*The Influence of Health Consciousness on the Purchase Intention of Low-Sugar Packaged Tea Products: An Extended TPB Analysis*

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ABSTRACT

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| This study, conducted from October 2024 to April 2025, rigorously investigates the determinants influencing purchase intention of low-sugar bottled tea among consumers in Jakarta, focusing on health consciousness, attitude, subjective norm, and perceived behavioral control. Utilizing a quantitative research design, data were meticulously collected from 311 purposively sampled respondents via structured online questionnaires. The empirical data were subsequently analyzed through Structural Equation Modeling (SEM) employing AMOS software.The findings robustly demonstrate that health consciousness significantly and positively influences purchase intention, attitude, and perceived behavioral control. Moreover, attitude, subjective norm, and perceived behavioral control were all empirically validated as significant predictors of purchase intention. These outcomes underscore the pivotal role of consumers’ convictions regarding the health benefits of low-sugar bottled tea in cultivating favorable attitudes and fortifying purchase intentions. Key consumer response indicators encompass the affirmation of the product’s health merits, the sway of social influences emanating from family and peers, and a pronounced sense of personal agency in making purchasing decisions. Additionally, low-sugar bottled tea was consistently identified as the predominant preference among tea choices, reflecting a pronounced and resilient purchase intention.Collectively, these insights elucidate that augmenting consumer health awareness, nurturing positive attitudinal dispositions, and strategically leveraging social influence constitute efficacious approaches to amplify purchase intention. This study furnishes substantive practical implications for marketers in the beverage industry, advocating for the formulation of comprehensive educational and promotional initiatives that accentuate health benefits, social endorsement, and empower consumer autonomy in purchase decision-making processes. |

*Keywords: Health consciousness; purchase intention; low-sugar bottled tea; attitude; subjective norm; perceived behavioral control; consumer behavior.*

1. INTRODUCTION

Health consciousness (HCN) is defined as the level of an individual's awareness regarding the importance of preserving health and the active efforts to lead a healthy lifestyle, reflected in their choices to prioritize products with health attributes such as low sugar or organic (Iqbal et al., 2021; Jonathan & Tjokrosaputro, 2021). The limited number of specific studies on low-sugar packaged tea prompts this research to use studies on healthy or organic food products as an analogy, as both emphasize health benefits, safety, and sustainability. This provides a foundation for understanding consumer behavior toward low-sugar packaged tea. According to Gould (1990), HCN not only encompasses awareness of the importance of health but also manifests in consumers' behavior, such as actively choosing products that support their well-being, reading labels, and seeking health-related information.

HCN does not arise spontaneously but is influenced by demographic variables such as income, age, gender, and educational attainment. Individuals with higher education and income levels tend to have a greater degree of HCN due to better access to information and the financial capacity to choose healthier products (Syafrizal et al., 2024). Healthy lifestyles, including regular exercise and a balanced diet, also significantly contribute to increasing HCN, encouraging consumers to actively seek information about products that support their health and to choose such products as a means of disease prevention (Abdulsahib et al., 2019).

Indonesia faces a significant challenge due to the high consumption of sweetened beverages, with nearly the entire population consuming them regularly (Databoks, 2023). This directly contributes to the increasing prevalence of non-communicable diseases such as diabetes, obesity, and hypertension. The high consumption of these beverages in Indonesia is partly due to weak regulations, including the absence of a clear standard definition and specific rules to control their consumption, particularly among children (Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, 2022).

Other contributing factors include the relatively low prices and widespread availability of sweetened beverages across all segments of society (Liang et al., 2024), as well as aggressive marketing strategies through various media targeting different age groups, which have proven effective in attracting young consumers (Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, 2022). A Jakpat survey shows that the majority of respondents (92.9%) like and regularly purchase packaged beverages, with milk and packaged tea being the most popular. This indicates a large market for sweetened beverages, including packaged tea, despite the associated health risks. High consumption of sugary drinks is also observed in Jakarta (Databoks Katadata, 2022), reflecting a broader public health issue, as excessive sugar intake exceeds WHO recommendations and contributes to childhood obesity and rising healthcare costs (Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, 2022).

