**การสำรวจความตั้งใจซื้อผลิตภัณฑ์ที่เกี่ยวกับสุขภาพของผู้สูงอายุในประเทศไทย**

**The investigation of Thai mature consumer’s intention to buy health related products**

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บทคัดย่อ

**สืบเนื่องจากปริมาณผู้สูงอายุที่มีจำนวนมากและสภาวะสุขภาพที่ไม่ดีของผู้สูงอายุ ทำให้ธุรกิจด้านสุขภาพในประเทศไทยมีการเพิ่มความสำคัญและขนาดเพื่อตอบสนองต่อความตระหนักถึงสภาวะสุขภาพและพฤติกรรมป้องกันทางสุขภาพของผู้สูงอายุที่เพิ่มมากขึ้น**  (Osornprasop & Sondergaard, 2016; Thepkhamram, 2014; MCOT, 2014) นอกจากนี้จากการทบทวนวรรณกรรมพบว่ามีการศึกษาจำนวนน้อยที่ทำการศึกษาในหัวข้อดังกล่าว จึงทำให้ผู้วิจัยตระหนักถึงความสำคัญและมีวัตถุประสงค์เพื่อหาและวิเคราะห์อิทธิพลของความตระหนักถึงสภาวะสุขภาพ แรงกระตุ้นทางสุขภาพและประสบการณ์ในการป้องกันทางสุขภาพที่ส่งพลต่อแรงจูงใจในการตัดสินใจซื้อผลิตภัณฑ์ด้านสุขภาพของผู้สูงอายุไทย งานวิจัยชิ้นนี้เก็บข้อมูลโดยใช้แบบสอบถาม นอกจากนี้การวิเคราะห์ข้อมูลสถิติเชิงพรรณนาและการวิเคาระห์การถดถอยพหุคูณจะทำโดยการใช้โปรแกรม สถิติ SPSS เพื่อหาผลที่มีคุณค่าเกี่ยวกับความตั้งใจในการซื้อผลิตภัณฑ์ทางสุขภาพของผู้สูงอายุไทย ซึ่งผลจาการทำวิจัยในครั้งนี้พบว่าผู้สูงอายุไทยเป็นกลุ่มผู้บริโภคที่มีความตระหนักถึงสภาวะสุขภาพและแรงจูงใจทางสุขภาพสูงนอกจากนี้ยังเป็นกลุ่มทีมีพฤติกรรมการป้องกันทางสุขภาพ อย่างไรก็ตามความตั้งใจในการซื้อผลิตภัณฑ์สุขภาพของผู้สูงอายุไทยยังจัดอยู่ในเกณฑ์ต่ำเนื่องจากกำลังในการซื้อสินค้าที่น้อยของผู้สูงอายุ ซึ่งแรงจูงใจทางสุขภาพเป็นปัจจัยหลักที่กระตุ้นการตั้งใจในการซื้อผลิตภัณฑ์ทางสุขภาพของผู้สูงอายุให้เพิ่มมากขึ้น

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**Abstract**

Due to the high number and unhealthy condition of Thai elderly, Thailand’s healthcare sector has increased its significant and size correspond to the high health conscious and health preventive behaviour of Thai elderly. (Osornprasop & Sondergaard, 2016; Thepkhamram, 2014; MCOT, 2014). As, according to the literature review, there are still insufficient research that tried to study these factors in Thai elderly. This has made the researcher aimed to investigate and analyse the influence of health consciousness, health motivation, and health preventive experience toward the intention to buy health-related product of Thai elderly. For the data collection, this thesis will obtain information through survey. Moreover, the data analysis will be done by using SPSS to analyse the descriptive statistic and multiple regression to find valuable result on Thai elderly’s intention to buy. **T**he result of this research has shown that Thai elderly are a group of consumers that have high health consciousness, health motivation, and already adopt health preventive experience. However, the intention to buy health-related product of Thai elderly considered to be low due to the low purchasing power of Thai elderly, which health motivation is the key variable that can stimulate Thai mature consumer intention to buy health-related product.

