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Belonging and beliefs: how social influences drive the intention to purchase foods with health claims

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Abstract

Purpose – This study examines how social influences (need to belong and fear of missing out) and the perceived credibility of health claims affect the intention to purchase foods with health claims.
Design/methodology/approach – Data were obtained from a web-based survey of 844 Spaniards aged 25 years and older, with sex and age quotas. Real product images with health claims contextualized the purchase intention questions, aiding respondents who often struggle to differentiate health from promotional claims.
Findings – Both personal and social dimensions of fear of missing out (FoMO) influence the desire to belong to a healthy group. The intention to purchase food with health claims is also positively associated with the desire to belong. The results reflect the importance of FoMO and the need to belong in enhancing consumers' tendency to purchase products with health claims. The results also reflect the importance of purchase intention in making health claims perceived as credible.
Originality/value – This study integrates individual aspects (belief in the credibility of health claims) with social aspects (belonging and FoMO) to analyze the intention to purchase foods with health claims. Using authentic product images to aid consumer comprehension adds an innovative dimension, addressing a gap in consumer behavior research.

Keywords Credibility, Purchase intention, Consumer behavior, Health claim, Belonging, FoMO
Paper type Research paper

1. Introduction

The consumption of food claiming to be healthy has increased in recent decades in Western societies, along with increased awareness of healthier eating habits (Khanna, 2022). The wide availability of healthy options in retail and the promotion of active lifestyles further support this shift. Central to healthier eating habits are health claims (HCs), which play a pivotal role in influencing consumer behavior at the point of sale (Steinhauser *et al.*, 2019a; Van Buul and Brouns, 2015). HCs, as a part of food labeling, play a crucial role just before consumers add the food to their shopping cart. Procter & Gamble's "first moment of truth" highlights this critical juncture. Thus, HCs are the last chance for companies to assure consumers of the healthy nature of their products, thereby influencing their perceptions and choices (Ballco and Magistris, 2019).

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While choosing healthy foods may seem rooted in individual decision-making, it is significantly influenced by social contexts and norms (Cruwys *et al.*, 2015; Jeong and Lee, 2021). The consideration of social influences is based on the fact that the desire to consume healthy foods creates an affinity among individuals with the same desire (Reddy and Van Dam, 2020), who can be considered a reference to follow. Moreover, this affinity gives individuals an identifiable lifestyle and history and a specific way of viewing the world (e.g., the Slow Food movement, Healthy Food America, and other groups on social media). Moreover, as food companies are very innovative in healthy products, consumers' choices of these products are intrinsically linked to the need for credible information on such products (Wills *et al.*, 2012). Thus, consumers' desire reliable information about their health effects, and HCs deliver that message. This desire is directly related to purchase intention, as informed individuals are more likely to purchase food they consider beneficial to their well-being (Ali *et al.*, 2018). In addition, this purchase intention is influenced by the need to identify with other individuals/groups that consume healthy foods (Good and Hyman, 2020). Furthermore, the desire to self-identify as a community member with positive eating habits reinforces conscious consumption behavior, motivating healthy eating as a symbol of identity, belonging to a healthy group, and seeking social acceptance. However, this need for identification in a highly innovative and changing environment can lead consumers to fear not being up to date with new healthy products or changes in their nutritional properties. This tendency, known as "fear of missing out" (FoMO) (Alabri, 2022), has been expressed as a negative psychological phenomenon that manifests itself through anxiety and chronic dissatisfaction, interferes with quality of life and psychological well-being, and negatively affects interpersonal relationships (Dadiotis and Roussos, 2024). In fact, FoMO implies a state of anxiety generated by the fear of missing out on positive experiences or because of the desire to belong and the feeling of not wanting to miss out on having or enjoying what other influential people have or enjoy (Gupta and Sharma, 2021). However, the influence of the desire to belong on purchase intention for foods with HCs remains unknown. In reviews on factors influencing purchase intention in retail stores (Castro *et al.*, 2018; Massey *et al.*, 2018), HCs did not appear as drivers of purchase intention, nor did they include the desire to belong and FoMO as possible determinants of purchase intention. In addition, the effect of FoMO in the healthy eating domain has been studied a little (Reisenwith and Fowler, 2023). Therefore, this study explores the impact of Fear of Missing Out (FoMO) on the purchase intentions of products featuring health claims (HCs), taking into account individuals' social need to belong to the community of health-conscious consumers. Additionally, it investigates how the credibility of HCs directly influences purchase intentions and how this relationship may be mediated by the consumers' desire to belong.