The high consumption of sweetened beverages not only affects individual health but also burdens the national healthcare system, requiring government intervention through education, regulation, and the promotion of healthier product innovations such as low-sugar beverages. These products have strong potential to serve as healthier alternatives as public health awareness grows. Purchase intention—defined as the buyer’s intention to purchase a product based on its perceived benefits and relevance (Ajzen, 1991)—tends to be higher among consumers with high HCN (Nagaraj, 2020). These consumers also show increased attention to food safety and health labels (Li & Jaharuddin, 2021), although altruistic factors such as environmental concerns may also influence their purchasing decisions (Abdulsahib et al., 2019).

Consumer attitude, defined as a positive or negative evaluation of a product (Ajzen, 1991), is influenced by HCN. Individuals with high HCN tend to have more positive attitudes toward healthy products, especially in health crisis situations (Khayyam et al., 2021). This attitude is supported by socioeconomic factors such as income and education (Abdulsahib et al., 2019), as well as awareness of health risks (Gould, 1990) and socio-environmental values. Perceived behavioral control (PBC), or the belief in one’s ability to control healthy product purchase decisions (Ajzen, 1991), is closely related to HCN (Gould, 1990). However, PBC may be influenced by the accessibility of information and healthy products (Liang et al., 2024), as well as external factors such as price and marketing strategies (Abdulsahib et al., 2019). This is especially relevant in the context of low-sugar packaged tea. This study aims to examine the relationships among HCN, purchase intention, attitude, and PBC in the context of low-sugar tea purchases by expanding the Theory of Planned Behavior (TPB) framework. It offers insights for developing effective marketing strategies for healthy products.

2. LITERATURE REVIEW

2.1. Health Consciousness

Lius and Salim (2024) define health consciousness as the extent to which individuals’ health considerations influence their daily routines and decision-making. A comparable definition is provided by Nguyen et al. (2020), who describe it as consumers’ heightened awareness and concern for maintaining their health through everyday actions. Furthermore, Syafrizal et al. (2024) emphasize that health consciousness encompasses an individual's overall awareness of the significance of physical well-being and the impact of lifestyle choices on their health status.

The measurement of health consciousness frequently references the framework developed by Gould (1990), which outlines four key dimensions: self-awareness of health, involvement in health-related matters, alertness to health cues, and active self-monitoring of physical condition. Prior research has established a robust relationship between health consciousness and purchase intention (Syafrizal et al., 2024; Nagaraj, 2020; Iqbal et al., 2021), indicating that individuals who are more health-conscious are more likely to exhibit stronger intentions to purchase health-oriented products. Other studies (Zhang et al., 2021; Kusumaningsih et al., 2019) have demonstrated the role of health consciousness in shaping favorable consumer attitudes. Additionally, research by Gam et al. (2020) has shown that health consciousness significantly contributes to perceived behavioral control, as individuals with higher health awareness tend to feel more capable of managing choices aligned with their health goals.

Considering the findings of earlier research, the following hypotheses are proposed for empirical investigation in this study.

H1 − Health consciousness will have a significant impact on purchase intention

H2 − Health consciousness will have a significant impact on attitude

H3 − Health consciousness will have a significant impact on perceived behavioral control

2.2 Attitude

Several studies conceptualize attitude as an individual’s predisposition to respond in a particular manner toward a given situation, shaped by personal values, belief systems, prior experiences, information acquisition, and media influence. In general, attitudes reflect an individual’s overall evaluation of whether a specific behavior is perceived as favorable or unfavorable (Chia et al., 2023). Ajzen (1991) posits that attitude arises from two principal elements: beliefs and evaluations. The strength of belief refers to the perceived likelihood that a particular behavior will lead to a certain consequence, whereas evaluation involves a judgmental process positioned on a continuum—ranging from negative to positive appraisal of the anticipated outcome.

2.3 Attitude and Purchase Intention

Prior empirical investigations, including that of Abdullah et al. (2022), have demonstrated a positive and statistically significant relationship between attitude and purchase intention. This finding is corroborated by the study of Yu and Zhang (2022), which likewise concluded that consumers’ purchase intentions are significantly influenced by their attitudes toward a product. Collectively, these studies underscore the pivotal role of consumers’ beliefs regarding the perceived benefits of a product in shaping favorable attitudes, which subsequently drive their intention to make a purchase.

