

A HEALTHY LIFESTYLE AND PURCHASE INTENTION ON FOOD CLAIMS IN INDONESIA

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ABSTRACT

Nowadays, consumers are selective in choosing their healthy food. A healthy lifestyle as well as food claims (such as “High Calcium”; “Source of Fiber”; etc), are prominent factors that motivate consumers to purchase healthy food. This study aims to determine and analyze the relationship between a healthy lifestyle on purchase intention on food products with claims. Healthy Promoting Lifestyle-II (HPLP-II) measured for a healthy lifestyle. The data analysis includes descriptive tests, classical assumption tests (normality test, linearity test, and multicollinearity test), and multiple linear regression analysis tests. Based on the test results with respondents mostly women and z generation, 99% of respondents are aware of food products with claims, 93% of respondents often see food products with nutrition claims, 80% of respondents often see dairy products and their preparation as food products with claims, and 96% of respondents choose food products with claim rather than without claims. In healthy lifestyle, respondents generally exhibited a positive response, with average scores exceeding the minimum threshold (≥ 2.50) for physical activity (3.85), healthy diet (3.73), sleep (3.59), and smoking behavior (4.57) out of 5.00. However, a person’s healthy lifestyle, age, income, and education can simultaneously influence the purchase intention of claimed food products.

Keywords: food claims; healthy lifestyle; purchase intention

ABSTRAK

Saat ini, konsumen sangat selektif dalam proses pemilihan pangan sehat. Faktor yang mendorong konsumen untuk membeli dan mengonsumsi adalah gaya hidup sehat serta klaim (seperti tinggi kalsium, sumber serat dll) yang ditawarkan oleh produk pangan tersebut. Penelitian ini bertujuan untuk mengetahui dan menganalisis hubungan pengaruh antara gaya hidup sehat, usia, pendapatan dan pendidikan terhadap minat beli produk pangan dengan klaim. Faktor-faktor yang diteliti meliputi sikap dan pengetahuan terhadap produk pangan berklaim, serta pengaruh gaya hidup sehat terhadap minat beli produk pangan berklaim.. Analisis data dilakukan dengan uji deskriptif, uji asumsi klasik (uji normalitas, uji linieritas dan uji multikolinieritas) dan uji analisis regresi linier berganda. Berdasarkan hasil uji, responden didominasi Perempuan dan generasi z, sebanyak 99% responden mengetahui produk pangan berklaim, 93% responden sering melihat produk pangan berklaim gizi, 80% responden sering melihat produk susu dan olahannya sebagai produk pangan berklaim, dan 96% responden memilih produk pangan berklaim dibandingkan dengan produk pangan tanpa klaim. Skor indikator gaya hidup sehat (aktivitas fisik 3,85, pola makan sehat 3,73, tidur malam yang baik 3,59 dan perilaku tidak merokok 4,57 pada penelitian ini melebihi skor (≥ 2.50). Gaya hidup sehat, usia, pendapatan dan pendidikan berpengaruh secara simultan terhadap minat beli produk pangan dengan klaim.

Kata kunci: klaim pangan; gaya hidup sehat, minat beli

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INTRODUCTION

According to BPOM (2022), Food claims are the description of the states, suggests, or indirectly states regarding specific characteristics of Food related to the origin, nutritional content, properties, production, processing, composition, or other quality factors. Many countries have adopted the Codex recommendations and regulated the use of nutritional claims (Franco-Arellano *et al.*, 2018). The existence of claims listed on food products; the information has a positive response to consumer perceptions of the product (Hamlin & McNeill, 2016). The positive response occurs when consumers can better evaluate the product due to the presence of claims listed on the product compared to similar products that do not display claims, regardless of the nutritional profile of the product (Roe *et al.*, 1999; Talati *et al.*, 2016).

Indonesia has been experiencing the COVID-19 pandemic since March 2020. This pandemic requires people to maintain their immune systems. Based on the results of the Asia Pacific Health Inertia Survey 2021, as many as 75% of consumers in Indonesia said that during the pandemic, they started eating healthy foods (Herbalife Nutrition, 2021). This result encourages producers to make breakthroughs to produce healthy food products that support a healthy lifestyle.

