Investigating the Drivers of Wearable Technology Adoption in Chile

Abstract

Despite the vast growth and importance of wearable technology for healthcare purposes, academic research in this area is still relatively scarce. Little is known regarding consumers' intentions to adopt wearable technologies. Furthermore, empirical research has neglected studying the drivers of wearable technology adoption in emerging regions such as Latin America. This research addresses these limitations. Drawing on technology acceptance framework UTAUT2, this empirical study examines the drivers of intention to adopt fitness trackers by consumers located in Latin America. Findings indicate that hedonic motivation and social influence have the strongest influence on intention to adopt fitness trackers in Chile. Further, health motivation is an indirect predictor of a person's intention to adopt wearable technology through its effect on perceived usefulness. Theoretical and managerial implications are discussed as well as implications for public policy.

Keywords: Wearable technology, fitness trackers, technology adoption, Chile.

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1. Introduction

There has been an increase in the adoption of wearable technology and self-tracking health applications around the world (Hoy, 2016; Ranck, 2012, 2014). The wearables market grew 16.9% in 2016 from the previous year, and forecast reports predict wearables to continue growing strongly in the future (CCS, 2016, IDTechEx, 2017). Wearable technology consists of clothing and accessories that incorporate advanced technologies to assist individuals wearing them to perform their daily tasks in a quick and efficient manner. Wearable devices can be fundamental to monitor physiological data of older people or individuals with chronic conditions, and facilitate timely clinical interventions.

Latin America is one of the leading regions in the world for wearable electronics. The total wearable electronics market revenue in Latin America was $108 million in 2013, and is projected to reach $280 million in 2018 (Micromarket Monitor, 2017). Revenue in wearable technology in this region is expected to growth 17.6% in 2017, with Brazil and Chile leading the way (Statista, 2017). Consumer electronics and healthcare are the major applications of wearable technology in Latin America (Micromarket Monitor, 2017). Wearable devices are used in a variety of application, such as fitness and sports, entertainment and multimedia, multi-function, and garments and fashion. In healthcare, wearable electronics are used in various applications, such as continuous glucose monitoring, ECG monitoring, pulse oximetry, blood pressure monitoring, and skin patches.

Growing awareness among global consumers regarding their healthcare and wellbeing is the major driving factor of the global wearable technology market (IDTechEx, 2017). However, consumer behavior related to wearable technology may differ in emerging markets compared to developed countries, in terms of consumer characteristics, values, attitudes, and behaviors (Michaelidou, Reynolds, Greenacre, & Hassan, 2015). Furthermore, in regions such as Latin America, consumers'

take-up of technology innovation is much slower and cultural differences might affect the attitudes and intentions of consumers to adopt wearable technology (Grandón, Nasco, & Myktn, 2010). For example, although Chile is among the top e-ready countries in Latin America (comScore, 2015), there are lower levels of wearable technology adoption compared to developed countries such as the US and Australia (Wearable Technology Barometer, 2016).

Only a few studies have examined the drivers of consumers' intention to adopt wearable technologies, such as smart glasses (Rauschnabel et al., 2016), smart clothing (Hwang, 2014), smartwatches (Choi & Kim, 2016; Chuah et al., 2016), and fitness trackers (Gao, Li, & Luo, 2015). These studies show that not all consumers are willing to adopt wearable technologies (Rojas-Méndez & Parasuraman, 2015), and the fact that other actors can use personal biometric data may raise privacy or ethical concern (Lupton, 2016). Furthermore, research on technology adoption has been conducted mostly in developed markets, and less-developed regions, such as Latin America, have only received limited attention (Andrews & Bianchi, 2013). As such, the findings may not necessarily represent emerging market consumers owing to their different cultural and economic environments (Hofstede, 2001). For example, in high uncertainty avoidance cultures (i.e. Chile), people adopt innovations at a lower speed than in low uncertainty avoidance cultures (De Mooij, 2011; Rojas-Mendez & Parasuraman, 2015).

