
Why do Malaysian Young Adults Buy Health Insurance?

Co-Nee Yeow¹, Lee-Ying Tay¹, Chun-Teck Lye¹, Eka Perwitasari Fauzi²

¹Multimedia University, Malaysia
²Universitas Mercu Buana, Indonesia

Corresponding Email address: lytay@mmu.edu.my

Abstract - The spread of the COVID-19 pandemic has amplified the importance of health insurance. Although most of the companies in Malaysia usually provide employee benefit plans such as medical coverage to their employees, the COVID-19 pandemic that severely impacted the economy and employment has also abruptly exposed the unemployed and retrenched workers to the risk of high medical costs. Thus, this study aims to identify the factors that affect the purchase intention of health insurance among Malaysian young adults in the transitional period of life and could be vulnerable to potentially catastrophic expenses in severe injury or illness. Using a convenience sampling method, a set of self-administered questionnaires was distributed to 200 young adults in Malaysia who are aged between 18 to 25 years old. The results show that attitude, perceived behavioural control, and perceived financial benefits significantly influence health insurance's purchase intention. This study offers an insight into the rationale of buying health insurance among Malaysian young adults, mainly from the behavioural perspective. The finding also suggests important managerial implications to the associated parties, particularly in reinforcing a positive attitude towards health insurance's purchase intention among Malaysian young adults.

Keywords - Health Insurance, Perceived Financial Benefits, Purchase Intention, Theory of Planned Behaviour (TPB).

ARTICLE INFO

Received 10 Sep 2021

Received in revised form 1 Oct 2021

Accepted 15 Oct 2021

Published 29 Dec 2021

I. Introduction

The outbreak of the COVID-19 pandemic, which first landed on Malaysian shores at the end of December 2019, has had an enormous impact on an individual's health, social and economic. Health insurance is relatively essential for people to safeguard their future and loved ones. Health insurance provides a financial cushion to the insured's individual when they cannot carry out their work regularly due to severe illness or disability. According to the National Health and Morbidity Survey (2019), only 22 per cent of Malaysians have personal health

insurance coverage. Besides, more than 76 per cent of the Malaysian population depend heavily on government-provided healthcare instead of private healthcare services. Among the reasons most Malaysians do not own personal health insurance is the expensive insurance premium and affordability of individuals to pay for the monthly insurance premium (The Star, 2020). To insure or not is an age-old question. Amron, Usman, and Mursid (2018) claim that the purchase intention of health insurance is influenced by one's attitude and social influence, such as friends and family. Individuals might feel reluctant to purchase health insurance and consider it an unnecessary burden if they disregard their future health status or if none of their relatives or friends owns a health insurance policy (Azizam *et al.*, 2020). The COVID-19 pandemic and mishap on others have increased the public awareness of the uncertainty of life, the importance of healthcare and the need for health insurance.

There is no doubt that the unprecedented and ongoing COVID-19 pandemic and a series of movement control orders have changed the lifestyle and mindset of people. An individual begins to acknowledge the importance of health insurance to hedge against unforeseen health issues and unexpected high medical cost. Studies have shown that young adults (aged 18 to 25) are particularly affected by the convergence of demography, psychology, and economics as they move through adulthood. Besides, young adults may experience several major life milestones, such as moving into the workforce, forming a relationship, getting married, and becoming parents. Hence, to meet the above mentioned and their healthcare needs, young adults need to be financially sound. However, this would be challenging since most of them are young and join the workforce. Moreover, the lack of health insurance coverage will increase the risk of inadequate healthcare and leave young adults exposed to high medical costs in future (Keat, Zakaria, & Mohdali, 2020). Thus, more attention should be given to young adults to find out the determinants of their purchase intention of health insurance. This study aims to examine the factors that could influence Malaysian young adults to purchase health insurance. This study proposes an extended framework by integrating the Theory of Planned Behaviour (TPB) with a new factor - perceived financial benefits (PFB). The framework posits that attitude (ATT), subjective norm (SN), perceived behavioural control (PBC), and perceived financial benefits (PFB) have a significant positive relationship with the purchase intention of health insurance among young adults in Malaysia. This study aims to better understand the rationale of buying health insurance among Malaysian young adults, which could be a valuable reference for the policymakers and insurance industry.

