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Original article

Factors Related to Thai Fast-Food Consumption among the Healthcare Undergraduate Students in Thailand

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Abstract

Fast-food consumption behavior represented a significant health-related issue, particularly among adolescents. Contemporary research on Thai fast-food and its health implications remained remarkably limited. This study aimed to assess the behavior of Thai fast-food consumption and analyze the factors related to Thai fast-food consumption in the healthcare undergraduate students. The sample consisted of 295 undergraduate students from a public health college in Thailand during the 2023 academic year, selected through multi-stage random sampling. Data collection was conducted using a questionnaire that underwent content validity testing by three experts and reliability testing, yielding Cronbach's alpha coefficients between 0.71 and 0.91. The data were analyzed using frequency, percentage, mean, standard deviation (SD), median, maximum, minimum, and chi-square tests at a 95% confidence interval (CI). The study found that the majority of participants exhibited a moderate level of Thai fast-food consumption behavior (58.65%). Factors related to Thai fast-food consumption included body mass index (BMI) and the study program ($p = 0.022$ and 0.008 , respectively). According to the Theory of Planned Behavior (TPB), all five aspects: intention ($OR=0.252$, $95\%CI=0.19 - 0.34$), attitude ($OR=0.107$, $95\%CI=0.02 - 0.47$), subjective norms ($OR=0.147$, $95\%CI=0.09 - 0.25$), perceived behavioral control ($OR=0.360$, $95\%CI=0.28 - 0.47$), and actual behavioral control ($OR=0.517$, $95\%CI=0.40 - 0.67$) were significantly related to Thai fast-food consumption behavior ($p<0.001$). This study found that most healthcare undergraduate students showed moderate to good Thai fast-food consumption behaviors, but low to moderate understanding of the concept. Future research should focus on identifying clearer causal relationships and behavioral patterns in Thai fast-food consumption in the mass population for future monitoring.

Keywords: Thai fast-food; theory of planned behavior; adolescent health; consumption behavior

Introduction

Noncommunicable diseases (NCDs) caused the mortality of at least 43 million people in 2021, accounting for 75% of all non-pandemic deaths worldwide. In 2021, 18 million people died from NCDs before the age of 70. In addition, an unhealthy diet, such as excessive salt, sugar, and fat, also increases the risk of NCD deaths.⁽¹⁾ NCDs are the leading killers in Thailand. The four main NCDs – cancer, cardiovascular disease, diabetes, and chronic obstructive pulmonary disease (COPD) – kill 400,000 people per year, or more than 1,000 per day, and account for 74% of all deaths in the country, costing THB 139 billion for treatment per year. Premature deaths and reduced or lost productivity when employees are unable to work to their full potential or leave the workplace due to NCDs are well known to result in economic burdens that equal THB 1.5 trillion annually.⁽²⁾

Fast-food is a type of food that can be prepared quickly and sold to customers at a low cost.⁽³⁾ It is characteristically high in saturated fats, trans fats, refined carbohydrates, sodium, and added sugars, while being deficient in dietary fiber, essential micronutrients, and antioxidants — a nutritional profile consistently linked to increased risks of obesity, type 2 diabetes, cardiovascular disease, and metabolic syndrome.⁽³⁾ Asian countries are experiencing significant changes in their diets, with an increase in fast-food consumption, driven by rapid economic growth, urbanization, and social change. Rising mortality and morbidity rates from obesity and non-communicable diseases are linked to poor nutritional intake.⁽⁴⁾

The consumption of fast-food has become a global phenomenon, significantly altering dietary

habits across diverse populations. As urbanization and busy lifestyles increase, many individuals are opting for the convenience and quick service offered by fast-food establishments. Fast-food provides a tempting array of flavors and immediate gratification. Especially, during the COVID-19 pandemic, there is evidence of increased consumption of fast-food among students, regardless of their nutritional status, coupled with decreased physical activity levels, which have long-term impacts on health and have become a growing concern among medical professionals and researchers.⁽⁵⁻⁷⁾ Furthermore, a study on multiple behavioral risk factors of non-communicable diseases among adolescents found that twice or more days a week fast-food consumption (27.6%) indicated a risk of NCDs from fast-food consumption in this age group.⁽⁸⁾

