# DETERMINANTS OF THE CONTINUOUS PURCHASE INTENTION TOWARDS EPIDEMIC PREVENTION PRODUCTS AMONG MALAYSIA'S ADULT POST-PANDEMIC

BY

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We hereby declare that:

(1) This undergraduate FYP is the end result of our own work and that due acknowledgement has been given in the references to ALL sources of information be they printed, electronic, or personal.

(2) No portion of this FYP has been submitted in support of any application for any other degree or qualification of this or any other university, or other institutes of learning.

(3) Equal contribution has been made by each group member in completing the FYP.

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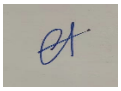
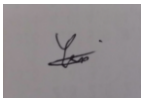
| 1. CHI LIN CHING | 21ABB00176 |  |
| 2. CHIA XIN YAN | 19ABB02640 |  |

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DEDICATION

This study completed is particularly dedicated to:

Dr Chen I-Chi

For guiding and supporting us throughout the completion of this project.

Our university,

Universiti Tunku Abdul Rahman (UTAR)

For providing us the chance to conduct this Final Year Project.

Families and friends,

For lending a helping hand, giving unlimited support, encouraging and motivating us throughout the completion of this Final Year Project.

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| | |
|---|---|
| FBF | Faculty Business and Finance |
| UTAR | Universiti Tunku Abdul Rahman |
| TPB | Theory of Planned Behavior |
| ATT | Attitude |
| SN | Subjective Norm |
| PBC | Perceived Behavioral Control |
| HC | Health Concern |
| EPPCPI | Epidemic Prevention Products Continuous Purchase Intention |
| PPE | Personal Protective Equipment |
| MoH | Ministry of Health |
| MMA | Malaysian Medical Association |
| SPSS | Statistical Package for Social Sciences |
| MLR | Multiple Regression Analysis |
| DV | Dependent Variable |
| IV | Independent Variables |

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# PREFACE

This final year project is significant for pursuing a Bachelor of Marketing (Hons), offered by UTAR. The title of this research study is "Determinants of the Continuous Purchase Intention towards Epidemic Prevention Products among Malaysia's Adult Post-Pandemic".

By reason of the outbreak of the Covid-19 pandemic, more and more Malaysians are aware of taking preventive steps in order to protect themselves, family members, friends and people around them. Malaysia's adults have shifted attitudes toward illnesses, prompting individuals to be more cautious about their health. Additionally, the pandemic has heightened awareness about hygiene practice. Due to the number of confirmed Covid-19 cases has declined, Malaysians are slowly turning away from taking preventive steps post-pandemic, however, most Malaysian adults choose to continue taking preventive steps even after the pandemic. While looking into this topic, there are various factors that can motivate Malaysia's adults to sustain preventive measures even after the pandemic, nevertheless, there was little research conducted in the past to fully comprehend and provide in-depth insight into Malaysian consumers' continuous purchase intention towards epidemic prevention products. Therefore, this research study tends to focus on investigating the continuous purchase intention towards epidemic prevention products among Malaysia's adults and recognise the key determinants that bring impact on continuous purchase intention towards epidemic prevention products among Malaysians.

# ABSTRACT

Due to the Covid-19 outbreak, the public is becoming concerned the safety and health, at the same time, they will take preventive steps in order to carry out their daily activities. However, Malaysians are slowly turning away from masks and other epidemic prevention products, including hand sanitizer and face shields as the number of confirmed Covid-19 cases has decreased. Meanwhile, Malaysians are willing to take prevention activities in order to protect themselves from the crowd as well as protect themselves from being reinfected. Therefore, numerous factors encourage us to focus on investigating the continuous purchase intention towards epidemic prevention products. Our research responds to the need for determinants of the continuous purchase intention towards epidemic prevention products among Malaysia's adults post-pandemic. Throughout the research study, Theory of Planned Behavior was applied in this research study in order to discover the reason for motivating such continuous purchase intention. There are four independent variables were proposed in this research for the purpose of examining several hypotheses and effect of these variables on Malaysian adults' continuous purchase intention towards epidemic prevention goods. In this research, the sample size is 297 people who aged 18 and above as the targeted respondents. The result from the four hypotheses confirms that attitude (ATT), subjective norm (SN), perceived behavioural control (PBC) and health concern are vital in affecting Malaysian adults' continuous purchase intention towards epidemic prevention goods post pandemic.

# Chapter 1: Introduction

## 1.1 Research Background

The COVID-19 epidemic forced the globe to confront a terrible calamity (Lee et al., 2022). Most of countries took precautions in lockdown to prevent it and set various action instructions to avoid transmission because of the strong transmission power, such as Malaysia. In a bid to curb the transmission of COVID-19, the Malaysian government initiated the enforcement of a Movement Control Order on March 18, 2020, accompanied by a widespread promotion of the #stayhome hashtag through the media. The Ministry of Health (MoH) took early action by implementing health screening measures at all entry points into the country (Joseph, 2020). Following this, the MoH and the government's subsequent significant action to combat the spread of the virus involved expanding the capacity of hospitals equipped to manage COVID-19 cases (Shah et al., 2020). The virus rapidly spread worldwide, shockingly affecting the population's health, welfare, and economy (Guerrieri & Parla, 2022). In the era following the pandemic, masks prove to be effective Personal Protective Equipment (PPE) within the workplace. They not only provide protection against the transmission of respiratory diseases but also serve as a valuable safety measure, particularly in situations where potential risks persist despite the implementation of engineering controls and safe work systems (Li et al., 2023).

Air quality significantly impacts human health, a significant indicator of living standards. As the world is regaining and prospering from the epidemic, the increasing public knowledge of illnesses affects the respiratory system (Li et al., 2023). As a result, there has been a notable surge in the demand for products aimed at preventing epidemic, particularly masks (Tay et al., 2020).

Everything has become hygienic after the Covid-19 outbreak, including people washing their hands. The reason is that one of the quickest ways for the virus to spread is through the hands. Unclean hands can spread the virus through contact,

such as shaking hands, touching the face or mucous membranes, eating, et cetera., because the more hands touch anything, the greater the chance of transmission. Hand sanitizer can be used as an alternative because finding a water source to wash your hands is not always simple (Muthiya et al., 2021).

Non-pharmaceutical interventions, including indoor facemasks, lateral-flow tests, and more, have been extensively studied, recognized by researchers, and adopted by governments since the onset of the COVID-19 pandemic in 2020. The utilization of masks has now become a common practice (Chua et al., 2020). Despite a few countries experiencing a decline in case numbers, the initial 18 months of the pandemic have underscored the formidable challenge, and in some cases, the near-impossibility of maintaining consistent intermediate-level incidences, especially in light of the heightened transmissibility of the Delta variant (Czypionka et al., 2022).

Information about an epidemic is always disseminated via various forms and channels when it first appears, and people pay close attention to it (Wang et al., 2021). Individuals who care about their health are more likely to take proactive steps towards maintaining it, like making purchases. There has been an surge in the marketing of healthcare products since the outbreak of the pandemic. During the pandemic, more than 60% of customers changed their shopping habits. According to research, 85% of Malaysian customers routinely wash their hands or use hand sanitizer, which explains new patterns (Nair et al., 2022). Research indicates that in the ongoing COVID-19 pandemic, it is crucial to have a travel kit comprising a face mask, hand sanitizer, and thermometer strip. The purchasing decisions of individuals were influenced by the positive intentions of buying personal hygiene items due to social pressure from their family and friends (Rajamani et al., 2022). It is becoming more and more evident that everyone benefits when there is a pandemic of an airborne virus because consumers can make informed decisions that will protect themselves and others. Consumers will need to be ready to make decisions on purchasing PPE, for example masks, for the predictable future, based on the experience of Asian countries during the SARS pandemic (Liang et al., 2022). Considering humanity's extensive history of coexisting with pandemics, which can

have significant impacts on society, the adoption of preventive measures becomes imperative for our survival (Ahmad et al., 2021).

Here in Malaysia, we treat the pandemic as if it is over, a view shared by many health professionals (The sun daily, 2022). Since Covid-19 debuted around the end of 2019, the world has changed. Since then, several nations, including Malaysia, have completely immunised their populations and have access to booster shots and cutting-edge antivirals to avert severe illnesses and fatalities (The sun daily, 2022).

From 1st May 2022, Malaysia will no longer enforce the usage of MySejahtera check-in or wearing face masks outside. Nonetheless, the recommendation for mask usage remains in effect for crowded outdoor settings and for individuals at high risk. Although most new COVID-19 infections are milder than before, doctors and other healthcare workers are urging the government to keep the face mask requirement in place owing to worries about Long-COVID (Wong, 2022). Most public health professionals are nonetheless worried about a future without masks or relevant PPE, notwithstanding the decreasing death rate. In addition to shifting the burden of protection to the weak, this will let the virus proliferate unchecked, result in long-term difficulties, and give rise to more harmful mutations (The sun daily, 2022). Due to the impact of the pandemic, the use of hand sanitizers, disinfectant wipes as well as disposable gloves became more common as Malaysians adopted stricter hygiene measures to avoid the transmission of the virus even beyond the pandemic. When they were out of public such as shopping malls and restaurants, they adopted habits especially regularly washing hands, and using hand sanitizer or disinfectant wipes to reduce the risk of spreading viruses and bacteria as it becomes a new normal in their daily life (Jaafar et al., 2021).

On September 8th, 2022, CNA noticed that many people in Kuala Lumpur and Johor Bahru continued to wear their masks indoors. Although the government no registration on the mask regulation, merchants feel safer when consumers wear masks. Thus, it is a wise course to follow (Yusof et al., 2022). Many Malaysians even now select to wear masks indoors even though the government has removed their requirements. On the other hands, the consumer perception has undergone a significant shift, with a greater inclination to purchase products that enable to guarantee personal safety and well-being. Although post-pandemic period,

Malaysian consumers still purchase gloves, hand sanitizers as well as air ionizer as priorities in their purchasing decision. They prioritize essential items that contribute to the health and safety while being more cautious about discretionary spending (Fong, 2023).

Dr. Koh Kar Chai, president of the Malaysian Medical Association (MMA), advised using hand sanitizers since they can render coronaviruses inactive. Health experts concur that it's time to conclude the debate because hand sanitizers remain highly effective in combating Covid-19 (Chua, 2021). Indeed, the usage of hand sanitizers and disinfectant sprays remain prevalent among Malaysian. This ongoing practice reflects a continued commitment to maintain personal hygiene and health as well as reduce the risk of infections. It becomes an integral part of their daily routine even the easing of pandemic-related restrictions (Fong, 2023). Malaysians are trying to prioritize their well-being and safety by integrating these preventive tools into their daily life. Therefore, the study intends to explore the determinants of the continuous purchase intention towards epidemic prevention products such as mask, hand sanitizer, air purifier, thermometers, disinfectant wipes and sprays among Malaysia’s adult post-pandemic.

