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Awareness of Traditional Chinese Medicine in Relation to Purchase Intention among Malay Muslim in Malaysia

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Abstract

Malaysia is a multi-ethnic, multicultural and multilingual society with a population of about 28.3 million people. The majority of its population in 2010 consisted of Malays (67.4%), Chinese (24.6%), Indians (7.3%) and other races (0.7%) (Department of Statistics Malaysia, 2011). Each ethnic group in Malaysia is rich in its own culture and traditions. Hence, with such diverse ethnicities, Malaysians' perception of health and as well as treatment choices are often heavily colored by their cultural beliefs and practices. People from different cultural backgrounds have used different herbal plants, plant extracts, animal products and mineral substances (Addae-Mensah, 1992) as the means to care, cure and treat ill-health (Curtis and Taket, 1996). Therefore, is a need to review the circumstances and consumers' purchase behavioral intention for the Traditional Chinese Medicine (TCM) especially among Malay Muslim in Malaysia. This is crucial to provide clearer information, to understand customers' real needs and to serve them well, in order to maintain market competitiveness.

Key Words: *Purchase intention, Health Consciousness, Consumer Values, Product Involvement, and Religiosity.*

Introduction: For Malay Muslim, health is the greatest gift of all human beings from the Creator. Healthy living is an integral part of Islam. As Prophet said, "There are two blessings which many people lose: (They are) Health and free time for doing good" (Sahih al-Bukhari, 2010). Furthermore, the Quran and the Sunnah outline the teachings that show every Muslim how to protect their health and live life in a state of purity. As a multicultural country, Malaysia consist of three major races the Malays, Chinese and Indians, live in unity despite practicing distinct religion and cultures. As an integrated society they have also adopted unique interests and customs including their health practices. One of popular health practices is traditional Chinese medicine.

Traditional Chinese medicine's industry in Malaysia is growing at a remarkable rate and plays a complementary role in the national health care system. Despite the fact that traditional Chinese medicine is used by an increasing number of Malaysians, little information is available regarding the effectiveness of traditional Chinese medicine over conventional therapies and source of information especially to Malay Muslim in Malaysia. Hence, the understanding of Malay Muslim's behavioral intention towards herbal supplement will enables business practitioners to gain competitive

advantage in today's challenging business environment. This study aims to identify the critical factors influencing Traditional Chinese Medicine products purchase intention among Malay Muslim consumers in Malaysia.

Definition of Purchase Intention: Purchase intention is defined as the behavior that consumers are searching for, using, buying, evaluating, and disposing the products and services which are assumed to satisfy consumer's needs (Pelau, C., 2011). According to Diallo (2012), consumer purchase intention refers to the attempt to buy a product or service. Consumers' positive feelings and attitude toward a product/service or private label store will influence his or her purchase intention (Das, 2014). Purchase intention from a retail store is affected by some external factors like brands sold in the store, physical location and timing (Das, 2014) and some intrinsic factors like fulfilling a need, satisfying a preference and placing the consumer in a better position (Luo et al., 2011).

Purchase intention has been widely used as a predictor of subsequent purchase and linkages had been found between store image and purchase intention (Grewal et al., 1998). In the study conducted by Granot et al., (2010), three themes have been found to be drivers in retail purchase decision-making of female consumers. These drivers are emotional (brand), service (retail environment) and lastly experiential (shopping). They further suggest that retailers should consider all three issues to attract and satisfy customers, and specifically the retail brand constitutes emotional satisfaction and loyalty for repetitive purchases (Granot et al., 2010). Purchase intention is also used as an indicator of estimating consumer behavior (Wu et al., 2011).

Approaches to Purchase Intention: The main constructs of this study were taken from the "Theory of Planned Behavior (TPB)". According to TPB, there are three main factors related to consumer's intention to purchase any products entirely namely, attitude, subject norms and perceived behavioral control. A central factor in this theory is the individual's intention to perform a given behavior. Intentions are assumed to capture the motivational factors that influence a behavior. They are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior. As a general rule, the stronger the intention to engage in behavior, the more likely should be its performance. A subjective norm also can be termed as attitude towards a particular behaviour (Ajzen and Fishbein., 1980). In other words, attitude is considered as a result of belief. As example, a consumers will hold positive or favourable attitudes if the behaviour performed leads to positive outcomes. Vice versa, consumers who hold negative or unfavourable attitudes if the behaviour performed leads to negative outcomes. However, according to Ajzen (2002), a person is assumed to hold many behavioural beliefs associated to certain behaviour based on the prevailing accessible beliefs at any given time. The behavioural belief is related to the subjective values of the expected outcomes. The aggregate will result in a favourable or unfavourable "attitude" towards the behaviour.

