

## ปัจจัยที่มีอิทธิพลต่อการยอมรับบริการอาหารสุขภาพส่งถึงบ้าน: ศึกษาความกังวลด้านความปลอดภัย ความใส่ใจสุขภาพ ทักษะการทำอาหาร และข้อจำกัดด้านเวลา

### FACTORS INFLUENCING THE ADOPTION OF HOME-DELIVERED HEALTHY MEAL SERVICES: A STUDY ON FOOD SAFETY CONCERNS, HEALTH CONSCIOUSNESS, COOKING SKILLS, AND PERCEIVED TIME CONSTRAINTS

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#### บทคัดย่อ

งานวิจัยนี้มีวัตถุประสงค์เพื่อวิเคราะห์ปัจจัยที่ส่งผลต่อความตั้งใจของผู้บริโภคในเขตเมืองในการใช้บริการอาหารสุขภาพแบบเดลิเวอรี่ (Home-Delivered Healthy Meal Services: HDHMS) โดยใช้ทฤษฎีพัฒน์กรรมตามแผน (Theory of Planned Behavior: TPB) เป็นกรอบแนวคิดหลัก ตัวแปรอิสระที่ศึกษา ได้แก่ ความกังวลด้านความปลอดภัยของอาหาร ความใส่ใจในสุขภาพ ทักษะการทำอาหาร และข้อจำกัดด้านเวลา การวิจัยใช้รายบุคคลเชิงปริมาณ โดยเก็บข้อมูลจากผู้บริโภคในเขตกรุงเทพมหานคร อายุระหว่าง 22-45 ปี จำนวน 400 คน ที่ใช้บริการอาหารเดลิเวอรี่อย่างสม่ำเสมอ ด้วยวิธีการสุ่มตัวอย่างแบบสะดวก (Convenience Sampling) และวิเคราะห์ข้อมูลด้วยการทดสอบพหุคุณ

ผลการศึกษาพบว่า ความใส่ใจในสุขภาพ ( $\beta = 0.510$ ,  $p < 0.001$ ) ทักษะการทำอาหาร ( $\beta = 0.199$ ,  $p = 0.001$ ) และข้อจำกัดด้านเวลา ( $\beta = 0.189$ ,  $p = 0.001$ ) มีอิทธิพลอย่างมีนัยสำคัญต่อความตั้งใจใช้บริการ HDHMS ขณะที่ความกังวลด้านความปลอดภัยของอาหาร ไม่ส่งผลอย่างมีนัยสำคัญ ทั้งนี้แบบจำลองการวิจัยสามารถอธิบายความแปรปรวนของความตั้งใจใช้บริการได้ ร้อยละ 76.1 ( $R^2 = 0.761$ ) ผลลัพธ์ดังกล่าวสะท้อนให้เห็นถึงบทบาทของการตระหนักรู้ด้านสุขภาพ การขาดทักษะการทำอาหาร และข้อจำกัดด้านเวลา ที่เป็นตัวขับเคลื่อนสำคัญต่อการยอมรับบริการ HDHMS งานวิจัยนี้ช่วยขยายองค์ความรู้ในวรรณกรรมที่มีอยู่ โดยการต่อยอด TPB ด้วยตัวแปรเชิงปริบัติ และเสนอแนวทางเชิงกลยุทธ์แก่ผู้ประกอบการธุรกิจอาหารสุขภาพ โดยแนะนำให้มุ่งเน้นกลยุทธ์การตลาดที่ตอบสนองต่อความใส่ใจสุขภาพและคุณลักษณะการประยุกต์ใช้เวลา โดยเฉพาะอย่างยิ่งสำหรับผู้บริโภคในเขตเมืองที่มีวิถีชีวิตเร่งรีบ ผลวิจัยยังสะท้อนแนวโน้มการบริโภคอาหารที่มุ่งเน้นด้านสุขภาพและความสะดวกสบาย ซึ่งสอดคล้องกับวิถีชีวิตของผู้บริโภคยุคใหม่