## 1.2 Research Problems

Purchase intention is a key indicator for forecasting consumer behaviour since it measures the likelihood of customers purchasing a product (Hewei & Youngsook, 2022). Continuous purchase intention is a crucial psychological sign for forecasting actual repurchase behaviour because it is very closely tied to consumer loyalty (Wu & Huang, 2023). Customers that make repeat purchases have a more thorough understanding of the platform than potential customers due to their prior purchasing history (Kim & Gupta, 2009). According to pertinent studies, when the pandemic spreads, people are unable to survive without masks, making them the item that people repurchase most frequently (Chalikonda et al., 2020). According to Braje et al. (2021), customer behavioural issues will have a significant effect on consumers' intent to make further purchases post pandemic. People will carry on with their everyday lives and even exhibit favourable repurchasing behaviour if they take preventive steps, such as using a face mask and according to protocols. Consumers are thought to still view continue buying as a constructive behavioural response as long as they are wearing a face mask and taking into account the various preventive measures to the virus (Ong et al., 2021).

The epidemic prevention products such as face masks, hand sanitizers, face shield and so on are losing market demand as Covid-19 subsides and preventative regulations are removed, which is causing costs to drop. Many nations removed their mask regulations, and many people resumed their pre-pandemic routines. The number of people wearing face masks continues to decline, and their use has mostly returned to being restricted to those in the medical profession and the clinically susceptible (Richter, 2023).

Based on Teoh (2022), Malaysia has dropped its requirement that people wear masks indoors, with the exception of those who have tested positive for Covid-19 and those using public transportation and medical institutions. Retailers say that despite the government last week eliminating the requirement for their usage in indoor public spaces, face mask sales have not decreased much. Many Malaysians still prefer to wear their face masks indoors even though the government has

removed the requirement for them (Tan, 2022). Malaysians also tend to ignore using epidemic prevention products such as hand sanitizer, face shield, mask and so on after pandemic.

There has not been much research conducted in the past to fully comprehend and provide insight into consumers' continuous purchase intention towards epidemic prevention products, especially among Malaysian adults. Adults know clearly what items are necessary for their lives. They know what they need to buy and what they want to buy. So, they can distinguish what items they should buy and not buy. For example, people need to buy epidemic prevention product because it is a need to human to survive during pandemic.

On the other hand, we believe that our research will contribute to the existing research. In the past, Cui (2021) is focused on consumer awareness about mask repurchase intention in China. Additionally, Nguyen et al. (2019) research has investigated important factors that influence consumers' desire to repurchase organic cosmetics. Elango and Ajah (2023) intended to investigate the variables affecting consumers' decision to repurchase facemasks from online stores. According to previous research, there is a lack of studies related to continuous purchase intention on epidemic prevention products. Thus, there is a research gap between this study and previous studies. The main objective of this research is intended to examine the main determinants of continuous purchase intention towards epidemic prevention products among Malaysian post-pandemic by applying a well-designed theoretical framework.

## 1.3 Research Objectives

### 1.3.1 General Objectives

The objective of this research is to examine the continuous purchase intention towards epidemic prevention products among Malaysia's adult as well as identify the main determinants that influence continuous purchase intention towards epidemic prevention products among Malaysians.

### 1.3.2 Specific Objectives

- To examine the effect of consumers' attitudes on continuous purchase intention towards epidemic prevention products among Malaysia's adult.
- To examine the effect of subjective norms on continuous purchase intention towards epidemic prevention products among Malaysia's adult.
- To examine the effect of perceived behavioural control on continuous purchase intention towards epidemic prevention among Malaysia's adult.
- To examine the effect of health concern on continuous purchase intention towards epidemic prevention among Malaysia's adult.

## 1.4 Research Questions

- Does consumer's attitude significantly affect continuous purchase intention towards epidemic prevention products among Malaysia's adult?
- Does subjective norm significantly affect continuous purchase intention towards epidemic prevention products among Malaysia's adult?

- Does consumer's perceived behavioural control significantly affect continuous purchase intention towards epidemic prevention products among Malaysia's adult?
- Does consumer's health concern significantly affect continuous purchase intention towards epidemic prevention products among Malaysia's adult?

## 1.5 Research Significance

The research findings will significantly contribute information on what key determinants influence the continuous purchase intention towards epidemic prevention products among Malaysians post-pandemic. This empirical study will provide an in-depth understanding and insights about continuous purchase intention towards epidemic prevention products among Malaysians to the practitioners such as the Ministry of Health Malaysia, policymakers, sanitation supplies industry. The practitioners will learn what key factors affect the Malaysians' continuous purchase intention of epidemic prevention products post-pandemic. From the perspective of the Ministry of Health Malaysia and policymakers, this research can lay the groundwork for developing successful and long-term epidemic prevention policies related to epidemic prevention products to encourage continuous purchase intention. From the perspective of the sanitation supplies industry, Malaysians' continuous purchase intention to buy supplies after the outbreak has helped boost their sales. Now in the era of economic recovery and post-pandemic, the sanitation supplies industry in Malaysia can use our research to understand the purchase intentions of the people to provide continuous access to sanitary products for the people in Malaysia. This research will provide some train of thought for future related research, especially what determinants influence the continuous purchase intention towards epidemic prevention products affects the sanitation supplies industry and has certain practical value.

Besides that, more and more Malaysians have shifted their values, beliefs, and aspirations; thus, it is increasing their responsibility toward epidemic prevention. This empirical study will enable the marketers of the sanitation supplies industry to

gain a deep understanding and vital insight related to the motivation behind Malaysian consumers' intention for epidemic prevention product purchase behaviour. It helps them design and develop effective marketing strategies targeting specific market segments.

Additionally, the result of the research is useful and informative for future researchers as it enables the future researchers to obtain some ideas, guidelines, or directions on related topics, particularly purchase intention towards epidemic prevention products. As a result, this study can enrich the existing literature on purchase intention towards epidemic prevention products.

# Chapter 2: Review of Literature

## 2.1 Underlying Theory

### 2.1.1 Theory of Planned Behaviour

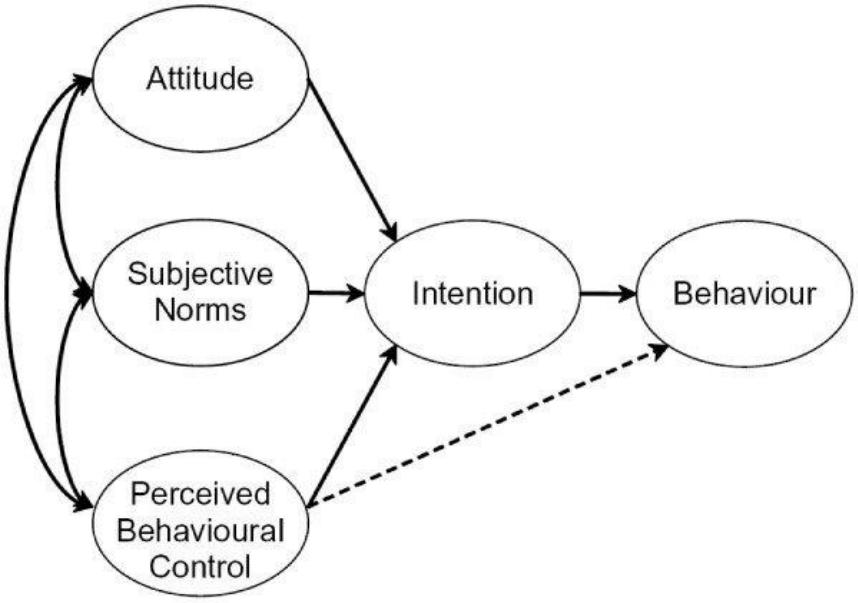



*Figure 1.1*. Theory of Planned Behaviour (TPB).

Source: Theory of Planned Behaviour (Ajzen, 1991).

This research uses the **Theory of Planned Behaviour** to investigate the determinants that Malaysia's adults continuous purchase intention towards epidemic prevention products. The Theory of Planned Behaviour (TPB) is a theoretical framework developed by social psychologist Icek Ajzen to explain and predict human behaviour (Ajzen, 1991). TPB posits that people's behaviour is influenced by their attitudes (ATT), subjective norms (SN), and perceived behavioural control (PBC). According to the TPB, these three factors combine to shape an individual's intention to participate in a particular behaviour, in this case, the purchase of a product or service (Kashif et al., 2018). This theory is frequently applied in marketing and consumer behaviour studies to comprehend how people choose which products or services to purchase (Onel, 2017).

Attitudes towards the behaviour refer to a person's overall evaluation or appraisal of the behaviour in issue (Zhang et al., 2009). An individual is more likely to engage in physical activity, for instance, if they have a positive attitude towards exercise. Similarly, someone can be a positive attitude about buying face masks because they think it will help prevent them and others from getting sick. Subjective norms are the perceived social pressure to engage in a behaviour or refrain from doing so (Okun et al., 2002). It is possible for this pressure to originate from those close to us, such as family members, friends, or co-workers, as well as from social norms and expectations (Ham et al., 2015). The alleged social pressure to buy items for preventing epidemics. For instance, the person can experience pressure from their loved ones, friends, or medical experts to buy and wear face masks. The term "perceived behavioural control" describes a person's confidence in their capacity to carry out an activity (Ajzen, 2002). Resources, abilities, and environmental restrictions can all have an impact on this (Martinez & Lewis, 2016). For instance, the person's confidence in their ability to buy products for epidemic prevention. The person may believe that buying face masks is simple and under their control.

The intention of people to wear face masks during the COVID-19 pandemic was significantly predicted by attitudes towards using face masks, perceived social norms, and perceived behavioural control (Aschwanden, 2021). Three factors were highly significant predictors of people's intentions to use hand sanitizers: attitudes about using them, subjective norms, and perceived behavioural control (Adiyoso, 2021). To increase the prediction power of intention, other pertinent external elements outside the three parts of the TPB model can be added (Hasbullah et al., 2014). Additionally, this study has expanded the model by adding new variables to measure consumers' purchase intentions for products that prevent epidemics.