The proposed research framework as below:

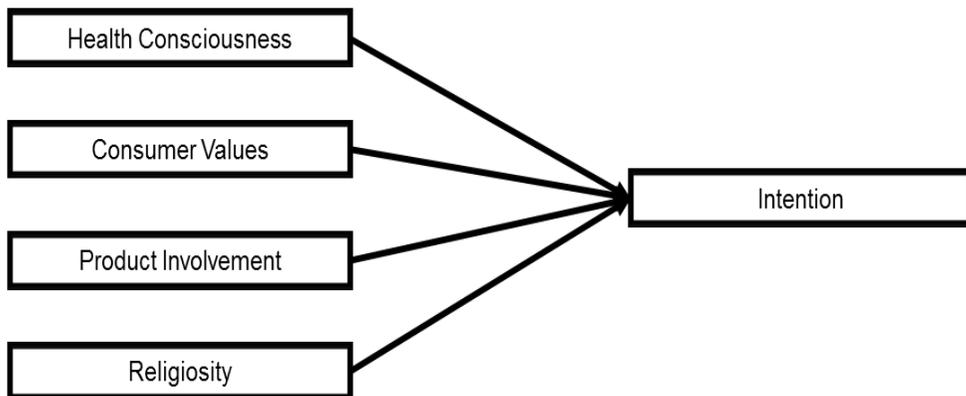


Figure-1: Conceptual model of factors influence the intention of Malay Muslim consumers to purchase traditional Chinese medicine.

Theoretical Framework: In order to determine the critical factors which influence the purchase intention among Malay Muslim in Malaysia, this paper will adopted 3 theory which are the Theory of Reasoned Action (TRA), Theory Planned Behavior (TPB) and Health belief model (HBM). Both TRA and TPB explained that, consumer’s intention to purchase any products entirely depends on three main factors, which are, attitude, subject norms and perceived behavioral control.

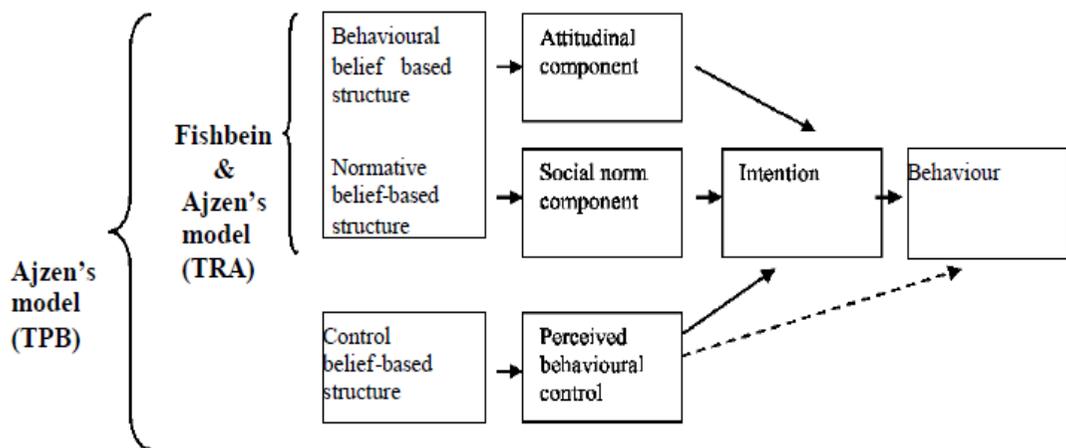


Figure-2: The Theory of Reasoned Action and the Theory of Planned Behaviour (Ajzen, 1988, 1991)

This will be followed by the health The HBM is a health specific social cognition model (Ajzen 1998). The HBM is a conceptual framework used to understand health behavior and possible reason for non-compliance with the recommendation health action (Becker & Rosenstock, 1984). The HBM suggested that, behavior change occurs with the existence of three ideas at the same time which are i) perceived susceptibility, ii) perceived threat and iii) perceived benefits and barriers.

- i. Perceived susceptibility: An individual recognizes that there is enough reason to make a health concern relevant.

- ii. Perceived threat: That person understands he or she may be vulnerable to a disease or negative health outcome.
- iii. Perceived benefits and barriers: An individual must realize that behavior change can be beneficial and the benefits of that change will outweigh any costs of doing so.