2. Conceptual framework and hypotheses

2.1 Social identity theory and healthy eating

Food is a central part of an individual's identity (Burt, 2022) and shapes it from cultural and personal perspectives. On the one hand, food practices are integral to the maintenance of cultural identity, especially in multicultural societies (Reddy and Van Dam, 2020). On the other hand, food choices are expressions of personal identity, influenced by lifestyle and social affiliations (Nezlek and Forestell, 2020). Therefore, healthy eating habits and preferences may reflect and shape individuals' identities and beliefs. Thus, individuals may adopt healthy eating habits based on their expectations of how they identify with other individuals or their reference groups, although social comparison reduces the sense of belonging (Derricks *et al.*, 2021).

In this context, social identity theory can offer a reasonable basis for explaining individuals' preferences for healthy eating (Bartels and Onwezen, 2013). Following this theory, the association between individuals' desires and the need to identify with a specific

reference group can explain preferences for healthy food attributes (Stead *et al.*, 2011). Thus, this theory suggests that individuals classify themselves into groups based on cultural, linguistic, and other similarities, including personal preferences and attitudes (Tajfel and Turner, 1979). This classification helps individuals define their identity concerning the groups to which they belong, reinforces them socially, and influences their behaviors, attitudes, and perceptions (Abrams and Hogg, 2001). This theory has been used to explain healthy eating preferences and behavior. For example, Strachan and Brawley (2008) found that people who strongly identify as healthy eaters tend to react more intensely when that identity is challenged; Robinson *et al.* (2013) concluded that the social context, which can inform nutritional interventions, influences healthy eating behavior, and De Hoog and Pat-El (2024) that social identities are positively associated with healthy food choices.

2.2 Sense of belonging and healthy eating

As suggested by social identity theory, it is essential to consider the individual's sense of identity intimately related to belonging within a group. This belonging is a primary motivation related to the need for social connections to develop an identity (Leary and Cox, 2008). Definitions typically follow a highly applied approach when referring to these groups. Thus, Baumeister and Leary (1995) interpreted belonging as the propensity to form bonds with other people or groups. This propensity has two basic characteristics: the need for positive interactions (or at least non-conflictive interactions) and the perception of a stable and continuous bond. For these authors, this perception is crucial in belonging and goes beyond mere affiliation. Consequently, belonging can be a feeling and conscious decision aimed at a goal (Blackhart *et al.*, 2011). Much of the literature contains studies on belonging to specific social groups (e.g. migrants, Indigenous people and people with disabilities) and food (Reddy and Van Dam, 2020). In summary, a sense of belonging is decisive in several aspects of healthy eating habits. For example, a strong sense of community-belonging is positively associated with healthy eating habits (Hystad and Carpiano, 2010) and better social and psychological functioning, including greater commitment to healthy behaviors (Hagerty *et al.*, 1996). A strong association between feelings of belonging and healthy eating has been reported for specific groups (e.g., older people or individuals with bicultural identity) (Seppänen *et al.*, 2019).

2.3 Sense of belonging and fear of missing out (FoMO)

The sense of belonging is a protective factor for individuals on a personal and social level (Allen *et al.*, 2022). In fact, a low sense of belonging has been related to personal problems (stress, anxiety) and social problems (feelings of loneliness). One of its harmful effects is the phenomenon known as FoMO (Alabri, 2022), which occurs when a strong desire to belong to a group is combined with a feeling of fear of losing or not enjoying what other influential people in the group have or enjoy (Gupta and Sharma, 2021). In this regard, Przybylski *et al.* (2013) defined FoMO as "a pervasive uneasiness that others might be having rewarding experiences from which one is absent" (p. 1841). Subsequently, Zhang *et al.* (2020) considered it as an experience "that can help an individual maintain or enhance her/his private and/or social self" (p. 1622). In sum, FoMO can be understood as a negative feeling derived from not wanting to miss an opportunity, experience, event, or status and the subsequent response regarding interactions with others.

As a psychological issue, FoMO influences physical and mental well-being, social functioning, and personal outcomes (Gupta and Sharma, 2021). FoMO significantly affects food consumption attitudes and behaviors (Hartini and Mardhiyah, 2023), often leading to unhealthy eating patterns driven by social influences. Similarly, FoMO can amplify peer influence on eating habits, pushing individuals to conform to group eating behaviors, which may not be healthy (Milyavskaya *et al.*, 2018). However, FoMO may positively affect young people's motivation in their academic lives (Nursodiq *et al.*, 2020), and, in certain circumstances, it can lead to better social connectedness (Roberts and David, 2020).

