Research Paper: Determinants of Rural Tourists' Intention to Consume Local Food and Its Impact on Host Community Economic Development: Evidence from Shushtar County, Southwest Iran

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ABSTRACT

Purpose: Given the growing importance of sustainable rural tourism and the critical role of local foods in supporting the cultural identity, economic vitality, and environmental sustainability, understanding the behavioral drivers and barriers that influence tourists' local food consumption is of particular importance. Accordingly, the present study aimed to analyze the factors influencing rural tourists' intention to consume local food in Shushtar County, southwest Iran. The theoretical framework for this research was the Health Belief Model (HBM), which is widely used to explain health-related decision-making.

Methods: The statistical population consisted of all tourists visiting the rural areas of Shushtar County. Using Krejcie and Morgan's sampling formula, a total of 385 respondents were selected through simple random sampling. Data were collected through a structured questionnaire, the content validity of which was confirmed by a panel of experts, and its reliability was verified using Cronbach's alpha and composite reliability indices. Data analysis was conducted using SPSS and SmartPLS software employing both descriptive and inferential statistical techniques.

Results: The results indicated that the Health Belief Model accounted for 50.9% of the variance in tourists' intention to consume local food. Among the model's constructs, perceived susceptibility, perceived severity, perceived benefits, self-efficacy, and cues to action had positive and statistically significant influences on behavioral intention, while perceived barriers showed no significant effect.

Conclusion: This study bridges an existing theoretical gap in the field of food-based rural tourism and offers practical implications for policymakers to promote healthy eating behaviors and strengthen the economic sustainability of local communities.

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1. Introduction

Tourism, in terms of growth and economic significance, is a thriving industry in nearly all countries around the world, contributing approximately USD 8.8 trillion to the global economy in 2018, which accounted for 10.4% of the world's total GDP (Alamineh et al., 2023). This industry expanded by 3.9% in 2018—surpassing the global economic growth rate of 3.2%—and became the world's second fastest-growing sector after manufacturing (WTTC, 2020). Rural tourism, as one of the emerging branches of this sector, has demonstrated significant positive impacts on diversifying economic activities (Fami et al., 2021; Bogdan et al., 2018), preventing rural depopulation, increasing the market and cultural value of local food products (Roberts & Shea, 2017), improving the socio-economic well-being of rural residents (Muresan et al., 2017; Patterson, 2014; Harcombe, 1999), fostering entrepreneurship among local populations (Kim & Woo, 2014), enhancing rural quality of life (Lin et al., 2017), achieving sustainable development, and motivating rural youth to create new job opportunities (Jucan & Jucan, 2013).

Among the major forms of rural tourism, food-related tourism has gained growing scholarly attention. Since Belisle (1983) first introduced the relationship between food and tourism, the intersection of these two domains has become a focal point of tourism research (Ellis et al., 2018). Food tourism refers to travelers seeking culinary experiences as an integral part of their travel activities (Getz & Robinson, 2014). Local food, as a distinctive cultural and economic attraction, serves as an important driver of tourism demand and community development, having a substantial economic and symbolic impact on host destinations (Choe & Kim, 2018; Javan & Jomehpour, 2025).

From the supply-side perspective, local cuisine provides unique opportunities for diversifying tourism offerings and enhancing local economic returns (Anderson, 2018; Javan & Jomehpour, 2025), whereas from a demand-side perspective, the experience of tasting authentic local foods fosters memorable and distinctive travel experiences (Anderson, 2018; Kim et al., 2014). Consequently, regional identity, ethnic characteristics, tourists' awareness of participation, and experiential authenticity of local foods have become critical determinants of destination attractiveness (Rasoolimanesh et al., 2017). Previous studies have confirmed that food is a central element considered by tourists when traveling and choosing destinations (Ab Karim & Chi, 2010; Choe & Kim, 2018; Mak et al., 2012). Tourists consume local foods to enhance their travel experience (Choe & Kim, 2018; Vesci & Botti, 2019), gaining deeper knowledge of local and regional traditional culture, which contributes to destination image and future travel intentions (Ellis et al., 2018).

Local foods—through their reliance on indigenous ingredients, support for local supply chains, and preservation of culinary traditions—embody the authenticity and heritage values of host communities (Ellis et al., 2018; Henderson et al., 2012). Tourists frequently experience cultural diversity, social identity, and traditional heritage through culinary interactions (Song & Kim, 2021). Sampling authentic regional cuisines provides an essential lens through which visitors understand the local culture and lifestyle (Kim et al., 2021). During their travels, tourists acquire knowledge of regional culinary practices and experience dishes rarely available in their home environments. Therefore, engagement with local gastronomy represents one of the most effective ways to interpret and appreciate a destination's cultural identity (De la Barre & Brouder, 2013).

