Consumer Decision Analysis in Choosing Multivitamin Products in the Post Covid-19 Pandemic Period in the Jabodetabek Region

Dipo Prayoga
Postgraduate Management,
Faculty of Economy and Business,
Mercu Buana University Indonesia

Sri Hartono
Postgraduate Management,
Faculty of Economy and Business,
Mercu Buana University Indonesia

Abstract:- The decline in consumer purchasing interest towards multivitamin products during the post-pandemic COVID-19 period is accompanied by a significant reduction in the market value of multivitamins, amounting to 52% in July 2022 compared to July 2021. This research aims to explore and examine the influence of perceived behavior control (PBC), health consciousness, trust, subjective norms on purchase intention, with attitude as the intervening variable. This study utilized a sample of 182 respondents and employed the Structural Equation Model-Partial Least Squares (SEM-PLS) data analysis approach. The results revealed that attitude has a direct influence on consumer purchase intention towards multivitamin products. Subjective norms were found to have the highest direct influence on the formation of attitudes towards multivitamin products. The findings of this research can provide insights to the pharmaceutical industry regarding the importance of re-establishing communication with consumers regarding the use of multivitamins in the post-pandemic period, through collaboration with healthcare professionals (HCPs) and key opinion leaders.

Keywords:- Theory of Planned Behavior, Purchase Intention, Multivitamins, Attitude, Subjective Norm, Consumer Trust, Multivitamins.

I. INTRODUCTION

The pandemic outbreak of Covid-19 that has occurred in the past two years has made people increasingly aware of the importance of maintaining body immunity. This drives people to require more vitamins and supplements. Consequently, it leads to an increased demand for supplements and vitamins among the community. In 2022, the pandemic continued to subside, and the Government allowed the public to remove their masks. However, despite this, the Covid-19 virus still exists, as evident from individuals contracting the virus. Therefore, it is crucial to maintain immune system resilience by consuming multivitamins. However, since 2022 until July 2022, there has been a significant decline in the trend of consuming multivitamin products, with a decrease in market value reaching 52% when compared to July 2021.

The decrease in the spread of Covid-19 in Indonesia is undoubtedly due to the public's compliance with health protocols. In the current ongoing pandemic situation, multivitamins are still needed by the community as an effort to maintain body immunity. Referring to Figure 1.1 in the

IQVIA audit data, it can be observed that there has been an increase in the number of multivitamin brands in Indonesia from Q1 2019 to Q1 2022, based on a Year on Year (YoY) analysis. The number of brands has increased from 384 in Q1 2019 to 453 in Q1 2022, especially since the onset of the Covid-19 pandemic.

Upon examining the sales trend of vitamins, it can be observed that the sales of vitamin products in the market tend to decrease. The increase in market value only occurred in July 2021 and February 2022, coinciding with the surge in the spread of the Delta and Omicron variants of Covid-19. Furthermore, it can be observed that there is a decline in the market value of vitamin products in the market from February 2022 to July 2022, with a decrease in sales growth of 52% when comparing July 2022 to July 2021. The decrease in the market value of multivitamin products is certainly interesting to investigate, considering that the Covid-19 pandemic is still ongoing. This implies that the need for multivitamin consumption persists.

According to Yap [1], consumer attitudes are related to their intention to use multivitamin supplements. If consumers have a positive attitude towards consuming multivitamin supplements and believe that it can help them maintain their health, they are more likely to do so. The tendency to use multivitamin supplements is influenced by consumer attitudes, in addition to social factors such as normative influence and information. The normative element reflects an individual's tendency to meet the expectations of family members or close friends [2]. Consumer intention to use multivitamin supplements will be influenced by their desire to act in accordance with the expectations of their closest individuals, including family, friends, and healthcare professionals.

Research related to consumer behavior models has been a significant focus among researchers to understand consumer behavior. The Theory of Planned Behavior (TPB) is a development of the Theory of Reasoned Action. The conceptual framework of TPB aims to explain the variables that influence specific behaviors. Ajzen [3] asserts that the main effect on individual behavior is the individual's intention (behavioral intention) to engage in that specific activity. The three factors—attitude, subjective norms, and perceived behavioral control—all have an impact on behavioral intention.

The decline in the consumption of multivitamin products is influenced by consumer purchase interest in multivitamin products. Attitude is considered a primary predictor in the intention to purchase a product [4]. In other words, consumer purchase interest heavily depends on their attitude towards the product. Meanwhile, consumer attitudes are influenced by several factors. Attitudes are influenced by health consciousness [5]. Trust aids in developing favorable views about customer behavior during transactions [6]. In addition, subjective norms are consumers' impressions of what the majority of people in their lives, who are important to them, believe they should or should not do in terms of a specific behavior [7]. Therefore, subjective norms also have an impact on customer attitudes. Consequently, as a determinant of consumer purchase interest, influenced by other factors, attitude becomes an intervening variable that needs to be analyzed for its influence on consumer purchase interest in multivitamin products and other influencing factors.

Based on the exposition of the research issues that have been clearly outlined in the background, problem identification, and problem limitations above, this study aims to investigate and analyze the influence of perceived behavioral control (PBC), health consciousness, trust, and subjective norms on purchase intention, with attitude as the intervening variable.

II. LITERATURE REVIEW

Theory of Reasoned Action was developed into the Theory of Planned Behavior (TPB), which includes the perception of behavioral control, a concept that was absent in the TRA [8]. The addition of this concept aims to further understand the constraints faced by individuals when engaging in specific actions [9]. In other words, whether someone renews their intention to engage in a behavior depends not only on their own views and subjective standards but also on the level of control they believe they have over their actions (their perceived control beliefs).

According to the Theory of Planned Behavior [10], individuals can act in accordance with their intentions if they have control over their behavior. In addition to emphasizing the rationality of human behavior, this theory suggests that desired behavior is under the conscious control of individuals, or that behavior depends not only on one's intentions but also on other circumstances beyond their control. Cites resource availability and opportunities as examples [11]. Ajzen further developed his theory by highlighting the importance of what is now known as Perceived Behavioral Control [12]. The simplicity or complexity perceived in performing an activity is known as perceived behavioral control. Attitude (Attitude).

According to the Theory of Planned Behavior (TPB), attitude refers to how positively or negatively someone evaluates an activity. The individual's subjective evaluation of each possible outcome that may result from engaging in an action is combined with their behavioral beliefs about the potential benefits and/or drawbacks of performing it to form their attitude.