**คำสำคัญ:** บริการอาหารสุขภาพแบบเดลิเวอรี่ ความกังวลด้านความปลอดภัยของอาหาร ความใส่ใจในสุขภาพ ทักษะการทำอาหาร ข้อจำกัดด้านเวลา

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## Abstract

This study investigates the factors influencing urban consumers' intention to use Home-Delivered Healthy Meal Services (HDHMS) by employing the Theory of Planned Behavior (TPB) as the conceptual framework. The independent variables examined include food safety concerns, health consciousness, cooking skills, and perceived time constraints. A quantitative research design was applied, using a structured questionnaire administered to 400 urban adults aged 22-45 years in Bangkok, who regularly use food delivery services. Participants were selected through convenience sampling, and data were analyzed using multiple regression analysis.

The results indicate that health consciousness ( $\beta = 0.510$ ,  $p < 0.001$ ), cooking skills ( $\beta = 0.199$ ,  $p = 0.001$ ), and perceived time constraints ( $\beta = 0.189$ ,  $p = 0.001$ ) significantly influence the intention to use HDHMS, while food safety concerns show no significant effect. The regression model explained 76.1% of the variance ( $R^2 = 0.761$ ) in the intention to use HDHMS. These findings highlight the importance of health awareness, limited cooking proficiency, and time pressure as critical behavioral drivers shaping consumers' adoption of HDHMS. This research contributes to the existing literature by extending TPB with context-specific variables. It also offers strategic implications for businesses, suggesting that providers should emphasize health-conscious marketing messages and time-saving service features, particularly targeting urban professionals with busy lifestyles. Overall, the findings underscore the growing trend toward health-conscious and convenience-oriented food choices and reflect the evolving priorities of modern urban consumers.

**Keywords:** Home-Delivered Healthy Meal Services, Food Safety Concerns, Health Consciousness, Cooking Skills, Perceived Time Constraints

## Introduction

According to the United Nations (2021), Noncommunicable Diseases (NCDs) are the leading cause of death in Thailand, claiming over 400,000 lives annually and over 1,000 lives daily. Primary NCDs—cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases—account for 74% of all deaths in the country. Rising health risks and modern lifestyles have increased public awareness and demand for healthy food. Ajanapanya (2022) reported that 74% of Thais consume at least

one healthy meal every two to three days, and two out of five consumers have tried plant-based foods in the last six months.

Convenience now rivals taste and price in food decisions (Celnik et al., 2012), supporting the rapid growth of Thailand's food delivery market, projected to rise from THB 4.2 billion in 2023 to THB 7.1 billion by 2028 (Leesa-nguansuk, 2024; Jabs & Devine, 2006). This expansion is fueled by rising basket sizes and a higher frequency of daily orders, with market leaders including Line Man (44%), Grab (40%), and

ShopeeFood (10%). Within this growing sector, a distinct segment has emerged: Home-Delivered Healthy Meal Services (HDHMS), providing ready-to-eat meals specifically designed to promote health, targeting consumers who are both health-conscious and time-constrained. Globally, the healthy meal delivery market was worth about USD 10.6 billion in 2024 and is forecast to grow at a 16% annual rate through 2031 (Dharmadhikari, 2025).

Despite the growing demand, research on HDHMS remains limited. Previous studies, such as those by Joung et al., (2011), have primarily focused on elderly consumers' satisfaction with Home-Delivered Meal Programs (HDMPs), leaving a gap in understanding the preferences and behavioral intentions of urban adult consumers. This study seeks to address this gap by examining the determinants of intention to use HDHMS among urban consumers in Bangkok. Given the city's higher income levels and busy lifestyles, many urban residents are willing to pay for the convenience of healthy meal delivery (Fitch Solutions, 2020; Tashiro & Lo, 2011).