However, predicting the factors influencing tourists' attitudes and behaviors toward consuming local foods remains a persistent challenge in tourism studies. Over the past four decades, various theoretical models have been proposed, including the Theory of Reasoned Action (Han et al., 2017), the Technology Acceptance Model (Escobar-Rodríguez & Carvajal-Trujillo, 2014), and the Theory of Consumption Value of Local Food (Choe & Kim, 2018). Nonetheless, one of the most relevant yet underexplored frameworks in this field is the Health Belief Model (HBM), which has been widely applied to understand health-related and preventive behaviors but rarely extended to food consumption in tourism contexts (Tarkang & Zotor, 2015).

Local foods in Shushtar County, located in southwest Iran, represent an important component of the region's cultural and social heritage and play a significant role in enhancing tourism and the local economy. Traditional dishes such as Ash-e Ghalghal, Shooshtari oily bread (Nan-e Charb), Ab-Piazi, and date-based cookies not only reflect the area's culinary heritage and aesthetic preferences but also symbolize intergenerational continuity of traditional practices. Studies in rural tourism have shown that experiencing local cuisine is one of the primary motivations for tourists visiting traditional destinations such as Shushtar. The unique flavors, use of natural ingredients, and traditional cooking methods create

memorable experiences for visitors. Moreover, the presence of local restaurants, local markets, and eco-lodges serving traditional foods provides employment and income opportunities for residents, thereby contributing to the county's economic vitality (Hematian et al., 2022).

To address the theoretical gap regarding the behavioral mechanisms underlying tourists' local food consumption, this study employs the Health Belief Model as its theoretical framework. As one of the most recognized psychological models in health-related behavior research, the HBM posits that individuals' actions are influenced by their perceptions of susceptibility and severity of health risks, perceived benefits and barriers, self-efficacy, and cues to action. Applying this model to food tourism enables a more precise analysis of factors such as perceived benefits of local foods, psychological barriers, individual capacity for informed choice, and environmental triggers. Consequently, it allows for a comprehensive understanding of tourists' intentions to consume local foods. The use of this theoretical framework not only enriches the scientific foundation of the research but also provides practical insights for promoting food tourism and fostering sustainable rural development.

2. Literature Review

The Health Belief Model (HBM) was introduced by Hochbaum and Rosenstock in 1950 (Raheli et al., 2020) and is considered one of the oldest and most widely used models in health psychology. It represents one of the earliest comprehensive attempts to explain health-related behavior based on value–expectancy principles (Jeong & Ham, 2018). The model focuses on changes in individual cognitive beliefs, assuming that altering personal beliefs leads to modifications in behavioral patterns (Yazdanpanah et al., 2015). Overall, empirical research has demonstrated that the HBM is one of the most effective theoretical frameworks for explaining and predicting preventive behaviors in response to perceived risks (Martin et al., 2010).

According to this model, individuals are more likely to adopt health-promoting behaviors when they are motivated to maintain well-being and perceive that such actions will enhance or protect their health (Rezaei & Mianaji, 2019). Health education, therefore, plays a critical role in raising awareness, shaping perceptions, and creating motivation for behavioral change (Hanson & Benedict, 2002). Researchers argue that motivation is a key foundation for initiating health-related behaviors—such as adopting appropriate agricultural practices (Groenewold et al., 2012). The model assumes that an individual engages in a health-related action if they believe that acting (e.g., consuming local food) will protect them from illness or negative consequences (e.g., overconsumption of industrial or fast foods). In this sense, the individual develops a positive expectation that following the recommended behavior will help them avoid disease and achieve desirable outcomes (Sheppard & Thomas, 2020).

The Health Belief Model emphasizes two fundamental cognitive dimensions: perceived threat, which reflects one's understanding of a potential health or behavioral issue, and behavioral evaluation, which involves balancing the perceived benefits and perceived barriers associated with a given action (Vassallo et al., 2009; Yazdanpanah et al., 2015). Perceived threat consists of two subcomponents, perceived susceptibility and perceived severity, which together represent an individual's subjective assessment of risk in a harmful situation (Huang et al., 2020; Sheppard & Thomas, 2020).

Perceived susceptibility reflects the degree to which individuals acknowledge a potential problem, recognize its existence, and feel personally vulnerable to its adverse consequences (Huang et al., 2020). Perceived severity, on the other hand, refers to the individual's assessment of how serious the problem is and their awareness of its potential physical, social, psychological, and economic consequences (Boazar et al., 2020).