Thai fast-food is a kind of food refers to the quick-service versions of traditional Thai cuisine, which are available at street food stalls, food trucks, casual dining restaurants, and franchise outlets. Known for its vibrant flavors and diverse ingredients, Thai fast-food often includes dishes such as Pad Thai, Som Tum (green papaya salad), Satay, Tom Yum Soup, Thai curries, and Thai fried rice. These dishes are characterized by their use of fresh herbs, spices, vegetables, and lean proteins, which contribute to their unique taste and nutritional profile. Although Thai fast-food often contains a variety of nutrients, it is frequently prepared with high sodium content from various sauces, significant amounts of sugars, and unhealthy fats, particularly from deep-frying or creamy coconut milk bases. This increases the risk of non-communicable diseases.⁽⁹⁻¹⁰⁾ This issue is particularly concerning among adolescents, whose dietary choices are influenced by various sources,

complicating efforts to regulate their consumption of such foods.

From the previous research, fast-food consumption among adolescents is linked to many factors such as good knowledge, positive body image, high pocket money; and the influence of promotions plays significant roles in shaping adolescents' fast-food consumption behavior and overweight in adolescents.⁽¹¹⁻¹³⁾ This lack of awareness often resulted in insufficient attention to appropriate food portioning for daily needs. Our review of the literature revealed a limited amount of research on Thai fast-food, particularly regarding adolescents' understanding of it. Consequently, this study was conducted with the aim of studying the behavior of Thai fast-food consumption and analyzing the factors related to Thai fast-food consumption in the healthcare undergraduate students, focusing on their socio-economic factors and behavior under the theory of planned behavior (TPB).

Materials & Methods

Study design

This research was a cross-sectional study among Thai healthcare undergraduate students in the Faculty of Public Health, which consisted of 4 majors (Community Public Health, Dental Public Health, Emergency Medical Operation, and Pharmacy Technique). By collecting data in a higher education institution in Thailand.

Populations and samples

The population in this study was a sample of students studying full-time at a college in Thailand. In the academic year 2023, a total of 676 people were enrolled in the study of the sample size using the calculation formula in the case of analyzing the

multivariable relationship, using multiple logistic regression statistics,⁽¹⁴⁾ and calculating the proportion of students in each course, and year by comparing the proportion between the population and the sample to make the sample size equal in the chance of being selected in all units by adjusting the correlation coefficient (Rho) at the level of 0.4, resulting in a sample size of 295 people, three steps random sampling included (a) purposive selected a public health college in Thailand, (b) stratified random sampling, which calculated the student proportion in each program and year, and (c) systematic sampling was deployed for sampling.

Research procedure and instrument

The questionnaire was composed of four sections: (1) general information about the respondents, consisting of 6 checklist items (sex, age, BMI, program, year, and income); (2) an understanding test regarding the consumption of Thai fast-food, featuring 15 yes/no questions (0-8 points = low, 9-11 points = moderate, 12-15 points = good); (3) a questionnaire assessing the influence of the social environment on behavior according to the theory of planned behavior (Intention, Attitude, Subjective norm, Perceived behavioral Control, and Actual Behavioral Control), containing 24 items measured on a 5-point rating scale (1-33 = low, 34-66 moderate, 67-120 = high); and (4) a questionnaire on Thai fast-food consumption behavior, comprising 10 items also measured on a 5-point rating scale (1-13.34 = low, 13.35-26.68 = moderate, 26.69-50 = good). The data from sections (2) to (4) were categorized into three levels. The content validity of the instrument was verified by three experts, yielding an IOC (index of item-objective congruence) ranging

from 0.67 to 1.00. Additionally, the instrument was tested on 30 college students, and its reliability was analyzed using Cronbach's Alpha coefficient, with an average reliability score ranging from 0.71 to 0.91.

