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Privacy Concerns in Mediating the Relationship between Reputation and Intention to Adopt mHealth Services among Non-Users

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Abstract

The purpose of this research is to identify privacy concerns as a barrier to the adoption of mHealth services, both direct and mediated. Furthermore, the impact of reputation views on privacy concerns and mHealth service adoption intentions is investigated in this study. To achieve its research objectives, this study used an online survey method. People who had never used mHealth services served as the study's unit of analysis. Furthermore, approximately 200 people completed questionnaires for this study, with 194 providing data that could be analyzed. Covariance-based structural equation modeling (CB-SEM) was used to evaluate research data and test hypotheses. According to the findings, mHealth reputation is critical in determining mHealth service adoption intentions and easing privacy concerns among non-users. Furthermore, privacy concerns have no significant negative impact on non-users' decision to adopt mHealth services. Finally, privacy concerns have a significant impact on the relationship between mHealth's reputation and the intention to use mHealth services. Several research implications and recommendations are discussed in this paper.

1. Introduction

Rapid technological advancements in the health industry have provided numerous advantages to both businesses and the public. Magnetic and radio wave technologies, commonly known as magnetic resonance imaging (MRI), are used by doctors to diagnose diseases more precisely and with less radiation exposure. Many advantages of robotic surgery include smaller incisions, increased surgical

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precision, and less postoperative trauma. Robot technology is also used to help patients who are undergoing physical and mental treatment, to meet patient demands such as delivering medicines and meals, and to sterilize rooms to prevent virus, bacteria, and germ contamination. Similarly, advances in information and communication technology have enabled doctors and patients to interact remotely. Doctors and patients are no longer required to be present in hospitals or health care facilities. If both parties have sufficient internet access, they can communicate instantly via the mobile apps installed on their devices. The mHealth service is a mobile health app-based service.

Following the COVID-19 outbreak, Indonesians have increased their use of mHealth services significantly. Halodoc, a major mHealth service provider in Indonesia, reported a 10-fold increase in online consulting service purchases and a five-fold increase in online retail transactions (Burhan, 2021). Furthermore, one of Halodoc's main competitors in this market, Alodokter, forecasts a 30% increase in user numbers in 2021. (Nurhidayat, 2022). Given Indonesia's internet penetration of 73.7% as of January 2022 (Karnadi, 2022), the number of mHealth service consumers remains relatively small, accounting for roughly 10% of the total population in Indonesia in 2018 (Petriella, 2019). Despite significant increases since the COVID-19 epidemic, the gap between internet users and mHealth service consumers is expected to be wide. This is demonstrated by a BPS study conducted in 2022, which discovered that only 41.8% of respondents were aware of the availability of mHealth services in Indonesia (Jayani, 2022). As a result, coordination among all market participants is required to uncover various issues related to some Indonesians' reluctance to accept mHealth services.

According to a survey conducted by Deloitte Indonesia and its partners, several issues influence people's behavior to become more defensive by refusing mHealth services, such as low public trust in mHealth services, concerns about diagnosis accuracy, concerns about personal data security, and a lack of legal protection for users (Petriella, 2019). Previous research has found that customer concerns about privacy have a negative impact on their intent to shop online (Li, 2014; Xie et al., 2020; Zhou, 2020) and desire to download applications (Gu et al., 2017). The current state of emergency in Indonesia due to various cases of personal data leakage at various business institutions (Lazada, Tokopedia, and BRI Life) and government agencies (BPJS health and Bank Indonesia) (Akbar, 2021; Rahman, 2022) raises privacy concerns among mHealth service users. Some people are extremely sensitive to others learning about their family's health and situation. As a result, to protect their reputation now and in the future, every company must implement customer data security system.

