research objective. The methodology described in seven parts; the first part for type of this research, the second is population and sample including sampling procedures. The third part is operation definitions. Survey instruments in the fourth part by the five part that explain the validity and reliability of measurement. The six part addresses the data collection and the final part describes the statistical procedures.

#### **3.1 Type of research**

This research method are estimate the relationship between independent variables; health consciousness, perceive price, healthy life style, WOM, healthy lifestyle, behavior and behavior intention. The dependent variable is purchasing intention of dietary supplement. This research is the Quantitative Research by using online survey to collect the data.

#### **3.2 Population and sample**

The target population for this research is a current consumers who familiar to take dietary supplement as regularly have continue to have dietary supplement for over 3 months.

##### **3.2.1 Sampling procedure**

Sampling is operation of choosing sample to represent the population. Sampling are taking any section of population or universe as model of that population (Zikmund, 2003). This research based on convenience sampling method. The researcher had collected data from consumer via online channel.

##### **3.2.2 Simple Random sampling**

According to hair theory researcher used multiple regression at least of the minimum sample size for multiple regression analysis was recommend is 100 observations (Hair et al., 2000) or ratio 5:1

Sample size for study in these research is minimum of 20 x variable factors  
 $(26) = 520$

The researcher able to collect the data with time limited period for 2 months. The total of respondents are 180 and valid respondent at 160. Regarding to the rest 20 invalid respondents that they are not be able to take dietary supplement as usual. With limited of period fieldworks and hard to found out the sample respondents, the researcher able to conduct with effective results at 160 valid respondents.

### **3.3 Operational definitions**

#### **3.3.1 Healthy lifestyle**

Healthy lifestyle is a way to conduct direction behavior to avoid illness; most of healthy lifestyle people has been focused on healthy food and exercise (Kraft & Gooddell, 1993). The 6 questions as follows:-

3.3.1.1 I exercise regularly

3.3.1.2 I often eat fresh Vegetables and fruits

3.3.1.3 I am interested in clean food diet

3.3.1.4 I would like to attend sport games

3.3.1.5 People who exercise regularly are healthier than people who do not

3.3.1.6 Eating fresh fruits and vegetables are beneficial to our health

#### **3.3.2 Behavior**

Behavior is a specific and operational by direct question, the purpose of behavior is distinct from similar concept of individual person which

represent needs or self-prediction (Armitage & Conner, 2001).The 3 questions as follows:-

- 3.2.2.1 I have been a regular consumer of dietary supplement product
- 3.2.2.2 I always purchase dietary supplement for future need
- 3.2.2.3 I always purchase dietary supplement, although hard to come by in the market

### **3.3.3 Behavior Intention**

Behavior Intention of person's is a likelihood or "subjective probability that he or she will engage in a given behavior" (Committee on Communication for Behavior Change in the 21st Century, 2002, p.31). This is able to show the concept and needs of self for consumer. The 4 questions as follows:-

- 3.3.1.7 I intend to consume dietary supplement in the future
- 3.3.1.8 I plan to consume dietary supplement for the nutritional needs of my
- 3.3.1.9 I am always interest in buying more dietary supplement for the family need's
- 3.3.1.10I always intend to look for dietary supplement, although outside the city

### **3.3.4 Perceived Price**

Zeithaml, (1988) explained that the perceived price is the perceptual that represent product and service towards consumer. Also, the price can be representing brand positioning to consume satisfaction of consumer after having the product. The 3 questions as follows:-

- 3.3.4.1 I was satisfied paying..... [The amount specified in question 1] for my dietary supplement

3.3.4.2 The price that I paid for my dietary supplement is a rip-off

3.3.4.3 Paying .... [The amount specified in question 1] for my dietary supplement is a very.....

### **3.3.5 Electronic Word-of-Mouth (E-WOM)**

Solomon (2013) described that word-of-mouth is product information that an individual conveyed to other individuals. In digital market Electronic Word-of-Mouth (e-WOM) is a communications between public and unidentified are in variety channel of media platform such as emails, website, blogs (Dobele, Toleman, & Beverland, 2005). The 5 questions as follows:-

3.3.4.4 I read other consumer's online review to know more about the dietary supplements

3.3.4.5 I consulted with other consumers online to know more about the dietary supplements

3.3.4.6 I discussed with other consumers online to know more about the dietary supplements

3.3.4.7 I participated in online discussion about the dietary supplements

3.3.4.8 I gathered information from other consumers online before I decided to buy the dietary supplements

### 3.3.6 Health consciousness

A person, who is health conscious, is aware of well-being, and urges oneself stay healthy in order to prevent the ailments by avoiding bad behaviors related to health (Plank & Gould, 1990). The 4 questions as follows:-

- 3.3.4.9 I am reflect about my health a lot
- 3.3.4.10 I am very self-conscious about my health
- 3.3.4.11 I am generally attentive to my inner feeling about my health
- 3.3.4.12 I am constantly examining my health

## 3.4 Survey Instrument

This research used online survey as a tool to collect the data. To create tooling, this questionnaire was created based on literature review that separate to be 3 parts. In part 1 consists of is to measure “the purchase intention for dietary supplement product of user”, Part 2, the questions indicate the extent factors that influence consumer related theirs making decision to purchase dietary supplement. In this part, the researcher conduct questionnaire related literature review and independent factors, It is Perceived price, Electronic Word-of-mouth, Healthy Lifestyle, Behavior, Behavior Intention and Health Consciousness. The part no. 3 is Demographic Profile, respondents were asked to give their personal data information such as gender, age, income, education, occupation and status.

### 3.4.1 Questionnaire Part

Part 1: The purpose of this survey is to measure “the purchase intention for dietary supplement product of user” consist of 3 questions to analyze data that the researcher was conducted the survey with most effective for the report. In each question is a different scale is selected to use in this report to ranking.

First question is to classify consumer behavior by using the intention to consume dietary supplement as following:

1. A person who had strongly make decision by themselves – I choose the brand and buy if myself
2. A person who had making decision by themselves but may be encourage to purchase by other people – I choose the brand but someone else buy it for me
3. A people who had low making decision - Someone else choose the brand and buy it for me

Second question is a consistency of consumer behavior by using yes, no questions that respondent able to choose the answer that effect to their healthy lifestyle consumption. Have you been taking dietary supplement during the past 3 months?

1. A person who have been taking dietary supplement during the past 3 months – Yes
2. A person who just start taking dietary supplement - No

The last question of this part, the consumption frequency by using the standard deviation as follows:-

1. A person who had of high consumption frequency – dietary supplement consumption at least 4 days or more in a week
2. A person who had low consumption frequency – dietary supplement consumption at less than 4 days in a week

Part 2, in this part consists of 6 questions representing 5 factors of 26 items asking for opinion on dietary supplement.

2.1 The questionnaire is related to healthy lifestyle, consist of 6 items.

2.2 The questionnaire is related to behavior consist of 3 items.

2.3 The questionnaire is related to behavior intention consist of 4 items.

2.4 The questionnaire is perceive price combined with 3 parts.

- First part, to estimate expense per month for dietary supplement – Free answer in Thai Baht
- Second, consist of 2 questions related satisfaction of consumer related current dietary supplement as follows:-
  - 1) Group of people who was satisfied paying current amount for their dietary supplement – scoring of this part as following:-
    - 1 = strongly disagree with reference group factors is the most influence to their satisfaction
    - 2 = disagree with reference group factors is the most influence to their satisfaction
    - 3 = neutral with reference group factors is the most influence to their satisfaction
    - 4 = agree with reference group factors is the most influence to their satisfaction
    - 5 = strongly agree with reference group factors is the most influence to their satisfaction
  - 2) The price that consumer need to paid for my dietary supplement is a rip – off. – scoring of this part as following:-
    - 1 = strongly disagree with reference group factors is the most influence to their satisfaction
    - 2 = disagree with reference group factors is the most influence to their satisfaction
    - 3 = neutral with reference group factors is the most influence to their satisfaction

4 = agree with reference group factors is the most influence to their satisfaction

5 = strongly agree with reference group factors is the most influence to their satisfaction

- 3) The reasonable expense for dietary supplement – scoring of this par as following:-

1 = strongly unreasonable with reference group factors is the most influence to their reasonability

2 = somewhat unreasonable with reference group factors is the most influence to their reasonability

3 = not sure with reference group factors is the most influence to their reasonability

4 = somewhat reasonable with reference group factors is the most influence to their reasonability

5 = strongly reasonable with reference group factors is the most influence to their reasonability

1.5 The questionnaire is electronic W-O-M consists of 5 items.

1.6 The questionnaire is Health consciousness consists of 4 items.

All of this is a 5-Likert scale is selected to use in this report to ranking. The question which related to independent factors such as healthy lifestyle, behavior, perceives price, e-WOM and health consciousness. The details as follows:-

- |   |                               |
|---|-------------------------------|
| 1 | indicates “strongly disagree” |
| 2 | indicates “disagree”          |
| 3 | indicates “neutral”           |
| 4 | indicates “agree”             |
| 5 | indicates “strongly agree”    |

Level of the average weighted means:-

Table 3.1: Level of the average weighted means

Arbitrary Level	Descriptive rating
> 4.50	Most important/ Strongly Agree
3.50 -4.49	Very important/ Agree
2.50-3.49	Neutral/ Neither agree nor Disagree
1.50-2.49	Less important/ Disagree
< 1.49	Least important/ Strongly Disagree

Source: John, W. B. (1970). *Research in education*. New Jersey: Prentice Hall.

Part 3 Demographic profile and general information of user who take dietary supplement consist of 6 questions of 6 items that are gender, age, marital status, occupation, educations level and individual monthly income (in Baht). In this part, researcher provided multiple choice questions and respondents are restricted to choose all of this is a single answer.

### 3.4.2 Translation

The original questionnaire was create in English and translated into Thai. The translations was checked and approved by the researcher's advisor.

### 3.4.3 Pilot Test

The pilot tests have an objective to check for clarify of wordings and instruments of questionnaire onwards. Regarding, the pilot test were conducted on three senior managers and two officers, all of them are the researcher's personal contacts. Those respondents are regular uses of dietary supplement. All of the pilot test response via hard copy, each survey take took about 15 minutes to go on by estimate. In each defendant will come back with comments to clarify

and uncertainty of the wording and vocabulary. Furthermore, the group of respondents was asked to determine and each unclear of the questionnaire instructions. The researcher then make corrections to the questionnaire accordingly.

### **3.5 Data Collection**

The process to collect the data from consumers was conducted via online channel by using online survey tools. Time limit during period from December 2015 – January 2016, totally 2 months.

### **3.6 Process to collect the data**

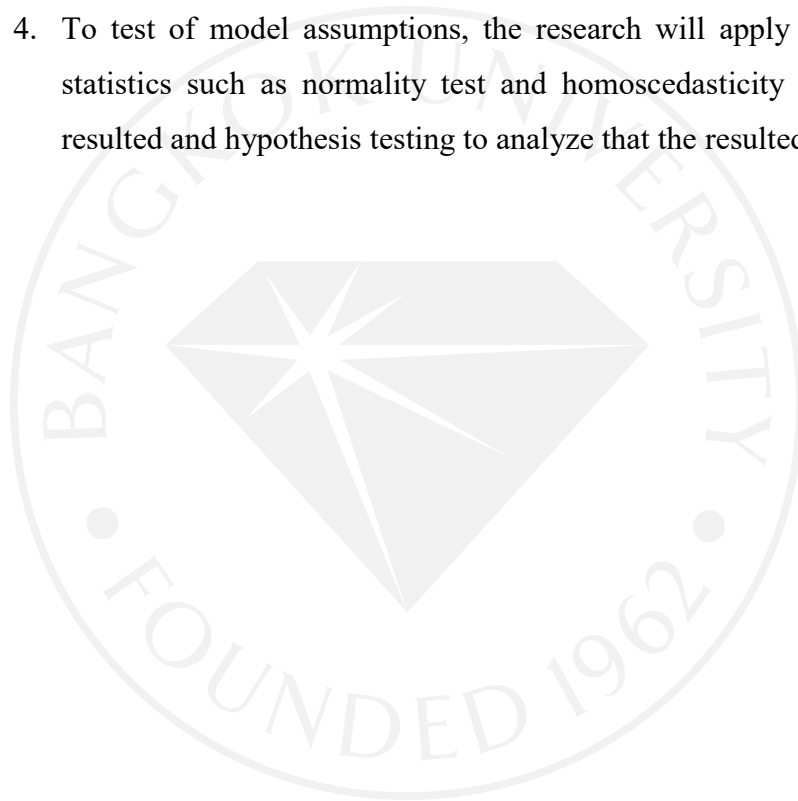
Regarding the researcher decided to collect data via online channel, after the advisor was approved the questionnaire and conducted a pilot test on 5 respondent. The researcher used <https://support.google.com/docs/answer/87809?hl=en> to create online survey.

