



Communication and Psychosocial Factors Affecting Healthy Food

Consumption Behavior of Working Age Consumers in Bangkok Metropolitan Region

Chintana Tansuwannond

Graduate School, Suan Dusit University, Bangkok 10300

Corresponding author. E-Mail address: j_chintana@yahoo.com

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Abstract

The objectives of this research were to study the relationships between communication factors and psychosocial factors related to healthy food consumption behavior, and investigate the predictive factors of healthy food consumption behavior of working age consumers in Bangkok Metropolitan Region. The samples consisted of 464 working age consumers in Bangkok Metropolitan Region. They were selected using the multi-stage random sampling method. The data were collected by using questionnaires and analyzed by using descriptive statistics, Pearson's Product Moment Correlation Coefficient and Stepwise Multiple Regression Analysis. The results found that the communication factors, namely media literacy, health information exposure from personal media, and health information exposure from specialized media had positive correlation with working age consumers' healthy food consumption behavior at the 0.01 and 0.05 level of significance, but health information exposure from new media had negative correlation with working age consumers' healthy food consumption behavior at the 0.01 level of significance, while the psychosocial factors, which were self-efficacy and social support had positive relationship with working age consumers' healthy food consumption behavior at the 0.01 and 0.05 level of significance. Furthermore, self-efficacy, media literacy, and health information exposure from new media were the co-predictors of working age consumers' healthy food consumption behavior at 40.70% at the 0.001 level of significance.

Keywords: Healthy Food Consumption Behavior, Media Literacy, Self-Efficacy

Introduction

The dynamic and rapid changes of technology and communication in the globalization era affect people's lifestyle, especially those in an urban society. They have to face pressure and stress due to competition and time restriction which affect their lifestyle resulting in inappropriate consumption behavior. This also leads to health problems and diseases, such as, diabetes, hypertension, dyslipidemia, coronary heart diseases which are non-communicable diseases (NCDs) that require continuous treatment and high cost of treatment. It is also the leading cause of morbidity and mortality (Bureau of Non Communicable Diseases, 2016). The working age people, especially middle-aged adults aged 35 and over, have less time to take care of their health. Thus, their physical conditions deteriorate. NCDs diseases in people are often associated with lifestyle and consumption. With working age people, who are the main force for driving the country economy suffering from chronic diseases requiring continuous treatment, it affects not only their physical health, mental health and quality of life, but also their household expenses. Consequently, this has become burden for the nation to spend a significant amount of money each year as a cost of treating the diseases. Unfortunately, the cost of treatment will continue to increase.

The impact of health problems drive many organizations and health-related agencies both public and private sections to focus on preventing such problems and deciding to use health communication through a variety of channels to encourage Thai people to change their health behaviors and ways of life in term of exercise and modifying behavior by eating nutritious food beneficial to the body, leading to a holistic well-being of life in people. The result of the campaign and the use of communication channels affect people's health care and promote the importance of good health on the belief that "Good health is not available for sale, if you want it, you have to



do it on your own". Nowadays, the consumer behavior is changing. It focuses on health care, especially healthy food consumption that balances the body system and reduces the risk of various diseases.

For people to have appropriate consumption behavior or healthy food consumption, it depends on many factors. Therefore, it should be applied in many fields to analyze the causes of such behavior and try to find solutions to prevent and solve problems by integrating various sciences. In this study, the researcher was interested in behavioral sciences approach with the integration of psychology, sociology and communication arts to study factors affecting healthy food consumption behavior on the belief that personal behavior is not caused by a single factor, but rather many factors, so it is important to analyze the factors that influence the behavior. From the literature review, it was found that psychosocial factors related to healthy food consumption behaviors were self-efficacy (Luechai, 2007; Chatthong et al., 2011; Boonman et al., 2011; Wongwai et al., 2011) and social support (Luechai, 2007; Sakulaue, 2009; Salehi et al., 2010; Wongwai et al., 2011).

Self-efficacy is an important variable that can predict and affect behavior, as well as the outcome of a person's actions, i.e., individuals with high self-efficacy will tend to more have successful outcomes than those with low self-efficacy, although there is an equal ability, which can be confirmed by the theory of self-efficacy (Bandura, 1977). A recent study found that self-efficacy was positively correlated with healthy food consumption behavior. Besides, self-efficacy also affected healthy food consumption.

