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Urban Women's Decision to Consume Kiranti Herbal Medicine: A Review Based on the Theory of Planned Behavior

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A B S T R A C T

The consumption of Kiranti herbal medicine among urban women reflects a shift in values between tradition and modernity in a healthy lifestyle. This study uses a qualitative phenomenological method with thematic analysis to understand how attitudes, subjective norms, and perceived behavioral control, as well as the meanings of health, modernity, tradition, and self-identity influence urban women's decisions to consume Kiranti herbal medicine based on the Theory of Planned Behavior (TPB). The informants in this study were six urban women in Surabaya. The results show that consumption decisions are influenced by health benefits, social support, and ease of product access. Kiranti is perceived as a symbol of a modern healthy lifestyle that remains rooted in traditional values. These findings have implications for the development of modern herbal medicine marketing strategies and the preservation of Indonesian herbal medicine culture.

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INTRODUCTION

Changes in the lifestyles of modern urban society have brought a strong push towards healthy and natural lifestyles. Amidst work pressures, pollution, fast food consumption, and chemical drugs, people are starting to seek health solutions that are considered safer, more environmentally friendly, and have fewer side effects. One such solution is consuming herbal medicine. Herbal medicine is part of Indonesia's cultural heritage, proven for generations to be used as a natural method of treatment, prevention, and health care (Rosadi et al., 2023). The tradition of drinking jamu has become part of the culture and health care practices passed down through generations. In various regions, especially in traditional markets, it is still easy to find jamu stalls selling concoctions made from various natural ingredients such as medicinal plants, roots, and spices, believed to have healing properties without side effects (Kusumo et al., 2020). This phenomenon demonstrates that jamu is not just a health product, but also part of a cultural identity passed down from generation to generation.

One type of herbal medicine popular among women is turmeric and tamarind herbal medicine, known for its benefits in relieving menstrual pain, refreshing the body, and helping maintain stamina. Several studies have proven the health benefits of this herbal medicine. Research by Suryani et al. (2020) showed that consuming turmeric and tamarind jamu can reduce menstrual pain levels in adolescents aged 13–21 years in Sukasari Village. Another study at Kadiri University also found that turmeric and tamarind are effective in reducing primary dysmenorrhea in female students (Wulandari & Andriani, 2021). Furthermore, research at MAN 2 Pamekasan by Sari (2022) strengthens the evidence that turmeric and tamarind can significantly reduce menstrual pain. Furthermore, research is also being conducted to develop the organoleptic aspects and product innovation of turmeric and tamarind herbal medicine, such as research by Hidayat et al. (2022) which compared two types of turmeric (yellow and white) in the production of herbal medicine for the hospitality industry, and research by Rahmawati (2023) which combined cherry leaf extract to increase the antioxidant activity of turmeric and tamarind herbal medicine.

Although its physiological benefits and product development have been extensively researched, most of this research focuses on quantitative and medical aspects, failing to deeply explore the psychological and social dimensions of herbal medicine consumption behavior, particularly among urban women. In the context of modern life, a person's decision to consume herbal medicine is influenced not only by its health benefits but also by perceptions of product image, cultural values, social norms, and self-identity. This is where the relevance of the Theory of Planned Behavior (TPB) becomes crucial. TPB explains that a person's intention to behave is influenced by three main factors: attitude toward behavior, subjective norm, and perceived behavioral control. This theory has been widely used to understand consumption intentions and behavior, including the use of traditional medicine.

However, studies on the use of TPB in the context of herbal medicine consumption in Indonesia are still limited. Some studies, such as the study by Nurhadi (2021) in Nglanggeran Village, Gunung Kidul, did find that attitudes,

subjective norms, and behavioral control influence the intention to use traditional medicine. However, this research was quantitative in nature and did not explore how the meaning of "healthy" and personal experiences shape this intention. Similarly, research by Fitriani (2022) in Surabaya examined the knowledge and choices of traditional medicine among housewives, but did not delve into the meaning, urban social norms, and psychological processes underlying the decision to choose modern herbal products like Kiranti.