Overall, the objective of this study is to investigate consumer adoption of wearable technology in Latin America. Specifically, this study aims to investigate the drivers of consumers' intention to adopt wearable technology, specifically fitness trackers, for health purposes, focusing on Chile as a representative country in Latin America. Obesity and overweight are on the rise throughout Latin America, and are particularly prevalent among women and children (FAO, 2017). Chile is chosen as the context because Chile has the sixth highest level of child obesity in the OECD because of fast food

and gastronomy based on eating too much bread (GAIN, 2012). For this purpose, this study proposes a model of customers' intention to adopt fitness trackers in Chile and contributes to the literature in two ways. First, the results shed light on the applicability of current technology adoption models in emerging markets. Second, this paper contributes to marketing practitioners providing guidance for technological advances, such as fitness trackers, in Latin America.

The remainder of this paper is as follows. The next section reviews literature about acceptance of wearable technology, followed by the conceptual model, which we test and contrast empirically in Chile. Following the discussion of our results, the paper concludes with implications for research and practitioners, limitations, and future research directions.

2. Literature Review

Wearable technology refers to electronic technologies that are incorporated into accessories or clothing (Juniper Research, 2015; Tehrani & Andrew, 2014). Wearable technology can be found in different forms (e.g., smartwatches, fitness trackers, smart eyewear, medical devices, etc.), and used for different purposes, such as healthcare and medical reasons, fitness and wellness, entertainment, and others. An essential feature of these wearable technologies is that it assists the individual wearing them to perform their daily tasks in a quick and efficient manner. About 90% of wearable devices are smartwatches and activity trackers (Richter, 2015), which can be used by health organizations, life insurance companies or corporate wellness programs (Thierer, 2015). The growth of wearable technology is a result of enhanced connectivity, improved usability, reduced cost, and longer battery life (Sultan, 2015). Nevertheless, there are also privacy concerns and price issues related to wearable technology (Sultan, 2015; Therier, 2015; Lupton, 2015).

2.1 Technology adoption research

Several theoretical models have been used to examine consumer adoption of new technologies, such as the Technology Acceptance Model (TAM) (Davis, 1989), the Theory of Planned Behavior (TPB) (Ajzen, 1991), and the second generation of the Unified Theory of Acceptance and Use of Technology (UTAUT2) (Venkatesh, Morris, Davis, & Davis, 2003). TAM suggests that perceived ease of use and perceived usefulness of a new technology impacts consumers' attitudes towards the acceptance of the technology, which in turn influences their intention to adopt the technology (Davis, 1989; Davis, Bagozzi, & Warshaw, 1992). UTAUT aims to explain user intentions to adopt a technology and subsequent usage behavior, with three main constructs: 1) performance expectancy (perceived usefulness), 2) effort expectancy (ease of use), and 3) social influence. Further, Venkatesh et al. (2012) expanded UTAUT into UTAUT2, by adding new determining factors that help increase the predictive capability of the user context. Among these factors are: hedonic motivation - 'the fun or pleasure derived from using a technology' (Brown & Venkatesh, 2005), and price value, which refers to the costs involved in acquiring technology, and these can be relevant for purchase decisions (Brown and Venkatesh, 2005). The UTAUT2 model has been applied to explore technology acceptance in consumer markets, such as self-service technology, smart mobile device adoption, and wearable technology in the healthcare industry (Gao et al., 2015; Huang & Kao, 2015).

Furthermore, scholars suggest that it is necessary to adapt the framework to specific contexts, such as healthcare (Sun et al., 2013). Thus, we consider an extended UTAUT2 model which incorporates privacy risk, hedonic motivation, and price value to explain consumers' intention to adopt wearable devices (Gao et al., 2015; Hsiao et al., 2013). This study also includes two health variables—health consciousness and health motivation—from the Health Orientation Scale (HOS) (Snell, Johnson, Lloyd & Hoover, 1991). Health consciousness is a measure of an individual's readiness to take health

actions (Lee, Conklin, Cranage, & Lee, 2014). Health motivation refers to an individual's motivation to pursue positive physical health. Figure 1 shows the hypothesized model,

Take in Figure 1 here

3. Hypotheses and conceptual model

Drawing on and extended UTAUT2 model, we identify six antecedent variables that can affect a consumer's intention to adopt wearable technology for healthcare and fitness purposes: hedonic motivation (enjoyment), social influence, ease of use, perceived usefulness, privacy risk, and price value (Venkatesh et al., 2012). In addition, two health variables are added to the model, health motivation and health consciousness, as possible antecedents of perceived usefulness. The dependent variable is *consumer intention to adopt wearable technology*.

