

Intention to consume halal food and its impact on physical well being: Evidence from Tasikmalaya

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Abstract

This study aims to identify the factors influencing the intention to consume halal food and to assess its impact on physical well-being. The research is framed within the Theory of Planned Behavior (TPB), which includes constructs such as attitude, subjective norms, perceived behavioral control, religiosity, food safety, nutritional quality, and behavioral intention, along with their effects on individual physical well-being. The analysis employs Structural Equation Modeling-Partial Least Square (SEM-PLS). It is based on responses from 307 participants in Tasikmalaya, West Java. The main finding reveals that religiosity, food safety, and nutritional quality do not significantly influence a Muslim's choice to consume halal food. This implies that the behavior surrounding halal food consumption is not necessarily dependent on religious beliefs, food safety, or nutritional content. Nonetheless, halal food consumption behavior can substantially positively impact the physical well-being of Muslims.

Public interest statements

This research is important for society as it highlights the role of consuming halal food in promoting physical well-being. This finding is valuable for both consumers and food producers. It underscores the health benefits of consumers choosing halal food beyond religious reasons. For producers and policymakers, the research stresses the need to improve access to affordable halal food and promote its health benefits, potentially leading to healthier communities.

Keywords: *Consumption; Halal Food; Muslims; Physical Wellbeing; TPB.*

Paper type: Research paper

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Abstrak

Penelitian ini bertujuan untuk mengidentifikasi faktor-faktor yang memengaruhi niat untuk mengonsumsi makanan halal dan menilai dampaknya terhadap kesejahteraan fisik. Penelitian ini dibingkai dalam Teori Perilaku Terencana (TPB), yang mencakup konstruk seperti sikap, norma subjektif, kontrol perilaku yang dirasakan, religiusitas, keamanan pangan, kualitas gizi, dan niat berperilaku, beserta dampaknya terhadap kesejahteraan fisik individu. Analisis ini menggunakan Structural Equation Modeling-Partial Least Square (SEM-PLS). Analisis ini didasarkan pada tanggapan dari 307 peserta di Tasikmalaya, Jawa Barat. Temuan utama mengungkapkan bahwa religiusitas, keamanan pangan, dan kualitas gizi tidak secara signifikan memengaruhi pilihan seorang Muslim untuk mengonsumsi makanan halal. Ini menyiratkan bahwa perilaku seputar konsumsi makanan halal tidak selalu bergantung pada keyakinan agama, keamanan pangan, atau kandungan gizi. Meskipun demikian, perilaku konsumsi makanan halal dapat berdampak positif secara substansial terhadap kesejahteraan fisik umat Islam.

Pernyataan Kepentingan Publik

Penelitian ini penting bagi masyarakat karena menyoroti peran konsumsi makanan halal dalam meningkatkan kesejahteraan fisik. Temuan ini bermanfaat baik bagi konsumen maupun produsen makanan. Bagi konsumen, penelitian ini menegaskan manfaat kesehatan dari memilih makanan halal, di luar alasan religius. Bagi produsen dan pembuat kebijakan, penelitian ini menekankan perlunya meningkatkan akses terhadap makanan halal yang terjangkau dan mempromosikan manfaat kesehatannya, yang berpotensi menciptakan komunitas yang lebih sehat.

Introduction

Consuming halal food is an obligation for all Muslims. In Islam, the discussion of what is halal (permissible) and haram (forbidden) is a critical aspect of religious practice as Allah directs in Surah Albaqarah verse 168: *o men! eat the lawful and good things out of what is in the earth, and do not follow the footsteps of the shaitan; surely he is your open enemy*. Halal food consumption should be a lifestyle for every Muslim. If something is deemed halal, it is permissible to use or consume it. Conversely, if something is haram, it is recommended for Muslims to avoid it. There are two contexts for understanding the permissibility of food: its content and its means of acquisition. First, a food item is considered halal based on its content if it does not contain ingredients prohibited by Islam, such as alcohol, pork, and the like. Second, food is deemed halal in terms of acquisition if it is obtained through means permissible in Islam, not through prohibited actions such as theft, fraud, and so on (Muzakki, 2020).

