Factors influence consumer intention for continuous uses of herbal medicine as an alternative way of diseases treatment and a healthy lifestyle in Indonesia

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ABSTRACT

This research paper aims to explore the satisfaction, social influence, health benefits and time of use influencing consumer intentions to continuously use herbal medicine as an alternative way of disease treatment and maintaining a healthy lifestyle. This research used, Theory of planned behavior (TPB) perspective to explain research phenomena. This study uses a quantitative approach. This study was done, survey method to collect data on consumers who have used herbal medicine for medicinal purposes. The samples used were 150 respondents. Sampling is done by a purposive sampling technique. Data was processed and analyzed by SPSS as analytical tools. This study shows that satisfaction, health benefits, social influence and time of use are factors which impact on continuous intention to consume herbal medicine. The findings of this research can contribute to a better understanding of consumer behavior towards herbal medicine, enabling healthcare practitioners and policymakers to develop targeted strategies for promoting herbal medicine usages.

Keywords: Herbal Medicine, Continuous Intention, Diseases Treatment, Healthy Lifestyle, TPB.

1. Introduction

Herbal medicines include raw or processed plant materials and herbal medicines that have medicinal benefits for human beings obtained from plants (WHO, 2007). The study reported that nearly 70 to 80% of the population in advanced countries only have consumed herbal medicine one occasion in their life (WHO, 2008), while about 70-95% of people living in poor economies, development still using alternative medicine for primary health care (WHO, 2011). Herbal medicine is defined by the World Health Organization (2005) as herbs, materials, preparation and herbal products which contain parts of plants or other plant materials, as active ingredients and animal products. Some pharmaceutical medicines are based on a single active ingredient

derived from a plant source (WHO, 2014-2023). Time of Use herbal medicine is the oldest form of healthcare known to human beings and has been used in all cultures throughout history (Barnes et al., 2007). Religious culture has a great influence on consumer behavior and society, especially Islam, has led to a belief in herbal medicine because these are products with many benefits for Human health and Halal which make Muslims have confidence with herbal products and non -Muslims also use them for treatment and health awareness. For instance, Indonesia traditional drink (Jamu), Honey, Black Seed, Traditional Chinese Medicine (TCM), Ayurveda in India, and Unani Medicine in the Middle East have a long history of using herbal remedies as essential components of their healing practices (Chen, D., & Chen, T. 2017). Indonesian Herbal Pharmacopoeia was developed in 2009 with the help of WHO and the current national formulary was developed in 2009. A total of 9737 herbal medicines have been registered in Indonesia (including 1039 imported products). By the Health Law 23/1992, Traditional medicine is a part of the health-care system and must be promoted to be effective, safe and of good quality in order to be used in community health care. As the demand for natural and health alternatives increases, herbal medicine has attracted considerable attention as a potential alternative for treatment, prevention of disease and healthy lifestyle, before and after covid-19 in Indonesia (Infopublik, 2020). The herbal remedies, and unified traditional medicines are used for prevention and disease treatment and offered in the forms of capsules, powder, liquid and tablets to consumers (Rezai et al., 2013). A study was previously conducted to evaluate the predictors of the use of herbal medicine in a mix of diseases (type 2 diabetes, hypertension, asthma, fever, menstrual pain, diarrhea, headache, gout and Covid-19). The evidence about medical treatment as mentioned in the hadith the authority of Abu Hurairah may Allah be pleased him, on the authority of the prophet صلي الله عليه وسلم he said:

حديث عن أبي هريرة رضي الله عنه عن النبي صلى الله عليه وسلم قال :(ما أنزل الله داء إلا انزل له شفاء) رواه البخاري في (5678)