Next process is to collect and evaluate data included make sure that the data has been completed. Researcher issue online survey totally 180 sets and get back at 160 sets.

### **3.7 Statistical procedures**

The researcher obtains the raw data and summarized by SPSS program. All statistics method interpreted follows the research practice. The statistical were used to this paper as follows:-

1. The Development of composite scores to explain the way to combine different measures creates composite score in each factor. Also, measurement reliability and creating of composite score.
2. Descriptive statistics to analyze the demographic profile, independent factors, dependent factor and correlation matrix.
3. To test of individual assumptions data on linearity test, normality test and homoscedasticity test to find out the relative between independent factor towards behavior intention.
4. To test of model assumptions, the research will apply in 4 parametric statistics such as normality test and homoscedasticity test. Regression resulted and hypothesis testing to analyze that the resulted of data.



## CHAPTER 4

### DATA ANALYSIS

In this chapter, will be represent the result of research objectives and research hypotheses. Researcher is analysis of relationships between independent and dependent variable by using Multiple regression analysis.

The results of “Factors influencing consumer’s consumption of dietary supplements in Bangkok” were obtained from 160 respondents. The data were analysed by SPSS program and can divide into 4 parts as following:

#### 4.1 Respondent’s profile

##### 4.1.1 Demographic Profiles

The demographic profiles of respondents were consisted of gender, age, marital status, occupation, education level and monthly income as follows:-

#### Symbolic used in this chapter

N	=	Frequency
$\bar{x}$	=	Mean score
S.D.	=	Standard Deviation
$\alpha$	=	Cronbach’s Alpha
R	=	Correlation Coefficient
B	=	Unstandardized Coefficient
S.E.	=	Standard Error
Beta	=	Standardized Coefficient
t	=	t-stat
Sig.	=	p-value

\* = Significant at 0.05 level

\*\* = Significant at 0.01 level

Table 4.1: Gender

Gender	N	Percentage
Male	64	40.00
Female	96	60.00
Total	160	100.00

Table 4.1 presented the results of the gender of participants. The outcomes found that the majority of gender respondents were female for 96 persons (60.00%) whereas male respondents were 64 persons (40.00%).

Table 4.2: Age Level

Age	N	Percentage
Less than 20 years old	6	3.75
20-29 years old	48	30.00
30-39 years old	90	56.25
40-49 years old	16	10.00
Total	160	100.00

Table 4.2, which illustrated the respondent's age, found that the most of respondents was 30-39 years old accounted for 90 persons (56.25%) next below was

20-29 years old accounted for 48 persons (30.00%) next below was 40-49 years old accounted for 16 persons (10.00%) and the lowest group was less than 20 years old accounted for 6 persons (3.75%).

Table 4.3: Marital Status

Marital Status	N	Percentage
Single	129	80.63
Married	15	9.38
Married with children	14	8.75
Divorced/widowed	2	1.25
Total	160	100.00

Table 4.3 referred to the outcomes of respondents classified by Marital Status. This result has found that the largest groups was single accounted for 129 persons (80.63%) next below was married accounted for 15 persons (9.38%), married with children accounted for 14 persons (8.75%) while, divorced/widowed accounted for only 2 persons (1.25%).

Table 4.4: Occupation

Occupation	N	Percentage
Government officer	2	1.25
Businessman	9	5.63

(Continued)

Table 4.4 (Continued): Occupation

Occupation	N	Percentage
Student	11	6.88
Employee	115	71.88
Business Owner	11	6.88
Housewife	2	1.25
Freelance	10	6.25
Total	160	100.00

Table 4.4 show indicated to the answer of respondents classified by their occupation, the results have found that most of respondents' are employee accounted for 115 persons (71.88%) followed by student and business owner equally at 11 persons (6.88%), freelance accounted for 10 persons (6.25%), businessman accounted for 9 persons (5.63%) and government officer and housewife equally at 2 persons (1.25%), respectively.

Table 4.5: Education Level

Education Level	N	Percentage
Bachelor degree	89	55.63
Master degree	67	41.88
Doctoral degree	4	2.50
Total	160	100.00

Table 4.5 show the respondents' Education Level, Most of the respondents was Bachelor degree accounted for 89 persons (55.63%) next below was Master degree accounted for 67 persons (41.88%) while there was only 4 persons (2.50%) graduate in Doctoral degree.

Table 4.6: Monthly income (THB)

Monthly income (THB)	N	Percentage
Less than 20,000	5	3.13
20,001-40,000	50	31.25
40,001-60,000	42	26.25
60,001-80,000	5	3.13
80,001-100,000	30	18.75
more than 100,000	28	17.50
Total	160	100.00

Table 4.6 indicated to the answer of respondents classified by their monthly income, the results have found that most of respondents' has monthly income of 20,001-40,000 Baht accounted for 50 persons (31.25%) followed by 40,001-60,000 Baht accounted for 42 persons (26.25%), 80,001-100,000 Baht accounted for 30 persons (18.75%), more than 100,000 Baht accounted for 28 persons (17.50%) and less than 20,000 Baht and 60,001-80,000 Baht equally at 5 persons (3.13%), respectively.

## 4.2 Development of Composite scores

### 4.2.1 Measurement reliability

Table 4.7: the measure reliability analysis show level of Cronbach's Alpha on reference group factors that influence healthy lifestyle towards dietary supplement.

#### Reliability Statistics

Cronbach's Alpha	N of Items
.850	6

#### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
HL1	19.44	18.513	.546	.845
HL2	18.90	18.581	.639	.824
HL3	18.79	18.064	.719	.809
HL4	19.51	17.824	.650	.823
HL5	18.52	19.371	.656	.823
HL6	18.43	19.291	.621	.828

The reliability of 160 correspondents from online survey questionnaire and analyze data by used SPSS. The effective resulted of Cronbach's Alpha must higher than 0.7, which reference group is 0.850 of reliability.

Table 4.8: the measure reliability analysis show level of Cronbach's Alpha on reference group factors that influence perceive price towards dietary supplement.

#### Reliability Statistics

Cronbach's Alpha	N of Items
.717	3

#### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
PP1	7.02	2.006	.518	.651
PP2	7.24	1.947	.587	.565
PP3	7.14	2.132	.506	.664

The reliability of 160 correspondents from online survey questionnaire and analyze data by used SPSS. The effective resulted of Cronbach's Alpha must higher than 0.7, which reference group is 0.717 of reliability.

Table 4.9: the measure reliability analysis show level of Cronbach's Alpha on reference group factors that influence electronic WOM towards dietary supplement.

#### Reliability Statistics

Cronbach's Alpha	N of Items
.862	5

#### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
EWOM1	12.11	17.446	.510	.872
EWOM2	12.79	15.212	.770	.813
EWOM3	13.11	14.008	.799	.801
EWOM4	13.29	14.574	.706	.827
EWOM5	12.38	15.456	.635	.846

The reliability of 160 correspondents from online survey questionnaire and analyze data by used SPSS. The effective resulted of Cronbach's Alpha must higher than 0.7, which reference group is 0.862 of reliability.

Table 4.10: the measure reliability analysis show level of Cronbach's Alpha on reference group factors that influence health consciousness towards dietary supplement.

#### Reliability Statistics

Cronbach's Alpha	N of Items
.905	4

#### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
HC1	11.76	5.569	.822	.863
HC2	11.69	5.673	.837	.858
HC3	11.65	5.650	.823	.863
HC4	12.06	6.066	.668	.918

The reliability of 160 correspondents from online survey questionnaire and analyze data by used SPSS. The effective resulted of Cronbach's Alpha must higher than 0.7, which reference group is 0.905 of reliability.

Table 4.11: the measure reliability analysis show level of Cronbach's Alpha on reference group factors that influence behaviour intention towards dietary supplement.

#### Reliability Statistics

Cronbach's Alpha	N of Items
.869	4

#### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
BI1	10.43	7.856	.757	.819
BI2	10.32	8.395	.816	.809
BI3	10.68	7.652	.751	.821
BI4	11.10	7.537	.619	.887

The reliability of 160 correspondents from online survey questionnaire and analyze data by used SPSS. The effective resulted of Cronbach's Alpha must higher than 0.7, which reference group is 0.869 of reliability

#### 4.2.2 Creating composite score

Refer from 4.12 the descriptive data, we are able to summary the composite score as follows:-

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
HL	160	1	5	3.79	.850
PP	160	1	5	3.57	.666
EWOM	160	1	5	3.18	.963
HC	160	2	5	3.93	.786
Behaviour	160	1	5	3.66	.956
BI	160	1	5	3.54	.915
Valid N (listwise)	160				

The most important factors to influence consumer intention toward dietary supplement consumption is health conceceiousness ( $M = 3.93$ ,  $S.D = 0.79$ ). The second is healthy lifestyle ( $M = 3.79$ ,  $S.D = 0.85$ ). Followed by behavior ( $M = 3.66$ ,  $S.D = 0.96$ ), Perceive price ( $M = 3.57$ ,  $S.D = 0.666$ ), behavior intention ( $M = 3.54$ ,  $S.D = 0.92$ ) and electronic WOM ( $M = 3.18$ ,  $S.D = 0.96$ )

#### 4.3 Test of Model Assumption

- Descriptive statistics**

The demographic information was analyzed by descriptive analysis to transform raw data which describing the basic information such as frequency distribution, percentage distribution, variability (Zikmund, 2013).

In this part, researcher utilised the descriptive statistics which are frequency, percentage, mean score and standard deviation to summary the Demographic Profiles, Healthy Lifestyle, Perceived Price, Social Electronic Word-of-mouth, Health Consciousness and Behavioural intention information.

Table 4.13: Healthy Lifestyle

Healthy Lifestyle	$\bar{x}$	S.D.	$\alpha$
I exercise regularly	3.28	1.26	0.850
I often eat fresh Vegetables and fruits	3.82	1.12	
I am interested in clean food diets	3.93	1.10	
I would like to attend sport games	3.21	1.22	
People who exercise regularly are healthier than people who do not	4.20	0.98	
Eating fresh fruits and vegetables are beneficial to our health	4.29	1.04	
<b>Overall</b>	<b>3.79</b>	<b>0.85</b>	

Table 4.13 shows that Healthy Lifestyle factor has cronbach's alpha of 0.850 which is over 0.700 meaning that all subtopics in Healthy Lifestyle are reliable. The overall, Healthy Lifestyle has the mean score of 3.79. Subtopic which has highest mean score was "Eating fresh fruits and vegetables are beneficial to our health" ( $\bar{x} = 4.29$ ) next below was "People who exercise regularly are healthier than people who do not" ( $\bar{x} = 4.20$ ) and Subtopic which has lowest mean score was "I would like to attend sport games" ( $\bar{x} = 3.21$ ).

Table 4.14: Perceived Price

Perceived Price	$\bar{x}$	S.D.	$\alpha$
I was satisfied paying money for my dietary supplement	3.68	0.86	0.717
The price that I paid for my dietary supplement is not a rip – off	3.46	0.83	
The price of dietary supplement is reasonable	3.56	0.81	
<b>Overall</b>	<b>3.57</b>	<b>0.67</b>	

Table 4.14 shows that Perceived Price factor has cronbach's alpha of 0.717 which is over 0.700 meaning that all subtopics in Perceived Price are reliable. The overall, Perceived Price has the mean score of 3.57. Subtopic which has highest mean score was "I was satisfied paying money for my dietary supplement" ( $\bar{x} = 3.68$ ) next below was "The price of dietary supplement is reasonable" ( $\bar{x} = 4.20$ ) and Subtopic which has Lowest mean score was "The price that I paid for my dietary supplement is not a rip – off" ( $\bar{x} = 3.46$ ).

Table 4.15: Electronic Word-of-mouth

Electronic Word-of-mouth	$\bar{x}$	S.D.	$\alpha$
I read other consumers' online review to know more about the dietary supplements	3.81	1.07	0.862
I consulted with other consumers online to know more about the dietary supplements	3.13	1.12	

(Continued)

Table 4.15 (Continued): Electronic Word-of-mouth

Electronic Word-of-mouth	$\bar{x}$	S.D.	$\alpha$
I discussed with other consumers online to know more about the dietary supplements	2.81	1.26	
I participated in online discussion about the dietary supplements	2.63	1.29	
I gathered information from other consumers online before I decided to buy the dietary supplements	3.54	1.24	
<b>Overall</b>	<b>3.18</b>	<b>0.96</b>	

Table 4.15 shows that Social Electronic Word-of-mouth factor has cronbach's alpha of 0.862 which is over 0.700 meaning that all subtopics in Social Electronic Word-of-mouth are reliable. The overall, Social Electronic Word-of-mouth has the mean score of 3.18. Subtopic which has highest mean score was "I read other consumers' online review to know more about the dietary supplements" ( $\bar{x} = 3.81$ ) next below was "I gathered information from other consumers online before I decided to buy the dietary supplements" ( $\bar{x} = 3.54$ ) and Subtopic which has lowest mean score was "I discussed with other consumers online to know more about the dietary supplements" ( $\bar{x} = 2.81$ ).