### Objective

This research aims to examine the influence of food safety concerns, health consciousness, cooking skills, and perceived time constraints on the intention to use HDHMS among urban consumers in Bangkok, using the Theory of Planned Behavior (TPB) as the guiding framework.

### Literature Review

#### Theory of Planned Behavior (TPB)

TPB serves as the theoretical foundation for this study. While TPB was initially based on a limited set of constructs, it has since been widely adapted with supplementary variables in order to provide a more comprehensive understanding of food-related behavioral intentions (Ajzen, 1991; Fishbein & Ajzen, 1975). In food-related contexts, TPB has shown strong external validity in Asian and developing-economy settings (Tai et al., 2022; Yadav & Pathak, 2017).

Previous studies employed the Theory of Planned Behavior (TPB) to understand consumers' intention towards functional food (Febian et al., 2021; Yadav & Pathak, 2017); indigenous food (Fam et al., 2020), food delivery (Gunden et al., 2020) as well as home meal kit services (Maneerat et al., 2024).

Recent post-COVID evidence also indicates that online food delivery has surged to USD 923 billion in 2024 and forecasted at USD 1.45 trillion by 2027, as people prioritize convenience and time efficiency over home meal preparation (Giacomini et al., 2024).

Building upon this body of work, the present study extends TPB to Home-Delivered Healthy Meal Services. Drawing inspiration from the study of Maneerat et al. (2024) the current research included potential background factors namely food safety concerns, health consciousness, cooking skills, and perceived time constraints—into the model as antecedent

variables to examine their influence on consumers' intention to use Home-Delivered Healthy Meal Services. In the context of TPB, food safety concerns and health consciousness can be viewed as underlying beliefs that influence the intention to use, while cooking skills and time constraints may act as facilitating or inhibiting conditions related to perceived control over the behavior.

At the same time, the literature reports conflicting findings—particularly for food safety—across Asian contexts: some studies observe strong positive effects on intention (Wang et al., 2018), whereas others find that trust in familiar brands or platforms outweighed food safety in delivered-meal settings (Food Standards Agency, 2022). These divergences highlight the need for a focused examination in Bangkok, where strong platform penetration combined with health and convenience-driven lifestyles, may lessen the importance of food safety while elevating health consciousness and time efficiency.

### **Food Safety Concerns (FS)**

According to Tan et al. (2022), Food Safety Concerns refer to the level of anxiety individuals experience regarding the presence of harmful substances in their food, such as pesticide residues, chemical sprays, fertilizers, artificial additives, and preservatives. Rising foodborne illnesses have heightened consumer demand for transparency in production and quality, making safety a key determinant of purchase decisions in many developing markets (Wang et al., 2018; Hsu et al., 2016). Consequently, food safety has emerged as

a critical determinant in consumer purchase decisions, particularly when it comes to consumable goods (Tan et al., 2022).

### **Health Consciousness (HC)**

Hsu et al. (2016) described Health Consciousness as a consumer's awareness of changes in their health and the importance they place on maintaining their well-being. Konuk (2018) further elaborated by highlighting that Health Consciousness reflects an individual's awareness of health matters and their proactive engagement in behaviors that support their overall well-being. Rising health issues in the food industry heighten concerns over food quality and safety (Arvanitoyannis & Krystallis, 2004), leading more consumers to value nutrition and choose natural, healthy products with perceived health benefits (Tan et al., 2022).

