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ROMANIAN CONSUMERS' BEHAVIOUR TOWARD HERBAL INFUSIONS

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Abstract: *This study aims to highlight the Romanian consumer's behaviour toward herbal infusions. A country with a culture that uses different herbal infusions almost daily, both for medical benefits and recreation, offers the perfect opportunity to improve the food industry by creating new sustainable products. Some herbal infusions and teas, such as green tea and black tea, are commonly known as functional foods, meaning they have proven to lower the probability of developing certain diseases and have an overall beneficial effect on general health. In this context, it is essential to establish the key factors influencing consumer behaviour. The methodology consisted in conducting a structured online survey distributed via social media platforms and other telecommunications apps. The research gathers 385 responses, of which 349 are used for statistical analysis as they answer affirmatively to the question, "Do you consume herbal infusions or teas?" A series of different statistical methods are employed, including the Spearman correlation, Chi-square tests, and multiple linear regression. Results show that the primary motivators for choosing a specific type of infusion are comfort and, as expected, medicinal benefits. The cultural influence of rural areas is presented as a preference for more artisanal methods when it comes to infusions. In conclusion, these findings highlight the opportunity to improve sustainable food systems by valorising by-products such as grape marc into functional infusion products aligned with sustainable practices.*

Key words: *herbal infusions, tea, consumer behaviour, Romania.*

1. Introduction

1.1. General aspects

Consumers continually make choices among products, the consequences of which they are dimly aware [19]. The food industry is shifting towards sustainability, product innovation, and consumer-

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oriented design, driven by global challenges such as climate change, resource depletion, and changing health paradigms. Within this context, the fermentative industry emerges as a strategic vector for integrating circular economy principles by reusing biomass by-products. For example, the wine industry has grape pomace as a by-product. Traditionally underutilized, grape pomace is now acknowledged as a rich source of polyphenols, dietary fibres, oligosaccharides, and bioactive compounds, which can serve as valuable raw materials for functional food systems [29].

1.2. Herbal Infusions and Tea's History

By definition, functional foods are known to directly impact the general health and overall wellbeing of consumers by lowering the chance of disease developing. Different from food, functional foods have a functional component consisting of an essential macronutrient, essential micronutrient, nonessential nutrient, or nonnutritive component [13]. With a rich history, starting around 2700 B.C in China, [13], tea represents a culturally significant beverage with therapeutic properties. Nowadays, tea, with its different variations with anatomical parts of *Camellia sinensis* (Kuntze) and *Camellia* var. *assamica*, conquered the world, with distinct varieties and some various processing methods.

1.3. Cultural Context

Medicinal plants, have been considered a source of abundant phytochemical content, which made them an esteemed and broad option for culinary and medicinal applications [13].

Plenty of factors are known for their impact on the consumption of infusions, however centre stage are the cultural ones, those associated with health. Another important factor is the sensory properties of herbal infusions [15].

Each individual choice has a deeper background than the popularity of teas and herbal infusions. Multiple factors, encompassing both sensory and non-sensory attributes, play a decisive role in the selection of these functional drinks. In discussing the sensory attributes of infusions, flavour is considered first, encompassing both aroma and taste. These characteristics are closely linked to the chemical constituents, such as flavonoids, catechins, polyphenols, alkaloids, tannins, and polysaccharides.

1.4. Health Claims of Infusions

Plenty of herbs are studied for their pharmacological effects, and chamomile is one of them. *Chamomilla recutita* (L.), also named German chamomile, is known worldwide as a medicinal species also included in the most of the world's pharmacopeia for its beneficial action on human health in the form of infusion [6].

A study published in 2021 [6], highlighted the potential of hot water extraction in the preparation of herbal infusions. The findings showed that this method allowed for the extraction of adequate concentrations of phenolic acids, flavonoids, and other potentially synergistic compounds, thereby enhancing the hypoglycemic potential.