The Figure-3 below shows the HBM model including all of the elements necessary for behavior change.

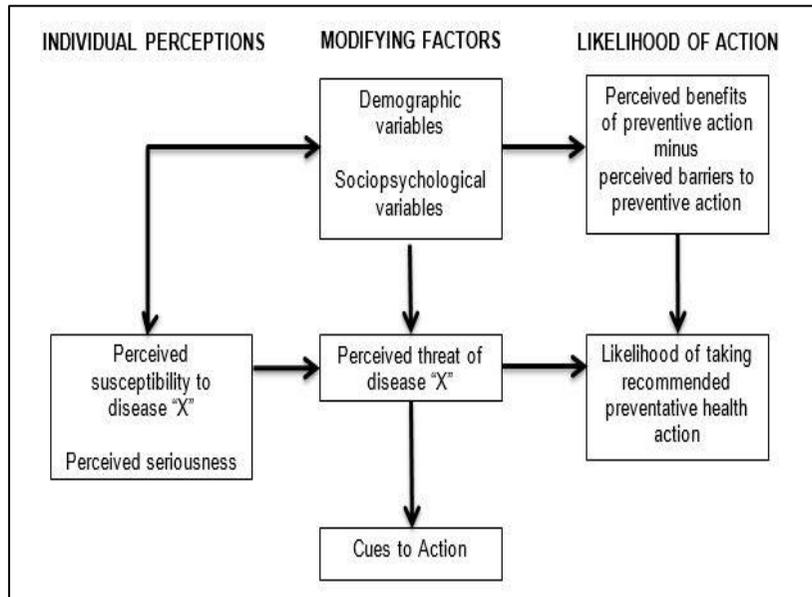


Figure-3: Health belief model (Ajzen 1998)

Health consciousness: Healthiness has become an important determinant for purchases and a parameter of quality for many consumers (Magnusson et al., 2001; Wandel and Bugge, 1997). Consumers express an interest in issues relating food to health (Fagerli and Wandel, 1999; Rozin et al., 1999) when they perceive food safety risks and lose confidence in the quality of conventional foods. Health-consciousness is a measure of an individual’s readiness to take health actions. Refer to Newsom (2005), explained that health conscious people are concerned about the state of well-being and try to put effort to maintain a healthy life. Kasl and Cobb (1966), defined health behaviours as “any activity undertaken by a person believing himself to be healthy for the purpose of preventing disease or detecting it at an asymptomatic stage.

Becker et al. (1977) defined readiness to undertake health actions as having three components: health motivations, perceived threats posed by illnesses or conditions, and perceived probability that compliant behaviour will reduce the threat. According to Gould (1988, 1990) health consciousness is conceptualized through four dimensions. The first dimension is health self-consciousness, which explaining that people who are more health conscious show greater concern when put near health hazards. In addition, they are also more health-responsible, and more involved with their fitness and nutrition and stress management (Kraft & Goodell, 1993). The first dimension is focused on researching individuals' actual behaviour in certain situation.

The second dimension suggested by Gould (1988, 1990) that, health consciousness is a psychological or inner state, which is independent, and directly influences ones behaviours

regarding health care. The third dimension involves researching the correlation between health consciousness's and seeking and using health information. As stated above, it is believed that health conscious persons tend to be more involved with their health, which also includes searching for and using health information. There are two points of view regarding this dimension. The first considers seeking and using health information as a part of health consciousness (Rodgers, 2007).

On the other hand, Dutta, et al., (2007) had the opinion that seeking and using health information is just the kind of behaviour triggered by health consciousness. The last dimension is health self-monitoring, which is crucial part of health consciousness as it shows the intensity with which individual's value healthy conditions (Dutta-Bergman, 2004). Health-consciousness indicates whether individuals are aware of the influence of lifestyle on health (Wardle and Steptoe, 2003). Even though there is no clear definition of health consciousness, it is concluded that health-conscious individuals are concerned for their health, and thus are more likely to be interested in improving and/or maintaining their health and to engage in health actions.

Health-consciousness has been investigated as a major determinant of healthy behaviours. Health-consciousness was independently associated with lack of exercise or low fruit and vegetable intake (Wardle and Steptoe, 2003). Less health-conscious people exhibited those behaviours at a higher rate than highly health-conscious people. Previous studies also suggested an effect of health-consciousness on attitude toward healthcare activities; for example, individuals with high levels of health-consciousness tend to have favourable attitudes toward obtaining regular medical check-ups, and maintaining a healthy diet to prevent heart disease and cancer (Gould, 1988). There is also evidence that consumers are becoming more interested in gaining knowledge about the ethical and health benefits of food products with an associated preference to buy natural, fair-trade and especially organic, products (Krystallis and Chryssochoidis, 2005).

