



## "Brand Credibility and Customer-Based Brand Equity in Mobile Health Applications"

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### ABSTRACT

By comparing brand credibility (BC) and customer-based brand equity (CBBE), this study aims to establish a strong brand for health mobile applications in Indonesia. In-depth and extensive literature searches were used to perform the study, along with the distribution of questionnaires. 200 persons made up the samples that were collected. The technique is convenience-based (convenience sampling) and uses a Likert scale. To assess the data, structural equation modeling was employed. The findings indicate that brand power is fairly high among Indonesian consumers of health mobile applications. The BC variable influences CBBE. The greatest factor in the creation of CBBE is the Brand Performance component.

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## 1. INTRODUCTION

Due to their extensive range of functionality, mobile applications can be used for a variety of tasks, including calling, messaging, browsing, chatting, social network communication, audio, video, gaming, and more (Islam & Mazumder, 2010), so that during the Covid-19 pandemic, digital industry participants innovated in the field of health technology by creating an e-health mobile application. Healthcare practices have seen a considerable transition recently as a result of the increasing adoption of mobile technology and the integration of smartphones into daily life (Ma et al., 2014). Applications for mobile health, or simply "health apps," have become important resources for patients and healthcare professionals.

According to Al-Rimawi et al. (2016) and Mettler & Raptis (2012), e-health provides high-quality, affordable, equitable, and tailored health care services. E-health services include online doctor consultations as one of its offerings. Additionally, the e-health platform makes it easier to schedule medical appointments. It also provides access to an online pharmacy where users may obtain the prescription drugs they need to stay healthy.

There is fierce competition among firms for users' attention and loyalty in the market for health apps. Users are concerned not only with an app's usefulness and functionality, but also with the brand's legitimacy and dependability. In this context, credibility includes elements like the veracity of the health data, data security, privacy protection, and the dependability of the sources used. Users frequently entrust health applications with their most private and sensitive information, therefore trust and credibility concerns weigh heavily on their decision-making process.

According to Keller (2001; 2013), brand equity is the added value that customers or users bring to a company's goods or services. Users frequently choose products or services with high brand equity over those with low brand equity (Roy & Chau, 2011, Farjam & Hongyi, 2015). Consumer-based brand equity (CBBE), which is defined as the difference in user perceptions of known and unknown brands (Riaz et al., 2014), is the term used when brand equity reflects the user or user perspective (Gürhan-Canli et al., 2016). Profits, prices, and customer loyalty will all be impacted by low CBBE (Xu & Chan 2010; Dirgantari et al., 2022).

According to Ahmed, Talreja, and Naz (2018), endorser credibility and brand credibility are thought to increase CBBE. Brand Credibility (BC) is the conviction that a brand's product information is accurate and reliable, requiring "consistency" in keeping promises. Users will make an effort to learn more about a brand, particularly if the market offers imperfect (or asymmetric) information. The brand can serve as a symbol or signal in this case, but it must also be reliable or trustworthy (Erdem & Swait, 2004). Ahmed, Talreja, & Naz (2018) suggested that endorser credibility and brand credibility are believed to have a positive effect on increasing CBBE. Brand Credibility (BC) is a belief that contains product information contained in a brand, requiring "consistency" in delivering what is promised. Users will try to get information about a brand, especially when the information available in the market is not perfect (not asymmetrical). In such a situation, the brand can function as a symbol or signal, which must be credible or trustworthy (Erdem & Swait, 2004).

Thus, the purpose of this study is to build a strong brand of health mobile applications in Indonesia by analyzing the effect of brand credibility on costumer based brand equity.

## 2. METHODS

This study uses quantitative methods with primary and secondary data sources. In the primary study, the authors found more specific data regarding building a strong brand of

health mobile applications in Indonesia through an analysis of the effect of endorser credibility on brand equity in the user's perspective through brand credibility with a questionnaire.

Dimensions for Brand Credibility (BC) used include (1) Expertise and (2) Trustworthiness [37]. Then the dimensions of customer-based brand equity (CBBE) consist of (1) Brand Salience, (2) Brand Performance, (3) Brand Imagery, (4) Brand Judgment, (5) Brand Feelings, (6) Brand Resonance (Keller, 2001; Keller, 2013). The complete research model is shown in Figure 1. The number of samples obtained is 200 people using purposive sampling.