Individuals with high self-efficacy, their food consumptions is better than those with low self-efficacy (Luechai, 2007; Chatthong et al., 2011; Boonman et al., 2011; Wongwai et al., 2011). In addition to the above variable, social support is one of psychosocial factor that was correlated with healthy food consumption behavior. Social support plays an important role in the health behavior of individuals, both physical and mental health. It assists with disease prevention and health promotion. Such concept has been studied, particularly in the health care system, by helping to make people believe that they would be cared for, recognized and valued as well as to feel that they are part of society (Boonman et al., 2011). Literature reviews also suggested that social support was one of the variables that correlated with healthy food consumption behavior. (Luechai, 2007; Sakulaue, 2009; Salehi et al., 2010; Wongwai et al., 2011)

In addition to psychosocial factors above, people live in a media-saturated world. The media influence determines beliefs, values and behaviors of individuals (Potter, 2005). Therefore, in this study, the variables related to communicating factors are important variables involved in the study. The literature review indicated that the factors were associated with communication and related to health food consumption were health information exposure from media (Sakulaue, 2009; Chatthong et al., 2011; Kean et al., 2012) and media literacy (Kean et al., 2012).

Information exposure from media expand the perception of the whole worldview, develop cognitive process in consumer decision making which has caused changes in attitude and consumer behavior of individuals. In the development of public health, the media has been used as a channel for health communication to disseminate knowledge, information and persuade people to change their inappropriate health behaviors to appropriate health behaviors through various media, such as, personal media, specialized media, (i.e. special events, exhibitions, health guides, etc.), mass media, such as, printed media (newspapers, magazines, and journals), electronic media (radio and television broadcasting) and new media (internet and social media). Literature review also found that health information exposure from media was correlated with food consumption behavior and nutrition eating behaviors (Sakulaue, 2009; Chatthong et al., 2011; Kean et al., 2012). In addition to such variables, Kean



et al. (2012) studied the relationship between media use, media literacy and food consumption patterns. The results indicated that media literacy was positively correlated with healthy food consumption and negatively correlated with unhealthy food consumption, including fast food. Healthy food choices are preferred in people with high media literacy and interest in getting information from the media. People with high media literacy will not adopt the ideas presented by the media immediately, but examine and review information from various sources before deciding on food choices.

From the importance of the problems mentioned above, the researcher was interested in studying the communication factors and psychosocial factors affecting healthy food consumption behavior of working age consumers in Bangkok Metropolitan Region, who have been directly affected by the changes to lifestyle in modernized urban societies that suffer health risks. Moreover, they can access to health information from media exposure in the midst of technological advancements and communication through various channels. The results of this research will provide important information that will serve as a guideline for determining the key factors that should be developed and promoted among people for their joint collaboration to advance the nation.

Objectives

1. To study the relationships between communication factors and psychosocial factors related to healthy food consumption behavior of working age consumers in Bangkok Metropolitan Region.
2. To study the predictive factors of healthy food consumption behavior of working age consumers in Bangkok Metropolitan Region.

Hypotheses

1. The communication factors and the psychosocial factors are correlated with healthy food consumption behavior of working age consumers in Bangkok Metropolitan Region.
2. The communication factors and the psychosocial factors can predict healthy food consumption behavior of working age consumers in Bangkok Metropolitan Region.

Materials and Methods

Population and Sample

The population of this study was 4,370,378 working age consumers aged 35–60 years in Bangkok Metropolitan Region (Department of Provincial Administration, 2017). For that reason, the researcher studied working age consumers aged 35–60 years because people in this age group begin to have health problems as a result of inappropriate food consumer, not proper nutrition. Furthermore, data from the Thai Health Promotion Foundation, which states that this age range is at risk for the NCDs diseases and they usually occur with people aged 35 years and over.

The samples consisted of 464 working age consumers aged 35–60 in Bangkok Metropolitan Region. They were selected using the multi-stage random sampling method according to proportional stratified random sampling and simple random sampling. (Yamane, 1973)

Research Instruments and Data Collection

The instruments used in this research were healthy food consumption behavior and related factors questionnaires. The questionnaires consisted of 62 items, divided into 6 sections as follows: Section 1 Demographic variables, Section 2 Health information exposure from media, Section 3 Media literacy, Section 4 Self- efficacy, Section 5 Social support and Section 6 Healthy food consumption behavior. The characteristics of the questionnaire Section



2 to 6 were rating scale on 6-point scales ranging from 1–6. The researcher developed the questionnaires from related documents and researches. The questionnaires were validated by 5 experts for the content validity. Prior to conduct the study, questionnaires were pilot tested with 50 working age consumers. The reliability of Cronbach's alpha reliability coefficient of questionnaires ranged from 0.73 to 0.90. Data were collected by the researcher and the coordinators during February–March 2018 for 5 weeks.