Table 4.16: Health Consciousness

Health Consciousness	$\bar{x}$	S.D.	$\alpha$
I reflect about my health a lot	3.96	0.90	0.905
I'm very self-conscious about my health	4.03	0.87	
I'm generally attentive to my inner feeling about my health	4.07	0.88	
I am constantly examining my health	3.66	0.91	
<b>Overall</b>	<b>3.93</b>	<b>0.79</b>	

Table 4.16 shows that Health Consciousness factor has cronbach's alpha of 0.905 which is over 0.700 meaning that all subtopics in Health Consciousness are reliable. The overall, Health Consciousness has the mean score of 3.93. Subtopic which has highest mean score was "I'm generally attentive to my inner feeling about my health" ( $\bar{x} = 4.07$ ) next below was "I'm very self-conscious about my health" ( $\bar{x} = 4.03$ ) and Subtopic which has lowest mean score was "I am constantly examining my health" ( $\bar{x} = 3.66$ ).

Table 4.17: Behavioural Intention

Behavioural Intention	$\bar{x}$	S.D.	$\alpha$
I intend to consume dietary supplement in the future	3.75	1.05	0.869
I plan to consume dietary supplement for the nutritional needs of mine	3.86	0.89	

(Continued)

Table 4.17 (Continued): Behavioural Intention

Behavioural Intention	$\bar{x}$	S.D.	$\alpha$
I am always interest in buying more dietary supplement for the family's need	3.49	1.09	
I always intend to look for dietary supplement, despite outside the city	3.08	1.26	
<b>Overall</b>	<b>3.54</b>	<b>0.91</b>	

Table 4.17 shows that Behavioural Intention factor has cronbach's alpha of 0.869 which is over 0.700 meaning that all subtopics in Behavioural Intention are reliable. The overall, Behavioural Intention has the mean score of 3.54. Subtopic which has highest mean score was "I plan to consume dietary supplement for the nutritional needs of mine" ( $\bar{x} = 3.86$ ) next below was "I intend to consume dietary supplement in the future" ( $\bar{x} = 3.75$ ) and Subtopic which has lowest mean score was "I always intend to look for dietary supplement, despite outside the city" ( $\bar{x} = 3.08$ ).

#### 4.4 Correlation

Table 4.18: Correlation Matrix

Variable	$\bar{x}$	S.D.	Correlation Matrix				
			1	2	3	4	5
Healthy Lifestyle	3.79	0.85	1.00	0.07	0.18	0.36	0.30
Perceived Price	3.57	0.67	0.27*	1.00	0.08	0.05	0.13

\*

(Continued)

Table 4.18 (Continued): Correlation Matrix

Variable	$\bar{x}$	S.D.	Correlation Matrix				
			1	2	3	4	5
Social Electronic Word-of-mouth	3.18	0.96	0.42*	0.29*	1.00	0.12	0.21
Health Consciousness	3.93	0.79	0.60*	0.23*	0.36*	1.00	0.27
Behavioral Intention	3.54	0.91	0.55*	0.34*	0.46*	0.52*	1.00

Table 4.18 indicate that Behavioural Intention have significantly positive correlation with Healthy Lifestyle ( $r = 0.30$ ), Perceived Price ( $R = 0.13$ ), Social Electronic Word-of-mouth ( $R = 0.21$ ) and Health Consciousness ( $R = 0.27$ ) at 0.01 significant level.

#### 4.4.1 Test of Individual Assumptions

In this part, Linearity test, Normality test and Homoscedasticity test were conducted in order to test Individual assumptions of each variable as follows:-

- **Linearity test**

The Linearity test can be tested by Scatter plots between each of independent variable and dependent variable.

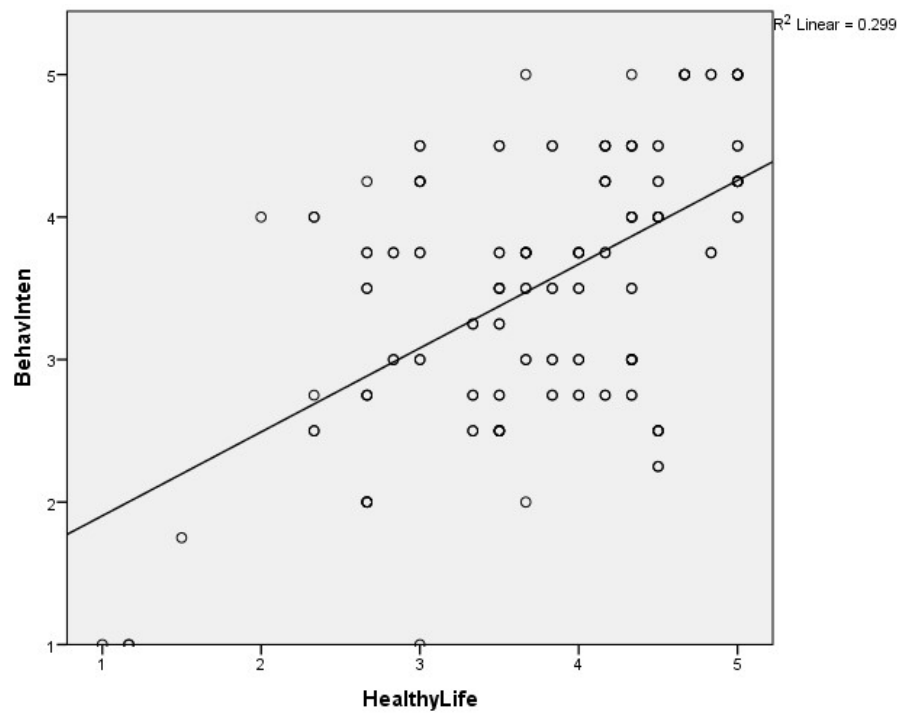


Figure 4.1: Scatter plot between Healthy Lifestyle and Behavioral Intention

From figure 4.1 the scatter plot show that there are some outliers in dot plot. However, they are minority and overall dot plot still indicate the linear relation between Healthy Lifestyle and Behavioural Intention (R-square = 0.299).

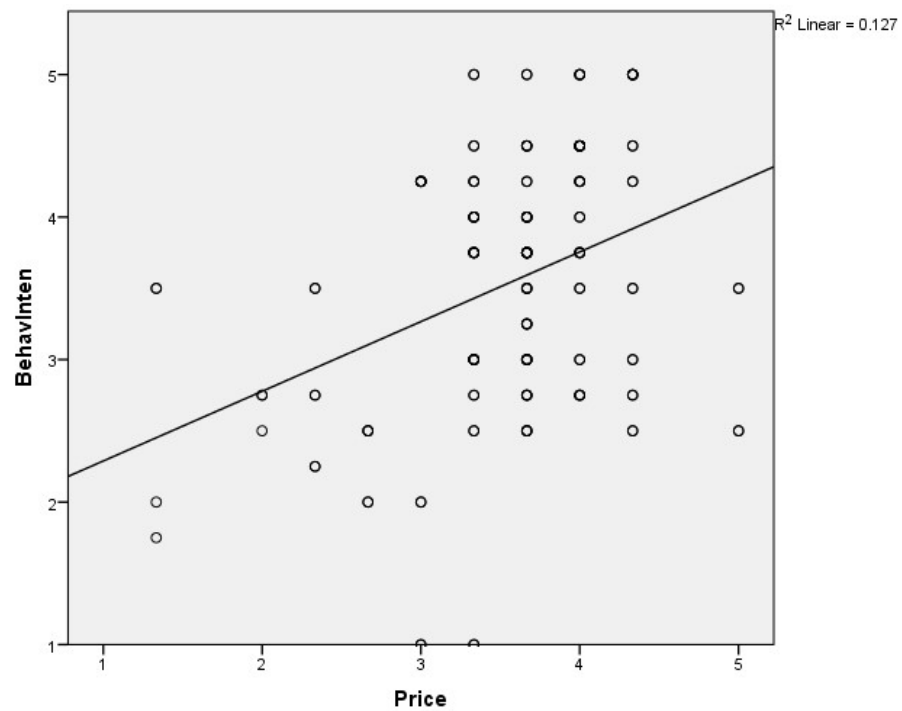


Figure 4.2: Scatter plot between Perceived Price and Behavioral Intention

From figure 4.2 the scatter plot between Perceived Price and Behavioural Intention are somewhat randomly distribute, mean that only slight linear relation between Perceived Price and Behavioural Intention ( $R\text{-square} = 0.127$ ).

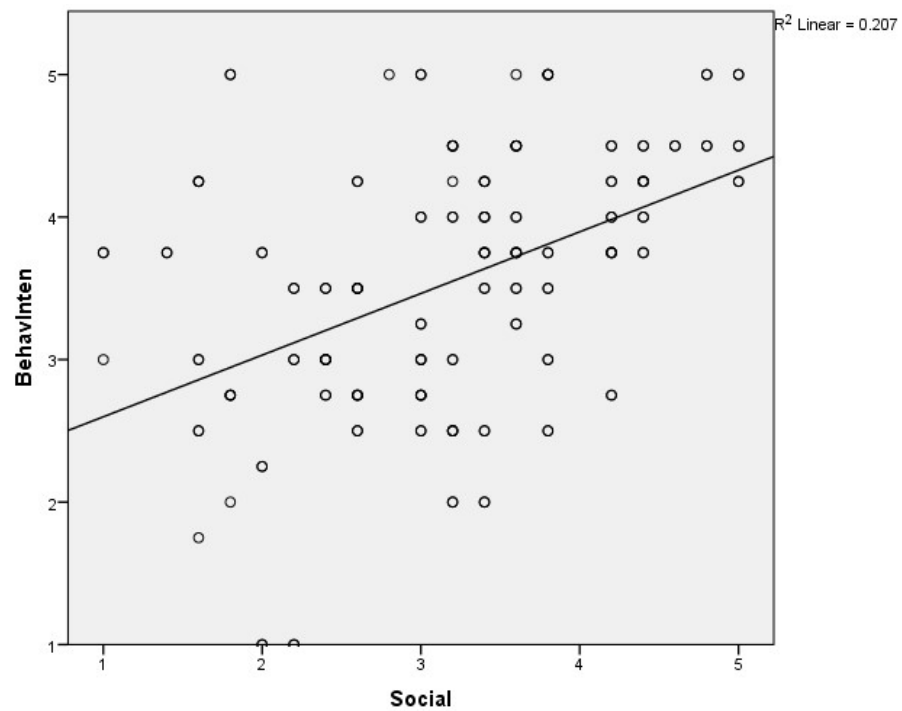


Figure 4.3: Scatter plot between Social Electronic Word-of-mouth and Behavioral Intention

From figure 4.3, the scatter plot between Social Electronic Word-of-mouth and Behavioural Intention are somewhat randomly distribute, Like figure 4.2, there is only minor linear relation between Social Electronic Word-of-mouth and Behavioural Intention and Behavioural Intention (R-square = 0.207).

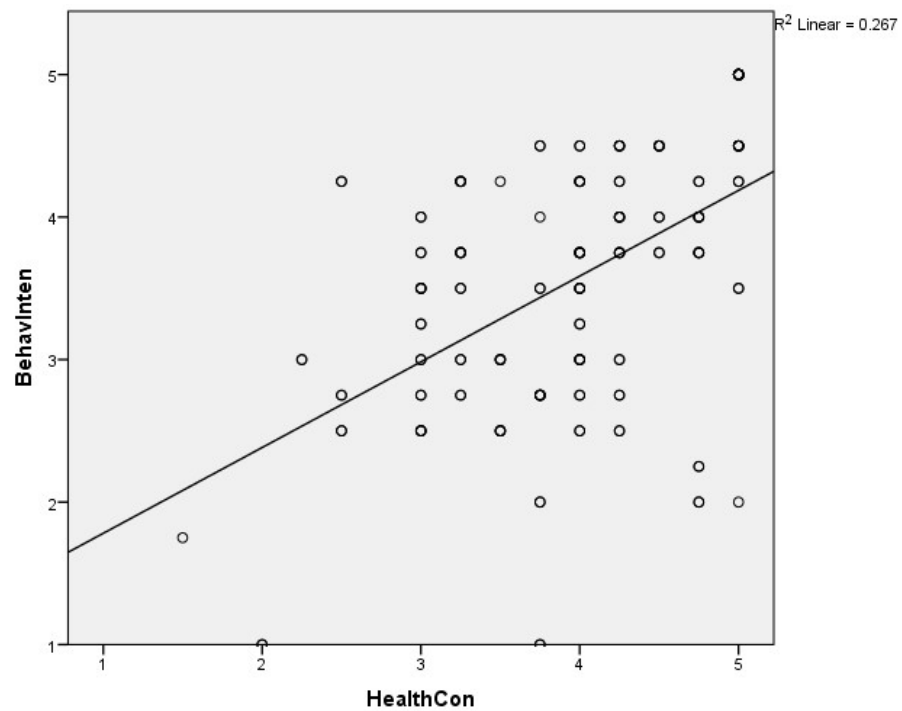


Figure 4.4: Scatter plot between Health Consciousness and Behavioral Intention

From figure 4.4 the scatter plot between Health Consciousness and Behavioural Intention show some correlated trend to each other, with only few outliers, so the correlation between Health Consciousness and Behavioural Intention existed. (R-square = 0.267).