Many studies have focused on FoMO in youths and their interaction with social media (Abel *et al.*, 2016). However, Barry and Wong (2020) challenged its generational nature, affirming that it arises at all ages and suggesting, in line with Balta *et al.* (2020) and Zhang *et al.* (2020), that FoMO is more of an individual characteristic than the behavior of specific population cohorts. The latter authors pointed out that FoMO is a two-dimensional construct in which personal and social dimensions can be identified (Reisenwitz and Fowler, 2023). The personal dimension relates to individuals' internal dissatisfaction when they think they are missing out on opportunities or events. People with FoMO tend to compare themselves to others, which can lead to frustration if they believe they are not achieving what others are. The social dimension refers to how interactions and relationships with others influence this fear. In this context, FoMO arises from the desire to belong to a community. Social networks, whether digital platforms or groups of colleagues and friends, amplify this dimension by sharing others' experiences (Jamil *et al.*, 2023), reinforcing the individual's fear of not being part of those moments.

As personal FoMO increases, so does the need to stay informed and participate in what others do, reinforcing the social FoMO. This is because feeling "out of the loop" generates greater dependence on social aspects to validate social belonging. Thus, the personal dimension, marked by internal dissatisfaction, influences the social dimension, increasing participation in interactions to mitigate personal FoMO (Przybylski *et al.*, 2013). The strong association between these two dimensions, coupled with the fact that FoMO is a psychological phenomenon, leads to the following hypothesis:

H1. The personal dimension of FoMO influences the social dimension of FoMO.

2.4 Health claims

HCs are complex to define and arrange into a typology (Hawkes and World Health Organization, 2004), and nutrition claims sometimes overlap (Hodgkins *et al.*, 2019). An HC is any message (text, picture, graph, or symbol) that indicates a relationship between consuming a particular food and lowering the risk of health problems (FDA, 2018) or enhancing growth and development. In some countries, HCs are governed by special regulations, and the requirements for their approval and use can differ across countries (Kušar *et al.*, 2021). They serve three purposes: (1) to highlight the link between consuming a given food and achieving health benefits, (2) to create commercial differentiation concerning other foods that do not make such claims, and (3) to increase the propensity to purchase.

From a consumer point of view, HCs can offer correct information about whether a product is healthy. However, many consumers do not understand HCs and can obtain risky and biased conclusions about the information provided by HCs (Hodgkins *et al.*, 2019). Even in this case, these authors maintained that HCs could correctly guide individuals when searching for certain nutrients or health benefits. For their part, companies use HCs as an additional (and frequently used) element of their marketing strategy because they increase prices, make advertising easier, improve attention at the point of sale, and increase the tendency to purchase (Steinhauser *et al.*, 2019b). Thus, individuals desire to eat healthily (Wiley, 2019), and HCs offer messages that can be useful to enhance their willingness to purchase, leading to a preference for specific brands and creating a perception of quality (Dean *et al.*, 2012).

HCs have communication-related attributes such as credibility, comprehension, focus, and persuasiveness. Some countries require companies to prove that their HCs are truthful. For example, in all European Union countries, a food company can use HC if the average consumer can understand it and the HC is supported by scientific literature (European Parliament and Council of the European Union, 2007). Whether officially recognized or otherwise, truthfulness affects individuals' perceptions (Tarabella and Burchi, 2012) and purchase intention.

2.5 Tendency to purchase depending on the need to belong (BEL)

FoMO can influence people's tendency to buy products that connect them, such as clothing or entertainment. Many buy these products to keep up with the latest trends (e.g., new models of

clothing or new updates or expansions in video games). In the case of food, a connection with the reference group in how a meal is prepared or in new foods appearing on the market. Food and its presentations may provide a sense of belonging and connection to some community or cultural identity (Reddy and Van Dam, 2020). However, it is also possible that individuals will feel they are missing out if they do not have the latest food, which may lead them to develop a purchase intention. The proliferation of social media has exacerbated this phenomenon, as individuals have more access to what other individuals buy or consume. In similar areas, Verbeke *et al.* (2009) found that people who bought products with HCs view them as more trustworthy and express a greater tendency to purchase them again. Meanwhile, Konuk (2019) found that the fair-trade label influences individuals' willingness to buy. Based on these arguments, we propose the following hypotheses:

H2a. The personal dimension of FoMO influences BEL.

H2b. The social dimension of FoMO influences BEL.