Data Analysis

Descriptive statistics was used including frequency, percentage, mean, and standard deviation to summarize demographic characteristics, communication factors, psychosocial factors, and healthy food consumption behavior of the samples. Communication factors, psychosocial factors, and healthy food consumption behavior were classified into three levels: high, moderate, and low. Inferential statistics was used to test the hypotheses: Pearson's Product Moment Correlation Coefficient was used to analyze the relationship between communication factors and psychosocial factors with healthy food consumption behavior. In addition, Stepwise Multiple Regression Analysis was used to predict the effect of the communication factors and psychosocial factors on healthy food consumption behavior among working age consumers.

Results

Demographic Data of the Sample

The samples consisted of 464 working age consumers in Bangkok Metropolitan Region. The majority of them were female (65.73%). When classified by age, it was found that 43.32% were 41 to 50 years old. When classified by education level, it was found that 43.32% were bachelor level. When classified by health conditions, it was found that 65.95% were without diseases, 23.49% had chronic diseases in non-communicable diseases (NCDs) and only 10.56% had other diseases.

Healthy Food Consumption Behavior

Table 1 Mean, standard deviation, and level of healthy food consumption behavior of the samples classified by health conditions

Healthy Food Consumption Behavior	\bar{X}	S.D.	Level
Health Conditions			
Group without Diseases (n = 306)	4.12	0.60	Moderate
Group with NCDs Diseases (n = 109)	4.10	0.52	Moderate
Group with Other Diseases (n = 49)	4.24	0.55	Moderate
Total (n = 464)	4.13	0.58	Moderate

From Table 1, the overall mean score of healthy food consumption behavior of samples was at the moderate level. ($\bar{X} = 4.13$, S.D. = 0.58). When classified by health conditions, it showed that the mean score of healthy food consumption behavior of the all groups (group without diseases, group with NCDs diseases, and group with other diseases) was at the moderate level.



Communication Factors

Table 2 Mean and level of communication factors of the samples classified by health conditions

Communication Factors	Group without Diseases (n = 306)		Group with NCDs Diseases (n = 109)		Group with Other Diseases (n = 49)		Total (n = 464)	
	\bar{X}	Level	\bar{X}	Level	\bar{X}	Level	\bar{X}	Level
	1. Health information exposure from electronic media	3.57	Moderate	3.64	Moderate	3.19	Moderate	3.55
2. Health information exposure from printed media	2.87	Moderate	3.15	Moderate	2.87	Moderate	2.94	Moderate
3. Health information exposure from new media	4.84	High	4.78	High	5.00	High	4.84	High
4. Health information exposure from specialized media	2.97	Moderate	2.99	Moderate	3.20	Moderate	3.00	Moderate
5. Health information exposure from personal media	3.71	Moderate	3.94	Moderate	4.04	Moderate	3.80	Moderate
6. Media literacy	4.50	High	4.47	High	4.51	High	4.49	High
Total	3.74	Moderate	3.83	Moderate	3.80	Moderate	3.77	Moderate

From Table 2, it was found that the mean score of communication factors related healthy food consumption behavior of the all groups (group without diseases, group with NCDs diseases, group with other diseases and the total group) was at the moderate level. Considering each variable, it was found that the mean score of health information exposure from new media, and media literacy of all groups was at the high level, while the mean score of health information exposure from personal media, electronic media, specialized media, and printed media of all groups was at the moderate level.