- **Normality test**

The linear regression analysis requires all variables to be normal distribution. The Normality test can be tested by Normal Q-Q plot for each of variable.

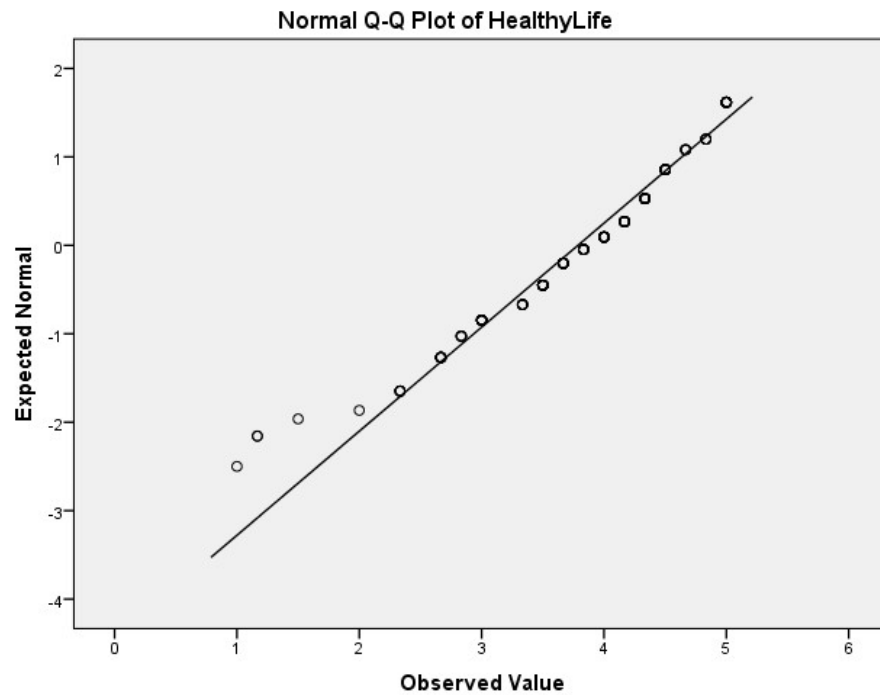


Figure 4.5: Normal Q-Q plot of Healthy Lifestyle

From figure 4.5 the Normal Q-Q plot show that the some dot plots at lower tail are deviate from expected line but the effect are mild, so we can accept the normality of Healthy Lifestyle.

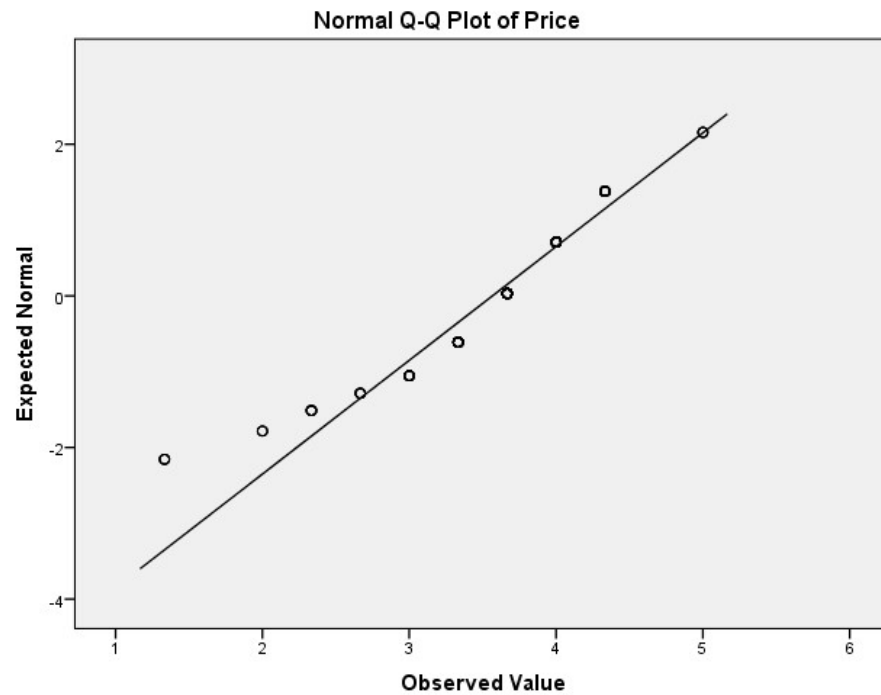


Figure 4.6: Normal Q-Q plot of Perceived Price

From figure 4.6 the Normal Q-Q plot show that the only couple of dot plots at lower tail are deviate from expected line, so that Perceived Price variable is still normal distribution.

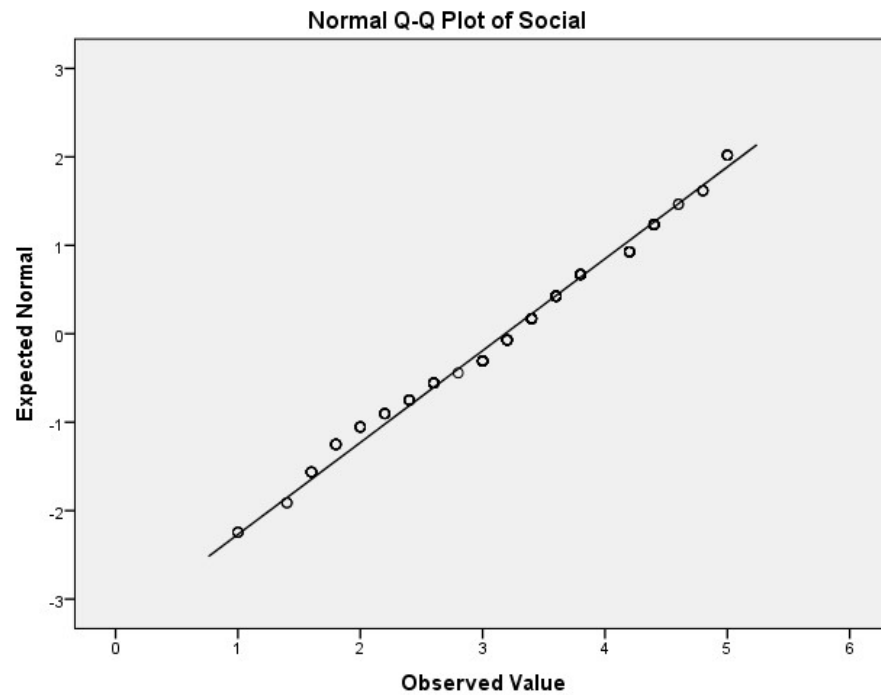


Figure 4.7: Normal Q-Q plot of Social Electronic Word-of-mouth

From figure 4.7 show that most of the dot plot align in diagonal straight line in Normal Q-Q diagram for all variables, meaning that Social Electronic Word-of-mouth variable have normal distribution.

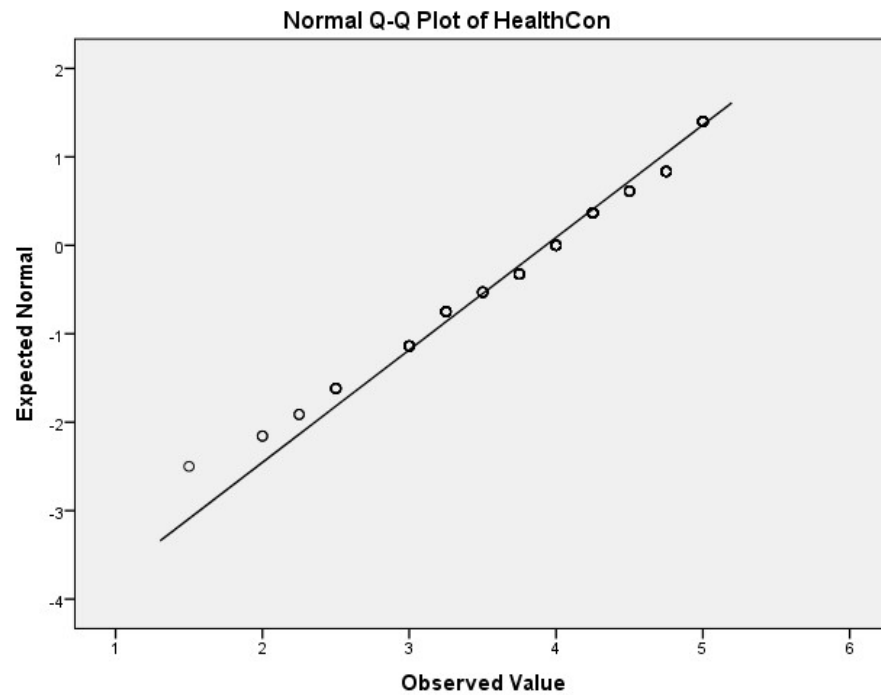


Figure 4.8: Normal Q-Q plot of Health Consciousness

From figure 4.8 show that only couple of dot plot at lower tail which not align in expected line in Q-Q plot, we can nevertheless admit that Health Consciousness variable have normal distribution.

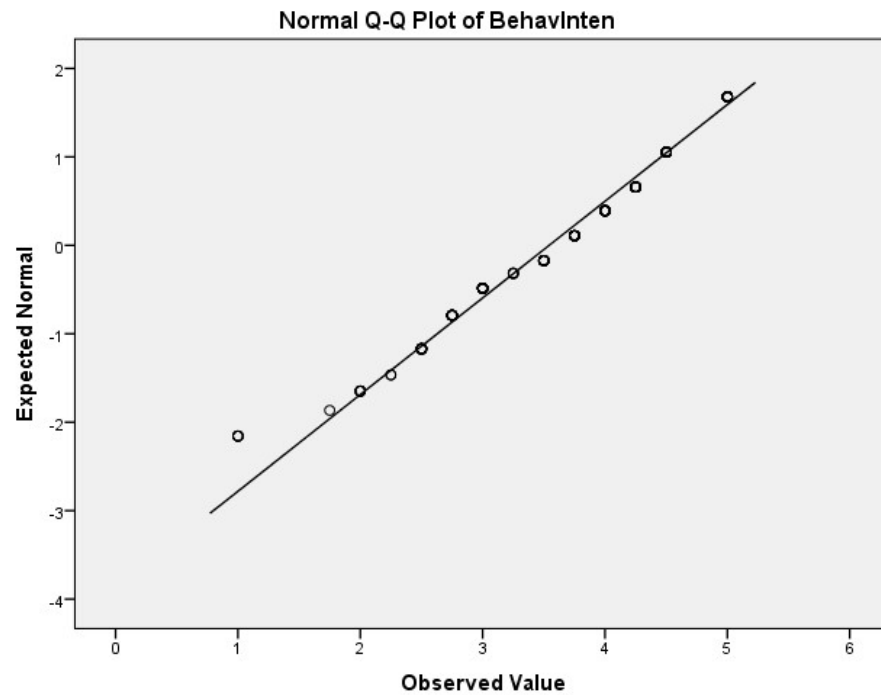


Figure 4.9: Normal Q-Q plot of Behavioral Intention

From figure 4.9 show that most of the dot plot align in diagonal straight line in Normal Q-Q diagram for all variables, only one dot plot at lower tail which away from expected line. So, we can accept that Behavioural Intention have normal distribution.

- **Homoscedasticity test**

The Homoscedasticity assumption mean that error terms of the relationship between the independent variables and the dependent variable have to be random distributed. The Homoscedasticity test can be tested by plots between each of standardized residual of independent variables and standardized predicted value.

