

Perceived Trust and Perceived Satisfaction enhances the acceptance of Health Wristbands in India: An empirical study

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ABSTRACT

Purpose – The purpose of this paper is to empirically examine the most important factors that influence consumer likelihood to adopt health wristbands using a sample representative of Indian users.

Design/Methodology/Approach – It was a primary data based exploratory study which was conducted in five major cities of India using the questionnaire method. Convenience homogenous purposive sampling was used to collect the data from the selected respondents. Totally, one hundred & twenty (120) respondents participated in this study and Eleven (11) hypotheses were formulated. A modified TAM model was proposed and PLS-SEM was used to estimate and test the hypothesized model.

Findings: The study assessed the likelihood of working professionals in Indian geography for the adoption of health wristbands. The users were more allured by the trust they develop in health wristbands and perceived satisfaction levels. Other factors like perceived ease of use (PEOU) and Perceived usefulness (PU) mildly influenced the adoption.

Practical Implications: Enhanced features can increase the acceptance of wristband among Indians. Increased acceptance will enable more Indians to monitor themselves and better self-manage in acute and chronic conditions. Further, it can help people to fight covid-19 pandemic as proactive health management is necessary for the vulnerable & sufferers.

Originality/ Value: No work related to consumer likelihood with help of TAM model has been done in Indian scenario. In India, the users are reluctant to use the health wristband due to issues like confidentiality etc. So, it is essential to promote the adoption of wristband for consumers as huge number of people are suffering from chronic ailments (more than 10% of population) in India.

Keywords: Health wristband, Consumer Likelihood, Adoption, TAM

Paper Type: Research Paper

INTRODUCTION

Health gadgets provide various benefits to the users whether it is doctors or individual users. It allows them to capture, monitor, and analyze the real data which often & practically remain un-captured in the absence of gadgets. The real-time quotient here defines each moment and daily life activities. Hence the patients need not to fix an appointment and undergo nervousness and stress. Such efficient monitoring and tracking also catalyze the line of treatment provided by physicians and doctors with improved diagnosis and disease management. As per the World Health Organization (WHO), the spread of chronic disease will increase 2.5 times with numbering 84 million in 1995 to 228 million in 2025. In developing countries like India, chronic disease will spread with a rate of 60%. To counter this increasing spread of chronic disease in India it is essential to boost up the health care delivery services. Health wristbands confirm the promising future of health care delivery. But the study of Ledger and Mc Caffrey (2014) showed that the use of gadgets and applications in the health sector will witness a huge drop of 60% in the initial phase of establishment after wide penetration and forecasted growth initially. This drop may be up to 55% during a period of one year. So, the manufacturer & developers of gadgets need to develop an integrated framework for the individual user so that they could attract and maintain the user interest in such technology-based solutions. Health gadgets have large spectrum depending upon their mode of use and application benefits. The focus of Indians is increasing in health and fitness gadgets and same way for the wristbands as they are emerging as good health care solutions (Hariharan, S. 2019). A report by International Data Corporation stated that the total shipment of health wristbands is about 1.2 billion units in India. This number is huge and portrays large opportunities for the adoption of *health wristbands* among Indian users. Various macro factors affect health wristband adoption in India i.e. reduction in mobile data tariffs, increase in the number of smartphone and various e-commerce platforms. An empirical study is required to understand the most important factors leading to the adoption of health wristband among Indian users. Health wristbands are one of the latest technological entrants in India and not much research done in its consumer likelihood and adoption, therefore this is an effort to fill the existing gap.

RESEARCH OBJECTIVE

- To identify and test the most important factors influencing the adoption of health wristbands in India.
- Proposing and verifying the extended TAM Model for acceptance of health wristbands using Partial least square Method of Structural Equation Modelling.