A 2023 study [5], revealed a positive relationship between purchase intentions and health claims, emphasizing the need for the food industry to develop products

that are not only sensory-appealing but also provide health benefits.

In 2013, a study regarding the polyphenol contents in natural products [9], concluded that medicinal plants represent a valuable source of antioxidants, which may be used for prophylactic purposes.

Polysaccharides, as primary metabolites, are well known for their pharmacological properties; likewise, certain secondary metabolites present in medicinal plants also contribute significantly to their therapeutic potential [22].

To further sustain the ever-growing possibility of using herbal infusions as a functional food, a 2022 study [1] has demonstrated the antioxidant potential of avocado seeds infusion. This reconfirms the value of reusing food industry waste and by-products.

Such approaches are not only sustainable but also encourage the adoption of circular economy principles in everyday practice.

1.5. Research Gap and Objective

This study aims to highlight Romanian consumer behaviour toward herbal infusions, establishing the context of an ever-improving food industry and the possibility of creating more sustainable products. Since food waste is regarded both as an opportunity to strengthen the global food system and as a means of reducing environmental impact, the large quantities of waste generated by the wine industry [21] make it essential to shift the focus towards innovative options, such as functional foods.

These products could shape the sector's economy and sustainability by offering the key solution in the form of functional food.

2. Materials and Methods

2.1. Materials

2.1.1. Questionnaire Design

The study used a structured online questionnaire developed in Google Forms, selected for its accessibility, efficiency and low environmental impact. The instrument contained thirteen items and one administrative email field used solely to prevent duplicate submissions. The questionnaire included nine single-choice items, two multiple-choice items allowing up to three selections, one semi-closed item permitting specification of an additional option, and one optional open-ended item for comments or clarifications.

The questionnaire was structured into four sections. The first section collected demographic information, including gender, age group, place of origin and current residence. The second section addressed consumption-related data and incorporated the compulsory screening question "*Do you consume herbal infusions and teas?*". Participants selecting "*No*" were automatically redirected to the end of the form to ensure the analytical relevance of the sample. This section also included items on consumption frequency, primary motivations, and the plants used most often. The third section focused on preferences regarding herbal infusions, including preferred infusion types, acquisition practices and the factors influencing specific choices. The fourth section consisted of an optional open-ended item that allowed respondents to provide comments or additional observations.

2.1.2. Software

Data management and statistical computation were conducted using Jamovi version 2.6.44 and Microsoft Excel.

2.2. Methods

2.2.1. Participants, Eligibility and Sampling Procedure

Eligible participants were adult Romanian residents aged eighteen or older and fluent in Romanian. Exclusion criteria included respondents under eighteen years old, individuals unable to understand Romanian and questionnaires that were incomplete or inconsistent. Participation was voluntary, and informed consent was considered granted upon submission of the questionnaire. Email addresses were collected exclusively to validate unique responses and were neither exported nor analysed.

Data collection took place between 29 April and 20 May 2025. The questionnaire link was distributed via WhatsApp, Facebook, Instagram and SMS using a snowball sampling approach, a method commonly employed in online consumer research due to its efficiency in reaching dispersed populations. A total of 385 individuals completed the survey, of whom 349 confirmed that they consume herbal infusions and were therefore included in the statistical analysis. The minimum required sample size was calculated using Cochran's formula for categorical data with a 95% confidence level and a 5% margin of error, and the final sample exceeded this threshold.

2.2.2. Data Collection

Data collection was performed entirely online. Respondents accessed the questionnaire through a distribution link shared across social media platforms and messaging applications. The average completion time was approximately 3-5 minutes, and all responses were automatically recorded through Google Forms.

2.2.3. Statistical Analyses

Descriptive statistics were first computed to characterize the sample and summarize response patterns.