Consumers use reputation to make purchasing decisions because it indicates the company's level of service excellence. Consumers view reputation as a company commitment, which gives users confidence that the transaction is relatively low risk. Previous research has found that reputation can reduce consumer fear and increase consumer behavioral intentions (Li, 2014; Zhou, 2017; Zhou, 2020). (Su et al., 2015; Wu et al., 2018). Based on the preceding ideas, this study offers two research questions to investigate the factors that influence non-users' intention to adopt mHealth services. First, does reputation have a direct and positive effect on the intention of non-users to adopt mHealth services? Second, does reputation influence non-users' willingness to adopt mHealth services due to privacy concerns?

Many studies have been conducted in order to better understand the behavior of mHealth service adoption intentions. Unfortunately, existing research focuses on factors that drive the intention to adopt mHealth services (Birkmeyer et al., 2021; Kaium et al., 2020; Wu et al., 2022; Zhao et al., 2018), while research on factors that inhibit the intention to adopt mHealth services is limited. This study is significant because it examines both the motivators (reputation) and deterrents (privacy concerns) of non-users' intentions to use mHealth services. Furthermore, by evaluating Indonesian people's behavior, this study intends to fill a research gap; of course, the research findings can improve the

viewpoints of scientists and practitioners in understanding the desire to accept mHealth services in various nations (Alam et al., 2020).

2. Literature Review

2.1. mHealth Service

Birkmeyer et al. (2021) define mHealth services as "cellular technology-based services that improve individual health status." With few public health facilities and doctors, mHealth is a viable health care option. Digital health services are cost-effective, timesaving, flexible, and customer-satisfying (Hussain et al., 2018). mHealth services are an effective way for the government to connect health service gaps, especially in remote areas with limited health care facilities, medical and paramedical staff, and equipment. A Kearney survey found that government spending on public health with mHealth services is one trillion rupiah per month (Santoso et al., 2021). mHealth services also improve public health literacy and status (Zhang et al., 2018).

If the wireless telecommunication infrastructure is sufficient, the mHealth service business will grow and aggressively target metropolitan, suburban, and rural populations. mHealth services will reach US$111 billion by 2025. ZMR (2019). 2.6 billion people will download mHealth apps by 2020. (Research 2 Guidance, 2016).

In 2022, MTPconnect and Asialink Business expect Indonesia's mHealth service industry to be worth US$973 million (Salbiah, 2021). The Alodokter website, an Indonesian mHealth company, has 30 million active visitors (Fitra, 2021), 800 thousand Facebook members, 550 thousand Instagram members, and 2.5 million app users (www.alodokter.com/advertise). Halodoc has 20 million active website visitors (Mulyana, 2021).

The two mHealth service providers show how eager Indonesians are to use mHealth services for consultations, treatment, pharmaceuticals, and health information. Doctors want mHealth services too. The Indonesian Doctors Association (IDI) reported 21,500 general practitioners and 4,500, 8,000, 2,000, and 2,500 specialty doctors in Alodokter, Halodoc, Klik Dokter, and Good Doctor. (Bayu, 2020). Due to the huge health care market, many startups and hospitals have started mHealth services. Although there is no current survey of Indonesia's mHealth services, at least 17 mHealth companies have collaborated with the Ministry of Health of the Republic of Indonesia to address the community's need for health care services during the COVID-19 pandemic, including Aido Health, Alodokter, GetWell, Good Doctor., Halodoc, Homecare24, KlikDokter, KlinikGo, Lekasehat, LinkSehat, mDoc, Milvik Do, and (Susilowati, 2022). Halodoc and Alodokter lead Indonesia's mHealth service industry, followed by KlikDokter, Good Doctor, and LinkSehat (Annur, 2022).

Business and academia are interested in mHealth service development. Over the last decade, mHealth applications have changed traditional medical professional-patient communication into more interactive communication, making it an important study issue (Webb et al., 2016). mHealth apps also improve health community participation by providing information and knowledge (Hsu et al., 2014; Leung and Chen, 2019). mHealth services have been linked to satisfaction, intention to reuse, emotional bonding, and patient well-being (Birkmeyer et al., 2021; Kaium et al., 2020; Wu et al., 2022). (Li et al., 2020; Santos-Vijande et al., 2022).