Attitude is the enduring assessment, emotional reaction, and positive or negative behavioral tendency of an individual towards a specific item or concept [13]. Secord and Backman argue that attitude is a specific arrangement of an individual's feelings (affect), thoughts (cognition), and behavioral inclinations (conation) towards a characteristic in the immediate environment.

A. Subjective norms

Subjective norms refer to personal beliefs about whether influential individuals in one's life (such as significant others) should endorse or discourage specific behaviors. Subjective norms are a function of normative beliefs, which reflect the judgment of significant others regarding whether a behavior should be performed, both in the Theory of Reasoned Action and the Theory of Planned Behavior.

Four categories of subjective norms were identified by Kim [14], which include the influence of family, significant others, and healthcare professionals (doctors). The five components of subjective norms are normative belief, motivation to comply, salient referents, influence from family, friends, and society.

B. Perceiver Behaviour Control (PBC)

PBC is described by Ajzen [11] as the highest level of self-efficacy or an individual's capacity to perform the desired action. Another aspect that influences perceived behavioral control (PBC) is belief, particularly the individual's belief in the presence or absence of elements that facilitate or hinder the emergence of behavior (control belief). This perspective may be a product of previous encounters with the behavior, but it can also be influenced by knowledge inferred about the behavior through monitoring interactions with acquaintances or friends.

According to the Theory of Planned Behavior [11], human behavioral intention consists of three types of elements:

- Behavioral beliefs refer to the beliefs about the consequences of engaging in a behavior and the evaluations of those consequences.
- Normative beliefs involve beliefs about the normative expectations of others (referents) and the motivation to comply with those expectations.
- Control beliefs encompass the assessment of the potential influence of these factors and the belief in their existence as forces that can promote or hinder the formation of behavior.

C. Health consciousness

Health consciousness refers to the desire to improve one's health and quality of life and the motivation to do so by adopting a healthy lifestyle [15]. According to Michaelidou and Hassan, there are four aspects of health consciousness: maintaining one's health, a strong concern that one's diet affects health, valuing natural and healthy food, and making efforts to make appropriate food choices.

D. Consumer trust

Customer trust is defined as all customer information and evaluations regarding the product, its features, and benefits [16]. The characteristics or properties that an item may possess are referred to as attributes. Husein argued that attributes are the product's qualities that generate customer trust. 3 There are two main categories of quality, namely: 1) Everything related to the actual quality of the product is considered as intrinsic attributes. 2) Exterior attributes refer to all product characteristics derived from its external features, such as labels, packaging, and brand names. Interaction during transactions is how unfamiliar individuals develop a sense of confidence. There are two dimensions of consumer trust: trusting belief and trusting intention [17].

E. Purchase intention

Purchase intention is consumer behavior manifested in the response to a product that indicates the customer's intention to make a purchase [18]. Purchase intention is the tendency and intensity of an individual's desire to make a purchase, influenced by internal and external factors, such as one's location [19]. Purchase intention is determined by the likelihood of a customer making a purchase. It is the consumer's inclination to buy a brand or engage in activities related to the purchase [20].

Consumer interest in vitamin D in the UK and Iceland is influenced by attitude [21]. Attitude is still considered a primary indicator of purchase intention [4]. Cluster analysis results identified three customer categories with low, medium, and high purchase intentions for beverages containing vitamin D, indicating that attitude has a significant impact on purchase desire.

F. The Theoretical Framework

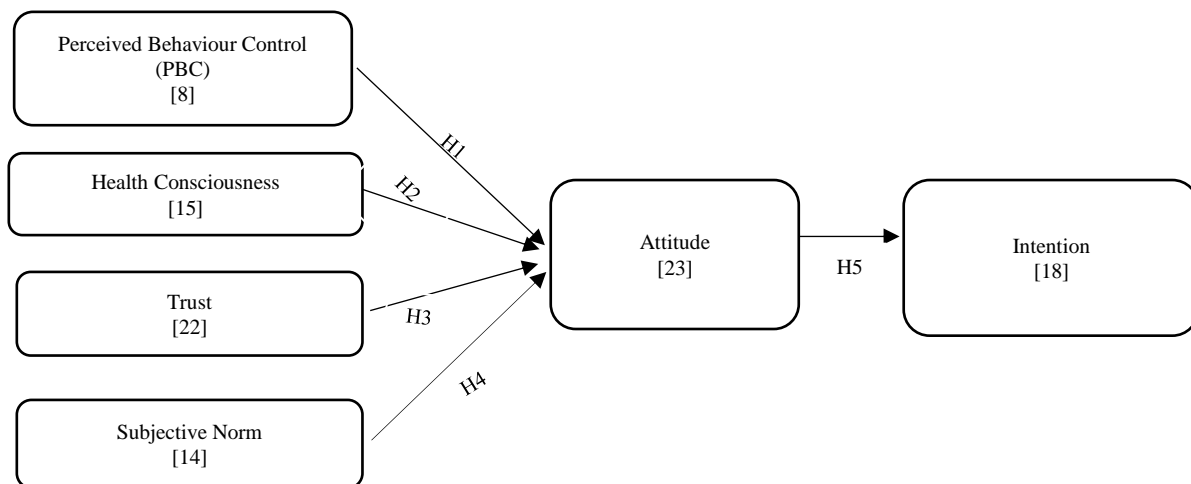Based on the previous exposition, the overview of the theoretical framework for this research is as follows:

Fig. 1: Theoretical Framework

G. Hypothesis

H1: Perceived behavior control has a positive and significant influence on consumer attitudes towards multivitamin products.

H2: Health awareness has a positive and significant influence on consumer purchase attitudes towards multivitamin products.

H3: Trust has a positive and significant influence on consumer attitudes towards multivitamin products.

H4: Subjective norm has a positive and significant influence on consumer attitudes towards multivitamin products.

H5: Attitude has a positive and significant influence on purchase intention for multivitamin products.

III. RESEARCH METHODS

A quantitative-qualitative approach was used in this study. A standard online questionnaire survey was employed for the quantitative method, targeting respondents who are users of multivitamin products. On the other hand, a qualitative approach was used to interpret consumer behavior formulations regarding multivitamin products in the post-COVID-19 pandemic era. The variables to be tested include the independent variables of Perceived Behavior Control (X1), Health Awareness (X2), Trust (X3), and Subjective Norm (X4), as well as the dependent variables in this study, which are Attitude (Y1) and Purchase Intention (Y2) towards multivitamin products.