The behavioral evaluation component incorporates perceived benefits and perceived barriers, bothe of which influence an individual's attitude toward adopting risk-reducing strategies (Boazar et al., 2020; Raheli et al., 2020). Perceived benefits represent a person's belief in the advantages gained from adopting a preventive behavior (Mirzaei et al., 2018), reflecting one's subjective perception of the usefulness or value of performing such behavior (Ejeta et al., 2016; Yazdanpanah et al., 2022). They are associated with an individual's confidence in the effectiveness of specific measures designed to reduce risks and prevent diseases (Vassallo et al., 2009).

Accordingly, the greater the perceived benefits of consuming local foods among tourists, the stronger their intention to engage in such behavior. These benefits may include gaining rich cultural experiences, learning about local lifestyles, enjoying unique flavors, and even achieving health-related advantages. When tourists believe that consuming local food is both safe and meaningful—contributing to a deeper understanding of the

destination—they are more likely to choose and enjoy such experiences.

Perceived barriers, conversely, refer to the individual's awareness of the costs, difficulties, or negative aspects associated with performing a specific behavior (Shahangian et al., 2022). Extensive research suggests that higher perceived barriers reduce the likelihood of engaging in protective or positive behaviors (Ataei et al., 2021). Typical barriers include limited knowledge, time constraints, inconvenience, or perceived difficulty in performing the behavior (Sapbamrer & Thammachai, 2020). In the context of food tourism, higher perceived barriers—such as cost, unfamiliarity, or limited access to local foods—can decrease tourists' willingness to try them. Such mental barriers may create hesitation, anxiety, or a lack of motivation, especially when local dishes require cultural or linguistic familiarity or specific preparation methods. Therefore, reducing these perceived barriers through effective education, targeted communication, and user-friendly culinary experiences can substantially increase tourists' engagement with local foods and make the process more appealing and accessible.

Beyond these four primary constructs, the HBM includes other cognitive and motivational factors that predict behavioral change, such as cues to action and self-efficacy, which serve as triggers and enablers of health-related behavior (Ataei et al., 2021; Shahangian et al., 2022; Raheli et al., 2020). Cues to action refer to internal or external stimuli that trigger individuals to undertake specific actions once they recognize a need. These cues may include media campaigns, advice from peers, or social encouragement from family and friends (Savari et al., 2021). Such triggers act as psychological reminders that accelerate decision-making, strengthen motivation, and transform awareness into behavior (Wang et al., 2018).

In the context of food tourism, cues to action can significantly influence tourists' intention to consume local foods by raising awareness and stimulating curiosity. Exposure to promotional materials, participation in cultural workshops, interaction with food experts, and observing others' positive experiences can all act as motivators, encouraging tourists to explore local cuisines. Therefore, cues to action can serve as a key strategic tool in food tourism policy and planning by increasing awareness and reducing hesitation among potential consumers.

Finally, self-efficacy refers to an individual's confidence in their ability to perform recommended behaviors and achieve desired outcomes (Savari et al., 2021; Shahangian et al., 2022). It involves one's belief in their capacity to mobilize motivation, cognitive resources, and actions necessary to accomplish a specific task. Hence, self-efficacy plays a crucial role in shaping tourists' intentions to consume local foods. When tourists believe they possess the necessary knowledge, ability, and confidence to identify, select, and consume local cuisine, they are more likely to engage in such behaviors enthusiastically. Higher levels of self-efficacy reduce uncertainty, enhance motivation, and facilitate decision-making when encountering unfamiliar food options. Consequently, strengthening tourists' self-efficacy through education, communication, and interactive experiences can serve as an effective strategy for promoting food tourism and enhancing cultural exchange between tourists and host communities.

Based on the Health Belief Model, the following hypotheses are proposed:

H1. Perceived susceptibility has a positive and significant effect on tourists' intention to consume local food.

H2. Perceived severity has a positive and significant effect on tourists' intention to consume local food.
H3. Perceived benefits have a positive and significant effect on tourists' intention to consume local food.
H4. Perceived barriers have a negative and significant effect on tourists' intention to consume local food.

H5. Perceived self-efficacy has a positive and significant effect on tourists' intention to consume local food.

H6. Cues to action have a positive and significant effect on tourists' intention to consume local food.