The following hypotheses are established in this investigation based on the findings of previous research:

H4 − Attitude will have a significant impact on purchase intention

2.4 Subjective Norm

According to various scholarly sources, the concept of subjective norm pertains to an individual’s perception of social pressures that either encourage or discourage the performance of a particular behavior. Individuals are more likely to develop an intention toward a product or behavior when they are influenced by significant others who endorse such actions (Budiman & Andriani, 2021). As conceptualized by Ajzen (1991), subjective norm is operationalized through two core components: normative beliefs and motivation to comply. Normative beliefs reflect an individual’s perception of whether important referents—such as family, peers, or societal groups—approve or disapprove of a given behavior. Motivation to comply refers to the extent to which an individual is inclined to conform to these perceived expectations, typically quantified by multiplying the strength of each normative belief by the corresponding motivation to comply with that referent.

2.5 Subjective Norm and Purchase Intention

Empirical evidence presented by Azzahra and Purwanegara (2024) indicates that subjective norm exerts a significant and positive influence on consumers’ purchase intention. This outcome is corroborated by findings from Salmah and Shikur (2023), who similarly identified a positive and statistically significant effect of subjective norm on purchase intention. Collectively, these results underscore the pivotal role of perceived social approval in shaping consumer behavior, suggesting that societal perceptions of a product’s appropriateness or desirability serve as a critical determinant of an individual's intention to engage in a purchase.

The following hypotheses are developed in this study based on the results of earlier research:

H5 − Subjective Norm will have a significant impact on purchase intention

2.6 Perceived Behavioral Control

Perceived behavioral control refers to an individual's self-assessment of the degree of ease or difficulty in performing a particular behavior (Achmadi et al., 2024; Mbura et al., 2020). As elaborated by Muhammad Naufal Atiyah and Fiska Kusumawati (2023), this construct is measured through several key dimensions, including perceived ability, self-confidence, trust in one’s own competence, perceived availability of opportunities, and the overall sense of control over the behavior in question.

2.7 Perceived Behavioral Control and Purchase Intention

Previous research conducted by Hasan and Suciarto (2020) has revealed that perceived behavioral control exerts a significant and positive effect on purchase intention. This conclusion is further substantiated by Hsieh (2020), whose findings similarly demonstrate that the perceived behavioral control construct significantly and positively predicts purchase intention. The evidence suggests that individuals who perceive a higher degree of control over their purchasing decisions are correspondingly more inclined to form intentions to acquire the product.

The following hypotheses are established based on the findings of this investigation and prior research:

H6 − Perceived Behavioral Control will significantly influence purchasing intention.

3. METHODS

3.1. MEASURE

In the present study, a comprehensive framework was employed whereby each construct was operationalized through meticulously selected indicators. Health consciousness and attitude constructs were gauged utilizing measurement items adapted from Nagaraj (2020). The subjective norm construct was evaluated employing indicators synthesized from the works of Rausch and Kopplin (2021), Iriani et al. (2024), and Salmah and Shikur (2023). Perceived behavioral control was operationalized through indicators developed by Kim and Lee (2023). Lastly, the construct of purchase intention was measured using adapted scales previously validated in studies by Nagaraj (2020) and Iriani et al. (2024). Respondents provided their responses via a five-point Likert scale, ranging from “strongly disagree” to “strongly agree.” The conceptual framework underpinning this study is depicted in Figure 1, illustrating the theoretical model as delineated through empirically grounded indicators sourced from extant literature within consumer behavior research.

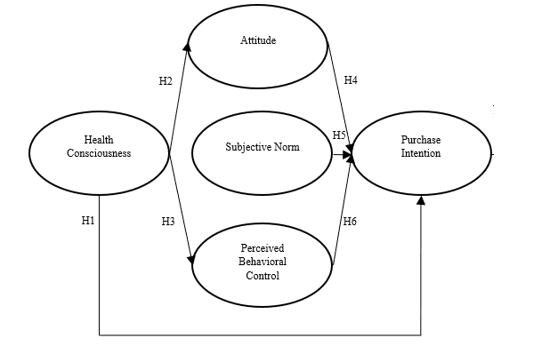


Fig. 1. the Theoretical Framework (Source: The authors, 2024)

**Table 1. Criteria a Fitted Model**

|  |  |
| --- | --- |
| **Profile** | **Rule of thumb** |
| Probability  CMIN/DF  CFI  RMSEA  GFI  AGFI  TLI | > 0.05  < 2.00  > 0.95  < 0.08  > 0.90  > 0.90  > 0.95 |