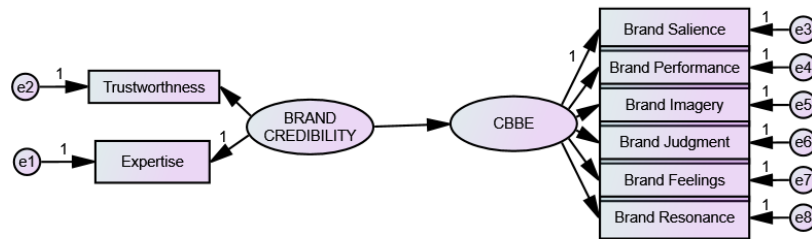


Figure 1. Research Model

### 3. RESULTS AND DISCUSSION

Figure 3 SEM results show that brand credibility variable has a significant influence on the CBBE variable with the loading factor is 0.67. The results of this study are in line with previous research, good brand credibility has a role to increase brand equity (Spry, Pappu & Cornwell, 2011).

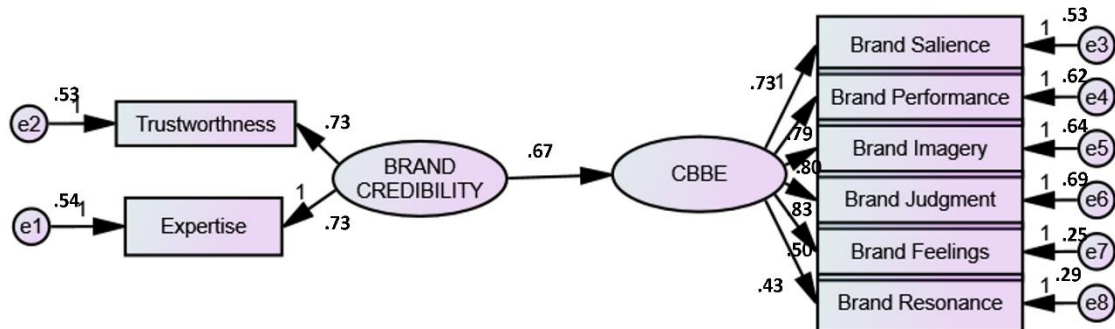


Figure 2. SEM Results

Goodness of Fit is a test of fit between the model and the data. Table 1 shows the results of the goodness of fit test, where the values of Cmin/df < 2.00, RMSEA < 0.08, and the values of AGFI, GFI, CFI, NFI and TLI are all greater than 0.90. This provides information that the measurement model fits the data.

Table 1. Goodness of fit.

Index	Criteria	Results	Fit/Not Fit
$\chi^2$		111.418	
df		74	
Cmin/df	<2.00	1.988	Fit
RMSEA	<.08	0.048	Fit
GFI	>.90	0.942	Fit
AGFI	>.80	0.890	Fit
NFI	>.80	0.958	Fit

PNFI	>.05	0.638	Fit
IFI	>.50	0.975	Fit
TLI.	>.90	0.962	Fit
CFI	>.90	0.975	Fit

where

$\chi^2$	: The Chi-Square value
DF	: Degree of freedom
P value	: Calculated Probability
RMSEA	: Root mean square error of approximation
GFI	: Goodness-of-fit statistic
AGFI	: Adjusted goodness-of-fit statistic
NFI	: Normed-fit index
PNFI	: Parsimonious Normed Fit Index
IFI	: Incremental Fit Index

#### 4. CONCLUSION

The objective of this study is to develop a strong brand for health mobile applications in Indonesia by examining the relationship between Brand Credibility (BC) and Customer-Based Brand Equity (CBBE). The results show that Indonesian users of health mobile apps have a high level of brand power. BC has an impact on CBBE. The CBBE configuration is largely influenced by the Brand Performance dimension. CBBE will be impacted if brand credibility in regular advertising rises. The goal of this study is to analyze the impact of Brand Credibility (BC) against customer-based brand equity (CBBE) to establish a strong brand of health mobile applications in Indonesia. According to the findings, health mobile app users in Indonesia have a high level of brand power. CBBE is affected by BC. The Brand Performance dimension has the most impact on CBBE formation. If brand credibility in regular commercials increase than CBBE will be affected.

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