## 2.2 Review of Variables

### 2.2.1 Attitude

An individual's overall evaluation or appraisal of carrying out a specific action is described as attitude in the Theory of Planned Behaviour (TPB) model. It conveys whether the person possesses positive or negative feelings about the behaviour in question (Montano & Kasprzyk, 2015). These elements influence a person's attitude towards the behaviour and, consequently, their intention to engage (Ajzen, 2020). The likelihood of specific outcomes emerging from behaviour, as well as evaluations of how desirable such results are, can both have an impact on attitudes. In other words, people's attitudes are influenced by how they perceive the consequences of their actions and how desirable they find those consequences of being (Salim et al., 2022). A person's propensity to favour or disfavour a specific thing or event might be categorised as having an attitude (Rausch & Kopplin, 2021).

### 2.2.2 Subjective Norm

The subjective norm is a main tenet of the Theory of Planned Behaviour (TPB), a widely accepted theoretical framework in social psychology for comprehending and predicting human behaviour (Ajzen, 2020). A person's view of whether significant members in their social environment (such as family, friends, or co-workers) approve or disapprove of a given conduct and their motivation to adhere to these perceived social norms are both examples of subjective norms (Han et al., 2010). TPB asserts that a person's attitude towards a behaviour, perception of a SN, and perception of their ability to regulate their conduct all impact whether they want to engage in a given action (Ajzen & Kruglanski, 2019). According to Rhodes and Courneya (2005), the subjective norm refers to one's perceived expectations from those who are thought significant in one's life and that encourage one

to behave in a particular behaviour. In conclusion, it has been found that experts who support the positive connection outnumber those who reject it, even though there are specific reasons against the idea that subjective norms are not a basic feature.

### 2.2.3 Perceived Behavioral Control

According to Yusuf (2021), PBC is an individual's belief regarding their capacity to either engage in or abstain from specific behaviours. This belief is based on prior experiences or information from others. Conceptually, PBC and self-efficacy are analogous because both theories account for the sense that one controls the behaviour in question (Terry & O'Leary, 1995). The ability to overcome obstacles to behaviour and have sufficient resources both influence how one behaves (Ajzen & Madden, 1986). On the other hand, PBC is the outcome of the interaction between control beliefs and perceived power (Ertz et al., 2021). Despite the fact that other researchers disagreed that PBC bring impact on purchase intention (Watters, 1989). A robust connection exists between the intention to make a purchase and an individual's confidence in their ability to control their behaviour (White Baker et al., 2007). By examining all of the prior related studies, it is therefore recommended that there is a positive association between PBC and purchase intention.

### 2.2.4 Added Variable: Health Concern

Health concern measures consumers' attention to their health following the epidemic and whether individual physiological functions remain in optimal condition despite environmental factors, living conditions, personality, and other influencing elements. (Xu et al., 2021). Consumer health concerns indicate how ready they are to make decisions about their own health (Chen, 2009). Health concerns can be used to gauge one's preparedness to adopt

healthy behaviours (Becker et al., 1977). When buying organic food, health factors including health concerns should be taken into account. This is due to the fact that consumers' health is one of the main reasons they purchase organic food (Schifferstein & Ophuis, 1998). Similarly, a significant influencer of purchasing behaviour and intentions among consumers is their motivation for buying health-oriented foods, like organic products, with the goal of maintaining their well-being and preventing illnesses (Chen, 2011). Health concern refers to people's readiness to embrace healthy behaviours and actions that enhance their well-being, in contrast to adopting prevalent harmful consumption patterns (Schwarzer, 1999). Moreover, health concern refers to the driving forces behind consumer behaviour in the area of health (Michaelidou & Hassan, 2008). Consumers who prioritize their health when making purchases are conscious of and deeply concerned about their overall well-being (Rana & Paul, 2020). Additionally, these customers are motivated by a desire to keep and enhance their health, healthy lifestyle, as well as quality of life in any purchase decision (Abdullah et al., 2022). The primary factor influencing a consumer's intention to purchase is their level of health concern (Ali & Ali, 2020).

### 2.2.5 Continuous Purchase Intention

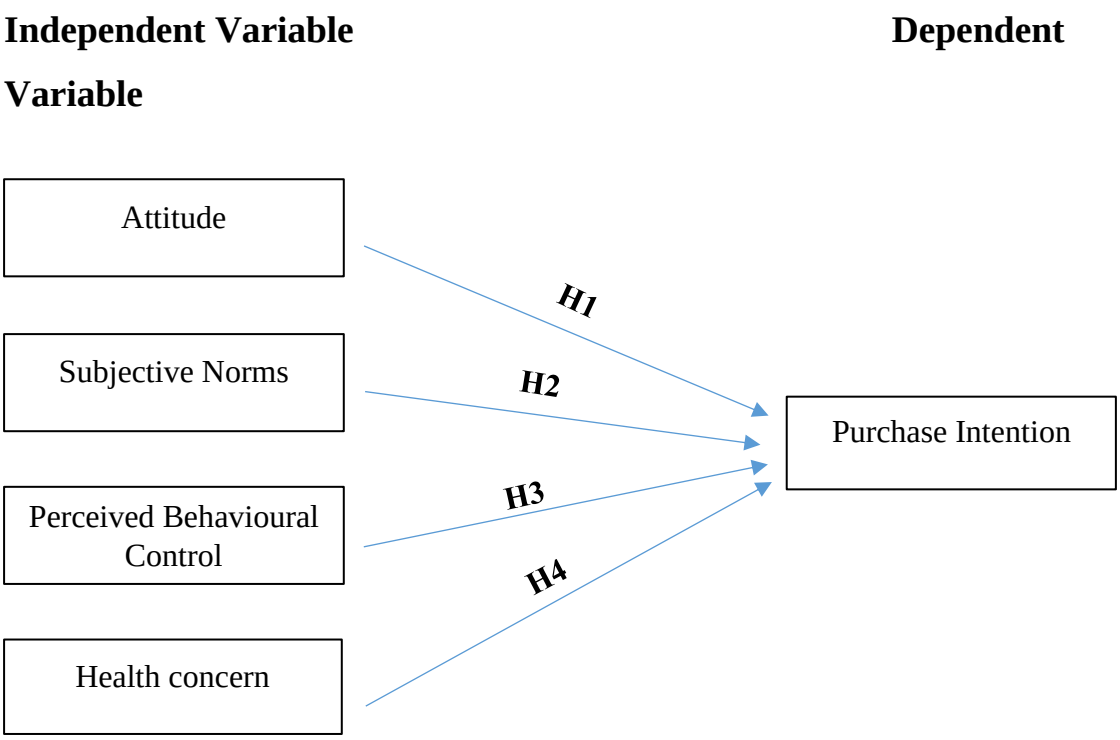
Ajzen (2011) offered that behavioural intention is most commonly understood to mean "signs that a person is prepared to engage in an action". According to Ajzen (1991), customer intentions are the most important criteria that determine whether or not they actually acquire a given product. The willingness, effort, and intention of consumers to purchase goods are considered in the TPB model (Varah et al., 2021). In other words, customer intentions indicate how likely they are to take specific action soon (Taylor & Todd, 1995). The phrase "individual's conscious plan to make an effort to purchase a product" is used to describe customers' purchase intentions (Spears & Singh, 2004). Purchase intention is the inclination or likelihood of a consumer to acquire a specific brand or product, or to participate in

actions related to making purchases, as it can be determined by the likelihood that a consumer will decide to purchase (Lu et al., 2014). In other words, purchase intention is a consumer-driven buying process and a strong, impulsive shopping urge (Chen et al., 2019). The degree to which a consumer expects to repurchase a product in the future based on their past purchasing experience and pleasure was characterised as continuous purchase intention (Hsu & Lin, 2015). Continuous purchase intention was defined as the likelihood that a consumer repurchase the same product or service in the future (Chen et al., 2022). Continuous purchase intention is influenced by several factors, including customer satisfaction, trust, and perceived value (Hewei & Youngsook, 2022). These elements may make it more or less likely for consumers to continue purchasing a product or service over time (McQuitty et al., 2000).

## 2.3 Proposed Conceptual Framework

According to the review of theories and literature, a conceptual framework is proposed to study the continuous purchase intention towards epidemic prevention products among Malaysia's adult post-pandemic. There are three variables of TPN model includes in this conceptual framework which are attitude, subjective norms, and perceived behavioural control. Health concern is an additional construct developed for this model to fill the gap in past research. This conceptual framework will be used to identify the variables influencing continuous purchase intention towards epidemic prevention products among Malaysia's adult post-pandemic. The researchers will develop the hypotheses regarding this conceptual framework.

*Figure 2.2*. Proposed conceptual framework.



## 2.4 Hypotheses Development

### 2.4.1 Attitude and Continuous Purchase Intention

According to Azjen (1991), attitude refers to how positively or negatively an individual views an object of interest or behaviour. People are more inclined to engage in a certain behaviour if they have a good attitude towards doing so, since attitude signifies personal evaluations of engaging in a behaviour as being favourable or unfavourable and is decided by attitudinal beliefs and result evaluations (Nguyen, 2019). As a result, a person's attitude affects their ability to make decisions (Rehman et al. 2019). The relationship between attitude and continuous purchase intention has been shown in prior studies. Liang et al. (2022) found the attitudes towards the functional characteristics of the masks did significantly influence the desire to repurchase a preferred face mask. Qi et al. (2023) supported that attitudes have greatly influenced consumers' continuous intentions to purchase organic food products. Therefore, the hypothesis is predicted:

**H1**: Attitude towards epidemic prevention products is positively associated with continuous purchase intention among Malaysian adults.

### 2.4.2 Subjective Norm and Continuous Purchase Intention

Subjective norm states to an individual's perception of social pressure to behave a specific way or his conviction that a certain person or group believes he should or should not behave a certain way, as well as his drive to follow certain references (Ates, 2019). Subjective norms were described by Rehman et al. (2019) as a person's perspective on whether or not to engage in a particular action depends on his or her family, friends, and relatives. When people are grouped together, there are some standards or attitudes concerning appropriate consumer conduct (Arnawa et al., 2019). The strength of the behavioural intention increases as the subjective norm

grow more positive (Liu et al., 2021). Liang et al. (2022) has been shown that workplace associations, which are defined to include students in school and those who work from home, regulate the probability of repurchasing face masks by increasing the influence of social norms imposed by workplaces. Hence, the discussion leads to the following hypothesis:

**H2**: Subjective norm towards epidemic prevention products is positively associated with continuous purchase intention among Malaysian adults.