A. Sample & Population

The population size in this study is 19,930,433 residents residing in the Jabodetabek Region. The determination of the minimum sample size is calculated based on the sample proportion from the percentage of the population size.

The sample for this research will adhere to the criteria recommended by Hair [24], which requires a minimum sample size of 5 times the number of indicators of the variable in question, assuming nx5. In this study, there are 25 indicators, so multiplying by 5 gives us 125. Therefore, the minimum sample size for this research will be 125 consumers of multivitamin products.

B. Data Collection Methods

Primary and secondary data sources were used in this study. Primary data refers to information generated by the researcher with a clear intention to address the research problem [25]. Literature review and questionnaires were used as two data collection techniques in this study. For the purpose of collecting secondary data and information, a literature review was conducted. This data and information included statistical data obtained from the BPS (Central Statistics Agency) and market value data for multivitamins obtained from IQVIA. The questionnaire in this study was administered using the Google Forms application. In the distribution of questionnaires, a minimum target per city or district area was predetermined. Respondents can fill out the questionnaire form after receiving the Google Forms link provided by sales promoters (SPGs) at pharmacies.

C. Data Analysis Methods

In this work, descriptive analysis and structural equation modeling (SEM) analysis are employed as data processing and analytical methods.

➢ Descriptive Analysis

Used to describe the results of the analysis in terms of consumer characteristics and behaviors. The descriptive analysis technique employed in this study involves presenting data in the form of tables, bar charts, pie charts, and tabulation using Microsoft Excel application.

➢ SEM (Structural Equation Modeling) - PLS

It is a method of analysis used to test theories and establish relationships between independent and dependent variables. In addition, descriptive analysis of the data is conducted, which involves determining the frequency and mean values for each variable. Two evaluation models are employed in the implementation: assessing the Outer Model or Measurement Model and assessing the Structural Model or Inner Model.

IV. RESULT

A. Characteristics of Respondents

Based on the distribution of respondents, consisting of 182 individuals, according to gender, age, and place of residence.

Table 1: Characteristics of Respondents

Gender	Frequency	Percentage (%)
Male	63	34,62
Female	119	65,38
Age		
17-25 Year	33	18,13
26-40 Year	114	62,64
> 40 Year	35	19,23
Place of residence		
DKI Jakarta	64	35,2
Bekasi	17	9,3
Bogor	32	17,6
Depok	30	16,5
Tangerang	24	13,2
Selatan Tangerang	15	8,2

Table 1 shows that female respondents dominate with a total of 119 individuals, accounting for 65.38% of the total, while male respondents amount to 63 individuals, representing 34.62%. Based on the distribution of respondents, consisting of 182 individuals, when looking at the age differences, it is observed that the majority of respondents fall within the age range of 26-40 years, with a total of 114 individuals, accounting for 62.6%. Additionally, there are 33 respondents aged between 17-25 years, constituting 18.13%, and 35 respondents aged over 40 years, representing 19.2%. Based on the distribution of respondents, consisting of 182 individuals, when examining the differences in respondents' places of residence, it is observed that the majority of respondents reside in the DKI Jakarta area, with a total of 64 individuals or 35.2%. On the other hand, the areas surrounding Jakarta are evenly distributed, ranging from 15 to 32 individuals.

B. Designing the Inner Model

The design of the inner model can illustrate the latent variables of the research in the following diagram displayed through a blue circle. This study utilizes the latent exogenous variables of *perceived behavior control, health consciousness, trust, and subjective norms,* the intervening latent variable of attitude, as well as the endogenous latent variable of purchase intention.
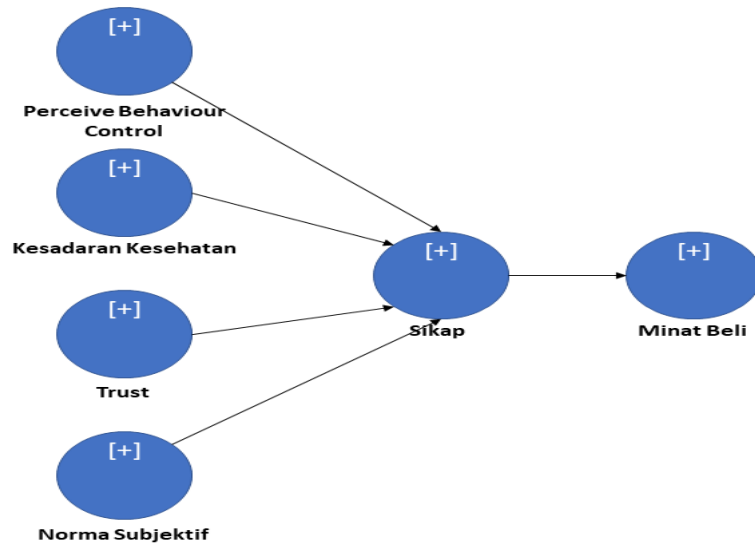
Fig. 2: Designing the Inner Model

