YANGON UNIVERSITY OF ECONOMICS

DEPARTMENT OF MANAGEMENT STUDIES

MBA PROGRAMME

FACTORS INFLUENCING CONSUMER ATTITUDE AND INTENTION TO USE OF E-HEALTH SERVICE IN MYANMAR

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EMBA II-42

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ACADEMIC YEAR (2018-2022)

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This thesis submitted to the Board of Examiners in partial fulfillment of the requirements for the degree of Master of Business Administration (MBA).

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ACCEPTANCE

This is to certify that the thesis entitled "**Factors Influencing Consumer Attitude and Intention to Use of E-Health Service in Myanmar**" has been accepted by the Examination Board for awarding Master of Business Administration (MBA) degree.

Board of Examiners

(Chairman)

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April, 2022

ABSTRACT

This study focuses on the influencing factors of consumer attitude and intention to use towards e-Health service in Myanmar. The purpose of this study aims to examine the influencing factors on consumer attitude and to analyze the effect of the consumer attitude on intention to use towards e-Health service in Myanmar. To reach the study objectives, the study is conducted using multiple regression analysis. In this study, two-stage sampling method is used to select the respondents. In the first stage, 3 out of 21 healthcare knowledge sharing Facebook groups are selected by simple random sampling method. In the second stage, 384 respondents are chosen with systematic sampling method in which every fifth members of the groups are selected. The findings of the study show that perceived usefulness and social factors are significantly influenced on consumer attitude. In addition, cognitive attitude also affects their intention to use towards e-Health service in Myanmar. It highlights their positive attitude of consumer lead to intention to use of e-Health service in Myanmar. Based on the findings, the study suggests and recommends that e-Health service providers should focus on social influence factor which are being influenced by perceptions of professionals. Moreover, e-Health service provider should create the user-friendly platform for accessing information with comfort, convenience to find health related information and creating user friendly platform to achieve the positive attitude of consumers.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

E-Health (electronic healthcare service delivery) is simply defined as utilizing the information and communication technology in the healthcare services. The main benefits of e-Health are the potential to balance of growing demand in healthcare with limited resources. Information plays the major key role in healthcare sectors in all aspects. Information technology in healthcare supports the medical doctors for the decisions and related actions, and improves patient treatment outcomes by using the integrated information. Increased usage of the Internet become an information source and service delivery. During the past two decades, information technology has made huge impact to the world and many of e-terms (e for electronic) emerged and more and more implemented in our routine. E-mail, e-government, e-commerce and e-journals are some of the examples. (Oh, Rizo, Enkin & Jadad, 2005)

As e-Health constitutes the application of information technology across the wide area to affect the healthcare sector. Pagliari (2005) suggested that a definition of e-Health and highlights the particular role by the Internet in e-Health. As a result, it's described as "The application of new information and communication technologies, particularly the Internet, to promote or facilitate health and health care." (Pagliari, 2005).

E-Health service includes everything from very fundamental information to advanced interactive services. The most common services are electronic prescriptions, telemedicine applications, electronic administrative functions, patient records and virtual health team and distance learning and provider education. E-Health service can categorize into three main groups (1) consumer information service, (2) telemedicine and (3) health business support services.

The adoption and use of e-Health driven by healthcare information communication and technology for the learning of healthcare systems made the extraordinary amount of information to the healthcare sector and also for healthcare related research (Hammack, 2020). More patients are using the Internet as an information source to obtain healthcare related information. In utilizing e-Health system, consumer must be willing to adopt and utilize the e-Health technology.

Consumer attitude is one of the essential factors and users, with positive attitude, easier to adopt the healthcare technology than others application technology (Cocosila & Archer, 2010). Majority of consumer concern about the usability and comfort to manage their healthcare better and the technology could be used to connect and communicate directly with healthcare providers for their medical needs (Jenkins, 2016). Most consumer attitudes in using the healthcare technology believe that e-Health would help their medical practitioners and doctors for better decision for treatments.

When adapting e-Health services to community, the users must be willing to accept and use effectively the new technology platform. The acceptance of new technology in e-Health service depends on the perceived usefulness, perceived ease of use and social influence of these technologies. People see technology as useful, easy to use and encourage by the society. Some are eager to learn new technology while others are cautious to try new things. The better understanding of individual perceptions allows service providers to determine approaches to increase the use of its technology service.

Healthcare technology relate to behavioral intentions have been widely done and providing as strongly indicator for actual usage in information and communication technologies (Davis,1989, Venkatesh, 2007). The socio demographic like age, education level and income level status were studied and consumer intention can be influenced by consumer attitude. Perceived ease of use, perceived usefulness and social influence are significantly affected to consumer attitude and behavioral intention. Moreover, the usage of healthcare information technology indicated by consumer attitude which had a direct impact on the behavioral intention to use and encourage to concern for their health (Hussein, 2017).

Many e-Health related applications, programs, and services have been introduced in Myanmar as a response of the covid-19 epidemic impact. There are different services available online that provide variety of e-Health services and the usage trend has widely accepted by the general public and consumers promote their service product by building strong consumers relationship with their current users and upcoming customers. To be recognized full potential of e-Health service, which make by understanding of consumers needs and wants, are important to move toward the high quality of health care service.

In summary, e-Health has developed and gained great amount of attention. It can deliver many benefits, improve efficiency and service quality of healthcare. Therefore, e-

Health service providers need to understand influencing actors on consumer acceptance and consumer intention to use on using the service.

1.1 Rationale for the Study

Nowadays, e-Health is being used as an essential platform for people and it holds promise for hassle-free and faster service for the consumer. It is not only saved money, time and convenience and also improve their awareness and knowledge for healthcare service. Consumer receive information and share their opinions and knowledge with others (Thielst, 2011). Using information communication and technology in healthcare sector is relatively new in developing country like Myanmar and it is important to know the impact of technology recognition by consumer before its proper execution.

Advance evaluation of new technology is important for the service providers, decision makers and consumer versus users (Raitoharju, 2005). Presently, continuous improvement by the governments and private healthcare providers are gaining attention and lead to more consumers using in e-Health service. Before presenting new technology to consumer, service provider needs to understand and demonstrate the consumer attitude and intention to use before its suitable implementation.

Though information communication and technology in healthcare has been recognized by many people, very little study has been done to recognize the consumer' acceptance. Technology acceptance model is the most known and extensively utilized models for the study of any new technology introduction in many different fields. Depend on the Theory of Reasoned Action it was originally established by Davis (Davis, 1985). It mentioned that user acceptance for new technology depends on perceived ease of use and perceived usefulness. These factors to be used in this study to know behavioral intentions of consumer in healthcare services. In healthcare sector, technology acceptance model and its modified version have been studied for the intentions and attitude of the consumer and many of them received the positive outcomes. Adoption of e-Health service in Myanmar require for both healthcare providers and consumer. Abilities of e-Health services are to improve the access of healthcare services and opportunity to empower the consumers, to make the doctor-patient relationship more accessible.

Apparently, e-Health services deliver many benefits to provide the better efficiency and improve the service quality. There is a need to study the capabilities of the

Internet in healthcare setting. Though potential of e-Health service has been known in practice, full potential of e-Health service is far from being recognized. By understanding the factors that promote or inhibit the acceptance of e-Health services is important for healthcare service providers. The aim of this research is to investigate the consumers acceptance of e-Health service by identifying influencing factors that explain and predict the intention to use of e-Health service. This study is expected to help the healthcare service providers in Myanmar to design the services in e-Health according to the consumer perception and expectations.

1.2   Objective of the Study

Three main objectives are:

1. To examine influencing factors on consumer attitude of e-Health service in Myanmar

2. To investigate the effect of consumer attitude on their intention to use towards e-Health service in Myanmar

1.3   Scope and Method of the Study

The scope of this study is to identify the influencing factors on consumer attitude of e-Health service in Myanmar and to describe these factors influence on individual's intention to use towards e-Health service.

The study mainly uses a quantitative research method by using primary and secondary data. The primary data were collected by using two stage random sampling method. At the first stage, 3 out of 21 healthcare knowledge sharing Facebook groups, were selected by simple random sampling. In the second stage, 384 respondents are chosen with systematic sampling method in which any fifth member of groups are selected. Secondary data are taken from different resources like research papers, journal articles, internet websites and relevant textbooks, etc. Then, multiple linear regression analysis is carried out to study the consumer attitude and their intention to use towards e-Health service in Myanmar.

1.4   Organization of the Study

   This first chapter is the introduction which includes rationale of the study, objectives of the study, scope and method of the study and how this study organize to identify influencing factors of consumer attitude and intention to use of e-Health in Myanmar. The second chapter provides the theoretical backgrounds, literature reviews that conducted before to illustrate relevant theories, factors influencing consumer attitude and intention to use, previous studies and conceptual framework of the study. The third chapter shows services of e-Health providers in Myanmar. The fourth chapter explains the analysis of influencing factors on consumer attitude and intention to use of e-Health in Myanmar. The fifth chapter is the conclusion by presenting findings and discussions, suggestions and recommendations, and needs for further research, as well.

CHAPTER 2
THEORETICAL BACKGROUND

This chapter consists of theoretical background of applied variables and theories, literature reviews on previous studies and the conceptual framework of the study developed. It begins with defining the consumer attitudes, then applied models for this study like Technology Acceptance Model and Tri-components Model and followed by discussing the factors influencing consumer' attitude. In addition, previous studies related to consumer attitude and intention to use are also reviewed to construct the conceptual framework of this study.

2.1   Consumer Attitude

Consumer attitude is the important factors in studying behavioral intention to use. Consumer attitude is the feelings of favorable and unfavorable towards an object and it is consists of three components: cognitive, affective and conative attitude. Consumer attitude consists of beliefs, emotions and behavioral intentions towards an object which is a product or service. Consumers may have both positive or negative or neutral beliefs to an object and certain feelings based on the beliefs or relatively independen of beliefs. In addition, consumers may have intention to do with an object. Consumer Attitude is one of important factor and positive attitude to adopt the e-Health services healthier than others (Cocosila & Archer, 2010). Consumer believe that e-Health services would allow to make better decision and wise adjustments by their doctors for respective treatments. Generally, acceptence of e-Health services was impressive however, there are some people who unlikely to accept such new technology and indicated a negative attitude (Browning, 2016). These groups of people are who feel uncomfortable with new technology.