### **Cooking Skills (CS)**

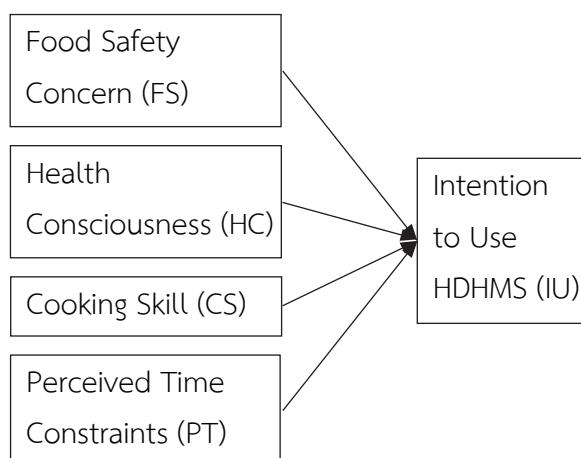
Cooking Skills are fundamental components of an individual's dietary practices, playing a vital role in shaping food choices and eating habits (Burton et al., 2018). The ability to prepare and cook meals is widely regarded as essential for maintaining a healthy and sustainable diet (Armstrong et al., 2021). Researchers delved into examining the role of cooking and various factors, such as healthy diet (Sprake et al., 2018), consumption of processed food (Brunner et al., 2010), food choice (Caraher et al., 1999), and food waste (Dyen & Sirieix, 2016). Cooking Skills involve applying food knowledge and effectively using kitchen tool (Maneerat et al., 2024; Fordyce-Voorham, 2016). Along with budgeting,

label reading, and mindful preparation (Wolfson et al., 2017). Individuals with higher Cooking Skills are more likely to cook at home (Namin et al., 2020) while limited skills lead to fewer home-cooked meals and greater reliance on pre-prepared or fried foods (Soliah et al., 2012).

### Perceived Time Constraints (PT)

The modern lifestyle, characterized by long work hours, single-parent households, women's increased workforce participation, and demanding careers, leads to Perceived Time Constraints (Imtiyaz et al., 2023). Combined with a desire for leisure and multiple responsibilities, this pressure shifts food consumption toward convenient, low-effort options (Celnik et al., 2012). Rogus (2018) notes that busy schedules—and even the perception of being busy or stressed—reduce meal preparation time and increase reliance on ready-to-eat foods.

Based on past literature, the current study proposes the following conceptual model (Fig. 1).



**Figure 1** Conceptual Framework

**Source:** Own compilation based on Maneerat et al. (2024)

In accordance with the conceptual framework, this research formulates the hypotheses below:

H1: Food Safety Concerns (FS) have a significant effect on Intention to use HDHMS (IU).

H2: Health Consciousness (HC) have a significant effect on Intention to use HDHMS (IU).

H3: Cooking Skills (CS) have a significant effect on Intention to use HDHMS (IU).

H4: Perceived Time Constraints (PT) have a significant effect on Intention to use HDHMS (IU).

### Methodology

Using the quantitative research approach, a questionnaire was used as the data collection tool. This research targets urban adults who use food delivery services, aged from 22-45 years old, living in Bangkok. To determine an appropriate sample size, population data from the National Statistical Office (NSO) of Thailand and the Yamane (1973) formula were employed. According to NSO, the registered population of Bangkok was reported at 5,471,587 in 2023, which served as the reference point for calculating the sample size. A total of 400 respondents were surveyed using a convenience sampling method. The self-administered questionnaire, designed in the Thai language, was structured into three sections: sociodemographic factors, consumer behavior, and scale-item questions measuring the key variables: FS, HC, CS, PT and IU. FS was measured by five items validated by Tan et al. (2022)

and Kim (2020). HC was measured with five items from the study Tan et al. (2022). CS was measured using six items adapted from Kowalkowska et al. (2018). PT was measured using five items adapted from Gelbrich & Sattler (2014). IU was measured using five items adapted from Kalin (2023).

The questionnaire contained a variety of questions, including multiple choice questions, 5-point Likert-scale questions and open-ended questions. Prior to full deployment, the questionnaire was piloted with 50 respondents to assess the clarity and comprehensibility of the questions.

In order to ensure a comprehensive exploration of the factors influencing consumer behavior in the context of Healthy Home-Delivered Meal Services, several statistical techniques were employed.

First, descriptive analysis was conducted to examine the demographic characteristics and behavioral patterns of the respondents. Second, multiple regression analysis was performed to explore the relationships between the independent variables (FS, HC, CS, and PT) and the dependent variable (IU).