II. Theoretical Background and Hypotheses Development

Theory of Planned Behaviour (TPB)

Theory of planned behaviour (TPB) by Ajzen (1991) is an extension of the theory of reasoned action (TRA), developed by Ajzen and Fishbein (1975). A fundamental assumption of TRA is that human behaviour is under volitional control in nature. Besides, the theory suggests that human behaviour is induced by their intention to execute the behaviour, and such intention is determined by the individual's attitude and subjective norm (Ajzen & Fishbein, 1975). An individual can have complete control while performing a particular behaviour. However, in most situations, human behaviour may also depend on the opportunity and availability of resources that collectively influence an individual's actual control over the behaviour (Ajzen, 1991). Henceforth, TPB extends TRA by including the third determinant of behaviour and intention: perceived behavioural control. Perceived behavioural control manifests the difficulty and controllability to execute specific behaviour. This study is grounded on TPB as it is a widely applied behavioural model. Moreover, as Ajzen (1991) suggested, TPB also considers other variables that significantly help explain the behaviour. Hence, this study includes perceived financial benefits (PFB) as an additional factor that may influence young adult's purchase intention on health insurance. Previous researchers have used a similar model to study user intention to adopt mobile offices in business and household energy-saving products (Liu *et al.*, 2020; Seol, Lee & Zo, 2016).

Purchase Intention of Health Insurance

Chimedtseren and Safari (2016) define purchase intention as the probability of purchasing in association with actual product or service buying. Lawong and Jaroenwanit (2013) describe purchase intention as an individual's intention to buy his or her first product or service. Knowing the factors affecting the purchase intention of health insurance, sales and marketing, or related departments of insurance companies can develop effective marketing approaches to attract the attention of their target consumers (Amron *et al.*, 2018). According to TPB, individuals' intention to purchase health insurance is influenced by three types of considerations: behavioural beliefs, normative beliefs, and control beliefs (Ajzen & Driver, 1991). Behavioural beliefs usually come from a favourable or unfavourable attitude towards a specific behaviour. On the other hand, normative beliefs resulted from

perceived social pressure or subjective norm. Lastly, control beliefs resulted from an individual's perception of his or her ability to perform a given behaviour due to resource availability.

Attitude

Ajzen and Fishbein (1975) describe attitude as "the degree of a person's favourable or unfavourable evaluation or appraisal of the behaviour in question". In other words, the more optimistic one's outlook about behaviour, the more likely one will engage in such behaviour. This is corroborated by Ab Rahim and Amin (2011), which found that bank customers in Malaysia will be more likely to purchase Islamic insurance or Takaful products when having a positive attitude. Also, Lee, Phua, and Wu (2020) pointed out the importance of delivering positive messages or information to potential customers to foster a positive attitude for them to purchase health products. Therefore, in light of the studies above, this study hypothesises that:

H1: There is a positive relationship between attitude and purchase intention of health insurance among young adults in Malaysia.

Subjective Norm

Subjective norm refers to the perceived social pressure such as friends, family members or relatives that influence a particular behaviour (Ajzen, 1991). The subjective norm plays a functional role in reflecting an individual's perception of his or her close relationships, such as whether their family or friends think they should purchase the products and are motivated to perform the behaviour (Yunus, Mat Som, Abdul Majid, Ungku Abdul Aziz, & Mohd Abas, 2018). Previous studies have explicitly explicated the significant positive relationship between subjective norm and behavioural intention. For example, Jain (2020) claims that young adults often focus on interpersonal relationships. As a result, they were compelled to buy high-end products to please others. Besides, Amron *et al.* (2018)'s study shows that subjective norm plays a crucial role in the service industry. The more influential the subjective norm, the higher the tendency of a consumer to purchase Sharia insurance. Thus, the following hypothesis is put forward in this study:

H2: There is a positive relationship between subjective norm and purchase intention of health insurance among young adults in Malaysia.

Perceived Behavioural Control

Perceived behavioural control refers to an individual's perception of the simplicity of the effort with which the task (behaviour) can be carried out (Fishbein & Ajzen, 2010). The greater the ability and resources a person perceived, the greater the chance that he or she will perform the behaviour. Kharde and Madan (2018) further mention that the confidence level of one's ability to perform the behaviour will influence the outcome of the behaviour. Furthermore, Husin and Ab Rahman (2016) have discovered that self-efficacy will positively influence perceived behavioural control, increasing the likelihood of purchasing Islamic insurance. Meanwhile, Giri (2018) found that perceived behavioural control is not significant in influencing the purchase intention of life insurance. The explanation is that it requires a certain extent of financial literacy and skills to evaluate the risk and fully understand the insurance products and policy, rather than based on an individual's perception. Drawing from the fundamental logic of TPB, the following hypothesis is proposed:

H3: There is a positive relationship between perceived behavioural control and purchase intention of health insurance among young adults in Malaysia.