Data from the 2022 State of the Global Islamic Economy report indicates that the consumption of halal products in Indonesia is steadily increasing each year. Public expenditure on halal food and beverages has reached US\$1.27 trillion. This figure has grown by 7% compared to the previous year and is projected to continue rising annually until 2025. This data serves as evidence that Indonesia, as one of the world's largest Muslim populations, has the potential to develop into a global hub for the halal industry. The growth of the halal food industry, in particular, is expected to increase further, as Indonesia is recognized as the most religious country in the world according to Pew Research Center based on a self-

administered survey about the importance of religion, prayer frequency, and religious service attendance (Evans, 2024). Moreover, the consumption behavior of Muslims is heavily influenced by their level of faith and beliefs (Asiyah & Hariri, 2021). Numerous studies have demonstrated that religious beliefs can significantly affect an individual's consumption behavior (He & Tian, 2023; Michopoulou & Jauniškis, 2020; Shipman & Durmus, 2017; Suki & Suki, 2015).

Several empirical and theoretical studies have demonstrated that halal food positively impacts an individual's physical health (Mehdi, 2019; Suleman et al., 2021). This is further supported by other research, including studies involving non-Muslim respondents, which found that one of the reasons for consuming halal food is to maintain good health (Haque et al., 2015). Halal food can influence health because it is processed under strict supervision from start to finish, ensuring its nutritional value and safety are well preserved (Akin, 2021). Ideally, the more people consume halal food, the easier it becomes to improve the overall health quality of the population. However, in reality, there remains a gap in health quality between populations in Muslim-majority and non-Muslim countries. Razzak's research explains that, in aggregate terms, the health quality in Muslim-majority countries is lower than that in non-Muslim countries (Razzak et al., 2011). Efforts to improve public health in Indonesia also face several challenges, including stunting, reproductive health, infectious diseases, diabetes, and cancer, as well as issues related to nutrition and food safety (Booth et al., 2019).

Tasikmalaya, a region in West Java Province with one of the largest Muslim populations in Indonesia (Kusnandar, 2022), supported by the presence of numerous Islamic boarding schools, continues to face public health challenges, particularly stunting. Stunting has become the most critical issue, as its prevalence has increased yearly, from 23% in 2022 to 27% in 2023, far from the government's target of 17% (Pratomo, 2024). Halal food can enhance nutritional standards and solve health issues in society. Given the urgency of developing the halal industry in Indonesia and the ongoing challenges in improving public health, there is a need for research that not only focuses on halal food consumption behavior but also examines its impact on physical health.

Research on halal product purchasing behavior has been conducted in Indonesia and globally. For instance, Vanany's study on the people of Surabaya explains that factors influencing the interest in consuming halal food include attitudes, religious identity, and moral obligation (Vanany et al., 2020). Azizan's research on halal food consumption in Malaysia also demonstrated that consumer attitudes, subjective norms, perceived behavioral control, and trust influence halal food consumption (Azizan et al., 2022). Furthermore, Vizano's research, using the SEM method and focusing on Indonesian university students, found that attitude, subjective norms, and perceived behavioral control have a significant impact on the intention to purchase halal food, with halal awareness successfully moderating this intention (Vizano et al., 2021). Upon reviewing these studies, only a few have expanded the scope to include health-related contexts. While some studies combine halal food consumption behavior and health (Mehdi, 2019; Suleman et al., 2021), they have not yet addressed the context of developing countries, including Indonesia. Based on these issues, the author is interested in researching the behavior of halal food consumption and its impact on physical well-being.

This study builds upon the Theory of Planned Behavior (TPB) by incorporating variables such as religiosity, nutrition, food safety, and physical well-being. This research will expand the scope of halal industry studies by linking them with an analysis of the impact on the well-being of the Indonesian population.