Lifestyle is a behavior chosen by a person that has a positive or negative influence on health (Short & Mollborn, 2015). A healthy lifestyle is an attitude that can reduce the risk of disease and premature death. Reporting by the World Health Organization (WHO) has issued several recommendations for a healthy lifestyle attitude during the pandemic, such as eating healthy and nutritious foods, implementing a healthy *diet*, avoiding smoking and alcoholic beverages, exercising and sunbathing in the morning, maintaining mental health and implementing a clean life by maintaining cleanliness (WHO, 2020). Healthy food choices are essential for a healthy lifestyle (Wongprawmas *et al.*, 2021). A healthy lifestyle should not only be centered on an attitude of alertness to a disease but can improve well-being behavior in life.

Socio-demographic characteristics can influence

consumer attitudes and behavior toward Food, but these are still often overlooked (Acton *et al.*, 2018; Kaya, 2016; Piernas & Popkin, 2011). Consumers' food choices have identified several factors, such as perceptions of food product health, consumer health status, religious beliefs (e.g., kosher Food), philosophical beliefs, e.g., veganism and health, and family/peer pressure. Sustainability, advertising, food quality, ingredient lists, cost/price, and availability issues (Kershaw *et al.*, 2019; Puddephatt *et al.*, 2020; Scaglioni *et al.*, 2018). Age, employment status, ethnicity, gender, and level of education are commonly used to analyze consumer attitudes/habits and understanding of nutritional knowledge in behavioral studies (Ogundijo *et al.*, 2021; Stran & Knol, 2013).

Food choice is becoming more complex, and consumers must choose based on various factors. According to Dunneram (2013), older adults usually consume healthy Food. On the other hand, healthier food purchases are more significant in the younger generation and people who work full or part-time than in people who retire and are over 55 years old (Ogundijo *et al.*, 2021). According to Contini *et al.* (2015), education levels do not affect healthy food choices. However, some studies suggest that low-level education and income consumers are more interested in products that have food health claims but do not have an impact on the intention to purchase claimed food products (Annunziata & Mariani, 2019; Barreiro-Hurlé *et al.*, 2010; Cavaliere *et al.*, 2015; Steinhäuser & Hamm, 2018). Consumers need a decent income to consume Food with claims (Bastiawan *et al.*, 2022). If consumers' income meets basic needs, they can consume Food with a claim at an affordable price. Demographic factors in people's responses to claims have differences between countries. Some Australians admitted that a low or reduced fat claim increased their consumption (Benson, 2019). In a European study of health claims on cereal-based products, Italians preferred items with no health or nutrition claims. At the same time, they evaluated the product's perceived healthiness as higher when claims were present (Saba *et al.*, 2010). In the same survey, Finnish consumers preferred risk reduction claims, whereas benefit claims attracted the most attention in the

United Kingdom (Lähtenmäki, 2013). Based on the description above, the objective of this study is to provide innovative perspectives that align with prevailing consumer trends with analyse the influence relationship between a healthy lifestyle and socio-demographic factors (age, income, and education) on consumer purchase intention on Food claimed products.

MATERIALS AND METHOD

Respondent

The cross-sectional survey in October 2022 covered 1062 respondents aged 15 to 57 years from almost all regions in Indonesia. The questionnaire used Google Forms for the survey media. Social media channels like Line, Instagram, WhatsApp, Facebook, and Twitter distributed the questionnaire list.

Questionnaire

The respondents were informed about the purpose of the survey. The term “food claim” is informed with an example of a claim given to the respondent. The questionnaire asked about knowledge and awareness about food claims and whether respondents knew about food claims products and also inquired about the respondents' attitude toward a healthy lifestyle. In this study, Health Promoting Lifestyle Profile-II (HPLP-II) questionnaire created by (Walker *et al.*, 1987) and developed by (Mirghafourvand *et al.*, 2017) is a measuring instrument for a healthy lifestyle. The purchase intention questions were measured using indicators by Schiffman & Kanuk which consists of interest in seeking more information about the product,

consider buying, desire to know the product, interest in trying the product and desire to buy the product (Schiffman, L.G., & Kanuk, 2010). Both questions used a 5-point Likert scale consisting of (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, and (5) strongly agree. The respondents also asked about gender, age, income, and education.