Meaning: The Prophet of Allah (*SWA*) said "Allah has not created a disease unless it has a cure." [Bukhari narrated in (5678) from Abu Hurayrah]. Result of this research indicated respondents are determined satisfactions on perceived product performance during consumption herbal medicine of diseases treatment they get healing and health benefits. Some of the factors that influence purchase intentions are related to emotions, when people feel happy and satisfied when purchasing a product or service, they are more likely to purchase it. However, when there is dissatisfaction, interest tends to be excluded (Prastiyani & Suhartono, 2020). The pharmacies, over the counter medicine stores, herbal stores and herbal clinics are the recognized retail outlets for distributing some herbal medicinal products as non-prescription medicines in Indonesia (WHO, 2011, Novitasari et al., 2022). Competition in the traditional medicine (TM) market is growing partly due to the influx of complementary and alternative medicines (Novitasari et al., 2022). Because the urgent reason for this research is that many consumers are very interested in buying herbal medicine and use it constantly to treat and prevent diseases. The research focused on identifying and understanding the factors that play a significant role in influencing the intention of consumers using herbal medicine as an alternative way of disease treatment and promoting a healthy lifestyle. Based on the above research, the research formulation in this study is carried out, which is specified in the following research questions:

- Does social influence have a positive effect on continuous intention?
- Do health benefits have a positive effect on continuous intention?
- Do times of use have a positive effect on continuous intention?

● Does satisfaction have a positive effect on continuous intention?

Therefore, this is the main reason that prompted researchers to obtain more information for this interest to purchase herbal medicine as an alternative way of disease treatment and healthy lifestyle. Therefore, this paper has been made to broaden up the pattern of consumer behavior in terms of continuous use of herbal medicine.

2. Literature Review

2.1 Theory of Planned Behavior

The Theory of Planned Behavior (TPB) defined as one of the major theories in the event of understanding human behavior hayati & Hendar (2019). The concept was previously proposed by Icek and Ajzen (1991) on theory reasoned action (TRA). To improve the predictive power of the theory's reasoned action, few dimensions added perceived health awareness and trust of herbal medicine (Vicentini et al. 2016). Based on Theory of Planned Behavior, intention to behave is an important determinant of a person's behavior (Ajzen, 1991). In particular, attitudes are the main determinant of consumer intention (Heinrich, 2016, Michaelidou & Hassan, 2008, Tarkiainen & Sundqvist, 2005).

2.1.1 Social Influence

A national survey on social economics conducted in 2001 showed that 57.7% of Indonesian society used self- medication, 31.7% used herbal medicines and 9.8% sought help from traditional healers (Indonesian Herbal Pharmacopoeia, 2009). A review of the literature shows that various factors influence consumer interest in herbal products, including, social influence (Ismail & Mokhtar, 2015), as well as income, age, and occupation (Mohamed, 2013). The study by (AhnPhan, 2016 & Wee et al. 2014) highlighted the impact of perceived safety on consumer purchasing intentions of herbal products. Based on the recommendations of the community (family, friends, doctor and others) and previous research, it is important to understand more precisely consumer health awareness, attitudes, and risks to determine the extent of consumer intentions toward herbal products.

H1: Social influence is not significantly and directly related to satisfaction.
H2: Social influence is significantly and directly related to continuous intention.

2.1.2 Health Benefits

The ASEAN Post Monitoring Alert System oversees safety monitoring of herbal medicines and the Herbal Preparation Reference ensures appropriate use of herbal medicines. The Centre for Testing of Pharmaceutical Bulks and Extract tests the quality of bulk pharmaceuticals and extracts based on certain standards. The Centre for the Development of Herbs and Natural Medicine (Diponegoro University) works toward safety, efficacy and quality through research. Several studies report that the use of herbal products benefits consumers (Mounkoro et al., 2020, Kang et al., 2019, Kanodia et al., 2010). Health is the most common motive chosen by consumers when purchasing herbal medicine (Squires et al., 2001, Zanoli & Naspetti, 2002). Research by Padel & Foster (2005) confirms that health is the main reason that motivates consumer intention to continue use of herbal medicine. Consumers view herbal medicine as a healthier alternative because they

contain more nutrients for healthy lifestyle and prevention of disease (Magnusson et al., 2001, Baker et al., 2004, Padel & Foster, 2005).

H3: Health benefit is significantly and directly related to satisfaction.

H4: Health benefit is significantly and directly related to continuous intention.