RESEARCH METHODOLOGY & ANALYSIS

Convenience purposive sampling was used for data collection by designing structured questionnaire. Working professionals from public and private sector organizations like information technology firms and Educational institutions in different cities were included in the study. The cities included in the research study were Indore, Mumbai, Kochi, Ahmadabad, Chennai and Bengaluru. Questionnaire was filled from one hundred and twenty (120) respondents. Respondents are from both gender and professionals from private and public sector falling in the group 22 years to 54 years.

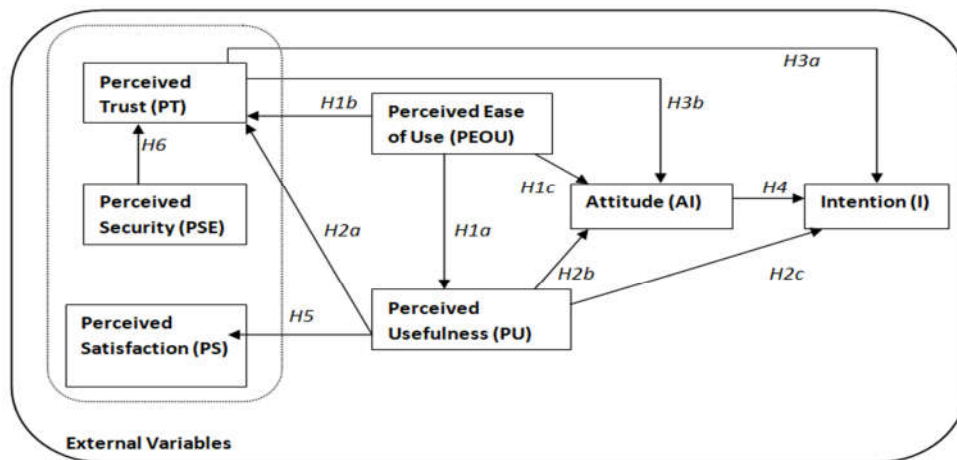
The questionnaire was developed by the researcher himself based on extant literature. Distribution of questionnaire and collection of data was done through online mode. There are two parts to the questionnaire. The first part comprised of the basic demographics and background data related to the respondents, whilst the other part was based on questions that are used to measure the factors of the hypothesis. The researcher employed a questionnaire approach to collect data and all questions required seven-point Likert-style responses ranging from 1=strongly Agree, 2=Somewhat Agree, 3=Slightly Agree, 4-Neither Agree Nor Disagree, 5=Slightly Disagree, 6=Somewhat Disagree, to 7=Strongly Disagree.

Technology acceptance model (TAM) given by Fred Davis was extended to assess the consumer likelihood for the adoption of health wristband in Indian geography. TAM Model framework included predefined variables and external variables. The predefined variables were Perceived Ease of Use (PEU) and Perceived Usefulness (PU) and based on literature review identified external variables were like Perceived security (Poon, 2008), Perceived satisfaction (Shee & Wang, 2008) and Perceived Trust (Shaw, 2014).

HYPOTHESIS

- H1: Perceived ease of Use positively influences the Perceived usefulness of user
- H2: Perceived ease of Use positively influences the perceived trust of the user
- H3: Perceived ease of Use positively influences the attitude of user
- H4: Perceived usefulness positively influences the perceived trust of the user
- H5: Perceived usefulness positively influences the Intention of user
- H6: Perceived usefulness positively influences the attitude of user
- H7: Perceived trust has a positive effect on intention of user
- H8: Perceived trust has a positive effect on the attitude of the user
- H9: Attitude has a positive effect on the intention of the user
- H10: Perceived usefulness has a positive effect on user-perceived satisfaction
- H11: Perceived security has a positive effect on the perceived trust of the user
- Figure 1: Proposed Modified TAM Model for adoption of Online Pharmacy Apps in India
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Figure 1: Proposed Extended TAM Model for adoption of Health Wristbands in India