Theoretical framework and hypotheses

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) is a psychological model designed to understand and predict human behavior by focusing on an individual's intention to engage in a particular behavior. This model identifies three key components that influence behavior: attitude, which reflects a person's motivation or desire to perform a given behavior; subjective norms, which refer to an individual's perception of the positive or negative aspects of the behavior; and perceived behavioral control, which pertains to the individual's view of the ease or difficulty of performing the behavior (Ajzen, 1991). TPB has been applied in various fields, including studying health behaviors, consumption patterns, environmental protection, and more. This theory provides a robust foundation for identifying factors influencing individual behavior and designing effective intervention strategies to modify those behaviors (Godin & Kok, 1996). Attitude refers to the extent to which an individual has a favorable or unfavorable evaluation or judgment of the behavior (Puspita, 2024). Various factors, such as beliefs, values, and personal experiences, can influence an individual's attitude toward halal food. If someone holds a positive attitude toward halal food, they are more likely to have a firm intention to consume it (Destiana & Tairas, 2021). A positive attitude may arise from perceptions that halal food is more hygienic, of higher quality, or due to its connection with religious and personal beliefs. Research by Hanafiah et al. (2020) and Suleman et al. (2021) indicates that attitude significantly influences the behavioral intention to consume halal food.

Subjective norms refer to the influence of an individual's perception of what is considered a social norm or expectation within their environment, in this case, related to halal food consumption (Shahbaz Van Ahsen & Hendayani, 2022). Suppose a person perceives that their social environment, such as family, friends, or society, expects them to choose halal food. In that case, they are more likely to have a stronger intention to consume halal food (Maidah et al., 2021). Factors like cultural values, religious beliefs, or specific social groups can shape an individual's perception of subjective norms regarding the importance of halal food. Research by Hanafiah et al. (2020) and Suleman et al. (2021) indicates that subjective norms significantly influence behavioral intention toward halal food consumption.

Perceived behavioral control relates to an individual's belief in their ability to perform a specific behavior (Hasyim & Purnasari, 2021). Suppose someone feels they have sufficient control over their ability to choose and consume halal food. In that case, they are more likely to develop a stronger intention to do so. Factors influencing perceived behavioral control include knowledge about the availability of halal food, the financial capacity to purchase halal products, and time and accessibility to locations selling halal food. Studies by Helmyati et al. (2019) and Suleman et al. (2021) demonstrate that perceived behavioral control significantly affects behavioral intention to consume halal food.

The Theory of Planned Behavior (TPB) states that behavioral intention is the primary predictor of actual behavior. The three main factors influencing the intention to perform a behavior are attitude, subjective norms, and perceived behavioral control. In the context of halal food consumption, these three factors affect how much an individual intends to consume it—the more positive a person's attitude toward it, the greater their intention to consume it. Additionally, subjective norms supporting halal food consumption will also increase an individual's intention to consume it. Lastly, the greater the individual's perception of control over halal food, the stronger their intention to consume it. The following are the hypotheses:

H1: Attitude has a significant influence on behavioral intention to consume halal food.

H2: Subjective norms have a significant influence on behavioral intention to consume halal food.

H3: Perceived behavioral control has a significant influence on behavioral intention to consume halal food.

Religiosity

Religiosity reflects an individual's adherence to religious values and beliefs. Highly religious individuals tend to follow the rules prescribed by their religious doctrine (Agarwala et al., 2019). Religiosity encompasses beliefs, practices, and values influencing an individual's daily behavior, including food choices. Individuals with a high level of religiosity are more likely to consider the halal aspect when selecting food, as it aligns with their religious teachings (Nisrina Aulia et al., 2023). Religiosity can serve as a primary motivation for individuals to choose halal food, whether in terms of awareness of halal status or as an expression of religious practice in daily life. Research by Suleman et al. (2021) and Haninda and Elfita (2022) shows that religiosity significantly influences the behavioral intention to consume halal food.

H4: Religiosity significantly influences behavioral intention to consume halal food.

Food safety

Food safety is the practice of handling, preparing, and storing food to reduce the risk of harmful contamination. It also includes consumers' understanding of ingredients, quality, and food safety (Abd Aziz et al., 2021). Halal food is often perceived as a safer choice regarding hygiene and safety, as its production processes and halal requirements typically adhere to strict sanitation standards. When consumers believe that halal food is safer, they are more likely to have a stronger intention to choose halal food over non-halal alternatives (Purwanto & Sudargini, 2022). Research by Billah et al. (2020) demonstrates that food safety significantly influences the behavioral intention to consume halal food.

H5: Food safety has a significant influence on behavioral intention to consume halal food.

Nutritional quality

Nutritional quality relates to consumers' perception of the health benefits provided by food. When consumers believe that halal food offers better nutritional quality or is healthier, they are more likely to have a stronger intention to choose and consume halal food (Uula, 2024). This perception may arise for several reasons, such as the belief that halal food adheres to strict guidelines in selecting high-quality ingredients and avoids potentially harmful additives.

