

**The Investigation of Healthy Eating Attitude and
Travel Eating Behaviour of Taiwanese Tourists**

Richard C.Y. CHANG

Assistant Professor

Department of Tourism

Providence University

200 Chungchi Road, Shalu, Taichung, Taiwan

Tel: +886-4-26328001, Ext. 13520

Email: crichard@pu.edu.tw

Athena H.N. MAK

PhD Researcher

School of Management

University of Surrey

Guildford, Surrey, GU2 7XH, U.K.

Tel: +44-(0)-7810-570-279

Email: athena-mak@hotmail.com

and

Jim S.C. CHIN

PhD Researcher

Graduate Institute of Management Sciences

Tamkang University

No.151, Yingzhuan Rd., Danshui Dist., New Taipei City 25137, Taiwan

Tel:+886-2-2621-5656, Ext. 2185 or 2186

Email: tkuphdfellows@gmail.com

Introduction

The past few years have witnessed a global heightened health-consciousness, which marked an era that recognizes and emphasizes food's relationship to physical health. People are increasingly aware of the close association between food and health, and are more willing to adopt a health-oriented eating attitude. In the context of tourism, the health force has been identified as one of the mega-trends of tourism in Asia Pacific (Pan, Chon, & Song, 2008). Although there is a growing interest in the study of tourists' health-orientation and the demand of health tourism products, there is distinct lack of study on tourists' healthy eating attitude and its impact on tourists' travel eating behavior. It is a widely held belief that food in tourism is a significant source of "attraction" in tourist destinations (Hjalager & Richards, 2002), Cohen and Avieli (2004), however, stress that local food in destinations can be an "impediment" under certain circumstances. Similarly, Lepp and Gibson (2003) identified "strange food" as one of the seven risk factors perceived by tourists. In light of this, if food in destinations can be interpreted as "impediment" or "risk", and yet, can also be viewed as an "attraction", then an important question is the extent to which tourists' healthy eating orientation would affect their attitude towards food consumption in foreign destinations. Given the idiosyncratic nature of food during the trip and its close relationship with health, there is a need for the tourism and hospitality industry to understand the relationship between tourists' healthy eating attitude and its impact on their travel eating behavior.

Existing literature in tourists eating behavior are scarce, and have predominately focused on tourists from Western countries. Travel eating behaviors of tourists from Asian countries have largely been neglected (Chang, Kivela, & Mak, 2011). With the intention of filling part of this gap, this study attempts to explore the relationship between healthy eating attitude and travel eating behavior from Taiwanese tourists' perspective. Specifically, the objectives of this study are to investigate how Taiwanese tourists conceptualize healthy eating and to explore the various travel eating behaviors of Taiwanese tourists.

Literature Review

Previous studies often adopt the theory of planned behavior (TPB) (Ajzen, 1988; 1991) when discussing the association between belief, attitude and behavior. In leisure studies, attitude towards a behavior appeared to be a stronger determinant of behavior intention compared with other factors. Um and Crompton (1991) contend that attitudes have been one of the most popular variables used in the consumer behavior field to try and predict consumer choice behavior. Hence, this study primarily focuses on the examination of healthy eating attitude of

Taiwanese tourists as a basis of travel eating behavior comparison.

To understand how people conceptualize healthy eating, it is imperative to explore the sources from which they gather their meanings for healthy eating, as well as how they organize this information in meaningful ways that shape their food choices (Falk et al., 2001). This study takes into consideration both Chinese and Western healthy eating concepts, as well as their common characteristics in the development of the healthy eating attitude scale. For Chinese healthy food beliefs, reference will be made to the traditional Chinese *yin-yang* theory (Li, Yin, & Saito, 2004). Whereas for Western healthy food beliefs, reference will be made to Falk et al.'s (2001) study on managing healthy eating, which took on a qualitative, interpretivist approach, involving semi-structured interviews with seventy-nine participants of Western ethnicities. Falk et al.'s (2001) study has identified seven predominant healthy eating themes in the Western context which are summarized in Table 1.