In addition, most consumer attitude towards e-Health focused on the technology to manage better for their health matters for right directions. Consumer believe that e-Health services would allow to make better decision and wise adjustments by their doctors for respective treatments. Generally, acceptence of e-Health services was impressive however, there are some people who unlikely to accept such new technology and indicated a negative attitude (Browning, 2016). These groups of people are who feel uncomfortable with new technology.

2.2   Technology Acceptance Model

The technology acceptance model emphasis on the perceptions of potential consumers and determined whether technology to be accepted by consumers based on perceived usefulness and perceived ease of use. It is the system of information theory to show how users become accept and use the technology. It is robust and describes well predictive value, which can easily apply to different sectors (Venkatesh & Davis, 2000). Technology acceptance model gives a foundation for tracing external factors impacts on social influence, attitudes and their intentions to use (Davis, 1985). Theoretical perceptions of technology acceptance model to be used for the basis of this research Study.

The purpose of this study is to examine the consumer attitude of e-Health by identifying factors that explain their intention to use e-health services. Technology acceptance model is a well-recognized and powerful method to predict and explain the individual consumer's acceptance of technology.
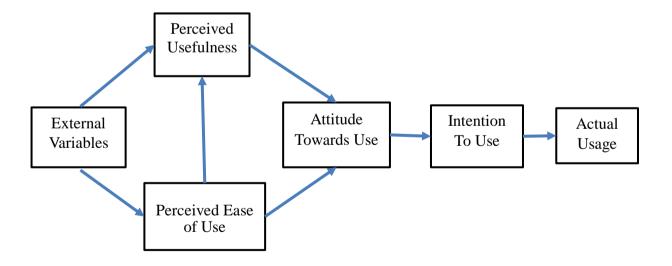
Figure (2.1) The Technology Acceptance Model

Source : Davis, Bagozzi, & Warshaw(1989)

The main assumptions of technology acceptance model concept as the base for this study. Technology acceptance model consists of consumer attitude as mediation factors and as an individual's positive or negative feelings about performing the target behavior established (Hill, Fishbein, & Ajzen, 1977). The perception of intention to use is

"a measure of the strength of one's intention to implement a specified behavior" (Davis, 1989) and later used as dependent construct and   acceptance measure instead of measuring actual usage (Figure 2.1). Intention to use gives a appropriate measure for acceptance and especially for early stage of technology. The behavioral intention received numerous intentions in different research fields. Studying the impact of these factors gives additional evidence and some insights on the existence of possible barriers. Technology acceptance model suggests that all external variables factors, that effect the acceptance of system or technology, are facilitated by perceived usefulness and perceived ease of use.

2.3   Tri-component Model

Tri-component model for formation of attitude was used to examine the influencing factors on consumer attitude on their intention to use towards e-Health service (Figure 2.2). It proposes that formation of attitude is the interaction result of three components which are cognitive component, affective component and conative component (Sandhe, 2019, Schiffman, 2007).

Cognitive component is the first elements of the tri-component mode of attitude consists of the perceptions and knowledge of individuals for the attitude of a product or service. They received from direct exposure with the object of the attitude and from the information sources. Previous perceptions or knowledge usually take as beliefs form and consumer be certain of that the attitude object have different attributes and specific bahavioural action bring specifc outcome results. The tri component theory states that a person has a certain cognitive foundations from his previous knowledge, attitude, environment, opinions and behavior. In addition, cognitive attitude as the way of receiving information, processing through own belief and making conclusions based on experiences and preparation for the future (Shapiro and Bonham, 1973).

Affective component is the second elements of the tri-component mode of attitude about emotions and feelings of consumer for the attitude object. They provide insight for overall assessment of the attitude as favorable or unfavorable or as good or bad or positive or negative. Studies mentioned that positive and negative emotions perform differently and these effects on attitudes ate directly or indirectly influenced by familiarity of brand. Additionally, using evaluative measure of an attitide object, study can use scales

of affective response to build the overall picture of consumer feelings about a service or product.

Conative component is the third elements of the tri-component mode and this conative component reveals the likelihood or probability of consumer who behave in specific way or particular action to the attitude. This component is the actual behavior, although it is generally used to convey the consumer's desire to utilize. It also express as tendency ot predisposition to perform in a certain way towards consumer attitude. Tri-component model approaches to study the relative impact of each components to form an consumer attitude and sequence of attitude when consumers belief to a product or service and develop the feelings about the service or product.

Figure (2.2) Tri-component Model

```
                    ┌─────────────────────────┐
                    │ Cognitive                │
                    │                          │
                    │ Knowledge and perception of │
                    │ product or brand features │
                    │                          │
                    │ Expressed as beliefs about a │
                    │ brand                    │
                    └─────────────────────────┘
                       ↑                    ↑
                       ↓                    ↓
  ┌─────────────────────────┐      ┌─────────────────────────┐
  │ Conative                │      │ Affective               │
  │                         │ ←──→ │                         │
  │ Actions or behavior toward a │ │ Emotions and feelings about a │
  │ product or brand        │      │ product or brand        │
  │                         │      │                         │
  │ Expressed as intention to │    │ Expressed as favorable or │
  │ purchase a brand        │      │ unfavorable attitude toward a │
  └─────────────────────────┘      └─────────────────────────┘
```

Source : Schiffman & Wisenblit (2019)

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2.4   Antecedents of Consumer Attitude

This study conceptualizes the model of technology acceptance model of consumer attitude and tri-component model. Consumer attitude can be influenced by perceived usefulness, perceived ease of use and social influence variables.

2.4.1   Perceived Usefulness

Perceived usefulness is well-defined as the degree of which a person believes that using a particular system would enhance his or her job performance (Davis, 1989). Perceived usefulness always shows as the robust determinants for consumer' attitude (Venkatesh, 2007) with a standardized coefficients for regression. It described as the originally used is perceived as it gives benefits over alternative product or service. When technology acceptance model was first developed, job performance was connected to perceived usefulness. Later, perceived usefulness was re-defined to fit the organizational perspective of the study. In this study, perceived usefulness is accepted as the degree of usefulness to individual consumer who believes to get the benefits from using e-Health service. Previous Studies on technology acceptance model and related research studies suggests that perceived usefulness has an influence on intention to use.

2.4.2   Perceived Ease of Use

Perceived ease of use is defined as "the degree of which a person have faith in that using a particular system would be free of effort" (Davis, 1989). When compared with perceived usefulness, perceived ease of use has shown less impact on intentions to use based on previous study. Perceived ease of use consists two essential dimensions, instrumentality and self- efficacy, which impact on intentions to use in different ways. The instrumentality of perceived ease of use holds the impact of performance for easier to use the service or system and reflected in the relationship with perceived usefulness. Self-efficacy improve the easier to practice the system and main motivation drivers to reflect in hypothesized effect on perceived ease of use on consumer' attitude. These implies that easier to use the system, it perceived as the more useful.

2.4.3 Social Influence

Social Influence or Subjective Norm was proposed to describe the influence by social surrounding environment on decision making process of individuals. It defined as "influence to receive information from another as evidence about certainty" (Venkatesh & Davis, 2000). It mentioned as a direct relationship between social influence and intention to use and show compliance in a standard employee-executive condition. Society values and preferences tend to change the viewpoints and perceptions of consumer intensively (Alsheikh & Bojei, 2014).

Venkatesh & Davis, 2000 states between internalization and compliance where internalization comprises a direct effect on social influence on perceived usefulness. Social influence is significantly influenced by peer groups for online users (Chen, 2018). Internalization describes the impact of other people's opinions on an individual's perception of usefulness. It does have an effect, and some people believe that other people's opinions are really essential to them.

Social influence can be divided into two types, social norms, which are generated by society and significant persons, and personal norms, which are formed internally by the individual. According to social norms, an individual's intents and decisions to engage in a certain action are influenced by the lifestyles and expectations of others. Personal norms differ from social norms in that they refer to personal standards for a certain behavior. Individuals' beliefs on whether or not they should engage in a behavior are influenced by both social and personal norms.

2.5   Intention to Use

Intention to use is defined as the degree of a person formulated whether perform or not perform based on specified behaviour (Brezavšček, 2016). Individual intention to use of a particular technology that directly affects the actual usage of its service. It is the psychological behavioral attitude that to take action or make a choice. The concept of intention to use that is resulting from the theory of planned action to define the probability that a person engages in a certain behavior. It is also consumers' readiness to take action on certain beehavior. It is the common factor to study the indiviuals to use the particular technology and the possibilities of purchasing similar products repeatedly from similar service providers (Sezgin, 2016).

2.6   Previous Studies

For studying consumer' acceptance of technology, literature review have been done for theories of social psychology and adapted to information and communication technology contexts. These previous studies contributed the beginning point for theoretical background for this study of literature reviews.

Ridhi Bhatia (2019) studied on the acceptance of e-Health among Indian consumer and factors to determine the acceptance and intentions to use of these services. It also included demographic factors, usage of information communication and technology and healthcare status. Data were collected from 125 respondents from Delhi of India and quota sampling was used. The study concluded that main factors to be considered contain like age, location, literacy of computer and status of healthcare needs and accessibility. The findings of this study contributed in identifying segment and size of consumer market for e-health in India and also contributed to explore the consumer intention to use of e-health services in India and factors to determine their intentions. (Bhatia & Taneja, 2019)

Figure (2.3) Conceptual Framework of Lanseng and Andreassen

Source: Lanseng & Andreassen (2007)

Digital technology in healthcare service is becoming popular due to consumer satisfaction, reduce cost involved and increased productivity. One study done for

readiness to accept using technology for healthcare services within North European country and investigate the factors influence to consumer attitude for self-diagnosis in same region (Figure 2.3). Total of 160 random selected participated from Norway. Based on this study, it found out that consumer attitude is the main driver for behavioral intentions to use and consumer attitudes toward healthcare application. Consumer attitudes are directly affected by perceived usefulness and ease of use and indirectly affected through expected usefulness by perceived ease of use. This study improved technology adoption in new context by using attitude model with technology readiness (Lanseng & Andreassen, 2007).