3.1 Perceived Usefulness

Perceived usefulness represents performance expectancy from the UTAUT2 model, and is defined as the degree to which a technology will provide effectiveness to consumers in performing certain activities (Venkatesh et al., 2012). In the context of this study, perceived usefulness refers to the extent to which consumers perceive that fitness trackers will help them to monitor daily physical activities, plan healthcare goals, and reduce health-related threats. Consumers that believe that wearable devices can help them increase their effectiveness in healthcare activities, will be more likely to adopt wearable technology (Venkatesh et al., 2012) Therefore, Drawing on UTAUT2, we propose that perceived usefulness is positively related to intention to adopt a technology.

H1. Perceived usefulness is positively related to intention to adopt wearable technology.

3.2 Ease of use

Drawing on TAM and UTAUT2, ease of use refers to the ease associated with the usage of a new technology product (Venkatesh et al., 2003, 2012). In this study, ease of use denotes the degree to which wearable devices, such as fitness trackers, are easily understood and consumer friendly, without the need of training. Ease of use has been found to have a positive relationship with perceived usefulness (Al-Qeisi, Dennis, Alamonos, & Jayawardhena, 2014). In addition, some studies suggest that effort expectancy positively affects consumer's intention to adopt wearable technology in healthcare (Hensel, Demiris, Courtney, 2006). This is because healthcare wearable devices may be more complicated, since they require users to continuously wear them. Thus, we propose that:

H2. Ease of use is positively related to intention to adopt wearable technology

3.3 Social Influence

Social influence refers to how consumers' decision-making is affected by the perceptions of significant others, such as family or friends (Sun et al., 2013; Venkatesh et al., 2012). Social influence is adopted from the TPB (Ajzen, 1991), which examines the influence of subjective norms and behavioral intentions. Previous studies have empirically shown that social influence positively affects users' intentions to adopt health related devices (Miltgen, Popovic & Oliveira, 2013). In general, users tend to adopt health related technology based on others' suggestions since this kind of product is totally new for them. This relationship is also supported by the UTAUT2 model (Venkatesh et al., 2012). Thus, we propose that:

H3. Social influence is positively related to intention to adopt wearable technology.

3.4 Hedonic Motivation

Drawing from the UTAUT2 model, hedonic motivation is defined as the fun or pleasure derived from using a technology (Venkatesh et al., 2012). In this study, we use the concept of hedonic motivation as enjoyment. According to previous studies, enjoyment is a predictor of consumers' attitude towards adopting a new technology (Brown & Venkatesh, 2005; Magni, Taylor & Venkatesh, 2010). Particularly for healthcare purposes, wearable devices such as fitness trackers allow users to constantly check their physical conditions, such as daily steps. This keeps users involved and engaged which leads individuals to enjoy the wearable products related to healthcare (Gao et al., 2015). Therefore, we propose that:

H4. Hedonic motivation is positively related to intention to adopt wearable technology.

3.5 Privacy risk

Privacy risk refers to the possibility that consumers´ information collected from wearable technology may be used inappropriately used by others (Roca, José García, & José de la Vega, 2009). Previous research has shown that perception of privacy risk has an influence on users' acceptance of technology (e.g., Li, Gupta, Zhang & Sarathy, 2009). This is because compared to general demographic information, personal health information is more sensitive for individuals (Bansal, Zahedi & Gefen, 2010). In the context of this study, users of wearable technology may have privacy concerns since they allow personal data to be observed and shared among others, potentially without their knowledge (Thierer, 2015). Consistent with these prior studies we hypothesize:

H5. Privacy risk is negatively related to intention to adopt wearable technology.