Statistical analysis

Calculating summary statistics, including frequencies and percentages, were analyzed for

Quantitative data. Data were analyzed using descriptive statistics and multiple linear regression using the program IBM SPSS v.26. Multiple linear regression parametric tests were used to analyze the relationships between variables at a 95% significance level.

RESULTS AND DISCUSSION

Characteristics of respondents

The respondents (n = 1062) consisted of 246 males (23.2%) and 816 females (76.8%). The characteristics of respondents report in Table 1. Most respondents were females between 15 and 26 years old or Generation Z (Gen Z). Regarding the income distribution, this study found that 37.7% of the respondents earned no income.

Regarding education level, most respondents (51.5%) had completed their bachelor/diploma levels, and 42.6% had graduated from senior high school.

Food Claims Awareness and Attitudes

After the screening section (including reading the definition and loading several food products with claims as an example), most of the respondents (99.5%) stated that they had heard or known about food claims and the products before the survey (aware respondents). It shows that most of the respondents know about food claims products.

Figure 1 shows the types of claims respondents often see on food products. Nutrition/non-nutritional claims (such as “High Calcium”; “Low Fiber”; “Source of Protein” etc), are the most commonly seen type of claim (93.22%) by respondents on food product labels, followed by health claims (56.59%). A survey conducted in a market in Ireland found that as many as 18% of food products have health claims, and 47% have nutritional claims (Lalor *et al.*, 2010). Kaur *et al.* (2016) found several health and nutrition claims relatively easy to identify, especially nutritional content claims, nutritional comparison claims, and disease risk reduction claims. Furthermore, Benson *et al.* (2019) found that the impact of nutritional claims on perception states that knowledge is the primary influence on perceptions of claims. The

amount of individual trust in a claim appears to be influenced by the type and characteristics of the product featuring a food claim.

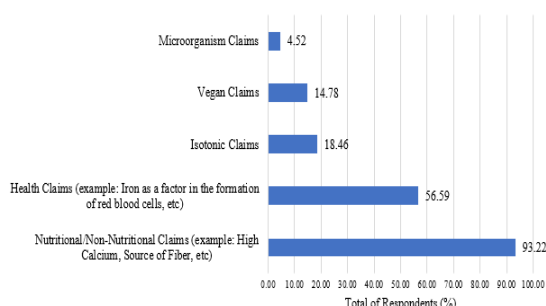


Figure 1. The types of food claims frequently seen by respondents

Figure 2 shows the types of food products that respondents often see with food claims. Dairy and processed products (such as milk, yogurt, cheese, etc.) (80.89%) were the food products with the most frequently seen claims by respondents, followed by cereal and grain products (56.97%). This research was done by (Hoque *et al.*, 2018) among functional foods, milk, and processed products most consumed and marketed. This research shows that among other food products, dairy, and processed products are excellent food sources consisting of several vitamins and minerals. Dairy products provide substantial nutritional value, so regulating nutritional content claims provides many opportunities that allow food labels to communicate specific nutritional values contained in dairy and processed products (Dairy Research Institute, 2016). According to Lähteenmäki *et al.* (2010), health claims on bread and yogurt could influence consumers' perceptions of health, naturalness, attractiveness, and delicacy.

Furthermore, Gravel *et al.* (2012) explain that nutritional claims have affected the perception of cookie health. Based on a survey in Australia, among other cereal and grain products, health claims and nutritional claims in cereal bars and breakfast cereals were most commonly found (Hughes *et al.*, 2013). The study's results (Davidović *et al.*, 2021) showed that nutritional claims and health claims were most found in breakfast cereal products, as much as 81.3%.