Consumer Values: Value can be defined in various contexts. Marketing researchers have used different terms to define the concept of consumer perceived value (Woodruff, 1997). These include perceived value (Chang and Wildt, 1994), customer value (Oh, 2000; Woodruff, 1997), value (Ruyter et al., 1997) and value for money (Sweeney et al., 1999), customer perceived value (Gronroos, 1997), perceived customer value (Chen and Dubinsky, 2003), consumer value (Holbrook, 1999), value for the customer (Reichheld, 1996), buyer value (Slater and Narver, 2000) and perceived service value. All the concepts focus on certain similarities.

Thus, value is considered "the consumer's overall assessment of the utility of a product based on perceptions of what is received and what is given" (Zeithaml, 1988), which focuses on consumer benefits or the worth of using a product. In another context, value is defined as a belief about desirable end states (Feather, 1990; Rokeach, 1973; Schwartz and Blisky, 1987), which focuses on a psychological aspect. According to Vaske and Donnelly, 1999, value is viewed as the most fundamental element of an individual's belief system.

Consumer value represents a trade-off between sacrifice and benefit components of a product. The sacrifice component relates to the sacrifice made by consumers in terms monetary and non-monetary elements such as time, energy, or efforts. The benefit component relates to consumer benefits received in the form of intrinsic and extrinsic, core and secondary, service quality and psychological (i.e. image, appreciation etc.) benefits. This aspect is accepted in literature by researchers such as Fernandez and Bonillo, 2007; Ekrem and Fazil, 2007; Rust and Oliver, 1994; and Caruana and Berthon, 2000. Woodruff (1997) defines CPV as consumer's preference for

product attributes performances and consequences that satisfy his goals. Similarly, Day (2000) associates consumer value with customers' perceived benefits and customers' perceived costs. From general perspective, majority of researchers consider consumer values from more broader aspect with focus on different values such as functional, transaction, social, emotional and technical. Consumer value concept is equally applicable for services sector, however its literature is quite slim in the healthcare services sector.

Ekrem and Fazil (2007); Choi et al. (2004) and Corbin et al. (2001) have worked on value concept but formative conceptualization of consumer value. Consumer value in healthcare services is defined as difference between benefits and sacrifices. The benefits in the healthcare sector are generally the outcome of good service quality, which include process, functional and technical quality. On the other side, non-monetary cost such as time spent, mental and physical stress and monetary cost are significant components of sacrifice.

To add, creation and transmission of value to consumer is a significant key factor useful to sustain competitive advantage in a given hypercompetitive environment (Ekrem and Fazil, 2007). Since perceived value significantly influences satisfaction, trust and behavioural intentions, exploring its dimensions can provide insights to providers in understanding their consumers to maintain long-term relationship with them.

Product Involvement: The concept of involvement originated from social psychology and Krugman (1965) was the first brought and applied the involvement concept into marketing. Based in the television commercial effect, Krugman explains how low the involvement concept been applied. He explained that, with low involvement concept, it not only brings a huge influence on advertisement, but also becomes part of the major stream in consumer behaviour research.

Traylor (1981) defines involvement as a consumer's understanding or recognition of a specific product. The higher level the consumer consideration of the product is called high involvement and the lower level, low involvement. Zaichkowsky (1985) calls involvement personal demand, conception, and interest in the product. Engel et al. (1995) reports involvement as, under a specific environment, a consumer is stimulated by personal recognition and/or interest in the product. The higher the level, the higher of the involvement; the lower the level, the lower of the involvement. Involvement can be divided into three involvements which are advertising involvement, product involvement, and purchasing involvement. The difference between these three involvements are depending on different involvement objects. To understand the difference between these three involvements, they can further be divided into situational involvement, enduring involvement, and response involvement.

Krugman (1965) asserts that involvement with advertisement as understanding a consumer's involvement level or response after receiving advertising information based on a consumer's concern about advertising information. The involvement level ranges from absolute concentration to complete ignorance. Involvement with a product means consumer's concern and contribution to it (Cohen, 1983). Involvement with purchase refers to a consumer's self-concern over purchase decision and purchasing activity (Slama and Tashchian, 1985).