2.2. Intention to Adopt

Warshaw and Davis (1985, p.214) describe intention as "the extent to which a person has established a conscious plan to do or not perform specific behaviours in the future." Ajzen and Fishbein (2000) define behavioural intention in their two theories, Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB), as an individual's perspective of what they intend to do in given scenarios. Both theories emphasise that positive and negative attitudes toward behaviour can be used to predict consumer behaviour. Both ideas have become reference points for scholars interested in understanding and identifying individual behavioural intents to adopt and use things as predictive theories. Unfortunately, both theories place a greater emphasis on the elements that influence behavioural intentions to use or embrace technology-related items, while the factors that impede product adoption receive less attention. As a result, this study provides a fresh perspective by presenting a factor of privacy concerns as a factor that is thought to impede individual behavioural intentions and a factor of reputation as a component that promotes individual behavioural intentions to use technological products.

2.3. Reputation

Because each discipline has a unique perspective, corporate reputation has many diverse definitions. Corporate reputation is defined by strategic management as positive collective impressions felt by stakeholders. In this situation, reputation is formed through the interchange of information and social elements, which eventually impact stakeholders' opinions and trust (Deephouse, 2000; Helm, 2011; Parker et al., 2019). In contrast to the concept of reputation proposed by marketing experts and practitioners. For example, Fombrun (1996) defines it as "a representation of perceptions about the company's previous acts and future prospects, all of which offer a picture of the company's total attractiveness to all stakeholders in comparison to its primary competitors." Furthermore, reputation refers to a comprehensive client perception of the company's services (Baute-Diaz et al., 2019).

The company's reputation is an expression of its success, and it is frequently referred to as a strategic and significant asset for the organisation. Experts have differing perspectives on the strategic usefulness of corporate reputation. Economists consider it as a signal that can describe the company's expected conduct. Marketing specialists, unlike other experts, place a premium on corporate reputation as one of the aspects that impact consumer decision-making processes (Walsh et al., 2009). Product quality, high commitment to environmental preservation, company success, fair treatment of employees, customer orientation, concern for social issues, value products high performance, financial performance, quality management, and credible advertising are all factors that contribute to a company's reputation (Helm, 2005; Parker et al., 2019). Furthermore, company innovation is a key component of establishing a firm's reputation (Hormiga and Garca-Almeida, 2016; Manohar et al., 2020).

2.4. Privacy Issues

Individual claims about when, how, and to what degree personal information that should be kept private is revealed to other parties are referred to as privacy claims (Westin, 2003). Everyone has privacy in their lives, including their social interactions with friends and their surroundings. Gu et al. (2017) underlined that privacy issues in many online apps pertain to a complete examination by

programme users, particularly those connected to the use of information without consent, which is considered as something sensitive for users.

Westin (2003) divides people into three groups based on their acceptance of privacy issues: privacy fundamentalists, privacy unconcerned, and privacy pragmatists. Individuals who place a great priority on privacy comprise the first group. They oppose any claims of consumer benefit or social protection for the use of personal information and advocate for regulatory privacy safeguards. They are willing to offer personal information to government agencies and corporations in the second group. Meanwhile, the pragmatic group falls somewhere in the middle of the first and second groups. They desire balanced privacy and base disclosure decisions on the privacy calculus, which involves assessing the rewards and dangers. With everyone having a varied attitude toward privacy concerns, it is critical for businesses to create and administer acceptable privacy rules, as well as provide fair incentive schemes to gather information from customers.