C. Outer Model Measurement Model

The outer model measurement can be analyzed using validity and reliability testing. Validity testing can employ the method of convergent validity through techniques such as correlation analysis, the Fornell-Larcker criterion, and cross-loading. Reliability testing, on the other hand, is conducted using composite reliability and Cronbach's alpha.
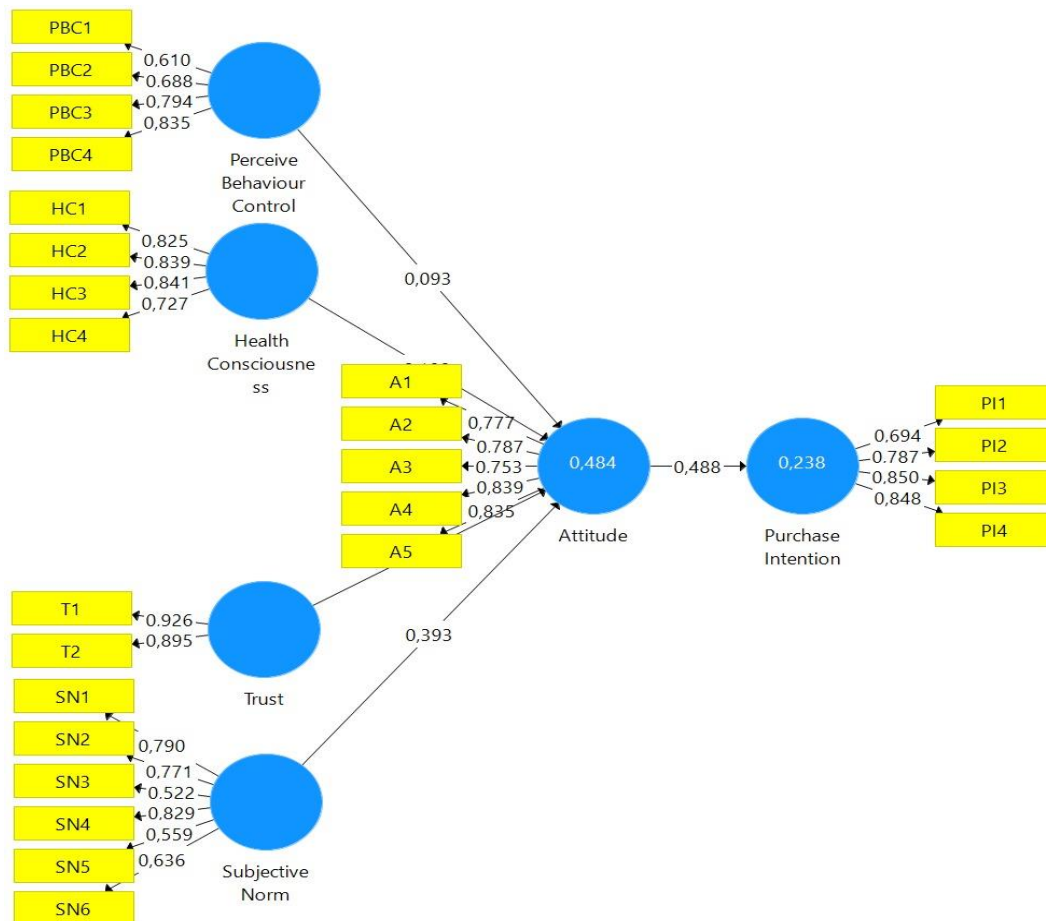

Fig. 3: Factor Loading Results

Table 2: Factor Loading Values

Variable	Indicator	Outer Loading	Validity
Perceive Behaviour Control	PBC1	0,610	Valid
	PBC2	0,688	Valid
	PBC3	0,794	Valid
	PBC4	0,835	Valid
Health Consciousness	KK1	0,825	Valid
	KK2	0,839	Valid
	KK3	0,841	Valid
	KK4	0,727	Valid
Trust	T1	0,926	Valid
	T2	0,895	Valid
Subjective Norm	NS1	0,790	Valid
	NS2	0,771	Valid
	NS3	0,522	Valid
	NS4	0,829	Valid
	NS5	0,559	Valid
	NS6	0,636	Valid
Attitude	SKP1	0,777	Valid
	SKP2	0,787	Valid
	SKP3	0,753	Valid
	SKP4	0,839	Valid
	SKP5	0,835	Valid
Purchase Intention	MB1	0,694	Valid
	MB2	0,787	Valid
	MB3	0,850	Valid
	MB4	0,848	Valid

Based on the data presented in the table and figure above, it can be observed that the latent variable "Perceived Behavior Control" has outer loading values ranging from 0.610 to 0.835. The latent variable "Health Consciousness" has outer loading values ranging from 0.727 to 0.841. The variable "Trust" has outer loading values ranging from 0.895 to 0.926. The variable "Subjective Norms" has outer loading values ranging from 0.522 to 0.829. The variable "Attitude" has outer loading values ranging from 0.753 to 0.839. Finally, the variable "Purchase Intention" has outer loading values ranging from 0.694 to 0.850.

D. Fornell Criteration

In the Fornell-Larcker criterion calculation, the relationship between two latent variables is compared using the square root of the average variance extracted (AVE). If the Fornell-Larcker criterion value is smaller than the square root of AVE, then the construct satisfies the discriminant validity according to the Fornell-Larcker criterion.

The square root of AVE has a higher value for a construct compared to the values of other variables. In relation to this, the variables are considered valid and do not exhibit signs of collinearity.

Table 3: Discriminant Validity (Fornell-Larcker Criterion) and Square Root of Average Variance Extracted (AVE) Values

	Health Consciousness	Purchase Intention	Subj Norm	PBC	Attitude	Trust
Health Consciousness	**0,809**					
Purchase Intention	0,712	**0,797**				
Subjective Norm	0,554	0,577	**0,694**			
PBC	0,166	0,272	0,221	**0,737**		
Attitude	0,558	0,488	0,627	0,242	**0,799**	
Trust	0,692	0,734	0,557	0,159	0,560	**0,910**

E. CR (Composite Reliability)

Based on the results of the analysis, it is shown that the latent variable of health consciousness has a composite reliability value of 0.883, which is > 0.70. The latent variable of purchase intention has a composite reliability value of 0.874, which is > 0.70. The latent variable of subjective norm has a composite reliability value of 0.844, which is > 0.70. The latent variable of perceived behavioral control has a composite reliability value of 0.824, which is > 0.70. The latent variable of attitude has a composite reliability value of 0.898, which is > 0.70. The latent variable of trust has a composite reliability value of 0.906, which is > 0.70.

Table 4: Composite Reliability Value

Variable Latent	Composite Reliability
Health Consciousness	0,883
Purchase Intention	0,874
Subjective Norm	0,844
Perceived Behavioral Control	0,824
Attitude	0,898
Trust	0,906

F. Cronbach's Alpha

Each research variable has Cronbach's alpha values ranging from 0.724 to 0.858, which fall into the reliable and highly reliable categories. The subjective norm variable has a Cronbach's alpha value of 0.789, categorizing it as reliable.

The perceived behavior control variable has a Cronbach's alpha value of 0.724, also categorized as reliable. Lastly, the attitude variable has a Cronbach's alpha value of 0.808, indicating that it is highly reliable.

Table 5: Cronbach's Alpha Values

Latent Variables	Cronbach's Alpha
Health Consciousness	0,824
Purchase Intention	0,808
Subjective Norm	0,789
Perceived Behavioral Control	0,724
Attitude	0,858
Trust	0,795

G. R²

The R² value of the endogenous variable, purchase intention, is 0.238. This value indicates that the strength of the attitude variable in predicting purchase intention is 23.8%. The relationship between the intervening variable, attitude, and the endogenous variable, purchase intention, is considered moderate. On the other hand, the R² value of the intervening variable, attitude, is 0.484. This value explains that the strength of the variables perceive behavior control, health consciousness, trust, and subjective norm in predicting attitude is 48.4%. The relationship between the exogenous variables, perceive behavior control, health consciousness, trust, and subjective norm, and the intervening variable, attitude, is also considered moderate.