2.1.3 Time of Use

Dr. Bambang Sardjono informed that Indonesia has herbal remedies that have been used for a long time in the community for treatment, prevention and healthy lifestyle. Indonesia uses traditional herbal, standardized herbal and phyto-pharmaceutical formulations. The Indonesian Herbal Pharmacopoeia was first published in 2009. The Materia Medica Indonesia has 224 monographs and monographs of Indonesian medicinal plant extract (3 volumes, 2005-2008) have 95 monographs. The Herbal Preparation Reference has 4 volumes (2004-2008). Several guidelines have also been published including Guidelines on traditional medicines GMP (1994), Standard parameter of medicinal plants extract (2000), Guidelines on preparing raw material for traditional medicines (2005), and Guidelines on Use of Herbal Products (3 volumes, 2000-2007). Dr Zhang stated that there were 281 492 traditional healers in Indonesia, of which 96.2% used Indonesian indigenous medicine. Also, 40% (70% in rural areas) of Indonesia population make use of traditional medicine (WHO, 2009).

H5: Time of use is significantly and directly related to satisfaction.

H6: Time of use is significantly and directly related to continuous intention

2.1.4 Satisfaction and Continuous Intentions

Satisfaction when consumer expectations are matched by perceived performance (Consumer Behavior, An Asia Pacific Approach, 2006). Oliver (1981) considers customer satisfaction as a type of emotional response to the business transaction. This reaction can be influenced by consumer expectations as well as experience (Lin & Hsieh, 2007, Oliver, 1980, Oliver, 1981). Cardozo (1965) found that higher customer satisfaction leads to increase in continuous uses of the same product to treat disease and healthy lifestyle other related products. Explores consumer satisfaction due to product or service consumption and possible satisfaction influence on continuous intention (Oliver, 1980), the post-acceptance the products assume in a manner similar to intention continues to depend on satisfaction (Chou, Min, Chang and Lin, 2010). Customer satisfaction measures the degree to which a product meets or exceeds customer expectations (Ferrell & Hartline, 2011, Lovelock & Witz, 2016).

H7: Satisfaction is significantly directly related to continuous intention.

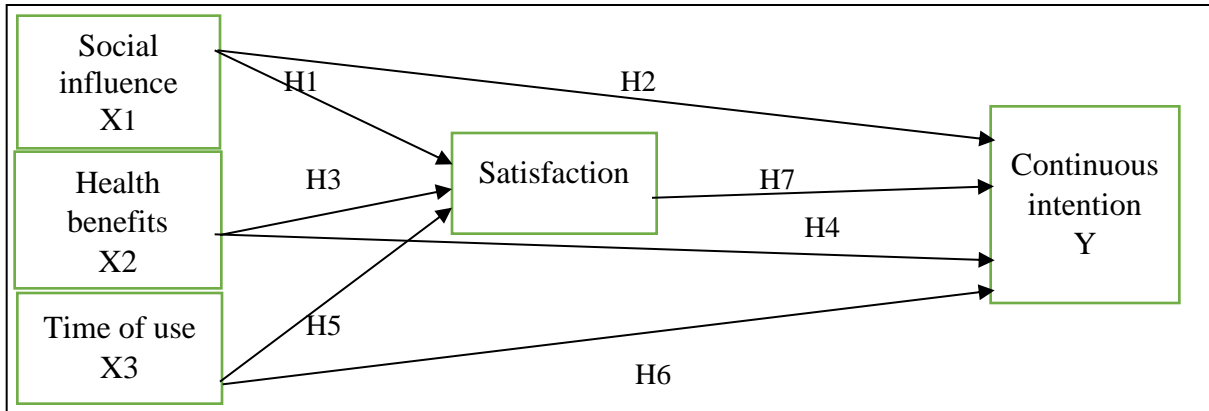H8: Satisfaction mediates the relationship between health benefits, time of use and continuous intention.

Figure1. Conceptual Framework

3. Research Methodology

This type of research uses quantitative methods. Quantitative research can be defined as research method based on the philosophy of positivism, used to examine certain population or samples.