3.5 Price Value

Price value is defined as a trade-off between benefits and costs, and regarded as an important indicator in predicting the purchase behavior (Zeithaml,1988). Recently, price value has been considered by researchers in the information technology and consumer-electronics fields. The concept was adopted to analyze users' adoption of emerging technologies or smart mobile devices. The findings indicated that the price value concept is crucial in attracting consumers (Chang & Tseng, 2013). Venkatesh et al. (2012) described price value as consumers' cognitive tradeoffs between the perceived benefits of the applications and monetary costs for using them. Price value is positive when the benefits of using a technology are identified to be greater than the monetary costs. Such price value has a positive impact on intentions (Dodds, Monroe & Grewal, 1991). Thus, we propose:

H6. Price value is positively related to intention to adopt wearable technology.

3.6 Health Motivation and Health Consciousness

Health motivation refers to how people are motivated to look after their physical health, engage in activities that promote their physical health, and strive to maintain the wellness of their physical health. Previous research has also found that health consciousness is a positive determinant of health behavior (Lee et al., 2014). Highly health-conscious individuals tend to have a more favorable attitude toward healthcare activities (Gould, 1998). In the context of wearable devices, it is assumed that both health motivation and health consciousness have a positive effect on the perceived usefulness of fitness trackers. Thus, we postulate:

H7a: Consumers' health motivation is positively related to perceived usefulness.

H7b: Consumers' health consciousness is positively related to perceived usefulness.

4 Research Methodology

4.1 Sample and Data Collection

Data were collected through an online survey applied to adults (18 years or older) located in Santiago. Surveys were administered online to ensure consistency in the data collection procedure (Leung, 2008). The questionnaire consisted of three sections. In the first page, a short description of fitness trackers was included, with an image of different fitness tracker devices, and respondents were asked if they possessed a fitness tracker. Only respondents that were non-users of wearable technology were considered in the sample for this study. The next section asked respondents about health attitudes and their behaviors. This was followed by a section on fitness trackers and technology in general. Finally, the questionnaire collected demographic variables and thanked them for their participation.

The questionnaire was developed in English, translated into Spanish by a native speaker, and Chilean colleague back-translated the items into English (Brislin, 1970). Further, the survey was pretested online with 17 graduate students who answered the questionnaire online. Their comments on the questionnaire lead to minor wording modifications. After two months of data collection, the survey resulted in a sample of 470 responses. Table 1 presents the sample characteristics.

Insert Table 1 here

4.2 Measures

All constructs measures are adopted from existing established scales on technology acceptance and adapted to fit the research context (Gao et al., 2015). Perceived usefulness is measured with a five-item scale adapted from Lin (2011), Venkatesh et al. (2012) and Yuan, Ma, Kanthawala, & Peng (2015). Ease of use is measured with a four-item scale adopted from Lin (2011). Social influence is measured with a three-item scale adopted and adapted from Hamari and Koivisto (2015), Sun et al. (2013) and

Venkatesh et al. (2012). Hedonic motivation is measured by a four-item scale adopted from Venkatesh (2000) and Venkatesh et al. (2012). Privacy risk is also measured with a four-item scale adopted from Alge (2001) and Ayyagari et al. (2011). Furthermore, the two health factors (health motivation and health consciousness are measured using the HOS scale developed by Snell et al. (1991, 2013) which is a self-reported measure of five health-related features. The questionnaire applied seven-point Likert scales, with anchors from "1=strongly disagree" to "7=strongly agree" to capture the variables and indicator items. Table 2 includes the original questionnaire items of all constructs with the Cronbach Alpha, AVE and CR.

Insert Table 2 here

4.3 Analysis and Results

Common method bias was addressed using Harman's (1976) single-factor test (Podsakoff & Organ, 1986). The first factor, extracted using principal axis factoring without rotation, accounts for between 25.06% and 40.48% of the overall variance, suggesting that common method variance is not a critical issue in the sample (Podsakoff & Organ, 1986). We also adopted the marker variable approach (Podsakoff, MacKenzie, & Podsakoff, 2012). After excluding two items that had low loadings, neither the traditional single-factor test nor the marker variable approach suggests a threat of common method bias (Podsakoff, MacKenzie, Jeong-Yeon, & Podsakoff, 2003).