Table 1 – Falk et al.'s Seven Healthy Eating Themes

Seven healthy eating themes from Falk et al.'s study (2001)	
1.	Healthy eating is eating low fat (“low fat”).
2.	Healthy eating is eating natural/unprocessed food (“natural”).
3.	Healthy eating is balanced eating (“balance”).
4.	Healthy eating is eating to prevent disease (“disease prevention”).
5.	Healthy eating is maintaining nutrient balance (“nutrient balance”).
6.	Healthy eating is eating to manage an existing disease (“disease management”).
7.	Healthy eating is eating to control weight (“weight control”).

A number of studies have been carried out with the intention to elucidate travel eating behaviors. Amongst which “strangeness” and “familiarity” are important concepts of food interpretation in the context of tourism, and have been employed by Cohen (1972) in the formulation of a typology of tourist roles. Based on the study by Cohen (1972), Hjalager (2003) further categorized culinary tourists into four modes accordingly to their desire for experiencing familiarity and novelty: (1) recreational, (2) diversionary, (3) existential, and (4) experimental. In another study by Elsrud (2001), the author describes travelers’ experience of food risk and adventure by relating to a daring food adventure of two Western travelers who ate deep fried bugs with glee in Thailand. These two travelers considered this act would bring them closer to the destination with a more “in-depth” experience than other tourists. Despite the fact that these bugs are considered inedible, unhygienic and unhealthy in the Western context, the “adventurous” consumption of it becomes a strong statement about bravery and experience. This implies that even an extremely health conscious individual can possibly put aside his or her healthy eating belief while traveling, and take on a culinary adventure in order to better

“experience” the destination. In sum, the preceding premises form a basis to understand various travel eating behaviors. The concepts of “strangeness” and “familiarity”, and “adventurous” and “risk avoidance”, together with “healthy eating steadfastness” provided the theoretical underpinnings for developing the scales to examine healthy eating attitude and travel eating behavior.

Based on above-mentioned the discussion, the proposed conceptual framework for this study is outlined as follow: (see Figure 1).