Data collection and data analysis

The researchers clarified and understood the questionnaire details for the sample and asked them to sign the consent form. Then, they requested the sample to answer the data via QR code to answer the questionnaire online through Google Forms. The researcher was interested in examining Thai fast-food consumption behaviors ranging from poor to moderate when compared to good consumption behaviors. The focus was on improving the poor to moderate levels of Thai fast-food consumption. Therefore, the scoring interpretation was categorized into only two levels: poor to moderate and good consumption behaviors.

To describe the sample characteristics, frequency, percentage, mean, standard deviation, median, minimum, and maximum values were utilized for general data, while chi-square analysis was employed with ODD ratio (OR) to identify factors associated with Thai fast-food consumption with STATA version 17.

Ethical approval

This research was conducted under the proposal that was approved by Sirindhorn College of Public Health Khon Kaen Institutional Review Board (No. HE. 661072), adhering to the principles of the Declaration of Helsinki and the ICH Good Clinical Practice.

Results

General information

From a sample of 295 people, the majority of the sample were female (260 people, 88.14%) with an

average age of 20.24 years (SD = 2.40). Age <20 years had the highest number, 130 people (44.07%) followed by age 20 years, 74 people (25.08%). The sample had a body mass index (BMI) with an average of 21.25 kg/m² (SD = 4.37); most samples had a normal BMI (18.5 – 22.99), 147 people (49.83%), followed by underweight BMI (<18.5), 77 people (26.10%). The primary fields of study were Community Public Health and Dental Public Health (41.35% and 30.17%, respectively). Most participants were first- and second-year students (38.65% and 32.20%, respectively). Additionally, 67.80% reported receiving a monthly allowance of less than 5,000 baht (See Table 1).

The behavior of Thai-fast-food consumption

The study found that the majority of participants exhibited a moderate level of Thai fast-food consumption behavior (58.65%) followed by good level (35.59%). The most frequently practiced behavior was consuming Thai fast-food such as fried rice, Pad Thai, Rad Na, Som Tam, noodles, and grilled pork. This behavior was primarily driven by the desire for convenience, time-saving, affordability, and ease of access. Participants often consumed Thai fast-food with close individuals such as parents and friends (See Table 2).

The influence of intra-personal and social environment on Thai fast-food consumption behavior according to the Theory of Planned Behavior (TPB)

The study found that the influence of the intra-personal and social environment on Thai fast-food consumption behavior among the participants was high (90.51%) followed by moderate (9.49%), see Table 3. All five aspects of the Theory of Planned Behavior

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Table 1 General information of the sample

Variables	Behavior of Thai fast-food consumption		Total (%)	OR (95% CI)	p-value
	Low – Moderate	Good			
	Frequency (%)	Frequency (%)			
Sex					0.971
Male	16 (45.71)	19 (54.29)	35 (11.86)	1.00	
Female	118 (45.38)	142 (54.62)	260 (88.14)	1.013 (0.49 to 2.06)	
Age (Year)					0.711
<20	58 (44.62)	72 (55.38)	130 (44.07)	1.00	
20	36 (48.65)	38 (51.35)	74 (25.08)	0.850 (0.48 to 1.51)	
21	21 (50.00)	21 (50.00)	42 (14.24)	0.806 (0.40 to 1.62)	
≥22	19 (38.78)	30 (61.22)	49 (16.61)	1.272 (0.88 to 2.49)	
Mean=20.24, SD=2.40, min=18, max=40					
BMI					0.022
<18.5	29 (37.66)	48 (62.34)	77 (26.10)	1.00	
18.5 – 22.99	65 (44.22)	82 (55.78)	147 (49.83)	0.762 (0.43 to 1.34)	
23 – 24.99	18 (54.55)	15 (45.45)	33 (11.19)	0.503 (0.22 to 1.15)	
25 – 29.99	13 (56.52)	10 (43.48)	23 (7.80)	0.465 (0.18 to 1.20)	
>29.99	9 (60.00)	6 (40.00)	15 (5.08)	0.403 (0.13 to 1.25)	
Mean=21.25, SD=4.37, min=13.86, max=39.9					
Program					0.008
Emergency Medical Operation	12 (28.57)	30 (71.43)	42 (14.24)	1.00	
Pharmacy Technique	17 (40.48)	25 (59.52)	42 (14.24)	0.588 (0.24 to 1.46)	
Dental Public Health	42 (47.19)	47 (52.81)	89 (30.17)	0.448 (0.20 to 0.98)	
Community Public Health	63 (51.64)	59 (48.36)	122 (41.35)	0.37 (0.18 to 0.80)	
Year					0.536
Freshman	49 (42.98)	65 (57.02)	114 (38.65)	1.00	
Sophomore	44 (46.32)	51 (53.68)	95 (32.20)	0.874 (0.51 to 1.51)	
Junior	23 (47.92)	25 (52.08)	48 (16.27)	0.819 (0.42 to 1.61)	
Senior	18 (47.37)	20 (52.63)	38 (12.88)	0.838 (0.40 to 1.75)	
Income (Baht/Month)					
<5,000	84 (42.00)	116 (58.00)	200 (67.80)	1.00	
5,000 – 10,000	42 (56.76)	32 (43.24)	74 (25.08)	0.552 (0.32 to 0.95)	
>10,000	8 (38.10)	13 (61.90)	21 (7.12)	1.177 (0.47 to 2.97)	
Mean=6,278.31, SD=4,521.58, Min=1,500, Max=50,000					