We applied the he Fornell and Larcker (1981) technique for assessing discriminant analysis. Using this technique, for discriminant validity to be supported the variance extracted estimates should be greater than the squared correlation estimate and for any two constructs AVE estimates have to be greater than the shared variance estimate (see Table 3).

Insert Table 3 here

4.4 Hypotheses Testing

Hypotheses testing follows a two-step approach for the structural model (e.g., Edwards & Lambert, 2007; Klarner, Sarstedt, Hoeck, & Ringle, 2013). When analyzing path coefficients, the data shows that for H1, perceived usefulness is positively related to intention to adopt wearable technology (β= .21, p=.002). Thus, H1 is supported. However, for H2, ease of use is negatively related (and not positively related as predicted) to intention to adopt wearable technology (β =-.13, p=.032). Thus, H2 is not supported. For H3, the data show that social influence is positively related to intention to adopt wearable technology (β=.12, p= .029). Thus, H3 is supported. For H4, results show that hedonic motivation is positively related to intention to adopt wearable technology (β=.35, p=.000). Thus, H4 is supported. The data also show that for H5, privacy risk is not significantly related to intention to adopt wearable technology (β=-.05, p=.310). Thus, H5 is not supported. Similarly, for H6, the data show that price value is not significantly related to intentions to adopt wearable technology (β= .05, p= 289). Thus, H6 is also not supported. Finally, health motivation is positively and significantly related to perceived usefulness (β=.16, p=.006). Thus, H7a is supported. However, health consciousness is not significantly related to perceived usefulness (β=.011, p=.868). Thus, H7b is not supported. Table 4 displays the results of the hypotheses testing.

Insert Table 4 here

5 Discussion and Conclusions

Limited consideration is paid to drivers of consumer technology adoption in less-developed regions, such as Latin America (Andrews & Bianchi, 2013), and in particular the emerging technology of smart wearables. This study addresses this limitations by developing a theoretical model based on UTAUT2

and considering consumers' intentions towards using wearable technology (i.e. fitness trackers) in Chile, a Latin American country. The proposed model was empirically tested with Chilean consumers that are non-users of wearable technology, and four hypotheses were supported. The findings of this study contribute in three ways. First, this research is among the first to empirically study consumers' acceptance of wearable technology in a Latin American country. Second, our results show that although perceived usefulness is a significant predictor of wearable adoption in Chile, hedonic motivation and social influence are the main factors that drive consumers' intentions to adopt wearable technology for healthcare and fitness purposes in this region. Third, we confirm that existing technology models are useful for investigating technology adoption across countries (Marangunić & Granić, 2015).

5.1 Theoretical Contribution

The theoretical contribution of this research is three-fold. First, academic research in the area of wearable technology acceptance is still relatively scarce, so this study adds to this limited body of research. The results indicate that the adoption of wearable technology in Latin America may differ from other markets. For example, Rauschnabel et al. (2016) found that functional benefits were the core reason for consumers to adopt smart glasses in the U.S. However, our study demonstrates that hedonic motivation (enjoyment) is the most important driver of consumer intention to adopt fitness trackers in Chile. This is consistent with previous research on smartwatches conducted in South Korea (e.g. Choi & Kim, 2016) and health and fitness apps in the U.S. (Yuan et al., 2015), that are used for hedonic purposes. We conclude that even for technologies that are primarily used for utilitarian purposes, such a healthcare purposes, hedonic motivation is important for increasing the intention towards using wearable devices such as fitness trackers.

The findings regarding ease of use also raise questions about the role of this factor on existing technology acceptance models. Our study results do not fully support the predictions of UTAUT and TAM. However, similarly neither Choi and Kim (2016) nor Rauschnabel et al. (2016) found a significant effect of ease of use using smart watches or smart glasses respectively. This may indicate that consumers have learned and become more used to new technological devices, platforms, and apps. Another recent study claims that the new technology's ease of use are no longer the barriers of modern user's acceptance of technology since they usually have enough computer experience and technology ability (Wang, Jung, Kang & Chung, 2014).