Applications in e-Health technology are important in modern technology to improve the quality of healthcare services. E-health adoptions in developing countries are low or underutilized due to poor infrastructure, resistance from healthcare professionals and inefficient technical expertise. One of the studies has done by Musa Ahmed Zayyad,2018 for finding, identifying and analyzing factors influence in adopting and using e-health applications in Nigeria. Objective of the study was to study the barriers and main drivers to accept healthcare technology from healthcare professionals. It used cross sectional approach to collect survey data from 465 healthcare professionals from 15 hospitals in Nigeria. It used dependent variables for modified technology acceptance model and independent variables for external factors. The results were indicated that perceived usefulness and attitude have significant influence on behavior intention to use e-health technology (Zayyad, 2018).

Many helathcare organizations use e-Health services, and these services are not well recognized to some extent. Therefore, one study in 2019 by Batool Motallebzadeh was done to evaluate the effect of factors influencing the acceptance of e-Health using technology acceptance model in the social security insurance. The data were collected from 234 people who enrolled for this study. It was found that there was a significant relationship between perceived ease of use, perceived usefulness and consumer attitude to perceived usefulness and behavioral intention to use. It stated that it is critical to evaluate the factors influencing the acceptance of e-Health services on conventional models like technology acceptance model for better accessment of the serivces (Motallebzadeh, Peikari, & Sadeghi, 2019).

Since technology in healthcare become mandatory to improve the healthcare delivery services in developing countries. Study of the factors influence on consumer'

acceptance for mobile healthcare service done by Marwan El-Wajeeh, 2014 in Egypt. It revealed that technology acceptance model with extension could apply to healthcare consumer bahaviours intention to use for e-Health services. It provided the better understanding of key acceptance factors like perceived usefulness, perceived ease of use, intention to use based on technology acceptance model. The data were collected from 302 Egyptians. Key findings were ninety percents of consumer are intended to use the service, intention to use greatly influenced by perceived usefulness, perceived ease of use. The study done intensive study and exploration of factors that influence on consumer's intention to use mobile healthcare services. (Marwan, 2014)
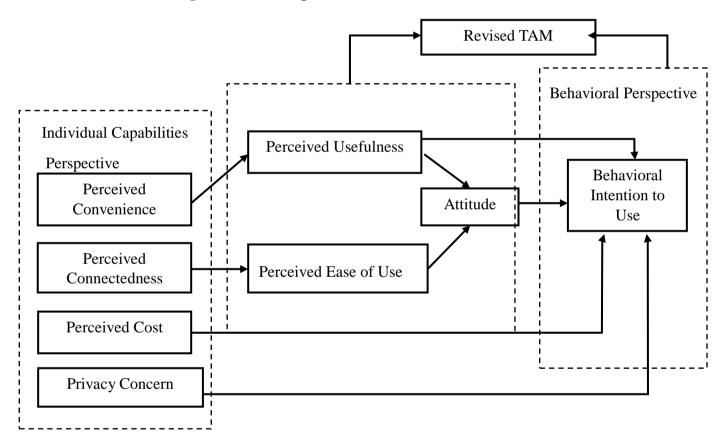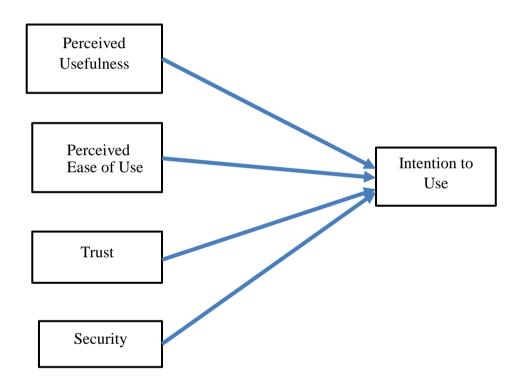
Figure (2.4) Conceptual Framework of Alanazi

Source: Alanazi(2019)

Using Internet of Things Technology increasing rapidly and recently used in many applications in healthcare delivery services for quality services. Alanazi, 2019 investigated the factors that influence for the IoT acceptance of healthcare services in Kingdom of Saudi Arabia . Modified technology acceptance model was developed and added variables to provide better understanding of healthcare technology acceptance.

Survey was collected from 407 participants and Partial Least Square Structural Equation Modeling technique to analyze the effect of different predicting hypotheses on data collected. The study showed that privacy concern, cost and perceived usefulness were the most important factors for behavioral intention to use (Figure 2.4). Though, consumer attitude and perceived connectedness were irrelevant to predict the intention to use of Internet of Things. It also found that there is no relationship between gender and behavioral intention to use. (Alanazi, 2019)

Figure (2.5) Conceptual Framework of Alloghani, Hussain, Al-Jumeily and Abuelma'atti

Source: Alloghani, Hussain, Al-Jumeily, & Abuelma'atti (2015)

A study by Alloghani(2015) was done to recognize the main factors influence on consumer acceptance to mobile healthcare services for general healthcare services in UAE (Figure 2.5). Data sample of 144 general users and healthcare professionals. The research done in-depth identifying the variables to influence the intention to use m-health services. The study found that perceived usefulness, perceived ease of use, trust and security are directly influence on the intention to use of m-health services.   It

demonstrated to evaluate that users' acceptance and help healthcare providers to align with users' needs. (Alloghani, Hussain, Al-Jumeily, & Abuelma'atti, 2015)

Figure (2.6) Conceptual Framework of Akhter

A study by Akhter (2022) was done to determine the factor influening intention to adopt the internet banking services of users on commercial bak in Bangladeshi(Figure 2.6). A convenience sampling method was used to collect the survey questionnaire. The findings of the study present that Perceived Security Risk, Perceived Ease of Use, Perceived Usefulness, Social Influence, and Consumer Innovativeness have siignificant impact on the intention to adopt the internet banking services. It is concluded that influencing factors which include perceived security risk, perceived ease of use, perceived usefulness, consumer innovativeness and social influence should utilize to adopt the general banking services through online platform. (Akhter, 2022)

Based on the study done by Prachi. 2019, platforms for e-Health are becoming popular since they give faster and worry-free services to the consumer and also for cost and time efficient. Using technology acceptance model for studying the factors attracting to consumer' technology adoption in healthcare technology. Data are collected from 298

participants of different private healthcare providers in India to explore the four different factors which are perceived usefulness, perceived ease of used, intentions to use and risk. It confirms that consumer technology acceptance. It also signify that behavioral intentions to use is the most significant determinant and ease of use is more important to perceived usefulness regard to e-Health. This study suggests the important factor responsible for acceptance of technology in e-Health for consumer.

2.7   Conceptual Framework of the Study

This conceptual framework is deveolped based on technology acceptance model and tri-component attitude model based on previous studies and literature reviews. The study aims to anlyze the influencing factors on consumer attitude and their intention to use towards e-Health service in Myanmar. Perceived usefulness, perceived ease of use and social influence are assumed to have effect on consumer attitude and consumer attitude assumed to have effect on intention to use. The conceptual framework of the study is shown as Figure (2.7):

Figure (2.7) Conceptual Framework of the Study

Source: Own compilation (2022)

The influencing variables proposed are based on the technology acceptance model. In this study, the perceived usefulness, perceived ease of use and social influence are considered as antecedents of consumer attitude. This study asserts if there is any significant effect on consumer behavior of e-Health service. Consumer Attitude are measured by cognitive attitude, affective attitude and conative attitude.

According to the tri-component theory, consumer attitude and intention to use toward e-Health service are measured. This study focuses on consumer attitude that have wider implication and affect individual's intention to use. Perceived usefulness, perceived ease of use and social influence are considered as the antecedents of consumer attitude. This study assesses if there is any effect of consumer attitude on intention to use of e-Health service. This study is expected to have a better understanding on consumer attitude and intention to use towards e-Health service in Myanmar.

CHAPTER (3)

E-HEALTH SERVICE PROVIDERS IN MYANMAR

This chapter consists of overview of e-Health services, e-Health service providers in Myanmar. It provides the background for the area of research and followed by research design and reliability test for the variables. At the end of the chapter, demographic factors of respondents are discussed.

3.1   Evolution of E-Health Service in Myanmar

As part of extensive reforms in Myanmar, government has given the network operator license to international operators since 2013. By opening the doors to international investors, government expect to increase investment in network structure, increase market competition and advance mobile access to the population of Myanmar. It is projected that the growth of mobile market going to increase seven percent to the country GDP.

According to the data of Digital 2022, Myanmar report, with the population of 55.02 million, there were over 25 million internet users in Myanmar in January 2022. According to data from Meta's advertising resources, Myanmar had 19.25 million Facebook members in early 2022. Concurrently, Health is the one of biggest challenge facing people in Myanmar like poor access to healthcare, health information and social services, etc. Therefore, It is essential to recognize that Myanmar consumers need to know the value of e-Health services. Poor knowledge to technology has hindered the ability of consumers to use online services such as apps and mobile internet.