In the context of urban women, the decision to consume herbal medicine is often inseparable from social values and the self-image they seek to build. Urban women face a dilemma between a modern, practical lifestyle and the desire to maintain natural health. Kiranti, a brand of turmeric and tamarind herbal medicine, offers a modern, practical, hygienic, and feminine image, bridging these two worlds: tradition and modernity. However, the extent to which urban women define "healthy" when choosing products like Kiranti, and how their intentions and attitudes are shaped within the framework of the Theory of Planned Behavior, remains an unanswered question. In initial interviews with several urban women in Surabaya, diverse views emerged regarding the consumption of Kiranti turmeric and tamarind herbal medicine.

"I only drink Kiranti when I'm on my period, because it's more practical than making my own herbal drink. But sometimes I'm unsure whether it can still be considered herbal drink, since it's like a packaged drink."(BL)

"My mother used to tell me to drink homemade turmeric and tamarind herbal drink. Now I buy Kiranti more often because I'm busy, but honestly, I still find the bottled herbal drink to be different. It's more of a modern healthy lifestyle, not a traditional one." (SD)

"I think Kiranti has good branding, feminine and modern. But many of my friends still think herbal drink is old-fashioned. So sometimes drinking Kiranti just feels like part of a healthy image."(UM)

"I drink Kiranti not only when I'm on my period, but also when I'm tired from work. It's refreshing. But sometimes my colleagues tease me, 'Why are you drinking herbal medicine? You look like a woman?' So I feel a little awkward."(JL)

"I believe herbal medicine is a legacy from our ancestors, but Kiranti is a modern version. I drink it because it's practical, but I still feel it has traditional values. For me, it's a way of respecting culture while adapting to the times."(AA)

"I learned about Kiranti from my friends in the women's community at work. I initially only tried it during my period, but it turned out to be delicious and made me feel refreshed. I think Kiranti is a herbal drink I wouldn't be embarrassed to bring to work because of its modern and practical packaging. It still tastes natural, but it's perfect for today's fast-paced lifestyle."(CS)

The interview results indicate that the decision to consume Kiranti is influenced not only by its health benefits but also by self-image, social pressures, and modern values. Some women consider it a form of modern self-care, while others see it as simply a practical habit without cultural ties.

These preliminary findings demonstrate a shift in the meaning of herbal medicine among urban women, from a traditional heritage to a symbol of a modern healthy lifestyle. This shift makes the decision to consume modern herbal medicine, such as Kiranti, a phenomenon influenced by social, cultural, and psychological values.

Based on a review of previous research, several gaps underlie the importance of this study. First, most previous research on turmeric and tamarind jamu has focused on physiological benefits and laboratory testing; few have explored the psychological and social dimensions of consumption decisions, particularly through a phenomenological approach. Second, research using the Theory of Planned Behavior is generally quantitative, thus failing to fully describe the subjective process of forming consumption intentions and behavior. Third, previous studies rarely highlight the meaning of health from the perspective of urban women living amidst modern lifestyle pressures and exposure to global values. Fourth, there is limited research examining perceptions of commercial herbal medicine products like Kiranti, which have distinct branding, packaging, and a modern image compared to traditional homemade herbal medicine.

Furthermore, there are still few studies examining how social norms and perceived behavioral control influence urban women's decisions to consume herbal medicine. In the context of large cities, women are confronted with complex social norms ranging from media influences, healthy communities, and body aesthetic pressures, which can uniquely shape their intentions and behaviors in consuming health products. Therefore, this study is important to fill this gap by delving deeper into urban women's decisions to consume Kiranti turmeric and tamarind herbal medicine: a review based on the Theory of Planned Behavior. The results of this study are expected to enrich theoretical understanding of urban women's health behavior and provide practical contributions to herbal medicine producers in designing communication and marketing strategies that better align with the values and perceptions of today's consumers.

LITERATURE REVIEW

Theory of Planned Behavior

The theory of reasoned action model is unable to explain that attitudes toward objects have no power related to specific behavior. Ajzen believes that the relationship between attitudes and behavior in the theory of reasoned behavior does not explain behavior that cannot be fully controlled by a person, even if he or she has a positive attitude toward the behavior in question. Intention is a primary predictor of behavior. This means that intention is a motivational factor that has a very strong influence on behavior, so that people can expect others to act or not act based on their intentions (Sarwono & Meinarno, 2009:90).

Fishbein and Ajzen modified and developed a multi-attribute model linking consumer beliefs and attitudes to behavioral intentions. This model is called the theory of planned behavior because it assumes consumers consciously consider the consequences of several behavioral alternatives and choose the most desirable and feasible behavior. The resulting reason for this choice is the desire for the chosen behavior. Behavioral intentions are one of the best predictors of actual behavior.