3.1 Data collection and Analysis
Used research analytical and quantitative/ statistical instruments with the target of testing the established hypothesis. The processing of collect data through a survey used a questionnaire. The number of respondents in this study amount to 150 respondents in Banyumas regency of the city Purwokerto, center java. This study uses Smart PLS4 and a multiple linear regression by SPSS (statistical package for the social sciences) software as a testing and data analysis tools. The measuring that used in this research is Likert Scale. Suliyanto (2023) defined that Likert's scale is used to measure a person's attitudes, opinions and perceptions of social phenomena.
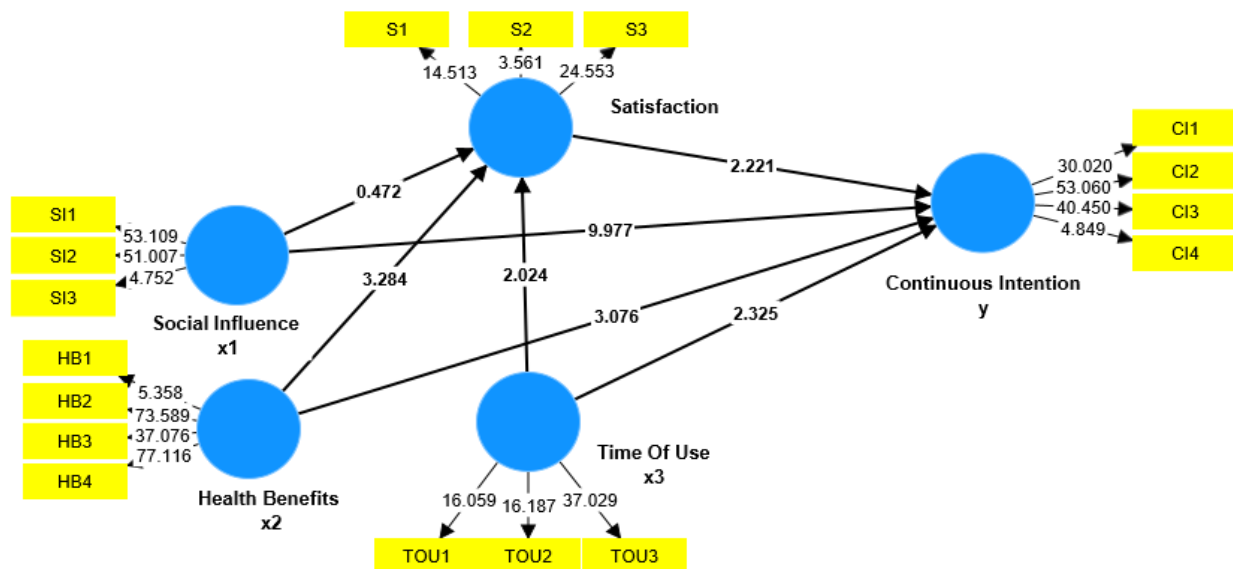
Figure 2. of Analysis Factors Model

4. Results

The Exploratory factor analysis was conducted to determine how well the multiple indicators correlation with their stated constructs. For this aim, 17 indicator items were used for the EFA through the principles factoring using the Oblimin rotation method. The table 1below explained the results of the EFA which show that Heterotrait-monotrait Ratio (HMR) measure of sampling is above than .70 (pallant,2013), and bartlett's examine sphericity is also significant at $p < 0.05$ provided support to the EFA. Besides, the EFA through pattern matrix produced a five -factor model. Factor 4 significant health benefits, 3 is satisfaction, 3 factors time of use significant, 3 social influence and 4 is continuous intention. A total of 17 indicators were maintained because outer loading high were eliminated (Floyd & widaman,1995). Moreover, all five factors had eigenvalues exceeding 1.0 and predicted 95.5% of the analysis total variance. besides, coefficient alpha was used to test the reliability of the indicators generated from the EFA to exclude those with high inter-item correlations from the exceeded 0.70, ranging from,0.786 to 0.873, 0.952, 0.929 suggesting good internal consistency (Tavakol & Dennick, 2011).