3.2 dATA ANALYSIS

Utilizing a sample comprising 311 respondents from Jakarta, this research employed a quantitative methodological approach. The analytical procedure encompassed assessments of validity and reliability, evaluation of model fit indices, and hypothesis testing via AMOS software. Structural Equation Modeling (SEM) was employed to rigorously examine the dataset. Validity was ascertained by ensuring factor loadings exceeded the threshold of 0.5. Reliability analyses for each construct were performed using Cronbach’s alpha, with values surpassing 0.6 considered indicative of satisfactory internal consistency. Complementary to this, composite reliability was calculated, where values above 0.7 were deemed acceptable, corroborating construct reliability. The model’s goodness-of-fit was evaluated through multiple indices, including CMIN/DF ≤ 2.00, probability value ≥ 0.05, GFI ≥ 0.90, AGFI ≥ 0.90, CFI ≥ 0.95, TLI ≥ 0.95, and RMSEA < 0.08, thereby confirming the adequacy of the model specification. Subsequently, hypothesis testing was undertaken to explore the interrelationships among latent variables. Hypotheses were adjudged significant and retained when the Critical Ratio (C.R.) exceeded the critical value of 1.96.

4. results and discussion

4.1 Participants

The study involved a total of 311 respondents who met the established criteria and completed the questionnaire administered by the researcher. As detailed in Table 2, the gender distribution comprised 145 males (46.6%) and 166 females (53.4%). Regarding age groups, the majority of respondents were between 26 and 35 years old, totaling 135 individuals (43.4%), whereas the smallest segment was respondents over 55 years old, with only 9 individuals (2.9%). Employment status revealed that most respondents were employed, accounting for 127 individuals (40.8%), while housewives represented the smallest occupational group, numbering 13 individuals (4.1%). In terms of marital status, the majority were married (173 individuals or 55.6%), and the smallest group consisted of widowed respondents (18 individuals or 5.8%). Concerning educational attainment, the highest proportion held a bachelor’s degree (119 individuals or 38.3%), while postgraduate degree holders constituted the smallest group, with 19 individuals (6.1%).

4.2 Validity and Reliability Test of Data

Validity and reliability assessments were meticulously performed on the dataset, with comprehensive results presented in Table 3. The findings substantiate that all constructs are reliably represented by their respective measurement indicators. Specifically, the health consciousness construct comprises five indicators, yielding a robust Cronbach’s alpha coefficient of 0.888 and a composite reliability (CR) value of 0.878, signifying excellent internal consistency. Likewise, the attitude construct, operationalized through five indicators, attains a superior Cronbach’s alpha of 0.914 alongside a composite reliability of 0.915, indicating high reliability. The subjective norm construct, also measured by five indicators, demonstrates both Cronbach’s alpha and composite reliability at 0.895, reflecting substantial measurement consistency. Perceived behavioral control, assessed via five indicators, exhibits Cronbach’s alpha and composite reliability coefficients of 0.904, further confirming its reliability. The purchase intention construct, similarly operationalized by five indicators, manifests a Cronbach’s alpha of 0.912 and composite reliability of 0.910, underscoring strong internal reliability. Regarding construct validity, all indicators present factor loadings exceeding the conventional benchmark of 0.7, while Average Variance Extracted (AVE) values uniformly surpass the 0.5 criterion. These metrics collectively affirm the constructs’ convergent validity, thereby ensuring that the measurement models possess both reliability and validity, suitable for subsequent structural analysis.

Table 2 Profile Of Participants

| **Profile** |  | **Frequency** | **Percent** |
| --- | --- | --- | --- |
| Sex | Male  Female | 145  166 | 46.6  53.4 |
| Employment Status | Unemployed  Employed  Entrepreneur  Housewife  Retired | 29  127  121  21  13 | 9.3  40.8  38.9  6.7  4.1 |
| Marital Status | Single  Married  Divorced  Deceased Partner | 82  173  38  18 | 26.4  55.6  12.2  5.8 |
| Age | 18-25 Years  26-35 Years  36-45 Years  46-55 Years  >55 Years | 42  135  103  22  9 | 13.5  43.3  33.1  7.1  29 |
| Education | High School  Diploma  Bachelor’s Degree  Postgraduate | 70  103  119  19 | 22.5  33.1  38.3  6.1 |