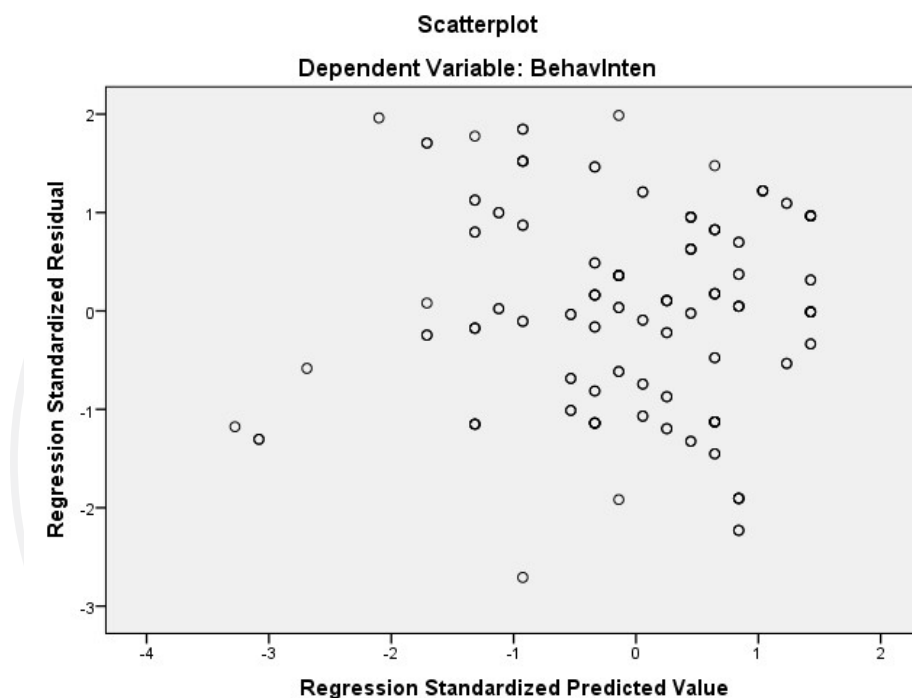


Figure 4.10: Scatter plot between Standardized residual and Standardized Predicted Value of Healthy Lifestyle and Behavioural Intention

From figure 4.10 the result show that, for Healthy Lifestyle and Behavioural Intention, the dot plot between standardized residual of independent variable and standardized predicted value are spread with no pattern in scatter plot but there are some dot plot away from majority plot. However, they are minor so we can still imply that there are no heteroscedasticity problems.

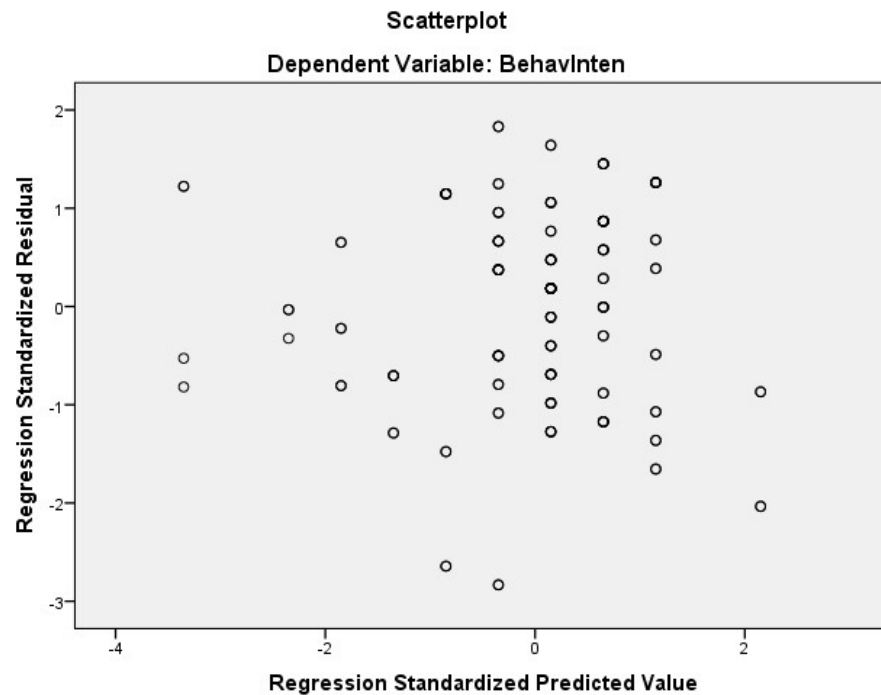


Figure 4.11: Scatter plot between Standardized residual and Standardized Predicted Value of Perceived Price and Behavioural Intention

From figure 4.11, the result show that plot between Standardized residual and Standardized Predicted Value of Perceived Price and Behavioural Intention are randomly distributed with a few plot which tend to away from centric of the plot. The effect is mild and we still can accept the homoscedasticity test.

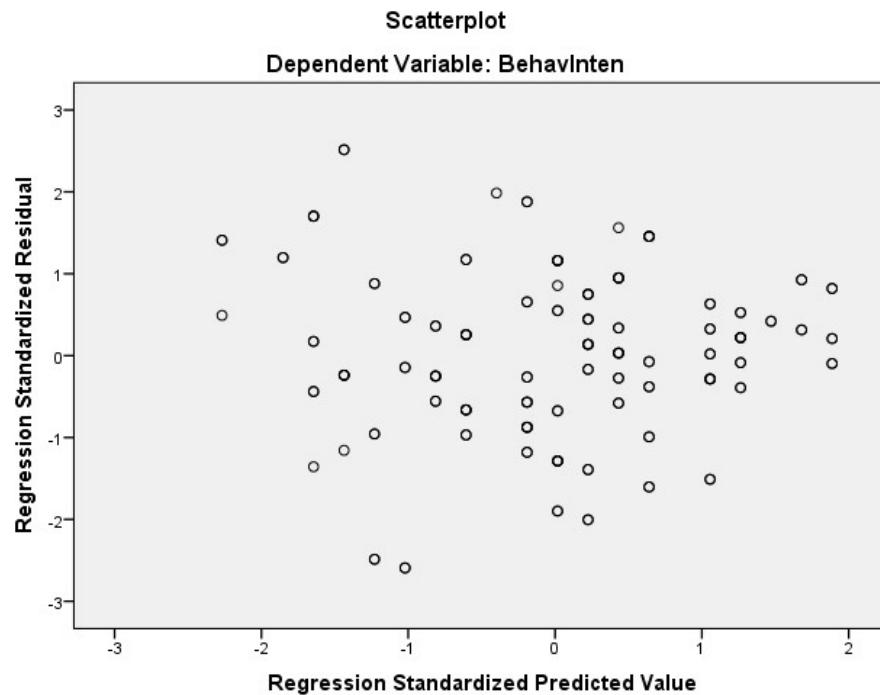


Figure 4.12: Scatter plot between Standardized residual and Standardized Predicted Value of Electronic Word-of-mouth and Behavioural Intention

From figure 4.12, the result show that plot between Standardized residual and Standardized Predicted Value of Electronic Word-of-mouth and Behavioural Intention are somewhat no-pattern align and there is no clearly outliers. So, we can accept that there is no heteroscedasticity problem

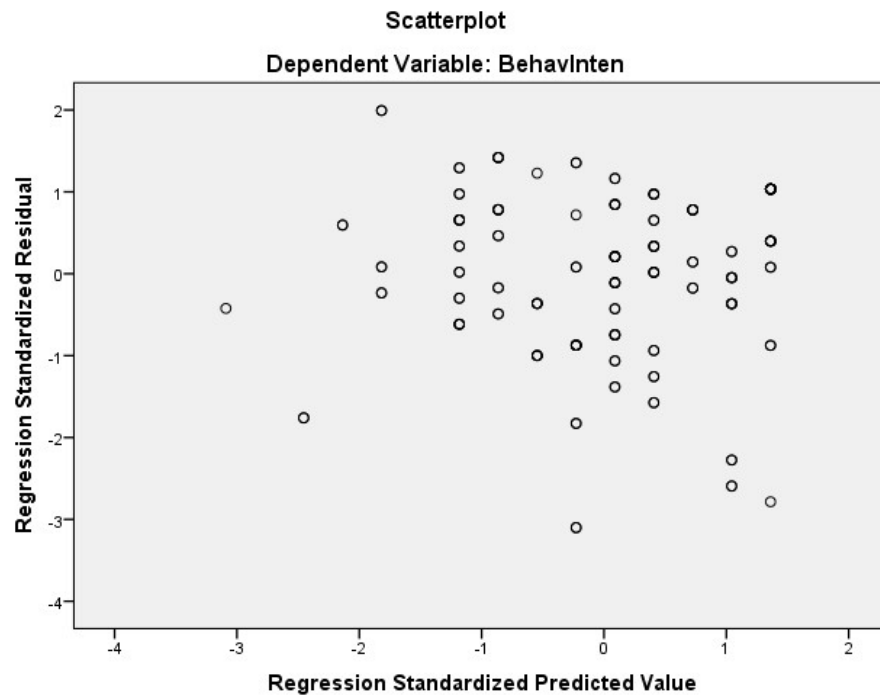


Figure 4.13: Scatter plot between Standardized residual and Standardized Predicted Value of Health Consciousness and Behavioural Intention

From figure 4.13, the result show that plot between Standardized residual and Standardized Predicted Value of Health Consciousness and Behavioural Intention are huddle together at centric of the plot with only minor plot which away from group. However it is still acceptable for the homoscedasticity test.

### 4.3. Test of model Assumptions

In this part, Normality test, Homoscedasticity test and Multiple Regression Analysis (MRA) were conducted to test the model assumptions and summarize the regression results.

- **Normality test**

For the test of normality in model assumption, the Regression Histogram Plot and Regression Normal P-P Plot were conducted. The Histogram show that the regression residual were distributed close to normal distribution. Moreover, the dot plot in Normal

P-P plot assemble in diagonal straight line. So, we can conclude that the normality assumption was held. (Figure 4.14 – 4.15)

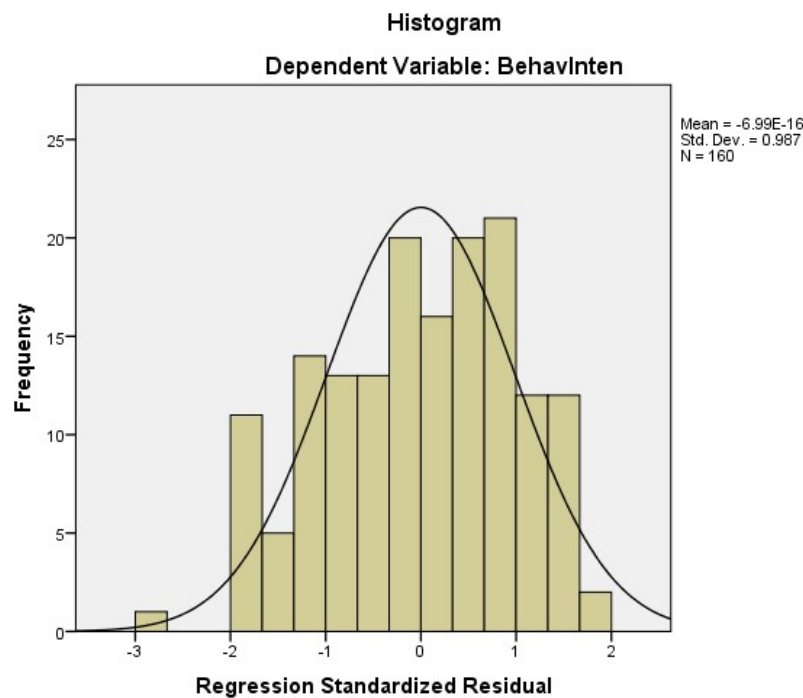


Figure 4.14: RegressionHistogram Plot

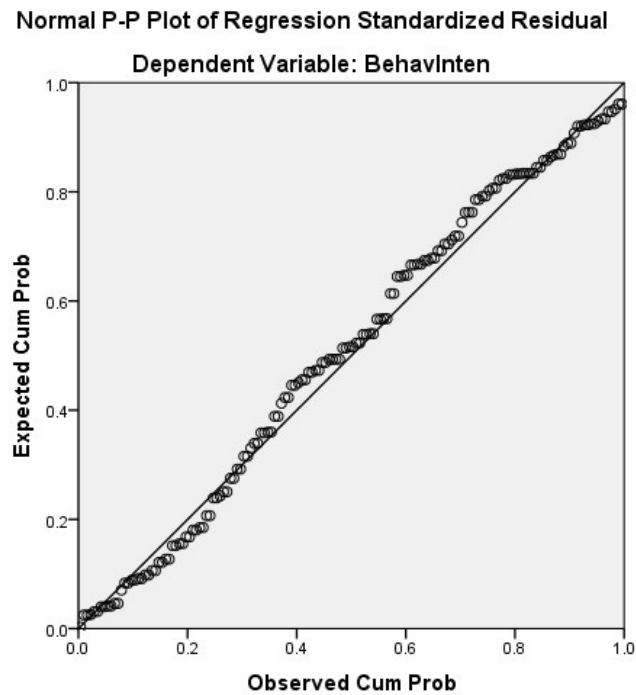


Figure 4.15: RegressionNormal P-P Plot

- **Homoscedasticity test**

As shown in Figure 4.16, the dot plot between standardized residual of regression and standardized predicted of behavioural intention randomly distributed.