4.1 Tables

Table1.The discriminant validity- Heterotrait-monotrait Ratio to exploratory factor analysis

Indicators	Y	X2	Satisfaction	X1	X3
CI1	0.904				
CI2	0.929				
CI3	0.916				
CI4	0.804				
HB1		0.930			
HB2		0.946			
HB3		0.932			
HB4		0.952			
S1			0.847		
S2			0.786		
S3			0.870		
SI1				0.934	
SI2				0.933	
SI3				0.619	
TOU1					0.865
TOU2					0.873
TOU3					0.846

4.2 PLS Structural equation modeling

The PLS- SEM was employed to evaluate hypotheses formulated in the study. The PLS-SEM was used because the data collected entails unobserved variables measured by multiple indicators. The PLS -SEM is also recognized as an efficient and suitable multivariate statistical method for testing a series of separate multiple equations simultaneously. It also offers an over model fit and estimates measurement errors of individual indicator items (Hair et al., 2014, & Byrne, 2016). The PLS -

SEM for analysis was conducted by using one- stage and two- stage approach, as recommended

Latent variables and scale	Standardized loading	T- values
Continuous Intention		
CI1	0.902	30.02
CI2	0.929	53.06
CI3	0.916	40.45
CI4	0.796	4.849
Health Benefits		
HB1	0.730	5.3580
HB2	0.946	73.589
HB3	0.931	37.076
HB4	0.952	77.116
Satisfaction		
S1	0.842	14.513
S2	0.783	3.5610
S3	0.869	24.553
Social Influence		53.109
SI1	0.935	51.007
SI2	0.934	4.7520
SI3	0.605	
Time of Use		
TOU1	0.855	16.059
TOU2	0.863	16.187
TOU3	0.853	37.029

by Byrne (2016).

4.3 Confirmatory factor analysis

The CFA was conducted to validate the finding of the EFA. Indicator items with standardized regression weights of higher than 0.50 were excluded to increase the convergent validity of the constructs (hair et al., 2014). Table 2 reports the CFA outcomes, which reveal that 17 indicators loaded on the five factors, and all the standard estimates were significant, ranging between 0.605 and 0.946. This, result provides a examine construct validity. The chi-square test did validity model due to its impact on sample size (Byrne, 2016). However, the other fit measures supported the analysis. Goodness -of -Fit Index (GFI) =0.946, Adjusted Goodness of Fit (AGF) = 0.934, Normed Chi-Square Statistic (CMIN/DF) = 4.7520, Root Mean Residual (RMR) =0.605, Standardized Root Mean Square Residual (SRMR) =0.783, Incremental Fit Index (IFI) =0.946, Comparative Fit Index (CFI) =0.952, Tucker -Lewis Index (TLI) =0.931, and normed fit index (NFI) = 0.916. These results display a good model fit (Hu & Bentler, 1999, Kline, 2015, Hair et al., 2014).

Table 2. Construct Validity Factors Analysis

4.4 Psychometric Measures of confirmatory factors analysis

The PLS– SEM and psychometric measures analysis in CFA include composite reliability and construct validity. The convergent validity and the discriminant validity were used to analysis and construct validity (Bagozzi & Yi, 1988, Hair et al., 2014) and were measured using fornell and larcker (1981) criterion and average variance extracted (bagozzi & Yi,1988) respectively. The analysis in the table reports the outcomes of the latent variable psychometric properties, which demonstrate that all the VAEs exceeded the suggested value of .50, confirming convergent validity (Bagozzi &Yi, 1988). Besides, the square roots of the VAEs exceeded the squared inter-factor (indicator) correlations, supporting discriminant validity (Fornell & Lacker, 1981). The study, however, established that health benefits and time of use contribute to increasing the continuous intention of consumers through the influence of their satisfaction with consumption of herbal medicine, alternative ways to treat, prevent disease and healthy lifestyle. Furthermore, due to biasedness of the coefficient alpha to the number of examine items which leads to under – estimation of internal consistency, composite reliability was adopted because it is regarded as a slightly increased composite to measuring of latent variables reliability in CFA (Hair, Sarstedt, Hopkins & Kuppelwieser, 2014). Table 3 also exhibits the composite reliability test findings which suggest that all the coefficients were above 0.70, supporting the latent variables internal consistency. These results show that the latent variables are reliable and valid for the analysis of the path model.

Table 3. Construct Reliability and Validity measure

Latent Variables	CR	(AVE)	Y	X2	Satisfaction	X1	X3
Continuous Intention	0.910	0.721	0.849				
Health Benefits	0.928	0.767	0.967	0.876			
Satisfaction	0.790	0.757	0.809	0.863	0.755		
Social Influence	0.876	0.709	0.986	0.968	0.833	0.842	
Time Of Use_	0.896	0.743	0.810	0.761	0.787	0.791	0.862

Notes: alpha = Cronbach alpha: CR =composite reliability, AVEs = average variance extracted, ** = square root of AVEs, off- diagonal estimates measure the squared inter-construct correlation.