Psychosocial Factors

Table 3 Mean and level of psychosocial factors of the samples classified by health conditions

Psychosocial Factors	Group without Diseases (n = 306)		Group with NCDs Diseases (n = 109)		Group with Other Diseases (n = 49)		Total (n = 464)	
	\bar{X}	Level	\bar{X}	Level	\bar{X}	Level	Level	\bar{X}
	1. Self-efficacy	4.32	Moderate	4.33	Moderate	4.28	Moderate	4.32
2. Social support	4.60	High	4.73	High	4.57	High	4.63	High
Total	4.46	High	4.53	High	4.43	High	4.48	High

Table 3 showed that the mean score of psychosocial factors related healthy food consumption behavior of the all groups (group without diseases, group with NCDs diseases, group with other diseases and the total group) was at the high level. Considering each variable, it was found that the mean score of social support of all groups was at the high level, while the mean score of self-efficacy of all groups was at the moderate level.



The Analysis of the Relationship between Communication Factors and Psychosocial Factors with Healthy Food Consumption Behavior of Working Age Consumers in Bangkok Metropolitan Region.

Table 4 Correlation coefficients between communication factors and psychosocial factors with healthy food consumption behavior

Variables	Group without Diseases (n =306)		Group with NCDs diseases (n =109)		Group with Other Diseases (n =49)		Total (n =464)	
	r	p	r	p	R	p	r	p
Communication Factors								
Health information exposure from electronic media	0.13*	0.02	-0.05	0.60	-0.04	0.81	0.06	0.17
Health information exposure from printed media	0.01	0.89	0.05	0.63	0.28*	0.05	0.04	0.35
Health information exposure from new media	-0.16**	0.01	-0.15	0.13	0.06	0.69	-0.13**	0.01
Health information exposure from specialized media	0.06	0.31	0.09	0.37	0.40**	0.01	0.10*	0.03
Health information exposure from personal media	0.13*	0.02	0.15	0.13	0.34*	0.02	0.15**	0.00
Media literacy	0.41**	0.00	0.41**	0.00	0.22	0.14	0.40**	0.00
Psychosocial Factors								
Self-efficacy	0.59**	0.00	0.48**	0.00	0.57**	0.00	0.56**	0.00
Social support	0.09	0.12	0.08	0.40	0.21	0.14	0.10*	0.04

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

In Table 4, the results showed that communication factor, media literacy, and psychosocial factor, self-efficacy had positive correlation with healthy food consumption behavior at the 0.01 level of significance ($r = 0.40^{**}$, $r = 0.56^{**}$ respectively). However, communication factor, i.e. health information exposure from new media had negative correlation with healthy food consumption behavior at the 0.01 level of significance ($r = -0.13^{**}$), which the correlation was at the low level. In addition, the communication factors were health information exposure from personal media, health information exposure from specialized media and psychosocial factor, such as social support had positively correlated with healthy food consumption behavior at the 0.01 and 0.05 level of significance ($r = 0.15^{**}$, $r = 0.10^*$, $r = 0.10^*$ respectively), in which the correlation was at the low level.

When considered in the group without diseases, the results showed that communication factor, media literacy, and psychosocial factor, self-efficacy had positive correlation with healthy food consumption behavior at the 0.01 level of significance ($r = 0.41^{**}$, $r = 0.59^{**}$ respectively). In addition, the communication factors were health information exposure from personal media, and health information exposure from electronic media which were positively correlated with healthy food consumption behavior at the 0.05 level of significance ($r = 0.13^*$, $r = 0.13^*$ respectively), and the correlation was at the low level. While communication factor, health information exposure from new media had negative correlation with healthy food consumption behavior at the 0.01 level of significance ($r = -0.16^{**}$), in which the correlation was at the low level.

For the group with NCDs diseases, the results indicated that communication factor, media literacy, and psychosocial factor, self-efficacy had positive correlation with healthy food consumption behavior at the 0.01 level of significance ($r = 0.41^{**}$, $r = 0.48^{**}$ respectively).



For the group with other diseases, the results showed that communication factor, health information exposure from specialized media and psychosocial factor, self-efficacy had positive correlation with healthy food consumption behavior at the 0.01 level of significance ($r = 0.40^{**}$, $r = 0.57^{**}$ respectively). In addition, the communication factors were health information exposure from personal media, and health information exposure from printed media had positive correlation with healthy food consumption behavior at the 0.05 level of significance ($r = 0.34^*$, $r = 0.28^*$ respectively).