There appears to be no literature analyzing the relationship between HC credibility and the tendency to buy foods with HCs while considering the desire to belong to the healthy people group. However, it is known that the sense of belonging significantly influences health and well-being (Raman, 2014). Moreover, it is also known that credible HCs reinforce the sense of belonging to groups that seek physical well-being and health. Therefore, we propose the following hypothesis:

H2c. HC credibility influences BEL.

As H2a and H2c show, we expect that the credibility of food marketing influences HC credibility, and this HC credibility influences BEL. The inclusion and use of HCs in products depends on the companies' commercial policy. Thus, companies use HCs to add value to products (Bimbo, 2017) that engage consumers through more credible products' intrinsic attributes. Therefore, it is possible to consider that the credibility of the HC highlights the influence that credible food marketing can exert on BEL. It is well known that credible HCs reinforce the desire for a sense of belonging in groups that seek well-being and health through food (Raman, 2014). Hence, we posit a novel relationship between credible food marketing and BEL perception.

H2d. The perception of credible food marketing influences BEL mediated by HC credibility.

2.6 Purchase intention for foods with HCs

In general, purchase intention is the individual's tendency to buy a product. This tendency can be "soft," referring to an interest, general disposition, or a mere possibility of purchasing (Dodds *et al.*, 1991). It can also be understood as "hard" when there is an agreement to purchase a product in the future (Spears and Singh, 2004). In this way, a generic purchase intention refers to a conscious assessment of the subjective probability of purchasing a product with specific attributes (in our present case, with HCs). It is a crucial phenomenon of the consumer decision process, understood as the best proxy for behavior, and it has been widely used in marketing literature and business decisions. As a general non-enduring trend, BEL may be related to consumers' intentions to purchase specific foods with HCs. To the best of our knowledge, there is no literature addressing this relationship in the case of food (with or without HCs), although there are examples that deal with other types of products. For instance, Van Ittersum (2001) found a significant relationship between BEL and the intention to buy regional products. Bilal *et al.* (2021) also found a relationship between a sense of belonging and purchase intention in the case of online shopping.

The credibility of a claim can also influence the purchase intention. Lee (2014) reported the existence of this influence, which is strongly mediated by attitudes toward a brand if known by

an individual (but is not mediated if the brand is unfamiliar). Jäger and Weber (2020) found that message credibility mediates the relationship between the arguments in advertising organic food and purchase intention. Based on these arguments, we propose the following hypotheses:

H3a. BEL influences purchase intention.

H3b. HC credibility influences purchase intention.

In general, the intention to purchase healthy food is high if individuals feel that they may miss out on the opportunity to enjoy it or if they feel that they do not enjoy the benefits it brings to others. For this situation to occur, healthy food must have an acceptable price, or its benefit must be trusted, among other conditions (Imtiyaz *et al.*, 2021). Therefore, the following hypothesis posits that the personal and social dimensions of FoMO influence purchase intention, with BEL acting as the mediating variable:

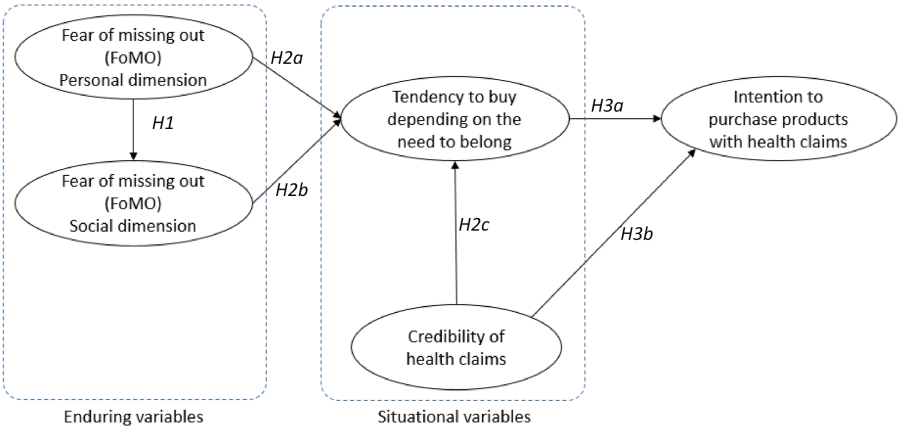
H3c. FoMO indirectly and positively influences purchase intention.

The above hypotheses are summarized in Figure 1, which shows the pivotal difference between enduring and situational variables. Thus, FoMO (personal and social dimensions) is an enduring factor inherent to consumers, providing a stable basis for understanding their behavior. In contrast, situational variables (BEL and HC credibility) are more transitory and influenced by circumstances such as time, type of product, or social context. These variables capture consumers' decision-making and show purchase choices in specific situations.