Table 6: R² Value

Varibel	R²
Purchase Intention	0,238
Attitude	0,484

H. Predictive Relevance (Q²)

The Q^2 value for the attitude variable is 0.297, indicating that the predictive relevance of the model is 29.7%. When classified, the predictive relevance of the attitude variable falls into the moderate category. On the other hand, the Q^2 value for the purchase intention variable is 0.146, indicating that the predictive relevance of the model is 14.6%. When classified, the predictive relevance of the purchase intention variable also falls into the moderate category.

Table 7: Q² Value

Laten Variable	SSO	SSE	Q² (=1-SSE/SSO)
Health Consciousness	728,000	728,000	
Purchase Intention	728,000	621,775	0,146
Subjective Norm	1092,000	1092,000	
Perceived Behavioral Control	728,000	728,000	
Attitude	910,000	640,178	0,297
Trust	364,000	364,000	

I. F² Values

The f² value of 0.15 indicates that the independent latent variables have a moderate or medium influence on the dependent latent variable. The f² value of 0.02 indicates that the independent latent variables have a weak influence on the dependent latent variable. Based on the f² results, it is known that the consumer trust variable has a strong influence, while health consciousness and perceived behavior control have weak influences. The subjective norm variable has a moderate influence, and the attitude variable has a moderate influence.

Table 8: F² Value

	Purchase Intention	Attitude
Health Consciousness		0,033
Purchase Intention		
Subjektif Norm		0,186
Perceive Behavior Control		0,016
Attitude	0,313	
Trust		0,035

J. Heterotrait-Monotrait Ratio (HTMT)

HTMT is the ratio of inter-trait correlation to the correlation within traits. HTMT is the mean of all indicator correlations across constructs. Heterotrait-heteromethod (HTMT) is the average of all indicator correlations across constructs assessing different constructs, as opposed to the (geometric) average of average correlations of indicators measuring the same construct. An HTMT value of 0.90 indicates a lack of discriminant validity. In order for two reflective constructs to have discriminant validity, the HTMT value should be less than 0.9. The calculated HTMT values in this study are below 0.9. From this, it can be concluded that each variable in the study meets the criteria for discriminant validity analysis between two reflective concepts.

Table 9: HTMT Value

	Health Consciousness	Purchase Intention	Subjectif Norm	Perceive Behavior Control	Attitude	Trust
Health Consciousness						
Purchase Intention	0,861					
Subjectif Norm	0,672	0,721				
Perceive Behavior Control	0,201	0,335	0,289			
Attitude	0,648	0,574	0,709	0,286		
Trust	0,858	0,899	0,671	0,191	0,666	

K. Hypothesis Testing

Based on the results of the hypothesis testing analysis, it is indicated.

Table 10. Results of the Hypothesis Testing on Direct Influence.

	Original sample (O)	T statistics (|O/STDEV|)	P values
Health Consciousness -> Attitude	0,189	1,872	0,031
Subjective Norm -> Attitude	0,393	5,087	0,000
Perceive Behavior Control -> Attitude	0,093	1,733	0,042
Attitude -> Purchase Intention	0,488	7,441	0,000
Trust -> Attitude	0,195	2,332	0,010

- Perceived behavior control has a direct influence on attitude at 0.093 with a P-value of $0.042 < 0.05$ and a T-statistic of $1.733 > 1.65$. Therefore, the hypothesis is accepted, indicating a positive direct influence of perceived behavior control on consumer attitude by 9.3%.
- Health consciousness has a direct influence on attitude by 0.189. With a P-value of $0.031 < 0.05$ and a T-statistic of $1.872 > 1.65$, the hypothesis is accepted, indicating a positive direct influence of health consciousness on consumer attitude by 18.9%.
- Trust has a direct influence on attitude by 0.195. With a P-value of $0.010 < 0.05$ and a T-statistic of $2.332 > 1.65$, the hypothesis is accepted, indicating a positive direct influence of consumer trust on consumer attitude by 19.5%.
- Subjective norm has a direct influence on purchase intention by 0.393. With a P-value of $0.000 < 0.05$ and a T-statistic of $5.87 > 1.65$, the hypothesis is accepted, indicating a positive direct influence of subjective norm on consumer attitude by 39.3%.
- Attitude has a direct influence on purchase intention by 0.488. With a P-value of $0.000 < 0.05$ and a T-statistic of $7.441 > 1.65$, the hypothesis is accepted, indicating a positive direct influence of attitude on consumer purchase intention by 48.8%.
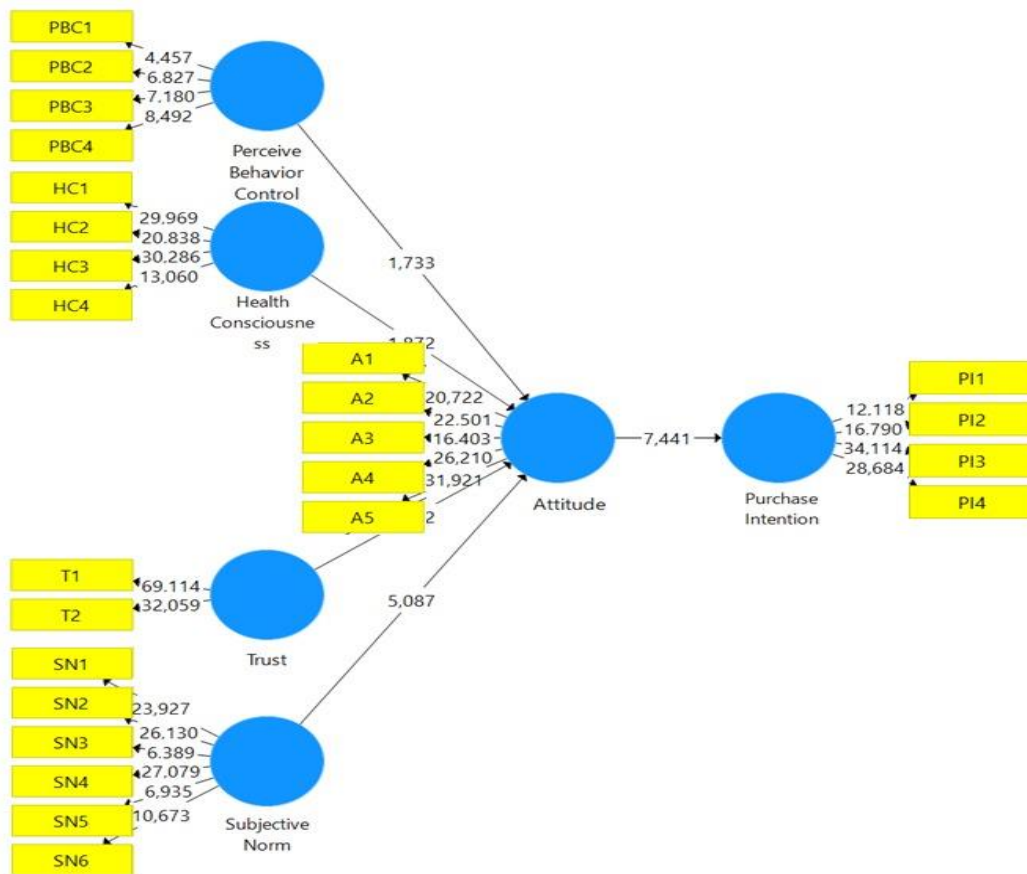
Fig. 4: Results of Bootstrapping Analysis in PLS.