3. Methodology

Study Area

This study was conducted in Shushtar County, located in Khuzestan Province, southwest Iran (Figure 2). Shushtar, with an area of 2,436 square kilometers, lies in the northern part of Khuzestan Province between 48°35′ to 49°12′ east longitude and 31°36′ to 32°26′ north latitude. The city is renowned for its remarkable historical and hydraulic structures, including the Band-e Mizan, Kolah Farangi Tower, Gargar River, Gargar Bridge, the complex of waterfalls and watermills, Ayar Tower Dam, the Mandaeans' Temple, Khoda Afarin Dam, Salasel Castle, Dariun Canal, Shadervan Bridge, Band-e Khak, Lashkar Bridge, Shah Ali Bridge, and Sharabdar Dam—all of which have been inscribed on the UNESCO World

Heritage List under registration number 1315. Shushtar is widely recognized as one of Iran's most ancient and culturally significant counties, with a rich cultural heritage dating back to the Sassanid and Safavid dynasties. Its ancient architectural masterpieces, crafted with great artistry and precision, have transformed the region into one of the most prominent historical and cultural attractions in southwestern Iran.

Materials and Methods

The present study mployed a quantitative research design with an applied orientation and a descriptive–correlational approach to data collection and analysis.

The statistical population consisted of all tourists visiting the rural areas of Shushtar County. According to the data provided by the Cultural Heritage and Tourism Organization, more than 30,000 tourists visit the rural regions of Shushtar annually. Based on Krejcie and Morgan's sample size determination table, a total of 385 tourists were selected using simple random sampling techniques. Participants were drawn from 18 key rural tourism villages that had been identified as representative study sites.

The research instrument was a researcher-designed questionnaire comprising two main sections: the first focused on demographic characteristics, while the second measured the constructs of the theoretical framework. To assess the study variables, a five-point Likert scale was used, ranging from "strongly disagree" to "strongly agree." After data collection, all responses were coded and analyzed using SPSS version 26 and SmartPLS software.

Descriptive statistics_including frequency, percentage, mean, and standard deviation_were employed to summarize the data, while inferential statistics—specifically correlation coefficients and structural equation modeling (SEM)—were used to examine the relationships and effects among the research variables.

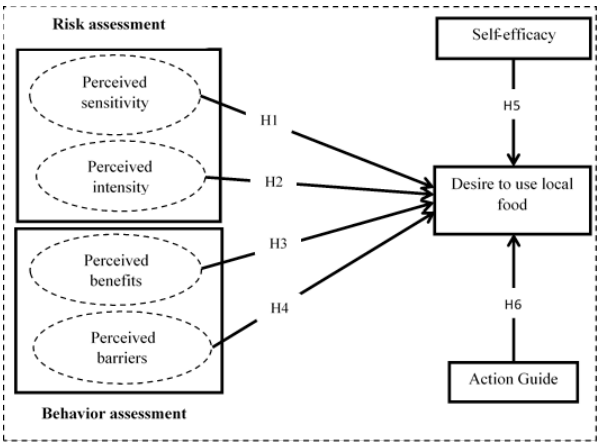

Figure 1. Conceptual framework

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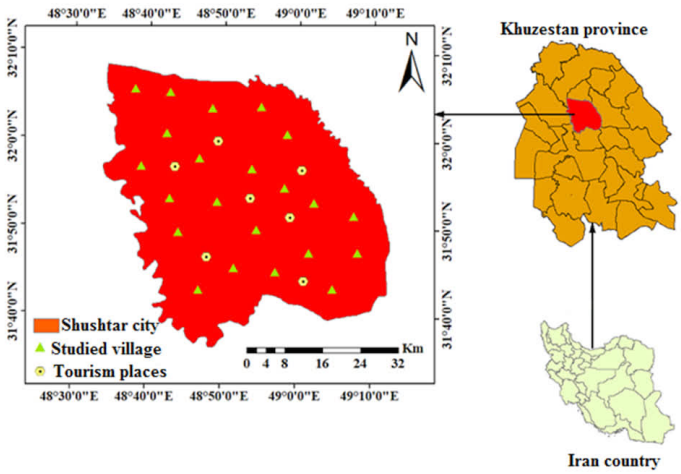

Figure 2. Study Area

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The content validity of the questionnaire was confirmed by a panel of faculty members from Khuzestan Agricultural Sciences and Natural Resources University. Construct validity was verified through the Average Variance Extracted (AVE), while reliability was assessed using Cronbach's alpha and Composite Reliability (CR) (Table 1). According to the results presented in Table 1, the questionnaire demonstrated acceptable validity and reliability, as all the AVE values exceeded 0.5, Cronbach's alpha was greater than 0.7, and composite reliability coefficients surpassed the 0.60 threshold.