MEASUREMENT MODEL

Table 1: Measurement Model

Constructs	Outer Loading	Indicator Reliability	Composite Reliability	Cronbach's Alpha (internal consistency reliability)	AVE(Convergent Validity)
User Attitude	0.7921	0.62742241	0.875	0.8093	0.6372
	0.7253	0.52606009			
	0.8643	0.74701449			
	0.8051	0.64818601			
User Intention	0.9243	0.85433049	0.9318	0.8902	0.82
	0.8896	0.79138816			
	0.9025	0.81450625			
Perceived Ease of Use	0.7042	0.49589764	0.878	0.8402	0.5088
	0.7198	0.51811204			
	0.8086	0.65383396			
	0.7257	0.52664049			
	0.7552	0.57032704			
	0.6056	0.36675136			
Perceived Satisfaction	0.7399	0.54745201	0.8846	0.8265	0.6578
	0.8618	0.74269924			
	0.7975	0.63600625			
	0.8398	0.70526404			
Perceived Security	0.8845	0.78234025	0.9602	0.8618	0.708
	0.8238	0.67864644			
	0.8907	0.79334649			
	0.7602	0.57790404			
Perceived Trust	0.8886	0.78960996	0.9143	0.8733	0.7287
	0.8911	0.79405921			
	0.8936	0.79852096			
	0.7297	0.53246209			
Perceived Usefulness	0.7203	0.51883209	0.8989	0.8676	0.5618
	0.8487	0.72029169			
	0.7335	0.53802225			
	0.7221	0.52142841			
	0.8007	0.64112049			
	0.6043	0.36517849			
	0.7924	0.62789776			

This modelling study used Partial least Square-Structured Equation Modelling using Smart PLS 2.0. Two sub-models are studied: Inner model and Outer Model. In inner model

explained the relationship between the dependent and independent variable while the outer model explained the relationship between latent variables and their respective indicators. The indicators are correlated and interchangeable hence their validity and reliability check is done examined (Haenlein & Kaplan, 2004; Hair et al., 2013; Petter et al., 2007). Internal consistency reliability lies between Cronbach's alpha (representing the lower bound) and the composite reliability (representing the upper bound). The internal consistency & reliability were measured by Cronbach Alpha and composite reliability. Their values for exogenous variables were found to be i.e. *perceived ease of use* (0.8402 & 0.878) and *perceived security* (0.8618 & 0.9602). For endogenous variables the values were found to be i.e. *Attitude* (0.8093&0.875), *Intention* (0.8902&0.9218), *Perceived Satisfaction* (0.8265 &0.8846), *Perceived Trust* (0.8733 &0.9143), *Perceived Usefulness* (0.8676&0.8989). The threshold value for Cronbach alpha is 0.7 and composite reliability is 0.8 (Henseler et al., 2009). Referring the Table 1, for all endogenous and exogenous variables the threshold value of Cronbach alpha is met internal consistency and composite reliability is well established. The threshold value for indicator reliability must be greater than 0.4 (Hulland, 1999). Referring to the Table1, the indicator reliability is well established except for some indicators PEOU6 and PU7 the indicator reliability is low but quite close to the threshold value of 0.4. The value for indicator reliability is elaborative therefore mentioned in the table. Convergent validity shows the proportion of variance among indicators for a specific reflective construct and to establish convergent validity average variance extract (AVE) is calculated which must be greater than 0.5 (Bagozzi & Yi , 1988)(Fornell & Larcker , 1981). Referring the Table 1,for all constructs for exogenous variable and for endogenous variable i.e. *Attitude*(0.6372), *Intention*(0.82), *Perceived Satisfaction*(0.6578), *Perceived Trust*(0.7287), *Perceived Usefulness*(0.5618), *Perceived ease of use* (0.5088) and *Perceived security* (0.708) the AVE score are above the threshold and thus establishes the convergent validity.