Research by Billah et al. (2020) shows that nutritional quality significantly influences behavioral intention to consume halal food.

H6: Nutritional quality significantly influences behavioral intention to consume halal food.

Behavioral intention and physical well-being

Behavioral intention refers to the impact of an individual's consistent choice and consumption of halal food on their overall physical condition (Destiana & Tairas, 2021). Suppose someone has a firm intention to consume halal food. In that case, they are more likely to follow a healthy and quality diet, which can contribute to improved physical well-being. Physical well-being is linked to psychological functioning, including positive social engagement, emotions, thoughts, competence, and life purpose (Hernandez et al., 2018).

H7: Behavioral intention significantly influences physical well-being related to halal food consumption.

Mediating effect

Halal food is often perceived as a better choice because it is safer, cleaner, and aligned with sound nutritional principles, which can support an individual's physical health. Research by Suleman et al. (2021) indicates that the behavioral intention to consume halal food mediates the relationship between the independent variables and physical well-being. This mediation indicates that individuals' intentions to consume halal food influence their physical health outcomes. Behavioral intention is crucial in mediating the relationship between various factors and physical well-being. Several factors, such as religiosity, attitudes, social influences, perceived control, food safety concerns, and perceptions of nutritional quality, shape an individual's intention to consume halal food, impacting their physical health. Religiosity influences the intention to consume halal food based on religious beliefs and practices. In contrast, attitudes toward halal food, whether positive or negative, also affect the intention and health outcomes.

Social influences, such as subjective norms from family and society, encourage halal food consumption, improving physical well-being. Additionally, perceived behavioral control, including availability and affordability, shapes the intention to choose halal food. Concerns about food safety and the perceived nutritional quality of halal food further influence the intention to consume it, contributing to healthier eating habits and better physical health. These factors demonstrate how behavioral intention mediates the relationship between various predictors and physical well-being. The following hypotheses explore how behavioral intention mediates these relationships and influences physical well-being:

H8-a: Behavioral intention will mediate the relationship between religiosity and physical well-being.

H8-b: Behavioral intention will mediate the relationship between attitude and physical well-being.

H8-c: Behavioral intention will mediate the relationship between subjective norm and physical well-being.

H8-d: Behavioral intention will mediate the relationship between perceived behavioral control and physical well-being.

H8-e: Behavioral intention will mediate the relationship between food safety and physical well-being.

H8-f: Behavioral intention will mediate the relationship between nutritional quality and physical well-being.

Based on the results of the hypotheses, the research model can be formulated as follows:

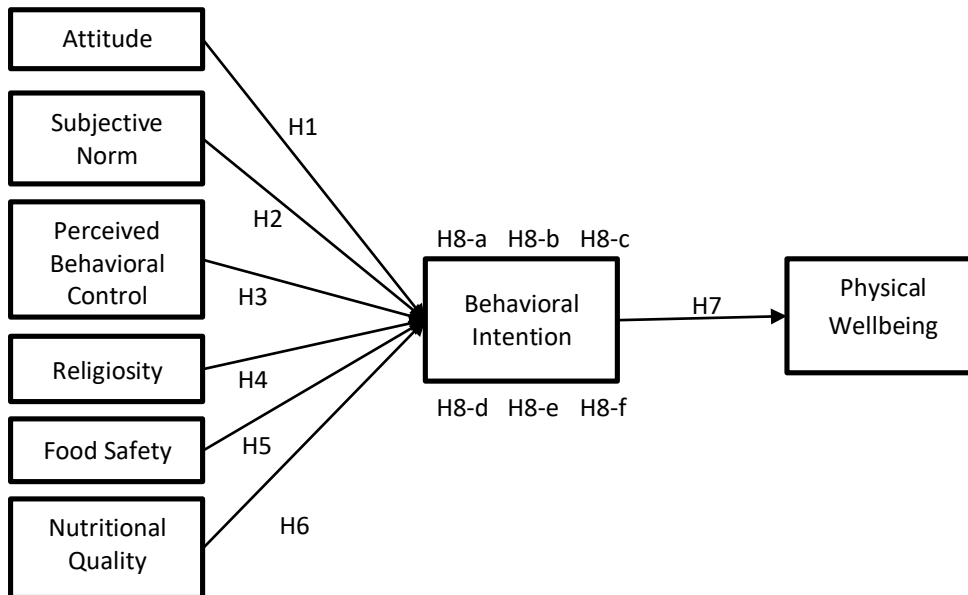


Figure 1.