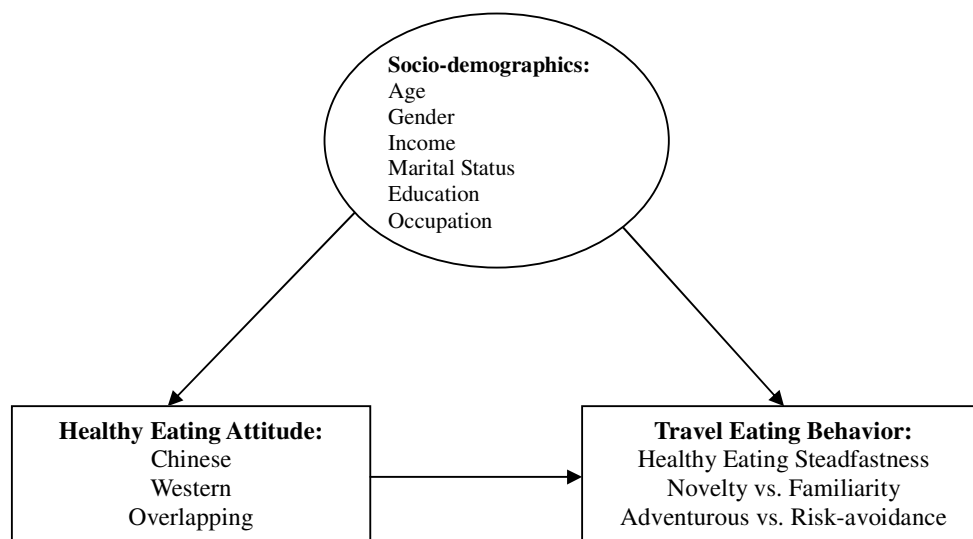


Figure 1 – Conceptual Framework

Methodology

This exploratory study has adopted a combined qualitative and quantitative approach consisting of two phases. The first phase involved focus group interviews to explore salient healthy eating attitudes and travel eating behaviours among Taiwanese tourists. Three focus group interviews were conducted in April 2010. Emerging themes pertaining to healthy eating attitude and tourists eating behaviour were categorized and combined with relevant literature to form the basis for scale development. Three categories of themes related to healthy eating attitude emerged from the interview data, namely balanced diet, healthy eating habits, and food contents and nutrients. In addition, five different categories of themes pertaining to travel eating behavior were identified, namely health eating steadfastness, novelty, familiarity, adventurous, and risk-avoidance. Based on the findings and the literature reviewed, two instruments consisting of 20-items to measure health eating attitude and 22-items to measure travel eating behavior were developed. The instrument was then evaluated by an expert panel of tourism

professors/researchers (from University of Surrey of the U.K. and Providence University in Taiwan) accomplished in the areas of tourism and travel eating behavior research for face validity and breadth of coverage. The questionnaire was then pilot tested with a group of university undergraduate students ($n = 68$) for ease of comprehension and readability. Scale reliability analysis was used to measure internal consistency of the two scales, and the generally agreed upon lower limit for the Cronbach's alpha was set at 0.70 (Hair et al., 2002).

The second phase involved a questionnaire survey to examine the healthy eating attitude and travel eating behaviour of Taiwanese tourists. A snowball sampling method was utilised to maximise the response rate (Saunders, Lewis, & Thornhill, 2009). A total of 522 valid responses were collected between June and July 2010. Only those who had traveled abroad in the past six months were eligible to participate in the survey. The instruments were assessed using a seven-point Likert response scale, ranging from 1 "strongly disagree" to 7 "strongly agree". As Chinese is the official language in Taiwan, the questionnaire survey was translated into Chinese using a blind back-translation method as described by Brislin (1976). Data was analyzed using the Predictive Analytics Software (PASW) version 18 (formerly Statistical Package for Social Sciences). Descriptive statistics were used to determine the means and standard deviations for all variables. For scale-based healthy eating attitude and travel eating behavior items, factor analysis was performed to reduce the number of variables and to detect the structure in the relationship between variables.

Findings and Discussions

Socio-demographic Characteristics

A total of 522 valid responses were obtained in the survey. The socio-demographic characteristics of the respondents are summarized in Table 2. There was a higher proportion of female respondents (61.1%) as opposed to male respondents (38.9%). In terms of age, the largest group of respondents aged between 25 to 34 (34.9%), followed by the group aged between 18 to 24 (31.1%). Slightly over half of the respondents (50.3%) held a Bachelor's degree, while another one-fourth (25.5%) of the respondents possessed a Master's degree or above. The majority of the respondents were single (65.3%), followed by 27.0% who were married with children. A little over one fifth of the respondents (20.7%) earned a personal monthly income between NT\$20,001 to NT\$30,000, followed by another one fifth (20.3%) who did not have a steadily income mainly because they were full-time students. The largest group of respondents was full-time students (23.6%), followed by those who worked in the service industry (23.4%), and those who were employed as government servants/teachers (16.1%).

Table 2 – Socio-demographic Characteristics of the Respondents

Socio-demo Profile	Frequency	Percentage	Socio-demo Profile	Frequency	Percentage
Gender			Marital Status		
Male	203	38.9%	Single	341	65.3%
Female	319	61.1%	Single with children	11	2.1%
Total	522	100.0%	Married with children	141	27.0%
			Married without children	29	5.6%
			Total	522	100.0%
Age			Educational level		
18-24	162	31.1%	Junior high school or below	12	2.3%
25-34	182	34.9%	Senior high school	45	8.6%
35-44	88	16.9%	College	69	13.2%
45-54	61	11.7%	Bachelor's Degree	262	50.3%
55-64	25	4.8%	Master's / Ph.D. Degree	133	25.5%
65 or above	3	0.6%	Total	521	100.0%
Total	521	100.0%			
Income			Occupation		
No income	106	20.3%	Business	76	14.6%
Below NT\$20,000	68	13.1%	Skilled manual/technical worker	36	6.9%
NT\$20,001-30,000	108	20.7%	Government servant/Teacher	84	16.1%
NT\$30,001-40,000	93	17.9%	Service industry	122	23.4%
NT\$40,001-50,000	53	10.2%	Self-employed	21	4.0%
NT\$50,001 or above	93	17.9%	Housewife	14	2.7%
Total	521	100.0%	Full-time student	123	23.6%
			Unemployed	23	4.4%
			Retired	8	1.5%
			Others	15	2.9%
			Total	522	100.0%