V. DISCUSSION

The purpose of this research is to identify and analyze the influence of perceived behavior control (PBC), health consciousness, trust, and subjective norm on the intervening variable of consumer attitude, and its implications on the purchase intention of multivitamin products in the post-Covid-19 pandemic period in the Jabodetabek area. Hypothesis testing was conducted to determine the impact of each variable. Subsequently, a discussion was carried out on the influence of each variable, relating them to relevant theories and previous research findings.

A. H1: Perceive Behaviour Control has a positive and significant influence on the purchase intention of multivitamins.

Based on the results of the hypothesis analysis, it is shown that perceive behavior control has a positive influence on consumer attitudes. This is evident through the probability value of 0.042 or < 0.05, which indicates significance. Thus, the first hypothesis stating that perceive behavior control has a positive and significant influence on consumer attitudes towards multivitamins is supported. This indicates that an increase in consumer perceive behavior control will increase consumer attitudes towards multivitamin products by 0.093. Consumer perceive behavior control is one of the determinants of consumer attitudes. When viewed through the constituent indicators of perceive behavior control, which consist of indicators PBC1 - PBC4, they have coefficient values ranging from 0.610 to 0.835. Among the indicators composing the perceive behavior control variable, the highest value is observed for PBC4 (consumer confidence in their choice) with a coefficient of 0.835. Indicator PBC4 can depict the confidence to compare and evaluate multivitamin products before deciding to purchase them. The effort to evaluate and compare products is also perceived as a factor that influences consumers to buy multivitamin products. PBC3, with a coefficient value of 0.794, can portray the belief in having sufficient knowledge and information to make the right decision in choosing a multivitamin product. Furthermore, on indicator PBC2 (consumer has opportunities) with a coefficient value of 0.688, it can be depicted that respondents feel they have ample opportunities to learn about multivitamin products before deciding to purchase them. This makes the factor of learning about the product before buying it perceived by respondents as an important aspect to increase the purchase intention of multivitamin products. Meanwhile, the lowest indicator of Perceive Behavior Control is PBC1 (consumer has funds) with a coefficient of only 0.610. PBC1 can portray the sufficiency of funds to purchase the required multivitamin products. This may indicate the issue of fund availability that needs to be considered in the consumer's ability to buy multivitamin products.

Thus, the perceive behavior control that has the greatest influence on the purchase intention of multivitamin products is found in indicators such as consumer having opportunities (having opportunities to learn about multivitamin products before deciding to purchase them), consumer being confident in their choice (believing that they have sufficient knowledge and information to make the right decision in choosing

multivitamin products), and consumer having self-confidence (being confident to compare and evaluate multivitamin products before deciding to purchase them). This indicates that the fundamental reasons for consumers to purchase multivitamin products are confidence in the product, having self-assurance in owning the product, and having opportunities to learn about the product to be purchased. These three aspects strongly support consumer attitudes and behaviors in buying products that are worth purchasing.

B. H2: The awareness of health has a positive and significant influence on consumers' attitudes towards multivitamins.

Based on the results of hypothesis analysis, it is shown that health awareness has a positive influence on purchase intention. This is evident through the probability value of 0.031 or < 0.05, indicating significance. These findings suggest that health awareness significantly and positively affects consumers' attitudes towards multivitamins, supported by the data. This indicates that an increase in consumer health awareness will result in a 0.189 increase in the purchase intention of multivitamins. Consumer health awareness is one of the determinants of consumer attitudes. When examined through the constituent indicators of health awareness, comprising items KK1 to KK4 with coefficient values ranging from 0.727 to 0.841, it is evident that the indicator KK3 holds the highest coefficient value of 0.841. KK3 (Health Practices) can depict the understanding that consuming multivitamins according to the recommended dosage will maintain bodily health. This indicates the respondents' belief that multivitamins may be necessary for maintaining health. Apart from Health Practices, Health Knowledge (KK1) also holds a significant coefficient value of 0.825 in the composition of the Health Awareness variable, indicating a strong influence.

Indicator KK1 can illustrate the importance of maintaining health by consuming multivitamins. The mindset that views multivitamins as a means to safeguard health can encourage respondents to enhance their consumer attitudes towards multivitamins. On the other hand, Indicator KK4 has the lowest coefficient value in the composition of the Health Awareness variable, which is 0.727. Indicator KK4 (Health Mindset) can depict the mindset that living a healthy life is crucial in the post-pandemic era. Meanwhile, Indicator KK2 has a coefficient value of 0.839 in the composition of the Health Awareness variable. KK2 (Attitude towards Health) can illustrate the perceived long-term benefits of purchasing and consuming multivitamin products.

Thus, health awareness significantly influences the purchase intention of multivitamin products. This strong impact of health awareness is evident through the Health Knowledge and Health Practices indicators. In terms of knowledge, it involves the predictive ability based on pattern recognition with intensity and patterns. Knowledge encompasses understanding the importance of maintaining health, which can be supported by consuming multivitamins, while health practices involve actions taken to realize this aspiration by comprehending that consuming multivitamins in the recommended dosage will maintain bodily health.