3. Material and methods

3.1 Participants

Participants were 1,030 residents of Spain, aged 25 years or older, located across 44 of the 50 Spanish provinces. We discarded 105 incomplete questionnaires and 81 outliers (after applying the significance criterion of $p < 0.001$ for the Mahalanobis distance), leaving an effective sample of 844 people. The sample profiles are listed in Table 1. Regarding possible bias in the rate of university education (51.3%), approximately 41% of Spaniards have a university education. To check whether this 10.3% point difference could generate significant



Note(s): For clarity, indirect relationships are not shown
Source(s): Authors' own work

Figure 1. Theoretical framework

Table 1. Sample characteristics ($n = 844$)

Variables		*n* (%)
Gender	Men	398 (47.2)
	Women	446 (52.8)
Age	25–40 years old	378 (44.8)
	41–60 years old	371 (44.0)
	Over 60 years old	95 (11.3)
Education	Primary education	51 (6.0)
	Compulsory secondary education	92 (10.9)
	Upper secondary education	268 (31.8)
	University	433 (51.3)

Source(s): Authors' own work

biases, we analyzed all variables based on bootstrapping 10,000 samples for corrected and accelerated CI (BCa) with stratified sampling, using the education variable as a stratum. The results showed that the bias was zero for the mean of all variables and was less than 0.005 for each standard deviation. We, therefore, concluded that this difference did not generate biases in the results.

3.2 Procedure

We used a web survey to gather data from participants. For fieldwork (which was conducted for one month), we selected recruiters whose task was to contact potential participants. These recruiters contacted people aged 25 years and over who were regular food shoppers and had no eating problems. Each recruiter followed age and sex quotas, which were required to maintain a minimum number of responses per stratum, thus minimizing age and sex bias. Additionally, for each recruiter, participants were required to reside in a municipality different from the recruiter's residence to minimize the possibility of recruiters contacting relatives or friends within their community. This requirement also prevented the restriction of the sample to a small geographical area, which often occurs with nonrandom sampling. We followed this criterion, as Vehovar *et al.* (2016) suggested, reducing non-coverage bias. Regarding the fieldwork, recruiters contacted potential participants using social networks (WhatsApp, Facebook, Telegram, X -formerly Twitter- and Snapchat). On Facebook, recruiters wrote invitations on their walls and open-group walls. The invitation was forwarded to people who were not relatives of the recruiter for WhatsApp. For other social networks, recruiters asked people to invite other groups.

By ethical standards, the invitation sent to potential participants included information about the study aim, age requirement, voluntary nature of participation, and link to the online questionnaire. Recruiters said participation was anonymous, and there was no financial incentive to participate. Before fieldwork, the Research Integrity and Ethics Committee of the corresponding author's university approved the study (ref. DEE.FSS.02.21). The data are available at https://doi.org/10.5281/zenodo.14259065.

3.2.1 Questionnaire. The questionnaire had four blocks. The first was the informed consent, requiring respondents to agree to participate before proceeding. The second block focused on measuring the intention to purchase food with the HCs. To answer these questions, participants had to know what the HC was. In this pre-test, almost half of the pilot sample did not differentiate HCs from promotional claims. This confusion, also reported in the literature (Williams, 2005), forced us to introduce images showing products with HCs, clearly highlighting these HCs. We chose images instead of text because they are easier to understand, process, and retain. Both the market research industry (DeFranzo, 2020) and academic literature (Reynolds-Keefer and Johnson, 2011) indicate that interviewees prefer surveys where the content is short and visual.

In the second block, we asked the participants to examine the images to avoid quick glances without paying attention. The HCs showed were two: a hamburger with the claim "Light beef. Reduced total fat," and a packet of oat cookies with the claim "Helps lower cholesterol 100% naturally. Supported by the Spanish Heart Foundation," and a bottle of ketchup with the claim "Less sugar and salt" on the label. All images were extracted from actual products, and we eliminated any reference to the company, brand, or logo to minimize the influence of brand equity.

The questionnaire then included a battery of questions based on the HC in the images. The process followed to select the images, and the proper images are available from the corresponding author upon request. In the third block, we indicated that the respondents' answers should express their thoughts and feelings without considering the previous questions. Finally, the fourth block included demographics (gender, age group, and educational level) and the item "I don't care much about my health," which respondents answered on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Finally, we pre-tested the questionnaire with undergraduate students and people aged 60–75 years. In this pretest, we analyzed respondents' comprehension and wording of items, the maximum and minimum response times, and the questionnaire flow. We also checked whether the images had an acceptable resolution when displayed on different monitors and the most common smartphones.