Attitude towards Healthy Eating

The respondents' attitudes towards healthy eating were measured by a 20-item scale which was developed based on the findings of the focus group interviews and the literature review. The items were measured using a seven-point Likert scale ranging from (1) strongly disagree to (7) strongly agree. Apart from the item "avoiding eating too much cold foods" which had a relatively lower mean score (4.66), the mean score for other 19 items were all above 5.0 (see Table 3). Interestingly, although the respondents considered "avoiding eating too much hot foods" as one of the essential aspects of healthy eating (mean=5.18, SD=1.36), they tended to pay less attention to "avoiding eating too much cold foods" (mean=4.66, SD=1.41). It can be assumed that the "yin-yang" concept might have only been partially adopted by the respondents in their healthy eating behavior. Eating hot foods may have immediate effect (sore throat) on health; this explains Taiwanese people only pay attention to avoid eating too much hot foods. In particular, the contemporary society is flooded with a vast array of different messages and advices on how to eat healthy. Norms about healthy eating is intertwined with traditional and

modern philosophy in Taiwanese society. Wu (1995) suggests that Western nutrition concept will continuously be recognized and accepted by Chinese societies due to the modernization of lifestyle. In this respect, it is plausible that respondents' health eating attitude did not abide by traditional "yin-yang" concept.

Table 3 – Healthy Eating Attitude Items

Healthy Eating Attitude Items	Mean	Std. Deviation
Drinking plenty of water.	5.73	1.29
Avoiding salty foods.	5.45	1.24
Avoiding excessive fat intake.	5.43	1.28
Avoiding eating too much.	5.42	1.19
Sufficient time for eating (avoiding gobbling).	5.42	1.27
Eating various foods (no partiality for a particular kind of food).	5.42	1.26
Avoiding excessive cholesterol intake.	5.41	1.29
Acquiring enough energy from the eating process to maintain a healthy equilibrium.	5.41	1.16
Maintaining nutrient balance.	5.40	1.18
Avoiding foods that are too sweet.	5.33	1.26
Eating plenty of vegetables	5.32	1.32
Eating light food (without too much seasoning).	5.27	1.34
Eating food without artificial additives.	5.25	1.30
Not eating supper at night.	5.23	1.59
Avoiding eating too much hot foods (e.g. deep-fried foods).	5.18	1.36
Avoiding excessive calorie intake.	5.16	1.34
Eating high fiber foods.	5.10	1.30
Avoiding meat.	5.05	1.38
Keeping regular hours for meals every day.	5.02	1.40
Avoiding eating too much cold foods (e.g. seafood).	4.66	1.41

Travel Eating Behavior

Out of the 22 travel eating behavior items, the mean scores for 12 items were above 5.0 on a seven-point Likert scale ranging from (1) strongly disagree to (7) strongly agree (see Table 4). This indicates that more than half of the suggested travel eating variables had more than average importance in determining respondents' travel eating behavior. The top five travel eating behavior items were the following: (1) I pay particular attention to avoid food-borne illness while traveling, (2) I wish to eat various cuisines while traveling, (3) I wish to eat various foods while traveling, (4) I love to experience local eating habit/behavior while traveling, and (5) While traveling, I will eat whatever I like even it is expensive. This finding is insightful since it

corroborates the proposition in the previous literatures. Cohen and Avieli (2004) contend that many tourists are wary of consuming indigenous food in Asian destinations because of the ‘unhygienic’ look of foods and unknown ingredients might lead to food-borne illness. In addition, Chang et al. (2010) found that tourists often quest for novel and memorable travel dining experience, yet, nutritional concern and food risk issue might be the barriers which preclude participants from taking culinary adventure while travelling.