2.5. The Impact of Reputation on the Intention to Adopt mHealth

Previous research has indicated that a company's reputation is critical to its long-term success (Grotenhermen et al., 2020; Tiamiyu et al., 2022). Furthermore, reputation is vital for consumers when making purchasing selections when they have no prior experience with the goods. When potential buyers lack sufficient information about the goods and company, they will seek signs to alleviate their concerns (Qalati et al., 2021; Grotenhermen et al., 2020). Because services are an experiential product whose quality cannot be confirmed before consumers use them, the importance of reputation is becoming more prominent for potential customers who want to use a company's services/services through an application/platform because of its unique characteristics (Pei et al., 2021). Prospective buyers can establish a company's reputation based on ratings and reviews from other customers (Kim and Lennon, 2013). Previous study has shown that enterprises with a strong reputation provide greater quality and value to their customers (Tiamiyu et al., 2022; Pei et al., 2021), as well as increasing their social standing and self-esteem (Arora et al., 2021). Furthermore, as an affect-based component, reputation can influence consumer perceptions and cognitions of the firm and its products, hence increasing the desire to employ the company's services. Previous research has shown that reputation is an important predictor of behavioural intention in a variety of business scenarios (Grotenhermen et al., 2020; Jahari et al., 2022; Qalati et al., 2021; Wang et al., 2021). As a result, this study hypothesizes:

H1: The reputation of the mHealth service provider influences non-users' intention to use mHealth services

2.6. The Impact of Reputation on Privacy Concerns

When they transact in e-commerce, consumers confront a significant level of uncertainty regarding security, privacy, and dangers such as material loss, poor product quality, privacy concerns, and unassured site security. Consumers choose organisations with a good reputation in e-commerce to eliminate uncertainty and manage these risks (Qalati et al., 2021). A good reputation is reflected in how the organisation provides and handles client relationships (Kuo et al., 2015). Consumers believe that a company with a good image will not treat its consumers unlawfully, carelessly, or unfairly by delivering poor service, failing to honour commitments, or deceiving them. Instead, to protect their reputation, they will mobilise all resources to give exceptional products and services to clients. When

it comes to privacy, organisations with a strong reputation manage all their customers' personal information in the best way possible. Consumers are less concerned about personal information misuse, theft, and leakage when they believe organisations to have excellent integrity and competency in collecting, maintaining, and sharing customer personal information (Zhou, 2020). Previous research has found that a company's reputation is crucial in minimising customer privacy concerns (Kuo et al., 2015; Wang et al., 2017; Zhou, 2020). This study hypothesises, in line with the prior explanation:

H2: The mHealth company's reputation has a detrimental impact on privacy issues.

2.7. The Impact of Privacy Concerns on the Intention to Adopt mHealth

Users are perplexed by privacy worries regarding diverse online actions in numerous applications (Koohikamali et al., 2019). On the one hand, this activity helps consumers, but there is a chance that their personal data will be stolen and misused during online activities in specific applications. When a user has serious privacy issues, he or she may experience a loss of control over the personal information submitted to the company. Users question whether the company has great integrity and capability in protecting its users' personal information. The inability of the firm to ensure the security of its users' personal data may diminish the user's willingness to utilise the company's platform or application (Mombeuil and Uhde, 2021). Guo et al. (2020) discovered that user involvement in SNS is influenced by privacy concerns. Several studies have shown privacy risks in community health activities (Bansal et al., 2010; Zhu et al., 2021). Another study found that buyers avoid online shopping when they are concerned about online trading sites or applications (Elbeltagi and Agag, 2016). As a result, this study hypothesizes:

H3: Non-users' intentions to adopt mHealth services are influenced negatively by privacy concerns

2.8. Mediating Impact of Privacy Concerns on the Relationship of Reputation and Intention to Adopt mHealth

When deciding whether to accept a product or service, consumers will take a distinct approach based on a number of thoughtful considerations. Consumers that directly embrace a product or service based purely on stimulation and direction from an enterprise platform (such as platform design, usability, and reputation) and disclose personal information on an enterprise platform are engaging in a heuristic process with minimal effort cognition (Weihong and Qian, 2022). In this case, consumers are unaware of how and to what degree their personal information supplied on a platform will be used by the corporation, raising privacy issues in their thoughts. As a result, even if the platform has a high reputation, there may be privacy problems with any transactions on online platforms that require compelled disclosure of personal information. However, consumers' privacy worries are likely to be lower if they interact on online platforms with a good reputation rather than platforms with a bad reputation. According to previous research, privacy concerns function as a moderator between environmental variables and behavioural intention (Li et al., 2022; Schaewitz et al., 2021; Zeng et al., 2022). Su et al. (2018) explained the role of privacy concerns in mediating the positive relationship between online experience and intention to utilise mobile payments. Similarly, Weihong and Qian's (2022) findings confirm a partly mediating influence of online privacy concerns in the relationship between website reputation and privacy disclosure. As a result, this study hypothesises that customers with privacy concerns play a role in creating adoption intentions on a platform with a strong reputation.

