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Coping With Crisis: Fear Condition, Prevention Inclination, And Impulsive Buying Behavior

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Abstract:
The COVID-19 pandemic has brought unprecedented challenges, with people frequently queuing to purchase essential and medical supplies out of fear of harm, inadvertently increasing infection pathways. This situation raises the question of whether fear-driven scenarios influence impulsive buying behavior. Based on the Protection Motivation Theory (PMT) applied to health behavior research, potential influencing behavioral intentions are proposed. This study applies the PMT model to understand and predict purchasing behavior during the pandemic. The findings indicate that a state of fear significantly impacts both prevention tendencies and impulsive buying behavior. Additionally, the study incorporates the moderating effect of response cost, showing that high respond costs reduce the likelihood of individuals engaging in preventive actions and fear-induced impulsive buying, as well as impulsive buying triggered by prevention tendencies. These findings suggest that adopting affordable preventive measures is the best approach to managing consumer behavior during crises.

Key Word*: Fear, Response Cost, Epidemic Prevention Inclination, Impulsive Buying Behavior*.

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I. Introduction

The COVID-19 pandemic has profoundly impacted our daily activities and presented unprecedented challenges. It is because COVID-19 spread globally, it instilled widespread fear and anxiety. Therefore, preventing infection became the primary focus. According to some health advisories, the virus spreads through droplets and contact, making frequent handwashing and mask-wearing become essential habits. Finally, the related preventive materials such as masks and hand sanitizers became highly sought-after. It is because the fear of shortages and the uncertainty of the pandemic triggered of panic buying, particularly during the early stages. Long queues formed at every retail outlet as people hurried to secure these essential items. Reports from sources like [1] underscored that global supply chain disruptions and government stockpiling policies exacerbated these shortages. Furthermore, the proliferation of misinformation online further fueled this panic buying behavior [2] & [3].

This study is using framework of the Protection Motivation Theory (PMT), this model initially used in health behavior research. PMT identifies several key factors that influence the intention to engage in recommended behaviors. According PMT model to consumer purchasing behavior during the pandemic, this research aims to provide a comprehensive understanding consumer behavior. The study, focusing on Taiwan's public, examines the impacts of fear condition, response cost, and epidemic prevention inclination on impulsive buying behavior, with response cost serving as a mediating variable.

The objectives of this research are:

1. Explore the impact of fear condition on impulse buying behavior.
2. Explore the impact of fear condition on the tendency to prevent epidemics.
3. Explore the impact of epidemic prevention tendencies on impulsive buying behavior.
4. Evaluate the impact of response costs and fear condition on impulse buying behavior.
5. Evaluate the impact of response costs and fear condition on the tendency to prevent epidemics.
6. Evaluate the impact of response costs and epidemic prevention tendencies on impulse buying behavior.

II. Literature Review

COVID-19

Coronavirus disease 2019 (COVID-19) is a make global health, the pathogen was determined in early 2020 to be a novel coronavirus. Electron microscopy revealed the virus's characteristic crown-like spikes, distinguishing it from other human coronaviruses. Coronaviruses (CoV) are RNA viruses with an envelope, appearing circular but displaying crown-like spikes under electron microscopy, hence the name. The virus

transmits among humans and has cross-species transmission reports [4]. Most patients exhibit respiratory symptoms, such as fever, fatigue, and dry cough, though symptoms like phlegm, headache, hemoptysis, or diarrhea can also occur. The virus's envelope makes it susceptible to alcohol-based hand sanitizers, which can disrupt the envelope and kill the virus, though thorough handwashing is necessary when hands are visibly dirty [5].During the COVID-19 pandemic, the spread of misinformation and disinformation on social media has significantly hindered public health efforts. [3] have underscored the substantial negative impacts of health misinformation and disinformation on social media. This misinformation has led to increased panic and has often misled public behavior, posing a serious threat to public health [3].