Table 4 – Travel Eating Behavior Items

Travel Eating Behavior Items	Mean	Std. Deviation
I pay particular attention to avoid food-borne illness while traveling.	5.86	1.12
I wish to eat various cuisines while traveling.	5.77	1.07
I wish to eat various foods while traveling.	5.68	1.11
I love to experience local eating habit/behavior while traveling.	5.65	1.07
While traveling, I will eat whatever I like even it is expensive.	5.59	1.23
I will avoid eating raw foods while traveling.	5.56	1.38
I will try various novel foods while traveling.	5.46	1.25
I will try local indigenous foods while traveling.	5.43	1.28
I will only patron restaurants of high perceived hygiene standards while traveling.	5.41	1.32
While traveling, I will choose foods that are prepared with local cooking methods.	5.41	1.12
I will bring along health kit (with medicine) while traveling.	5.26	1.43
I will only drink bottled water while traveling.	5.20	1.50
I will choose foods cautiously while traveling.	4.96	1.26
While traveling, I will choose foods which are familiar to me.	4.79	1.22
While traveling, I will choose foods that are prepared with cooking methods familiar to me.	4.71	1.22
I will diligently maintain my healthy eating practice while traveling.	4.50	1.36
I will bring along healthy foods while traveling.	4.13	1.57
I will not indulge myself to eat whatever I want while traveling.	4.09	1.56
I will choose restaurants that offer healthy menu items while traveling.	3.85	1.36

Factor Analysis Results

Before employing factor analysis, relevant tests were conducted to gauge its suitability. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy values were found to be 0.953 for the healthy eating attitude items and 0.869 for the travel eating behavior items, which indicate that the proportion of variance in the variables might be caused by underlying factors, and thus, factor analysis is considered appropriate. The significance level of Bartlett’s Test of Sphericity values were 0.000 for both the healthy eating attitude and the travel eating behavior

items, suggesting that the variables are related and factor analysis is suitable for structure detection. Subsequently, the 20 healthy eating attitude items and the 22 travel eating behavior items were factor-analyzed using principal component analysis with orthogonal varimax rotation to identify the structure of the items. By retaining only the items with an eigenvalue larger than one, two factors were extracted from the healthy eating attitude items, namely, “Food Content and Nutrient,” and “Balanced Diet and Eating Habit.” In a similar vein, five factors were generated from the travel eating behavior items, namely “Novelty,” “Risk Avoidance,” “Health Steadfastness,” “Familiarity,” and “Food Supplement and Medicine”. The results of the factor analysis and the breakdown of factor variables are depicted in Table 5 and Table 6. All factor loading scores were higher than 0.5, indicating good correlation between the items and the factor group to which they belong. In sum, the two factors accounted for 61.96% of the cumulative variance of the respondents’ healthy eating attitude; whereas the five factors accounted for 69.65% of the cumulative variance of the respondents’ travel eating behavior.