### 2.4.3 Perceived Behavioural Control and Continuous Purchase Intention

The term "perceived behavioural control" describes how someone evaluates their own ability to carry out particular behaviours in light of factors like ability and finances (Liu et al., 2021). Based on Ajzen (2020), when describing perceived behavioural control, accessible control beliefs, which are "... concerned with the existence of circumstances that can facilitate or impede behavioural performance," can be employed. According to Liang et al. (2022), in line with earlier studies, customers must have the money, time, and accessibility to buy face masks. If consumers have access to and choice over how they buy a face mask, their intention to do so will likely grow. Previous study has supported the connection between attitude and the continuous purchase intention. Astrini et al. (2022) has showed that the perceived behavioural control has significantly influence the repurchase intention towards herbal tea. Therefore, we anticipated the following hypothesis:

**H3**: Perceived behavioral control towards epidemic prevention products is positively associated with continuous purchase intention among Malaysian adults.

### 2.4.4 Health Concern and Continuous Purchase Intention

Health concern defined as the level of care about one's own health (Gould, 1990). Because the pandemic is more health-related than the condition addressed in earlier research, Lee et al. (2022) believe that health concerns will play an important role in the previous research. Addressing the setting of the study, all customers across the world saw a change in their purchase behaviours due to health concern, anxiety, and lockdown (Ozturk, 2020). Health concerns are becoming more and more important, and this is ultimately reflected in consumer behaviour (Shah et al., 2021). Lee et al. (2022) found that purchase intention increases with health concern. When a pandemic strikes, purchasing face masks may be deemed critical because it affects not only the consumers' health but also the health of their significant others (Liang et al., 2022). For the relevant research, Nguyen et al. (2019) explained that the health concern is a primary factors of repurchase intention towards organic cosmetics. Consequently, we hypothesize that:

**H4**: Health concern towards epidemic prevention products is positively associated with continuous purchase intention among Malaysian adults.

## 2.5 Conclusion

In summary, this chapter concludes on the previous research and literature that venture into contribution of continuous purchase intention towards epidemic prevention products, institutional theory, the relevant dependent and independent variables, and the research gap identified in this field of study. Research also showed that continuous purchase intention towards epidemic prevention products have a relationship between attitude, subjective norm, perceived behavioural control and health concern. Hence, research was conducted to determine the determinants of the continuous purchase intention towards epidemic prevention products among Malaysia’s adult post-pandemic.

# Chapter 3: Research Methodology

## 3.1 Research Design

The research design's goal is to provide an appropriate structure for a study (Sileyew, 2019). The research design reflects the researcher's ideas. By connecting the study through a structural plan that exemplifies how all of the major parts of the research strive to address the research questions at once, it lessens dissatisfaction (Asenahabi, 2019). Quantitative research and qualitative research are the two kinds of research design.

In this study, quantitative research is used to collect and analyze data. Quantitative research is viewed as an analytical approach to performing research. (Asenahabi, 2019). Quantitative research is a structured, objective, strict, logical method, and systematic tactics for generating and enhancing information for problem-solving (Burns & Grove, 2005). The research type applied in this study is descriptive research design. According to Manjunatha (2019), the goal of descriptive research is to describe the characteristics of the population or problem being studied. In this process, the study topic's "what" is prioritised over its "why." It described how independent variables (attitude, subjective norm, perceived behavioural control and health concern) affect the continuous purchase intention towards epidemic prevention products.

## 3.2 Sampling Design

### 3.2.1 Target Population and Sample Frame

The target population is the specific, conceptually defined group of possible participants that the researcher may have access and which most accurately reflects the traits of the population of interest (Casteel & Bridier, 2021). In this study, the target population is Malaysian adults. According to Section 4, the minority status of all Malaysian males and females ends and is determined at the age of 18, at which point each such man and female becomes of the age of majority (Age of Majority Act 1971, 2006). Thus, the adult male and female Malaysians above the ages of 18 will be our target responders. The targeted respondents may come from different cities and states in Malaysia. Due of the difficulty in gathering data on Malaysians adults who have purchased epidemic prevention products, the researchers will be unable to determine sampling frame in this research.

### 3.2.2 Sampling Technique

The researchers use non-probability sampling as a sampling technique in this study. The researchers use judgmental sampling to collect data. In order to examine the key aspects influencing continuous purchase intentions for epidemic prevention products, this research study will target Malaysian adults who have the intention to purchase or who have purchased epidemic prevention products. Hence, the targeted respondents will be both male and female Malaysian adults who have intention to purchase epidemic prevention products or have purchase experience of epidemic prevention products. Judgemental sampling will be used to ensure that participants with specified characteristics are chosen to participate in this study (Boeren, 2018). Thus, screening questions will be included in the questionnaire in this research project to ensure that the targeted respondents fulfil the requirements for our research topic.

### 3.2.3 Sample Size

Roscoe recommended that most behavioral studies should have a minimum sample size of 30 and a maximum sample size of 500 because anything above that could lead to a Type II error (Sekaran & Bougie, 2016). Sample-to-variables ratio has been chosen in the research. Based on Memon et al. (2020), although the 5:1 ratio seems simple to use, students should take greater ratios (such as 15:1 and 20:1) into account when choosing the sample size for their research projects. The 5:1 ratio is not recommended to be used because it results in underpowered studies. For instance, use of the 5:1 ratio would reduce the number of respondents needed for a model with five independent variables to just 25. As a result of the sample-to-variable ratio, we will use the variables at a ratio of 50 for each variable to determine the sample size of Malaysian adult respondents for the survey. We choose a large sample size to avoid under powering the study when there is little heterogeneity. In this study, there are a total of 5 variables which are 1 dependent variable and 4 independent variables. The dependent variable is continuous purchase intention, and the independent variables are attitude, subjective norm, perceived behavioural control and health concern. The sample-to-variable ratio formula will be used to select 250 respondents in order to guarantee the research's validity. The intended responder will be given access to Google Forms, which will be used to deliver the questionnaire via an online survey. The survey questionnaire will also be sent by the researchers via an offline survey. Thus, the researchers will distribute 250 surveys in total at random using both offline and online platforms.

Sample size = 50 × 5 variables

= 250 respondents

## 3.3 Data Collection Methods

### 3.3.1 Questionnaire Design

In this research study, the questionnaire consists of three parts: Section A, B and C (Refer to Appendix, Table 1.0). There are six multiple-choice questions in Section A asking about demographic data, and that each have a one exact option. The demographic questions in this section in terms of gender, income, ethnicity, education, current status, and age. As a result, Section A contains information related to the personal backgrounds of the target participants. In addition, Section B includes 20 questions about the variables (ATT, SN, PBC, HC). Additionally, Section C includes 6 questions about the epidemic prevention products continuous purchase intention. The Likert Scales are being used for this section. The respondents are required to choose the answers based on a scale of 1 to 5: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree for the questions asked.

### 3.3.2 Pilot Study

A preliminary study, often referred to as a "pilot study," is conducted on a smaller scale to evaluate the feasibility of a larger research project or to assess the efficacy of a particular research methodology or data collection tool (Fraser et al., 2018). Its primary purpose is to identify potential challenges and enhance the research methodology before embarking on the main investigation. Typically, pilot studies possess a smaller sample size than the full study (Ismail et al., 2018). The sample size of respondents in pilot testing typically ranges between 20 and 40 (Fioreze et al., 2019). Thus, there will be 30 sets of survey questionnaires distributed randomly to Malaysia's adult. The questionnaire was randomly distributed to Malaysia's adult in the form of a link by providing a questionnaire generated by Google Forms. In addition, researchers will collect feedback from the respondents

regarding any inaccuracies or mistakes in the survey questionnaire to further enhance the flaws of the questionnaire.

### 3.3.3 Field Work (Actual Study)

In this research, the researchers use both offline and online surveys, which are significant survey tools. During the offline survey, Malaysia will serve as the sampling country, and the researchers will hand out the questionnaire to the respondents. Collecting primary data relevant to this research project, we will also distribute the survey questionnaire to the intended respondents via an online platform, including such Facebook, Instagram, Email, and WhatsApp. We conduct surveys through the social media of Facebook group which are Covid 19 information, COVID-19 survivors (Malaysia), and COVID19 NEWS. Applying online surveys makes data collection quicker, reduces costs, and automates data entry and processing (Nayak & Narayan, 2019). 250 sets of survey questionnaires will be delivered via offline and online methods. To further protect respondents' privacy, all responses to the questionnaire will be maintained in a completely confidential, private, and anonymous manner. In terms of the questionnaire, the researchers will ask a series of questions related to the epidemic prevention products' continuous purchase intention in the questionnaire. Target respondents will be provided with a paper questionnaire or a questionnaire generated by Google Forms.

## 3.4 Proposed Data Analysis Tools

### 3.4.1 Descriptive Analysis

Kaur et al. (2018) stated that when describing the relationship between variables in a sample or population, descriptive statistics are used to summarise the data. Descriptive statistics should always be computed as a vital first step in research when undertaking inferential statistical comparisons. Descriptive analysis uses multiple types of variables (nominal, interval, ordinal, and ratio) as well as measures of frequency, central tendency, dispersion or variation, central tendency, and location. While standard deviation and variance are used to quantify variability, mean, median, and mode are used to measure central tendency (Berry et al., 2019). In order to get a clear picture of the obtained data, the descriptive analysis also include creating the table, pie chart, and bar chart. Descriptive analysis will be used in this study by the researchers to provide a summary of the data that was actually gathered. By employing descriptive analysis, the researchers are better able to understand the information gathered because the data is transformed into a better form and is easier for them to analyse.