Table 2: Discriminant Validity (Fornell & Larcker Criteria)

Construct	Perceived ease of use(PEOU)	Perceived security(PSE)	Perceived satisfaction(PS)	Perceived trust (PT)	Perceived usefulness (PU)	User attitude (UA)	User intention(UI)
PEOU	0.7133						
PSE	0.2262	0.8414					
PS	0.3882	0.6828	0.81104				
PT	0.2536	0.6832	0.7404	0.8536			
PU	0.5345	0.6482	0.6875	0.6163	0.7495		
UA	0.5395	0.4067	0.4842	0.3925	0.4988	0.798	
UI	0.3144	0.5141	0.6161	0.6107	0.4985	0.499	0.9055

Table 3: Indicator Item Cross Loading

Construct	Perceived ease of use(PEOU)	Perceived security(PS E)	Perceived satisfaction(PS)	Perceived trust (PT)	Perceived usefulness (PU)	User attitude(AI)	User intention (UI)
AI1	0.3983	0.3761	0.4152	0.3799	0.461	0.7921	0.404
AI2	0.4085	0.33	0.33	0.2623	0.3826	0.7253	0.2763
AI3	0.4804	0.2799	0.3741	0.2816	0.3851	0.8643	0.422

AI4	0.435	0.3186	0.4194	0.3238	0.3673	0.8051	0.4693
I1	0.3728	0.4471	0.5811	0.5688	0.4537	0.5055	0.9243
I2	0.2737	0.4784	0.5525	0.5141	0.4394	0.4627	0.8896
I3	0.2011	0.4734	0.5392	0.5751	0.4614	0.3841	0.9025
PEOU10	0.7042	0.2205	0.3802	0.2374	0.4036	0.3102	0.2319
PEOU2	0.7198	0.1575	0.1873	0.1947	0.408	0.4466	0.2739
PEOU3	0.8086	0.2562	0.4156	0.2778	0.5059	0.4569	0.3355
PEOU4	0.7257	0.124	0.1298	0.1717	0.4301	0.3302	0.2116
PEOU5	0.7552	0.132	0.2347	0.1391	0.3145	0.5283	0.2264
PEOU6	0.6056	0.0651	0.2125	0.0493	0.2622	0.2231	0.0827
PEOU9	0.6559	0.1173	0.3782	0.1223	0.2765	0.3139	0.1077
PS1	0.0908	0.5779	0.7399	0.6488	0.4844	0.3153	0.326
PS2	0.3531	0.4801	0.8618	0.6484	0.5447	0.3265	0.5467
PS3	0.3109	0.4682	0.7975	0.3954	0.5114	0.3637	0.4144
PS4	0.4533	0.6682	0.8398	0.6898	0.6627	0.5298	0.6588
PSE1	0.215	0.8845	0.5946	0.588	0.5498	0.3342	0.4716
PSE2	0.1162	0.8238	0.6184	0.5977	0.5374	0.3811	0.3982
PSE3	0.1393	0.8907	0.5716	0.632	0.5754	0.2525	0.4332
PSE4	0.3285	0.7602	0.5087	0.4628	0.521	0.4321	0.4359
PT1	0.1603	0.6671	0.6133	0.8886	0.5668	0.2983	0.5721
PT2	0.2249	0.5177	0.6687	0.8911	0.5322	0.3664	0.5717
PT3	0.2042	0.5919	0.6868	0.8936	0.5219	0.3303	0.5365
PT4	0.2917	0.5512	0.5558	0.7297	0.4789	0.3526	0.3883
PU1	0.3808	0.5985	0.3943	0.4805	0.7203	0.3939	0.3429
PU2	0.524	0.5439	0.5253	0.4588	0.8487	0.4298	0.3551
PU3	0.2276	0.496	0.5364	0.5331	0.7335	0.2951	0.3039
PU4	0.3666	0.4176	0.518	0.3979	0.7221	0.4047	0.4038
PU6	0.3979	0.5615	0.5972	0.4925	0.8007	0.3854	0.3837
PU7	0.4078	0.3089	0.3938	0.3864	0.6043	0.2388	0.2876
PU9	0.4757	0.4597	0.6071	0.4856	0.7924	0.4357	0.5044