Table 5 – Results of Factor Analysis: Healthy Eating Attitude

Factors	Factor Loading	Mean	SD	Grand Mean	Eigen-Value	Cronbach's Alpha	Variance Explained
Factor 1 – Food Content and Nutrient				5.21	10.86	0.942	34.57%
Avoiding meat.	0.778	5.05	1.378				
Avoiding excessive calorie intake.	0.762	5.16	1.343				
Avoiding salty foods.	0.760	5.45	1.241				
Avoiding foods that are too sweet.	0.754	5.33	1.261				
Avoiding excessive cholesterol intake.	0.745	5.41	1.290				
Avoiding eating too much hot foods (e.g. deep-fried foods).	0.736	5.18	1.359				
Eating light food (without too much seasoning).	0.729	5.27	1.336				
Avoiding excessive fat intake.	0.717	5.43	1.283				
Eating food without artificial additives.	0.671	5.25	1.295				
Avoiding eating too much cold foods (e.g. seafood).	0.659	4.66	1.414				
Not eating supper at night.	0.596	5.23	1.586				
Eating high fiber foods.	0.565	5.10	1.303				
Factor 2 – Balanced Diet and Eating Habit				5.39	1.54	0.907	27.39%
Acquiring enough energy from the eating process to maintain a healthy equilibrium.	0.783	5.41	1.161				
Eating various foods (no partiality for a particular kind of food).	0.775	5.42	1.256				
Maintaining nutrient balance.	0.759	5.40	1.177				
Eating plenty of vegetables.	0.755	5.32	1.320				
Drinking plenty of water.	0.707	5.73	1.290				
Avoiding eating too much.	0.640	5.42	1.194				
Sufficient time for eating (avoiding gobbling).	0.630	5.42	1.265				
Keeping regular hours for meals every day.	0.609	5.02	1.398				
Total variance explained							61.96%

Table 6 – Results of Factor Analysis: Travel Eating Behavior

Factors	Factor Loading	Mean	SD	Grand Mean	Eigen-Value	Cronbach's Alpha	Variance Explained
Factor 1 – Novelty				5.57	5.19	0.921	25.65%
I wish to eat various foods while traveling.	0.907	5.68	1.105				
I wish to eat various cuisines while traveling.	0.904	5.77	1.074				
I will try local indigenous foods while traveling.	0.863	5.43	1.282				
I love to experience local eating habit/behavior while traveling.	0.855	5.65	1.071				
I will try various novel foods while traveling.	0.807	5.46	1.250				
While traveling, I will choose foods that are prepared with local cooking methods.	0.765	5.41	1.115				
While traveling, I will eat whatever I like even it is expensive.	0.631	5.59	1.229				
Factor 2 - Risk Avoidance				5.51	4.27	0.761	13.19%
I will only drink bottled water while traveling.	0.814	5.20	1.504				
I will only patron restaurants of high perceived hygiene standards while traveling.	0.750	5.41	1.323				
I pay particular attention to avoid food-borne illness while traveling.	0.719	5.86	1.116				
I will avoid eating raw foods while traveling.	0.621	5.56	1.376				
Factor 3 – Health Steadfastness				4.15	1.55	0.791	11.85%
I will not indulge myself to eat whatever I want while traveling.	0.814	4.09	1.556				
I will diligently maintain my healthy eating practice while traveling.	0.767	4.50	1.359				
I will choose restaurants that offer healthy menu items while traveling.	0.758	3.85	1.363				
Factor 4 – Familiarity				4.82	1.24	0.801	11.05%
While traveling, I will choose foods which are familiar to me.	0.849	4.79	1.216				
While traveling, I will choose foods that are prepared with cooking methods familiar to me.	0.840	4.71	1.222				
I will choose foods cautiously while traveling.	0.625	4.96	1.256				
Factor 5 – Food Supplement and Medicine				4.70	1.00	0.638	7.91%
I will bring along health kit (with medicine) while traveling.	0.859	5.26	1.431				
I will bring along healthy foods while traveling.	0.784	4.13	1.565				
Total variance explained							69.65%

Table 5 summarizes the results of factor analysis of the respondents' attitude towards healthy eating. Factor 1 "Food Content and Nutrient" is comprised of items such as "avoiding meat", "avoiding excessive calorie intake", "avoiding salty foods", and "avoiding foods that are too sweet". The factor reflects the respondents' concern over the food contents and nutrients forms an important dimension in their healthy eating attitude. Factor 2 "Balanced Diet and

Eating Habit” included items such as “acquiring enough energy from the eating process to maintain a healthy equilibrium”, “eating various foods”, and “maintaining nutrient balance”. The factor scored a higher grand mean than the factor “Food Content and Nutrient”, suggesting that the respondents considered maintaining nutrient balance and healthy eating habit as the most crucial aspect of health eating.