Perceived Financial Benefits

Perceived financial benefits in the insurance industry can be operationalised as value motivations in financial coverage against medical expenses and critical illness, cashless claim benefits, tax benefit, etc. (Kumar *et al.*, 2011). Past studies have discovered the importance of perceived financial benefits on purchase intention. For instance, Lubua and Semlambo (2017) found a positive relationship between perceived financial benefits and mobile money use in Tanzania. In addition, the study also shows that an increase in the perceived financial benefits will also increase the intention to use the hailing app for shared rides. Similarly, Goel and Haldar (2020) also highlight the importance of perceived financial benefits as the determinant of sharing services. Consumers felt

that the use of a sharing service provides more value for money and saves cost. Therefore, in line with the literature, this study proposes the following hypothesis:

H4: There is a positive relationship between perceived financial benefits and purchase intention of health insurance among young adults in Malaysia.

III. Methodology

Figure 1 illustrates the proposed research framework of this study grounded on the theory of planned behaviour. The independent variables consist of attitude, subjective norm, perceived behavioural control and perceived financial benefits. These independent variables are chosen because they are expected, as substantiated by the aforementioned literature, to influence the purchase intention of health insurance (dependent variable) among Malaysian young adults.

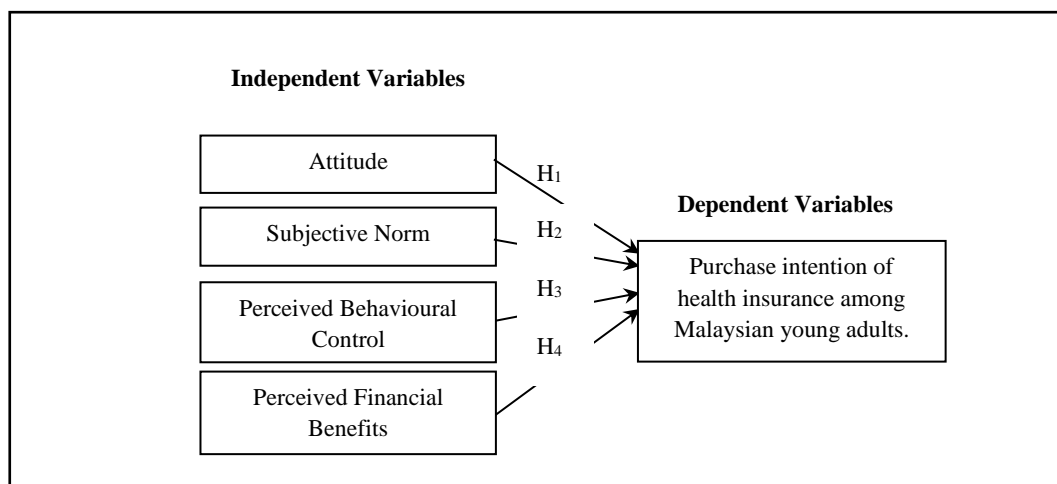


Figure 1: Proposed Research Framework

Using a convenience sampling method, a set of self-administered questionnaires was distributed using Google Forms to young adults, aged between 18 to 25 years old in Malaysia. The questionnaire is designed in a simple way to ease the data collection process. All questions are close-ended questions and were demonstrated in a short and simple sentence. The questionnaire has two main sections. The first section is related to respondents' demographic profiles such as gender, age, race, education, current working status, and monthly income level. In addition, questions such as "Whether you have any health issue" and "Do you purchase health insurance before" are being asked as well. Since this study is to test the purchase intention on health insurance, the latter question, "Do you purchase health insurance before", serves as a filtering question to exclude those who have purchased health insurance.

Then, the next section is related to the five main constructs of this study, namely, attitude (ATT), subjective norm (SN), perceived behavioural control (PBC), perceived financial benefits (PFB), and purchase intention (PI) of health insurance. The measures of the TPB model are adapted from Ajzen (1991), while the PFB is measured using items based on the scale developed by Lubua and Semlambo (2017). All the items were measured using a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). In total, the questionnaire contains 25 items, including one filtering question. The sample size of this study is 200 Malaysian young adults, and the respondents are selected through the filtering question in the questionnaire. All the data collected were entered into Statistical Package for Social Science (SPSS), Version 27, for analysis and hypotheses testing.