Table 2 Level of Thai fast-food consumption in healthcare undergraduate students

Level of behavior of Thai fast-food consumption	Frequency	%
Good (26.69 – 50 Points)	105	35.59
Moderate (13.35 – 26.68 Points)	173	58.65
Low (1 – 13.34 Points)	17	5.76
Median = 24, Min = 10, Max = 45		

were found to exert a high level of influence on Thai fast-food consumption (See Table 4).

Factors related to Thai fast-food consumption

The participants' understanding of Thai fast-food revealed that the majority had a low to moderate level of knowledge about Thai fast-food consumption (61.69%).

The analysis of various variables revealed that factors associated with Thai fast-food consumption behavior include body mass index (BMI), academic program, and social environmental factors based on the Theory of Planned Behavior (TPB) intention (OR=0.252, 95%CI=0.19-0.34, $p<0.001$), attitude (OR=0.107, 95%CI=0.02-0.47, $p<0.001$),

Table 3 Behavior level according to the Theory of Planned Behavior (TPB)

Level	Frequency	%
High	267	90.51
Moderate	28	9.49
Low	0	0.00
Mean=84.17, SD=15.23, Median=84, Min=43, Max=120		

subjective norms (OR=0.147, 95%CI=0.09-0.25, $p<0.001$), perceived behavioral control (OR=0.360, 95%CI=0.28-0.47, $p<0.001$), and actual behavioral control (OR=0.517, 95%CI=0.40-0.67, $p<0.001$) — were all found to be relevant (Table 4).

Table 4 Factors related to Thai-fast-food consumption among healthcare undergraduate students

Variables	Behavior of Thai fast-food consumption		Total (%)	OR (95% CI)	p-value
	Low - Moderate	Good			
	Frequency (%)	Frequency (%)			
Understanding				0.825 (0.65 to 1.04)	0.109
Low - Moderate	76 (41.76)	106 (58.24)	182 (61.69)		
High	58 (51.33)	55 (48.67)	113 (38.31)		
Mean=11.08, SD=2.23, Min=3, Max=15					
Intention				0.252 (0.19 to 0.34)	<0.001
Low - Moderate	25 (16.56)	126 (83.44)	151 (51.19)		
High	109 (75.69)	35 (24.31)	144 (48.81)		
Attitude				0.107 (0.02 to 0.47)	<0.001
Low - Moderate	2 (9.09)	20 (90.91)	22 (7.46)		
High	132 (48.35)	141 (51.65)	273 (92.54)		
Subjective norm				0.147 (0.09 to 0.25)	<0.001
Low - Moderate	58 (30.05)	135 (69.95)	193 (65.42)		
High	76 (74.51)	26 (25.49)	102 (34.58)		
Perceived behavioral control				0.360 (0.28 to 0.47)	<0.001
Low - Moderate	36 (23.23)	119 (77.77)	155 (52.54)		
High	98 (70.00)	42 (30.00)	140 (47.46)		
Actual behavioral control				0.517 (0.40 to 0.67)	<0.001
Low - Moderate	67 (34.54)	127 (65.46)	194 (65.76)		
High	67 (66.34)	34 (33.66)	101 (34.24)		