### 3.4.2 Reliability Test

Reliability is identified as the stability or consistency of a measurement. If no other unrelated factors affect the outcome, the respondent will obtain the same score on repeated administrations of the test or instrument. Due to the fact that demonstrating a test's scientific validity and usefulness requires reliable evidence of reliability as a first step, reliability is very crucial. (Segal & Coolidge, 2018). The researchers use the reliability test to produce a trustworthy conclusion from the collected data. The reliability test was used to reduce biases and errors in this research. The researchers use Cronbach's alpha to evaluate internal consistency and determine the alpha coefficient in this study (Sürücü & MASLAKÇI, 2020). The

significance of the coefficient takes into account the environment in which it is applied, making it very simple for the statistical programme Statistical Package for Social Sciences (SPSS) to determine this value, which aids in guiding decisions regarding the usage of a questionnaire or a test (Rodríguez & Alvarez, 2020). The range of the Cronbach's alpha coefficient is typically 0 to 1. Hence, the larger the number attained, the more trustworthy the data collected. When using Cronbach's alpha to describe internal consistency, the following standard is acceptable:

| Cronbach’s alpha | Internal Consistency |
|---|---|
| $\alpha \geq 0.9$ | Excellent |
| $0.7 \leq \alpha < 0.9$ | Good |
| $0.6 \leq \alpha < 0.7$ | Acceptable |
| $0.5 \leq \alpha < 0.6$ | Poor |
| $\alpha < 0.5$ | Unacceptable |

Source: (Sürücü & MASLAKÇI, 2020)

Table 3.1: *Reliability Test Result for Pilot Test*

| No | Variables | Cronbach's Alpha | Reliability Test |
|---|---|---|---|
| 1 | IDV 1: Attitude | 0.865 | Good |
| 2 | IDV2: Subjective Norm | 0.868 | Good |
| 3 | IDV3: Perceived Behavioral Control | 0.832 | Good |
| 4 | IDV 4: Health Concern | 0.772 | Good |
| 5 | DV: Epidemic Prevention Products Continuous Purchase Intention | 0.855 | Good |

Table 3.1 illustrates the results of the reliability test for the pilot test in this research study. The findings show that SN has the greatest Cronbach's alpha value, which is 0.868; afterwards, ATT has the second-largest Cronbach's alpha value (0.865). Additionally, EPPCPI owns Cronbach's alpha value of 0.855, and PBC obtains Cronbach's alpha value of 0.832. However, the HC scale has the smallest Cronbach's alpha value, which is 0.772. In short, all the test scores were confirmed to be reliable due to their Cronbach's alpha value greater than 0.6 and considered good in the reliability test.

### 3.4.3 Multiple Regression Analysis

A mathematical model called a regression model is used to analyse the connection between variables using a statistical approach called multiple regression analysis (MLR). According to MLR, the dependent variable yi is the outcome of k independent variables (x1, x2, ..., xik) changing to a specific size and direction, where I denote the number of years and k denotes the number of independent variables (Duraku & Ramadani, 2019). Multiple

regression analysis is used in this research because over one independent (explanatory) variable can be used to account for the variance in a dependent variable. It is used to create the linear relationship between four independent variables (attitude, subjective norm, perceived behavioural control and health concern) and a dependent variable (continuous purchase intention). The equation for the analysis of multiple linear regressions is shown in the structure below:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Y: Continuous purchase intention

$\alpha$: Regression constant

$\beta$: Regression beta coefficient association with each $X_i$

$\varepsilon$ : an Error term

$X_1$: Attitude

$X_2$: Subjective norms

$X_3$: Perceived behavioural control

$X_4$: Health concern

# CHAPTER 4: DATA ANALYSIS

## 4.1 Descriptive Analysis

In this chapter 4, the descriptive analysis is implemented in order to gain a deeper understanding of the data obtained. Additionally, it helps to visualize the data obtained from the respondents in terms of tables and pie charts. Section B, which is respondent demographic details gained from the survey form, will be analyzed descriptively.

The data was collected from a total respondents of 297. It is categorized into two categories, including offline as well as online survey manner. In terms of the offline survey, the questionnaires were distributed to the participants at Aeon Sri Manjung, which comprised 80 respondents. The remaining responses are collected via online platforms, encompassing Facebook, WhatsApp, Email, as well as Instagram.

### 4.1.1 Respondents Demographic Characteristics

In this research, it comprises six categories of demographic characteristics, consisting of gender, race, marriage status, age, monthly income or allowance, and highest education level. Each demographic variable is analyzed and interpreted one by one in the following sections.

#### 4.1.1.1 Summary of Respondent Demographic Characteristics

By referring to Appendix 4.1, it indicates that all survey participants are grouped regarding their gender. A total number of 297 participants were engaged in this survey. Based on the table above, the number of female respondents exceeded the number of male respondents in this study, which were 56.9% (169 participants). In comparison, the rest were male participants (43.1% or 128 participants).

The survey participants in this study were grouped according to their age. Table above revealed that the majority of survey participants in this present study fell between the ages of 18-24, which is 135 participants or 45.5%. Followed by 75 participants (25.3%) who belong to the age group of 25-31. Additionally, out of 297 survey participants, 44 (14.8%) fell between the age group of 39 and above, while the rest are classified in the 32-38 age group.

Regarding Appendix 4.1, most survey participants are Chinese, accounting for 167 participants or 56.2% in this study. At the same time, 68 participants (22.9%) were Malays, which represented the second-highest based on ethnicity. Followed by Indian, comprising 57 participants or 19.2% in this study. The remaining survey participants are categorized as others, with only 1.7% (5 participants).

Appendix 4.1 also illustrate the survey participants' monthly income or allowance. Most of the participants' monthly income or allowance fell below RM1000, making up 93 participants (31.3%). The second highest is fell between Rm3001 and RM4000, which has 57 participants or 19.2%. Followed closely by the monthly income or allowance between Rm2001 and RM3000, accounting for 52 participants or 17.5%. At the same time, 50 (16.8%) respondents were recorded as RM1001-RM2000. In between RM4001 and above, with merely 45 participants or 15.2% of total participants.

It also presents the survey participants' achievement of the highest education level. Based on the data collected, the majority of survey participants had achieved a bachelor's degree, comprising 159 participants or 53.5%. Moreover, the participants with the highest education level of secondary school represented 57 survey participants or 19.2%. At the same time, 47 participants (15.8%) had achieved the highest education level of diploma. Those with the highest education level of Master accounted for 16 participants (5.4%). Additionally, the highest education level achieved by the survey participants for primary school consisted of 15 participants or

5.1%. Only the least number of survey participants had attained a PhD, which is merely 3 people in this study.

Appendix 4.1 illustrates the marriage status of the survey participants in this research. Regarding the data obtained from the survey, the majority of the participants were single, with 195 participants or 65.7% of the total. The rest of the participants were recorded as married status, 102 participants or 34.3%.

## 4.2 Central Tendencies Measurement of Constructs

The responses gained from the survey participants in Sections B and C associated with independent and dependent variables are examined. To examine the average score of the interval scale construct, the measure of central tendency is implemented, which consists of the mean. At the same time, standard deviation is also employed, a measure of dispersion. The data are obtained via SPSS output and the data analysis is conducted individually for each variable.

### 4.2.1 Attitude

Table 4.2: *Central Tendencies Measurement of ATT*

| Construct | Measurement Items | Sample Size, N | Mean | Std Deviation, σ | Mean Rank | Std Deviation, σ Rank |
|---|---|---|---|---|---|---|
| **ATT1** | I feel positive towards epidemic prevention products. | 297 | 4.18 | 0.822 | 1 | 5 |
| **ATT2** | I like the idea of buying epidemic prevention products. | 297 | 4.13 | 0.891 | 2 | 4 |
| **ATT3** | Consuming epidemic prevention products is good in the post-pandemic context to me. | 297 | 4.09 | 0.922 | 3 | 3 |
| **ATT4** | Consuming epidemic prevention products is wise in the post-pandemic context to me. | 297 | 4.00 | 0.998 | 4 | 2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **ATT5** | For me, consuming epidemic prevention products is favourable. | 297 | 3.96 | 1.001 | 5 | 1 |

Regarding Table 4.2, we are examining the measurement items related to attitudes toward purchasing epidemic prevention products. Among these items, ATT1 stands out with the highest mean score of 4.18 and a standard deviation of 0.822. Following closely is ATT2, which has the second-largest mean score of 4.00 and a standard deviation of 0.891. In the third position, we find ATT3 with a mean score of 4.09 and a standard deviation of 0.922. ATT4, with a mean score of 4.00 and a standard deviation of 0.998, comes next. Finally, ATT5 has a mean score of 3.96, but it is notable for having the highest standard deviation at 1.001.

### 4.2.2 Subjective Norm

*Table 4.3: Central Tendencies Measurement of SN*

| Construct | Measurement Items | Sample Size, N | Mean | Std Deviation, σ | Mean Rank | Std Deviation, σ Rank |
|---|---|---|---|---|---|---|
| **SN1** | People who influence my behavior would think that I should purchase epidemic prevention products. | 297 | 3.68 | 1.143 | 4 | 3 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **SN2** | People who are important to me think that I should purchase epidemic prevention products. | 297 | 3.82 | 1.163 | 2 | 2 |
| **SN3** | People whose opinions I value prefer me to purchase epidemic prevention products. | 297 | 3.73 | 1.122 | 3 | 4 |
| **SN4** | Most people I know are using epidemic prevention products. | 297 | 3.99 | 1.177 | 1 | 1 |

Table 4.3 presents the measurement items. Upon reviewing Table 4.3, it becomes apparent that SN 4 stands out with the highest mean value of 3.99, accompanied by a standard deviation of 1.177. Following closely is SN 2, which exhibits a mean of 3.82 and a standard deviation of 1.163. SN 3, on the other hand, demonstrates a mean of 3.73 and a standard deviation of 1.122. In contrast, SN 1 has the lowest mean of 3.68, with a standard deviation of 1.143.

### 4.2.3 Perceived Behavioral Control

*Table 4.4: Central Tendencies Measurement of PBC*

| Construct | Measurement Items | Sample Size, N | Mean | Std Deviation, σ | Mean Rank | Std Deviation, σ Rank |
|---|---|---|---|---|---|---|
| **PBC1** | I am able to purchase epidemic prevention products. | 297 | 4.18 | 0.948 | 1 | 5 |
| **PBC2** | Purchasing epidemic prevention products are entirely within my control. | 297 | 4.10 | 0.997 | 2 | 4 |
| **PBC3** | I have the resources, knowledge, and ability to buy epidemic prevention products. | 297 | 4.02 | 1.008 | 4 | 3 |
| **PBC4** | If I want to, I can easily purchase epidemic prevention products. | 297 | 4.06 | 1.030 | 3 | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **PBC5** | I have enough money to purchase epidemic prevention products in the post-pandemic context. | 297 | 3.97 | 1.016 | 5 | 2 |

Table 4.4 revealed the measurement items related to perceived behavioral control in terms of mean and standard deviation. The measurement item with the largest mean of 4.18 and the lowest standard deviation of 0.948 is PBC1, followed by PBC2 with the second largest mean of 4.10 and a standard deviation of 0.997. PBC 3 had a mean of 4.02 as well as a standard deviation of 1.008, while PBC4 possessed the third largest mean of 4.06 as well as the largest standard deviation of 1.030. Ultimately, PBC5 got the lowest mean of 3.97 and a standard deviation of 1.016.