#### Reliability Analysis

Table 1 presents the number of measurement items and Cronbach's Alpha Values for each variable used in the study. Cronbach's Alpha is a widely accepted measure of internal consistency or reliability, with values above 0.70 generally considered acceptable, and values above 0.80 indicating good to excellent reliability (Hair et al., 2019). All five constructs demonstrate strong internal consistency, with Cronbach's Alpha values ranging from 0.86 to 0.95.

**Table 1** Reliability Analysis

Variables	Number of Items	Cronbach's Alpha Value
Food Safety Concerns	5	0.86
Health Consciousness	5	0.93
Cooking Skills	6	0.92
Perceived Time Constraints	5	0.95
Intention to Use	5	0.92

## Results

Table 2 shows that the majority of respondents are female, accounting for 62.5% (250 respondents), while males accounted for 37.5% (150 respondents). The largest age group was 31-35 years, representing 33.75% (135 respondents) of the sample. A significant majority of respondents (78.5%, 314 respondents) held a master's degree or higher, while 21.5% (86 respondents) had a bachelor's degree. Over half of the respondents (57.8%,

231 respondents) earned 40,000 Baht or more per month, while 31.5% (126 respondents) earned between 30,000 and 39,999 Baht. Only 10.7% (43 respondents) fell into the 20,001-29,999 Baht income range. The majority of respondents (74.75%) spent less than 200 Baht per healthy meal. The table shows a clear price sensitivity, with 100-199 Baht being the most acceptable price range for a healthy meal.

**Table 2** Descriptive Statistics of Demographic Characteristics and Behavior (n = 400)

Demographic Characteristics		Number of Respondents	Percentage (%)
Gender	Male	150	37.50
	Female	250	62.50
	Total	400	100.00
Age	21-25	35	8.75
	26-30	111	27.75
	31-35	135	33.75
	36-40	78	19.50
	41-45	41	10.25
	Total	400	100.00
Education	High school or equivalent	0	0.00
	Bachelor's degree	86	21.50
	Master's degree or above	314	78.50
	Total	400	100.00
Income per Month	Below 20,000 Baht	0	0.00
	20,001-29,999 Baht	43	10.70
	30,000-39,999 Baht	126	31.50
	40,000 Baht or above	231	57.80
	Total	400	100.00

**Table 2** Descriptive Statistics of Demographic Characteristics and Behavior (n = 400) (Con.)

Demographic Characteristics		Number of Respondents	Percentage (%)
Spending for One Healthy Food Meal	Less than 100 Baht 100-199 Baht 200-299 Baht More than 300 Baht	107 192 101 0	26.75 48.00 25.25 0.00
	Total	400	100.00
Average Spending on Food Delivery per Week	Less than 100 Baht 100-199 Baht 200-299 Baht More than 300 Baht	0 61 272 67	0.00 15.25 68.00 16.75
	Total	400	100.00

**Table 3** Descriptive Statistics of the Variables (n = 400)

Variables	Items	Min	Max	Mean	SD
FOOD	Nowadays most foods contain residues from chemical sprays and fertilizers.	1.00	5.00	3.90	.990
SAFETY	I'm very concerned about the amount of artificial additives and preservatives in food.	1.00	5.00	3.84	.988
CONCERN	I'm worried about my health when purchasing food. I worry about hygiene and safety when purchasing food. The quality of food nowadays concerns me.	1.00	5.00	3.92	.969
		1.00	5.00	3.93	.957
HEALTH	I reflect about my health a lot.	1.00	5.00	3.77	1.005
CONSCIOUSNESS	I am very self-conscious about my health.	1.00	5.00	3.82	1.033
NESS	I am constantly examining my health. I am alert to changes in my health.	1.00	5.00	4.12	.890
		1.00	5.00	3.79	1.039
	I am very involved with my health.	1.00	5.00	3.78	1.059
COOKING	I am able to prepare soup.	1.00	5.00	4.43	.798
SKILL	I am able to prepare sauce. I am able to prepare dessert.	1.00	5.00	3.93	1.038
		1.00	5.00	4.02	.930
	I am able to prepare a hot meal without a recipe.	1.00	5.00	3.80	1.046
	I consider my cooking skills as sufficient.	1.00	5.00	3.96	.921
	I know how to plan a balanced meal.	1.00	5.00	3.91	.964
PERCEIVED	I am always looking to save time.	1.00	5.00	3.73	1.058
TIME	I am often rushing to get everything done.	1.00	5.00	4.01	.935
CONSTRAINT	I often feel like I do not have enough time. I have only a limited amount of time available to cook.	1.00	5.00	3.98	.947
		1.00	5.00	3.94	.952
	I feel like I always have unfinished work.	1.00	5.00	3.75	1.057