Normality was assessed using the Shapiro–Wilk test [25], while homogeneity of variances was examined with Levene's test [11]. Since several variables did not meet normality assumptions, non-parametric tests were applied. Chi-square tests were used to evaluate associations between categorical variables [17]. Mann-Whitney U [16] and Kruskal-Wallis tests [14] assessed differences between groups for ordinal variables. Spearman's rank correlation was used to examine monotonic relationships [27]. Multiple linear regression was employed to explore the potential predictive value of demographic variables for consumption frequency [8]. A significance level of $\alpha = 0.05$ was applied in all analyses. Effect sizes were reported following Cohen's guidelines [7], using Spearman's rho (ρ), rank-biserial (r), epsilon squared (ε^2) and Cramér's (V), as appropriate for each test.

Responses to the open-ended item were examined using brief thematic grouping of recurring remarks, without performing a full qualitative analysis, in order to support the interpretation of descriptive results.

3. Results

3.1. General Aspects

The Shapiro–Wilk test confirmed that consumption frequency was non-normally distributed ($W = 0.867$, $p < 0.001$). Levene's test indicated homogeneity of variances across groups ($F = 1.93$, $p = 0.166$). Since several variables were ordinal and did not meet normality assumptions, all subsequent analyses were conducted using non-parametric methods. A total of 20 statistical procedures were applied, including Spearman correlation, Chi-square tests, Mann–Whitney U tests, Kruskal–Wallis tests, and multiple linear regression.

3.2. Descriptive Statistics

3.2.1. Demographics

The sample included 193 male respondents (50.1%) and 192 female respondents (49.6%) as illustrated in Figure 1.

The age structure is presented in Figure 2 as follows: 18-25 years (16.8%), 26-35 years (21.4%), 36-45 years (15.8%), 46-55 years (13.7%), 55-65 years (16.8%), and over 65 years (15.5%).

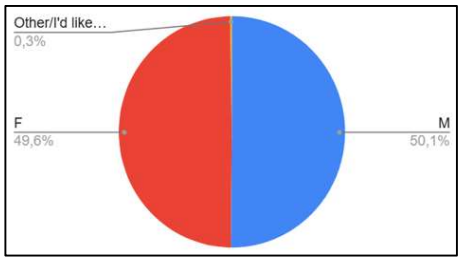

Fig. 1. *Gender distribution of the respondents*

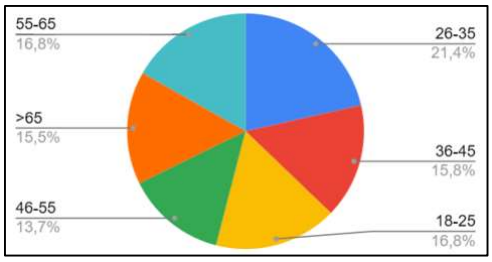

Fig. 2. *Respondents' distribution based on age*

Regarding cultural background, 50.1% indicated rural origins and 49.9% urban origins. Place of origin is shown in Figure 3.

Current residence followed a similar pattern, with 200 participants (52.3%) living in urban areas and 185 participants (47.7%) living in rural ones as presented in Figure 4.

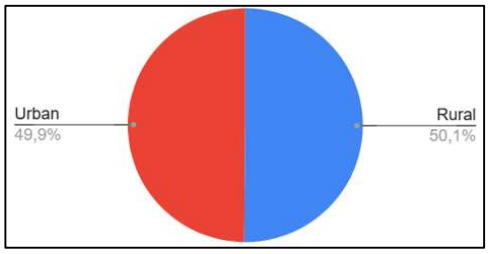

Fig. 3. *Distribution based on place of birth*

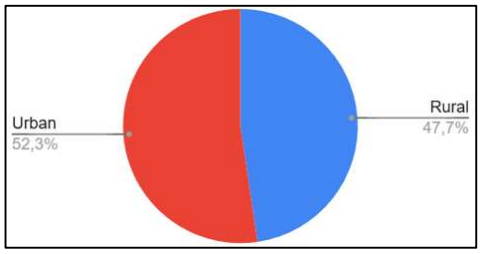

Fig. 4. *Distribution based on current residence*

3.2.2. Consumption Behaviour

Out of the 385 individuals who completed the questionnaire, 36 (9.3%) reported not consuming herbal infusions and were excluded from further analysis. The distribution of consumers versus non-consumers is illustrated in Figure 5.