### 4.2.4 Health Concern

*Table 4.5: Central Tendencies Measurement of HC*

| Construct | Measurement Items | Sample Size, N | Mean | Std Deviation, σ | Mean Rank | Std Deviation, σ Rank |
|---|---|---|---|---|---|---|
| **HC1** | I think health problems cannot be overlooked. | 297 | 4.47 | 0.805 | 2 | 4 |
| **HC2** | I think we should care about our health. | 297 | 4.57 | 0.665 | 1 | 6 |
| **HC3** | I know epidemic prevention products are good for our health. | 297 | 4.32 | 0.828 | 3 | 3 |
| **HC4** | I often think about health-related issues. | 297 | 4.15 | 0.941 | 6 | 1 |
| **HC5** | I am very concerned about my health during the pandemic. | 297 | 4.27 | 0.851 | 4 | 2 |
| **HC6** | I am a health concern person. | 297 | 4.26 | 0.787 | 5 | 5 |

Table 4.5 provides information on the measurement items for HC, including their mean values and standard deviations. HC1 has the second-highest

mean, standing at 4.47, with a standard deviation of 0.805. HC2, on the other hand, boasts a mean of 4.57, accompanied by the lowest standard deviation of 0.665. Moving on to HC3, it registers a mean of 4.32, along with a standard deviation of 0.828. HC4, in contrast, has the lowest mean at 4.15, along with the largest standard deviation of 0.941. HC5 demonstrates a mean of 4.27 and a standard deviation of 0.851. Lastly, HC6 exhibits a mean of 4.26, accompanied by a standard deviation of 0.787.

### 4.2.5 Epidemic Prevention Products Continuous Purchase Intention

Table 4.6: *Central Tendencies Measurement of EPPCPI*

| Construct | Measurement Items | Sample Size, N | Mean | Std Deviation, σ | Mean Rank | Std Deviation, σ Rank |
|---|---|---|---|---|---|---|
| **EPPCPI1** | I will continue purchasing epidemic prevention products in the near future | 297 | 4.03 | 1.010 | 3 | 4 |
| **EPPCPI2** | I will buy epidemic prevention products as usual in post pandemic. | 297 | 3.87 | 1.070 | 5 | 2 |
| **EPPCPI3** | I intend to buy the epidemic prevention products when I need. | 297 | 4.26 | 0.900 | 1 | 6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **EPPCPI4** | I am very likely to continuous buy the epidemic prevention products from seller. | 297 | 3.92 | 1.012 | 4 | 3 |
| **EPPCPI5** | I am willing to use same money to purchase epidemic prevention products as before. | 297 | 3.68 | 1.177 | 6 | 1 |
| **EPPCPI6** | I tend to buy epidemic prevention products for long term benefit. | 297 | 4.05 | 1.002 | 2 | 5 |

Table 4.6 reveals the measurement items related to epidemic prevention products continuous purchase intention. Table 4.6 shows that EPPCPI 1 possesses a mean of 4.03 plus a standard deviation of 1.010, while EPPCPI 2 obtains a mean of 3.87 with a standard deviation of 1.070. At the same time, the largest mean of 4.26 with the smallest standard deviation of 0.900 belonged to EPPCPI 3. Then, EPPCPI 4 owns a mean of 3.92 as well as a standard deviation of 1.012. However, the smallest mean of 3.68 is EPPCPI 5, with the largest standard deviation of 1.177. Finally, EPPCPI 6 owns the second-largest mean of 4.05 and a standard deviation of 1.002.

## 4.3 Scale of Measurement

### 4.3.1 Reliability Test

Table 4.7 shows the reliability test result for the explanatory variables (ATT, SN, PBC and HC) as well as the response variable (EPPCPI).

*Table 4.7: The Result of Reliability Test*

| No | Measurement Constructs | Number of Participants | Number of Items | Cronbach's Alpha (α) | Reliability Test |
|---|---|---|---|---|---|
| 1 | IDV 1: Attitude | 297 | 5 | 0.887 | Good |
| 2 | IDV2: Subjective Norm | 297 | 4 | 0.867 | Good |
| 3 | IDV3: Perceived Behavioral Control | 297 | 5 | 0.911 | Excellent |
| 4 | IDV 4: Health Concern | 297 | 6 | 0.842 | Good |
| 5 | DV: Epidemic Prevention Products Continuous Purchase Intention | 297 | 6 | 0.893 | Good |

Regarding the table above, the value of Cronbach's alpha (α) (for IDV 1 (attitude) is 0.887, IDV 2 (subjective norm) is 0.867, IDV 3 (perceived behavioural control) is 0.911, IDV 4 (Health Concern) is 0.842 in addition to DV (epidemic prevention products continuous purchase intention is 0.893. All the measurement constructs consisting of explanatory variables and response variables own Cronbach's alpha larger than 0.6; therefore, every variable in this study indicates a stable as well as a consistent result.

## 4.4 Inferential Analysis

### 4.4.1 Multiple Linear Regression Analysis

#### 4.4.1.1 Model Summary

*Table 4.8: Model Summary*

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .819[a] | .670 | .665 | .48179 |

a. Predictors: (Constant), PBC, HC, SN, ATT

b. DV: EPPCPI

The provided table presents the model summary from the multiple linear regression analysis. It informs us that the R Square value for this model stands at 0.670, signifying that 67% of the variance in the response variable (EPPCPI) can be accounted for by the four explanatory variables (ATT, SN, PBC, and HC).

#### 4.4.1.2 Multiple Regression Analysis

Table 4.9: *The Result of Multiple Regression*

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta (β) | | |
| 1 | (Constant) | | .205 | | -1.075 | .283 |
| | ATT | .470 | .057 | .435 | 8.236 | <.001 |
| | SN | .119 | .037 | .140 | 3.204 | .002 |
| | HC | .199 | .059 | .146 | 3.348 | <.001 |
| | PBC | .236 | .045 | .244 | 5.296 | <.001 |

a. Independent Variables: PBC, HC, SN as well as ATT
b. Dependent Variable: EPPCPI

Table 4.9 exhibits the independent variables which are attitude, subjective norm, perceived behavioral control as well as health concern are significant in predicting the dependent variable (epidemic prevention products continuous purchase intention). Due to the reason that all of the independent variables' P value is smaller than the alpha value of 0.05.

Regarding to Table 4.9, the multiple regression analysis equation for epidemic prevention products continuous purchase intention (EPPCPI) is:

EPPCPI = (-0.220) + 0.470 ATT + 0.119 SN + 0.236 PBC + 0.199 HC

By referring to the table above, it shown that attitude towards epidemic prevention products positively affects epidemic prevention products continuous purchase intention ($t = 8.236$, $p = < 0.001$, $\beta = 0.470$). It illustrates that a unit rise in attitude towards epidemic prevention products result in a 0.470 unit increase in epidemic prevention products continuous purchase intention.

Additionally, Table 4.9 also illustrates that SN, PBC, as well as HC, takes a significant positive influence on epidemic prevention products continuous purchase intention ($t = 3.204$, $p = 0.002$, $\beta = 0.119$; $t = 5.296$, $p = < 0.001$, $\beta = 0.236$; $t = 3.348$, $p = < 0.001$, $\beta = 0.199$). Holding other variables constant, a unit increase in subjective norm, perceived behavioral control or health concern results in a (0.119; 0.236; 0.199) unit increase in epidemic prevention products continuous purchase intention.

# Chapter 5: Discussion, Conclusion and Implications

## Introduction

This chapter will conduct further analysis for the study's findings, including an analysis of the relationship between the independent variables and the dependent variable, the implications of the results, the study's limitations, recommendations for additional advancements, and possible future research projects for other researchers.

## 5.1 Discussion of Major Findings

Table 5.1: Depicts the hypotheses result of this research

Table 5.1: Hypothesis Testing Summary

| **Hypothesis** | **Relationship** | **Result** | Supported/ Non supported |
|---|---|---|---|
| **H1** | Attitude towards epidemic prevention products is positively associated with continuous purchase intention. | β = 0.435** p = 0.001 | Supported |
| **H2** | Subjective norm towards epidemic prevention products is positively associated with continuous purchase intention. | β = 0.140* p = 0.002 | Supported |
| **H3** | Perceived behavioral control towards epidemic prevention products is positively associated with continuous purchase intention. | β = 0.146** p = 0.001 | Supported |

| | | | |
|---|---|---|---|
| **H4** | Health concern towards epidemic prevention products is positively associated with continuous purchase intention. | $\beta = 0.244^{**}$ $p = 0.001$ | Supported |

*p<0.1 **p<0.01 ***p<0.001

Source: Developed for the research

### 5.1.1 Relationship between Attitude and Continuous Purchase Intention

Based on H1, adult Malaysians' continuous purchase intentions towards epidemic prevention products are positively impacted by attitude. The result implies that adult Malaysians' attitudes towards continuous purchase intention towards epidemic prevention products are both positively and significantly correlated. Therefore, H1 is supported. The results of this research line up with other research showing that attitude influences continuous purchase intention (Qi et al., 2023). Liang et al. (2022) demonstrated that the intention to repurchase a face mask was significantly and moderately influenced by attitudes about the functional characteristics of the masks. The positive result may lead people to believe that mask-wearing intentions and attitudes are beneficial to health (Shah et al., 2021). In summary, the H1 finding supports earlier studies indicating a positive relationship between attitude and continuous purchase intention.

### 5.1.2 Relationship between Subjective Norm and Continuous Purchase Intention

H2 mentioned that there is a positive relationship between the subjective norm and adult Malaysians' continuous purchase intention towards epidemic prevention products. The finding shows that among Malaysia's adult

population, subjective norms are favourably and substantially connected to continuous purchase intention towards epidemic prevention products. Hence, H2 is supported. The outcome is in line with earlier research, which discovered that subjective norms significantly and positively influenced continuing purchase intention (Zainudin et al., 2020). Liang et al. (2022) were supported by recent studies on consumers' mask-wearing behaviour, which found that key referents' perceived opinions did influence consumers' intention to continue to use face masks (Duong et al., 2021; Kim et al., 2020). According to Duong et al. (2021), consumers think that important individuals in their lives would expect them to wear face mask while they are out in public. The second hypothesis is therefore supported by these findings, which demonstrate that the influence of subjective norms on continuous purchase intention is not only positive but also significant.

### 5.1.3 Relationship between Perceived Behavioural Control and Continuous Purchase Intention

In H3, the positive effect of perceived behavioural control on Malaysian adult's continuous purchase intentions towards epidemic prevention products is formulated. The findings suggest a positive and strong correlation between adult Malaysians' perceived behavioural control and their continuous intention to purchase epidemic prevention products. Therefore, H3 is supported. This outcome is consistent with earlier research, which demonstrated that perceived behavioural control significantly influenced continuous purchase intention (Wu et al., 2021). Liang (2022) showed that consumers' intentions to purchase face masks again were highly influenced by their perceptions of behavioural control. This shows that, in line with earlier research, customers will make an effort to obtain the desired goods despite obstacles like availability (Das & Sabbir, 2019). As a result of the findings above, perceived behavioural control has a strong effect on continuous purchase intention towards epidemic prevention products among Malaysia's adults.

