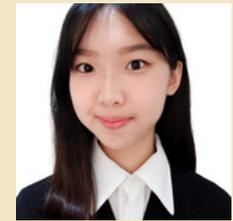


MOBILE HEALTH TO SUPPORT REDUCED-SALT FOOD CHOICE: ACCEPTANCE BY INDONESIAN LOW-INCOME CONSUMERS

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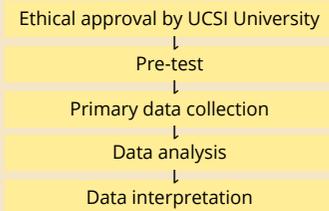


Undergraduate

INTRODUCTION

In this advanced technology era, the access to internet is reachable across all the socioeconomic classes, and the low-income population is not an exception. This study observed on whether the low-income population use internet for health-related purpose and its correlation to the acceptance of healthier food choice, in this case, reduced-salt food, in the response to a common undetected non-communicable diseases and unhealthy eating pattern among low-income population.

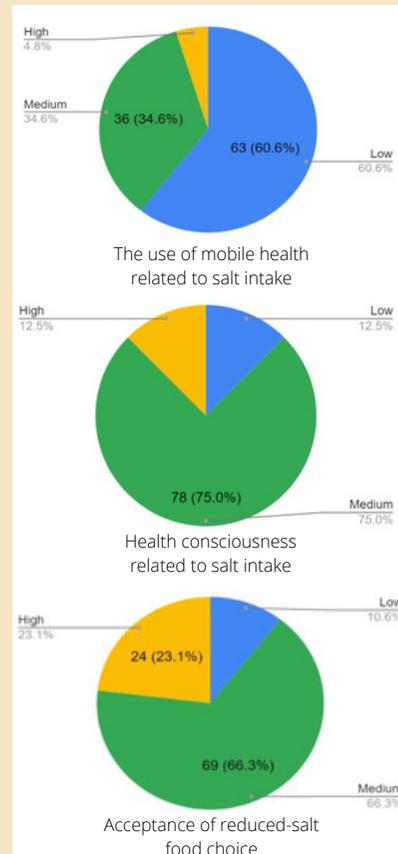
METHODOLOGY



104 respondents resides in a small housing area and a subsidised condominium in West Jakarta

The data was collected using a self-administered questionnaire consist of three sub-sections: (1) The use of mobile health related to salt food choice; (2) Health consciousness related to salt food choice; (3) Acceptance of reduced-salt food choice.

RESULT AND DISCUSSION



The use of mobile health related to salt intake among the study respondents was mostly at a low level and this may be influenced by the income status of the study respondents. A significant difference found among different level of education ($p=0.012^*$).

The majority of respondents scored at medium level. This is as anticipated since income had a positive relationship with health consciousness; individuals with high levels of health consciousness were those with high income.

This result is as anticipated since the income status was related to food neophobia; the lower income population showed a less willingness to try a new food and those with low educational background scored higher for food neophobia.

The correlation

The use of mobile health related to salt intake and acceptance of reduced-salt food choice showed a positive linear relationship ($r=0.430$, $p=0.000^*$). The correlation between mobile health use and consumer acceptance may be explained by the motivation and positive attitude of the users towards healthy eating as well as the tendency to engage in healthier eating behaviour.

Health consciousness related to salt intake and acceptance of reduced-salt food choice showed a positive linear relationship ($r=0.459$, $p=0.000^*$). A positive attitude towards nutrition among health-conscious individuals and positive relationship between health consciousness and healthy eating behaviour may be the factors to the significant correlation found between health consciousness related to salt intake and consumer acceptance of reduced-salt food choice.

CONCLUSION

Among the majority of Indonesian low-income population, the use of mobile health related to salt intake was low and meanwhile scored medium for health consciousness related to salt intake and acceptance of reduced-salt food choice. Educational level were found to be an influence in the use of mobile health related to salt intake. Both mobile health use related to salt intake and health consciousness related to salt intake were correlated with acceptance of reduced-salt food choice. This study is useful to see the behaviour of mobile health use and willingness to take reduced-salt food among Indonesian low-income population.

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