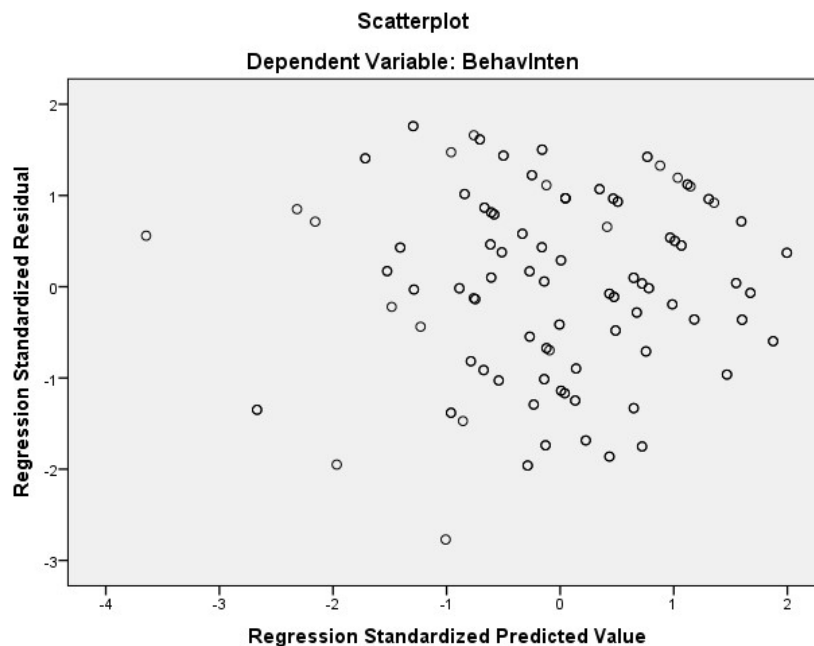


Figure 4.16: Scatter plot between Standardized residual of Regression and Standardized Predicted of Behavioral Intention

For Multicollinearity test, we can look at Tolerance and VIF value for each independent variable. The Tolerance value in the model is between 0.587 – 0.886 and VIF value in the model is between 1.129 – 1.703 which is not in the range of multicollinearity criteria (Tolerance < 0.10 or VIF > 10). Hence, we can summarize that there is no multicollinearity in the model.

#### 4.4 Regression results / Multicollinearity

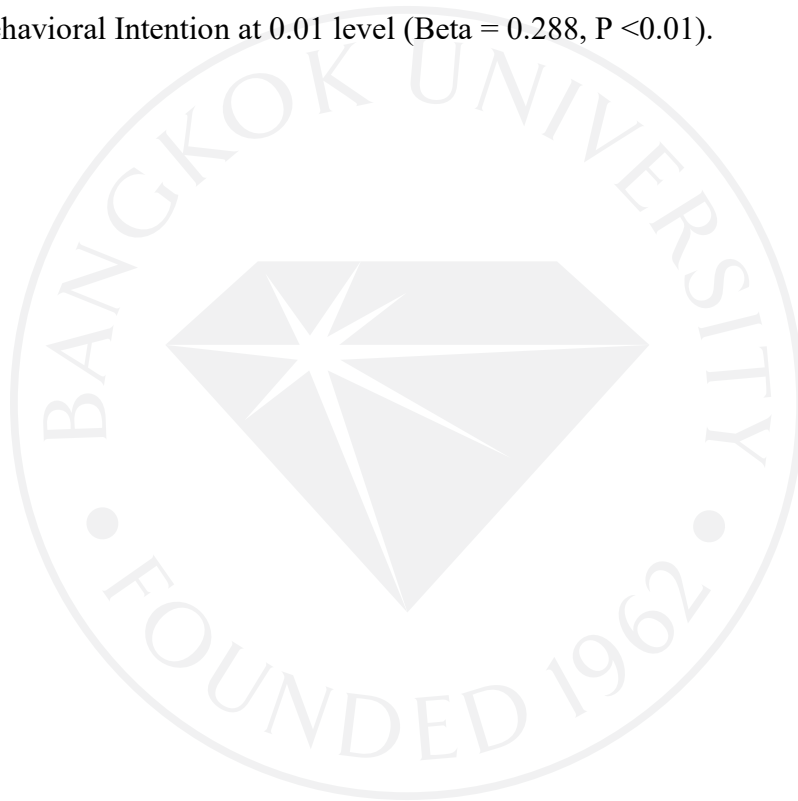
The results of multiple regression analysis (MRA) show in table 4.19

Table 4.13: Multiple Regression Analysis

Variable	Behavioral Intention						
	B	S.E.	Beta	T	Sig.	Tolerance	VIF
Healthy Lifestyle	0.288	0.085	0.267	3.374	0.001*	0.587	1.703
Perceived Price	0.229	0.089	0.167	2.583	0.011*	0.886	1.129
Social Electronic Word-of-mouth	0.200	0.065	0.211	3.067	0.003*	0.781	1.281
Health Consciousness	0.288	0.089	0.248	3.248	0.001*	0.633	1.580
<b>R</b>	0.655						
<b>R-Square</b>	0.429						
<b>F</b>	29.156						
<b>Sig.</b>	0.000						

The results from table 4.19 show that all of independent variables (i.e. Healthy Lifestyle, Perceived Price, Social Electronic Word-of-mouth and Health Consciousness) can jointly explain the variance of dependent variable (Behavioral Intention) at 42.9% and the regression model is statistically significant at 0.01 level ( $P < 0.01$ ).

To explain the relationship between independent variables and dependent variable, we can look at Beta value to understand the direction of the relation and p-value to know whether the relation was statistically significant. Healthy Lifestyle has significantly positive relationship with Behavioral Intention at 0.01 level (Beta = 0.288,  $P < 0.01$ ). Perceived Price has significantly positive relationship with Behavioral Intention at 0.01 level (Beta = 0.229,  $P < 0.01$ ). Social Electronic Word-of-mouth has significantly positive relationship with Behavioral Intention at 0.01 level (Beta = 0.200,  $P < 0.01$ ). Health Consciousness has significantly positive relationship with Behavioral Intention at 0.01 level (Beta = 0.288,  $P < 0.01$ ).



#### 4.5 Hypothesis Testing

Table 4.20: Hypothesis testing conclusion

Assumption	Direction	Hypothesis
H1 There is a relationship between healthy lifestyle and behaviour intention	+	Sig
H2 There is a relationship between perceived price and behaviour intention	+	Sig
H3 There is a relationship between Electronic W-O-M and behaviour intention	+	Sig
H4 There is a relationship between health consciousness and behaviour intention	+	Sig

To summarize, Hypothesis 1 – 4 which related factors between independent i.e healthy lifestyle, perceive price, Electronic W-O-M and health consciousness are related to were all accepted related behavior intention.

## **CHAPTER 5**

### **SUMMARY, IMPLICATIONS, RECOMMENDATION AND CONCLUSIONS**

This chapter is composed of four sections. First, it presented a summary of resulted in each factors and summary of hypotheses testing results. Second, the discussions were represented. Third section was the managerial implication and the fourth section provided the recommendations for future research for future research study.

#### **5.1 Conclusion**

The objective of this research was to investigate the relationships between healthy lifestyle, health consciousnesses, electronic word-of-mouth, perceived price and behavior intention. In addition, the purpose of this study was to identify the difference in behavior intention for dietary supplements when segmented by gender, age, status, occupancy, education and income. The data were collect by convenience method in Bangkok area with total of valid 160 respondents.

The samples of the research were collected from consumers who familiar to take dietary supplement as regularly have continue to have dietary supplement for over 3 months for total of 160 respondents. Researcher select the convenience sampling method in order to gather the information.

The research instrument is questionnaire which can be divided into 3 parts. Part 1 consists of “the purchase intention for dietary supplement product of user”, Part 2, the questions indicate the extent factors which are Perceived price, Social Electronic Word-of-mouth, Healthy Lifestyle, Behavior Intention and Health Consciousness. Part 3 is Demographic Profile of respondents.

The process in collecting data from consumers was conducted via online channel by using Google tools. Collection period is during December 2015 – January 2016, totally of 2 months.

The Statistical Package for the Social Sciences (SPSS) program be used in statistics calculation and the both of descriptive statistics (i.e., Mean score, Standard deviation) and inferential statistics (i.e., Pearson's Correlation and Multiple Regression analysis) were conducted in order to explain the results and test the Hypotheses.

## 5.2 Summary of the results

To conclude the results of study, the researcher would like to present the statistics and facts as follow:

- Majority of respondents are 30-39 years old female, Single, work as Employee ,Mostly graduate in Bachelor degree and has monthly income of 20,001-40,000 Baht.
- The factor which has highest mean score is Health Consciousness while the factor which has lowest mean score is Electronic Word-of-mouth.
- There are moderate correlation between independent variable ( $0.27 < R < 0.60$ ). So, there is no multicollinearity among independent variables.
- Linearity test, Normality test and Homoscedasticity test were conducted in order to test Individual assumptions of each variable and the results show that there is no such problem in each variable.
- Likewise to the Individual assumptions, the test for model assumptions indicated that the prerequisite assumptions for multiple regression analysis (MRA) have been met.
- The outputs of the regression show that all of independent variables (i.e. Healthy Lifestyle, Perceived Price, Social Electronic Word-of-mouth and Health Consciousness) have positive relationship with Behavioural Intention to consume dietary supplements at 0.05 significant level.

### 5.3 Regression Results

- There is no multicollinearity problem in the model since the Tolerance value in the model is between 0.587 – 0.886 and VIF value in the model is between 1.129 – 1.703
- All of independent variables (i.e. Healthy Lifestyle, Perceived Price, Social Electronic Word-of-mouth and Health Consciousness) have positive relationship with Behavioural Intention to consume dietary supplements at 0.05 significant level
- Healthy Lifestyle have highest positive effect to Behavioural Intention (Beta = 0.267) next below are Health Consciousness (Beta = 0.248), Social Electronic Word-of-mouth (Beta = 0.211) and Perceived Price (Beta = 0.167), respectively.

### 5.4 Hypothesis testing

A total four hypotheses testing conclusion were tested the relationships between each independent variable factors towards behavior intention of dietary supplement. The statistical technique used SPSS program to analyze. The resulted of all hypotheses are as follows:-

Hypothesis one (H1): There is a relationship between healthy lifestyle and behavior intention

Hypothesis two (H2): There is a relationship between perceived price and behavior intention

Hypothesis three (H3): There is a relationship between Electronic W-O-M and behavior intention

Hypothesis four (H4): There is a relationship between health consciousness and behavior intention

## 5.5 Discussion

Regarding the hypotheses tests, the study found that Healthy Lifestyle have highest positive relationship with Behavioural Intention. As Bloch (1984) explained the definition of healthy lifestyles as a “Health concern behaviors” such as dieting and exercising, the factor could lead the person to consume dietary supplements together with such action in order to maximize efficiency. Moreover, As Gunter & Furnham (1992, p.70) found that “Lifestyles are defined as patterns in which people live and spend their time and money”. So, researcher can interpret the result as nowadays, people intend to use dietary supplements as a part of their health lifestyle.

Next below from Healthy Lifestyle, Health Consciousness is the second highest factor which has positive relationship with Behavioural Intention. According to explanation from Becker, Waldburger, Hughes, & Pepys (1980), Health consciousness assesses of the willingness of being healthy and aware of well-being. Besides, Huguet, & Zani (2005) explained that health interest is addressed as the first motivation of willingness to buy the organic food. So, Health consciousness can influence people to consume the dietary supplement because they mainly purpose for maintain good health. The results of the research conform to Mai & Hoffmann (2012) which study effect of health consciousness found that consumers with a high degree of self-consciousness tend to put emphasis on health related attributes.

Apart from health behavior factors, Social word-of-mouth also factor that has positive correlation with Behavioural Intention. The rationale is when people can recognize the importance of health and access to the information about dietary supplements, it encourage them to consume dietary supplements. However, there are some negative prospective against dietary supplement due to bragging advertisement. Then, word-of-mouth (WOM) could be reliable source of information for the people. The results can be explicit explain by Podnar &

Javernik (2012) test the WOM attitude effect towards purchasing of consumer and found that WOM is such a traditional way to develop data information in market.

Last but not least, perceived price factor have positive relationship with Behavioural Intention. The perceived price factor can be explained as the value perception of the consumer between dietary supplements cost and benefits service and product (Zeithaml, 1988). However, despite the dietary supplements are somewhat costly. The results of the research contradict with Dickson & Sawyer (1995) study the Consumer attention shown that the price are not so much important than necessary especially for consumer who have careful internal reference price.