4. Findings

Demographic and Professional Characteristics of Rural Tourists

The demographic analysis of the respondents indicated that the average age of participants was 33.45 years (SD= 11.55), indicating a predominantly young to middle-aged tourist population. Regarding gender distribution, 219 respondents (56.9%) were male, while 166 (43.1%) were female, reflecting a moderately higher participation of men in rural tourism activities. Specifically, 9 respondents (2.3%) were illiterate, 26 (6.8%) had completed primary education, 74 (19.2%) held junior high school certificates, 62 (16.1%) had high school diplomas, 45 (11.7%) possessed associate degrees, 96 (24.9%) held bachelor's degrees, and 73 (19.0%) had obtained master's or doctoral qualifications. These results suggest that a considerable proportion of rural tourists in Shushtar County have post-secondary education, reflecting the growing interest of educated travelers in rural and cultural tourism experiences.

In addition, the findings revealed that the importance of local food in regional tourism varied among respondents: For 109 participants (28.3%), local food was considered "somewhat important," 250 individuals (64.9%) regarded it as "very important," and 26 (6.8%) expressed that it was "not important at all." This distribution underscores that the majority of tourists place substantial value on the role of local food in shaping their travel satisfaction and cultural engagement.

Furthermore, the analysis of tourists' preferred types of local food indicated that the majority favored traditional dishes such as plum stew (Khoresht Aloo), Ash-e Kashk (whey soup), and Ash-e Baqla (broad bean soup).

Evaluation of the Measurement Model

To evaluate the measurement model, three main steps were conducted, including the assessment of unidimensionality, validity and reliability, and discriminant validity. The results of these evaluation stages for the research constructs are presented below.

Unidimensionality

According to the results presented in Table 1, the factor loadings of all selected indicators were greater than 0.50 and statistically significant at the 1% level ($P < 0.01$). This finding confirms the unidimensionality of the selected indicators. Therefore, it can be concluded that the indicators were appropriately chosen to measure the research constructs and accurately represent the corresponding latent dimensions.

Validity and Reliability

As shown in Table 1, the values of composite reliability (CR) for all constructs exceeded 0.60, Cronbach's alpha coefficients were greater than 0.70, and the average variance extracted (AVE) values were above 0.50. These results indicate that all latent variables in the proposed model possessed satisfactory levels of reliability and convergent validity.

Discriminant Validity

According to the results presented in Table 2, the average variance extracted (AVE) values for all constructs ($0.713 < AVE < 0.810$) were greater than the squared correlations between them ($0.238 < r < 0.563$). This finding confirms that the discriminant validity of the constructs in the proposed research model was established.

Discriminant Validity: HTMT Criterion

Finally, the last step in evaluating the measurement model involved estimating the Heterotrait–Monotrait (HTMT) ratio of correlations, which is a modern approach to assessing discriminant validity in Partial Least Squares Structural Equation Modeling (PLS-SEM) (Hair et al., 2017).

The optimal value of the HTMT ratio should be less than 0.85 (Henseler et al., 2015).

Based on the results, all constructs exhibited HTMT values below the threshold of 0.85, confirming adequate discriminant validity according to this criterion (Table 3).

Table 1. Results of the Measurement Model Evaluation

Construct	Symbol in Model	Factor Loading	t-value	Validity and Reliability
Perceived susceptibility	PS1	0.781	19.914	AVE = 0.625 CR = 0.869 Cronbach's α = 0.800
	PS2	0.790	28.468	
	PS3	0.867	38.433	
	PS3	0.716	15.885	
Perceived severity	PSV1	0.685	12.999	AVE = 0.579 CR = 0.845 Cronbach's α = 0.760
	PSV2	0.853	35.752	
	PSV3	0.701	13.544	
	PSV4	0.792	28.726	
Perceived benefits	PB1	0.807	29.251	AVE = 0.670 CR = 0.890 Cronbach's α = 0.837
	PB2	0.863	31.117	
	PB3	0.816	21.545	
	PB4	0.787	18.854	
Perceived barriers	PBA1	0.649	8.916	AVE = 0.552 CR = 0.786 Cronbach's α = 0.715
	PBA2	0.756	14.728	
	PBA3	0.814	19.764	
Cues to action	CA1	0.844	32.772	AVE = 0.657 CR = 0.851 Cronbach's α = 0.739
	CA2	0.766	24.878	
	CA3	0.819	26.383	
Self-efficacy	SE1	0.620	7.508	AVE = 0.509 CR = 0.805 Cronbach's α = 0.721
	SE2	0.774	14.380	
	SE3	0.694	10.312	
	SE4	0.756	16.474	
Intention to consume local food	ICLF1	0.842	34.613	AVE = 0.656 CR = 0.884 Cronbach's α = 0.824
	ICLF2	0.842	34.091	
	ICLF3	0.734	19.579	
	ICLF4	0.816	30.252	