In this study, the discriminant validity was examined through two approaches. The first approach was off Fornell Lacker Criterion. As per these criteria the square root of AVE of all latent variables must be higher than latent variable correlation in both row and column. Referring the Table 2, the criteria well-observed and thus discriminant validity through Fornell Lacker Criterion was achieved. In the second approach, factor cross-loading are determined. As referring to Table 3, the indicator value (highlighted in bold) is higher than the loading valued in that column hence the discriminant validity is well established.

STRUCTURAL EQUATION MODEL

Table 4: The Coefficient of determination R²

S.No	Endogenous variable	R ² Value	Related variables	Relation
1	User Intention(UI)	0.456	PT, UA, PU	Moderately explain
2	User Attitude(UA)	0.374	PEOU, PT, PU	Perceived

				Satisfaction)PS
3	Perceived Usefulness(PU)	0.286	PEOU	Weakly explain
4	Perceived Trust(PT)	0.519	PSE	Perceived Satisfaction)PS
5	Perceived Satisfaction(PS)	0.473	PU	Perceived Satisfaction)PS

The coefficient of determination examined the difference in one variable with a liner relationship with difference in second variable. Following Table 4, shows the R^2 relationship, R^2 above 0.67 indicates "substantial", above 0.33 indicates "moderate" and above 0.19 indicates a "weak" model.

Table 5 : The predictive relevance Stone-Geisser's Q^2

Construct	Q^2
Perceived satisfaction(PS)	0.297
Perceived trust (PT)	0.3699
Perceived usefulness (PU)	0.1586
User attitude(UA)	0.221
User intention(UI)	0.339

The predictive relevance Stone-Geisser's Q^2 value must be larger than zero, and referring Table 5, it was observed that for endogenous variables the Q^2 value are greater than zero and model predictive relevance was well established.

Table 6: T-Statistics of Path Coefficients (Inner Model)

Constructs	Original Sample (O)	T Statistics (O/STERR)	Status
PEOU-> PT	-0.0246	0.1368	Rejected
PEOU-> PU	0.5345	2.9772	Supported
PEOU-> UA	0.4018	1.7472	Rejected
PSE-> PT	0.4842	2.2194	Supported
PT-> UA	0.1863	0.7059	Rejected
PT-> UI	0.4506	1.9999	Supported
PU-> PS	0.6875	7.1873	Supported
PU-> PT	0.3156	1.4046	Rejected
PU-> UA	0.1692	0.5597	Rejected
PU-> UI	0.08	0.4126	Rejected
UA-> UI	0.2822	1.6648	Rejected

Table 7: T-Statistics of Path Coefficients (Outer Model)

Construct- > Indicator	T Statistics (O/STERR)
AI1 <- USER ATTITUDE(AI)	7.3418
AI2 <- USER ATTITUDE(AI)	5.0667