Among the 349 consumers included in the final dataset, consumption frequency was distributed as follows: several times per week (28.1%, n=98), daily (22.3%, n=78), once per week (18.5%, n=65), occasionally (17.1%, n=60), and less than once per week (11.9%, n=41).

Preferences for infusion type showed that 61.8% of respondents chose artisanal infusions (prepared from loose leaves or flowers), while 38.2% preferred tea bags.

In terms of composition, 70.3% indicated a preference for mixed-plant infusions over single-plant infusions as it can be seen in Figure 6.

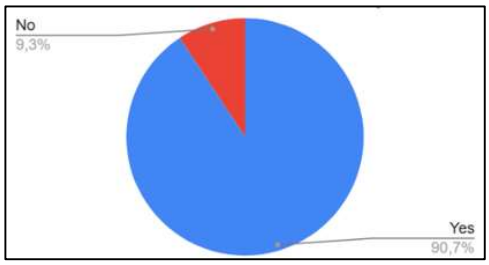

Fig. 5. *Tea and Herbal infusion consumption patterns*

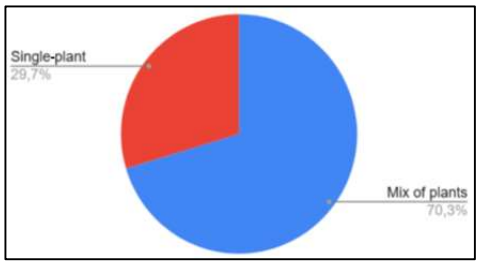

Fig. 6. *Blend preferences among respondents*

Acquisition habits varied among participants as shown in Figure 7: 44.4% reported purchasing infusions from stores or pharmacies, 23.2% prepared them exclusively from personal sources (foraged, collected, or home-grown plants), and 32.4% used a combination of both.

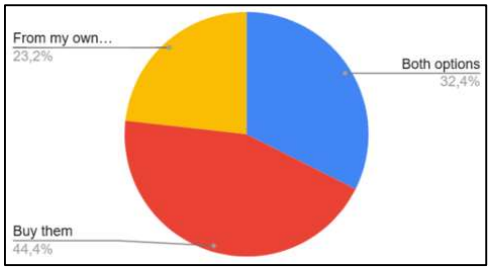

Fig. 7. *Preferences in acquisition*

3.2.3. Motivations for Consumption

Respondents could select up to three motivators. The most frequently selected were relaxation and comfort (60.06%), pleasant taste (36.21%), and medicinal or health-related benefits (58.05%). Additional motivators included the use of herbal infusions as an alternative to coffee (22.9%), consumption during episodes of physical discomfort or weakness (21.5%), availability in stores (20.9%), price considerations (17.5%), family tradition (14.9%) and medical recommendations (9.7%).

3.2.4. Plant Preferences

Participants were asked to select the plants they most frequently use in infusions. The most frequently indicated species were *Mentha spp.* (68.4%), *Chamomilla recutita* (61.6%), and *Tilia cordata* (58.7%). Other commonly selected plants included *Zingiber officinale* (31.2%), *Hypericum perforatum* (27.8%), and *Lavandula angustifolia* (24.1%). Additional plants mentioned by fewer than 20% of respondents included *Salvia officinalis*, *Cymbopogon spp.*, *Echinacea purpurea*, as well as fruity blends, citrus combinations, jasmine, and black tea as presented in Figure 8 and Table1. A full distribution of all plant options selected by respondents, including species with frequencies below 20%, is provided in Table 1.