Discussion

This study of Thai fast-food consumption behaviors among health science students at this institution revealed that the majority of students exhibited moderate to good consumption behaviors. However, students' understanding of Thai fast-food was found to be low to moderate. Notably, despite all participants being enrolled in health science programs, most demonstrated only low to moderate comprehension of Thai fast-food concepts. Upon reviewing research databases and general websites regarding Thai fast-food, the term "Thai fast-food" appears to be minimally studied and utilized.⁽¹⁵⁻¹⁷⁾ Most existing studies are not related to health sciences, which may contribute to the participants' low level of understanding. Consequently, this limited understanding shows no correlation with Thai fast-food consumption behaviors. This finding contrasts with numerous studies indicating that food comprehension levels, particularly among adolescents, correlate significantly with healthy dietary choices.⁽¹⁸⁻²⁰⁾

An examination of factors associated with Thai fast-food consumption behaviors identified only three significant correlates: Body Mass Index (BMI), academic program enrollment, and components of the Theory of Planned Behavior (TPB). These findings demonstrate consistency with an extensive body of research on general fast-food consumption patterns and behavioral determinants.⁽²¹⁻³⁰⁾ Further investigation into the dimensional aspects of behavior, as conceptualized within the theoretical framework of the Theory of Planned Behavior (TPB), revealed attitude as a particularly prominent determinant in shaping Thai fast-food consumption patterns. This finding gains additional significance in light of previous research

that has documented an inverse relationship between attitudinal dispositions and knowledge levels regarding food consumption.⁽²⁷⁾ Within the specific context of Thai fast-food consumption behaviors, this complex interplay between attitudes, knowledge, and behavioral outcomes necessitates more comprehensive investigation through future research initiatives to fully elucidate these relationships and their implications for public health interventions.

Further analysis revealed several factors showing no significant correlation with Thai fast-food consumption behaviors among students, including gender, age, academic year, and student income. These findings both align and diverge from previous research, reflecting variations across different target populations and cultural lifestyle patterns specific to each country. Notably, one factor that particularly deviates from numerous previous studies is student income.^(6,29) This discrepancy may be attributed to the distinctive characteristics of the study population, as these students predominantly rely on parental financial support and reside in college dormitories rather than with their guardians. This residential arrangement and financial dependency pattern may explain why economic factors demonstrated no significant relationship with Thai fast-food consumption behaviors in this population, contrasting with findings from other demographic contexts where economic factors often emerge as significant determinants of dietary choices.

Conclusion

While this study identified multiple factors influencing Thai fast-food consumption behaviors, drawing definitive conclusions remains challenging due to the limited availability of research specifically addressing Thai fast-food. This scarcity of literature

presents significant limitations both for respondents in providing informed responses and for researchers in formulating comprehensive conclusions. Several factors emerged as particularly salient determinants of consumption behavior, notably attitudes, parental income, and parental occupational stability, which necessitated rigorous surveillance of trends and potential consequences that may have influenced inappropriate dietary consumption behaviors. Previous research has consistently demonstrated strong correlations between these factors and both comprehension levels and fast-food consumption patterns. The complex interplay of these variables, particularly within the context of Thai fast-food consumption, necessitates more detailed investigation through future research initiatives to establish clearer causal relationships and behavioral patterns. Conducting comprehensive studies that specifically examine these factors within the Thai fast-food context would contribute significantly to understanding the unique dynamics of this dietary phenomenon and its implications for public health interventions.