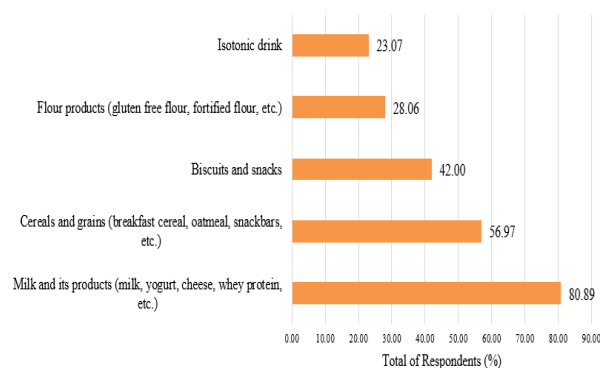


Figure 2. Types of food products with claims frequently seen by respond

Table 1. Characteristic of Respondents

Characteristics	Category	N	%
Gender	Male	246	23.2
	Female	816	76.8
	Total	1062	100
Age	15 -26 (Generation Z)	747	70
	27 - 45 (Millennial/Gen Y)	237	22
	46 -57 (Generation X)	78	7
	Total	1062	100
Income	0	400	37.7
	< 1.000.000	120	11.3
	1.000.001 - 1.500.000	80	7.5
	1.500.001 - 2.000.000	67	6.3
	2.000.001 – 3.000.000	68	6.4
	3.000.001 – 5.000.000	141	13.3
	5.000.001 – 7.500.000	87	8.2
	>7.500.001	99	9.3
	Total	1062	100
Education	Junior high school	19	1.8
	Senior high school	452	42.6
	Bachelor/Diploma	541	50.9
	Master/Doctor	50	4.7
	Total	1062	100

Healthy Lifestyle Classification

In this study, a healthy lifestyle (HL) consisted of physical activity, diet, sleep, and non-smoking behaviors (Danna & Griffin, 1999; Jones *et al.*, 2010). Respondents are said to have a positive response or a healthy lifestyle if each indicator has a minimum score of ≥ 2.50 out of 5.00 (Damayanti & Karin, 2016; Wei *et al.*, 2012). This study aligns with the research (Li *et al.*, 2018). The smoking behavior score is said to be low if the score is close to 5, which means that the respondent has a high non-smoking behavior. The following show the results of a descriptive analysis of healthy lifestyle indicators in Table 2. The results were an average score (mean) of healthy lifestyle indicators of physical activity at 3.85, healthy diet at 3.73, quality of sleep at 3.59, and smoking behavior at 4.57. All average scores on healthy lifestyle indicators in this study had above a minimum score (≥ 2.50) with a maximum score of 5.00 which can mean that respondents in this study had a positive response or had a good healthy lifestyle (Damayanti & Karin, 2016; Wei *et al.*, 2012). Healthy lifestyle indicators are classified into low, medium, and high. This also applied to research which classifies it into four classes (Tufaidah, 2019).

Table 2. Results of healthy lifestyle data

HL Indicator	N	Range	Minimum	Maximum	Mean
HL_Physical Activity	1062	4.00	1.00	5.00	3.8503
HL_Dietary	1062	3.86	1.14	5.00	3.7365
HL_Sleep	1062	4.00	1.00	5.00	3.5942
HL_Smokin g Behavior	1062	4.00	1.00	5.00	4.5744
Valid N (listwise)	1062				

Table 3 reports the classification of healthy lifestyles as indicators of physical activity. Good physical activity includes >30 minutes/day doing moderate or heavy activities (including walking, climbing stairs). The respondents in this study have good exercise behavior. Furthermore, research done by (Quarino, 2014; Supriati, 2020) states that physical activity is body movement that occurs in

muscle contractions that increase energy expenditure, which can be in the form of activities at work and home and in leisure activities. Morning walks, gymnastics, cardio, and light exercise are examples of physical activity with a time range of > 30 minutes per day and more than >3 hours per week (Kemenkers RI, 2013). Physical activity behavior (exercise) can support healthy nutritional habits (Fleig *et al.*, 2014).

Table 3. Classification of Healthy Lifestyles Indicators of Physical Activity

In this study, a healthy lifestyle (HL) consisted of			
Classification of HL_Physical Activity			
Class Intervals	Frequency	Percentage	Classification
1.0 - 2.33 ($X < 2.33$)	47	4	Low
2.34 - 3.67 ($2.34 < X < 3.67$)	414	39	Moderate
3.68 - 5.0 ($X > 3.68$)	601	57	High
N	1062	100,0	

Table 4 reports the classification of healthy lifestyle dietary. A good diet includes a regular diet (three times a day) in the morning, afternoon, and evening, regular consumption of fruits and vegetables, and limiting foods that contain preservatives and junk food. The respondents in this study have dietary habits that tend to be moderate to high. A healthy diet is essential for maintaining health; diet plays a significant role in disease prevention and can create the capacity for an active and productive life. The motivation to adopt a healthy diet and emotions can further moderate how the perception of nutritional characteristics of food products and the perception of proper portion sizes can affect food choices.