IV. Results and Discussion

The demographic information of the respondents is illustrated in Table 1. From Table 1, it can be noticed that the majority or 139 (69.5%) of the respondents are female, while 61 (30.5%) are male. Among all the 200 respondents, 152 (76%) are aged between 21 to 23, followed by 29 (14.5%) are aged between 18 to 20, and 19 (9.5%) are aged between 24-25. Besides, the respondents comprised four main groups of ethnicities, namely Malay (5%), Chinese (87%), Indian (7%), and others (1%). Regarding educational background and working

status, most of the respondents are degree holders (170 or 85%) and full-time workers (160 or 80%). Furthermore, the data shows that 163 (81.5%) of the respondents earn between RM2001-RM4000 per month, 27 (13.5%) earn less than RM2000, 5 (2.5%) earn between RM6001-RM8000, 4 (2%) earn between RM4001-RM6000, 1 (0.5%) earn above RM8000 per month. Apart from this, 142 (71%) respondents stated that they do not encounter any health problems. Last but not least, a filtering question was included in the questionnaire to ensure that all the 200 (100%) respondents never purchased any insurance before.

Table 1: Demographic Profile

Demographics	Frequency	Percentage (%)
Gender		
Male	61	30.5
Female	139	69.5
Age		
18-20	29	14.5
21-23	152	76.0
24-25	19	9.5
Race		
Malay	10	5.0
Chinese	174	87.0
Indian	14	7.0
Other	2	1.0
Education Background		
Primary	2	1.0
Secondary	17	8.5
Undergraduate	170	85.0
Postgraduate	10	5.0
Other	1	0.5
Working Status		
Full-time employed	160	80.0
Part-time employed	30	15.0
Self-employed	10	5.0
Monthly Income Level		
Less than 2000	27	13.5
2001 - 4000	163	81.5
4001 - 6000	4	2.0
6001 - 8000	5	2.5
8001 and above	1	0.5
Health Problems		
Yes	58	29.0
No	142	71.0
Health Insurance		
Yes	-	-
No	200	100.0

Table 2 reports the descriptive statistics of the research instruments used in this study. The overall mean point of the attitude (ATT), subjective norm (SN), perceived behavioural control (PBC), perceived financial benefits (PFB), and purchase intention (PI) is 4.1350, 3.7433, 3.5350, 4.1975, and 4.2825, respectively. The overall statistics also show no severe violation of normality assumption as all the data measured using skewness and kurtosis are closed to the range of ± 1 (Hair *et al.*, 2017).

Table 2: Descriptive Statistics

	Mean	Standard Deviation	Skewness	Kurtosis
Independent Variables				
Attitude (ATT)	4.1350	0.65300	-0.514	0.226
1. I believe that purchasing health insurance is a wise decision.	4.1750	0.76636	-0.715	0.223
2. I believe that purchasing health insurance is advantageous.	4.2650	0.70517	-0.947	0.889
3. I believe that purchasing health insurance is beneficial.	4.1450	0.76610	-0.930	0.795
4. I would be content if I could purchase personal health insurance.	3.9550	0.82850	-0.505	0.045
Subjective Norm (SN)	3.7433	0.80736	-0.294	-0.402
1. The environment that I faced advises me to purchase health insurance.	3.8900	0.89549	-0.672	0.245
2. I get a lot of positive feedback when I buy health insurance.	3.6250	0.97423	-0.077	-0.857
3. Those who influence my behaviour think that I should buy health insurance.	3.7150	0.98418	-0.456	-0.241
Perceived Behavioural Control (PBC)	3.5350	0.76720	0.340	-0.416
1. I am knowledgeable enough to purchase health insurance.	3.6950	0.89216	-0.260	-0.442
2. I do not need anyone's assistance to purchase health insurance.	3.3250	1.09332	-0.116	-0.781
3. I have a good resource to refer (e.g., insurance agent) when buying health insurance	3.6050	0.90169	-0.007	-0.796
4. I am confident in my ability to purchase health insurance based on my needs.	3.5150	0.98214	-0.026	-0.733
Perceived Financial Benefits (PFB)	4.1975	0.66856	-0.333	-0.756
1. Purchasing health insurance allows me to save money by transferring the financial risk to the insurance company.	4.1900	0.74611	-0.397	-0.866
2. Purchasing health insurance allows me to save money by enjoying income tax exemption.	4.2050	0.73188	-0.573	-0.156
Dependent Variable				
Purchase Intention (PI)	4.2825	0.65322	-1.067	1.126
1. I am likely to purchase health insurance in future.	4.3050	0.73120	-0.935	1.226
2. I am planning to purchase health insurance.	4.2300	0.80019	-1.093	0.736
3. I want to purchase health insurance.	4.2750	0.78258	-1.035	1.207
4. If given the opportunity, I will buy health insurance in future.	4.3200	0.71425	-0.975	0.554

A reliability test is performed to measure the consistency of the research instruments employed in this study. Table 3 shows the reliability results given by Cronbach's Alpha. The results show that all the research instruments used in this study exhibit Cronbach's Alpha more than the minimum threshold value of 0.700 (Bland & Altman, 1997). Hence, it can be concluded that all the variables are reliable.