Research Model

Methods

Sampling procedure

Respondents filling out the questionnaire must meet specific criteria, with purposive sampling used to gather responses from 307 individuals. The criteria for respondents are as follows: residents of Tasikmalaya City/Regency practicing Islam and understanding the basic concepts of halal and haram. The rationale for setting these criteria is to strengthen the validity of the research findings so the study results can be more robust. Table 1 presents the demographic information of the total respondents. The respondent profile is categorized into several sections: domicile, gender, age, marital status, academic qualifications, occupation, and income. Overall, the respondents are predominantly female (57.98%), aged between 21 and 30 years (55.37%), unmarried (69.06%), and hold or are pursuing a bachelor's degree (63.19%). Additionally, a significant portion of the respondents reported no income (41.04%).

Table 1.
Demographic of Respondents

	Category	Number of Respondents	Percent (%)
Domicile	Tasikmalaya City (Kota)	212	69,06
	Tasikmalaya Regency (Kabupaten)	95	30,94
Gender	Male	129	42,02
	Female	178	57,98
Age	<20 years old	79	25,73
	21 - 30 years old	170	55,37
	31 - 45 years old	48	15,64
	46 - 60 years old	6	1,95
	> 60 years old	4	1,30
Marriage Status	Married	86	28,01
	Single	212	69,06
	Others	9	2,93
Education	Elementary School	1	0,33
	Senior High School	81	26,38
	Diploma	6	1,95
	Bachelor	194	63,19
	Master	24	7,82
	Doctoral	1	0,33
Employment	Teacher	66	21,50
	Civil Servant	10	3,26
	Private Sector Employee	22	7,17
	Entrepreneur	7	2,28
	State/Regional-Owned Employee (BUMN/BUMD)	4	1,30
	Student	181	58,96
	Housewife	6	1,95
	Others	11	3,58
Income	Not having	126	41,04
	<Rp2.000.000	83	27,04
	Rp2.000.001 – Rp4.000.000	74	24,10
	Rp4.000.000 – Rp6.000.000	17	5,54
	>Rp6.000.000	7	2,28

Source: data analysis (2024)

Measurement

This research using quantitative methods which consist of independent variables are religiosity, attitude, subjective norms, perceived behavioral control, food safety, nutritional quality, and the dependent variable is physical well-being, with halal food purchase intention as the intervening variable. Religiosity, attitude, and behavioural intention were measured using an item short-scale (Marso & Hasan, 2020). Example of religiosity item is, 'Religion is

important because it helps me to choose food that is in accordance with halal principles'. Example of attitude items are 'Eating halal food is important to me' and 'Halal food is safe to consume'. Example of behavioural intention items are 'I will only eat halal food' and 'I will make sure that the food is halal before i consume it'.

Subjective norm and perceived behavioural control were measured using a five-item short-scale (Li et al., 2023). Example of subjective Norm items is 'When I go shopping, I often choose food that has a halal label because I feel that it is the norm adopted by society'. Example of perceived behavioural control items is 'I am confident that I can rely on my acquaintances for recommendations on places that provide quality halal food'. Food safety and nutritional quality were measured using a five-item and eight-item short-scale, respectively (Billah et al., 2020). Example of food safety items are 'I choose halal food because it is safe' and 'Halal food products meet animal welfare, food safety, and cooking convenience'. Example of nutritional quality items are 'I choose halal food as part of my daily diet' and 'I tend to prefer halal food over non-halal when choosing a healthy meal'. Physical well-being was measured using an eight-item short-scale (Suleman et al., 2021). Example of physical well-being items are 'I feel more confident in choosing halal food' and 'I feel more peaceful and calm when the food i consume has halal certification'.

Data collection was conducted using a questionnaire distributed to the Muslim community in Tasikmalaya to obtain empirical data related to the proposed hypotheses. This research uses a Likert scale ranging from 1 to 5, where 1 indicated 'strongly disagree' and 5 indicates 'strongly agree' in response to the questionnaire items.