Frequency of preferred plant species by the respondents Table 1

Plant species	Number	Proportion [%]
Mentha spp. (mentă)	248	71.06
Tilia spp. (tei)	172	49.28
Chamomilla recutita (mușețel)	166	47.56
Hypericum perforatum (sunătoare)	109	31.23
Zingiber officinale (ghimbir)	107	30.66
Lavandula angustifolia (lavandă)	94	26.93
Thymus spp. (cimbrișor)	89	25.50
Salvia officinalis (salvie)	85	24.35
Achillea millefolium (coada-șoricelului)	66	18.91
Echinacea purpurea (Echinaceea)	41	11.74
Ocimum basilicum (busuioc)	35	10.03
Ginseng	31	8.88

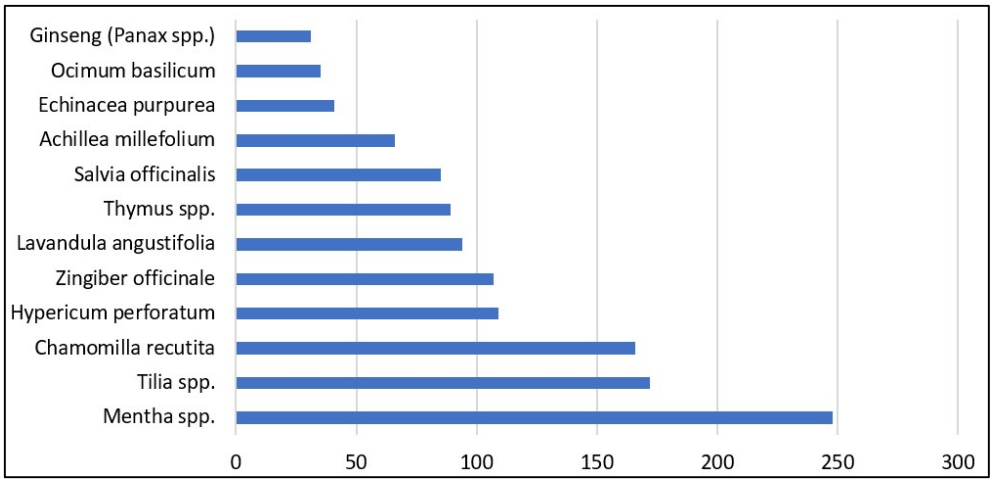

Fig. 8. *Plant preferences*

3.2.5. Factors Influencing the Choice of a Specific Infusion

When it came to factors influencing the choice of a specific infusion, respondents most frequently selected health benefits (75.57%) and pleasant taste or aroma (68.68%). Other relevant elements included plant quality or source (35.92%), medical recommendations (35.92%), availability in stores (20.98%), and price considerations (17.53%). These proportions differ from the general consumption motives reported in Question 7, indicating that consumers distinguish between overall motivations for drinking herbal infusions and the specific attributes that guide the selection of a particular infusion at a given moment.

3.3. Statistical Analyses

3.3.1. Age and Frequency of Consumption: Spearman's Rank Correlation

A moderate positive association was found between age and consumption frequency ($\rho = 0.321$, $p < 0.001$, $r = 0.32$), indicating that older respondents tend to consume herbal infusions more frequently.

3.3.2. Gender and Frequency: the Mann–Whitney U Test

The Mann–Whitney U test indicated no significant difference between male and female respondents ($U = 14896.0$, $p = 0.525$, $r = 0.02$). Median ranks: males = 172.4; females = 176.1.

3.3.3. Age Group and Frequency: the Kruskal–Wallis Test

Consumption frequency differed significantly across age groups ($H(5) = 40.02$, $p < 0.001$), with a medium effect size ($\varepsilon^2 = 0.11$). The ≥65 group reported the highest frequency, while the 18-25 group reported the lowest.

3.3.4. Regression: Age and Gender as Predictors of Frequency: Multiple linear regression

A regression model including age and gender did not significantly predict consumption frequency ($R^2 = 0.034$, $p > 0.05$).