**Keywords:** Health Consciousness, Health Preventive Experience, Intention to Buy, Health Motivation

**Introduction**

Aging society has created an impact throughout the world society, which Thailand also encountered with this issue as Thai elderly are expecting to rise from 9 million in 2015 to 12.9 million in 2025 and 20 million in 2050 (MCOT, 2014; Shogo, Emmanuel, & Masafumi, 2015). Moreover, Thailand is rank in the second place that has the highest number of elderly people when compared to other Southeast Asian countries. Thepkhamram (2014) also stated that the majority of Thai elderly tends to have unhealthy health condition which account for 95% of Thai elderly. However, the unhealthy health condition has influence Thai elderly to adopt health preventive behaviour and become more health conscious, as Thai elderly have consume more organic food and participate in health check-up more frequently than the other groups within the society according to SCB Economic Intelligence Center (2015) and Jindabot (2015). While the aging society continue to increase its significant, there are still limited research that try to investigate Thai elderly’s health consciousness and health preventive experience which most of the research concentrated mainly on adult as their target group. Furthermore, health motivation must be investigated along with health preventive behaviour, as according to Jayanti and Burns (1998) health motivation is a significant factor that can create intention to buy health-related product and stimulus individual to adopt health preventive behaviour. Therefore, this research will explore Thai elderly’s health consciousness, health preventive behaviour, and health motivation to gain an in-depth information on Thai elderly’s intention to buy health related product.

The demand for health-related product has been increased significantly due to the unhealthy health condition of Thai elderly, which the value of healthcare sector is worth one billion baht in 2016 and will double its value within the next few years (Prachachat Online, 2016; Osornprasop & Sondergaard, 2016). However, there are insufficient research that try to investigate Thai elderly’s intention to buy health-related product as most of the research focus mainly on adult as their target group. By considering all of the relevant information, the unhealthy health condition and aging society has created a positive impact for business sector to maximise their profit. Hence, it is significant for the researcher to use health consciousness, health motivation, and health preventive experience to explore the influence of these three factors toward the intention to buy health-related product of Thai elderly or Thai mature consumer.

**Methodology**

According to National Statistical Office (2016), There are 10,420,418 people of Thai elderly, which these people are the total population of this research. Due to the large population size, the simplified formula of Yamane (1967) will applied to find the sample size of this research which the result is 400 mature consumers. Moreover, the multistage area sampling will be used to ensure the element of true randomness. The data collection process of this research will adopt survey method to obtain the valuable information from the sample size. The survey consists with five part which are general information, health consciousness, health preventive behaviour, health motivation, and intention to buy health-related product. However, the reliability of this survey has been tested by launching try-out survey in Songkhla for 30 surveys, which the value of Cronbach’s alpha is beyond 0.80. The researcher also consulted with three experts in marketing faculty of Prince of Songkhla University by using the IOC method to test the validity of this research’s survey, which the result considered to be above 0.67.

For data analysis, descriptive statistics will be used to analyse mode and percentage of the respondent. However, descriptive statistics will also use to find mean and standard deviation for health consciousness, health preventive experience, health motivation, and intention to buy health-related product. Lastly, multiple regression will be applied to determine the influence of independent variables (*Health Consciousness and health motivation*) toward dependent variable (*Intention to buy Health-related product*) within this research.

**Results**

This research has conducted survey with 415 participants, which the majority of the participants are aged between 60 to 69 years old (62.2%), married (65.3%), and have an income between 0 to 19,000 baht per month (56.4%). Moreover, 39.5% of the participants were male and 60.5% are female. The highest educational level of the majority of the participants is primary school (35.4%). Moreover, the result of descriptive statistic and multiple regression will be discussed below.

1. Descriptive Statistic

1.1Health Preventive Experience

**Table 1**: The result of health preventive experience (N = 415)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label** | **Items** | **Mean** | **SD** | **Description** |
| HP1 | Eat a well-balanced diet. | 2.42 | 1.06 | Often |
| HP2 | See your dentist for regular check-ups. | 3.02 | 1.33 | Sometimes |
| HP3 | Eat fresh fruits and vegetables. | 2.10 | 1.11 | Often |
| HP4 | Reduce amount of salt in your diet. | 2.51 | 1.12 | Often |
| HP5 | Watch for salt content in diet. | 2.42 | 1.16 | Often |
| HP6 | Exercise regularly. | 2.56 | 1.20 | Often |
| HP7 | Watch the amount of fat consume. | 2.57 | 1.11 | Often |
| HP8 | Take precautions against sexually transmitted diseases. | 2.15 | 1.47 | Often |
| HP9 | Pay attention to your intake. | 2.31 | 1.16 | Often |
| HP10 | Pay attention to the amount of red meat you eat. | 2.43 | 1.12 | Often |
| HP11 | Cut back on snacks and threats. | 2.31 | 1.26 | Often |
| HP12 | Avoid foods with additives and preservatives. | 2.39 | 1.34 | Often |
| HP13 | Get enough rest and sleep. | 2.09 | 1.11 | Often |
| HP14 | Reduce stress and anxiety. | 2.40 | 1.14 | Often |
| HP15 | Maintain a balance between "work" and "play". | 2.21 | 1.05 | Often |
| HP16 | Pay attention to the amount of alcohol you drink. | 2.07 | 1.35 | Often |
| HP17 | Try to avoid smoking. | 1.84 | 1.44 | Always |
| Average of all items of Health preventive experience | | 2.34 | 0.76 | Often |