H4: Privacy concerns mediate the relationship between reputation and intention to adopt mHealth service among non-users

3. Research Methods

3.1. Data Collection and Sampling Methods

This study used a field survey, in which data was collected by distributing questionnaires to selected respondents. Individuals who have never used mHealth services are being targeted as the unit of analysis. The snowball method is used to select the sample, and the questionnaire is created using the Google form application. Furthermore, using the WhatsApp application, online questionnaires were distributed to the target respondents. Researchers received responses from 200 people within two weeks of distributing the online questionnaire. Following examination, six questionnaires were deemed unfit for analysis because all six respondents assigned the same rating to all research indicators. As a result, the sample size for this study was 194 people, which met the minimum sample size criteria for structural equation model analysis, which stated that the number of samples should be 5-10 of the number of indicators in the questionnaire (Hair et al., 2014).

Most respondents were female, with 104 (53.6%), and the remainder were male, with 90 (46.4%). They are generally well educated, with 97 holding bachelor's degrees (50%) and 80 holding master's and doctoral degrees (41.2%). Meanwhile, there is no dominant age group, but respondents in the general category >40-50 years have the most number, namely 63 people (32.5%), followed by the age categories >30-40 years, >20-30 years, and >50 years, namely 46 people (23.7%), 40 people (20.6%), and 36 people (18.6%). In terms of occupation, many respondents (59 people) worked as civil servants, military, or police, followed by those who work as private employees (51 people, or 26.3%). Most respondents (106 people) live in cities on the island of Sumatra, followed by cities on the island of Java (69 people) and cities on other islands (19 people). Table 1 contains detailed respondent profiles.

Table 1. Demographic Characteristics of Respondents

Characteristics		Frequency	Percentage
Gender	Male	90	46,4
	Female	104	53,6
Age	≤20 years	9	4,6
	>20-30 years	40	20,6
	>30-40 years	46	23,7
	>40-50 years	63	32,5
	>50 years	36	18,6
Education	High School or equivalent	17	8,8
	Diploma or Undergraduate (Undergraduate)	97	50,0
	Master or Doctor (Postgraduate)	80	41,2
Occupation	Civil servants, military, and police	59	30,4
	Private employees	51	26,3
	Businessman	21	10,8
	Employees of a state-owned enterprise	6	3,1
	Students	30	15,5
	Other jobs	27	13,9
Hometown	Cities on the island of Java	69	35,6
	Cities on the island of Sumatra	106	54,6

	Cities outside the islands of Java and Sumatra	19	9,8

3.2. Measurement Items

To achieve research goals, indicators must be used. As a result, the choice of appropriate indicators is absolute. Because this is a confirmatory study, the development of indicators draws on previous studies that have been shown to have a high level of validity for each indicator. Four indicators adapted from Kim et al. are used to assess reputation perception (2008). Meanwhile, three indicators from Xu's study (2019) were used to assess perceptiqons of privacy issues, while three indicators from Baudier et al. were used to assess intention to adopt mHealth services (2021).

4. Results and Discussions

This study employs a covariance-based SEM with two stages: a measurement model based on Confirmatory Factor Analysis and a structural model (Hair et al., 2014).

4.1. Confirmatory Factor Analysis

This test is designed to assess the validity and reliability of variables and measurement indicators, including convergent validity and composite reliability, correlation matrices to assess discriminant validity, and Cronbach's Alpha to assess variable reliability.