Another finding in our study relates to the relevance of social influences in predicting consumer behavior (Ajzen, 1991; Fishbein & Aizen, 1975). In line with other studies conducted in Latin America (e.g., Andrews & Bianchi, 2013), the results of this study shows that social influences in an individual's social network have a direct influence on technology adoption intentions (e.g., Kulviwat, Bruner II, & Al-Shurid ah, 2009; Venkatesh et al., 2003). Thus, in a highly collectivistic culture, such as Chile (Hofstede, 2001), social influences are relevant drivers of intentions towards adopting wearable technology. This is consistent with the notion that consumers in Chile, as in other Latin American countries, may prefer to obtain information from personal networks that share common beliefs (Gong, 2009). The findings are also consistent with Rauschnabel et al. (2016), who suggest that social norms play a relevant role in influencing behavior.

Another contribution of this study relates to the effects of health factors on perceived usefulness of wearable technology. The results show that a person who is health conscious, does not necessarily perceive this technology useful for healthcare purposes. The finding suggests that a person that is intrinsically motivated to care for their health would find this new technology more useful, and indirectly affect intention to adopt the technology.

Our final contribution relates to the limited existing technology adoption research. To our knowledge, our study is the first that considers consumers' intention to adopt wearable health technology in an emerging country (Chile).

5.2 Managerial Contribution

Our study provides several important managerial implications for device manufacturers and commercial institutions in Chile that plan to integrate wearables into their value chain. According to the results of this study, hedonic motivation (enjoyment) is the core reason why consumers are interested in adopting this new technology of fitness trackers. Thus, marketing managers should focus their promotional strategies on highlighting the 'enjoyment or fun factor' in addition to functional benefits and technological performance. Less emphasis should be placed on ease of use of the technology or price value attributes.

The findings of this study are of benefit to wearable companies located in Chile for understanding what factors motivate consumers to adopt wearable devices. Results reported here suggest that Chilean marketing managers should continue to move ahead and tap into a large segment of 'nonuser' consumers. According to the findings, these marketers should emphasize hedonistic and social benefits for achieving positive consumer attitudes and for encouraging the adoption of wearable technologies among Chilean consumers. Furthermore, although social influences from family or friends are an important reason for adopting these devices, health motivations also indirectly drive adoption intentions. Thus, marketing managers and health organizations should also use these social influences to highlight health-related benefits of wearable devices rather than for pure enjoyment. For example, social media communication strategies should acknowledge the importance of tracking personal health metrics and the usefulness and practicality of using a wearable device for this purpose.

5.3 Limitations and Future Research

There are several limitations to this study. First, although wearable technology adoption has been growing in developed countries, digital technologies is still adopted by a minority of the population in emerging markets. The sample of this study is drawn from a cluster of younger, higher socio-economically privileged population (Lupton, 2016). In addition, the sample consisted of a large majority of male respondents with higher education, which may have caused a potential bias. Thus, a more heterogeneous group should be examined in future research studies when studying developing countries. However, a study conducted by Eriksson (2016) shows that in the US, the majority of existing users are adults in the 25–34 age bracket, and 63% are male.

Another limitation is that the dependent variable is intention to adopt rather than actual usage. Thus, the results for the user samples should be interpreted cautiously, as behavioral intentions do not always lead to actual usage behavior (Bagozzi, 2007).

Furthermore, other factors such as design, aesthetics, and acceptability will become increasingly important (Sultan, 2015). For example, specific aesthetic factors and design elements (e.g. shape, size, color) could be investigated as possibly affecting with regard to visibility and the influence of others. Future studies could also use qualitative research methods to identify the most important attributes considered by consumers in adopting wearable technology (Hwang, 2014).

With the continuous advancement of the technology industry research should be extended to include other wearable devices, such as smart textiles and smart glasses. Moreover, while the main segment of this self-tracking phenomenon is currently health and fitness applications, the practice of self-tracking now disperses rapidly into more general social and commercial domains (Lupton, 2016).