**Table 3** Descriptive Statistics of the Variables (n = 400) (Con.)

Variables	Items	Min	Max	Mean	SD
INTENTION	I am willing to use Home-Delivered Healthy Meal Service.	1.00	5.00	3.91	.919
TO USE	I intend to use Home-Delivered Healthy Meal Service.	1.00	5.00	3.80	.963
	I am willing to spend time sourcing for Home-Delivered Healthy Meal Service.	1.00	5.00	3.85	.896
	I am willing to use Home-Delivered Healthy Meal Service although it's a bit pricy.	1.00	5.00	3.72	1.120
	I will recommend others to use Home-Delivered Healthy Meal Service.	1.00	5.00	3.81	1.020

Before testing the hypotheses, multicollinearity diagnostics were examined to ensure the assumptions of multiple regression were met. Table 4 presents both the regression coefficients and the Variance Inflation Factor (VIF) and Tolerance values. All VIF scores were well below the threshold of 10 and all Tolerance values exceeded 0.10, confirming the absence of multicollinearity.

Table 4 and Table 5 indicate that three

out of four hypotheses were accepted. The results show that FS is not significant ( $\beta = 0.031$ ,  $p = 0.494$ ). In contrast, Health Consciousness (HC) was the strongest driver ( $\beta = 0.510$ ,  $p < 0.001$ ), while Cooking Skills (CS) ( $\beta = 0.199$ ,  $p = 0.001$ ) and Perceived Time Constraints (PT) ( $\beta = 0.189$ ,  $p = 0.001$ ) showed moderate positive effects. These findings highlight health awareness, limited cooking ability, and time pressure as key motivators of HDHMS adoption.

**Table 4** Multiple Regression Analysis

Predictors	Unstandardized Coefficients		Beta	t	Sig.
	B	Std. Error			
(Constant)	.246	.113	-	2.172	.030*
FS	.034	.050	.031	.684	.494
HC	.494	.043	.510	11.598	.000*
CS	.191	.059	.199	3.211	.001*
PT	.199	.061	.189	3.274	.001*

R2 = 0.761, Adjusted R Square = 0.759, \*p < 0.05

Dependent Variable: MeanIU

Table 5 Summary of the hypothesis results

	Standardized		Sig.	Tolerance	VIF	Results
	Coefficients	Beta				
H1: FS → IU	.031	.031	.494	0.76	1.31	Rejected
H2: HC → IU	.510	.510	.000*	0.72	1.39	Accepted
H3: CS → IU	.199	.199	.001*	0.79	1.26	Accepted
H4: PT → IU	.189	.189	.001*	0.81	1.23	Accepted

\*p < 0.05

## Discussion

This study identifies a significant positive relationship between Health Consciousness, Cooking Skills, Perceived Time Constraints, and the intention to use Home-Delivered Healthy Meal Services (HDHMS). Health-conscious consumers show stronger intentions to buy nutritious, convenient food (Kalin, 2023; Konuk, 2018) and prefer services that align with well-being goals (Husic-Mehmedovic et al., 2017).