Therefore, creating a supportive food environment is necessary to help consumers make healthier food choices and adopt healthier food habits to create a healthy diet or diet (Oostenbach *et al.*, 2019). Fruit and vegetable intake is a significant factor in a healthy diet (Conner *et al.*, 2015; White *et al.*, 2013). In the Cahaya Amalia (2018) study, adolescents' showing a positive attitude towards

adolescents can be affected by knowledge, which in this study is included in the good category (65.7%), where adolescents know the definition, types, and negative impacts and efforts to overcome the negative impacts of *fast Food* (Tufaidah, 2019).

Table 4. Classification of Healthy Lifestyles Indicators of Dietary

Classification of HL_Dietary			
Class Intervals	Frequency	Percentage	Classification
1.14 - 2.42 ($X < 2.42$)	37	3	Low
2.43 - 3.71 ($2.43 < X < 3.71$)	513	48	Moderate
3.72 - 5.0 ($X > 3.72$)	512	48	High
N	1062	100,0	

Table 5 reports the classification of healthy lifestyle indicators of sleep. A person can be said to have a good sleep if they sleep at night for 7-9 hours a day. This study follows research (Hirshkowitz *et al.*, 2015) which suggests that healthy adults need about 7-8 hours of sleep per night, and adults – older adults need about 7-9 hours of sleep per night.

Table 5. Classification of Healthy Lifestyles Indicators of Sleep

Classification of HL_Sleep			
Class Intervals	Frequency	Percentage	Classification
1.00 - 2.33 ($X < 2.33$)	231	22	Low
2.34 - 3.67 ($2.34 < X < 3.67$)	229	22	Moderate
3.68 - 5.0 ($X > 3.68$)	602	57	High
N	1062	100,0	

It concludes that the respondents in this study have night sleep habits that tend to be high or can be said to be good. Sleep is essential in extending a person's life span (Samson & Nunn, 2015). Getting high-quality sleep, engaging in physical activity,

and eating well not only have advantages to physical health (Chin *et al.*, 2019).

Table 6 reports the classification of healthy lifestyle indicators of smoking behavior. A person can be said to have a healthy lifestyle if they do not smoke. It concludes that respondents in this study have low smoking behavior or can be said to have good non-smoking behavior.

Table 6. Classification of Healthy Lifestyles Indicators of Smoking Behavior

Classification of HL_Smoking Behavior			
Class Intervals	Frequency	Percentage	Classification
1.00 - 2.33 ($X < 2.33$)	86	8	Low
2.34 - 3.67 ($2.34 < X < 3.67$)	42	4	Moderate
3.68 - 5.0 ($X > 3.68$)	934	88	High
N	1062	100,0	

Studies conducted in Iran show that low smoking behavior can have an effect due to a higher intake of fruits and dairy products and *moderate physical activity* (Mansouri *et al.*, 2020). The study results (Nasser & Zhang, 2019) stated that a young person just entering a college year is less likely to become an active smoker. The results of the study (Chinwong *et al.*, 2018) in Thai students, the highest rate of smoking behavior was obtained by men, as much as 67% than women.

Effect of healthy lifestyle on purchase intention in Food claimed Products

Tables 7 & 8 show the results of this study. The variables of a healthy lifestyle, age, income, and education obtained a significance value, which means that the variables of a healthy lifestyle, age, income, and education simultaneously significantly influence the purchase intention of food products with claims. According to Table 7, the healthy lifestyle variable had a positive value and significance. Thus, this study proves the first hypothesis: "There is an influence between a

healthy lifestyle on consumers' purchase intention in food products."

The regression coefficient in the age variable had a negative value of -0.032 and significance, as

Table 7. Results of significance simultaneous test

ANOVA ^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	2101.049	4	525.262	74.367	.000^b

shown in Table 8. Thus, this study proves the second hypothesis: "There is an influence between ages on consumers' purchase intention in food products." The older a person gets, the more interest in purchasing food products decreases. Research (Castillo, 2015; Nurhasanah, 2013) shows a relationship between age, gender, level of education, and knowledge of nutrition labels by reading food packaging nutrition labels. Following the findings of Brown (2015), for generation z & millennials, health and taste are significant factors in the selection of food products (Klopčič *et al.*, 2020).