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Figure 1. Hypothesized model

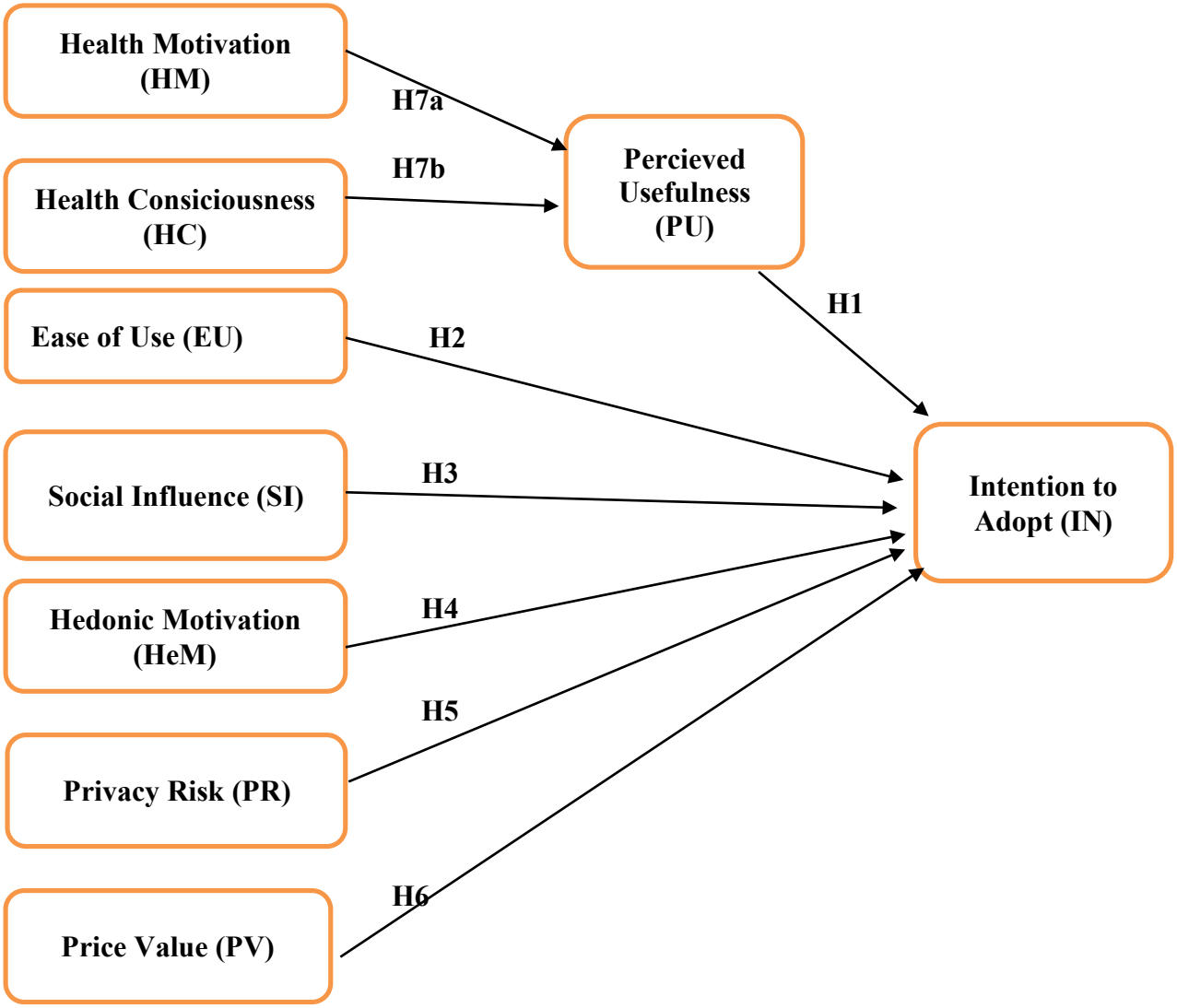

Table 1: Descriptive Statistics (N=470)