In the theory of planned behavior, Ajzen added another behavioral determinant, known as perceived behavioral control. Perceived behavioral control is the perception of the level of difficulty of a behavior to be implemented. Perceived behavioral control reflects past experiences and anticipated obstacles that may arise when performing a behavior. Therefore, the theory of planned behavior demonstrates that complex behavioral reasons, under the control of one's own volition, are determined by one's desire to perform the behavior. This theory states that a person's tendency to perform a behavior is based on what they prefer after an evaluation process, what others do, and what they believe they are capable of performing.

Perceived behavioral control was introduced by Azjen (1985, 1988, 1991) in the theory of planned behavior. In this theory, perceived behavioral control is a determinant of intention, along with attitudes toward the behavior and subjective norms. Peter and Olson (2008) also describe perceived behavioral control as a consumer's belief that they are actually capable of performing a behavior. Perceived behavioral control is measured as a person's perception of their ability to perform an action if they want to. According to Ajzen and Madden (1986), perceived behavioral control is a predictor of intention.

Background factors are added to the theory of planned behavior because background can influence intention and behavior (Ajzen, 2005:136). According to the theory of planned behavior, the primary determinants of intention and behavior can be understood through behavioral beliefs, normative beliefs, and beliefs about control. Several variables related to or influencing a person's beliefs include: age, gender, ethnicity, social status, education, religion, personality, mood, emotions, values, intelligence, reference groups, past experiences, information provision, and social support. Consumers growing up in different environments will acquire varying information about a product. This information forms the basis for their beliefs about the consequences of their behavior. All of these background factors influence consumers' behavioral beliefs, normative beliefs, and beliefs about control, which in turn influence their intentions and behavior.

Broadly speaking, the theory of reasoned action and the theory of planned behavior state that several factors (attitudes toward a behavior, subjective norms toward the behavior, and perceived ability to perform it) determine behavioral intentions related to the behavior. Ultimately, these intentions significantly determine whether the behavior will be performed.

Consumer Purchasing Decisions

Consumer problem-solving and decision-making processes vary widely. According to Howard and Sheth in Ferrinadewi & Darmawan (2004:14), decision-making can be divided into three stages:

1. Extensive decision-making
   Extensive decision-making involves multiple choices and considerable cognitive effort, along with behavioral efforts, and requires considerable time. Generally, extensive decision-making involves a significant amount of search behavior to identify alternatives and determine the choice criteria to be used for evaluation.
2. Limited decision-making
   Limited decision-making involves fewer options being considered and requires a more integrated process. Compared with extensive decision-making, the amount of problem-solving effort required in limited decision-making ranges from low to moderate. Generally, choices involved in limited decision-making are made fairly accurately, with moderate levels of cognitive and behavioral effort.
3. Routine decision-making
   Compared to the other levels, routine decision-making requires very little cognitive capacity or conscious control. Previously learned decision plans are activated from memory and executed relatively automatically, leading to purchase behavior.

These three stages represent a gradual process of enriching decision-making frequency and experience. The three stages of decision-making generally involve a reduction in attention or cognitive effort. This is due to increasing knowledge and experience with the product. A decision-maker seeking to fulfill a need will go through repeated decision-making stages, enabling the buyer to reduce the complexity of the purchasing situation with the help of acquired information and previous experiences, often referred to as the psychology of simplification. By reaching the final stage, routine decision-making, consumers will make very rapid choices involving little cognitive and behavioral effort because they have experience making various purchasing decisions.

The next stage of the consumer decision-making process is alternative evaluation. Alternative evaluation is the process of evaluating product and brand options and selecting the one that best suits their needs. In the alternative evaluation process, consumers compare various options that could address the problem they are facing. Three important attributes are often used in evaluation: price, brand, and country of origin or manufacturer. After consumers determine the criteria or attributes of the product or brand to be evaluated, the next step is to determine alternative choices. After determining the alternatives to choose, consumers will then determine which product or brand to choose. The alternative selection process will utilize several selection techniques. Decision rules are techniques used by consumers in selecting alternative products or brands. Selection techniques are divided into two main techniques: compensatory techniques and non-compensatory techniques. The principle of compensatory techniques is that the strengths of one brand attribute can offset

the weaknesses of other attributes. Non-compensatory techniques are applied by consumers in low-involvement situations. This technique states that a high score on one attribute cannot offset a low score on another attribute. Non-compensatory techniques are also known as choice hierarchy models, where consumers compare attribute scores one by one.