## 5.6 Managerial implication

- 1) Based on the demographic profiles of consumer who takes dietary supplement is a female (60%) during the age between 30 – 39 years old (56.25%) which come across maturity and able to making decision by themselves. Marketing activities is suitable for this group of consumer. Otherwise, the education level is base on bachelor degree (55.63%) if dietary supplement company can educated well directly with the right channel to consumer that might be benefit to inspire or convince consumer to have more willingness to buy products.
- 2) Moderately positive relationship in independent factors such as healthy lifestyle, perceive price, electronic WOM, health consciousness were found. To promote willingness to buy among, it can be created that in varieties terms related each factor such as:
  - Healthy lifestyle – Coordinate with healthy food event might be fits with group of correspondents “Eating fresh fruits and vegetable are benefits to our health” is the highest score at 4.29. It means that people who careful about food have a high chance to take dietary supplement.
  - Perceive price – Dietary supplement had a variety function of nutrition and resulted of sub factors shown that “I was satisfied paying money

for my dietary supplement” is the highest score at 3.68, followed by “The price of dietary supplement is reasonable” is 3.56. Marketer can crating and tie-in as a buddle packaging with special price for new consumer who able to try the other product which they have takes as usual. In this way, the image of product are still remains with expand new product development to consumer at the same time.

- Electronic WOM – Online channel especially mobile phone application can not be avoided in this generation. To draw people who can be new comer or remain exists customer are able to connect with online activity such as friend-get-friend or share related information by use strong application i.e Facebook or Instagram.
- Health Consciousness - For people who health consciousness concern their need to make sure that they always stay healthy “I am constantly examining my health”. On another hand, to prevent illness suppose to be a preferable way of correspondence group

### **5.7 Recommendations for future research**

In present, Dietary supplements became attraction goods in healthcare industry. People who concern about their health tend to consume dietary supplements together with daily exercise activities. Hench, there are contribution in the study to understand the factor which can affect the Behavioural intention to consume the dietary supplements. According to the conclusion of this study, there are following recommendations for related researches and further study.

Base on the result of this research, focusing on Behavioural intention to consume the dietary supplements, researcher should broaden the study in comparison of the difference between demographic information and Behavioural intention e.g. Area of living, type of work, family influence, Nationality, etc. to understand further in factor which affect the Behavioural intention to consume the dietary supplements.

Given that this study provides a basis for concluding that there is a relationship between Healthy lifestyle, Perceived Price, Social word-of-mouth, Health

Consciousness with Behavioural intention to consume the dietary supplements, it may be advantageous to conduct research which considers the other factor which can influence Behavioural intention to consume the dietary supplements such as marketing factor (7P), Satisfaction Before-after, etc.



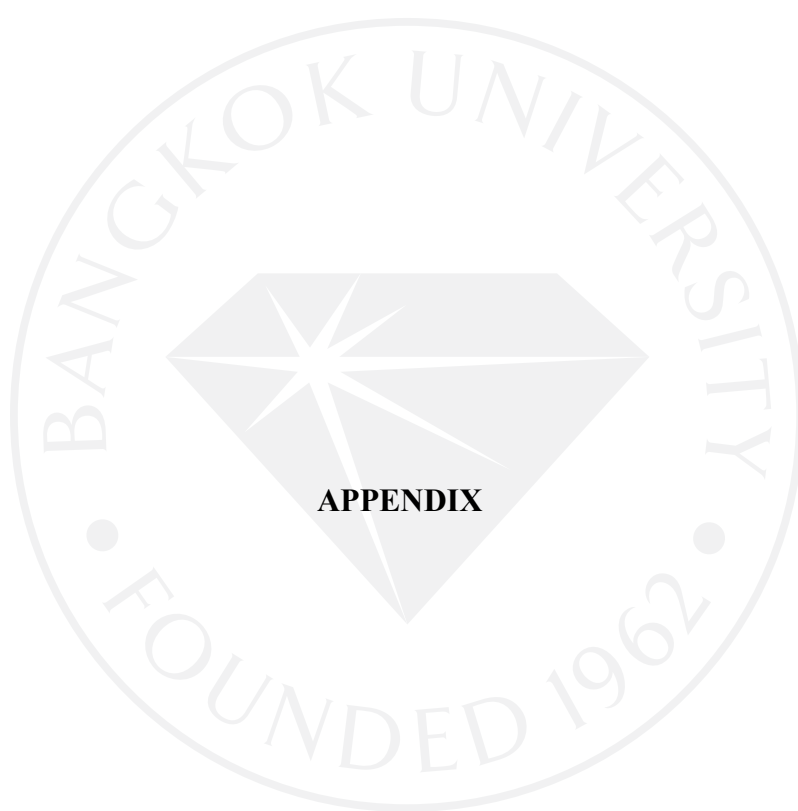
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**MBA English Program****Bangkok University, 2015****Factors influencing consumer's consumption of dietary supplements in Bangkok****Dietary supplement: Stand for Vitamin, Dietary, Herb supplement**

This questionnaire asks about consumer's behavior towards activities.

The questions have no right or wrong answers and only indicate your belief.

If you have any question about this questionnaire, please contact Ms. Narisara Udomkitmongkol

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**Part 1: The purpose of this survey is to measure “the purchase intention for dietary supplement product of user Dietary supplement:**

1. Which of the following is true regarding the purchase of your dietary supplements?

☐ I choose the brand and buy if myself

☐ I choose the brand but someone else buy it for me

☐ Someone else choose the brand and buy it for me

2. Have you been taking dietary supplement during the past 3 months?

☐ Yes

☐ No

3. How often do you take dietary supplement per need?

☐ At least 4 days / week

☐ Less than 4 days / week

4. Measure of healthy lifestyle is developed based on the activity, interest, and opinion (AIO) concept: There are 6 question for each sub-domain, resulting in 5 questions overall. Respondents were asked the extent to Healthy Lifestyle they agree or disagree with the following statement:-

Healthy Lifestyle	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I exercise regularly	1	2	3	4	5
I often eat fresh Vegetables and fruits	1	2	3	4	5
I am interested in clean food diets	1	2	3	4	5
I would like to attend sport games	1	2	3	4	5
People who exercise regularly are healthier than people who do not	1	2	3	4	5
Eating fresh fruits and vegetables are	1	2	3	4	5

beneficial to our health					
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5. Behaviour:- There are 3 questions for each sub-domain, resulting in 5 questions overall. Respondents were asked the extent to Behaviour they agree or disagree with the following statement:-

<b>Behavior</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have been a regular consumer of dietary supplement product	1	2	3	4	5
I always purchase dietary supplement for future need	1	2	3	4	5
I always purchase dietary supplement, although hard to come by in the market	1	2	3	4	5

6. Behavioural intention:- There are 4 questions for each sub-domain, resulting in 5 questions overall. Respondents were asked the extent to Behaviour they agree or disagree with the following statement:-

<b>Behavioural Intention</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
I intend to consume dietary supplement in the future	1	2	3	4	5
I plan to consume dietary supplement for the nutritional needs of my	1	2	3	4	5
I am always interest in buying more dietary supplement for the family need's	1	2	3	4	5
I always intend to look for dietary supplement, although outside the city	1	2	3	4	5

7. How much did you pay for your dietary supplement (the brand that you take most often currently)

.....

8. Please indicate the extent to which you agree or disagree with the following statements about the price you paid for your dietary supplement you take most often currently (in question 1)

Perceived Price	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was satisfied paying ..... [The amount specified in 7.] for my dietary supplement	1	2	3	4	5
The price that I paid for my dietary supplement is a rip – off.	1	2	3	4	5

Paying ..... [The amount specified in question 7] for my dietary supplement is a very .....

Unreasonable price	1	2	3	4	5	Reasonable price
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9. Please indicate the extent to which you agree or disagree with the following statement regarding how you obtain your information about your dietary supplements that you currently take

<b>Electronic Word-of-mouth</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
I read other consumers' online review to know more about the dietary supplements	1	2	3	4	5
I consulted with other consumers online to know more about the dietary supplements	1	2	3	4	5
I discussed with other consumers online to know more about the dietary supplements	1	2	3	4	5
I participated in online discussion about the dietary supplements	1	2	3	4	5
I gathered information from other consumers online before I decided to buy the dietary supplements	1	2	3	4	5

10. Health Consciousness:- Please indicate the extent to which you agree or disagree with the following statement regarding how you obtain your information about your dietary supplements that you currently take

Health Consciousness	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I reflect about my health a lot	1	2	3	4	5
I am very self-conscious about my health	1	2	3	4	5
I am generally attentive to my inner feeling about my health	1	2	3	4	5
I am constantly examining my health	1	2	3	4	5

### ***Demographic Profile***

1. Gender

☐ Male

☐ Female

2. Age levels

☐ Less than 20 years old

- ☐ 20-29 years old
- ☐ 30-39 years old
- ☐ 40-49 years old
- ☐ 50 years or more

3. Marital status

- ☐ Single      ☐ Married      ☐ Married with children
- ☐ Divorced/widowed

4. Occupation

- ☐ Government officer      ☐ Businessman      ☐ Student
- ☐ Employee      ☐ Business Owner      ☐ Housewife
- ☐ State enterprise employee      ☐ Freelance      ☐ Others \_\_\_\_\_

5. Education Levels

- ☐ High school graduate or less      ☐ Bachelor degree      ☐ Master degree
- ☐ Doctoral degree      ☐ Others, please specify \_\_\_\_\_

6. Individual monthly income (in baht)

- ☐ Less than 20,000      ☐ 20,001-40,000      ☐ 40,001-60,000
- ☐ 60,001-80,000      ☐ 80,001-100,000
- ☐ more than 100,000

แบบสอบถามเพื่อการวิจัยเรื่อง ปัจจัยส่งผลต่อพฤติกรรมการบริโภคผลิตภัณฑ์อาหารเสริมของ  
ผู้บริโภคในเขตกรุงเทพมหานคร

แบบสอบถามฉบับนี้มีวัตถุประสงค์เพื่อใช้ในการเก็บรวบรวมข้อมูลเพื่อการศึกษาปัจจัยที่มีอิทธิพลต่อพฤติกรรมการบริโภคผลิตภัณฑ์อาหารเสริมของผู้บริโภคภายในเขตกรุงเทพมหานคร

เพื่อนำมาใช้ในการประกอบการเรียนการสอนในวิชาค่าน้ำอิสระหลักสูตรปริญญาโท คณะบริหารธุรกิจ มหาวิทยาลัยกรุงเทพ โดยข้อมูลของท่านจะไม่ได้มีการเปิดเผยหรือนำไปใช้ประโยชน์อื่นใดนอกจากเพื่อการศึกษาเท่านั้น

สุดท้ายนี้คณะผู้วิจัยต้องขอขอบพระคุณท่านอย่างสูงในการเสียสละเวลาช่วยตอบแบบสอบถามมา ณ ที่นี้ด้วย

ผลิตภัณฑ์เสริมอาหารที่กล่าวถึงในแบบสอบถามนี้ หมายถึง วิตามิน อาหารเสริม สมุนไพรที่ได้รับประทาน  
อยู่ในรูปแบบเม็ด แคปซูล ผง น้ำ รับประทานเพื่อเสริม บำรุงร่างกาย

แบบสอบถามฉบับนี้ ขอเรียนถามเกี่ยวกับกิจกรรมประจำวันของท่าน

คำถามเหล่านี้ไม่มีคำตอบที่ถูกต้องหรือผิด ผู้วิจัยเพียงต้องการทราบความคิดเห็นของท่านเท่านั้น

หากท่านที่มีข้อสงสัยเกี่ยวกับแบบสอบถาม กรุณาติดต่อผู้ทำวิจัย นางสาว นริศรา อุดมกิจมงคล

โทรศัพท์ 089-7992436

อีเมล [narisa4424@hotmail.com](mailto:narisa4424@hotmail.com)

1. พฤติกรรมการเลือกซื้ออาหารเสริมในข้อใดต่อไปนี้เป็นที่ตรงกับตัวท่าน?

☐ ฉันตัดสินใจเลือกซื้อหรือซื้อผลิตภัณฑ์อาหารเสริมด้วยตัวเอง

☐ ฉันเป็นคนเลือกซื้อหรือซื้อผลิตภัณฑ์อาหารเสริมด้วยตัวเอง แต่ให้บุคคลอื่นเป็นผู้ซื้อให้

☐ มีผู้อื่นเป็นผู้เลือกและตัดสินใจการเลือกผลิตภัณฑ์อาหารเสริมให้กับฉัน

2. คุณรับประทานผลิตภัณฑ์เสริมอาหารเป็นเวลาอย่างน้อย 3 เดือนแล้วใช่หรือไม่

☐ ใช่

☐ ไม่ใช่

3. คุณรับประทานอาหารเสริมบ่อยแค่ไหน?