The CFA test, as shown in Table 2, demonstrates that the conceptual model meets the goodness-of-fit criteria for all parameters, as described by Hair et al. (2014), namely 2=57.252, df=31, p0.01, 2/df=1.847, GFI=0.944, NFI=0.955, TLI=0.969, CFI=0.978, RMSEA=0.066, and SRMR=0.051. Furthermore, data analysis results show that all indicators have factor loading values greater than 0.5, and the three variables have AVE values greater than 0.5. Both the factor weight parameters and the AVE meet the Hair et al. (2014) criteria, indicating that the variable and its indicators meet the convergent validity test criteria. Similarly, composite reliability scores 0.838 for mHealth reputation, 0.921 for privacy concerns, and 0.865 for intention to use mHealth services. The Cronbach Alpha values of the three variables are also higher than the minimum threshold of 0.7, with details of 0.851 for mHealth reputation, 0.919 for privacy concerns, and 0.852 for the intention to adopt mHealth services. The results of this CFA test show that the variables and their indicators meet the convergent validity and reliability criteria stated by Hair et al (2014).

Table 2. The Result of Confirmatory Factor Analysis

Construct	Factor Loading	Measurement Error	Average of Variance Extracted (AVE)	Composite Reliability	Cronbach Alpha
Reputation of *mHealth* (R)			**0,566**	**0,838**	**0,851**
R1	0,691***	0,523			
R2	0,845***	0,286			
R3	0,791***	0,374			

R4	0,668***	0,554			
Privacy Concern (PC)			**0,798**	**0,921**	**0,919**
PC1	0,786***	0,382			
PC2	0,977***	0,045			
PC3	0,906***	0,179			
Intention to Adopt (IA)			**0,685**	**0,865**	**0,852**
IA1	0,687***	0,528			
IA2	0,928***	0,139			
IA3	0,850***	0,278			

$\chi 2$=57,252; df=31; p<0,01; $\chi 2$/df=1,847; GFI=0,944; NFI=0,955; TLI=0,969; CFI=0,978; RMSEA=0,066; SRMR=0,051; ***: ρ<0,001

The next step in the measurement model is to test the validity of discriminant validity. If the square root of a variable, as shown in the diagonal matrix, is greater than the correlation value between those variable and other variables, the variable meets the discriminant validity criteria (Hair et al., 2014). Table 3 shows that the square root of R is 0.752. The correlation between R and PC is -0.199, while the correlation between R and IA is 0.565. This shows that the square root of R is greater than the correlation value of R with the other two variables. This means that R meets the criteria for discriminant validity. In the same way, the values of PC and IA's square roots are much higher than the values of their correlations with other variables. Based on the results of this test, the three variables meet the criteria for discriminant validity.

Table 3. Discriminant Validity Test

Construct	R	PC	IA
Reputation of *mHealth* (R)	**0,752**		
Privacy Concern (PC)	-0,199**	**0,893**	
Intention to Adopt (IA)	0,565***	-0,047	**0,828**

Information: ***: ρ<0,001; **: ρ<0,01

4.2. The Structural Equation Model

The structural model test is performed after the three variables and all measurement indicators have met all the validity and reliability test requirements. This test includes an assessment of the overall conceptual model and research hypotheses. As shown in Table 4 and Figure 1, all parameter values of 2=57.252, df=31, p0.01, 2/df=1.847, GFI=0.944, NFI=0.955, TLI=0.969, CFI=0.978, RMSEA=0.066, and SRMR=0.051 are greater than the required thresholds, indicating that the conceptual model has good goodness-of-fit (Hair et al., 2014). Following that, testing of the three research hypotheses reveals that mHealth reputation has a positive influence on the intention to adopt mHealth services (11=0.652, 0.001), confirming that H1 is accepted; a negative and significant effect of mHealth reputation on privacy concerns (21=-0.243, 0.01), validating that H2 is accepted; and a positive effect of privacy concern on mHealth service adoption intention (12=0.142, 0.05), indicating that H3 is rejected.