Table 6 shows the results of factor analysis of the travel eating behavior items. Among the five factors identified, “Novelty” scored the highest grand mean (5.57) and is considered as the most important of the travel eating behavior factors. This factor includes the items “eat various foods while traveling”, “eat various cuisines while traveling”, “try local indigenous foods while traveling”, “experience local eating habit/behavior while traveling”, “try various novel foods while traveling”, “choose foods that are prepared with local cooking methods”, and “eat whatever I like even it is expensive”. There is a long-standing Chinese belief “*Travelling ten thousand miles is better than reading ten thousand books*”. Meaning that travelling as an experience characterized with educational input. Hence, the results indicating that respondents will look for unusual or interesting feature from travel eating experience to broaden their culinary experience (Finkelstein, 1998).

The “Risk Avoidance” factor got the second highest grand mean (5.51). This factor is comprised of the items “only drink bottled water while traveling,” “only patron restaurants of high perceived hygiene standards while traveling,” “pay particular attention to avoid food-borne illness while traveling,” and “avoid eating raw foods while traveling.” The study results indicating that food risk could be referred to hygienic issues of food and food-borne illness. Travelling in a foreign country means tourists are exposed in an unfamiliar dining environment and perceived to be higher risk than at home (Larsen et al., 2007). Hygienic standards would become a crucial factor in determining tourists’ food selection.

The third important factor is “Familiarity”, with a grand mean of 4.82. This factor encompasses the items “choose foods which are familiar to me,” “choose foods that are prepared with cooking methods familiar to me,” and “choose foods cautiously while traveling.” Fieldhouse (1986) contends that food habits are likely ongoing and resistant to change once established. The findings substantiate such proposition and suggest that some respondents need a certain degree of familiarity while quest for novel travel dining experience.

“Food Supplement and Medicine” is the fourth important factor (grand mean = 4.70). The factor includes the items “bring along health kit while traveling,” and “bring along healthy foods while traveling.” Travel health advices and travel health knowledge are advocated by government agency and public media (Hamer & Connor, 2004; Leggat & Shaw, 2003). In this

respect, respondents are aware of perceived risk relate to travel and are willing to bring along health kit in case of emergency as well as health foods to enhance resistance from illness.

The factor “Health Steadfastness” consists of the items “will not indulge myself to eat whatever I want while traveling,” “will diligently maintain my healthy eating practice while traveling,” and “will choose restaurant that offer healthy menu items while traveling.” It is encouraged that tourists should take on a culinary adventure in order to better ‘experience’ the destination (Elsrud, 2001). Yet, finding contradict with conventional views and indicating that respondents will remain health steadfast and avoid eating whatever they like.

Conclusion

The findings of this study suggest that health concern is one of the key factors in affecting certain aspects of tourist eating behavior. In addition, the findings contrast the conventional view that travel eating behavior is often hedonic and pleasurable (Kivela & Crofts, 2006), suggesting that the health concern might outweigh the hedonic aspects of travel eating for some tourists. Despite the emerging interests in tourists’ health-orientation and the demand of health tourism products, there is a lack of study on tourists’ healthy eating attitude and its respective impacts on tourists’ travel eating behavior. Hence, by attempting to explore the relationship between healthy eating attitude and travel eating behavior of Taiwanese tourists, the findings of this study are believed to contribute to the body of empirical knowledge in research in travel eating behavior. Most importantly, the findings of this study will provide destination marketers with practical implications in developing appropriate strategies to cater for the Taiwanese outbound market, a market which is anticipated to be increasingly significant in the world tourism arena.