C. H3: Trust has a positive and significant influence on consumers' attitudes towards multivitamins.

Based on the results of hypothesis analysis, it is shown that trust has a positive influence on consumers' attitudes. This is evident through the probability value of 0.000 or < 0.05, indicating significance. Therefore, the third hypothesis stating that trust has a positive and significant influence on consumers' attitudes towards multivitamins is supported. This demonstrates that an increase in consumer health awareness will result in a 0.488 increase in the purchase intention of multivitamins. Consumer trust is one of the determinants of consumer attitudes. When examined through the constituent indicators of trust, comprising items T1 to T2 with coefficient values ranging from 0.895 to 0.926, it is evident that the indicator T1 holds the highest coefficient value of 0.926. T1 can depict the extent to which someone trusts and feels confident in others in a given situation. This indicates that respondents believe that the product information on the multivitamin packaging can be trusted.

Indicator T2 has the lowest coefficient value in the composition of the trust variable, which is 0.895. Indicator T2, also known as trusting intention, can depict a deliberate act where respondents are willing to rely on others in a given situation. This occurs on a personal level and directly relates to multivitamin products.

Therefore, trust significantly influences consumers' attitudes towards multivitamin products. This strong influence of trust is evident through the indicator of trusting belief, where respondents believe that the product information on the multivitamin packaging can be trusted.

D. H4: Subjective norms have a positive and significant influence on consumers' attitudes towards multivitamins.

Based on the results of hypothesis analysis, it is shown that subjective norms have a positive influence on consumers' attitudes. This is evident through the probability value of 0.000 or < 0.05, indicating significance. Therefore, the fourth hypothesis stating that subjective norms have a positive and significant influence on consumers' attitudes towards multivitamins is supported. This demonstrates that an increase in subjective norms will result in a 0.393 increase in the purchase intention of multivitamins. Subjective norms are one of the determinants of purchase intention. When examined through the constituent indicators of subjective norms, comprising NS1 to NS6 with coefficient values ranging from 0.522 to 0.829. Upon observing the constituent indicators of the subjective norms variable, it is evident that the indicator with the highest coefficient value is NS4, which is also at 0.829. NS4 illustrates that past experiences with a particular multivitamin product can aid in making the right product choice. Furthermore, NS1 has a coefficient value of 0.790, representing behavior based on personal experiences. This behavior is manifested through positive experiences gained from consuming a specific multivitamin product, which instills greater confidence and certainty in repurchasing multivitamin products in the future. Based on these personal experiences, respondents exert the greatest influence on subjective norms, which, in turn, will affect consumers' purchase intention towards multivitamin products. When considering other indicators with coefficient

values > 0.70, NS2 stands out with a coefficient value of 0.771. NS2 represents behavior influenced by family, indicating that family experiences with a particular multivitamin product can assist in making the right product choice. These family experiences significantly impact respondents' decision to consume the said multivitamin product. Furthermore, NS3, with a coefficient value of 0.522 in forming the subjective norms variable, represents behavior influenced by friends. Respondents mentioned a tendency to purchase multivitamin products recommended by their friends. They also felt inclined to buy multivitamin products based on recommendations from parents, partners, or close relatives. These factors influence the motivation to purchase multivitamin products. On the other hand, other indicators, namely NS5 and NS6, have coefficient values < 0.70. The behavior of purchasing multivitamin products based on the influence of close individuals (NS5) also has an impact on the composition of the subjective norms variable with a coefficient value of 0.559. NS6, which represents behavior influenced by respected individuals in purchasing multivitamin products, has a coefficient value of 0.636. This indicates that the influence of respected individuals in motivating the purchase of multivitamins is somewhat weaker.

Based on the research, three aspects of subjective norms significantly influence the purchase of multivitamin products: behavior based on personal experiences, family, and friends. The more people perceive that they have control over a behavior, and conversely, the fewer people feel that they have control over a behavior, and the more people perceive supportive factors and fewer inhibiting factors, the more likely they are to make an effort to implement this behavior.

E. H5: Attitude has a positive and significant influence on the purchase intention of multivitamins

Based on the results of hypothesis analysis, it is shown that attitude has a positive influence on purchase intention. This is evident through the probability value of 0.000 or < 0.05, indicating significance. This data demonstrates that attitude significantly and positively affects the purchase intention of multivitamins and is supported by the findings. This indicates that an increase in consumer attitude will result in a 0.488 increase in the purchase intention of multivitamins. When examining the constituent indicators of consumer attitude, it is evident that SKP4, which represents mutual benefit, has the highest coefficient value in forming the attitude variable, with a value of 0.839. Mutual benefit, which is a constituent of the attitude variable, increases because respondents believe that purchasing and consuming multivitamin products can help them become more productive and beneficial to the surrounding environment. Additionally, another indicator with a coefficient value > 0.80 is SKP5, also related to mutual benefit, with a coefficient value of 0.835. Indicator SKP5, or valuability, observed in the study includes the value of trust that buying and consuming multivitamin products align with health and self-reliance values. Meanwhile, SKP2, or outcome evaluation, can be observed through the perception that buying and consuming multivitamin products are a good investment for health and family. This is evident through the relationship between SKP2 and the components of the attitude variable, with a coefficient value of 0.787. The required

health investment motivates respondents to purchase multivitamins. The coefficient value in the attitude variable is demonstrated by indicator SKP1, or behavior belief, with a coefficient value of 0.777. Purchasing multivitamin products is not the primary factor for respondents to improve their immune system. Nevertheless, enhancing immune system can also be achieved through other physical activities such as exercise. When examining the constituent indicators of consumer attitude, it is evident that SKP3, or personal benefit, has the lowest coefficient value in forming the attitude variable, which is 0.753. SKP3, or personal benefit, indicates that attitude is an individual's assessment of an object that can motivate them to take action.

VI. CONCLUSION & SUGGESTION

A. Conclusion

This study was conducted to investigate and analyze the influence of perceived behavior control (PBC), health awareness, trust, and subjective norms on the purchase intention of multivitamin products, with attitude as the intervening variable. The conclusions drawn from this research are as follows:

- Perceived behavior control directly influences consumers' attitudes towards multivitamin products. An increase in perceived behavior control is shown to enhance consumers' attitudes towards multivitamins by 9.3%.
- Health awareness directly influences consumers' attitudes towards multivitamin products. An increase in health awareness is shown to enhance consumers' attitudes towards multivitamins by 18.9%.
- Trust directly influences consumers' attitudes towards multivitamin products. An increase in trust is shown to enhance consumers' attitudes towards multivitamins by 19.5%.
- Subjective norms directly influence consumers' attitudes towards multivitamin products. An increase in subjective norms is shown to enhance consumers' attitudes towards multivitamins by 39.3%.
- Attitude directly influences consumers' purchase intention for multivitamin products. An increase in attitude is shown to enhance consumers' purchase intention for multivitamins by 48.8%.