AI3 <- USER ATTITUDE(AI)	12.8917
AI4 <- USER ATTITUDE(AI)	10.6333
I1 <- USER INTENTION(UI)	23.6582
I2 <- USER INTENTION(UI)	14.3761
I3 <- USER INTENTION(UI)	18.955
PEOU10 <- PERCEIVED EASE OF USE(PEOU)	5.9599
PEOU2 <- PERCEIVED EASE OF USE(PEOU)	3.8708
PEOU3 <- PERCEIVED EASE OF USE(PEOU)	6.1938
PEOU4 <- PERCEIVED EASE OF USE(PEOU)	4.1732
PEOU5 <- PERCEIVED EASE OF USE(PEOU)	4.2745
PEOU6 <- PERCEIVED EASE OF USE(PEOU)	3.0811
PEOU9 <- PERCEIVED EASE OF USE(PEOU)	5.0105
PS1 <- PERCEIVED STAISFACTION(PS)	5.3222
PS2 <- PERCEIVED STAISFACTION(PS)	12.3682
PS3 <- PERCEIVED STAISFACTION(PS)	7.6022
PS4 <- PERCEIVED STAISFACTION(PS)	9.8326
PSE1 <- PERCEIVED SECURITY(PSE)	18.1978
PSE2 <- PERCEIVED SECURITY(PSE)	9.6458
PSE3 <- PERCEIVED SECURITY(PSE)	12.7733
PSE4 <- PERCEIVED SECURITY(PSE)	6.9473
PT1 <- PERCEIVED TRUST (PT)	17.944
PT2 <- PERCEIVED TRUST (PT)	13.4283
PT3 <- PERCEIVED TRUST (PT)	21.9381
PT4 <- PERCEIVED TRUST (PT)	6.3957
PU1 <- PERCEIVED USEFULLNESS (PU)	6.5702
PU2 <- PERCEIVED USEFULLNESS (PU)	15.703
PU3 <- PERCEIVED USEFULLNESS (PU)	6.7239
PU4 <- PERCEIVED USEFULLNESS (PU)	5.6522
PU6 <- PERCEIVED USEFULLNESS (PU)	9.6301
PU7 <- PERCEIVED USEFULLNESS (PU)	3.9444
PU9 <- PERCEIVED USEFULLNESS (PU)	7.5632

Referring following Table 5 both outer and inner model assessment was done by comparing the t-value; As per criteria, it must be greater than 1.96 at 5% significance level. Referring to the Table 6, it showed that for the inner model, there was a positive and significant relationship between, perceived ease of use and perceived usefulness (2.9772), perceived security and perceived trust (2.2194), perceived trust and user intention (1.999), perceived usefulness and user satisfaction (0.71873). While between construct perceived ease of use and trust(0.1368), perceived ease of use and user attitude(1.7472), perceived trust, and attitude(0.7059), perceived usefulness and trust(1.4046), perceived usefulness and attitude(0.5597), user attitude and intention (0.16648) there was positive relationship but it

was not significant since t-values were below 1.96. Referring to the Table 7, the outer model's t-value are greater than 1.96, thus established positive and significant relationship between all construct and indicators. As values are numerous, they could be seen directly from the table.

DISCUSSION

Looking at the gender-wise distribution, 40% of the respondents were male and 60% were females. Other demographic statistics showed that a maximum of 62% of the respondents were married and a maximum of 46% of the respondents had income more than 2 lakhs per annum. This demographic spectrum positively represented a respondent group with self buying decision power and a average balance between both the gender. The reliability of the model was well established through both internal consistency and composite reliability. It indicated a linear relationship between indicators and identified constructs. Both convergent and discriminant validity is well established with standard threshold values.

The author first discussed the hypotheses H1, H7, H10, and H11 as these are supported by the data analysis. The author discussed hypotheses H2, H3, H4, H5, H6, H8 and H9 later because they are rejected and not supported by the analysis.