Protection Motivation Theory

The primary contribution of Protection Motivation Theory (PMT) lies in predicting individuals' intentions to protect themselves when faced with fear-inducing threats. Introduced by [6] developed in 1983, PMT was initially applied to health behavior research to explore factors influencing the intention to engage in recommended behaviors. According to the theory, individuals undergo two principal evaluations when confronted with threats: threat appraisal and coping appraisal. Threat appraisal includes perceived severity and perceived vulnerability. Perceived severity refers to an individual's assessment of the seriousness of the threat's consequences, while perceived vulnerability is the individual's perception of their susceptibility to the threat [7]. Coping appraisal involves response efficacy, self-efficacy, and response cost. Response efficacy is the belief in the effectiveness of the protective behavior, self-efficacy is the confidence in one's ability to perform the behavior, and response cost refers to the perceived expense or effort required to undertake the protective action. This cost can be financial, time-related, or psychological, and understanding it is crucial in predicting individuals' intentions to protect themselves [8].

In PMT, fear plays a crucial role as a motivator. When individuals perceive danger and consider protective measures, fear is triggered, potentially leading to adaptive or maladaptive responses. This aspect of fear's influence in PMT is particularly intriguing and engages the reader's interest. Adaptive responses involve actions to reduce the threat, such as seeking medical advice or taking preventive measures, whereas maladaptive responses only aim to alleviate fear without reducing the actual threat, such as denial or avoidance [7]

PMT's practical applications extend from health behaviors to disaster preparedness, providing valuable insights for professionals in these fields. Research indicates that perceived vulnerability, severity, safety self-efficacy, response cost, and response efficacy significantly influence safety intentions [8] & [9]. In disaster preparedness, perceived threat and self-efficacy are particularly influential during the early stages, though their impact diminishes as intentions are translated into actions [10] & [11]. Studies manipulating PMT variables have examined their effects on beliefs, intentions, and behaviors, with fear appeals frequently used to alter attitudes and behaviors on various topics. High threat perception increases the likelihood of adopting recommended protective behaviors [7]. Coping appraisal involves evaluating response efficacy, self-efficacy, and response cost. Believing in the effectiveness of a response increases the likelihood of undertaking the recommended action [7]. The relevance of PMT is particularly evident during the COVID-19 pandemic, where global healthcare systems faced challenges due to personal protective equipment (PPE) shortages, exacerbating pressures on medical resources [11].

Fear

Fear is an innate human instinct that has played a crucial role in evolution. It enables individuals to react to danger by fleeing, thereby protecting their lives and promoting the survival and development of the species [12]. This emotion manifests in daily life as fear of heights, anxiety about obesity, and other phenomena like acrophobia and anorexia, which are seen as specific expressions of fear in different contexts. Such fears are considered "preparedness" formed during evolution, where individuals recognize specific objects or behaviors as threats and react with fear to preserve life [12]. Fearful behavior is a defense mechanism for self-protection. Individuals who lack a sense of fear are more likely to encounter danger. For example, skilled swimmers may overestimate their abilities and neglect basic safety measures, leading to drowning incidents. However, in some cultures and societal values, fear is often seen as weakness and cowardice. Consequently, many people are reluctant to share or admit their fears.

Perceived threat includes two dimensions: threat vulnerability and severity, reflecting an individual's subjective perception of a threat [13]. Threat vulnerability refers to the perceived likelihood of being affected by a specific threat, while threat severity refers to the perceived seriousness of the threat's consequences (Menard et al., 2017). Traditional protection motivation models explain how perceived threats lead to protective behaviors but often overlook the emotional consequences of cognitive evaluations [14]. Fear is a fundamental emotion that motivates individuals to avoid specific threats [15]. When assessing threat severity and vulnerability, fear is triggered as a defensive response and emotional adaptation [16]. Research has shown that fear significantly influences individuals' attitudes toward threats and protective behaviors, increasing their motivation for self-

protection [17] & [18]. During pandemics, the perceived threat of travel can significantly trigger travel fear, prompting individuals to take more proactive measures to protect themselves from infection.

Epidemic Prevention Inclination

Epidemic prevention inclination refers to the preventive measures and behaviors adopted by individuals or societies in response to epidemic threats. These behaviors include frequent handwashing, wearing masks, maintaining social distance, and avoiding unnecessary outings [19]. The degree of adherence to these measures is closely related to individuals' perception and awareness of the pandemic threat. High perceived threat motivates individuals to adopt preventive measures [7]) actively. Epidemic prevention inclination is also significantly influenced by social factors and policy directives. The role of government and public health organizations in raising public awareness and promoting preventive behaviors through policies and campaigns is crucial. Equally important are the media reports and social media dissemination, which not only provide information but also shape public opinion and influence social norms. For instance, a news report highlighting the importance of mask-wearing can lead to an increase in mask usage among the public [17].