Descriptives	%
Gender:	
Male	40.4%
Female	59.6%
Age:	
18 – 24 years	2.6%
25-34 years	48.0%
35-44 years	33.0%
45-54 years	11.5%
55-64 years	4.1%
65+ years	0.9%
Education:	
Some High School	0,4%
High School /GED	2,5%
Some College or Technical School	8,1%
College Graduate	61,4%
Postgraduate/Professional (JD,MD)	27,7%
Annual Salary:	
0-US$25,000	29,6%
US$25,001- US$49,999	44,3%
US$50,000-US$74,999	14,65
US$75,000-US$99,999	6,3%
US$100,000-US$149,999	3,2%
US$150,000 +	2,0%

Table 2: Constructs and items

Constructs/Items	Cronb. Alpha	AVE	CR
Intention to Adopt (IN)	.861	.705	.905
I intend to use a fitness tracker in the future			
It is very likely that I will use a fitness tracker			
I intend to purchase a fitness tracker			
Privacy Risk (PR)	.939	.841	.955
When using a fitness tracker, I would feel:			
..uncomfortable that my fitness activities can be easily monitored			
..that my privacy can be compromised because my activities are traced			
..someone could violate my privacy by tracking my activities			
..it is easier to invade my privacy			
Hedonic Motivation (HeM)			
Using a fitness tracker would be:			
Fun	.951	.873	.965
Enjoyable			
Pleasant			
Exciting			
Social Influence (SI)			
People who influence my behavior think I should use a fitness track.	.856	.777	.913
People who are important to me think I should use a fitness tracker			
My friends think using a fitness tracker is a good idea			
Perceived Usefulness (PU)	.920	.807	.944
I think that wearing a fitness tracker would be:			
Useful in my daily life			
Helpful to monitor my health			
Enhance my quality of life			
Enhance the convenience to monitor my physical activities			
Overall I would find fitness trackers very useful			
Ease of Use (EU)	.891	.731	.915
I think using a fitness tracker would:			
Be simple			
Be understandable and clear			
Be convenient to use			
Require minimum effort			
Health Motivation (HM)	.935	.873	.935
I am very motivated to be physically healthy			
I'm strongly motivated to devote time and effort to my physical healthy			
I have a strong desire to keep myself physically healthy			
It's really important to me that I keep myself in proper physical health			
I strive to keep myself in tip-top physical shape			
Health Consciousness (HC)	.896	.706	.923
I am very aware of how healthy my body feels			
I notice immediately when my body doesn't feel healthy			
I'm sensitive to internal bodily cues about my health			
I know immediately when I'm not feeling in great health			

Table 3: Discriminant Analysis

Fornell-Larcker									
	EU	**HC**	**HM**	**HedM**	**INT**	**PR**	**PU**	**PV**	**SI**
EU	0.855								
HC	0.103	0.840							
HM	0.156	0.624	0.892						
HeM	0.433	0.044	0.124	0.934					
IN	0.208	0.007	0.077	0.473	0.840				
PR	-0.262	0.019	-0.038	-0.169	-0.167	0.917			
PU	0.559	0.138	0.207	0.617	0.436	-0.232	0.898		
PV	0.244	-0.005	-0.008	0.283	0.206	0.005	0.277	0.937	
SI	0.321	-0.053	-0.011	0.491	0.334	-0.066	0.476	0.401	0.881

Table 4: Results of Hypotheses Testing

Hypotheses	Path coefficients	Original Sample (O)	T Statistics (|O/STDEV|)	P Values	Hypotheses testing
H1	PU -> IN	0.205	3.087	0.002	Supported
H2	EU -> IN	-0.128	2.144	0.032	Not Supported
H3	SI-> IN	0.115	2.144	0.032	Supported
H4	HeM -> IN	0.346	5.192	0.000	Supported
H5	PR -> IN	-0.045	1.093	0.275	Not supported
H6	PV -> IN	0.050	1.066	0.287	Not supported
H7a	HM -> PU	0.162	2.687	0.007	Supported
H7b	HC -> PU	0.011	0.168	0.867	Not supported