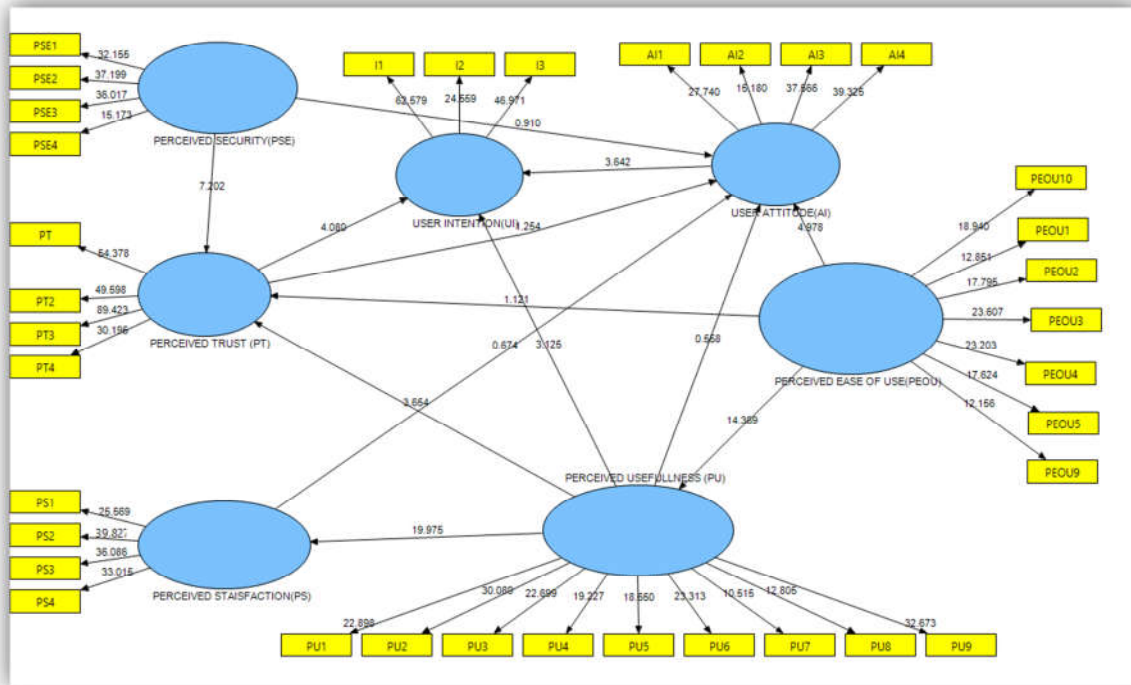
The study has identified various constructs in exploring consumer likelihood for health wristbands in India. The hypothesis, **H1** showed positive significance of *perceived ease of use* over *perceived usefulness* which meant that if health gadgets were easy to use and easily understandable then only Indian consumer will look upon them for benefits. The coefficient of determination is R^2 (53.4%) is also high for this relation and supported this relation as for endogenous variable *Perceived usefulness* the variable *perceived ease of use* is the main determinant and explained it moderately. H1 kept consistency with previous work (Amin et al. 2014). No previous study is contradicting this result. **The Hypothesis H7** showed the positive significance of *perceived trust* over *user intention*. This result was also supported in earlier research work by Han and Windsor (2011) and by Kumar et al. (2017). Intent towards health wristbands was stronger when Indian user had strong trust and confidence over the health tracking efficiency of the wristbands as it created strong purchase intent. The R^2 value also moderately explained the relation with 45 % strength. Hypothesis **H11** explained the positive significance between *perceived security* and *user trust*. This relation was supported in research study by Poon, (2008) who explained that the customer dissatisfaction was largely affected by privacy and security. The user trust was greatly influenced by the fact that if the monitored information about their body statistics was found to be accurate only then their trust might be developed in the health wristbands. Indian users preferred to carry out their health monitoring privately and it was quite essential that their personal health data & information be properly recorded and managed by health wristbands in safe environment. The value of co-efficient of determination being 48% also moderately supported this relationship. In hypothesis **H10**, the highest level of significance was established between *user-perceived usefulness* and *satisfaction*. This relationship was also established by previous work done by Lewis (2002). It explained that if Indian users derived benefits from gadgets then their satisfaction level of accurate, timely and proactive self-health monitoring through health wristband was achieved. The coefficient of determination R^2 was also high (68%) for this relationship which supported the significance of this hypothesis. The variable perceived usefulness is the determinant of endogenous variable-the perceived satisfaction and explained it substantially with high value of R^2 .