References

- Ajzen, I. (1988). *Attitude, personality and behavior*. Milton Keynes, UK: Open University Press.
- Ajzen, I. (1991). The theory of planned behaviour. *Organizational Behavior and Human Decision Processes*, 50, 179-211.
- Brislin, R. W. (1976). Comparative research methodology: Cross-cultural studies. *International Journal of Psychology*, 11(3), 215-229.
- Chang, R. C. Y., Kivela, J., & Mak, A. H. N. (2010). Food Preferences of Chinese Tourists. *Annals of Tourism Research*, 37(4), 989-1011.
- Chang, R. C. Y., Kivela, J., & Mak, A. H. N. (2011). Attributes that Influence the Evaluation of Travel Dining Experience: When East meets West. *Tourism Management*, 32(2), 307-316.
- Cohen, E. (1972). Toward a Sociology of International Tourism. *Social Research*, 39, 174-182.
- Cohen, E., & Avieli, N. (2004). Food in Tourism: Attraction and Impediment. *Annals of Tourism Research*, 31(4), 755-778.
- Elsrud, T. (2001). Risk Creation in Travelling: Backpacker Adventure Narration. *Annals of Tourism Research*, 28(3), 597-617.
- Falk, L. W., Sobal, J., Bisogni, C. A., Connors, M., & Devine, C. M. (2001). Managing Healthy Eating: Definitions, Classifications, and Strategies. *Health Education and Behavior*, 28(4), 425-439.
- Fieldhouse, P. (1986). *Food and Nutrition: Customs and Culture*. New Hampshire: Croom Helm.
- Finkelstein, J. (1998). Dining Out: The Hyperreality of Appetite. In R. Scapp & B. Seitz (Eds.), *Eating Culture* (pp. 201-215). Albany: State University of New York Press.
- Hair, J. F. J., Anderson, R. E., Tatham, R. L., & Black, W. C. (2002). *Multivariate data analysis* (6th ed.). Upper Saddle River, NJ: Prentice Hall.
- Hamer, D. H., & Connor, B. A. (2004). Travel Health Knowledge, Attitudes and Practices among United States Travelers. *Journal of Travel Medicine*, 11(1), 23-26.
- Hjalager, A. M. (2003). *What do Tourists Eat and Why? Towards a Sociology of Gastronomy and Tourism*. Paper presented at the Gastronomy and Tourism. , ATLAS -expert meeting. Sandrio (Italy) 21-23 November 2002.
- Hjalager, A. M., & Richards, G. (Eds.). (2002). *Tourism and Gastronomy*. London: Routledge.
- Kivela, J., & Crotts, J. C. (2006). Tourism and Gastronomy: Gastronomy's Influence on How Tourists Experience a Destination. *Journal of Hospitality and Tourism Research*, 30(3), 354-377.
- Larsen, S., Brun, W., Øgaard, T., & Selstad, L. (2007). Subjective food-risk judgements in tourists. *Tourism Management*, 28, 1555-1559.
- Leggat, P. A., & Shaw, M. T. M. (2003). Travel Health Advice for Backpackers. *Journal of Travel Medicine*, 10(6), 340-345.
- Lepp, A., & Gibson, H. (2003). Tourist Roles, Perceived Risk and International Tourism. *Annals of Tourism Research*, 30(3), 606-624.

- Li, L. T., Yin, L. J., & Saito, M. (2004). Function of Traditional Foods and Food Culture in China. *Japan Agricultural Research Quarterly* 38(4), 213-220.
- Pan, S., Chon, K., & Song, H. (2008). Visualizing Tourism Trends: A Combination of ATLAS.ti and BiPlot. *Journal of Travel Research*, 46(3), 339-348.
- Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research Methods for Business Students* (5th ed.). Essex: Pearson Education Limited.
- Um, S., & Crompton, J. L. (1991). Development of pleasure travel attitude dimensions. *Annals of Tourism Research*, 18, 374-378.
- Wu, Y. M. (1995). Food and Health: The Impact of the Chinese Traditional Philosophy of Food on the Young Generation in the Modern World. *Nutrition and Food Science*, 1, 23-27.