According to *table 1,* the top health preventive behaviour that the participants *often* perform is *HP17*, as it has an average score of 1.84 and 1.44 of standard deviation. On the other hand, *HP2* is the lowest health preventive behaviour that all participants *sometime* perform during the past three months. The rest of the items have average score between 2.07 to 2.57, which can be described as *often* or *6-5 days per week.* Thus, the participants of this research considered to have health preventive experience*, as* most of the participants pay attention to their consumption by eating well-balanced diet, trying to avoid any ingredient that might harm their body, and trying to reduce stress and anxiety by manage their work-life balance.

1.2 Health Consciousness

**Table 2**: The result of health consciousness (N = 415)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label** | **Items** | **Mean** | **SD** | **Description** |
| HC1 | I’m very self-conscious about my health. | 4.19 | 1.73 | Agree |
| HC2 | I’m generally attentive to my inner-feelings about my health. | 4.07 | 0.99 | Agree |
| HC3 | I reflect about my health a lot. | 3.96 | 0.97 | Agree |
| HC4 | I'm concerned about my health all the time. | 3.46 | 1.16 | Agree |
| HC5 | I notice how I feel physically as I go through the day | 3.28 | 1.17 | Neutral |
| HC6 | I take responsibility for the state of my health | 3.93 | 1.01 | Agree |
| HC7 | Good health takes active participation on my part. | 3.98 | 1.011 | Agree |
| HC8 | I only worry about my health when I get sick. | 3.02 | 1.29 | Neutral |
| HC9 | Living life without disease and illness is very important to me. | 4.28 | 1.03 | Strongly agree |
| HC10 | My health depends on how well I take care of myself. | 4.28 | 0.98 | Strongly agree |
| HC11 | Living life in the best possible health is very important to me. | 4.39 | 0.99 | Strongly agree |
| Average of all items of Health consciousness | | 3.90 | 0.74 | Agree |

*HC8* has the lowest average score (3.02) which equivalent to *neutral.* However, *HC11* has the highest average score (4.39) which equivalent to *strongly agree.* The average score of the rest of the items are fluctuated between 3.28 and 4.28, which the description of each item can be seen in *table 2.* By considering the average score of the 11 items of health consciousness (3.90), the participant considered to have high health consciousness. Which most of the participant pay attention to their inner feeling and concern about their physical health condition throughout the day. While living with the best possible health condition is the main goal for most of the participants.

1.3 Health Motivation

**Table** **3**: The result of health motivation (N = 415)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label** | **Items** | **Mean** | **SD** | **Description** |
| Average of all items of Health motivation | | 3.20 | 0.67 | Disagree |

According to *table 3, HM2* is the item that has highest average score (4.14) which represent that the participants feel neutral with *this statement.* However, *HM5* has the least average score with a total of 2.45, which most of the participant feel *disagree* with this statement. The average score of the rest of the items are ranging between 2.73 and 3.82. Moreover, most of the participants has high health motivation, as the majority of the participants are worrying about health hazards or illnesses and trying to prevent any health hazards and illnesses before exposing to health hazards or receive any illnesses according to the average score of the six items of health motivation (3.20).

1.4 Intention to Buy Health-Related Product

**Table 4**: The result of intention to buy health-related product (N = 415)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label** | **Items** | **Mean** | **SD** | **Description** |
| ITB1 | I intend to purchase health-related product within the next fortnight. | 2.38 | 1.177 | Disagree |
| ITB2 | I want to purchase health-related product within the next fortnight. | 2.28 | 1.136 | Disagree |
| ITB3 | How likely is it that you will purchase health-related product within the next fortnight? | 2.23 | 1.186 | Unlikely |
| Average of all items of intention to buy health-related product | | 2.30 | 1.07 | Unlikely |

According to *table 4, ITB1* has the highest average score (2.38) and *ITB3* has the lowest average score with an equivalent to 2.23. However, the average score of each item in this factor are ranging between 2.23 to 2.38. As a result, the average of all items of intention to buy health-related product (2.30) indicated the *unlikely* chance that the participants of this research will purchase health-related product, which represent the low intention to buy health-related product of Thai elderly.