Mixture of manual process and computerized patient information are being utilized in healthcare facilities and services in Myanmar. E-health has the potential to address disproportions in healthcare system and services in Myanmar. Its application ran across a extensive range of areas such as the use of information communication and technology to

(1) manage the clinical, financial and administrative information in healthcare facilities

(2) process, store and transmit information of patient,

(3) improve the quality of care and safety of patient

(4) provide innovative approaches for healthcare services using mobile devices

(5) build the capacity to offer continuing education courses online for healthcare professionals. (Kijsanayotin, 2010)

E-Health service deliver the more benefits to consumers, doctors, nurses and organization and others involved in healthcare sector. Benefits of e-Health services are promotion of self-care and empowerment of consumers, improved admittance to health-care services, increased quality of more consumers-centered health-care services and a simplified information exchange. Though many advantages offered by e-Health service, there are challenges and disadvantages that must be understood to overcome them. Drawbacks include restricted direct physical and social contact, quality health information online, privacy and security, misuse and abuse and malpractice (Alpay, 2010). E-Health services can support both of these benefits and provide a medium for self-care to consumers and high-quality care.

3.2   E-Health Services in Myanmar

Despite political and economic question rise due to current status in Myanmar, E-Health services like telemedicine and online health consultation become an increasing trend especially with covid-19 pandemic. Typically, Physical Clinics and Hospitals are first choice of people in Myanmar for emergency care and surgeries, etc. Local people prefer go to Clinics and Hospitals for major treatments and surgeries. Pharmacies and polyclinics are also the front line for medical care in Myanmar. E-Health services can support both of these benefits and provide a medium for self-care to consumers and high-quality care.

Digitization in healthcare continue to focus on refining the healthcare sector with increasing demand for quality and reliable healthcare services, there is a potential for long term growth in Myanmar. Yet, prevailing challenges remain daunting, and require reliable service providers to reach its full potential capacity of the service. The acceptance of e-Health service providers is mainly to create demands for more services opportunities in the future. Consumers require to accept more secure to get medical advice and diagnosis virtually whenever possible from e-Health service (Hlaing, 2018).

E-health services provide affordable health services to people of Myanmar. To resolve the traffic congestion of healthcare industry in Myanmar and shortage of

healthcare workers, e-Health services become most effective resolution to address the healthcare services in Myanmar. The status of digitization healthcare in Myanmar is progressively improving since private service providers are looking to participate in the fast-growing service sector. To help population and reduce stress on the public healthcare system, the resolution becomes e-Health services. (Hlaing, 2018)

3.4   Profile of E-Health Service in Myanmar

E-Health service providers in Myanmar are taking the lead when it comes to introducing new digital products and services. The following services have been offered by service providers in Myanmar are Online consultation which users can call dedicated hotline number to seek the health advice from medical doctors. For example, MyanCare, Hope Telecare Myanmar, On-Doctor online services. Patients can make appointment with specialist doctors and provide the services to fill the gaps for needs of healthcare sector in Myanmar. Moreover, online virtual consultation can be made for most effective treatment for patients. Table (3.1) shows the profiles of selected E-Health Service Providers in Myanmar.

Table (3.1) Profile of Selected E-Health Services in Myanmar

No.	Name	Established Year	Service	Head Office
1	MyanCare	2018	Online Consultation, Home Visit	No. 21/ 5(D) Thiri Mingalar Yeik Thar St, Yankin Township, Yangon.
2	OnDoctor	2016	Online Consultation, Training	Building 24/26, Room 4B/C, South Race Course Street, Yangon, Myanmar
3	myDoctor	2016	Online Health Advice, Online Consultation	K -18, Nwetharki Street, Bayintnaung Pwalyon, Mayangon Township, Yangon, Myanmar
4	Apollo Telemedicine	2012	Online Consultation	73, Ohn Pin St., Zay Gyi (East) Ward,, Kyeemyin Daing, Yangon , Myanmar.
5	HEAL - Pun Hlaing Hospitals	2017	Online Consultation	Pun Hlaing Estate Avenue, Hlaing Tharyar Township, Yangon, Myanmar

Source: Survey Data (2022)

No.	Name	Established Year	Service	Head Office
6	Tele Consultation - ARYU Hospital	2018	Online Consultation	No. 400, Kyaik Ka San Road, Tamwe Township, Yangon, Myanmar
7	HOPE TeleCare Myanmar	2021	Online Consultation	No-148, Pyay Road, Coner of A One Street, Mayangon Township, Yangon, Myanmar
8	Healtppy	2020	Interated Online Healthcare Service	No.38, Setthmu 4 Street, Sout Okkalapa Township, Yangon, Myanmar.
9	Doctors on Wheels	2018	Online Consultation, Home Visit	No. 234 , Kaw Li Ya Road, 13 Ward, South Okkalapa Township , Yangon .
10	AMC TeleDoc	2021	Online Healthcare Service	No. D23/24, May Kha 2nd Lane,May Kha Villa, Thingangyun Township, Yangon, Myanmar

Source Survey Data (2022)

Another form of e-Health service is Online Health Advice which users of the service receive the health advice alerts which suited to the users' interest. The users can post, comments and upload photos related to their health conditions to respective Facebook page. Regular program like sharing health information for public interest, Q&A program for most frequently asked questions and sharing about vaccination knowledge on Facebook, which is most well-known online application in Myanmar.

These services are predominantly catered for people who are online users from Myanmar. These services mostly provide gives a virtual health consultation via doctors, follow up visit, patient data history record, etc. These services are to ensure to be accessible to everyone. Services like sending audio file for consultation with medical doctors, recording biodata and choose the languages like Myanmar or English for preferences.

3.5   Research Design

This study aims to examine the influencing factors on consumer attitude and their intention to use of e-Health service in Myanmar. Ideally one would like to collect data

from the whole population to be examined and, apparently, it is not possible in most cases especially in consumer studies where population is very large. For this purpose, a representative population sample must be drawn.

A sampling frame is a list of fundamentals from which the sample can be taken. A consumer Facebook groups called Beauty and Health Tips for Myanmar group consists of 425,000 members, Healthy Life group consists of 181,000 members and Healthcare knowledge group consists of 141,900 members, was used as the main sampling frame. Individuals who have indicated their interest have great interest in the healthcare services and information.

In this study, two-stage random sampling is applied. At first stage, 3 out of 21 active groups, which healthcare knowledge sharing groups, are selected by using simple random sampling method. In the second stage, 384 respondents among Facebook group members who are chosen by using systematic sampling method, in which every fifth person who made comment on the health-related post which mean who is active and have great interest in health topic. The list of healthcare knowledge sharing Facebook groups is presented in Appendix III.

For studying the consumer attitude and intention to use based on technology acceptance, it is important to include those individuals who have not used the service before to identify what keep them from becoming users. Healthcare is important topic for everyone and the entire population of Myanmar is the target population of this study. However, this study limit respect to age of target population. Lower age limit is at 18 years old since people under 18 years old are protected by their parents in Myanmar and upper age limit was set at 65 years old. Age above 65 years old has found a significant drop Internet usage to under 50% (Hunsaker & Hargittai, 2018).

For primary data, a structural questionnaire is constructed for data acquiring. Questionnaires are resulting from the literature reviews based on previous studies. There are altogether two sections, section-A and section-B to precisely address each variable applied in the study. Section-A is designed for demographic data for the respondents, Section-B is to the analysis on the effects of independent variables on dependent variable (customer attitude) for customer attitude (perceived usefulness, ease of use, and social factor). The Cochrans(1977) method is used to determine sample size.

According to Cochran's method (1977),

$$n = \frac{Z^2 pq}{E^2}$$

Where

n = sample size,

z = table value at 95% confidence interval,

p= population proportion,

q = (1-p),

E = acceptable margin of error.

$$n \geq \frac{(1.96)^2 * 0.5 * 0.5}{(.05)^2} = 384$$

Secondary data are also from the research papers, website of merl.edu.mm, and internet references, publications relating customer attitude and intention to use. Five Point Likert scale is used to calculate the positive and negative perception of respondents to each statement. Questionnaire set are distributed and requested to online consumers who are active members of healthcare knowledge sharing groups in Myanmar. After conducting survey, gathered questionnaires are summarized and then analyze with descriptive and regression analysis by using SPSS software. The reliability test is calculated to make sure the consistent measurement through different statements in the questionnaire sets. This method indicates reliable through examining the internal consistency of the research questionnaire which are posted in Likert scale. Multiple regression model analysis is used to predict the variation between independent variables and dependent variable.

3.6   Reliability Test

This is the reliability test conducted for ensuring the consistent measurement through different question statements in the questionnaire sets. The Cronbach's Alpha ranges between 0 and 1 and the greater value for Cronbach's Alpha means more progressively the data group is. If the result value of Cronbach's Alpha value is above 0.7

or equal to 0.7 which represents the questionnaires are reliable and consistent to apply as research instrument for this study. If the outcome is less than 0.7 which means that results data are unreliable and higher than 0.7 indicates that the results are reliable. The closer Cronbach's alpha coefficient value to 1.0 express as the better the internal consistency of the questionnaire sets in this research study.

Table (3.1) Results from Reliability Test

Sr. No.	Variables	Cronbach's Alpha	No of Items
1	Purchase Usefulness	.902	6
2	Purchase ease of use	.905	5
3	Social Factor	.893	4
4	Cognitive component	.914	5
5	Affective component	.929	6
6	Cognitive component	.880	5
7	Purchase intention	.954	10

Source: Survey Data, 2022

Table (3.1) represents the reliability result data of this study instruments and Cronbach's Alphas value found in the study for the influencing factors on consumer attitude and intention to use of e-Health service in Myanmar. The Cronbach's Alpha range are all vary from 0.8 to 0.9 explains excellent data consistency, while the value range between 0.8 to 0.9 is good, between 0.7 to 0.8 acceptable of internal consistency of data. Hence, all the questions are acceptable and trustworthy to apply in this research and all respondents are appropriate and willing to answer for this study.

3.7   Demographic Factors of Respondents

The analysis of demographic profile of the respondents focuses on gender, age, level of education and income. For each different questions, the respondents are given multiple choices out of which the respondents to choose the most relevant option. Table (3.2) shows the results.

According to the results in the Table, there are 148 numbers of males and 236 numbers of females. In term of percent, it is found that most of the respondents are female with 61%. The e-Health services engaging in Myanmar are mostly accessed by women

and most of the users also women. Although e-Health services are for both genders, mostly the women are more eager to use e-Health services.