3.3.5. Cultural Background and Frequency: Mann–Whitney U Test

Place of origin (rural vs. urban) did not significantly influence frequency ($U = 15479.0$, $p = 0.930$, $r < 0.01$). Current residence was, however, significantly associated with consumption frequency ($\chi^2 = 15.49$, $p = 0.0014$, $V = 0.23$).

Effect sizes were interpreted according to conventional thresholds [7], where values around 0.10 indicate a small effect, around 0.30 a medium effect and above 0.50 a large effect.

To provide a clearer overview, all inferential results are summarized in Tables 2 to 5, grouped by analytical theme (frequency, motivations, preferred infusion type and acquisition method).

3.4. Detailed Statistical Results and Interpretations

3.4.1. General Aspects

In addition to the presented tests, the relationship between different factors was analysed to observe their effect on consumption patterns and behaviour. The analysis includes only 349 valid responses from individuals who confirmed that they consume herbal infusions. Results are presented in the tables below, grouped by theme: frequency, motivation, preferred infusion type, and acquisition method.

3.4.2. Frequency Analyses

Table 2 summarizes the factors associated with consumption frequency. Significant relationships were identified for age and current residence, while gender and place of birth did not show significant associations.

Factors that influence the frequency of herbal infusion and tea consumption Table 2

Factors	Test used	Statistic result	p-value	Significance (Sign.)	Effect size	Observation
Age and Frequency	Spearman correlation	$\rho = 0.321$	< 0.001	Yes	r = 0.32	Older groups consume more
Gender and Frequency	Mann–Whitney U Test	U=14896.0	0.525	No	r = 0.02	No gender differences
Age Group and Frequency	Kruskal–Wallis Test	H(5) = 40.02	< 0.001	Yes	$\varepsilon^2 = 0.11$	≥65 consume most
Age & Gender as Predictors of Frequency	Multiple Regression	$R^2 = 0.034$	> 0.05	No	—	Not predictive
Background and Frequency	Mann–Whitney U Test	U = 15479.0	0.930	No	r < 0.01	No effect
Home and Frequency	Chi-square	$\chi^2 = 15.49$	0.0014	Yes	V = 0.23	Rural residents consume more

3.4.3. Motivation Analyses

Table 3 presents the associations between demographic characteristics and the main consumption motivators. Several motivators showed significant associations with age group, gender and current residence.

3.4.4. Preferred Type Analyses

Table 4 shows that preferred the infusion type was significantly associated with age group, current residence, and consumption frequency. No significant association with gender was observed.

Factors that stand behind key motivators: Relaxation and comfort and Medicinal reasons Table 3

Factor	Motivator	Test used	Statistic result	p-value	Effect	Sign.	Observation
Age	Relaxation and comfort	Chi-square	χ^2 = 14.28	0.0139	V=0.14	Yes	Older respondents are more likely to consume infusions for comfort and relaxation.
Gender	Medicinal effects	Chi-square	χ^2 = 5.02	0.0250	V=0.12	Yes	Women are more likely than men to consume infusions for medicinal purposes.
Age	Medicinal effects	Chi-square	χ^2 = 12.91	0.0243	V=0.13	Yes	Older age groups (55+) are more likely to seek medicinal benefits through infusions.
Residence	Medicinal effects	Chi-square	χ^2 = 5.50	0.0191	V=0.13	Yes	Rural residents are more inclined to consume infusions for health-related reasons.
Gender	When feeling weak / unwell / in need	Chi-square	χ^2 = 4.11	0.0427	V=0.11	Yes	Men were more likely to report using infusions when feeling physically weak or unwell.

Note: Sign. – Significance.

3.4.5 Acquisition Method Analyses

Table 5 summarizes the results regarding the acquisition method. Significant associations were observed with current residence and selected motivators.