Table 3. Results of Data Validity and Reliability

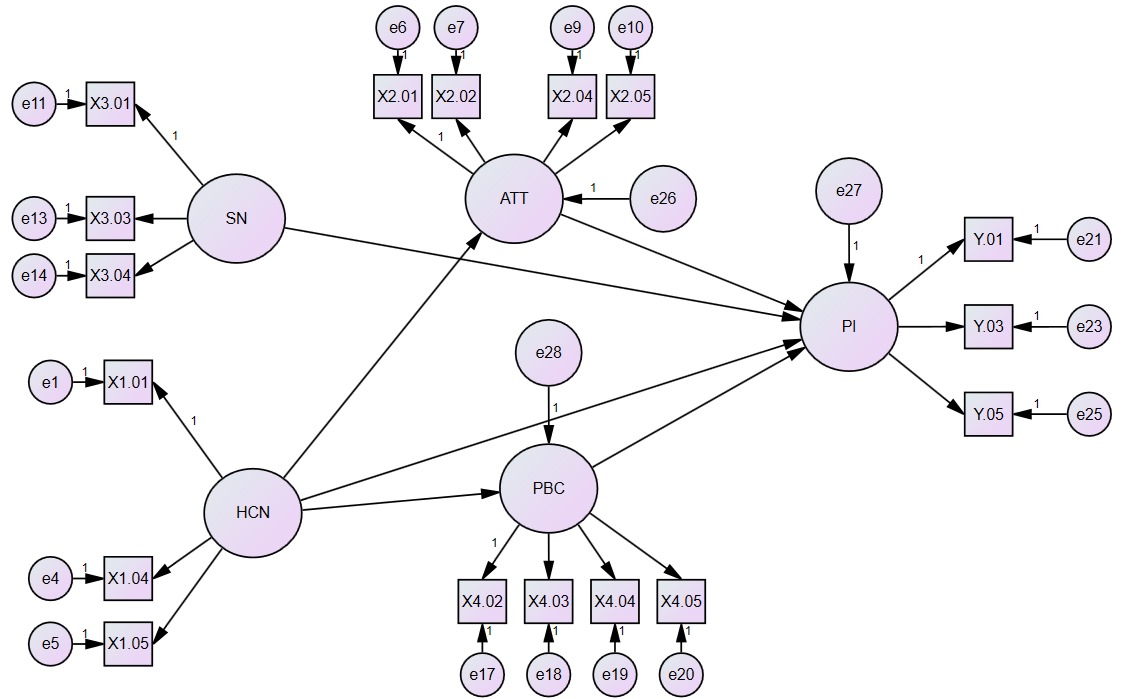
|  | **Variables and Indicators** | **Factor Loadings** | **AVE** | **Cronbach’s Alpha** | **Composite Reliability** |
| --- | --- | --- | --- | --- | --- |
|  | Health Consciousness |  | 0.61 | 0.878 | 0.888 |
| X1.01 | I am interested in trying low-sugar tea because I want to be more mindful of my health. | 0.865 |  |  |  |
| X1.02 | My health awareness drives me to choose low-sugar tea over regular tea | 0.766 |  |  |  |
| X1.03 | I am interested in buying low-sugar tea because I believe this beverage can provide better health benefits compared to regular tea | 0.753 |  |  |  |
| X1.04 | The increase in my health awareness influences my decision to purchase low-sugar tea | 0.739 |  |  |  |
| X1.05 | I feel responsible for choosing low-sugar tea for the sake of my health | 0.804 |  |  |  |
|  | Attitude |  | 0.68 | 0.914 | 0.915 |
| Y1.01 | When I buy low-sugar packaged tea, I feel satisfied. | 0.861 |  |  |  |
| Y1.02 | When I buy low-sugar packaged tea, I feel happy because I care about my health. | 0.791 |  |  |  |
| Y1.03 | I feel wise for choosing to buy low-sugar packaged tea | 0.790 |  |  |  |
| Y1.04 | Buying low-sugar packaged tea is the best choice to support my health | 0.817 |  |  |  |
| Y1.05 | I believe that buying low-sugar packaged tea provides health benefits | 0.873 |  |  |  |
|  | Subjective Norm |  | 0.63 | 0.895 | 0.895 |
| Y2.01 | My friends expect me to buy low-sugar packaged tea. | 0.836 |  |  |  |
| Y2.02 | My family expects me to buy low-sugar packaged tea | 0.767 |  |  |  |
| Y2.03 | People who are important to me want me to buy low-sugar packaged tea. | 0.766 |  |  |  |
| Y2.04 | Most of the people close to me buy low-sugar packaged tea | 0.771 |  |  |  |
| Y2.05 | My family and friends often choose low-sugar packaged tea over other beverages | 0.835 |  |  |  |
|  | Perceived Behavioral Control |  | 0.65 | 0.904 | 0.904 |
| Y3.01 | I feel capable of buying low-sugar packaged tea | 0.878 |  |  |  |
| Y3.02 | I have sufficient resources (such as money and time) to buy low-sugar packaged tea | 0.786 |  |  |  |
| Y3.03 | If I want to, I can easily buy low-sugar packaged tea | 0.773 |  |  |  |
| Y3.04 | Low-sugar packaged tea is easy to find where I shop | 0.783 |  |  |  |
| Y3.05 | The decision to buy low-sugar packaged tea is entirely up to me | 0.826 |  |  |  |
|  | Purchase Intention |  | 0.67 | 0.912 | 0.910 |
| Z1.01 | I want to buy low-sugar packaged tea products in the near future | 0.834 |  |  |  |
| Z2.02 | I have plans to buy low-sugar packaged tea products in the near future | 0.792 |  |  |  |
| Z3.03 | I am confident that I will buy low-sugar packaged tea products in the near future | 0.816 |  |  |  |
| Z3.04 | I will continue to buy low-sugar packaged tea products in the future | 0.809 |  |  |  |
| Z3.05 | Low-sugar packaged tea is my top choice when buying tea | 0.859 |  |  |  |