Table (3.2) Demographic Factors of Respondents

Demographic Factor		No. of Respondents	Percentage
Total		**384**	**100**
Gender	Male	148	39
	Female	236	61
Age	18-30 years	36	9
	31-45 years	268	70
	46-64 years	80	21
Education level	Bachelor Degree	247	64
	Master Degree	137	36
Income level	200,001-600,000 MMK	19	5
	600,001-1,000,000 MMK	130	34
	Above 1,000,000 MMK	235	61

Source: Survey Data, 2022

Regards to age, there are 36 respondents who are in the age range 18-30 Years, 268 respondents who are in the age range 31-40 Years, and the rest 80 respondents who are in the age of 46-64 Years. In term of percent, the majority of respondents includes the group of 31 to 45 years to age comprises of 70% of the total respondents. This shows that middle age groups are the dominant group users because they are more interested in healthcare services and much care about their well beings.

In terms of education, respondents with Bachelor degree holders are 247 numbers and Master Degree holders are 137 numbers of respondents. the majority of the respondents are Bachelor's Degree with 64%. Master degree holders got 36% with second most participants. It comprises no one respondent who is the high school

graduates and PhD degrees holders. According to these results, it can be indicated that most of the respondents are well-educated.

Relating to monthly incomes analysis on respondents, survey reports that there are 19 respondents, who earn monthly estimating 200,001 to 600,000 kyats, 130 respondents who earn 600,001 to 1,000,000 kyat, and the rest 235respondents earn above 1,000,000 kyat. By the table, most of the respondents are in the monthly income level of above 1,000,000 kyat with 61%, and the lowest percentage is 5% where monthly income of 200,001 to 600,000 kyats.

CHAPTER 4

ANALYSIS OF INFLUENCING FACTORS ON CONSUMER ATTITUDE AND INTENTION TO USE OF E-HEALTH SERVICE IN MYANMAR

This chapter represents analytical analysis of data and discussion of the study. There are three sections in this chapter. The first section is the overall mean value of antecedents of perceived usefulness, perceived ease of use, social influence, consumer attitude which includes cognitive, affective and conative and intention to use towards e-Health services in Myanmar. The second section is the discussion on the regression analysis of the influencing factors on consumer attitude of e-Health service in Myanmar. The last section is the relationship between the antecedents of consumer attitude on intention to use of e-Health services in Myanmar.

4.1   Influencing Factors on Consumer Attitude and Intention to use of e-Health in Myanmar

This section consists of the overall mean value of perceived usefulness, perceived ease of use, social influence, consumer attitude which includes cognitive, affective and conative and intention to use towards e-Health service are used.

Five-point likert scale ordinal type questions are used. Respondents are requested to rate their option from 1 being strongly disagree, 2 being disagree, 3 being neutral, 4 being agree, and 5 being strongly agree, respectively. The overall mean values for each component are denoted with table. The mean values level can be expressed as mean value of 1.00-1.80 (strongly disagree), mean value of 1.81- 2.60 (disagree), mean value of 2.61-3.40 (neither agree or disagree), mean value of 3.41- 4.20 (agree) and mean value of 4.21-5.00 (strongly agree). (Likert, 1993)

(a)   Perceived Usefulness

This is the first variable to study the perceived usefulness of e-Health services and to examine the perceived usefulness, total six structural questions items are composed to ask the respondents to respond their selections.

Table (4.1) Perceived Usefulness of e-Health Service

No.	Items	Mean	Standard Deviation
1	Finding health information is more useful and convenient	4.10	0.70
2	Easily accessible to health-related information	4.03	0.68
3	Finding and getting answers to health questions rapidly	3.91	0.71
4	Improving the effectiveness and managing healthcare	3.93	0.66
5	Beneficial for managing and dealing with the healthcare services	3.80	0.67
6	Using an e-Health service bring more benefits than disadvantages	3.95	0.66
	Overall Mean	3.95	

Source: Survey Data, 2022

Mean value of perceived usefulness of e-Health service on each statement is described in Table (4.1). The highest mean score is 4.10 according to the statement that "Finding health information are more useful and convenient". It means that consumers believe accessing the information with comfort for using the services. The lowest mean value is 3.80 as per the statement that "Beneficial for managing and dealing with healthcare services". It means that the services are required to improve the handling process of e-Health services for the process of registration and management of the service, etc. As indicated in Table (4.1), the overall mean score for the consumer perceived usefulness variable is 3.95 and it is agreed level. It denotes that perceived usefulness of e-Health is already recognized by consumers by finding information is become more useful and convenient to access.

(b)   Perceived Ease of Use

The second variable of first section is perceived ease of use and to examine the perceived ease of use towards e-Health service, total five question statements are used to rate by the respondents to respond their options on each question.

Table (4.2) Perceived Ease of Use of e-Health Service

No.	Items	Mean	Standard Deviation
1	Functions are easy to use	4.18	0.66
2	Learning and adapting to use e-Health services is comfortable	4.15	0.67
3	Becoming expert and skillful at using e-Health services	3.83	0.66
4	Simple and straight forward interaction with e-Health services	3.78	0.66
5	Easy to remember how to use e-Health services	3.92	0.64
	Overall Mean	3.97	

Source: Survey Data, 2022

Perceived ease of use of e-Health services is reported in the Table (4.2). The greatest mean score is 4.18 according to the statement that 'Functions are easy to use". It means that e-Health service functionalities are easy to adapt for the consumers. The lowest mean value is 3.78 on the statement that "Simple and straight forward interaction with e-Health services". It means that usage process of e-Health services needs to be clear for instruction how-to use. As presented in Table (4.2), the overall mean score for the consumer perceived ease of use variable is 3.97 and it is the agree level. It expressed as the consumers are recognized the easily accessibility of e-Health service and additionally, most consumers believe that learning and adapting to usage of e-Health services are comfortable to learn.

(c)   Social Influence

The third variable of the first section is to examine the social influence to the use of e-Health service, total four question items are used to rate by the respondents to respond their options on each question.

Table (4.3) Social Influence of e-Health Service

No.	Items	Mean	Standard Deviation
1	Influenced by Significant professionals to obtain healthcare services	4.26	0.67
2	Using e-Health Services are influenced by Family and friends to use it	4.09	0.63
3	Encouraged by close person to use e-Health services	3.71	0.60
4	Using e-Health services have more prestige	4.17	0.64
	Overall Mean	4.06	

Source: Survey Data, 2022

Social influence of e-Health service is reported in the Table (4.3). The highest score for mean value is 4.26 which according to the statement that "Significant healthcare professionals who encouraged to e-Health service is a good idea for obtaining healthcare services". It means that consumers believed that using e-health service is a way of recognizing in the society. The lowest mean value is 3.71, as per the statement that 'Encouraged by close person to use e-Health services". It shows that consumers are less influenced by important professionals. The overall mean score for the social influence variable is 4.06 and it is the agree level. It means that majority of consumers are using e-Health service in the society make consumers feel about prestige among their environments.

(d)   Consumer Attitude towards e-Health service

Customer Attitude towards e-Health service is the essential component in this study and to examine consumer attitude by means of cognitive (how they think), affective (how they feel about something), and conative (what they do) towards e-Health services.

(i)   Cognitive Attitude

In this analysis, consumer cognitive or his mental stage of how he thinks on that of e-Health service is analyzed. Total five question items are included to find out the

consumer's thought about e-Health service. Respondents are asked to respond on that of 5 items and their responses are reported as follows.

Table (4.4) Cognitive Attitude towards e-Health Service

No.	Items	Mean	Standard Deviation
1	Knowing very well about e-Health services	3.61	0.62
2	Searching and finding about the updates and news about e-Health services frequently	3.96	0.65
3	E-Health services bring a better life quality	4.08	0.60
4	New experiences level of internet and technological experiences from e-Health services	4.13	0.64
5	Getting aware of e-Health services news unintentionally	4.19	0.66
	Overall mean	3.99	

Source: Survey Data, 2022

Cognitive attitude towards e-Health services is described in Table (4.4). Highest mean score value is 4.19 according to the statement that "Getting aware of e-Health services news involuntarily". It shows that consumers are receiving the information involuntarily in their surroundings due to the current online trend. The lowest mean score value is 3.61 on the statement that "Knowing very well about e-Health services". It means that consumers still need to know about available services for the existing services. The average score for the cognitive variable is 3.99 and it is the agree level. It denotes that cognitive attitude towards e-Health service of consumers is unintentionally recognized the e-Health services and its related news due to rapid adoption of online trend.

(ii)   Affective Attitude

This section analyzes to find out their attitude in terms of affective: how they feel about e-Health services. Total six statements are used and respondents are requested to reply on these questions.

Table (4.5) Affective Attitude towards e-Health Service

No.	Items	Mean	Standard Deviation
1	Feeling comfortable while using e-Health services	4.09	0.61
2	Checking update information regularly about health-related news for health awareness	3.67	0.61
3	Taking less time in evaluating and selecting a service while using	4.11	0.64
4	Purchasing from the reliable providers with the quality of information	4.15	0.65
5	Familiarity with online services before making actual purchase reduce the risk	4.03	0.63
6	Feeling safe and secure while using e-Health services	4.00	0.61
	Overall Mean	4.01	

Source: Survey Data, 2022

The outcome from the analysis of consumer affective is shown in the Table (4.5). Highest mean score is 4.15 on the statement that "Purchasing from the reliable providers with the quality of information". It denotes that consumer prefer the service based on responsible providers to ensure the service quality. The lowest mean value is 3.67 on the statement that "Checking update information regularly about health-related news for health awareness". It means that consumers are less likely to check for the updates of the services. The average score for the affective component of attitude variable is 4.01 and it is the agree level.

(iii) Conative Attitude

This section analyzes to find out their attitude in terms of conative attitude what they do about e-Health services or their behavioral action. Total five statements are used and respondents are requested to reply on these questions.