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Table 2. Assessment of the Discriminant Validity of the Research Constructs

Constructs	1	2	3	4	5	6	7
Self-efficacy	0.713						
Perceived susceptibility	0.350	0.790					
Perceived severity	0.422	0.482	0.761				
Perceived benefits	0.416	0.529	0.382	0.819			
Perceived barriers	0.359	0.399	0.547	0.463	0.743		
Intention to consume local food	0.383	0.441	0.488	0.529	0.424	0.810	
Cues to action	0.398	0.528	0.563	0.385	0.238	0.541	0.810

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Table 3. Assessment of Discriminant Validity of the Constructs

Constructs	1	2	3	4	5	6	7
1. Self-efficacy	—						
2. Perceived susceptibility	0.405	—					
3. Perceived severity	0.567	0.610	—				
4. Perceived benefits	0.442	0.743	0.792	—			
5. Perceived barriers	0.356	0.483	0.706	0.771	—		
6. Intention to consume local food	0.527	0.522	0.738	0.782	0.375	—	
7. Cues to action	0.536	0.731	0.713	0.523	0.603	0.586	—

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After confirming the measurement and structural models through confirmatory factor analysis (CFA), the research hypotheses were tested within the framework of the proposed conceptual model using path analysis (structural model evaluation). The path model of the study, illustrating the standardized factor loadings and their significance levels, is presented in Figures 3 and 4.

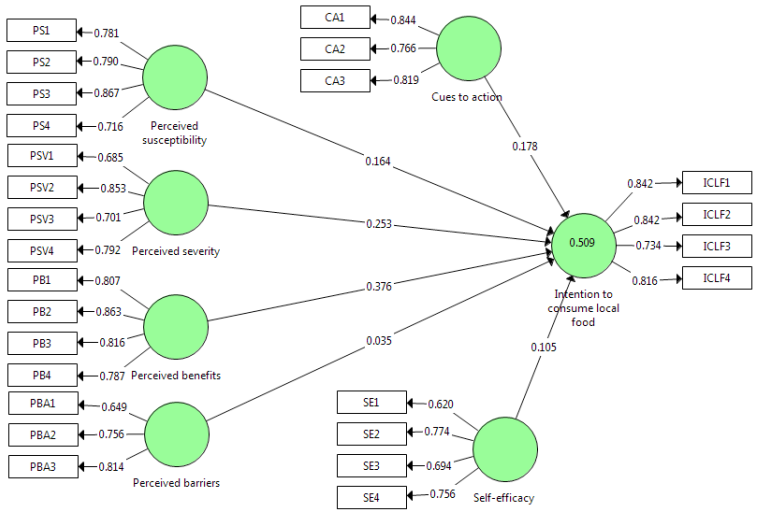

Figure 3. The Standardized Model of Local Food Consumption Value

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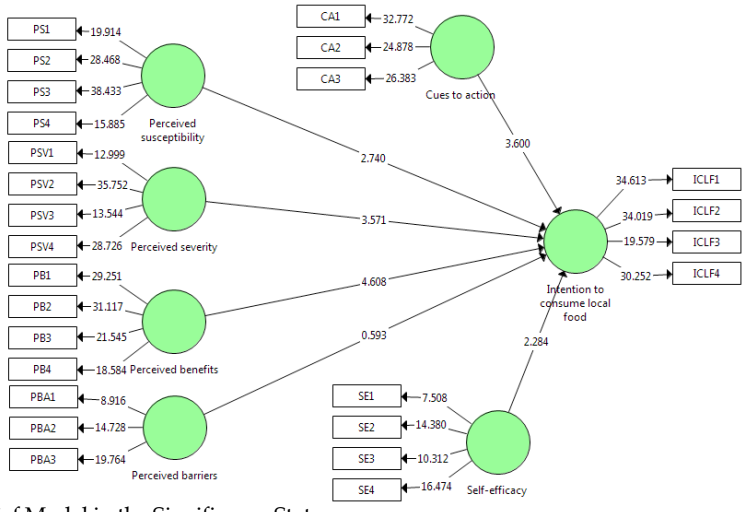

Figure 4. The Health Belief Model in the Significance State

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To examine the significance of the path coefficients (β values), the bootstrapping resampling method was employed. For this purpose, the resampling procedure was performed using 150 and 300 samples. The results, which were consistent with those obtained from the initial model, indicated no variation in the level of parameter significance across the two sample sizes. This finding confirms the robustness and stability of the results, as the significance of relationships between variables was not affected by sample size. The only minor difference was in the t-statistic values. Therefore, the hypotheses can be tested within the framework of the regression model as summarized in Table 4.