Culture

According to Schifmann and Kanuk (2008:356), culture is the totality of learned beliefs, values, and customs that help guide the consumer behavior of members of a particular society. Meanwhile, according to Peter and Olson (2014:70), culture is defined as the mental framework and meanings shared by most people in a social group. In a broad sense, cultural meaning includes general perspectives, typical cognitions, beliefs, and affective reactions, as well as distinctive behavioral patterns. From the several definitions above, it can be concluded that culture is all the values, thoughts, and symbols that influence the behavior, attitudes, beliefs, and habits of individuals and society. Values can be considered cultural meaning if everyone in a society has the same understanding of those values (Sumarwan, 2011:228). According to Peter and Olson (2014:71), values are cultural when many people in a social group adhere to the same basic meaning. Fundamental changes occur as many rural communities move to larger urban communities. These cultural changes can influence various cultural meanings within a society in a continuous process. These changes in shared values lead to new beliefs and attitudes toward products that can communicate their social differences, resulting in changes in purchasing behavior (Setiadi, 2003:331).

METHODOLOGY

The research approach used in this study of consumer behavior of Indonesian herbal medicine kiranti is a qualitative approach with a phenomenological research design. Phenomenology is a qualitative research method that focuses on the experiences and interpretations of consumers (Trochim and Donnelly, 2008:180). The phenomenological approach was chosen because it allows for an in-depth description of the participants' lived experiences as they directly experience and interpret them.

The subjects of this study were urban women of productive age (20–35 years old) who live in Surabaya, are employed, and have or frequently consume Kiranti products. Informants were selected using a purposive random sampling technique. According to Cooper and Schindler (2003:200), purposive random sampling is a non-probability sample that conforms to certain criteria, meaning the sampling technique must comply with the specified criteria.

Data were collected through semi-structured interviews. This study of herbal medicine consumer behavior employed a semi-structured interview method because it used a questionnaire as a guideline for asking questions. Data collection was conducted through a direct selection method conducted by the researchers with selected informants. This selection was based on informant selection criteria. The researcher explained the research objectives, and

informants were required to understand the objectives of the phenomenological study and provide consent to participate. Next, the data was analyzed using thematic analysis based on Ajzen's (1991) theory, with the stages of data reduction, data presentation, and conclusion drawing, referring to the Theory of Planned Behavior (TPB) framework.

To ensure the validity and reliability of the data, data validity was tested using source triangulation, member checking, peer debriefing, and an audit trail. According to Creswell (2016:253), to maximize validity, the researcher used member checking, triangulation, and the audit trail procedures. Member checking during the data collection process is crucial for assessing the degree of trustworthiness. This procedure aims to verify the accuracy of the researcher's interpretation of the data obtained, ensuring that the research results can be scientifically and credibly accounted for.

RESEARCH RESULT & DISCUSSION

This study involved six urban women residing in Surabaya, aged 23–35. All informants were actively employed and had consumed Kiranti herbal medicine.

The following table summarizes the informants' identities (disguised to maintain data confidentiality):

Tabel 1. Informant data

Informant	**Age**	**Job**	**Frequency of consumption**
BL	27	HRD	During menstruation
SD	32	Lecturer	Not routine
UM	23	Influencer Fitness	Routine (2-3x a week)
JL	29	HRD	Not routine
AA	35	Teller	Routine
CS	30	Marketing Officer	Routine