Table (4.6) Conative Attitude towards e-Health Service

No.	Items	Mean	Standard Deviation
1	Ready to obtain service from e-Health services	4.20	0.64
2	Willing to give suggestions to improve e-Health services	3.70	0.59
3	Willing to participate in the benefits (awareness) programs of e-Health services	3.56	0.63
4	Seeking out product and service information about e-Health services	3.78	0.60
5	Using e-health services from a trustworthy service provider	4.22	0.67
	Overall Mean	3.89	

Source: Survey Data, 2022

The result from this analysis of conative attitude is as described in the Table (4.6), The higher the mean value mean the greater the perceived conative attitude for using an e-Health service. Highest mean score is 4.22 on the statement that "Using e-health services from a trustworthy service provider". It shows that consumers have positive intention towards e-Health service from reliable service provider. The lowest mean value is 3.56, on the statement that "Willing to participate in the benefits (awareness) programs of e-Health services". The average mean score for the conative component of attitude variable is 3.89 and it is the agree level. It indicates that consumers are preferred to choose the trustworthy providers.

(iv)   Consumer Attitude

In this analysis, consumer attitude in terms of cognitive, affective, and conative are summarized. The result from this analysis of consumer attitude is as presented in the Table (4.7), as follows.

Table (4.7) Consumer Attitude towards e-Health Service

No.	Items	Mean
1	Cognitive Attitude	3.99
2	Affective Attitude	4.01
3	Conative Attitude	3.89
	Overall Mean	3.96

Source: Survey Data, 2022

As described in table (4.7), the highest mean value is 4.01 and is the affective attitude. It shows that most consumers perceptions on e-Health service have positive attitude base on their knowledges, familiarity and closeness to the online health services. The second highest the mean value is 3.99 and is cognitive attitude. It denotes that the consumers prefer to choose based on feelings of whether the service are reliable. The last and least mean value score is 3.89 and is conative mean value. It expresses as the consumers are willing to get the service information and give the suggestions of the e-Health service. The average value is3.96 and it is the agree level. It indicates the consumer attitude are affected by antecedent factors in favorable condition.

4.1.2   Intention to use

Lastly, the consumer intention to use status is analyzed. In this analysis, there are total ten statements that consumers of e-Health services are asked to rate their agreeable option rating from 1 being strongly disagree to 5 strongly agree. Table (4.8) explains consumer intention to use level, as follows.

Table (4.8) Intention to use towards e-Health Service

No.	Items	Mean	Standard Deviation
1	Using e-Health services again in the future	4.33	0.68
2	Using e- Health services on a regular basis in the future	4.05	0.56
3	Predicting usage of e- Health services in daily life	3.94	0.54
4	Endorsing to use e- Health services	4.10	0.53
5	Considering to use next time	3.79	0.58
6	Becoming regular consumer of e-health services	3.82	0.59
7	Using the variety services of e-health when needed	4.27	0.66
8	Considering E-health services as first choice	3.83	0.60
9	Willing to take part in the benefits programs with e-Health services	3.93	0.54
10	Strongly recommend others to use e- Health services	4.31	0.67
	Overall Mean	4.04	

Survey data, 2022

As presented, the overall mean score for the consumer intention to use factor is 4.04. The higher mean value explains the higher consumer positive attitude of future intention to use for toward e-Health service. The highest mean score is 4.33 on the statement that "Using e-Health services again in the future". It shows that most consumers have a strong desire to use e-Health services again in the future. The least mean value is 3.79 on the statement that "Considering to use next time". It means that consumers are likely to consider to use in the future when needed. The overall mean value is 4.04 and it is the agree level. It indicates the consumer attitude are positively affected by independent factors in promising condition.

4.2   Analysis of Influencing Factors on Consumer Attitude of e-Health Service

In this section, influencing factors on consumer attitude are examined by linear regression analysis. It is used to predict relationship between dependent variables are cognitive, affective, and conative attitude and independent influencing variables namely perceived usefulness, perceived ease of use, and social influence in practice.

4.2.1 Influencing Factors on Cognitive Attitude

In this section, it analyzes the effect of influencing factors on consumer attitude by means of cognitive variable. There are three independent variables as perceived usefulness, perceived ease of use and social influence and cognitive attitude as dependent variable are used in linear regression analysis.

Perceived usefulness and social influence factors have the positive effects on consumer attitude towards e-Health service in Myanmar. The result findings of regression analysis are presented in Table (4.9).

Table (4.9) Influencing Factors on Cognitive Attitude

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.143	0.065		2.207	0.028
Perceived Usefulness	0.088**	0.041	0.089	2.112	0.035
Perceived Ease of use	-0.054	0.052	-0.055	-1.039	0.300
Social Influence	0.917 ***	0.034	0.928	26.699	0.000
R	0.953				
R Square	0.909				
Adjusted R Square	0.908				
F Value	1262.754***				

Survey data, 2022

Note: *** = Significant at 1% level, ** = Significant at 5% level, * = Significant at 10% level

As presented in Table (4.9), R value is 0.953 and adjusted R square value is 0.908. This model explains that the variation of cognitive attitude is predicted by influencing factors of perceived usefulness, perceived ease of use and social influence as value of 90.8%. The value of F test, the overall significance of the model is highly significant at 1 percent level. This specific model can be said valid.

It is found that social influence factor has positive significant effect on cognitive attitude at 1% significant level. This means that when one unit more of the influencing by

social environment that can promote consumer cognitive component of attitude or consumer to use e-Health by 0.917 unit. Regarding perceived usefulness factor, it also has positive significant effect of consumer attitude at 5% significant level.

The standardized coefficient (Beta) of destination attributes has the greatest value (0.928) among three explanatory variables indicating that social influence has the greatest contribution to increase the consumer beliefs and knowledge of e-Health service when the variance explained by other variables is controlled for.

Concerning social influence, most consumers are being influenced by noteworthy professionals in healthcare sector, peer pressures and performing socially desirable towards e-Health service. Regarding with perceived usefulness, most consumer believe using e-Health service are likely to boost up the cognitive attitude. There is no significant effect of perceived ease of use on cognitive attitude of e-Health service in Myanmar. It shows that consumers are resistant to use the new technology due to technical inefficiency.

4.2.2 Influencing Factors on Affective Attitude

In this section of the study, influencing factors which are perceived usefulness, perceived ease of use and social influence are used as independent variables and affective attitude as dependent variable.

Social influence factor has a positive significant effect on consumer attitude towards e-Health service in Myanmar. By using linear regression formula, the result findings are presented in Table (4.10).

As presented in table (4.10), it explains the effect of influencing factors on affective component of attitude. The value of R square is 0.918 and it explains that 91.8% variation of affective attitude is predicted by three variables, perceived usefulness, perceived ease of use and social influence. F-value is highly significant at 1% level the model can be said valid.

Table (4.10) Influencing Factors on Affective Attitude

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.385	0.083		4.626	0.000
Perceived Usefulness	0.059	0.053	0.061	1.111	0.267
Perceived Ease of use	-0.047	0.067	-0.049	-0.711	0.477
Social factor	0.882***	0.044	0.911	19.956	0.000
R	0.918[a]				
R Square	0.843				
Adjusted R Square	0.842				
F Value	679.004***				

Survey data, 2022

Note: *** = Significant at 1% level, ** = Significant at 5% level, * = Significant at 10% level

According to the result findings, among three components of influencing factors on consumer attitude, social influence factor has only positive significant on affective component of consumer attitude. The result of linear regression analysis on the effect of social influence factor and affective attitude, there has strong positive significant factor 1% significant level. This means that when one unit more of the influencing by social environment can promote more positive emotional or feeling of consumer (affective attitude) towards e-health service by 0.882 unit.

This study shows that only social influence has positive significant towards consumers' feelings and emotions at that e-Health service. By using e-Health service, consumers are being influenced by society where usage e-Health services are important in their professions. This means that opinions of respectful occupations are greatly influenced to usage society and also make consumers feel proud of being part of the society.

4.2.3   Influencing Factors on Conative Attitude

In this section of the study, it analyzes the effect of influencing factors on consumer attitude by means of conative variable. There are three independent variables as perceived usefulness, perceived ease of use and social influence and conative attitude as dependent variable are used in linear regression analysis.

Perceived usefulness and social influence have positive significance effects on consumer attitude towards e-Health service. By the use of linear regression formula, the result findings are presented in Table (4.11).

Table (4.11) Influencing Factors on Conative Attitude

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.622	0.108		5.738	0.000
Perceived Usefulness	0.341***	0.070	0.368	4.899	0.000
Perceived Ease of use	-0.003	0.087	-0.004	-0.039	0.969
Social factor	0.477***	0.058	0.515	8.292	0.000
R	0.842[a]				
R Square	0.709				
Adjusted R Square	0.707				
F Value	308.733***				

Survey data, 2022

Note: *** = Significant at 1% level, ** = Significant at 5% level, * = Significant at 10% level

As presented in Table (4.11), the value of R is 0.842 and adjusted R square is 0.707 and shows that it has strong variation between influencing factors and conative attitude. It highlights that 70.7% of the variation of conative attitude is predicted by the three influencing factors namely perceived usefulness, perceived ease of use, and social influence. The value of F test, the overall significance of the model is highly significant at 1 % level. This specific model can be said valid.

As shown, the result of analysis shows that perceived usefulness has a significant and positive effect on conative attitude at 1% significant level. This means if consumer has a unit higher in perceived-usefulness, that results increase more positive conative attitude at e-Health service by 0.341 unit. Regarding with social influence factor, it has most positive significant on consumer attitude because its significant value is less than 1% level. This means that when one unit influence of social influencing effect would promote consumer higher conative attitude by 0.477 unit.

The standardized coefficient (Beta) of destination attributes has the highest value (0.515) among three explanatory variables indicating that social influence has the greatest contribution to increase the consumers intention towards e-Health service when the variance described by other variables is measured for.