### 5.1.4 Relationship between Health Concern and Continuous Purchase Intention

H4 pointed that health concern has a positive influence on continuous purchase intention towards epidemic prevention products among Malaysia's adults. According to the findings, there is a substantial and beneficial relationship between adult Malaysians' desire to continuously purchase epidemic prevention products and their health concerns. Consequently, H4 is supported. The findings are consistent with earlier research, which indicates that consumers' concerns about their health have an important impact on their continuous purchase intention (Qi et al., 2023). Lee et al. (2022) stated that the greater the health concern, the greater the purchase desire. Customers are more inclined to use a disposal mask to protect their health than a sustainable mask because the majority of news reports advocate doing so to reduce the contagiousness of COVID-19, such as by utilising N95 or KF95 disposal masks with strong protective functions. As a result, one of the main reasons influencing adult Malaysians' continuous purchase intention for products that prevent epidemics is health concern.

## 5.2 Implications of The Study

### 5.2.1 Theoretical Implications

The goal of this study is to investigate the influence of attitude, subjective norm, perceived behavioural control, health concern, and continuous purchase intention towards epidemic prevention products among Malaysian adults. From this investigation, one significant theoretical implication stands out. The Theory of Planned Behaviour (TPB) was used to examine Malaysian adults' continuous purchasing intentions for epidemic prevention products in this research. According to the findings, continuous purchase intention is positively connected with attitude, subjective norm, and perceived behavioural control. Consequently, the findings of our research are in line with the conceptual model proposed in the previous study (Xu et al., 2021).

In addition, this study also advances our understanding of the variables that affect continuous purchase intention by including and experimentally evaluating a new external construct—health concern. The finding show that health concerns have a major impact on continuous purchase intention. Lee et al. (2022) discovered that when the health concern becomes higher, the continuous purchase intention becomes stronger. These are consistent with the research's findings. Consequently, the conditional connection between health concerns and the TPB model in this study aids in improving understanding of consumer behaviour in the sharing economy.

### 5.2.2 Practical Implications

The results of this investigation will have some practical implications in addition to the theoretical implications. With the help of this study, future researchers will be better able to understand the direct and indirect connections between attitude, subjective norms, perceived behavioural control, health concern, and continuous purchase intention. The results of this research demonstrate that elevating attitude, subjective norm, perceived behavioural control, and health concern can all lead to an increase in continuous purchase intention towards epidemic prevention products.

The study's results would encourage customers to keep buying epidemic prevention products after the epidemic to lessen the complexity of their health issues. In this method, the number of COVID-19 cases will remain stable and continue to decline. As people are supposed to continue purchasing epidemic prevention products to reduce the contingency of communicable diseases such as flu, influenza and so on. The research may also be helpful in decreasing any potential stigmatisation of those who wear masks to protect themselves from disease or of people who look after COVID-19 patients (Shah et al., 2021).

Retailers can improve facilitation through actions like informing customers that epidemic prevention products are in stock, without having to wait at well-known stores to influence their intention to buy the epidemic prevention products. This is demonstrated by the facilitating conditions that were taken into account in determining the effect that perceived behavioural control had on purchase intention. Countries like South Korea, where the public adopted the use of face masks more quickly, aided consumer behavioural control by making masks widely accessible (Kim, 2020). People should be ready to recognise and act on their power to establish norms around actions like buying face masks that result in widespread social good during future public health emergencies (Liang et al., 2022).

## 5.3 Limitations of the Study

Although this research has made major contributions, it surely has some limitations that need to be addressed and highlighted so that the researcher can become aware of them.

First, the racial ratio of our respondents is uneven. Most of survey respondents are Chinese, which accounted for more than 50%. Both Malays and Indians were in the minority, with both races receiving less than 25% of respondents each. This is because, whether online or offline, most of the people around us are Chinese.

Instead of focusing on a specific epidemic prevention product individually, the respondent of this survey was asked about their continuous purchase intention towards epidemic prevention products in general. In addition, this study did not concentrate on any particular epidemic prevention products, such as face mask, hand sanitizer, face shield, and so on.

## 5.4 Recommendations for Future Research

To enhance accessibility and engagement among respondents from diverse backgrounds, it is significant to ensure the survey is provided in the languages that commonly used by each ethnic group. In the context of surveying Malaysian adult participants, we recognize that the primary language spoken by the majority of Malaysians is Malay, also called as Bahasa Malaysia. By providing the survey questionnaire in Malay, the researchers can effectively cater to those respondents who might not possess a strong understanding of English. This method recognizes the varied languages spoken among intended participants and enhances a more inclusive participation, allowing those who prefer Bahasa Malaysia to provide valuable answers to survey questions.

Furthermore, future research studies are suggested to increase the number of explanatory variables as incorporating more independent variables allows for

development of a more comprehensive exploration of the reasons that bring impact on purchase intention. Creating a more holistic insight as a larger set of independent variables help to capture the complexity of individuals' decision-making processes as well as offer a more precise depiction of the different factors influencing their continuous purchase intention toward epidemic prevention products. For instance, the personal experience can be included in the structural model for continuous purchase intention of epidemic prevention products as discovering how these personal encounters affect the continuous purchase intention and shed light on potential long-term effects of the pandemic on consumer's behaviors.

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## Appendix 1.2: Survey Questionnaire for Research Project


FACULTY OF BUSINESS AND FINANCE

UNDERGRADUATE FINAL YEAR PROJECT [FYP]

DETERMINANTS OF THE CONTINUOUS PURCHASE INTENTION TOWARDS EPIDEMIC PREVENTION PRODUCTS AMONG MALAYSIA'S ADULT POST-PANDEMIC

SURVEY QUESTIONNAIRE

Dear respondent, we are Universiti Tunku Abdul Rahman (UTAR) Kampar Campus final year undergraduate Bachelor of Marketing (Hons) students.

We are seeking your assistance in filling out this questionnaire which is part of our Final Year Project (FYP). Please take a few minutes of your valuable time to complete this questionnaire. This survey intends to examine continuous purchase intention towards epidemic prevention products among Malaysia's adult. All information provided will be kept confidential and will be used only for educational purpose.

The completion of this survey implies consent for us to consolidate your data with others and to publish the results without identifying any respondents. If you have any questions regarding this research, please contact the undersigned. My contact information is provided below. Thank you for your consideration, and participation in this research project.

Instructions:

1) There are THREE sections in this questionnaire. Please answer ALL questions in ALL sections.

2) Completion of this form will take you approximately 10 to 15 minutes.

3) The contents of this questionnaire will be kept strictly confidential.

Researchers:

| Name | Student ID | Email Address |
|---|---|---|
| CHI LIN CHING | 21ABB00176 | chilinching323@1utar.my |
| CHIA XIN YAN | 19ABB02640 | xy2007@1utar.my |

## PERSONAL DATA PROTECTION STATEMENT

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**Notice:**

1. The purposes for which your personal data may be used are inclusive but not limited to:-
   - For assessment of any application to UTAR
   - For processing any benefits and services
   - For communication purposes
   - For advertorial and news
   - For general administration and record purposes
   - For enhancing the value of education
   - For educational and related purposes consequential to UTAR
   - For the purpose of our corporate governance
   - For consideration as a guarantor for UTAR staff/ student applying for his/her scholarship/ study loan

2. Your personal data may be transferred and/or disclosed to third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing

records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.

3. Any personal information retained by UTAR shall be destroyed and/or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

4. UTAR is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also ensure that your personal data shall not be used for political and commercial purposes.

**Consent:**

1. By submitting this form you hereby authorise and consent to us processing (including disclosing) your personal data and any updates of your information, for the purposes and/or for any other purposes related to the purpose.

2. If you do not consent or subsequently withdraw your consent to the processing and disclosure of your personal data, UTAR will not be able to fulfill our obligations or to contact you or to assist you in respect of the purposes and/or for any other purposes related to the purpose.

3. You may access and update your personal data by writing to us at _____.

**Acknowledgment of Notice**

[ ] I have been notified by you and that I hereby understood, consented and agreed per UTAR above notice.

[ ] I disagree, my personal data will not be processed.

**Filter Question**

Please choose only one answer.

1. Are you over 18 years old?

( ) Yes

( ) No

2. Have you ever bought epidemic prevention products?

Epidemic prevention products- products that are designed to help prevent the spread of infectious diseases such as epidemics. (For example: Mask, hand sanitizer, test kit, thermometers, and disinfectant wipes).

( ) Yes

( ) No

**Section A: Demographic Profile**

Please **TICK ONE (/)** appropriate answer.

1. What is your gender?

( ) Male

( ) Female

2. What is your age?

( ) 18-24

( ) 25-31

( ) 32-38

( ) 39 and above

3. What is your race?

( ) Malay

( ) Indian

( ) Chinese

( ) Others

4. What is your monthly income or allowance?

( ) Below RM1000

( ) RM1001 – RM2000

( ) RM2001 – RM3000

( ) RM3001 – RM4000

( ) RM4001 and above

5. What is your highest education level?

( ) Primary School

( ) Secondary School

( ) Bachelor's Degree

( ) Diploma

( ) Master

( ) PhD

6. What is your marriage status?

( ) Single

( ) Married

**Section B: Perception of epidemic prevention products**

**Circle your answers on a five points Likert scale that best reflects your response to epidemic prevention products such as products that help prevent the spread of infectious diseases.**

Scale of 1 to 5: (1) = Strongly Disagree, (2) = Disagree, (3) = Neutral, (4) = Agree and (5) = Strongly Agree.

| | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
|---|---|---|---|---|---|
| 1. I feel positive towards epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 2. I like the idea of buying epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 3. Consuming epidemic prevention products is good in the post-pandemic context to me. | 1 | 2 | 3 | 4 | 5 |
| 4. Consuming epidemic prevention products is wise choice in the post-pandemic context to me. | 1 | 2 | 3 | 4 | 5 |
| 5. For me, consuming epidemic prevention products is favourable. | 1 | 2 | 3 | 4 | 5 |
| 6. People who influence my behaviour would think | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| that I should purchase epidemic prevention products. | | | | | |
| 7. People who are important to me think that I should purchase epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 8. People whose opinions I value prefer me to purchase epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 9. Most people I know are using epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 10. I am able to purchase epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 11. Purchasing epidemic prevention products are entirely within my control. | 1 | 2 | 3 | 4 | 5 |
| 12. I have the resources, knowledge, and ability to buy epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |
| 13. If I want to, I can easily purchase epidemic prevention products. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| 14. I have enough money to purchase epidemic prevention products in the post-pandemic context. | 1 | 2 | 3 | 4 | 5 |
| 15. I think health problems cannot be overlooked. | 1 | 2 | 3 | 4 | 5 |
| 16. I think we should care about our health. | 1 | 2 | 3 | 4 | 5 |
| 17. I know epidemic prevention products are good for my health. | 1 | 2 | 3 | 4 | 5 |
| 18. I often think about health-related issues. | 1 | 2 | 3 | 4 | 5 |
| 19. I am very concerned about my health during the post-pandemic. | 1 | 2 | 3 | 4 | 5 |
| 20. I am a health concern person. | 1 | 2 | 3 | 4 | 5 |

**Section C: Continuous purchase intention towards epidemic prevention products.**

**Please choose only one answer.**

Scale of 1 to 5: (1) = Strongly Disagree, (2) = Disagree, (3) = Neutral, (4) = Agree and (5) = Strongly Agree.

| | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 21. I will continue purchasing epidemic prevention products in the near future. | 1 | 2 | 3 | 4 | 5 |
| 22. I will buy epidemic prevention products as usual in post pandemic. | 1 | 2 | 3 | 4 | 5 |
| 23. I intend to buy the epidemic prevention products when I need. | 1 | 2 | 3 | 4 | 5 |
| 24. I am very likely to continuous buy the epidemic prevention products from seller. | 1 | 2 | 3 | 4 | 5 |
| 25. I am willing to use same money to purchase epidemic prevention products as before. | 1 | 2 | 3 | 4 | 5 |
| 26. I tend to buy epidemic prevention products for long term benefit. | 1 | 2 | 3 | 4 | 5 |

## Appendix 3.1 Questionnaire Design

| Variable | Construct Measurement | Sources |
|---|---|---|
| **Attitude (ATT)** | 1. I feel positive towards epidemic prevention products. | Liu et al., (2020) |
| | 2. I like the idea of buying epidemic prevention products. | |
| | 3. Consuming epidemic prevention products is good in the post-pandemic context to me. | Zhang et al., (2019) |
| | 4. Consuming epidemic prevention products is wise in the post-pandemic context to me. | |
| | 5. For me, consuming epidemic prevention products is favourable. | |
| **Subjective Norm (SN)** | 6. People who influence my behavior would think that I should purchase epidemic prevention products. | Han & Han (2023) |
| | 7. People who are important to me think that I should purchase epidemic prevention products. | |
| | 8. People whose opinions I value prefer me to purchase epidemic prevention products. | |
| | 9. Most people I know are using epidemic prevention products. | Khaday & Dorloh (2023) |
| **Perceived Behavioural Control (PBC)** | 10. I am able to purchase epidemic prevention products. | Han & Han (2023) |
| | 11. Purchasing epidemic prevention products are entirely within my control. | |

| | | |
|---|---|---|
| | 12. I have the resources, knowledge, and ability to buy epidemic prevention products. | |
| | 13. If I want to, I can easily purchase epidemic prevention products. | Qi & Ploeger (2021) |
| | 14. I have enough money to purchase epidemic prevention products in the post-pandemic context. | Dang (2022) |
| **Health Concern (HC)** | 15. I think health problems cannot be overlooked. | Photcharoen et al., (2022) |
| | 16. I think we should care about our health. | |
| | 17. I know epidemic prevention products are good for our health. | |
| | 18. I often think about health-related issues. | Yadav & Pathak (2016) |
| | 19. I am very concerned about my health during the pandemic. | Khayyam et al., (2021) |
| | 20. I am a health concern person. | Rahamat et al., (2022) |
| **Epidemic Prevention Products Continuous Purchase Intention** | 21. I will continue purchasing epidemic prevention products in the near future. | Lin et al., (2021) |
| | 22. I will buy epidemic prevention products as usual in post pandemic. | |
| | 23. I intend to buy the epidemic prevention products when I need. | Zhao et al., (2019) |
| | 24. I am very likely to continuous buy the epidemic prevention products from seller. | |

| | | |
|---|---|---|
| | 25. I am willing to use same money to purchase epidemic prevention products as before. | |
| | 26. I tend to buy epidemic prevention products for long term benefit. | Qi et al., (2023) |

## Appendix 3.2 Reliability Test Analysis Results for Pilot Test

**Scale: Attitude**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 30 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 30 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .865 | 5 |

**Scale: Subjective Norm**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 30 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 30 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .868 | 4 |

**Scale: Perceived Behavioral Control**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 30 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 30 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .832 | 5 |

**Scale: Health Concern**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 30 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 30 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .772 | 6 |

**Scale: Epidemic Prevention Products Continuous Purchase Intention**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 30 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 30 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .855 | 6 |

## Appendix 4.1: Table of Summary of Respondent Demographic Characteristics

| Variables | Categories | Frequency | Percentage (%) |
|---|---|---|---|
| Gender | Male | 169 | 56.9 |
| | Female | 128 | 43.1 |
| Age | 18-24 | 135 | 45.5 |
| | 25-31 | 75 | 25.3 |
| | 32-38 | 43 | 14.5 |
| | 39 and above | 44 | 14.8 |
| Race | Chinese | 167 | 56.2 |
| | Indian | 57 | 19.2 |
| | Malay | 68 | 22.9 |
| | Others | 5 | 1.7 |
| Monthly Income or Allowance | Below RM1000 | 93 | 31.3 |
| | RM1001-RM2000 | 50 | 16.8 |
| | RM2001-RM3000 | 52 | 17.5 |
| | RM3001-RM4000 | 57 | 19.2 |
| | | 45 | 15.2 |

| | | | |
|---|---|---|---|
| | RM4001 and above | | |
| Highest Education Level | Bachelor's Degree | 159 | 53.5 |
| | Diploma | 47 | 15.8 |
| | Master | 16 | 5.4 |
| | PhD | 3 | 1.0 |
| | Primary School | 15 | 5.1 |
| | Secondary School | 57 | 19.2 |
| Marriage Status | Married | 102 | 34.3 |
| | Single | 195 | 65.7 |

## Appendix 4.2: Central Tendencies Measurement of Construct for Full Test

### Attitude

**Descriptive Statistics**

| | N | Mean | Std. Deviation | Variance |
|---|---|---|---|---|
| ATT1 | 297 | 4.18 | .822 | .676 |
| ATT2 | 297 | 4.13 | .891 | .794 |
| ATT3 | 297 | 4.09 | .922 | .849 |
| ATT4 | 297 | 4.00 | .998 | .997 |
| ATT5 | 297 | 3.96 | 1.001 | 1.002 |
| Valid N (listwise) | 297 | | | |

### Subjective Norm

**Descriptive Statistics**

| | N | Mean | Std. Deviation | Variance |
|---|---|---|---|---|
| SN1 | 297 | 3.68 | 1.143 | 1.307 |
| SN2 | 297 | 3.82 | 1.163 | 1.352 |
| SN3 | 297 | 3.73 | 1.122 | 1.260 |
| SN4 | 297 | 3.99 | 1.177 | 1.385 |
| Valid N (listwise) | 297 | | | |

### Perceived Behavioural Control

**Descriptive Statistics**

| | N | Mean | Std. Deviation | Variance |
|---|---|---|---|---|
| PBC1 | 297 | 4.18 | .948 | .899 |
| PBC2 | 297 | 4.10 | .997 | .994 |
| PBC3 | 297 | 4.02 | 1.008 | 1.017 |
| PBC4 | 297 | 4.06 | 1.030 | 1.061 |
| PBC5 | 297 | 3.97 | 1.016 | 1.033 |
| Valid N (listwise) | 297 | | | |

**Health Concern**

**Descriptive Statistics**

| | N | Mean | Std. Deviation | Variance |
|---|---|---|---|---|
| HC1 | 297 | 4.47 | .805 | .649 |
| HC2 | 297 | 4.57 | .665 | .442 |
| HC3 | 297 | 4.32 | .828 | .686 |
| HC4 | 297 | 4.15 | .941 | .886 |
| HC5 | 297 | 4.27 | .851 | .724 |
| HC6 | 297 | 4.26 | .787 | .620 |
| Valid N (listwise) | 297 | | | |

**Epidemic Prevention Products Continuous Purchase Intention**

**Descriptive Statistics**

| | N | Mean | Std. Deviation | Variance |
|---|---|---|---|---|
| EPPCPI1 | 297 | 4.03 | 1.010 | 1.020 |
| EPPCPI2 | 297 | 3.87 | 1.070 | 1.146 |
| EPPCPI3 | 297 | 4.26 | .900 | .809 |
| EPPCPI4 | 297 | 3.92 | 1.012 | 1.024 |
| EPPCPI5 | 297 | 3.68 | 1.177 | 1.386 |
| EPPCPI6 | 297 | 4.05 | 1.002 | 1.004 |
| Valid N (listwise) | 297 | | | |

## Appendix 4.3: Reliability Test Analysis Results for Full Test

**Scale: Attitude**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 297 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 297 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .887 | 5 |

**Scale: Subjective Norm**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 297 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 297 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .867 | 4 |

**Scale:Perceived Behavioral Control**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 297 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 297 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .911 | 5 |

**Scale: Health Concern**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 297 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 297 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .842 | 6 |

**Scale: Epidemic Prevention Products Continuous Purchase Intention**

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 297 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 297 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | N of Items |
|---|---|
| .893 | 6 |

## Appendix 4.4: Multiple Linear Regression Analysis Results

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .819[a] | .670 | .665 | .48179 |

a. Predictors: (Constant), HC, SN, PBC, ATT

**ANOVA[a]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 137.597 | 4 | 34.399 | 148.197 | <.001[b] |
| | Residual | 67.779 | 292 | .232 | | |
| | Total | 205.376 | 296 | | | |

a. Dependent Variable: EPPCPI

b. Predictors: (Constant), HC, SN, PBC, ATT

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | -.220 | .205 | | -1.075 | .283 |
| | ATT Mean | .470 | .057 | .435 | 8.236 | <.001 |
| | SN Mean | .119 | .037 | .140 | 3.204 | .002 |
| | PBC Mean | .236 | .045 | .244 | 5.296 | <.001 |
| | HC Mean | .199 | .059 | .146 | 3.348 | <.001 |

a. Dependent Variable: EPPCPI