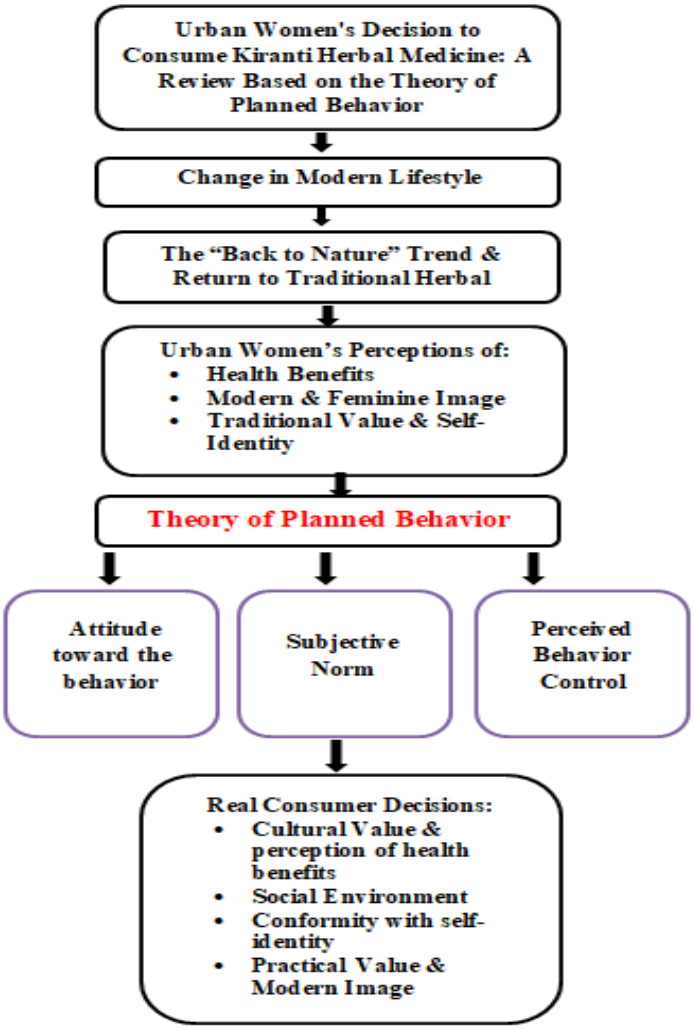

Figure 2. Conceptual Framework

Data analysis was conducted using a phenomenological approach and thematic analysis based on three main dimensions of the Theory of Planned Behavior (Ajzen, 1991): (1) Attitudes toward behavior, (2) Subjective norms, and (3) Perceived behavioral control; (4) The meaning of "health" for urban women; (5) Values of modernity, tradition, and self-identity, plus one additional theme: the meaning of health and self-identity for urban women.

(1) Attitude Toward the Behavior

Urban women's attitudes toward consuming Kiranti turmeric and tamarind herbal medicine were largely positive, driven by its health benefits, delicious taste, and convenient packaging. However, an ambivalence emerged between the authenticity of the traditional herbal medicine and the modern, packaged version, which is considered "less natural." The following are excerpts from interviews with the six informants:

"*I only drink Kiranti when I'm on my period, because it's more practical than making my own herbal medicine. But sometimes I'm unsure whether it can still be considered herbal medicine, because it's like a packaged drink.*" (BL)

"*My mother used to tell me to drink homemade turmeric and tamarind herbal medicine. Now I buy Kiranti more often because I'm busy, but the taste is different, lighter, but not really herbal medicine.*" (SD)

"*I think Kiranti is a modern version of herbal medicine. The branding is good, feminine, and not like the bitter traditional herbal medicine.*" (UM)

"Kiranti is like a health drink. Its refreshing taste, unlike other traditional herbal drinks, makes it suitable for consumption at any time." (JL)

"*I like Kiranti because it's healthy and maintains traditional elements. It has a distinctive turmeric and tamarind flavor but comes in a modern package.*" (AA)

"*I consider Kiranti a modern herbal medicine that can be drunk anywhere, so I can stay healthy without the hassle.*" (CS)

The attitude dimensions that emerged among the informants showed a combination of instrumental attitudes (beliefs in the real health benefits of Kiranti, such as relieving pain and increasing stamina) and affective attitudes. (emotional feelings such as comfort, pride, or shame). Strong positive attitudes emerged from the product's practicality and image (modern, feminine branding). However, there was ambivalence, with some informants appreciating the benefits but doubting the "authenticity" of the herbal medicine due to its industrial packaging.