4.3. Hypotheses Test

The structural model depicted in Figure 2 illustrates the hypotheses being tested and provides a visual representation of the relationships. This model serves as a basis for understanding how various factors interact and influence each other. This study assesses the feasibility of this model through several evaluation indicators, including probability, RMSEA, GFI, AGFI, CMIN/DF, TLI and CFI. The probability value in this study has a figure of 0.071, then RMSEA with a figure of 0.026, GFI of 0.954, then AGFI which is 0.934, CMIN/DF with a figure of 1.207, TLI has a figure of 0.993 and finally CFI which is 0.994. With these data, the model in this study is declared feasible and can be continued to the next stage. The research findings presented in Table 4 report the results of testing six hypotheses. The Critical Ratio (CR) value serves as the determining factor for the hypothesis outcomes, with the reference value being > 1.96. In this study, all CR values for each variable exceed 1.96; therefore, all hypotheses are accepted.

**Table 4. Results of the Hypotheses Tested Note: (\*\*\*) P values is less than 0.0001**

| **Hypotheses** | **Path** | **C.R** | **P** | **Result** |
| --- | --- | --- | --- | --- |
| H1  H2  H3  H4  H5  H6 | Health Consciousness → Purchase Intention  Health Consciousness → Attitude  Health Consciousness → Perceived Behavioral Control  Attitude → Purchase Intention  Subjective Norm → Purchase Intention  Perceived Behavioral → Control Purchase Intention | 2.804  14.760  11.522  2.59  3.674  2.907 | 0.005  \*\*\*  \*\*\*  0.031  \*\*\*  0.036 | Accepted  Accepted  Accepted  Accepted  Accepted  Accepted |



**Fig. 2. Structural Model of the Hypotheses Tested (Source: The authors 2025)**

**5. Discussion**

The results of hypothesis testing reveal that the first hypothesis (H1) — positing that Health Consciousness (HC) significantly influences Purchase Intention — is supported, with a Critical Ratio (CR) value of 2.804 and a p-value of 0.005. This outcome corroborates the Theory of Planned Behavior (TPB), which asserts that attitudes and personal values, such as health consciousness, contribute to shaping consumers' behavioral intentions. Accordingly, individuals exhibiting heightened health consciousness demonstrate a stronger propensity to intend purchasing products perceived as beneficial to health. This finding is consistent with prior research conducted by Syafrizal et al. (2024), Xu et al. (2020), and Iqbal et al. (2021).