The Analysis of the Predictive Factors Affecting Healthy Food Consumption Behavior of Working Age Consumers in Bangkok Metropolitan Region

Table 5 Standardized coefficient, percentage of predictors, and predictors of factors affecting healthy food consumption behavior

Group	n	R	R ²	Predictors	Standardized Coefficient (β)
Total	464	0.64	40.70	7, 6, 3	0.49, 0.29, -0.15
Group without Diseases	306	0.67	45.50	7, 6, 3, 1	0.51, 0.28, -0.16, 0.11
Group with NCDs Diseases	109	0.62	38.90	7, 6, 3	0.43, 0.38, -0.20
Group with Other Diseases	49	0.57	32.50	7	0.57

1. Health information exposure from electronic media	2. Health information exposure from printed media
3. Health information exposure from new media	4. Health information exposure from specialized media
5. Health information exposure from personal media	6. Media literacy
7. Self-efficacy	8. Social support

From Table 5, the results revealed that in the total group, there were three predictors could predict healthy food consumption behavior at 40.70% at the 0.001 level of significance. Self-efficacy was the highest predictive coefficient ($\beta = 0.49$), followed by media literacy ($\beta = 0.29$) and health information exposure from new media ($\beta = -0.15$).

For the group without diseases, four predictors could predict healthy food consumption behavior at 45.50% at the 0.001 level of significance. Self-efficacy was the highest predictive coefficient ($\beta = 0.51$), followed by media literacy ($\beta = 0.28$), health information exposure from new media ($\beta = -0.16$), and health information exposure from electronic media ($\beta = 0.11$).

For the group with NCDs diseases, three predictors could predict healthy food consumption behavior at 38.90% at the 0.001 level of significance. Self-efficacy was the highest predictive coefficient ($\beta = 0.43$), followed by media literacy ($\beta = 0.38$), and health information exposure from new media ($\beta = -0.20$).

For the group with other diseases, only self-efficacy could predict healthy food consumption behavior at 32.50% at the 0.001 level of significance ($\beta = 0.57$).

Discussion

1. The results of the study found that communication factors including media literacy, health information exposure from personal media, health information exposure from specialized media, and health information exposure from new media had correlated with healthy food consumption behavior. These results supported the research hypothesis. In the communication factors, media literacy was the highest positive correlation with healthy food consumption behavior ($r = 0.40$). This was due to media literacy being a component of health literacy, which



has been linked to the health condition of individuals to help with health behavior. A highly media literate person will not simply adopt or believe in media content immediately, but will analyze, evaluate and examine the information on its relevancy, accuracy and so on. This finding was consistent with Kean et al. (2012) which found that media literacy was positively correlated with healthy food consumption and negatively correlated with unhealthy food consumption. Those individuals who are more media literate will display more healthy food consumption, and less unhealthy food consumption.

In addition, the study indicated that psychosocial factors including self-efficacy, and social support correlated with healthy food consumption behavior. These results also supported the research hypothesis. In the psychosocial factors, self-efficacy was the highest positive correlation with healthy food consumption behavior ($r = 0.56$). This was due to self-efficacy being a significant predictor of behavioral performance affecting the performance and performance outcomes. Individuals with high self-efficacy are more likely to succeed than those with low self-efficacy, although their abilities are equal according to Bandura's self-efficacy theory (Bandura, 1977). Healthy food consumption behavior is one of the behavior patterns that relies on self-efficacy lead consumers to choose food based on nutrition, appropriateness and safety. This result was supported by Chatthong et al. (2011) who studied the psychosocial factors related to nutrition having food behavior among secondary school students in Chumphon Municipality, Chumphon Province. The finding demonstrated that in the total group, including males and females, self-efficacy towards nutrition having food behavior was positively correlated with nutrition having food behavior at the 0.01 level of significance, and was an significant predictor of nutrition having food behavior.

2. The results of the study revealed that both communication factors (i.e. media literacy and health information exposure from new media) and psychosocial factors (i.e. self-efficacy) could together predict healthy food consumption behavior among working age consumers in the Bangkok Metropolitan Region at 40.70% ($p < 0.01$). These results supported the research hypothesis. Self-efficacy was the most powerful predictor of standardized coefficient ($\beta = 0.49$), followed by media literacy ($\beta = 0.29$) and health information exposure from new media ($\beta = -0.15$) respectively. In addition, the finding of this study showed that self-efficacy, which is a psychosocial factors, had the highest positive influence for predicting healthy food consumption behavior in all groups, including in the total group, group without diseases, group with NCDs diseases, and group with other diseases. This finding was based on the concept of the self-efficacy theory whereby a person with high self-efficacy and outcome expectations, is likely to make a decision to perform certainly. On the other hand, person with low self-efficacy and outcome expectations, would have a tendency not do display that behavior. Thus, self-efficacy is important and affects performances. The result of this study was supported by Luechai (2007) who found that self-efficacy was one of the most powerful factors influencing dietary habits to promote health of professional nurses.