The mechanism of attitude formation is influenced by three main sources, namely: Personal experience, such as feelings of comfort and reduced menstrual pain after consuming Kiranti. Direct experiences that provide positive effects strengthen belief in the product's benefits and form a stable positive attitude. Family experience, where the consumption of herbal medicine is considered part of a traditional heritage passed down from generation to generation. This factor contributes to fostering a sense of familiarity and trust in herbal medicine as a natural product that has been culturally tested. Social proof, in the form of the influence of friends, communities, or social environments who recommend the product. Recommendations from other parties function as social reinforcement that increases consumer confidence in the effectiveness and credibility of Kiranti. In addition, for the significance of the differences between traditional herbal medicine and Kiranti, several informants mentioned differences in taste and strength. This indicates that although the function (health benefits) is similar, product attributes (taste, packaging, dosage) change the assessment. The concept of product cueing (packaging & brand cues) plays a role in changing perceptions regarding modern packaging, reducing the stigma of "old-fashioned" but can reduce the perception of its "naturalness." Situations on positive attitude intentions (especially when there is consistency between beliefs and evaluations)

tend to encourage repeat consumption intentions; however, ambivalence can reduce the strength of intentions if norms or other constraints are strong.

(2) Subjective Norms

Existing social norms emerge from two directions: support from family and friends motivates the consumption of herbal medicine due to its traditional and health values. Furthermore, negative social pressure in the workplace or on social media, where herbal medicine is still considered an "old" product, is also present. The following are excerpts from interviews with the six informants:

"At home, my mom really likes me drinking Kiranti, saying it makes me healthy like in the old days. But my friends often say, 'Why are you drinking herbal medicine?'" (BL)

"At first, I was embarrassed to bring Kiranti to the office, but now a lot of my female friends drink it too." (SD)

"My friends at the gym like to share healthy drinks, including Kiranti. So there's a sense of community." (UM)

"Sometimes at work, people still tease me, 'You're so motherly.' But I don't care, because I feel more refreshed." (JL)

"My husband supports it, saying it's good because it's natural. So I feel there's support from home." (AA)

"I know Kiranti through a women's community; many of them consume it to maintain energy. So I join in." (CS)

Subjective norms demonstrate the significant influence of social groups. Social pressure from the modern environment (coworkers, health communities) can shift the perception of herbal medicine from 'traditional' to 'healthy lifestyle trend.' However, social ambivalence persists, particularly from male coworkers or within office cultures that consider herbal medicine to be outside the realm of "modern drinks."

This reinforces Ajzen's (1991) concept that subjective norms are formed from beliefs about social expectations and the motivation to comply with a particular social environment. These findings also support Fitriani's (2022) study, which asserted that social norms in large cities influence the choice of traditional and modern medicines.

(3) Perceived Behavioral Control

Urban women find it easy to consume Kiranti because it's widely available and doesn't require additional effort. Perceived affordability and high access increase repeat consumption intentions. The following are excerpts from interviews with six informants:

"You can buy it at any minimarket, so it's really easy when you need it." (BL)

"You don't have to think, just buy it when you go to the supermarket. It's not like a traditional herbal medicine store where you have to queue." (SD)

"Kiranti is easy to access, especially now you can buy it online too." (UM)

"I usually buy a week's supply straight away, because it's so convenient." (JL)

"It's easy to control; you just have to drink one bottle. The dosage is clear, so I feel safe." (AA)

"Now even my husband drinks it, because he says it's refreshing. So I don't have to bother preparing it myself." (CS)

The findings show that high perceived control arises from the ease of obtaining and consuming Kiranti. There are no significant physical, financial, or social barriers. This strengthens the intention to continue using the product, in line with Ajzen's (1991) theory that high perceived control increases intention and actual behavior. Furthermore, the perceived safety of industrial products compared to herbal concoctions also increases confidence in consumption. Kiranti bridges modern efficiency with natural values, making behavioral control a key factor in shaping the intention to consume regularly.

(4) The Meaning of "Healthy" for Urban Women

The meaning of "healthy" is not only understood as a physical condition free from disease, but also encompasses a balance between body, mind, and self-image. The following are excerpts from interviews with six informants:

"*Healthy means being able to remain productive even when menstruating. So drinking Kiranti really helps.*" (BL)

"*For me, being healthy means being able to maintain stamina even when working all day. Kiranti is like a natural vitamin.*" (SD)

"*Healthy means looking fit, active, and in shape. I drink Kiranti to maintain a sporty image.*" (UM)

"*I feel lighter and fresher. So drinking Kiranti is like recharging my energy.*" (JL)

"*For me, being healthy is also about respecting my body, so drinking herbal medicine is part of self-care.*" (AA)

"*I drink Kiranti not only for my body, but also to feel clean and refreshed from within.*" (CS)

The meaning of "healthy" among urban women points to the concept of "holistic wellness," a combination of physical, emotional, and social wellness. Kiranti has become a symbol of modern self-care, combining natural traditions and a practical lifestyle. Within the framework of the Theory of Planned Behavior, this healthy meaning reinforces positive attitudes and increases behavioral intentions.