4.5 Structural model

The path analysis was employed to evaluate the hypothesized relationship between the latent variables in the study. As indicated earlier, health benefit, social influence and time of use are independent variables, while satisfaction is the mediation variable and continuous intention is dependent variable.

Table 4. Path model by Technique the Bootstrapping Method

Hypothesis Structural Relation	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
H1: Social Influence -> Satisfaction	0.277	**0.472**	**0.637**
H2: Social Influence -> Continuous Intention	0.073	9.977	0.000
H3: Health Benefits -> Satisfaction	0.266	3.284	0.001
H4: Health Benefits -> Continuous Intention	0.088	3.076	0.002
H5: Time of Use -> Satisfaction	0.090	2.024	0.043
H6: Time of Use -> Continuous Intention	0.029	2.325	0.020

H7: Satisfaction -> Continuous Intention	0.033	2.221	0.026

4.6 Mediation testing

This paper also, for testing the mediation role of satisfaction in the relationship between social influence and continuous intention (H2), health benefits and continuous intention (H4), time of use and continuous intentions (H6). Following Oliver (1980,1981), Baron, Kenny (1986) and Cardozo (1965) guide for evaluating mediation which entail:(a) regressing the mediator on the independent variable, (b) the dependent variable on the independent variable, (c) the dependent variable on both the independent variable and the meditation. The consequence, the mediation relationships were tested by techniques of a bootstrapping resampling method. The findings indicate that direct effect of social influence ($\beta = 0.073$, $p = 0.000$) on continuous intention is significant at $p < 0.05$. the analysis further shows indirect ($\beta = 0.086$, $p = 0.690$) on continuous intention is not statistically significant at $p < 0.05$. These outcomes indicate, is no mediational relationship between social influence and continuous intention. More so, the findings show that the direct effect of health benefits ($\beta = 0.088$, $p = 0.002$) on continuous intention is significant at $p < 0.05$. However, the indirect effect of health benefits ($\beta = 0.088$, $p = 0.033$) on continuous intention is significant at $p < 0.05$. These find, prove that satisfaction acts, full mediator in the path between health benefits and continuous intention. More so, finding show that the direct effect of time of use ($\beta = 0.029$, $p = 0.020$) on continuous intention is significant at $p < 0.05$. the analysis further shows indirect ($\beta = 0.029$, $p = 0.098$) on continuous intention is statistically significant at $p < 0.05$. these findings prove that satisfaction acts as a full mediator in the path between health benefit, time of use and continuous intentions.

5. Discussion

The research aimed to evaluate the influence of health benefits, social influence, time of use and satisfaction on continuous intention to use herbal medicine as an alternative way for treating disease and prevention in the city of Purwokerto. More importantly, the study sought to determine the intervening role of satisfaction in the effect of health benefits, social influence and time of use on continuous intention. The finding points out that health benefits and time of use directly influence satisfaction on continuous intention to use herbal medicine for treatment and health lifestyle, then also finding out the social influence directly does not influence satisfaction on continuous intention but significant indirect effect on continuous intention. The study result further points out that health benefits significantly increase the consumer continuous intention of herbal medicine to treat disease. This outcome is due to prior research by Padel & Foster (2005) which revealed that health benefits directly influence the continuous intention to engage in repurchase intention and the desire to pay a premium price for the consumption of herbal medicine to treat disease. Moreover, the research established that that satisfaction contributes to strengthening the consumer's intentions to continue using herbal medicine in the city of Purwokerto. This outcome with previous studies (Lin & Hsieh, 2007, Oliver, 1980, Oliver, 1981), which show that satisfaction elicits consumer intention to repurchase and use herbal medicine for treatment, prevention of diseases and healthy lifestyle. These outcomes demonstrate that health benefits, consumer satisfaction, time of use and social influence are the key sources of continuous intentions to use herbal medicine. The study found that the direct path between the health benefits, time of use satisfaction, social influence and continuous intention was significant. The study found that direct path between social influence and satisfaction not significant. This outcome support earlier