Hypothesis two (H2) testing indicates that Health Consciousness (HC) exerts a significant positive effect on Attitude, evidenced by a CR value of 14.760 and a p-value < 0.001, thereby affirming this hypothesis. This result aligns with the TPB’s proposition that perceptions regarding the outcomes of a behavior significantly influence one’s attitude toward that behavior. Specifically, individuals with elevated health consciousness are inclined to develop favorable attitudes toward products perceived as supporting a healthy lifestyle, such as low-sugar bottled tea. These findings echo those of Zhang et al. (2021), Khayyam et al. (2021), and Jin et al. (2024).

Testing the third hypothesis (H3) reveals that Health Consciousness (HC) significantly impacts Perceived Behavioral Control, with a CR value of 11.522 and a p-value < 0.001, thus supporting the hypothesis. This outcome aligns with the TPB framework, which conceptualizes perceived behavioral control as the extent to which individuals feel capable of executing a particular behavior. In this context, health-conscious individuals tend to perceive greater control over their purchasing decisions concerning health-oriented products such as low-sugar bottled tea. This finding is consistent with the studies by Ramadhan et al. (2020), Gam et al. (2020), and Abdulsahib et al. (2019).

The fourth hypothesis (H4) testing demonstrates that Attitude (ATT) has a significant positive effect on Purchase Intention (PI), with a CR value of 2.159 and a p-value < 0.001. This finding reinforces the TPB assertion that attitudes toward a product meaningfully influence consumers' purchase intentions. In this case, a positive attitude toward low-sugar bottled tea fosters increased purchase intention, as consumers recognize the product’s health benefits. This result is congruent with research by Abdullah et al. (2022), Yu and Zhang (2022), and Nazir and Tian (2022).

Hypothesis five (H5) testing establishes that Subjective Norm (SN) significantly influences Purchase Intention (PI), with a CR value of 3.674 and a p-value < 0.001, thereby confirming the hypothesis. This aligns with the TPB's emphasis on subjective norms — social pressures and expectations — as key determinants of purchase intention. Here, the opinions and expectations of significant referents, such as family, friends, and colleagues, shape consumers’ intention to purchase low-sugar bottled tea. These findings correspond with those of Azzahra and Purwanegara (2024), Salmah and Shikur (2023), and Ngo-Thi-Ngoc et al. (2024).

Lastly, testing of the sixth hypothesis (H6) shows that Perceived Behavioral Control (PBC) exerts a significant positive effect on Purchase Intention (PI), with a CR value of 2.907 and a p-value < 0.001. This supports the TPB assertion that perceived behavioral control substantially influences individuals’ purchase intentions. In this regard, stronger beliefs regarding one’s ability to make a purchase correspond to a heightened intention to acquire low-sugar bottled tea. This finding aligns with prior studies by Mbura et al. (2020), Hasan and Suciarto (2020), and Hsieh (2020).

**6. CONCLUSION**

The study empirically tested six hypotheses, all of which received empirical support. First, health consciousness was demonstrated to exert a positive and statistically significant influence on purchase intention, suggesting that individuals with heightened health awareness exhibit stronger intentions to acquire products that promote a healthy lifestyle. Second, health consciousness was found to positively affect attitudes, indicating that increased health awareness fosters more favorable evaluations of health-related products or services. Third, health consciousness positively impacted perceived behavioral control, implying that health-conscious consumers perceive themselves as more capable of managing and selecting behaviors consistent with their health objectives. Fourth, attitude was shown to have a significant positive effect on purchase intention, underscoring that a more favorable attitude toward a product enhances the consumer's intention to purchase. Fifth, subjective norms were found to positively influence purchase intention, highlighting that the stronger the perceived social pressure from significant others—such as family, friends, or influential figures—the greater the likelihood that consumers will develop an intention to buy. Finally, perceived behavioral control also exerted a positive and significant effect on purchase intention, suggesting that the greater the perceived ease and control over purchasing decisions, the stronger the consumers’ intention to engage in the purchase behavior.

**7. IMPLICATION**

To enhance purchase intention for low-sugar bottled tea, it is imperative to strengthen key determinants such as health consciousness, attitude, subjective norm, and perceived behavioral control. Notably, several indicators elicited positive responses from participants: 46.9% concurred that their interest in purchasing low-sugar tea stems from its superior health benefits compared to regular tea, underscoring the necessity of sustaining consumer trust through consistent education and promotional efforts. Furthermore, 46% of respondents acknowledged that buying low-sugar bottled tea confers health benefits, emphasizing the critical role of reinforcing positive attitudes through relevant information dissemination. Social influence also emerged as a salient factor, with 46.9% of participants reporting that family and friends frequently opt for low-sugar bottled tea, suggesting that marketing strategies incorporating testimonials and peer endorsements may yield efficacy. Additionally, 44.1% agreed that the decision to purchase low-sugar bottled tea is entirely within their personal control, highlighting the importance of perceived behavioral control. Moreover, 49.5% indicated that low-sugar bottled tea is their preferred choice when purchasing tea, reflecting a robust purchase intention fueled by favorable perceptions of the product’s benefits and quality.