1. Multiple Regression

Within this section, health consciousness and health motivation (independent variables) will be used to determine its’ influence toward *intention to buy health-related product* (dependent variable), which the result of multiple regression can be seen in *table 5.*

**Table 5**: The result of multiple regression

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Predictor | b | S.E. (b) | Beta | t | Sig. |
| (Constant) | 1.659 | 0.254 |  | 6.521 | 0.000 |
| Health motivation | 0.199 | 0.078 | 0.125 | 2.560 | 0.011 |
| R2 = 0.016 | |  |  |  |  |
| Adjusted R2 = 0.013 | |  |  |  |  |
| F = 6.555 |  |  |  |  |  |

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

According to *table 5,* Health consciousness (p = 0.876) has been excluded from the analysis in *table 6* due to p > 0.05 and considered to have non-significant t-value. However, *health motivation* has been included in this multiple regression analysis, as it can describe *intention to buy health-related product* with 1.6% of the variance (R2 = 0.016) with F-value equivalent to 6.555 and p < 0.05. Moreover, if *health motivation* increased by 1, *intention to buy health-related product* will be increased by 0.199. The analysis of *table 6* also demonstrates normal distribution in the normal plot of regression standardised residual. Hence, *health motivation* is the significant factor that can influence *intention to buy health-related product* of Thai mature consumer, which the equation of this multiple regression analysis is . Whereas: Intention to buy health-related product, Constant value, and Health motivation.

**Discussion**

By considering all of the results within this research, Thai elderly considered to have high health consciousness, health motivation, and health preventive experience. On the other hand, the low purchasing power has influence Thai elderly to have low intention to buy health-related product, which required a strong influence from health motivation to increase the intention to buy health-related product of Thai elderly. As health motivation is a significant factor that can influence Thai elderly’s intention to buy health-related product according to *section 2* of this research. In conclusion, Thai elderly are the group of consumers that perceived health condition to be their top priority. However, health motivation is the key variable that can stimulate Thai mature consumer intention to buy health-related product.

# Reference

[1] Burns, A. C. (1992). The Expanded Health Belief Model as a Basis for Enlightened. *Journal of Health Care Marketing, 12*(3), 32-45.

[2] Jindabot, T. (2015, May 22). The Relationship of Thai Consumers’ Health Consciousness and Perceived Value. *Proceedings of the Second Middle East Conference on Global Business, Economics, Finance and Banking.* Dubai-UAE: ME15Dubai Conference.

[3] Kahle, L. R., & Kennedy, P. (1998). Using the list of values lov to understand consumers. *The Journal of Services Marketing, 2*(4), 49.

[4] MCOT. (2014, Apirl 10). *Thailand becoming complete ageing society in 7 years*. Retrieved September 22, 2015, from MCOT: http://www.mcot.net/site/content?id=5345f351be047044e18b45b7#.VgDFZrToFHg

[5] National Statistical Office. (2016). *Report on Population Characteristics: The 2015-2016 Survey of Population Change.* Retrieved June 23, 2017, from National Statistical Office: http://web.nso.go.th/en/survey/popchan/data/2015-2016-Full%20Report.pdf

[6] Osornprasop, S., & Sondergaard, L. M. (2016, April 01). *Closing the health gaps for the elderly : promoting health equity and social inclusion in Thailand (English).* Retrieved February 22, 2017, from The World Bank: http://documents.worldbank.org/curated/en/148431468299339382/pdf/AUS13326-REVISED-TITLE-HAS-CHANGED-PUBLIC-Closing-the-Health-Gaps-for-the-Elderly-English-final-for-IDU.pdf

[7] Prachachat Online. (2016). *Thailand aim to be ASEAN hub for mature consumer market*. Retrieved April 20, 2017, from Prachachat: http://www.prachachat.net/news\_detail.php?newsid=1469443469

[8] SCB Economic Intelligence Center. (2015). *Insight Staying ahead of Thailand’s graying society.* Retrieved April 19, 2017, from SCB Economic Intelligence Center: https://www.scbeic.com/en/detail/file/product/1376/e4fr6fh4pb/EIC\_ENG\_aging\_Q2\_2015.pdf

[9] Shogo, K., Emmanuel, M., & Masafumi, N. (2015). Population Aging: An Emerging Research Agenda for Sustainable Development. (J. B. Martin, Ed.) *Social Sciences, 4*(4), 940-966.

[10] Thepkhamram, P. (2014, September 18). *95% of elderly in Thailand have bad helath condition*. Retrieved April 19, 2017, from ThaiHealth: http://www.thaihealth.or.th/Content/25769-ห่วงผู้สูงอายุไทย%2095%20มีสุขภาพย่ำแย่.html

[11] Yamane, T. (1967). *Statistic, An Introductory Analysis* (2nd Edition ed.). New York: Harper and Row.

1. นักศึกษา สาขาบริหารธุรกิจนานาชาติ คณะวิทยาการจัดการ มหาวิทยาลัยสงขลานครินทร์

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