research which indicated the relationship between herbal medicine and consumer intentions to use of herbal medicine as an alternative way to treatment and health lifestyle. This however, this outcome differs from a prior study (Magnusson et al., 2001, Baker et al., 2004, Padel & Foster, 2005), reporting that the overall health benefits, time of use directly influence the customer intention for continuous intention in the city of Purwokerto. This outcome suggests that consumer intention satisfaction of which eventually, reinforces the continuous intention using herbal medicine in Indonesia. Furthermore, the research revealed that satisfaction is significant influence by health benefits, time of use to continuous intention to consumption herbal medicine to treatment diseases and health lifestyle. This outcome is similar to past research (Izzudin & Novandarii, 2018, Yulianti & Tung, 2013), which suggest that delighted consumer have positive perception health benefits they are purchase to using herbal medicine to treat. These findings show that health benefits, time of use, and social influence are essential ingredients for building consumer satisfaction to consume herbal medicine as an alternative way to treat diseases and healthy lifestyles in the city of Purwokerto.

6. Conclusion

The main objective of the research was to analyze the influence of health benefits, social influence, time of use and satisfaction on consumer intention to continuous uses of herbal medicine in the city of Purwokerto. Specifically, the study sought to evaluate satisfaction mediational role in the relationship between social influence, time of use, health benefits and continuous intention in herbal medicine as an alternative way of treatment, prevention of disease and health lifestyle. The research confirmed the social influence, health benefits, satisfaction and time of use are essential sources of consumer intention for continuous use herbal medicine. Based the result of the research and discussion described above, can be concluded. The study further established that health benefits, time of us, social influence and satisfaction are crucial indicators of the consumer intention to uses herbal medicine to treatment in the city of Purwokerto. The study showed social influence has not significant indirect effect in satisfaction mediation on continuous intention in herbal medicine. However, social influence positive influence directly on continuous intention via consumer intention satisfaction perceived benefit from herbal medicine. Thus, the study established that satisfaction plays a perfect role in relationship between health benefits, time of use and social influence to consumer intention for continue consume of herbal medicine. In this regard, the research concludes that health benefits, social influence, time of use and satisfaction are critical factors that increase consumer intention to continue using herbal medicine especially in the city of Purwokerto, Indonesia.

7. Recommendation

Guided by the finding of the paper, the recommendations made are spelt out below, which may contribute to increase the strategic understanding consumer desire, want and development of quality product decisions of practitioners in the herbal medicine market or industry of product herbal medicine the research indicates that health benefit, social influence, time of use have a direct effect on satisfaction in herbal medicine in the city of Purwokerto, Indonesia. Consequently, herbal medicine practitioners should develop their consumer intention to continue using herbal medicine to treat or for health awareness and enhance customer satisfaction of herbal medicine in the city of Purwokerto. The research also reported that health benefits, social influence, time of use and

satisfaction significantly increase consumer continuous intention to consume herbal medicine as an alternative way of treatment, prevention of diseases and healthy lifestyle. The study of result also showed that the relationship indirect between social influence and satisfaction on continuous intentions was not significant. For this reason, this paper needed future research to investigate or explore the factors influencing social intention to continue using herbal medicine, and providing deep knowledge about herbal medicine to phenomena. Moreover, the finding also indicators for all factors positively influence on continuous intention through mediation effect of satisfaction to repurchase of herbal medicine in the city of Purwokerto

8. Limitations and Direction of Future Research

This paper has strong literature and methodology, yet it has some limitations that need to be resolved if a similar future study is conducted. The herbal medicine includes more benefits for health lifestyle, awareness and prevention of diseases, but data were gathered from the phenomenon of people who consume herbal medicine for treatment, prevention and health lifestyle. Future research should consider both providing deep knowledge and explore what is the factor supported by factors of social influence to consumer enhancement of continued intention for using herbal medicine to treat disease. The research also looked at the plant medicine produced and packaged by Indonesian firms. Quantitative methods were adopted in this research, and it is, therefore, proposed that future research looks at mixed methods to improve its generalizability. Furthermore, the study considered only finished herbal medicine and hence, future research should consider raw herbal medicine preparations.

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