5. Discussion

This study aimed to investigate the factors influencing rural tourists' intention to consume local food in Shushtar County. Considering the increasing global emphasis on sustainable tourism and the role of local food in preserving the culture, economy, and environment of rural areas, understanding the behavioral motivations and constraints shaping tourists' consumption decisions is of particular importance. Accordingly, the Health Belief Model (HBM) was adopted as the theoretical framework of the research to analyze various dimensions of tourists' individual perceptions, beliefs, and attitudes toward local food consumption. To collect data, a standardized questionnaire was administered among rural tourists in Shushtar County. The data obtained were analyzed using advanced statistical methods. The results indicated that the Health Belief Model demonstrated good efficiency and explained 50.9% of the variance in tourists' intention to consume local food, highlighting its strong predictive power for tourists' consumption behavior. To test the research hypotheses, structural equation modeling (SEM) was employed, and the results are discussed below.

To test the proposed hypotheses, Structural Equation Modeling (SEM) was employed. The results indicated that perceived susceptibility to industrial and processed foods acted as a motivational driver for tourists to select local alternatives (supporting Hypothesis 1). Within the framework of the Health Belief Model, perceived susceptibility refers to an individual's awareness of the likelihood of developing illness or harm when consuming unhealthy foods (Huang et al., 2020). This construct, alongside other components of the model—such as perceived benefits and perceived barriers—plays a critical role in shaping tourists' dietary behaviors. Studies by Perrea et al. (2015) similarly observed that tourists concerned about chemical additives, preservatives, and industrial processing methods demonstrate stronger preferences for natural, traditional, and locally prepared foods. From a consumer psychology perspective, this behavior can be interpreted as a form of defensive consumption—that is, tourists choose local foods to protect their health. This finding aligns with prior studies based on the Health Belief Model in nutrition behavior, which indicate that increased awareness of the risks associated with unhealthy food reinforces preventive behaviors. Therefore, perceived susceptibility not only acts as a deterrent to consuming industrial foods but also as a motivational factor in choosing local foods. These results can inform the design of food tourism campaigns, local branding strategies, and tourist education programs.

Table 4. Results of Hypothesis Testing

Hypotheses	Path Coefficient	t-value	Hypothesis Result	R^2
H1: Perceived susceptibility → Intention to consume local food	0.164	2.740	Supported	0.509
H2: Perceived severity → Intention to consume local food	0.253	3.571	Supported	
H3: Perceived benefits → Intention to consume local food	0.376	4.608	Supported	
H4: Perceived barriers → Intention to consume local food	-0.035	0.593	Not supported	
H5: Self-efficacy → Intention to consume local food	0.105	2.284	Supported	
H6: Cues to action → Intention to consume local food	0.178	3.600	Supported	

The results revealed that perceived severity of the risks associated with industrial, street, and fast foods had a positive and significant effect on tourists' intention to consume local foods (supporting Hypothesis 2). Within the Health Belief Model, perceived severity refers to the extent to which an individual believes that the negative consequences of unhealthy behavior are serious (Boazar et al., 2020). Health value plays an essential role in food choice among tourists (Kim & Eves, 2012; Sparks et al., 2003; Torres, 2002). Other researchers have also emphasized that awareness of healthy food is crucial for tourists, as they must ensure food safety and hygiene to fully enjoy their culinary experiences (Torres, 2002). Tourists who associate industrial and street foods with risks such as contamination, preservatives, unhealthy fats, or poor hygiene are more likely to choose local foods that are typically prepared using traditional methods, fresh ingredients, and in trusted environments. Similarly, Hematian et al. (2022) found that perceived severity of industrial and street foods—especially among health-oriented tourists—acts as a motivational factor for choosing local foods. Thus, the perceived risks of fast foods, including obesity, cardiovascular diseases, and digestive disorders, strengthen tourists' inclination toward traditional and local cuisine. From a behavioral standpoint, this finding indicates that tourists seek not only cultural experiences but also consider health as a crucial criterion in food selection. Consequently, the perceived severity of unhealthy foods can be regarded as a positive driver for developing rural food tourism.