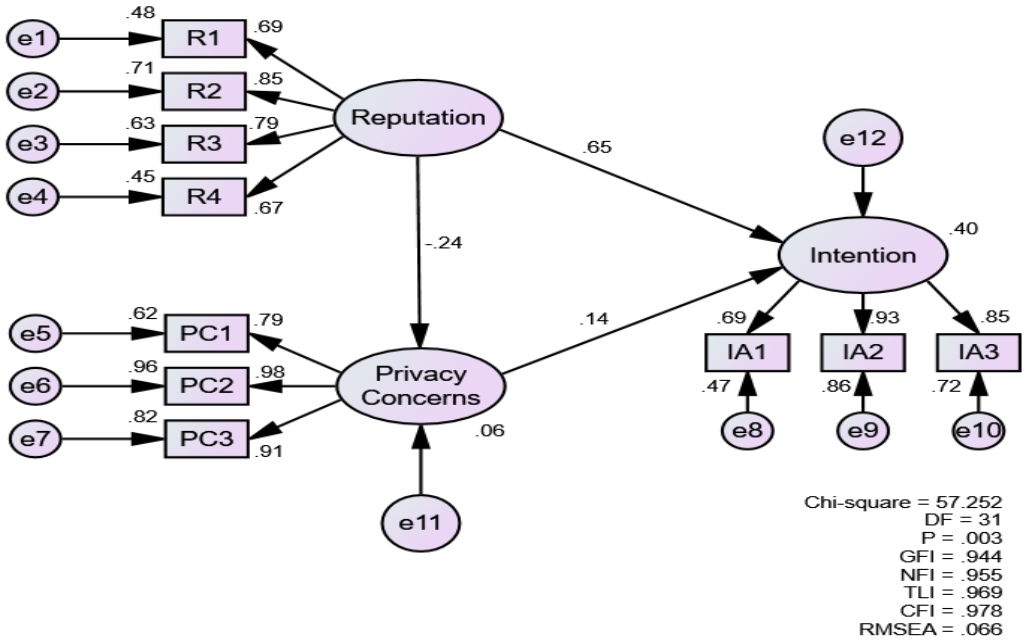


Figure 1. Structural Model Test and Hypothesis

Table 4. Structural Model Test and Hypothesis

Correlation	Coefficient	Critical Ratio	ρ-value	Hypothesis	Result
R → IA	0,652***	6,366	0,000	H1	Accepted
R → PC	-0,243**	-2,980	0,003	H2	Accepted
PC → IA	0,142*	2,064	0,039	H3	Rejected
χ2=57,252; df=31; p<0,01; χ2/df=1,847; GFI=0,944; NFI=0,955; TLI=0,969; CFI=0,978; RMSEA=0,066; SRMR=0,051; ***: ρ<0,001; **: ρ<0,01; *: ρ<0,05					

4.3. Mediation Test of Privacy Concern

The bootstrapping method with 2000 samples and 95% bias-corrected confidence internals was used to investigate the role of privacy concerns in mediating the positive relationship between reputation and mHealth service adoption intentions. According to the test results in Table 5, there is a significant direct effect of reputation on the intention to adopt mHealth services of 0.625 (0.001). However, a significant indirect effect of privacy concern on the positive relationship between reputation and mHealth service adoption intention (RPCIA) is -0.035 (0.05; 95% CI = -0.088 - -0.003), confirming a partial privacy concern mediating effect. As a result, H4 is acceptable.