Table 8. Results of multiple linear regression analysis

Variable	Regression Coefficient (b)	t-count	Sig.	Results
Healthy Lifestyle (X1)	0,203	17.237	.000	Significant
Age (X2)	-0,032	-2,876	.004	Significant
Income (X3)	-0,030	-0,711	.477	Not Significant
Education (X4)	0,102	0,632	.527	Not Significant

Furthermore, the results of this study align with previous research by Bastiawan *et al.* (2022) in Indonesia examined the influence of healthy lifestyle behavior, age, and income on the consumption of food products with gluten-free claims with the results of a partial and simultaneous positive effect of healthy lifestyle

behaviors on the consumption of gluten-free claims food products with 400 respondents. According to Miller & Cassady (2015), food claims have impacted how other food label information is processed and influence other dietary behaviors. A person supposes a higher level of health awareness. In that case, they are more willing to engage in activities directly related to health, such as consuming organic foods, maintaining good health, and leading a balanced life (paying attention to a healthy lifestyle). Furthermore, Nudelman *et al.* (2021), many studies have suggested that adopting a healthy lifestyle attitude can result in a higher probability of engaging in other healthy lifestyle attitudes.

Table 8 reports the results of variables of income and education. The results were insignificant, so the third hypothesis stated, "There is an influence between income and consumers' purchase intention in food products," The fourth hypothesis said, "There is an influence between education on consumers' purchase intention in food products," were rejected. According to Nurhasanah (2013), there is no significant relationship between education level and reading nutritional information labels. The study by Muzayanah *et al.* (2015) showed that socio-demographic groups (gender, occupation, age, and recent education) had no relationship to the interest in buying organic Food. Research Kumar (2017) states that age and education do not affect the habit of reading food labels. Research by Contini *et al.* (2015) shows that education level does not affect healthy food choices.

The results of the study by Verbeke *et al.* (2007), people with a higher level of education also have a good knowledge of the nutritional properties of the product so as not to orient their preferences based on the existence of claims (Contini *et al.*, 2015). Furthermore, Wortmann *et al.* (2018) higher levels of education tend to refrain from consuming functional foods, which can interpret as they tend not to be familiar with functional food products even though they have a higher level of education. In the study by Barreiro-Hurlé *et al.* (2010), income also did not affect the use of food labels. According to research by Aggarwal *et al.* (2012),

lower incomes are generally associated with lower dietary costs and quality (Marty *et al.*, 2015).

Furthermore, Kaur *et al.* (2017) show that health claims on food products increase the purchase and consumption of food and beverage products. Food companies use health and nutrition claims as marketing tools (Hughes *et al.*, 2013). It has implemented that claims to food products are an effective way to increase sales of certain types of Food compared to other types of Food in the same category, such as cereals with high fiber versus cereals with low fiber (Hughes *et al.*, 2013). In addition, claims on food products have increased product market share (Hughes *et al.*, 2013). Therefore, claims have the potential to influence consumer behavior.

Purchase decisions, sources of information, and places of purchase

Consumers' eating behavior has changed significantly due to the impact of the COVID-19 pandemic and has had the most significant Effect on healthy food purchasing decisions (Ogundijo *et al.*, 2021). Generally, claims can influence consumers' perception, behavior, and purchasing consumption of Food and beverages (Kaur *et al.*, 2017). Based on the survey results, 96.3% of respondents chose to buy food products with claims compared to those without claims (3.7%). This study aligns with research conducted in Denmark on the selection of food product purchases. 46% of respondents chose food products with claims and rated food products with healthier claims than those without claims (Aschemann-Witzel *et al.*, 2013). Including nutritional claims can affect food purchases influenced by the perceived health benefits of relevant food products and health awareness (Oostenbach *et al.*, 2019). Consumers rate products with claims better than products that have not listed claims and prefer products with claims (Lalor *et al.*, 2010).

This study also includes the respondents' reasons for choosing food products with and without claims. The results of respondents' reasons for food products with claims due to health factors (73,70%) answered "Prioritizing health

conditions,"; (60,51%) answered "Provides health effects,"; (49,27%) answered, "Focus on composition or certain food ingredients,". The results for food products without claims are similar for each answer. There 3.7% of respondents did not choose food products with claims. The majority answered the statement "Causes unwanted side effects," which respondents tend to assume and do not believe that the ingredients and composition in claimed food products can cause unwanted side effects do not believe in the ingredients in the claimed product. Then followed by the statement "Not interested," "Do not understand the information provided," "Hard to find on the market," "High price," and others.