The findings also demonstrated that perceived benefits had a positive and significant influence on tourists' intention to consume local foods, confirming Hypothesis 3. This result suggests that when tourists believe local food consumption brings health, cultural, or experiential benefits, they are more likely to choose it. Psychologically, perceived benefit is a key construct in both the Theory of Planned Behavior and the Health Belief Model, playing an important role in shaping consumer behavior. Tourists who perceive that consuming local food reduces health risks, enhances cultural awareness, and offers unique experiences are more likely to engage in such behavior (Vassallo et al., 2009; Yazdanpanah et al., 2022). Moreover, local food is not merely a nutritional element but an embodiment of a region's identity, climate, and lifestyle. Experiencing local food enables tourists to connect with the cultural identity of the destination and gain a deeper understanding of the host community (Kim et al., 2021). This experience serves as an informal learning opportunity through which tourists engage with local culture using their five senses. Previous studies have shown that food tourism can function as a sustainable tourism development strategy, enhancing tourist satisfaction while supporting local producers, preserving culinary heritage, and boosting regional economies (Nikraftar et al., 2019). Consequently, perceived benefits influence not only individual consumption but also the broader goals of cultural preservation and destination sustainability.

The results also showed that perceived barriers had no significant impact on tourists' intention to consume local foods (rejecting Hypothesis 4). This finding contradicts some prior studies (Sapbamrer & Thammachai, 2020), which identified barriers such as a knowledge gap, time constraints, discomfort, and difficulty in action as deterrents to health-oriented behaviors. This discrepancy could stem from the specific context of local food consumption—particularly when tourists possess adequate awareness of ingredients, preparation methods, and hygiene standards. Under such conditions, mental resistance or hesitation toward local food consumption diminishes. Moreover, when local foods align with tourists' taste preferences, lifestyles, or cultural values, perceived barriers naturally weaken. The traditional and cultural attributes of local cuisine can also play a dual role: when appropriately presented with reasonable prices, good quality, and professional service, they not only reduce psychological barriers but also enhance tourists' satisfaction and acceptance (Hematian et al., 2022). In essence, the more attractively, clearly, and safely local foods are offered, the greater their acceptance by tourists. Overall, understanding and addressing tourists' psychological barriers can be a key factor in promoting food tourism and enriching cultural experiences. These insights provide practical guidance for tourism policymakers, food entrepreneurs, and destination managers to design targeted strategies that transform local food consumption into a pleasant, safe, and culturally meaningful experience.

The results of Hypothesis 5 indicated that self-efficacy had a positive and significant effect on tourists' intention to consume local foods. This suggests that the more confident tourists feel about their ability to recognize, select, and consume local food, the more likely they are to do so during their travels. From a psychological perspective, self-efficacy refers to an individual's judgment about their capability to organize and execute actions necessary to achieve specific goals (Ataei et al., 2021). In food tourism, this concept relates to tourists' ability to deal with unfamiliar foods, interact with local food cultures, and make informed decisions about consumption. According to the Protection Motivation Theory, self-efficacy plays a central role in adopting health-related behaviors. In other words, individuals are more inclined

to engage in new behaviors (such as trying local food) when they feel capable of managing and controlling the behavior (Kaviani et al., 2020). This is especially true when tourists face foods that are unfamiliar in taste, ingredients, or preparation methods. As Bandura (1997) suggests, the perceived difficulty of a task is crucial in shaping self-efficacy. If tourists perceive that consuming local food requires special knowledge, communication skills, or tolerance of risk, their self-efficacy may decline, leading them to avoid the experience. Conversely, when local foods are introduced in a clear, appealing, and safe manner, tourists' self-efficacy increases, enhancing their likelihood of consumption. Thus, strengthening tourists' self-efficacy through education, information sharing, interactive experiences, and reduced perceived complexity can significantly increase their intention to consume local food. This can serve as an effective strategy for developing food tourism, enhancing tourist satisfaction, and preserving culinary cultural heritage.

Finally, the results of Hypothesis 6 showed that cues to action had a positive and significant effect on rural tourists' intention to consume local foods in Shushtar County. This finding implies that the presence of environmental and educational stimuli can effectively activate desirable tourism behaviors. In health behavior models, cues to action refer to a set of strategies and stimuli that prepare individuals to perform a specific behavior and foster intrinsic motivation toward a healthy lifestyle (Yazdanpanah et al., 2015). In the context of food tourism, such cues may include environmental advertisements, public education campaigns, interaction with nutrition experts, and observing others' experiences. According to Khani Jeihooni et al. (2017), participation in training programs, social communication, and exposure to promotional materials significantly enhance behavioral motivation. In rural tourism, cues to action can be culturally adapted to local traditions to maximize effectiveness. Therefore, implementing targeted cues—such as food festivals, workshops, and local storytelling—can strengthen tourists' connection with regional cuisine and foster sustainable rural tourism development.

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Conflict of Interest

The authors declared no conflicts of interest.

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