Enduring involvement reflects that an individual has given a response to specific behaviour environment. Houston and Rothschild (1978) indicate that enduring involvement originated from two sources, which are a consumer's personal subjective appreciation system in a product's meaning to a consumer or consumer's experience in using this product in the past. Bloch (1982) perceives

that a situational involvement refers to when a consumer intends to reach outside goals about product purchasing or application, or has temporary concern about the product. After his/her goal is achieved, the situational involvement would immediately decrease. Arora (1982) demonstrates that, response involvement means combining situational involvement and enduring involvement, thus causing a mental condition about something.

Religiosity: Religion is a system of beliefs and practices that dictates individual response and interpretations regarding what is supernatural and sacred (Johnstone, 1975). It also persuades people's goals, decisions, motivations, purpose and satisfaction (Zimbardo and Ruch, 1979). Religiosity is reported to have significant influences which plays a dominant role in shaping individual's attitude and behaviour towards material goods and services (Fam et al., 2004).

Highly religious consumers are more price conscious, have a high propensity to buy products on sales, openly accept foreign-made products, and seek variety in their purchases as compared to casually religious consumers. Moreover, highly religious consumers possess the attributes of being quality savvy and strive to get the fair value for their money (Sood and Nasu, 1995; Kamaruddin and Kamaruddin, 2009).

Individuals with a higher degree of religious commitment tend to be wiser and heedful in their daily routines (Wiebe and Fleck, 1980). Highly religious consumers tend to be more disciplined in their daily life activity that is why their tendency to be impulsive while purchasing is low (Alam et al., 2011). Few argue that religious beliefs are tangled with cognitive elements, providing the basis of knowledge that control and justify our attitudes and behaviour (Foxall and Goldsmith, 1994). The cognitive needs and value system among highly religious consumers is such that they comply with subsisting values in order to avoid uncertainties. Highly religious consumers develop short hand keys of different attributes like price, quality, brand name and store reputation as key evaluation criteria to reduce the degree of risks associated with their purchases (Mokhlis, 2008). In Muslims and Christian societies, higher degree of religiosity among consumers, leads to risk aversion (Miller, 2000). In Islam, clear directions have been given to Muslims to avoid unnecessary risk:

Thus, Muslims are directed by their religious scriptures to remain risk neutral in their consumption behaviour. The degree of religious commitment among Muslim consumers determines their predisposition towards new product adoption. So marketers must consider the spiritual and the religious beliefs of Muslims when launching new products in those markets (Rehman and Shabbir, 2010). Highly religious consumers tend to seek more information about new products before trying it out; therefore, the diffusion rate of new product adoption is slower in highly religious consumers (Afshan et al., 2011). Though there seems to be a consensus among scholars that highly religious consumers tend to be lesser risk takers but interfaith research indicated that as compared to other religions, Muslims are lesser risk averters because they attribute the outcome of their purchases to "will of God" (Essoo and Dibb, 2004).

The risk aversion of highly religious consumers leads to behavioural orientations like low switching behaviour. It was determined that deeply religious consumers tend to develop a safe environment that helps them avoid uncertainties that eventually leads to manifestation of low switching behaviour by highly religious consumers (Fontaine et al., 2005). This observation was contrary to the previous findings of consumer behaviour scholars (Sood and Nasu, 1995; Essoo and Dibb, 2004). Examining the responses of American students, it was found out that failure to respect religious beliefs results in lower store loyalty (Swimberghe et al., 2009). Therefore, religion in

general and Islam in particular, being the integral part of culture influences market researchers, to explore its role in the consumption world (De Run et al., 2010). Furthermore, while using religiosity as an independent variable, it will be interesting to investigate that which of its components plays a stronger role in predicting intention to choose Halal products. Religion acts as a cultural lens through which a respondent decodes the incoming message, thus directly influencing the outcome of marketing communication (Michell and Al-Mossawi, 1995; De Run et al., 2010).

Summary: As the business potential for health-related has increased to a sizeable market with strong growth, is it important to have better understanding on the different cultural background and traditional practice of patients which will help to promote better communication and cooperation between health-related provider and consumer. This study aimed at uncovering the motives for the use of traditional Chinese medicine among Malay Muslim. The findings of this study are related to the consumer perceptions of health, expectations of healthcare and treatment choices which can therefore serve as guideline to identify the competitiveness, productivity and profitability. In addition, this research should able to close the gap or avoid cultural blind spots and myth that influence traditional Chinese medicine products purchase intention among Malay Muslim consumers in Malaysia. It is hoped that ethnic and cultural considerations can be integrated further into the medical curriculum and modern health delivery system to improve care and health outcomes.

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