Besides, the result of this study also demonstrated the importance of communication factors, namely media literacy, which was predictors of healthy food consumption behavior in the total group, group without diseases, and group with NCDs diseases. The result of this study was consistent with Kean et al. (2012) who investigated the relationship among media use, media literacy and food consumption patterns. The sample consisted of 129 African American females. The finding showed that the decision to choose healthy foods was found in people with high level of media literate and interest in media exposure. Kean et al.'s finding showed that those individuals who were more media literate were more likely to choose healthy food options and avoided unhealthy ones. This is due to



the fact that they were more deliberate in their media choices and more likely to engage in critical thinking regarding media messages and awareness of food consumption that affected their health.

Furthermore, the result of this study also revealed health information exposure from the new media as the predictor of healthy food consumption behavior in the total group, group without diseases, and group with NCDs diseases. The finding of this study revealed that health information exposure from the new media had negative effect on healthy food consumption behavior ($\beta = -0.15$, $\beta = -0.16$, $\beta = -0.20$), consistent with the negative relationship between the variable and the healthy food consumption behavior. In other words, when the samples were more exposed to health information from new media, they were less likely to consume healthy foods. This is due to new media, including internet and social media, having different features from the traditional media, in that new media are fast and easily accessible communication channels without time constraints, and distance. They also have the ability to quickly search information, but the lack of proper screening processes before disseminate one of the information (Moorhead et al., 2013). In addition, with new media, anyone can be a sender and publish content, or edit the content at any time. The information from the new media has not been screened for accuracy before it is released to the public, unlike traditional media. Moreover, for several times that new media has been used in propaganda for business interests in a wrong way. Forwarded or disseminated information about false beliefs were found causing misunderstanding on the health of people in the society. Therefore, health information exposure from the new media requires the use of critical thinking, and careful evaluation of accuracy of the information from a variety of sources before deciding to believe and action.

Conclusion and Recommendation

Conclusion

1. For the communication factors, media literacy was the highest positive correlation with healthy food consumption behavior ($r = 0.40$) and for the psychosocial factor, self-efficacy was the highest positive correlation with healthy food consumption behavior ($r = 0.56$).

2. The communication factors, including media literacy, health information exposure from the new media, and the psychosocial factor, namely, self-efficacy could together predict healthy food consumption behavior among working age consumers in Bangkok Metropolitan Region at 40.70% at the level of 0.001 significance. Self-efficacy was the most powerful predictor of standardized coefficient in all groups.

Recommendation

The results of this research indicated that

1. Self-efficacy, which is a psychosocial factor, was the highest correlation affecting healthy food consumption behavior. Therefore, health professionals and organizations involved in promoting health behaviors should apply the concept of self-efficacy to develop a program to promote the modification of healthy food consumption behavior among working age consumers.

2. Media literacy, which is a communication factor, affected and was associated with healthy food consumption behavior. Therefore, health communication agencies such as Thai Health Promotion Foundation, Bureau of Risk Communication and Health Behavior Development, Ministry of Public Health should focus on media literacy to promote healthy food consumption behaviors by providing accurate information, and developing critical thinking and analytical skills for decisions making about appropriate consumption. A media literate consumer, should expose themselves to information from various media and channels to examine and compare data, credibility of source.



People who are exposed to a variety of media and use critical thinking, criticize the media content is a media literate person and can protect himself from the negative effect of the media.

3. The interesting findings of this study was health information exposure from the new media was negatively associated with healthy food consumption behavior. In other words, those who were more exposed new media tended to eat less healthy foods. Consequently, the agencies involved in regulating new media such as, Office of the National Broadcasting and Telecommunications Commission (NBTC) and the agencies responsible for consumer protection, such as, Office of the Consumer Protection Board (OCPB), Foundation for Consumers should coordinate to prevent, monitor, and deal with incorrect and inappropriate health-related contents that would mislead and affect inappropriate or unhealthy food consumption behavior.

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