3.3 Measures

To measure FoMO, we used the scale of Zhang *et al.* (2020). which includes two dimensions: the personal dimension (FoMO-Personal) with five items and the social dimension (FoMO-Social) with four items, both presented on a 7-point Likert scale. Similarly, to assess the credibility of health claims (CHC), we employed the attitudes toward nutritional information scale from Marietta *et al.* (1999), adapted by simplifying the wording and replacing "nutritional information" with "claim." This scale was also presented on a 7-point Likert scale for consistency across instruments. The items included statements such as "The information in the health claims is useful" (CHC1), "The information is accurate and correct" (CHC2), "These claims are truthful" (CHC3), "The health claims are true" (CHC4), and "The information is easy to understand" (CHC5). Additionally, to measure the tendency to purchase based on the need to belong (BEL), we adapted the scale from Oberst *et al.* (2017). Items like "I tend to choose foods that improve my health to feel part of the healthy consumer group" (BEL1), "I tend to choose healthy products to share the values of those who buy them" (BEL2), and "I tend to buy healthy foods to feel that I connect with the values of other consumers" (BEL3) were evaluated on the same 7-point Likert scale, ranging from 1 (*mostly disagree*) to 7 (*mostly agree*). Finally, the intention to buy food products with health claims (INT) was measured using the scale proposed by Kozup *et al.* (2003), with items such as "Would you buy these products just because of the health claims they make?" (INT1), "If they did not make these health claims, would you be interested in buying them?" (INT2), and "How likely are you to consider buying ONLY foods because of their health claims?" (INT3), all scored on a 7-point scale from 1 (*definitely not*) to 7 (*definitely*).

3.4 Choice of food images with HCs

We applied the following procedure to select food products with HCs for the questionnaire. First, 63 undergraduate students listed packaged and widely consumed foods. The most cited were sliced bread, cookies, sweets, ready-made pizzas, ketchup, hamburgers, tinned tuna, sugary drinks (soft and energy drinks), and snacks. Only twenty participants mentioned fresh foods like vegetables, fruits, fish, and chicken, typically packaged in blisters. None recalled HCs in the blisters of these fresh foods. Second, the authors chose the three most cited foods: cookies, hamburgers, and ketchup. The selected food included in the questionnaire met two conditions. First, they lacked the terms "bio," "eco," "organic," "vegan," or "integral" (as these do not represent direct HCs). Second, the textual HCs were not linked to nutritional information and were on the packaging.

4. Results

4.1 Measurement model

An initial analysis with all items of all variables identified a convergence problem with the INT2 item due to their low factor loadings. After discarding this item, the adequacy of the measurement model was confirmed. Because the sample was non-random and Mardias's normalized estimate was 28.83 > 5, robust estimators were used. The test of model fit was significant (Satorra-Bentler scaled Chi-square = 502.51, degrees of freedom = 125, $p < 0.001$), with a relative chi-square of 4.02 < 5. The fit indices were good: Bentler-Bonett Normed Fit Index = 0.95, Comparative Fit Index = 0.96, Root Mean-Square Error of Approximation (RMSEA) = 0.060, and 90% CI of RMSEA (0.054, 0.065). We also assessed convergent and discriminant validity. For the first one, we used the statistical significance of the *t*-values corresponding to the factor loading of each item (all significant) and the standardized factor loadings (all positive and greater than 0.70). We tested for discriminant validity using the Fornell-Larcker criterion and found it was satisfactory. Finally, we calculated the composite reliability indicators and found that all were greater than 0.75. Therefore, the results show that the measurement model is suitable for applying a structural relationship model. Table 2 shows all measurement results.

4.2 Results of the hypothesis testing

Table 3 presents the results for the hypotheses, which may be accepted.