Hypothesis **H2** showed an insignificant influence of *ease of use* over *user trust*. In previous studies by Lee and Jun 2007; Belanche et al., 2012; Kumar et al., 2018 showed significance of *user trust* relating to health wristband but in reality, it gets dominated by the legacy of Indian users for an in-person doctor visit. Hypothesis **H3** also showed an insignificant relation between construct *perceived ease of use* and *user attitude*. This relation was supported in the past study by Chua and Lai, 2003 but in my research, the buying attitude of Indian user for health wristbands was not supported. In the present study many indicators of the PEOU construct had insignificant loading like language options, charging capacity, and wearing ease over the wrist & it showed particularly that Indian users were more oriented alternatively towards in-person doctor visits and easy use of health wristband was not surpassing this trend e.g. in a study by Ledger and McCaffrey (2014) showed that after the initial boom of health wristband, the sales dropped by approx. 50% in next twelve months. For hypothesis **H4**, **H5** and **H6**, there was a negative significance of *perceived usefulness for trust*, *intention*, and *attitude* respectively and hence rejected. In the past studies for *trust* by Lee and Jun, 2007; for *user intention* by Teo et al 2010; for *attitude* by Amin et al., 2014, the significance of usefulness was significant. But in the case of Indian *user likelihood* and acceptability of health wristband, the *perceived benefits* seem secondary in comparison to their in-person doctors' visit. Plausible reasons could be their emotional build-up with a doctor regarding health monitoring. Seeking hypothesis **H8**, *perceived trust* was also not the determinant of user attitude of health wristband among Indian consumers, because there was a big lag in trust of Indian users on health wristband as a proactive health monitoring gadget than as a smartphone accessory. In one of the past studies, the relationship of H8 was positively supported (Thakur 2013). In the last hypothesis **H9**, the relation between *user attitude and intention* was positive but not significant. In the previous study H9 had been supported but in my study, the insignificance was evident, because there was a need to develop an understanding among Indian users for developing likelihood for health wristbands as health monitoring gadget.

INTERPRETATION OF THE RESULT

In India, health wristbands are slowly developing a sense of pro-active health monitoring and tracking. The factors like *Perceived ease of use* and *perceived usefulness* are not the only determinants explaining the adoption pattern of health wristbands among Indian consumers. The major determinant was found to be *perceived satisfaction* which had momentarily impacted users' consumer likelihood. *High perceived satisfaction* can be attained by strong *perceived trust* of users on health wristbands. The result was also supported in the study by Oyedele, A. et.al. (2018) which showed that the acceptance of health wristbands was dependent upon individual perception only, which was further prominently influenced by high satisfaction level and purchase intention. In the research work by Nelson, et.al. (2016) it was explained that user privacy is a major construct for high satisfaction and acceptance of health wristbands. In one more study by Gao, Y et.al. (2015) it was explained that in acceptance of wearable technology factors like self-health management functionality and health data confidentiality affect the user purchase decision. Therefore factors such as look, style, or aesthetic value did not influence the purchase of health wristbands among users or develop high satisfaction.

Figure 2: Verified Extended TAM Model for adoption of Health Wristbands in India



CONCLUSION

The paper highlighted that the most important factors which influenced health wristbands acceptance in India were *perceived trust* and *perceived satisfaction*. Indian users were found to be more interested in using health wristband as a gadget but not as a tool to monitor and track their health parameters. With easy installation and use of health wristband they are deriving benefits and satisfaction, but not considering it as a health empowering tool. The study showed that *perceived security* drives user trust and builds high satisfaction but a strong user attitude for adoption of wristband would be developed if gadgets be treated as a solution for health monitoring and tracking devices. The research also concluded that there was huge opportunity for creating awareness about the role of wristband in health monitoring and tracking among Indians and that a major attitudinal shift was required for use of wristband from reactive to proactive health management.

IMPLICATION OF THE STUDY

The gadgets manufacturers can use the result to boost the sale of health wristbands among Indians, firstly by including certain features and specifications in wristbands which promises high satisfaction and trust, and secondly, by creating awareness and educating Indian users about vast health care applications of health wristband

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