☐ อย่างน้อย 4 วันต่อสัปดาห์

☐ น้อยกว่า 4 วันต่อสัปดาห์

4. คำถามต่อไปนี้เป็นคำถามเกี่ยวข้องกับวิถีชีวิตและความสนใจในเรื่องสุขภาพทั่วไป  
กรุณาเลือกคำตอบที่ตรงกับตัวท่านมากที่สุด

ด้านรูปแบบการดำเนินชีวิตเพื่อสุขภาพ	ไม่เห็นด้วยอย่างยิ่ง	ค่อนข้างไม่เห็นด้วย	เห็นด้วยและไม่เห็นด้วยพอๆกัน	ค่อนข้างเห็นด้วย	เห็นด้วยอย่างยิ่ง
ฉันออกกำลังกายสม่ำเสมอ	1	2	3	4	5
ฉันรับประทานผักและผลไม้สดเป็นประจำ	1	2	3	4	5
ฉันมีความสนใจในการรับประทานอาหารเพื่อสุขภาพ	1	2	3	4	5
ฉันมีความต้องการจะเข้าร่วมกิจกรรมทางด้านกีฬา	1	2	3	4	5
ผู้ที่ออกกำลังกายสม่ำเสมอจะมีสุขภาพที่ดีกว่าผู้ที่ไม่ออกกำลังกายเป็นประจำ	1	2	3	4	5
การรับประทานผักและผลไม้สดมีคุณประโยชน์ต่อสุขภาพเป็นอย่างมาก	1	2	3	4	5

5. ข้อความต่อไปนี้อธิบายเกี่ยวกับพฤติกรรมการบริโภคผลิตภัณฑ์อาหารเสริมของผู้บริโภคโดยทั่วไป  
กรุณาเลือกคำตอบที่ตรงกับกรบริโภคที่ตรงต่อพฤติกรรมการบริโภคอาหารเสริมของท่านมากที่สุด

พฤติกรรมการบริโภคอาหารเสริม	ไม่เห็น ด้วยอย่าง ยิ่ง	ค่อนข้าง ไม่เห็น ด้วย	เห็นด้วย และไม่ เห็นด้วย พอๆกัน	ค่อนข้าง เห็นด้วย	เห็นด้วย อย่างยิ่ง
ฉันบริโภคผลิตภัณฑ์อาหารเสริมเป็นประจำ	1	2	3	4	5
ฉันซื้อผลิตภัณฑ์อาหารเสริมสำหรับการบริโภคใน อนาคตเป็นประจำ	1	2	3	4	5
ฉันเลือกซื้อผลิตภัณฑ์อาหารเสริมเสมอแม้จะหาได้ยาก ตามท้องตลาดก็ตาม	1	2	3	4	5

6. คำถามต่อไปนี้เป็นการถามเกี่ยวกับความตั้งใจในการบริโภคผลิตภัณฑ์อาหารเสริมของผู้บริโภค  
โดยทั่วไป  
กรุณาเลือกคำตอบที่ตรงกับกรบริโภคที่ตรงต่อพฤติกรรมการบริโภคอาหารเสริมของท่านมากที่สุด

ด้านความตั้งใจในการบริโภค	ไม่เห็น ด้วยอย่าง ยิ่ง	ค่อนข้าง ไม่เห็น ด้วย	เห็นด้วย และไม่ เห็นด้วย พอๆกัน	ค่อนข้าง เห็นด้วย	เห็นด้วย อย่างยิ่ง
ฉันมีความตั้งใจที่จะบริโภคผลิตภัณฑ์อาหารเสริมเพื่อ สุขภาพอย่างสม่ำเสมอในอนาคต	1	2	3	4	5
ฉันวางแผนที่จะบริโภคผลิตภัณฑ์อาหารเสริมเพื่อความ	1	2	3	4	5

ต้องการด้านโภชนาการของฉัณ					
ฉัณมีความสนใจที่จะซื้อผลิตภัณฑ์อาหารเสริมสำหรับความต้องการของคนในครอบครัว	1	2	3	4	5
ฉัณตั้งใจที่จะมองหาผลิตภัณฑ์อาหารเสริมถึงแม้ว่าจะต้องเดินทางเป็นระยะไกลเพื่อซื้อผลิตภัณฑ์อาหารเสริมก็ตาม	1	2	3	4	5

7. คุณจ่ายค่าผลิตภัณฑ์อาหารเสริมยี่ห้อที่คุณใช้บ่อยที่สุดในปัจจุบัน เป็นราคาเท่าไร

.....

8. วงคำตอบที่ตรงกับความเห็นของคุณมากที่สุด

ในช่องว่างด้านล่างทุกข้อตามความคิดเห็นของท่านว่าเห็นด้วยหรือไม่เห็นด้วยเพียงใดกับ

ข้อความด้านล่าง

ด้านราคา	ไม่เห็นด้วยอย่างยิ่ง	ค่อนข้างไม่เห็นด้วย	เห็นด้วยและไม่เห็นด้วยพอๆกัน	ค่อนข้างเห็นด้วย	เห็นด้วยอย่างยิ่ง
ฉัณมีความพึงพอใจในการจ่ายเงินจำนวนราคาในข้อ 4 เพื่อซื้อผลิตภัณฑ์อาหารเสริมยี่ห้อที่ฉัณได้บริโภคอยู่ปัจจุบัน	1	2	3	4	5
ราคาที่ฉัณจ่ายเพื่อซื้อผลิตภัณฑ์อาหารเสริมสูงกว่าความเป็นจริง	1	2	3	4	5

ราคาผลิตภัณฑ์อาหารเสริมจำนวน..... ราคาในข้อ 7 ที่จ่ายไปนั้น

ไม่มี	1	2	3	4	5	สมเหตุสมผล
สมเหตุสมผล						มผลมาก
เลย						

9. คำถามต่อไปนี้เกี่ยวข้องกับควมมีอิทธิพลจากกลุ่มอ้างอิงทางสื่อออนไลน์เกี่ยวกับการเลือกซื้อผลิตภัณฑ์อาหารเสริม กรุณาตอบคำถามที่ตรงกับความเห็นของท่านมากที่สุด ในช่องว่างด้านล่างทุกข้อตามความคิดเห็นของท่านว่าเห็นด้วยหรือไม่เห็นด้วยเพียงใดกับข้อความด้านล่าง

ด้านอิทธิพลจากกลุ่มอ้างอิงทางสื่อออนไลน์	ไม่เห็นด้วยอย่างยิ่ง	ค่อนข้างไม่เห็นด้วย	เห็นด้วยและไม่เห็นด้วยพอๆกัน	ค่อนข้างเห็นด้วย	เห็นด้วยอย่างยิ่ง
ฉันอ่านความคิดเห็นหรือรีวิวของผู้บริโภคคนอื่นทางสื่อออนไลน์ เพื่อหาข้อมูลเกี่ยวกับผลิตภัณฑ์อาหารเสริม	1	2	3	4	5
ฉันได้มีการปรึกษาผู้บริโภคคนอื่นทางสื่อออนไลน์เพื่อศึกษาผลิตภัณฑ์อาหารเสริมเพิ่มเติมเพื่อหาข้อมูลเกี่ยวกับผลิตภัณฑ์อาหารเสริม	1	2	3	4	5
ฉันได้มีการพูดคุยกับผู้บริโภคผลิตภัณฑ์อาหารเสริมทางสื่อออนไลน์	1	2	3	4	5
ฉันเข้าร่วมพูดคุยแลกเปลี่ยนความคิดเห็นทางสื่อออนไลน์เกี่ยวกับผลิตภัณฑ์อาหารเสริม	1	2	3	4	5

ฉันรวบรวมข้อมูลจากผู้บริโภคคนอื่นทางสื่อออนไลน์ ก่อนตัดสินใจซื้อผลิตภัณฑ์อาหารเสริม	1	2	3	4	5
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10. คำถามต่อไปนี้เกี่ยวข้องกับทัศนคติต่อสุขภาพโดยรวม กรุณาตอบคำถามที่ตรงกับความเห็นของท่านมากที่สุด ในช่วงว่างด้านล่างทุกข้อตามความคิดเห็นของท่านว่าเห็นด้วยหรือไม่เห็นด้วยเพียงใดกับข้อความด้านล่าง

ด้านทัศนคติต่อสุขภาพโดยรวม	ไม่เห็นด้วยอย่างยิ่ง	ค่อนข้างไม่เห็นด้วย	เห็นด้วยและไม่เห็นด้วยพอๆกัน	ค่อนข้างเห็นด้วย	เห็นด้วยอย่างยิ่ง
ฉันพิจารณาเกี่ยวกับสุขภาพของฉันอย่างสม่ำเสมอ	1	2	3	4	5
ฉันคำนึงถึงสุขภาพของฉันเป็นอย่างมาก	1	2	3	4	5
ฉันใส่ใจต่อความรู้สึกของตัวเองเกี่ยวกับสุขภาพของฉัน	1	2	3	4	5
ฉันตรวจสุขภาพของฉันอย่างสม่ำเสมอ	1	2	3	4	5

ส่วนข้อมูลทั่วไปของผู้ตอบแบบสอบถาม

1. เพศ ☐ ชาย ☐ หญิง

2. อายุ

☐ น้อยกว่า 20 ปี ☐ 20-29 ปี ☐ 30-39 ปี  
☐ 40-49 ปี ☐ 50 ปีหรือมากกว่า

3. สถานะ

☐ โสด ☐ สมรส ☐ สมรสและมีบุตร ☐ หย่า

## 4. อาชีพ

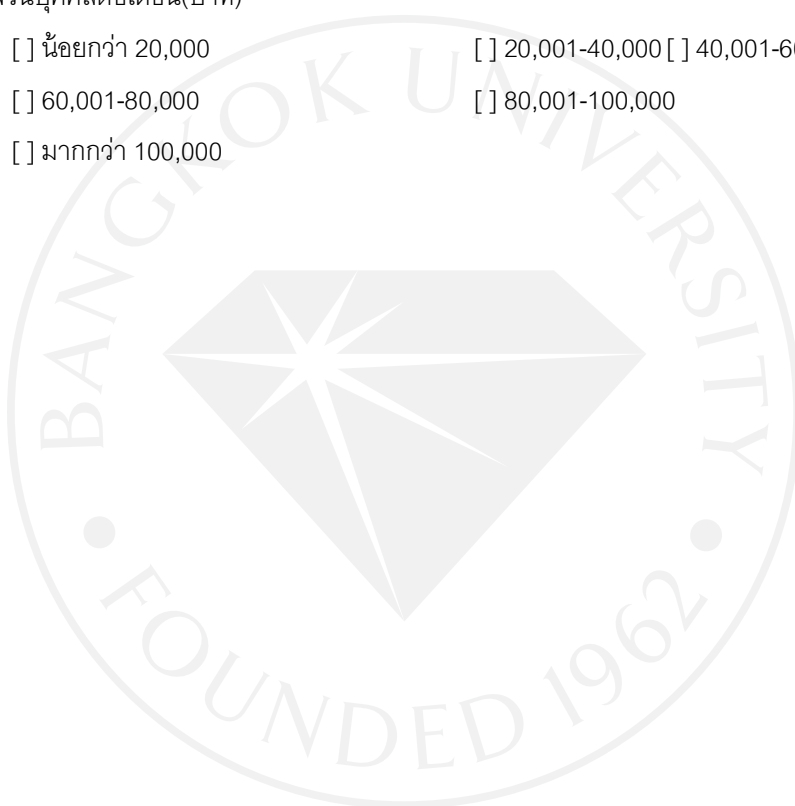
- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> ข้าราชการ     | <input type="checkbox"/> นักธุรกิจ     | <input type="checkbox"/> นักเรียน    |
| <input type="checkbox"/> พนักงานบริษัท | <input type="checkbox"/> เจ้าของธุรกิจ | <input type="checkbox"/> แม่บ้าน     |
| <input type="checkbox"/> รัฐวิสาหกิจ   | <input type="checkbox"/> รับจ้างอิสระ  | <input type="checkbox"/> อื่นๆ _____ |

## 5. การศึกษา

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> ระดับมัธยมศึกษาหรือต่ำกว่า | <input type="checkbox"/> ปริญญาตรี             | <input type="checkbox"/> ปริญญาโท |
| <input type="checkbox"/> ปริญญาเอก                  | <input type="checkbox"/> อื่นๆ กรุณาระบุ _____ |                                   |

## 6. รายได้ส่วนบุคคลต่อเดือน(บาท)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> น้อยกว่า 20,000 | <input type="checkbox"/> 20,001-40,000  | <input type="checkbox"/> 40,001-60,000 |
| <input type="checkbox"/> 60,001-80,000   | <input type="checkbox"/> 80,001-100,000 |  |
| <input type="checkbox"/> มากกว่า 100,000 |   |  |



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Marketing

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Position:	Senior Consultant
2008 – 2010	SCA Hygiene (Thailand) Limited [Business: Fast Moving Consumer Goods]
Position:	Sales and Marketing Executive
2004 – 2008	Nacap Technology and Resources Ltd. [Business: Oil and Gas industry]
Position:	Executive Secretary to President

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