Regarding with perceived usefulness, most consumers believe that e-Health system would enhance the ability and performance of individuals and available e-Health services are useful to consumers and lead to positive conative attitude. Concerning social influence, it shows that consumers are being able to accept the information from others as endorsements of the e-Health service in Myanmar. Perceived ease of use has no significant effect on conative attitude. It means that ease of use would not be important factor for choosing e-Health service due to adaptability with technology to the potential customer at e-Health service in Myanmar.

4.2.4 Influencing Factors on Consumer Attitude

In this section, there are three independent variables as perceived usefulness, perceived ease of use and social influence and consumer attitude as dependent variable are used in linear regression analysis.

Perceived usefulness and social influence have the positive significant effects on consumer attitude towards e-health service in Myanmar. In the analysis on the effect of the influencing factors towards consumer attitude, the result of linear regression method is as shown in the Table (4.12), as follows.

Table (4.9) reports the result of regression analysis. The result of relationship analysis reports strong variation between influencing factors and consumers' attitude at that e-Health service. R value is 0.937 and adjusted R square value is 0.877 and it means

that the selected for independent variables (perceived usefulness, perceived ease of use, and social influence) can strongly vary consumer attitude by 87.7%.

Table (4.12) Influencing Factors on Consumer Attitude

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.383	0.070		5.477	0.000
Perceived Usefulness	0.163***	0.045	0.176	3.621	0.000
Perceived Ease of use	-0.035	0.056	-0.038	-0.622	0.534
Social influence	0.759***	0.037	0.821	20.416	0.000
R	0.937[a]				
R Square	0.878				
Adjusted R Square	0.877				
F	911.635				

Survey data, 2022

Note: *** = Significant at 1% level, ** = Significant at 5% level, * = Significant at 10% level

The results suggest that regarding perceived usefulness, it is significant value at 1% significant level. This means that when one unit more influencing power of these factors can only promote consumer attitude by 0.163 unit. It is found that social influence has the most significant variable to consumer attitude at 1% significant level. This means that when one unit more of the influencing by social environment can promote more positive emotional or feeling of consumer (affective attitude) towards e-health service by 0.759 unit.

The standardized coefficient (Beta) of destination attributes has the greatest value (0.821) among three explanatory variables indicating that social influence has the greatest contribution to increase the consumer attitude of e-Health service when the variance described by other variables is measured for.

The regression analysis results highlight that, regarding to social influence, it shows that consumers are being influenced by feeling prestige among peer groups and sharing benefits of the services. About perceived usefulness factor, it describes that usability; comfortability to consumers can lead to positive conative attitude. Consumers

attitude are directly influenced through expected usefulness to improve the consumer attitude. However, for perceived ease of use factor, it has no effect on consumer attitude and shows that the consumers less likely to learn the process of handling new technology for e-Health service in Myanmar.

4.3   Analysis on the Effect of Consumer Attitude on Intention to use

In this section of analysis, the effect of consumer attitude on intention to use is analyzed by the use of linear regression model to find out the effect of the consumer attitude towards on consumer intention to use towards e-Health services.

Cognitive attitude has only positive significant effect on intention to use towards e-Health service in Myanmar. The findings are reported in Table (4.13).

Table (4.13) The Effect of Consumer Attitude on Intention to Use

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.900	0.106		8.517	0.000
Cognitive	0.850***	0.093	0.926	9.168	0.000
Affective	-.0107	0.096	-0.115	-1.118	0.264
Conative	0.043	0.050	0.044	0.864	0.388
R	0.854[a]				
R Square	0.730				
Adjusted R Square	0.728				
F Value	342.195***				

Survey data, 2022

Note: *** = Significant at 1% level, ** = Significant at 5% level, * = Significant at 10% level

As indicated in Table (4.13), it explains that is strong variation between consumer attitude and intention to use. The value of R is 0.854 and adjusted R square is 0.728, it highlights that 72.8% of the variation of intention to use can be explained by the model which is predicted by the three variables of consumer attitude (cognitive, affective and

conative). F test value is significant at 1%. This explains highly significance of the model at 1% level, and thus, this use of regression model is valid.

The result of regression analysis shows that only cognitive component of attitude is positive significant value at 1% significant level. This means that when one unit increase consumer cognitive attitude would promote intention to use by 0.85 unit.

The regression analysis results highlight that, cognitive component is the only positive significant factor on the consumer and play an essential role to increase positive effect toward intention to use of e-Health service in Myanmar. It highlights that most consumers have good perceptions and their intention to use e-Health service in the future. Consumers have positive attitude about being able to control the process of accessing information for their perusal base on previous knowledge, experience of entities. It denotes that consumers' beliefs, perceptions and attributes with the e-Health service have positive impact on using e-Health service. On the other hand, affective and conative attitude has no significant impact on intention to use of e-Health service in Myanmar. It shows that emotional or feeling of consumers and their behavioral action towards using e-Health service are not impacted on the possibilities of actual usage of e-Health service.

CHAPTER 5

CONCLUSION

This chapter presents the survey findings and discussions from the analysis of the consumer attitude and intention to use of e-Health service in Myanmar, provide suggestions and recommendations and needs for further study. By understanding of the consumer attitude and intention to use of e-Health service, it is able to improve the service quality and standard to meet consumer needs and wants in turn, the consumers reward with positive intention to use towards e-Health service, recommending them to friends and relatives and participating in benefits of the program.

5.1   Findings and Discussions

The main objective of this study is to examine the influencing factors emphasis on three influencing factors, which are perceived usefulness, perceived ease of use, social influence on consumer attitude and analyzes the effect of consumer attitude on their intention to use towards e-Health service. Consumer attitude is an important step in determining the technology acceptance model and significant concept in business process and academic research. It can help the service providers to modify the service available in order to attract the customers among the competitive market.

The study is carried out by gathering primary data from 384 respondents and most respondents are female and are educated with majority of Bachelor degree level followed by Master degree holder. Main respondents are 31-40 years old who are middle aged group. Regarding the income level of respondents, majority of respondents are income level of 600,001 to 1,000,000 MMK, mostly use e-Health services, and it may be because the respondents use e-Health services which likely to encourage in the working professional's environment. The respondents are who have experiences on using e-Health services at least one time. The questionnaires were sent out to the respondents via online.

Among three independent variables. the highest score of mean values is social influence factor which has, 4.06. It implied that using e-Health service are being

influenced by healthcare professionals or family or friends. Followed by perceived ease of use factor and it shows that consumers prefer easy to learn and simple process to access the service. Then, perceived usefulness factor has 3.95, which is lowest mean score among three variables. It suggests that consumers recognize the usefulness and benefits of the service and accept that information are readily available to find.

Regarding mean values among components of consumer attitude (cognitive, affective and conative), affective attitude has the highest mean score, 4.01. It shows that most consumers have the positive feelings for using of e-Health service. After that, Cognitive attitude has the second largest mean score, 3.99 and shows that consumers have positive attitude based on beliefs, knowledge about the service. Then, the least score among three components is the conative attitude which means that consumers intend to use for getting update information and give suggestions about the service.

For the first objective, the research study explores the influencing factors on the consumer attitude: perceived usefulness. perceived ease of use and social influence are respectively examined on all three components (cognitive, affective and conative) of consumer attitude model. According to the results, perceived usefulness and social influence have positive significant influence on consumer attitude. In these two factors, social influence has shown greater impact than perceived usefulness of the e-Health service.

Regarding to social influence, it has most positive effect on consumer attitude. It suggests that the results show the importance of society status and consumers require to get acknowledge and compliments from others. They expect to have better service than most others from others' opinions. Relate to social media, it helps consumers to share or exchange opinions about health service. It is convenient to share their opinions about e-health service by using social media platform. Most consumers use the service because their family and friends are using them. E-Health service can provide the consumers with a comfortable and pleasant experience using them. Thus, by using these services, consumers may present as a knowledgeable one and as a prestige for their status.

Concerning perceived usefulness, it has a positive impact on consumer attitude and consumer believes that e-Health service would allow medical doctors or practitioners for better decision for related treatments for the patients. Most consumers are using online

service as a source of information. People believe that e-Health service is faster service to access the information, save time for sharing knowledge and conveniences to find the health information. The usefulness of the services can determine the attributes towards the e-Health service and promote positive attitude towards the services. The majority of consumers consider that e-Health services are more useful and earn more credibility towards respective websites or blogs.

For the second objective of analysis, it examines to investigate the effect of consumer attitude (cognitive, affective and conative) on intention to use towards e-Health service in Myanmar. According to the results, among the three components of consumer attitude, cognitive factor has positive significant effect on the intention to use of e-Health. It describes the facts that consumers have strong intention to use of e-Health service based on consumers belief of being able to control for the requesting services and purchasing process. It has a great possibility to use the e-Health service. They are more likely to use when they need to use next time.

The study found that consumer attitude is significantly influenced by social influence and perceived usefulness among three independent variables. This encourages for their intention to use e-Health services and gain more capabilities and confidence from using e-Health services and lead to consumers to use these services again.

5.2   Suggestions and Recommendations

Based on the findings, some of the relevant suggestions and recommendations for e-Health service are provided for the influencing factors on consumer attitude and their intention to use of e-Health services in Myanmar. With the growth of social media and increase usage in Internet and online health services, the social influence factor plays a pivotal role in online services.

Regarding with the findings of the effects of influencing factors on consumer attitude, the results highlight that social influence and perceived usefulness are the positive significant factors on the consumer attitude. Regarding social influence, it concludes that it is important to get being recognized by society and endorsed by specialists or respected experts play significantly to promote positive impact on e-Health

service. By doing so, consumer likely to use the e-Health services again. In addition, e-Health services should encourage the building of better education program for services awareness. The findings suggest that social influence has greater influence on consumer attitude of e-Health service in Myanmar.