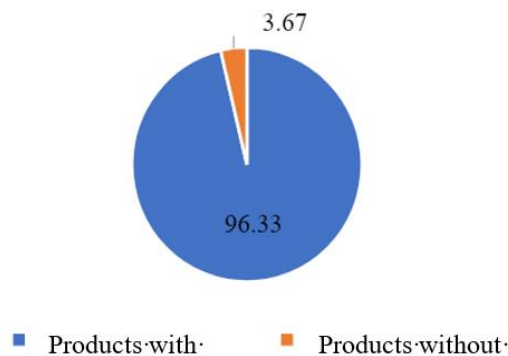


Figure 3. Respondents' purchasing decisions regarding food products with claims and without claims

Claims tend to increase purchases or consumption and improve health perceptions of Food (Abrams *et al.*, 2015). A study reveals that one of the primary purposes of listing claims on food products is to inform food purchasing and consumption decisions, and this can help a person achieve a healthy and balanced diet (Lähteenmäki, 2013). The study (Kumar & Kapoor, 2017) stated that claims on food products could be a tool for consumers in purchasing decisions. However, including product claims can potentially mislead consumers (Mariotti *et al.*, 2010). Evidence has shown that claims on food products can have a "halo effect" that can affect consumers against the products listed as claims (Benson *et al.*, 2018). Research in Australia shows that as many as 31%

of products with health claims do not meet nutritional profile criteria and do not meet the regulatory requirements applicable to including health claims (Hughes *et al.*, 2013). Consumers could potentially mislead into selecting healthier foods.

For sources of information on food product selection, the majority of respondents answered through the media (printed or electronic), 37.85%. It labeled information on packaging 33.24%, and for the place of purchase, the majority of respondents answered offline stores ((54,43% minimarkets and (36,35%) supermarkets). This study aligns with research results (Grunert *et al.*, 2010); 27% of respondents saw information on nutrition labels when purchasing Food. The results of a survey in Sweden stated that as many as 50% of respondents checked the label and nutritional information listed on the product (Lalor *et al.*, 2010). Media, television, and the internet create interest and awareness of the habit of reading food labels (Nurchaya, 2014). This study is in line with the results of a study in Spain, where the proportion of people who read the label information on packaging is relatively high, and respondents put the product into the cart after they saw and observed the label information listed according to what they are looking for (Prieto-Castillo *et al.*, 2015).

This study aligns with research (Maulidya, 2021); 75% of respondents buy the most in offline places such as supermarkets and minimarkets, and 25% purchase food products with claims *online*. A survey conducted in America shows supermarkets and minimarkets are the dominant shopping places (Ploeg, 2015). Research in *offline* stores shows there are benefits to healthy food product choices through in-store product placement, promotion, and pricing (Martinez *et al.*, 2018).

CONCLUSION

A total of 1062 respondents in Indonesia, aged between 15 and 57 years, were surveyed regarding their awareness of food products with specific claims. The study defined a healthy lifestyle based on factors such as physical activity, a nutritious diet, sufficient sleep, and non-smoking habits.

Results indicated that respondents generally exhibited a positive response to a healthy lifestyle, with average scores exceeding the minimum threshold (≥ 2.50) for physical activity (3.85), healthy diet (3.73), sleep (3.59), and smoking behavior (4.57) out of 5.00.

A person's healthy lifestyle can positively affect the purchase intention of food products with claims. Other factors studied in this study are age, income, and education. For Age variables, the older a person gets, the decrease in purchase intention claims food products. Income and formal education do not affect purchase intention on claimed food products. However, a person's healthy lifestyle, age, income, and education can simultaneously influence the purchase intention of claimed food products. Health factors, composition/content of certain ingredients, and food choices are the main reasons respondents choose food products with claims. This study can encourage consumer purchase intention in food products with claims and food and beverage industry players to innovate to improve food products consumed by the community so that consumers feel safe and healthy also product issues avoid fraud. Industry players can also sell their products in health and fitness places such as gyms, yoga, and other health centers so that people who adopt a healthy lifestyle can be target consumers.

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