Table 2. Descriptives, reliability, convergent, and discriminant validity of the measuring instruments

Variable	Mean	SD	FL (*t*-value)	CR	AVE	Correlations F2	F3	F4	F5
(F1) FoMO-Personal	3.81	1.53		0.91	0.68 (0.82)	0.44	0.35	0.15	0.17
FoMO-P1			0.83 (34.46)						
FoMO-P2			0.82 (33.47)						
FoMO-P3			0.84 (36.92)						
FoMO-P4			0.83 (35.36)						
FoMO-P5			0.79 (33.55)						
(F2) FoMO-Social	1.90	1.16		0.93	0.82 (0.91)	1.00	0.61	0.19	0.17
FoMO-S2			0.83 (7.95)						
FoMO-S3			0.92 (9.90)						
FoMO-S4			0.96 (10.13)						
(F3) BEL	2.18	1.30		0.89	0.72 (0.85)		1.00	0.24	0.27
BEL1			0.81 (5.39)						
BEL2			0.88 (4.88)						
BEL3			0.86 (5.41)						
(F4) CHC	3.20	1.32		0.90	0.69 (0.83)			1.00	0.56
CHC1			0.76 (34.27)						
CHC2			0.81 (35.40)						
CHC3			0.88 (34.20)						
CHC4			0.87 (15.86)						
(F5) INT	3.47	1.52		0.78	0.64 (0.80)				1.00
INT1			0.85 (6.76)						
INT3			0.75 (7.62)						

Note(s): SD, Standard deviation; FL, factor loading; CR, Composite reliability
AVE, Average Variance Extracted
The square root of the AVE is shown under each AVE value
INT, Intention to purchase products with health claims; BEL, Tendency to purchase based on the need to belong; CHC, Credibility of health claims; INT, Intention to purchase
Source(s): Authors' own work

Table 3. Direct effects (standardized solution)

Structural relation	β	rSE	*t*-value	R^2	Verification
H1: FoMO-Personal → FoMO-Social	0.47	0.15	5.04	0.22	*Supported*
H2a: FoMO-Personal → BEL	0.09	0.10	2.58	0.45	*Supported*
H2b: FoMO-Social → BEL	0.62	0.03	10.38		*Supported*
H2c: CHC → BEL	0.07	0.09	2.28		*Supported*
H3a: BEL → INT	0.59	0.07	5.75	0.42	*Supported*
H3b: CHC → INT	0.21	0.24	14.00		*Supported*

Note(s): BEL, Tendency to purchase based on the need to belong
CHC, Credibility of health claims; INT, Intention to purchase
All *t*-values are significant at $p < 0.005$; β, Standard coefficient
rSE, Robust standard error; *t*, *t* robust test; R^2, Coefficient of determination
Source(s): Authors' own work

First, the personal dimension of FoMO (FoMO-Personal) influences the social dimension of FoMO (FoMO-Social; H1). The coefficient of determination ($R^2 = 0.22$) for FoMO-Social as the dependent variable is high. These two dimensions correlate ($r = 0.44$, Cohen's $d = 0.98$), which is lower than the value of $r = 0.60$ reported by Zhang *et al.* (2020). Second, both dimensions of FoMO (H2a and H2b) and the credibility of the HC (H2c) influence the tendency to purchase based on a need to belong (BEL). For this case, the proportion of variation for BEL is $R^2 = 0.46$, which is quite high for the consumer behavior area. Finally, consumers' connectivity with other individuals with healthy purchasing behaviors (H3a) and credibility in HCs (H3b) affect the intention to purchase food products with HCs. The model explains 43% of this purchase intention. Moreover, all indirect effects are significant because both dimensions of FoMO affect purchase intention (H3c). Thus, form FoMO-Personal: $\beta = 0.06$, rSE = 0.05, $t = 3.079$, $p < 0.01$; and for FoMO-Social: $\beta = 0.09$, rSE = 0.04, $t = 3.68$, $p < 0.001$.

5. Discussion

5.1 Theoretical conclusions and implications

Social Identity Theory applied to consumer behavior suggests that identification with social groups influences perceptions, motivations, and decisions. This theory posits that part of the self-concept stems from group membership, which drives behaviors following norms and values. A key implication is that the need for social belonging affects purchasing decisions; those who identify strongly with a health-conscious group tend to choose products that reinforce their group membership. In addition, the credibility of HCs is higher when they come from within the group. Moreover, this theory suggests that the effectiveness of a marketing strategy using HCs may depend on its ability to resonate with the values of specific social groups. Thus, HCs that emphasize shared values within health-conscious communities are likely to be more persuasive. This may also extend to the brand's perception, as consumers may evaluate the brand based on how well it represents or supports their in-group identity.