Analysis Technique

The analysis technique used in this research is Structural Equation Modeling-Partial Least Square (SEM-PLS) using SmartPLS software. PLS-SEM is an advantageous method for addressing social science issues and is suitable for both large and small sample sizes, as well as non-normally distributed data (Ravand & Baghaei, 2016).

Results and discussion

Measurement model

This study follows several stages before validating the hypotheses. The first stage involves testing the outer model to measure the contribution of each item to the construct variable. The outer model test is conducted by analyzing the outer loading values, with the criterion that each item's value must be greater than or equal to 0.50 (Hair, J., Hult, G. T., Ringle, C., & Sarstedt, 2017). Table 2 indicates that all items have outer loading values greater than 0.50; however, the researcher removed items SN3, PBC4, and PWB2 due to their outer loading values being less than 0.50. The second stage involves testing validity by analyzing the Average Variance Extracted (AVE) values, with the criterion that AVE must be greater than 0.50.

The results in Table 2 show that the average AVE value exceeds 0.50, confirming the validity of all items. The third stage involves testing reliability by analyzing the Cronbach's Alpha and Composite Reliability values, with the criterion that these values must be greater

than 0.70. The results in Table 2 indicate that both Cronbach's Alpha and Composite Reliability values meet the criteria, as they exceed 0.70. The fourth stage involves testing for multicollinearity, analyzed based on the Variance Inflation Factor (VIF) values. The criterion for VIF is that it must be less than 5. Table 2 shows that the overall VIF values are below 5. Detailed information is provided in Table 2.

Table 2.*Measurement Model*

Latent Variable	Manifest Variable	VIF	Loadings	α	CR	AVE
Religiosity	R1	1.967	0.819	0.854	0.902	0.697
	R2	2.384	0.865			
	R3	2.293	0.872			
	R4	1.652	0.781			
Attitude	A1	2.016	0.827	0.802	0.868	0.623
	A2	2.340	0.867			
	A3	1.795	0.711			
	A4	2.007	0.741			
Subjective Norm	SN1	1.483	0.812	0.765	0.865	0.680
	SN2	1.730	0.839			
	SN4	1.543	0.824			
Perceived Behavioural Control	PBC1	1.418	0.771	0.767	0.866	0.683
	PBC2	1.811	0.860			
	PBC3	1.644	0.846			
Food Safety	FS1	1.439	0.779	0.802	0.870	0.627
	FS2	1.490	0.723			
	FS3	1.889	0.803			
	FS4	2.149	0.857			
Nutritional Quality	NQ1	2.132	0.838	0.869	0.910	0.718
	NQ2	1.875	0.843			
	NQ3	2.279	0.863			
	NQ4	2.152	0.845			
Behavioral Intention	BI1	1.873	0.776	0.853	0.900	0.694
	BI2	2.016	0.801			
	BI3	3.084	0.881			
	BI4	2.914	0.869			
Physical Well-being	PWB1	1.264	0.725	0.775	0.871	0.695
	PWB3	2.363	0.875			
	PWB4	2.478	0.891			

Source: Data analysis (2024)

Structural model: hypothesis testing

After all assumption tests meet the criteria, the next step is to conduct hypothesis testing using t-values and p-values as outlined by (Hair, J. F. et al., 2019). Based on the results of the hypothesis testing, Table 3 summarizes the findings from the 13 hypotheses in this study,

which includes 7 hypotheses demonstrating direct effects (H1-H7) and 6 hypotheses demonstrating indirect effects (H8a-H8f). According to the analysis, the direct effects of H1, H2, H3, and H7 show significant values ($p\text{-value} < 0.05$) with a positive direction. Conversely, H4, H5, and H6 do not exhibit significant direct effects ($p\text{-value} > 0.05$). Regarding the indirect effects, it is demonstrated that Behavioral Intention (BI) significantly mediates the relationship between Attitude (ATT) and Physical Well-Being (PWB) ($B = 0.159$, $p\text{-value} = 0.001$). Furthermore, BI is also shown to mediate the relationship between Subjective Norm (SN) and PWB ($B = 0.085$, $p\text{-value} = 0.030$) and mediates the relationship between Perceived Behavioral Control (PBC) and PWB ($B = 0.109$, $p\text{-value} = 0.017$). Meanwhile, BI does not mediate the relationships between Religiosity (R) and PWB, Food Safety (FS) and PWB, or Nutritional Quality (NQ) and PWB ($p\text{-value} > 0.05$).