Table 5. Mediation Test of Privacy Concern

ξ	M	η	The effect from ξ to M	The effect from M to η	EL	ETL	TE	BC 95% CI's	ρ - value	Result
R	PC	IA	-0,243**	0,142*	0,652***	-0,035*	0,617**	-0,088 – -0,003	0,022	**Partial mediation**

Description: ξ = exogenous variable; M = mediator variable; η = endogenous variable; EL = direct effect; ETL = indirect effect; TE = total effect; BC = bias-corrected; CI = confidence interval; RM = mHealth reputation; KP = privacy concern; NA = adoption intention; bootstrap samples = 2000; confidence level = 95%; ***: ρ<0.001; **: ρ<0.01; *: ρ<0.05

5. Conclusion

According to data analysis, the coefficient of determination (R2) for privacy concerns is 0.059. This indicates that the reputation of mHealth can explain 5.9% of privacy concerns. As a result, the reputation of mHealth has little to do with reducing privacy concerns. In this case, the study did not uncover many other factors that could explain privacy concerns. The coefficient of determination (R2) for the intention to use mHealth services, on the other hand, is 0.400. This suggests that mHealth service adoption intentions can be explained by 40% of mHealth reputation and privacy concerns. These two antecedents play a significant role in encouraging mHealth service adoption intentions among non-users.

This study confirms that mHealth reputation has a positive influence on the intention to adopt mHealth service. This demonstrates that the higher a mHealth service's reputation is perceived by non-users, the greater their intention to adopt. Non-users consider mHealth reputation when deciding whether to use a mHealth service. This finding is consistent with the findings of Tiamiyu et al. (2022), who found that a good company's reputation can increase customer perceptions of value, which in turn increases their intention to book accommodation through Airbnb services. As a result, it is critical for mHealth service providers to develop marketing strategies for reputation governance.

This study also confirms the negative impact of mHealth reputation on privacy concerns. This implies that if the mHealth service provider has a good reputation, non-users' perceived privacy concerns can be reduced. Privacy anxiety is a psychological condition that can cause negative emotions like doubt, worry, and fear. This condition is caused by the risk that consumers must bear because of a decision they make. As a result, consumers will try to reduce risk by looking for various clues (signals), one of which is the company's reputation. This finding is consistent with previous research, which explains that a good reputation is a critical factor for the success of e-commerce businesses in mitigating consumer privacy concerns (Maseeh et al., 2021).

This study demonstrates that privacy concerns have no negative impact on mHealth service adoption intentions. On the contrary, this study finds that privacy strength has a significant positive effect on the formation of mHealth service adoption intentions. This finding is unusual, even though the positive effect of privacy concern (β12=0.142, ρ<0.05) on mHealth service adoption intentions is relatively small or not as strong as the positive effect of reputation (γ11=0.652). One explanation for this unusual finding is that people are suffering from COVID-19, which can encourage them to make any effort to obtain health services, including using mHealth services. According to data, Halodoc, one of Indonesia's largest mHealth service providers, reported a 10-fold increase in online consulting service transactions and a five-fold increase in online store transactions (Burhan, 2021). The findings of this study are consistent with those of Fox et al. (2021), who discovered that privacy concerns had no negative impact on the intention to use contact tracing mobile applications during the COVID-19 pandemic.

Finally, this study confirms that privacy concerns have a partial mediating effect on the positive relationship between reputation and mHealth service adoption intention among non-users. This finding supports previous research (e.g., Su et al., 2018; Zeng et al., 2022), which found that privacy concerns mediate the relationship between exogenous constructs and behavioral intention. This condition indicates that privacy concerns that are alleviated by the mHealth platform's good

reputation can encourage non-users to form an intention to use a mHealth service. This means that the mHealth platform's good reputation can help reduce privacy concerns about the int'ntion to use a mHealth service. As a result, this finding confirms that privacy concerns explain w'y the reputation of the mHealth platform can predict mHealth service adoption intention among non-users.

The limitations of this study stem from data collection, sampling, and research methodology. Modifying the research framework to include variables such as perceived usefulness of mHealth, perceived ease of use of mHealth, perceived interactivity of mHealth, and perceived hedonic value of mHealth can lead to improvements. Furthermore, future research could investigate the role of moderator variables in explaining the relationship between antecedent variables and the intention to use mHealth services. The sample can also be expanded to include users of mHealth services, and the results can, of course, be compared. Because this study was conducted during the COVID-19 pandemic, additional research, particularly in the post-COVID-19 period, is required to determine how far people intend to adopt mHealth services.

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