B. Suggestion

- For the pharmaceutical industry, particularly for multivitamin brands, the application to increase consumer purchases in the post-pandemic era, as indicated by the findings of this research, is to communicate once again the importance of using multivitamins during the post-pandemic period. This can be achieved through collaboration with healthcare professionals (HCPs) and key opinion leaders to promote the significance of multivitamin usage for consumers. Furthermore, from the product and packaging perspective, it is recommended that the industry clearly and comprehensibly includes the benefits of using multivitamins for consumers. This is crucial considering that perceived behavior control (PBC) has the greatest influence on consumers' purchase intention for multivitamin products, particularly in indicators such as consumers having the opportunity (having the opportunity to learn about multivitamin

products before making a purchase decision), consumers being confident in their choices (having enough knowledge and information to make informed decisions when selecting multivitamin products), and consumers having self-confidence (feeling confident to compare and evaluate multivitamin products before making a purchase decision).

- For future research, it is possible to develop a better model by incorporating or including additional factors that can be used as more accurate predictors of purchase intention.

REFERENCES

[1.] Yap, Marie Bee Hui, et al. (2014) Parental factors associated with depression and anxiety in young people: A systematic review and meta-analysis. *Journal of affective disorders.* 156: 8-23

[2.] Ozkaynak, F., Ozer, A.B., & Yavuz, S. (2012). Cryptanalysis of a novel image encryption scheme based on improved hyperchaotic sequences. *Optics Communications.* 285(24): 4946-4948

[3.] Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes.* 50: 179–211.

[4.] Jahn. S., Lahteenmaki, L., & Tsalis, G. (2019). How Attitude Towards Food Fortification Can Lead to Purchase Intention. *Appetite*. 1-23.

[5.] Pebrianti, W., & I. Rosalidan. (2018). Pengaruh Kesadaran Kesehatan dan Perceived Barriers terhadap Attitude Toward Organic Food dan Dampaknya terhadap Minat Beli. *Management business Journal.* 4(1) : 822-834.

[6.] Al-Debei, M. M., Akroush, M. N., & Ashouri, M. I. (2015). Consumer Attitudes Towards Online Shopping: The Effects of Trust, Perceived Benefits, and Perceived Web Quality. *Internet Research*. 25: 707-733

[7.] Fishbein, M., & Ajzen, I. 1975. *Belief, Attitude, Intention, and Behavior:An Introduction to Theory and Research*. Philippines: Addison-Wesley Publishing Company.

[8.] Ajzen, I. (2015). The theory of planned behaviour is alive and well, and not ready to retire: a commentary on Sniehotta, Presseau, and Araújo-Soares. *Health psychology review*. *9*(2): 131-137.

[9.] Chau, P.Y.K, & Hu, P.J.H. (2002). Investigating healthcare professionals' decisions to accept telemedicine technology: an empirical test of competing theories. *Information & Management.* 39 (4): 297-311

[10.] Ajzen, I. (2002). Perceived Behavioral Control, Self-Efficacy, Locus of Control, and The Theory of Planned Behavior."*Journal of Applied Social Psychology.* 32(4): 665-683.

[11.] Ajzen, I. (2005). *EBOOK: Attitudes, Personality and Behaviour*. McGraw-hill education (UK).

[12.] Vaughan, G, & Hoog, M.A. (2005). Introduction to Social Psychology.

[13.] Kotler, P., & Keller, K. L. (2018). *Manajemen Pemasaran, Edisi 12 Jilid 1*. Jakarta: PT Indeks.

[14.] Kim, M.J., Chung, N., & Lee, C.K. (2011). The Effect of Perceived Trust on Electronic Commerce: Shopping Online for Tourism Products and Services in South Korea. *Tourism Management.* 32(2): 256-265.

[15.] Michaelidou, N., & Hassan, L. M. (2008). The Role of Health Consciousness, Food Safety Concern and Ethical Identity on Attitudes and Intentions Towards Organic Food. *International Journal of Consumer Studies.*ISSN 1470-6423, 163-170, doi: 10.1111/j.1470-6431.2007.00619

[16.] Mowen, J.C., & Minor, M. (2002). Perilaku Konsumen. Erlangga. Jakarta.

[17.] McKnight, D.H., Cummings, L.L., & Chervany, N.L. (2002). Initial Trust Formation in New Organizational Relationships. Academy of Management Review. 23 (3): 473-90

[18.] Kotler, P. & Keller, K.L. (2012). Manajemen Pemasaran Jilid I Edisi ke 12. Jakarta: Erlangga.

[19.] Mulyadi, M.M, & Hasiholan, L.B. (2015). Analisis Pengaruh Iklan, Kepercayaan Merek, dan Kualitas Produk Terhadap Minat Beli (Studi Pada Konsumen Mie Sedap di Pasar Pedurungan Kidul Semarang). *Jurnal Manajemen Pemasaran*.

[20.] Peter, J. P., and J. C. Olson. (1987). Consumer behavior. Homewood, IL: Irwin.

[21.] Erhard, A. L., Chin, E.R., Chomak, E., Erlendsdottir, E.Y., Cueto, F.J.A.P., & Orlien, V. (2020). Exploratory Study on Purchase Intention of Vitamin D fortified drinks in Denmark, Iceland, and The UK. *International Journal of Gastronomy and Food Science*. 22.

[22.] Chen, M. & Tung, P. (2014). Developing an extended Theory of Planned Behavior Model to Predict Consumers' Intention to Visit Green Hotels. *International Journal of Hospitality Management*. 36: 221 – 230.

[23.] Notoatmodjo, S. (2010). Ilmu Perilaku Kesehatan.

[24.] Lamb, C. W., Hair, J.F, & and McDaniel, C. (2012) *Marketing*. Cengage Learning.

[25.] Malhotra, N. K. (2017). Riset Pemasaran : Pendekatan Terapan (Jilid 1). PT Indeks.