Our theoretical conclusion is that the literature emphasizes the role of personal identity and belonging to reference groups as contributing factors for healthy eating. It has also been established that a sense of belonging promotes healthy habits, whereas FoMO can negatively affect such habits. However, despite HCs (and their credibility) playing a central role in the purchasing decision, we have not detected that the literature has addressed the role of consumer self-identification and the desired belonging as drivers of the tendency to buy food with HCs. Similarly, we found no studies in the food marketing field that consider FoMO to be an influential factor in purchasing products with HCs. These gaps highlight the originality of our research and its potential contribution to understanding the food choice with HCs from a

new perspective, emphasizing identity and FoMO as significant drivers. However, our study illustrates how social drivers (FoMO and desire to belong) influence the tendency to purchase products with HCs. Positive relationships between these constructs suggest that increases in FoMO or the desire to belong lead to higher purchase intentions for products with HCs. Initially, FoMO was studied in the context of young people's social media behaviors. Recent research shows its relevance in healthy food choices, indicating broader implications (Przybylski *et al.*, 2013). FoMO extends beyond immediate events to affect long-term decisions, including diet. It intertwines with a sense of belonging and personal aspirations linked to reference groups. Marketers can leverage these insights to enhance the appeal of products with HCs by addressing consumers' social needs and aspirations, promoting a sense of inclusion and urgency.

5.2 Managerial conclusions

Social Identity theory points out that the effectiveness of CHs is influenced by their capacity to connect with the values of specific segments. Thus, the persuasiveness of CHs increases when they emphasize shared values in communities concerned about health. This also influences brand perception, as consumers evaluate the brand according to its ability to represent or support their group identity. Thus, food companies have developed consumer-targeted strategies to maximize consumers' purchase intentions based on the development of identities. Thus, companies recognize that (physical or online) point-of-sale shelves, where consumers make specific food choices, are the "first moment of truth" (Araujo, 2013) when directing shoppers toward specific choices. At this point, marketing strategies materialize, with HCs being one of the last messages individuals receive before purchasing. Our results show that the objective of increasing purchase intention for products with HCs can be achieved through strategies based on (1) the desire for belonging and identification, (2) the credibility of HCs, and (3) the use of FoMO in food communication. In the first case, as social identities and affiliations with consumer communities significantly influence decisions to purchase foods associated with healthy lifestyles, appealing to the desire to belong to (or identify with) a healthy community can lead consumers to use HCs as a way to guide the purchase decision by connecting individuals to that community. In the second case, it should be remembered that consumers perceive foods with HCs as healthier, which translates into less information-seeking effort, and HCs as more trustworthy. In addition, consumers have difficulty differentiating between nutrient content and HCs, which can lead to misunderstandings about product benefits. Therefore, food companies must ensure that their HCs are truthful because exaggerations can lead to mistrust among consumers, which reduces their purchase intention. In this sense, improving the credibility of HCs will improve consumers' willingness to buy foods with real health properties. Finally, in the third case, using FoMO in communication actions can be a tool to influence purchase intentions. Thus, a sense of urgency is triggered when advertising messages suggest that certain foods offer benefits that others could be taking advantage of. This approach appeals to the need to seize opportunities, which increases the likelihood that consumers will act quickly to avoid "falling behind" on healthy trends.

5.3 Limitations and future research lines

The first limitation may refer to the common problem of self-selection bias inherent to any survey study. In addition, the web-based survey faced reduced participation from people over 60. Although researchers may define specific participant profiles, only the participants can decide whether to participate. The sampling imbalance for this group of people was due to the significant digital gap in Spain. Older people use the Internet a little, and almost half never use it. Nevertheless, Barry and Wong (2020) reported that FoMO is not generational but independent of age. However, the limitations those authors imposed on their sample (residents aged 47 years or younger) raise questions about whether FoMO is also present in older segments. In many countries, the average age is over 40 years (Japan, most European

countries, and Canada), and older people are more interested in food with information about health attributes (Cavaliere *et al.*, 2015). This line of thinking opens a potential stream of research to test the authors' findings above for different generations (baby boomers and older, Generations X, Y, and Z) and their responses to different types of HCs. If FoMO was found to be an individual trait or generational characteristic, it could provide clues about individuals' nature and perceptual dynamics.

The second limitation may be that the products presented in the survey were unhealthy to contextualize and show the HCs. It was chosen because it is in this type of food where consumers run the most significant risk of finding exaggerated, misleading, inadequate, or false HCs. However, as HCs can appear in functional foods, dietary supplements, nutraceutical products, medical foods, and some beverages promoting health benefits, a second line of work would be to test whether the type of product influences the intention to purchase based on the HC. Finally, our study was conducted in Spain, a country with an advanced Western culture where there is a contradiction between the widespread consumption of junk food and the strong tendency to improve nutrition. Therefore, our results do not apply to other countries with other food traditions and different trends in social relations. A transnational replication of our study could provide insight into the possible generalization of the identified relationships.

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