Table 3: Reliability Results

	Number of Items	Cronbach's Alpha
Independent Variables		
Attitude	4	0.873
Subjective Norm	3	0.805
Perceived Behavioural Control	4	0.800
Perceived Financial Benefit	2	0.778
Dependent Variable		
Purchase Intention	4	0.885

This study uses multiple linear regression to examine the relationship between independent variables and dependent variables. As shown in Table 4, the R-square value implies that 43.4% of the total variation in purchase intention of health insurance can be explained by all the independent variables in this study. Attitude (ATT), perceived behavioural control (PBC) and perceived financial benefits (PFB) illustrate a significant positive relationship with purchase intention (PI). Among the three, attitude (ATT) being the most influential factor ($\beta = 0.472$, $p < 0.001$) in explaining the purchase intention of health insurance among Malaysian young adults, followed by PFB ($\beta = 0.254$, $p < 0.001$) and then PBC ($\beta = 0.117$; $p < 0.05$). However, the subjective norm (SN) is found to be insignificant in explaining the relationship with health insurance's purchase intention in this study. Therefore, H1, H3, and H4 are supported, but H2 is not supported in this study.

From Table 4, the first hypothesis (H1), "There is a positive relationship between attitude and purchase intention of health insurance among young adults in Malaysia", is supported in this study, and the finding is consistent with Ab Rahim and Amin (2011) and Lee *et al.* (2020) 's studies. An individual who portrays a positive attitude towards health insurance originates from the belief and trust that health insurance could reduce the financial risk and burden during an unforeseen health issue (Abdul Manan, Ariffin. Ratul & Zakaria, 2020). Meanwhile, the second hypothesis (H2), "There is a positive relationship between subjective norm and purchase intention of health insurance among young adults in Malaysia", is not supported in this study. The result is contradictory to the previous research done by Amron *et al.* (2018). This may be explained by the fact that health insurance is still not a social norm among Malaysians due to low awareness and unaffordability (The Star, 2020).

On the other hand, the third hypothesis (H3), "There is a positive relationship between perceived behavioural control and purchase intention of health insurance among young adults in Malaysia", is supported in this study and is consistent with Husin and Ab Rahman (2016) 's finding. An individual will have self-efficacy when there is an available resource, such as the availability of an insurance agent to provide information regarding the importance and benefits of health insurance. Thus, the purchase intention of health insurance will increase. Lastly, the fourth hypothesis (H4), "There is a positive relationship between perceived financial benefits and purchase intention of health insurance among young adults in Malaysia", is also supported, and it is consistent with Goel and Haldar (2020) 's finding. The result implies that an individual is likely to look for protection, especially on the financial side, to cover high medical costs or reduce financial loss during an unexpected health event. As a result, perceived financial benefits can influence the individual's intention to purchase, in this case, health insurance.

Table 4: Hypotheses Results

Dependent Variable: Purchase Intention (PI)	B	t	p-value	Result
Attitude (ATT)	0.472	6.217	0.000	H ₁ supported
Subjective Norm (SN)	-0.061	-0.856	0.393	H ₂ not supported
Perceived Behavioural Control (PBC)	0.117	1.984	0.049	H ₃ supported
Perceived Financial Benefits (PFB)	0.254	3.852	0.000	H ₄ supported

Notes: $R^2 = 0.434$; $\alpha = 0.05$

V. Conclusion

To conclude, the finding indicates that attitude, perceived behavioural control, and perceived financial benefits have a significant positive influence on the purchase intention of health insurance of young adults in Malaysia. The finding provides important managerial implications and policy insights to individuals, health insurance providers, and the government towards health insurance's purchase intention among Malaysian young

adults. Individuals should take the initiative to understand the needs and recognise the advantage of owning health insurance. Apart from that, health insurance providers and the government should help to reinforce a positive attitude among Malaysian young adults by proposing effective government policy and developing useful marketing strategies to create adequate awareness and convey valuable messages about the importance and benefits of purchasing health insurance. A limitation of this study is that the generalisability of the finding may be limited as a result of the online data collection approach due to the movement control order imposed in the country following the COVID-19 pandemic, which coincides with the period of data collection. Also, future research may expand the model by including additional variables which are suitable in this context.

Acknowledgement

An initial and briefer version of this paper was presented at the 2nd Conference on Managing Digital Industry, Technology and Entrepreneurship (CoMDITE) 2021, held at Multimedia University, Cyberjaya, Malaysia, from 7-8 April 2021. The authors are grateful for the financial support received from Multimedia University to attend the CoMDITE 2021.

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