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ปัจจัยที่สัมพันธ์กับการบริโภคอาหารจานด่วนไทยของนักศึกษาระดับต่ำกว่าบัณฑิตศึกษาในประเทศไทย

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บทคัดย่อ: พฤติกรรมการบริโภคอาหารจานด่วนเป็นปัญหาสำคัญที่เกี่ยวข้องกับสุขภาพ โดยเฉพาะอย่างยิ่งในกลุ่มวัยรุ่น การศึกษาเกี่ยวกับอาหารจานด่วนไทยและผลกระทบต่อสุขภาพยังคงมีอย่างจำกัด การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาพฤติกรรมการบริโภคและวิเคราะห์ปัจจัยที่เกี่ยวข้องกับการบริโภคอาหารจานด่วนไทยในนักศึกษาระดับต่ำกว่าบัณฑิตศึกษาในสาขาวิทยาศาสตร์สุขภาพ กลุ่มตัวอย่างประกอบด้วยนักศึกษาระดับต่ำกว่าบัณฑิตศึกษา จำนวน 295 คน จากวิทยาลัยการสาธารณสุขแห่งหนึ่งในประเทศไทย ในปีการศึกษา 2566 ซึ่งได้รับการคัดเลือกโดยการสุ่มตัวอย่างแบบหลายขั้นตอน เก็บรวบรวมข้อมูลโดยใช้แบบสอบถามที่ผ่านการตรวจสอบความตรงเชิงเนื้อหาโดยผู้เชี่ยวชาญ 3 ท่าน และการทดสอบความเชื่อมั่น ได้ค่าสัมประสิทธิ์แอลฟาของครอนบาค ระหว่าง 0.71 ถึง 0.91 วิเคราะห์ข้อมูลใช้ความถี่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน ค่ามัธยฐาน ค่าสูงสุด ค่าต่ำสุด และการทดสอบ Chi-square test ที่ช่วงความเชื่อมั่นร้อยละ 95 ผลการศึกษาพบว่า กลุ่มตัวอย่างส่วนใหญ่มีพฤติกรรมการบริโภคอาหารจานด่วนไทยอยู่ในระดับปานกลาง (ร้อยละ 58.65) ปัจจัยที่เกี่ยวข้องกับการบริโภคอาหารจานด่วนไทย ได้แก่ ดัชนีมวลกาย และหลักสูตรการศึกษา ($p=0.022$ และ 0.008 ตามลำดับ) สำหรับทฤษฎีพฤติกรรมตามแผน ทั้ง 5 ด้าน ได้แก่ ความตั้งใจ ($OR=0.252$, $95\%CI=0.19 - 0.34$) ทศนคติ ($OR=0.107$, $95\%CI=0.02 - 0.47$) บรรทัดฐานกลุ่มอ้างอิง ($OR=0.147$, $95\%CI=0.09 - 0.25$) การรับรู้การควบคุมพฤติกรรม ($OR=0.360$, $95\%CI=0.28 - 0.47$) และการควบคุมพฤติกรรมที่แท้จริง ($OR=0.517$, $95\%CI=0.40 - 0.67$) มีความสัมพันธ์อย่างมีนัยสำคัญกับพฤติกรรมการบริโภคอาหารจานด่วนไทยทุกด้าน ($p<0.001$) ผลการศึกษานี้อาจชี้ให้เห็นว่า แม้จะเป็นนักศึกษาทางด้านวิทยาศาสตร์สุขภาพ แต่ยังคงมีความเข้าใจในแนวคิดว่าอาหารจานด่วนไทยอยู่ในระดับต่ำถึงปานกลาง และส่วนใหญ่แสดงพฤติกรรมการบริโภคอาหารจานด่วนไทยในระดับปานกลางถึงดี การวิจัยในอนาคตควรมุ่งเน้นไปที่การระบุความสัมพันธ์เชิงสาเหตุและรูปแบบพฤติกรรมในการบริโภคอาหารจานด่วนไทยให้ชัดเจนในประชากรขนาดใหญ่ เพื่อการเฝ้าระวังแนวโน้มในอนาคต

คำสำคัญ: อาหารจานด่วนไทย; ทฤษฎีพฤติกรรมตามแผน; สุขภาพวัยรุ่น; พฤติกรรมการบริโภค