Regarding with perceived usefulness, it has positive significant effect on consumer attitude, e-Health service providers should emphasize and improve usability of the services. The service provider should develop the user-friendly mobile applications platforms for easy access and processing of patient information between respective professions and patients. For specific needs of e-Health services, many private institutions have its own services and online service providers for specific purpose like tele-consultation, health management system like storing and transmitting patient data between respective professions. Understanding of consumers' needs and wants for e-Health service become challenge for e-Health service in Myanmar due to inefficiency of technology and resistance to adapt new technology.

Moreover, e-Health service provider should focus on providing benefits features to consumers by creating easy and convenient experiences to use. Service providers of e-Health service should arrange regular trainings and regularly update about available services for the benefits of the e-Health services. By doing so, consumers are willing to use e-Health service for improving the quality of life, accessibility of education materials related to healthcare occupations for continuing education,

In summary, in order to attract more consumers, e-Health service providers in Myanmar should create user guidance or tutorials like creating step by step visual guides to help users for the service and provide hotline services for consumers enquires. If service provider can create platform to represent the higher social status in the society, potential consumers going to increase the chance of intention to use towards e-Health service. The important implications for the service providers are being recognized by society as prestige. Using e-Health service for their benefits and highlighting advantages of e-Health service to consumers. This benefit the consumer to recognize the usefulness of e-Health services which drive the positive attitude and lead to intention to use.

5.3　Needs for Further Research

The study is conducted based on online users who have at least one-time experience in using e-Health service in Myanmar. Only a slight subset of factors that affect the e-Health services, in terms of perceived usefulness, perceived ease of use, social influence, is taken into account. There are other influencing factors like perceived convenience, perceived connectedness, perceived cost and privacy concern, etc. Further study should extend to other aspects like marketing factors that influence the use of e-Health services should also be taken into consideration for better understanding of technology acceptance and require to explore the rapid increasing online service market in Myanmar. For e-Health service providers, it is beneficial and fruitful for better understanding of these factors to increase awareness, advancements of the service. Further investigation for educating and giving training to the service users are also needed to understand whether better educating and training results is more efficient in long term use.

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APPENDIX I

Dear Respondents,

I'm a student of Yangon University of Economic, Department of Management Studies and conducting this survey as one of the fulfillments for completing my study of Master of Business Administration (EMBA). The purpose of this study is to examine the influencing factors on consumer attitude and intention to use of E-Health Service in Myanmar. This is completely voluntary, and all your responses would be anonymous. It will take an average of 10-15 minutes to fill it out.

Thank you so much for your time and kind support.

Section (A) Demographic

Direction: Please mark (√) in the provided box	
Gender	o Male o Female
Age	o 18-30 Years o 31-45 Years o 46-64 Years o 65+ Years
Education	o High-School o University Student o Bachelor degree o Master Degree o Ph.D. degree
Income	o Under 200,000 MMK o 200,001-600,000 MMK o 600,001 – 1,000,000 MMK o Above 1,000,000 MMK

Section (B) Consumer Attitude and Intention to Use

This section of questionnaire is to investigate Influencing Factors for consumer attitude and intention to use of e-Health services in Myanmar. Please judge how far you agree with following statements and cycle to appropriate rating scale for all questions in the section. Use the following scale to select the number.

1 = Strongly Disagree 2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree

No	Influencing Factors	Scale				
		1	2	3	4	5
Perceived Usefulness						
1	An e-Health services would make finding health information more useful and convenient.					
2	An e-Health services would make health related information more easily accessible.					
3	An e-Health services would enable to find and get answers to health questions more rapidly.					
4	An e-Health services would improve the effectiveness in handling and managing health care.					
5	An e-Health services would be beneficial for managing and dealing with the health care.					
6	The more benefits of using an e-Health services than disadvantages.					
Perceived Ease of Use						
1	e-Health services functions are easy to use.					
2	Learning and adapting to use e-Health services would be easy.					
3	It would be easy to become expert and skillful at using e-Health services.					
4	The interaction with e-Health services would be straight forward and simple.					
5	It would be easy to remember how to use e-Health services.					
Social Influence						
1	Significant healthcare professionals who influence me think that using e-Health services is a good idea for obtaining healthcare services.					
2	My family and friends who use e-Health Services for healthcare-related activities influence me to use it.					
3	Related people who are close to me would think that I should use e-Health services.					
4	People in my environment who use e-Health services have more prestige than those who do not.					

No	Consumer Attitude	1	2	3	4	5
Cognitive						
1	I know very well about e-Health services.					
2	I frequently search and find about the updates and news about e-Health services.					
3	E-Health services bring a better life quality to me.					
4	I receive new experiences level of internet and technological experiences from e-Health services.					
5	I get aware of e-Health services news unintentionally.					
Affective						
1	I feel comfortable while using e-Health services.					
2	I regularly check not to feel missing update information about health-related news for my health awareness.					
3	I feel that it takes less time in evaluating and selecting a service while using e-health services.					
4	I prefer to purchase from the reliable service providers that provides me with the quality of information.					
5	I believe that familiarity with online services before making actual purchase reduce the risk of using e-health services.					
6	I feel safe and secure while using e-Health services.					
Conative						
1	I am always ready to purchase products/ service from e-Health services.					
2	I am always willing to give suggestions to improve e-Health services.					
3	I am willing to participate in the benefits (awareness) programs of e-Health services.					
4	I actively seek out product and service information about e-Health services.					
5	I like to use e-health services from a trustworthy service provider.					
Intention to Use						
1	I will likely to use e-Health services again in the future.					
2	I will use e-Health services on a regular basis in the future.					
3	I predict I will use e-Health services in my daily life.					
4	I will strongly approve and validate to use e-Health services.					
5	E-health services will be top choice when I consider to use next time.					
6	I intend to become regular consumer of e-health services.					
7	If available, I will use the variety services of e-health when I need them.					
8	I would consider e-health services as my first choice.					
9	I am willing to take part in the benefits programs with e-Health Services.					
10	I will strongly recommend others to use e-Health services.					

APPENDIX II

Influencing Factors on Cognitive Attitude

Model Summary[b]						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson	
1	.953[a]	.909	.908	.16615	1.265	

a. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

b. Dependent Variable: Cognitive

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	104.577	3	34.859	1262.754	.000[b]
	Residual	10.490	380	.028		
	Total	115.067	383			

a. Dependent Variable: Cognitive

b. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.143	.065		2.207	.028
	Perceived Usefulness	.088	.041	.089	2.112	.035
	Perceived Ease	-.054	.052	-.055	-1.039	.300
	Social	.917	.034	.928	26.699	.000

a. Dependent Variable: Cognitive

Influencing Factor on Affective Attitude

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.918[a]	.843	.842	.21375	1.612

a. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

b. Dependent Variable: Affective

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	93.065	3	31.022	679.004	.000[b]
	Residual	17.361	380	.046		
	Total	110.426	383			

a. Dependent Variable: Affective

b. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.385	.083		4.626	.000
	Perceived Usefulness	.059	.053	.061	1.111	.267
	Perceived Ease	-.047	.067	-.049	-.711	.477
	Social	.882	.044	.911	19.956	.000

a. Dependent Variable: Affective

Influencing Factors on Conative Attitude

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.842[a]	.709	.707	.27853	1.621

a. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

b. Dependent Variable: Conative

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	71.853	3	23.951	308.733	.000[b]
	Residual	29.480	380	.078		
	Total	101.333	383			

a. Dependent Variable: Conative

b. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.622	.108		5.738	.000
	Perceived Usefulness	.341	.070	.368	4.899	.000
	Perceived Ease	-.003	.087	-.004	-.039	.969
	Social Influence	.477	.058	.515	8.292	.000

a. Dependent Variable: Conative

Influencing Factors on Consumer Attitude

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.937[a]	.878	.877	.17978	1.523

a. Predictors: (Constant), Social, Usefulness, Ease

b. Dependent Variable: Attitude

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	88.396	3	29.465	911.635	.000[b]
	Residual	12.282	380	.032		
	Total	100.678	383			

a. Dependent Variable: Attitude

b. Predictors: (Constant), Perceived Usefulness, Perceived Ease of use, Social Influence

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.383	.070		5.477	.000
	Perceived Usefulness	.163	.045	.176	3.621	.000
	Perceived Ease	-.035	.056	-.038	-.622	.534
	Social	.759	.037	.821	20.416	.000

a. Dependent Variable: Attitude

Effect of Consumer Attitude on Intention to Use

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.854[a]	.730	.728	.26253	1.321

a. Predictors: (Constant), Conative, Cognitive, Affective

b. Dependent Variable: Intention to use

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	70.754	3	23.585	342.195	.000[b]
	Residual	26.190	380	.069		
	Total	96.944	383			

a. Dependent Variable: Intention to use

b. Predictors: (Constant), Conative, Cognitive, Affective

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.900	.106		8.517	.000
	Cognitive	.850	.093	.926	9.168	.000
	Affective	-.107	.096	-.115	-1.118	.264
	Conative	.043	.050	.044	.864	.388

a. Dependent Variable: Intention to use

APPENDIX III

List of Healthcare Knowledge Sharing Facebook Groups

No	Name	Members
1	Beauty & Health Tip Myanmar	425,500
2	Physiotherapy and General Health	234,000
3	General Health Knowledge	220,000
4	Healthy Life	181,600
5	Health Knowledge Sharing Group	160,000
6	Health Related General Knowledge	141,000
7	Hospitals And Clinic Addresses	66,000
8	Healthy And Beauty Tips	59,000
9	Health Way to Weight Loss	57,000
10	Religions, Health And Active Life Style	54,000
11	Kyan Mar Pyaw Shwin Sate Kyi Lin	50,700
12	Kyan Mar Yay	49,000
13	Pregnancy Care	44,000
14	Rapha- Ask Anything	41,000
15	To A Better Health	35,000
16	Baby And Mom General Health Knowledge	23,000
17	Mom & Baby Health	16,000
18	Health, Technology and Knowledge	15,000
19	Health Tips	6,000
20	Healthy Exercise	5,700
21	For Health- Online Doctor	1,300

Source: Survey Data (2022)