Table 3.*Hypothesis Test*

Hypothesis	Relationship	B	t-value	p-value	Decision
H1	Attitude → Behavioral Intention	0.300	3.435	0.001	Supported
H2	Subjective Norms → Behavioral Intention	0.160	2.280	0.023	Supported
H3	Perceived Behavioural Control → Behavioral Intention	0.207	2.579	0.010	Supported
H4	Religiosity → Behavioral Intention	0.081	1.173	0.242	Not Supported
H5	Food Safety → Behavioral Intention	0.052	0.662	0.509	Not Supported
H6	Nutritional Quality → Behavioral Intention	0.075	1.083	0.280	Not Supported
H7	Behavioral Intention → Physical Well-Being	0.529	10.555	0.000	Supported
H8-a	Attitude → Behavioral Intention → Physical Well-Being	0.159	3.402	0.001	Supported
H8-b	Subjective Norms → Behavioral Intention → Physical Well-Being	0.085	2.177	0.030	Supported
H8-c	Perceived Behavioural Control → Behavioral Intention → Physical Well-Being	0.109	2.411	0.017	Supported
H8-d	Religiosity → Behavioral Intention → Physical Well-Being	0.043	1.156	0.248	Not Supported
H8-e	Food Safety → Behavioral Intention → Physical Well-Being	0.028	0.662	0.508	Not Supported
H8-f	Nutritional Quality → Behavioral Intention → Physical Well-Being	0.039	1.025	0.306	Not Supported

Source: Data analysis (2024)

Discussion

This study aims to analyze the behavior of consuming halal food and its impact on an individual's physical well-being. This research builds upon the Theory of Planned Behavior (TPB) by integrating the variables of religiosity, nutrition, food safety, and physical well-being. Out of 13 hypotheses, 7 were accepted, while the others were not.

The findings indicate that all TPB variables, including Attitude, Subjective Norm, and Perceived Behavioral Control, significantly influence the intention to consume halal food. Hypothesis One (H1) demonstrates that attitude has a significant effect on the behavior of consuming halal food, as illustrated in Table 3. Attitudes towards halal food are often regarded as a primary determinant of an individual's consumption intentions. Research shows that a positive attitude has a strong correlation with the intention to purchase halal products. Individuals with favorable views of halal food are more likely to intend to consume such products, having considered their quality and benefits (Khalek et al., 2015; Maichum et al., 2017; Millatina et al., 2022). Additionally, attitude remains a determinant across various demographic characteristics, including younger consumers (Marmaya et al., 2019; Wibowo et al., 2020). This suggests that halal food producers should foster a positive perception of halal food.

Hypothesis Two (H2) confirms that subjective norms significantly influence the behavior of consuming halal food. In this context, subjective norms encompass social pressures arising from various behavioral engagements. Previous research indicates that individuals are influenced by the expectations and behaviors of peers or family regarding halal consumption (binti Harun et al., 2023; Istiasih, 2022). Other studies further suggest that subjective norms can facilitate or hinder the intention to purchase halal food, depending on the individual's social context and networks (Puspita, 2021; Soon & Wallace, 2017).

Hypothesis Three (H3) confirms that every individual has a significant relationship with halal food consumption behavior. Perceived behavioral control is defined as the feelings of capability that individuals may have or not have to execute the intended behavior. It has been proven to influence intention highly regarding the consumption of halal foods, especially the availability and accessibility of halal products (Khalek et al., 2015; U. Ahmed et al., 2014). When consumers perceive that halal food is readily available and affordable, their intention to purchase tends to increase. Conversely, barriers such as high prices or limited availability may diminish perceived behavioral control, negatively affecting consumption intentions (Bashir et al., 2019; Shah Alam & Mohamed Sayuti, 2011). Research consistently highlights that enhancing perceived behavioral control through improved access and affordability can increase halal food consumption.