This phenomenon also illustrates the shift in the culture of herbal medicine consumption from a traditional heritage to an expression of self-identity and a modern lifestyle.

(5) Values of Modernity, Tradition, and Self-Identity

Kiranti is perceived as a modern representation of traditional herbal medicine, maintaining its cultural roots but presenting it in a hygienic, feminine, and modern form. The following are excerpts from interviews with six informants:

"Kiranti is a modern version of herbal medicine, still natural but more modern." (BL)

"I feel proud to drink an Indonesian product that can compete with foreign drinks." (SD)

"Kiranti is part of my lifestyle, like a symbol of an active woman who cares about her body." (UM)

"Kiranti has made herbal medicine no longer considered old-fashioned. Now it's actually cool." (JL)

"Traditional values are still felt, but packaged in a modern way. I think that's a form of cultural adaptation." (AA)

"I feel Kiranti has elevated herbal medicine to a more modern level, making it suitable for modern women." (CS)

The emerging values demonstrate that Kiranti serves not only as a health drink but also as a new cultural symbol for urban women. This product represents a paradigm shift in herbal medicine from tradition to a modern lifestyle, while still maintaining its roots in Indonesian identity. This phenomenon aligns with Peter & Olson's (2008) theory that consumption behavior also reflects cultural values and social symbols. In this context, Kiranti becomes a medium for shaping the identity of modern, active urban women who still respect tradition.

The interrelationships between themes in this study demonstrate a close integration between attitudes, subjective norms, and perceived behavioral control (PBC), as explained in the Theory of Planned Behavior (TPB) framework. These three components mutually influence each other in shaping the intention

and actual behavior of consuming modern herbal medicine like Kiranti. A positive attitude toward the product, social support from the community, and high perceived control over access and ease of use collectively generate strong intentions, which ultimately drive actual consumption behavior. One informant expressed a positive attitude due to the product's modern image, support from the gym community, and easy access, leading to a regular consumption habit. Furthermore, the holistic understanding of the meaning of "healthy" and the construction of self-identity as a health-conscious individual act as mediators that strengthen the relationship between attitudes, norms, and PBC on intentions. When Kiranti consumption is perceived as relevant to one's identity and personal views on health, the intention to consume becomes stronger and more resilient to the influence of negative norms. Conversely, the emergence of value conflicts related to perceptions of "traditional authenticity" can create ambivalence that weakens the influence of positive attitudes when surrounding social norms are negative. Therefore, communication and marketing strategies that can alleviate ambivalence by affirming evidence of the product's quality, safety, and natural ingredients are important to strengthen the link between intention and actual consumption behavior.

CONCLUSIONS AND RECOMMENDATIONS

This study shows that urban women's decisions to consume Kiranti are influenced by three main components of the Theory of Planned Behavior (TPB): attitudes, subjective norms, and perceived behavioral control. Urban women have a positive attitude toward Kiranti due to its health benefits, delicious taste, and convenient packaging, although there is still ambivalence between traditional and modern values. Social support from family and a healthy community also encourages consumption, while some environments still view jamu as old-fashioned. High perceptions of behavioral control, due to the product's easy access and safety, also strengthen the intention to consume regularly. In addition, the meaning of "healthy" for urban women is understood holistically, encompassing physical, emotional, and self-image, so that Kiranti is perceived as a symbol of the combination of tradition and a modern lifestyle. This study recommends that Kiranti producers strengthen the image of modern jamu that remains natural, the government increases education and standardization of jamu products, and the community makes jamu consumption a sustainable healthy lifestyle without abandoning cultural values.

ADVANCED RESEARCH

Future researchers are advised to use a mixed-methods approach for more comprehensive and measurable results. Researchers can conduct comparative studies between modern and traditional herbal medicine, as well as cross-regional and cross-generational research to examine differences in meaning and consumption behavior. Furthermore, longitudinal research is needed to understand the formation and sustainability of modern herbal medicine consumption habits. Therefore, future research is expected to strengthen these findings and expand the theoretical and practical contributions to the study of herbal medicine consumer behavior in Indonesia.

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