From a theoretical standpoint, this study makes a significant contribution to the advancement and reinforcement of the Theory of Planned Behavior (TPB) within the realm of consumer behavior toward health-oriented products, particularly low-sugar bottled tea. The findings demonstrate that health consciousness exerts a significant influence on attitude, perceived behavioral control, and purchase intention, thereby extending the understanding that health awareness functions not only as an external contextual factor but also as a pivotal predictor shaping consumer attitudes, perceived control, and behavioral intentions. Moreover, the substantiated impacts of attitude, subjective norm, and perceived behavioral control on purchase intention corroborate the core tenets of TPB, which posit these constructs as primary determinants of behavioral intention. This research not only validates the continued relevance of the TPB framework but also introduces health consciousness as a valuable exogenous variable, offering a more nuanced and contextually applicable model for examining consumer behavior in an era marked by increasing health awareness.

**7. LIMITATION**

Addressing these limitations, subsequent research may adopt a more comprehensive approach by incorporating additional variables such as consumer lifestyle, health literacy, or market accessibility. Furthermore, the integration of qualitative methodologies, including focus groups and in-depth interviews, could provide richer insights into subjective consumer experiences and contextual determinants. Such a multifaceted approach would not only strengthen the theoretical framework underpinning health-conscious consumer behavior but also yield more actionable implications for product innovation and marketing strategies within the low-sugar beverage sector.

This study acknowledges several inherent limitations that may circumscribe the breadth and external validity of its findings. Firstly, the geographic delimitation of data collection was restricted exclusively to respondents domiciled in Jakarta. Such confinement potentially impedes the extrapolation of outcomes to broader Indonesian populations, given the pronounced socio-cultural and economic heterogeneity characterizing disparate regions. Consumer behavior manifested in Jakarta may not adequately encapsulate the variegated attitudes, preferences, or market accessibility dynamics pertinent to low-sugar tea products across the nation. Accordingly, it is imperative that future empirical endeavors endeavor to encompass a more geographically heterogeneous sample to foster insights of greater representativeness and national applicability.

Secondly, the relatively constrained sample size employed herein may attenuate the statistical power of inferential analyses, thereby amplifying margins of error and undermining the precision and stability of estimated inter-variable relationships. Such methodological constraints bear the risk of engendering biased effect estimations, whether through inflation or attenuation, consequently compromising the robustness and reliability of derived inferences. To mitigate these concerns, subsequent research should prioritize the recruitment of larger, more demographically and regionally diverse cohorts to enhance analytical rigor and generalizability.

Lastly, this investigation singularly emphasizes purchase intention, without concomitantly evaluating actual consumer purchasing behavior. Despite the widely accepted theoretical premise that intention serves as a proximal antecedent to behavior, empirical evidence frequently reveals discrepancies between stated intentions and enacted conduct. Such intention-behavior gaps are often mediated by extrinsic factors including financial limitations, promotional stimuli, and product availability. Consequently, the present study offers a circumscribed vantage point on the holistic consumer decision-making continuum. Future research is thus recommended to integrate behavioral tracking methodologies or longitudinal designs, facilitating a more nuanced understanding of the extent to which purchase intentions are actualized in concrete buying actions.

To comprehensively address these limitations, forthcoming studies would benefit from adopting a multidimensional approach by incorporating supplementary constructs such as consumer lifestyle attributes, health literacy levels, and market accessibility variables. Moreover, the integration of qualitative methodologies—such as focus group discussions and in-depth interviews—could yield enriched, context-sensitive insights into subjective consumer experiences and environmental contingencies. This integrative paradigm would not only fortify the theoretical edifice underpinning health-conscious consumer behavior but also engender more pragmatic and strategically actionable implications for product innovation and marketing initiatives within the burgeoning low-sugar beverage industry.

Disclaimer (Artificial intelligence)

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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