Hypothesis Seven (H7) demonstrates that behavioral intention significantly impacts an individual's physical well-being. Behavioral intention plays a significant role in influencing physical health, as it serves as a determinant of individual behavior, especially concerning physical activity. The Theory of Planned Behavior (TPB) posits that intention is the strongest predictor of health-related behaviors, including physical activity, as intention encompasses the

individual's motivation and commitment to engage in specific actions (Sheeran & Conner, 2019). Studies indicate that individuals with a strong intention to adopt a healthy lifestyle will enhance their physical fitness and overall well-being (Zhang et al., 2022). This relationship is further supported by evidence showing that the alignment between intention and behavior significantly affects health outcomes (Sassen et al., 2010).

Other variables, such as religiosity, food safety, and nutritional quality, do not significantly influence behavioral intention. Religiosity is often viewed as a significant predictor of the intention to consume halal food. However, other studies yield different results, suggesting that the relationship between religiosity and purchase intention may not be universally applicable. Further research posits that religiosity does not influence the purchasing decisions for branded halal food products, indicating that intrinsic religiosity may not be a significant predictor (Khan et al., 2022). Food safety is another critical aspect that consumers consider when making purchasing decisions regarding halal food. However, the direct impact of food safety on purchase intention can vary. For instance, some studies indicate that consumers may prioritize factors such as taste, price, and convenience over food safety considerations (Haque et al., 2015). Nutritional quality also plays a role in shaping consumer attitudes towards halal food. Research has shown that consumers increasingly seek food that is not only halal but also nutritious and healthy. However, the impact of nutritional quality on behavioral intention may be overshadowed by other factors, including brand reputation or promotional offers (Islam & Ullah, 2010).

Besides the direct effects, this study also confirms indirect effects. The results show that 3 out of 6 hypotheses were supported by the data, among them, the behavioral intention can be a mediator on whether the independent variables have an influence on physical well-being. Mediating factors for which attitude, subjective norm, and perceived behavioral control will be related to behavioral intentions. Behavioral intention emerges as a critically important mediating variable of constructs that comprise the TPB model and individual health. Due to the favorable attitude toward health matters and exercising, an individual will show improved involvement in exercise and physical activity; a positive attitude will maintain good health (Al Salim, 2023). A similar pattern occurs with subjective norms and perceived behavioral control. When individuals possess intrinsic motivation and feel capable of performing physical activities, they easily form intentions to engage in these activities (Al Salim, 2023; Sulaeman et al., 2018). This factor contributes to individuals being more physically fit.

Conversely, in other indirect effects, behavioral intention does not mediate the relationship between religiosity, food safety, and nutritional quality concerning physical well-being. Chen et al. assert that individuals can act according to their religious beliefs without necessarily having the intention to do so, as seen in dietary preferences (Chen et al., 2020). Food safety issues are often driven by direct health risks rather than an individual's behavioral intentions. Research indicates that Muslim communities may prioritize health reasons over previously intended behaviors (Lin, 2022). Similarly, nutritional quality does not correlate directly with an individual's attitudes and intentions concerning health (Foroumandi et al., 2020). For instance, even if an individual holds a positive attitude towards nutritional education, this does not guarantee that they will translate this into daily intentions and behaviors.

Conclusion

The study applies the theory of planned behavior in examining the reasons for consuming halal food and its effects on physical health, synthesizing variables such as religiosity, nutrition, food safety, and physical health within this framework. It establishes that attitude, subjective norms, and perceived behavioral control significantly influence intentions to consume halal food: the more positive the attitude, the stronger the social influences, and the easier the access to halal products, the greater the consumption intentions. Furthermore, behavioral intention significantly impacts physical well-being by linking intention to better health outcomes through, for instance, regular physical activities. Such factors as religiosity, food safety, and nutritional quality do not bear significance on intentions; brand reputation or convenience may be more salient in the choice to consume. Moreover, behavioral intention mediates the relationship between some variables (attitude, subjective norms, and perceived control) and well-being but not others (religiosity, food safety, nutrition).

This research is limited to Tasikmalaya, West Java, which may not represent other regions' diverse socio-economic and cultural conditions in Indonesia or globally. The findings might not generalize to regions with different demographic or economic conditions. The research captured data at a single point in time. This limits the ability to establish causality or observe changes in consumption behavior and well-being over time.

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