3.4.6. Respondent's observations

A total of 57 respondents (16%) provided written comments in the open-ended section. The most frequent themes were perceived health benefits (44 mentions), digestive support (27 mentions), relaxation or calming effects (22 mentions), daily consumption habits (18 mentions), and aspects related to plant identification and safety (11 mentions). Because responses could contain multiple ideas, the number of thematic mentions exceeds the number of respondents.

Factors that stand behind favourite infusions Table 4

Factors	Test used	Statistic result	p-value	Effect	Sign.	Observation
Gender and preferred type	Chi-square	χ^2 = 0.68	0.71	V < 0.05	No	No significant difference based on gender was identified when it came to infusion type preference
Home and preferred type	Chi-square	χ^2 = 27.48	< 0.001	V=0.28	Yes	Rural residents are more likely to prefer artisanal infusions, over store bought, or powders.
Frequency and preferred type	Mann–Whitney U Test	U = 18459.5	< 0.001	r=0.23	Yes	Frequency of use showed an influence on type of infusion. People who consumed more, were more invested in the making process. Older people are more likely to invest the time of preparing the artisanal infusion.
Age group and preferred type	Kruskal–Wallis Test	H(5) = 40.02	< 0.001	ε^2=0.11	Yes	Age was a factor that influenced infusion type preference. People over 55 tend to opt for artisanal infusions, while younger groups 18-35, opt for a more convenient and quicker option: teabags.

Note: Sign. – Significance.

Factors that influence the acquisition method Table 5

Factors	Test used	Statistic result	p-value	Effect	Sign.	Observation
Home and method of obtaining	Chi-square	χ^2 = 51.49	< 0.001	V = 0.38	Yes	Urban residents are more likely to purchase infusions, as expected.
Motivation and method of obtaining	Chi-square	χ^2 = 7.98	0.0185	V = 0.15	Yes	Motivation varies according to the acquisition method. Same people who responded that they prefer drugstore/store bought options were the same that responded that their motivators were comfort, relaxation, coffee alternative, and taste, while people invested in the process, tend to be more mindful and choose the infusions for medicinal reasons, taste and even family tradition.

Note: Sign. – Significance.

4. Discussion

There is a constant growth in consumer interest in functional foods [4, 20], which is consistent with the global evolution of the herbal tea market. A recent systematic literature review indicates that this market is shaped by four major dimensions: consumption habits, safety concerns, risk perception, and sustainability expectations [24]. These international tendencies reinforce the relevance of the present study. Moga et al. [18] also highlights the need to integrate functional components into product development. Within this context, Romanian respondents' preference for artisanal, plant-based infusions suggests a deliberate orientation toward minimally processed, functional food options.

A similar direction is suggested by Băltescu [3], who reported that 95.5% of young consumers express concern regarding environmental issues. This supports the idea that Romanian consumers, especially in urban areas, may prefer locally sourced and natural infusions as part of a broader environmentally responsible lifestyle.

Age was confirmed as a significant predictor of consumption frequency ($\rho = 0.321$, $p < 0.001$), with older respondents consuming herbal infusions more frequently. Similar findings were reported in Portugal, where individuals aged 40 to 60 represent the largest group of herbal tea drinkers [26], and in Greece, where 27 % of consumers aged 75 or above report daily intake [28]. Moreover, Huda et al. [13] describe a global trend in which increased herbal-beverage consumption is associated with older age groups. These converging data confirm that the age-related pattern observed in this study is consistent with broader European research.

The impressive cultural role of tea and herbal infusions supports the present findings. Tea consumption has a documented history of more than 5,000 years in China as a functional and wellness-enhancing beverage, as noted by Xia et al. [29]. These cultural traditions provide context for understanding Romanian infusion consumption, which reflects a continued reliance on plant-based wellness practices.