However, the relationship between Health Consciousness and willingness to pay varies depending on the type of food service. Yoon et al. (2022) found that while health-conscious consumers express a desire for healthy food, they often demonstrate lower willingness to pay for Home Meal Kits (HMKS) due to concerns about high fat and sodium content or the excessive presence of vegetables and dietary fiber. In contrast, HDHMS, which emphasize nutritional balance, clean ingredients, and overall health benefits, align more closely with consumer expectations.

Beyond health factors, Cooking Skills significantly impact the intention to use HDHMS. Individuals with limited cooking abilities often perceive meal preparation as stressful and time-consuming, leading them to rely on convenient food delivery services (Giacomini et al., 2024). Similar patterns appear in South Korea and Japan, where lower cooking competence drives adoption of prepared meals (Tani et al., 2020; Kim & Kim, 2019). In Bangkok's fast-paced environment, HDHMS provides an attractive alternative, particularly for younger professionals lacking both time and cooking expertise.

Similarly, Perceived Time Constraints play a crucial role in shaping consumer behavior. As noted by Taylor (2018), consumers who prioritize convenience and fast service are more inclined to use time-saving food services, as they perceive the cost as a reasonable trade-off for the effort and time required for meal preparation, reflecting broader regional trends where time scarcity is driving food delivery adoption across Southeast Asia (McCarthy, 2025).

Food Safety Concerns did not significantly predict intention, likely because Bangkok consumers trust the vendors and instead prioritize convenience, taste, and health benefits (Nivornusit et al., 2024).

Overall, the findings highlight that health awareness, lack of Cooking Skills, and time scarcity are the strongest behavioral drivers of HDHMS adoption, while Food Safety Concerns are not decisive. To advance public health goals, government agencies could collaborate with companies to create certification programs, provide subsidies for low-sodium or balanced menus, and develop consumer education campaigns that highlight the benefits of healthy meal services.

## Conclusion

Focusing on Bangkok's urban population, this study offers insights into consumer preferences and readiness to adopt healthier, convenience-driven food options, with implications for both academia and industry.

From an academic perspective, the research advances understanding of how Health Consciousness, Cooking Skills, and time constraints shape intention to use HDHMS in a rapidly urbanizing society. The study also extends the TPB by showing that these lifestyle factors act as strong antecedents of intention.

For businesses in the food delivery and health-focused meal service sector, the study provides insights about key drivers influencing the intention to use HDHMS. Companies can refine their marketing efforts to better cater to

health-conscious and time-pressed individuals. Companies can position services as nutritious, time-saving solutions, tailor marketing to busy professionals or fitness-minded consumers, and offer customizable or semi-prepared meals for those with limited Cooking Skills. Enhancing digital platforms, subscription models, loyalty programs, and reliable delivery—along with flexible portions and pricing—can expand accessibility. Although food safety was not a direct driver, maintaining high safety standards remains crucial for sustaining trust.

Ultimately, the study underscores the growing role of health, convenience, and food skills in modern food choices and informs future innovations and theoretical development in the food delivery sector.

## Limitation and Recommendations

While this study provides valuable insights into the drivers of intention to use HDHMS, certain limitations should be acknowledged. First, the study's geographic focus on Bangkok may limit the generalizability of findings to other regions with different cultural, economic, and lifestyle factors. Future research could expand to other Thai cities or conduct regional comparisons. Second, the use of convenience sampling may introduce bias, as participants might not fully represent the wider population. Future work could apply stratified sampling to improve representativeness. Lastly, this study focuses on four key predictors—Food Safety Concerns, Health Consciousness, Cooking Skills, and Perceived Time Constraints—but other

factors, such as naturalness, nutrition knowledge, demographic factors, health conditions, impulse buying tendency, congruity with self-image, and mindfulness

may also play a role in shaping the intention to use HDHMS (Giacomini et al., 2024; Gunden et al., 2020; Brunner et al., 2010).

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