The results confirm that age is an important factor influencing consumption frequency, while price had a limited role, being mentioned by only 17.5% of respondents. This suggests that cost considerations do not primarily drive herbal infusion choices. The preference for artisanal infusions among more than 50% of respondents also indicates the possibility of self-procurement, which diminishes the role of price and availability as decision factors. These findings are consistent with international trends, where intrinsic product quality and natural origin are more potent motivators than affordability.

A substantial proportion of respondents expressed interest in the source and quality of the plants, which supports the conclusion that product quality is prioritized over price. This mirrors global consumer behaviour, where naturalness, purity, and perceived safety are increasingly important criteria for selecting herbal infusions.

Relevant qualitative responses also emphasized the need to verify the origin and integrity of plants, particularly when self-harvested. These concerns are

consistent with findings from a systematic review by Rocha et al. [24] which identified food safety, contamination, and misidentification risks as central themes in herbal tea research.

The consumption patterns identified in this study can be interpreted through the Health Belief Model and Maslow's Hierarchy of Needs. The Health Belief Model explains how perceived susceptibility and perceived benefits, such as comfort and wellness, can motivate consumption. However, Astrini et al. [2] found that health beliefs alone do not predict repurchase intention, suggesting that motivations are multidimensional. Maslow's model further contextualizes herbal infusion consumption as fulfilling several human needs, including physiological comfort, health security, social belonging, and personal satisfaction. This theoretical interpretation aligns with consumer motivations observed in this study.

5. Conclusion

This research contributes to understanding Romanian consumer behaviour toward herbal infusions. It highlights the potential relevance of these findings for sustainable functional beverage development, including the valorisation of plant-based by-products.

The findings show that age and residential context significantly influence consumption habits, as confirmed by Spearman's $\rho = 0.321$, $p < 0.001$; Kruskal–Wallis $H(5) = 40.02$, $p < 0.001$; and $\chi^2 = 15.49$, $p = 0.0014$. Comfort and relaxation, pleasant taste and medicinal value emerged as the primary motivators for herbal infusion consumption. General motivations for consuming herbal infusions were led by relaxation and comfort (60.06%), medicinal or health-related benefits (58.05%) and pleasant taste (36.21%). However, when it came to factors influencing the choice of a specific infusion, respondents most frequently selected health benefits (75.57%), taste or aroma (68.68%) and plant quality or source (35.92%), followed by medical recommendations (35.92%), availability in stores (20.98%) and price considerations (17.53%). These results confirm that consumers distinguish between general consumption habits and the specific attributes that guide moment-to-moment selection. These patterns are consistent with the statistical associations reflected by $\chi^2 = 14.28$, $p = 0.0139$ for age and relaxation, $\chi^2 = 5.02$, $p = 0.0250$ for gender and medicinal motivations, $\chi^2 = 5.50$, $p = 0.0191$ for residence and medicinal motivations, and $\chi^2 = 4.11$, $p = 0.0427$ for gender and use when unwell.

The study also confirmed a preference for traditional and widely used plants [10, 23]. Mint (*Mentha* spp.) was selected by 71.06% of respondents, linden blossom (*Tilia cordata* Mill., *Tilia* spp.) by 49.28%, chamomile (*Chamomilla recutita* L.) by 47.56%, St. John's Wort (*Hypericum perforatum* L.) by 31.23% and ginger (*Zingiber officinale* Roscoe) by 30.66%. Additional choices included green tea at 18.3%, black tea at 12.9% and various fruity or aromatic combinations.

The preference for multi-component blends reached 70.3%, and for artisanal preparations 61.8%, suggesting strong potential to develop sustainable, consumer-oriented functional infusion products aligned with evolving market interests.

Overall, Romanian consumers show a preference for multi-component blends

and select infusion types and acquisition methods vary according to cultural context and residential background. Individuals from rural areas tend to choose more sustainable and traditional acquisition practices, while urban respondents prefer more convenient options. Price is not a decisive factor, while medicinal value, comfort, and taste remain the most influential factors in selecting herbal infusions.

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