Studies indicate that epidemic prevention inclination involves not only individual behaviors but also the formation of a societal prevention culture and habits. Social cohesion and collective responsibility play a vital role in promoting and implementing preventive measures. This underscores the importance of community involvement in public health. Overall, epidemic prevention inclination is an essential behavioral response to pandemics, significantly contributing to controlling the spread of the disease and reducing public health risks [18] (Witte et al., 1998).

Response Cost

In purchasing evaluation, response cost is an economic assessment to determine whether a product or service offers value for money. Decision-makers must conduct cost-benefit analyses to achieve the most efficient outcomes within a limited budget [20]. When consumers decide to purchase a product, they consider factors such as price, personal financial capability, and the value generated by the product to make rational decisions [21]. Common aspects of response cost evaluation include: 1. Price Evaluation: Consumers compare prices of different products to determine which offers the best value [4]. 2. Capability Matching: Consumers assess their financial ability and the cost-performance ratio of products to avoid financial burdens [22]. 3. Value Output: Consumers consider the usefulness of a product and whether it meets their needs or solves their problems [23]. When evaluating a purchase, consumers weigh response cost against damage cost. If the response cost exceeds the damage cost, no action is needed; if the response cost is less than the damage cost, measures should be taken. This assessment mechanism minimizes costs [24].

Impulsive buying behavior

Early research on impulsive buying behavior focused on categorizing products based on their characteristics to determine which were more likely to trigger impulsive purchases [25] & [26]. Later, scholars shifted their focus to the consumer, asserting that people rather than products drive impulsive buying behavior. Some researchers made a crucial distinction between impulsive and non-impulsive buyers [27], highlighting the complexity of consumer behavior. Others explored the internal states leading to impulsive buying [28]. [29] investigated factors influencing consumer desire for products, such as touching items in stores, sampling, and experiencing pleasant scents.

III. Research Methodology

Based on the literature, this study proposes a research framework, as Figure 2-1 illustrates. We report the results of testing the variables in the model using Structural Equation Modeling (SEM) and the results of testing six stated hypotheses. Our target respondents are Taiwanese citizens aged 18 and above. Each participant completed a questionnaire, which they sealed and returned to the researchers to ensure privacy and improve response rates.

This study aims to determine whether fear influences purchasing behavior based on the following concepts: individuals may purchase preventive supplies to reduce fear, but epidemic prevention inclination and the cost of preventive supplies might also impact their purchasing behavior. Therefore, we propose the following hypotheses:

Hypothesis 1: Fear will have a significant positive impact on impulsive buying behavior. Fear can drive impulsive buying as a coping mechanism to manage anxiety and uncertainty [30].

Hypothesis 2: Fear will have a significant positive impact on epidemic prevention inclination. Fear is a fundamental motivator in adopting protective behaviors. Studies show that heightened fear of a health threat leads to a stronger inclination to take preventive measures [6] & [13].

Hypothesis 3: Epidemic prevention inclination will positively impact impulsive buying behavior. A strong inclination toward epidemic prevention can lead to impulsive buying behaviors, especially when individuals urgently need to protect themselves [17].

Hypothesis 4: Response cost moderates the positive impact of fear on impulsive buying behavior. Research indicates that fearful individuals are prone to purchase preventive products impulsively. However, when individuals perceive high costs, the intention to impulsively buy preventive products due to fear is significantly reduced[7].

Hypothesis 5: Response cost moderates the positive impact of fear on epidemic prevention inclination. While fear has a positive impact on epidemic prevention inclination, considering the cost of preventive measures may significantly reduce the inclination to adopt these behaviors due to the perceived high costs [13].

Hypothesis 6: Response cost moderates the positive impact of epidemic prevention inclination on impulsive buying behavior. When individuals have a high inclination towards epidemic prevention, they seek immediate solutions to reduce anxiety or ensure preparedness. However, higher perceived response costs may lower their intention to engage in such behaviors [8].

In summary, the hypotheses explore the relationships between fear, epidemic prevention inclination, and impulsive buying behavior while considering the moderating role of response cost. Fear is a crucial driver of both prevention inclination and impulsive buying. However, high response costs can diminish the positive effects of fear on these behaviors, highlighting the importance of cost considerations in consumer decision-making processes.

Initially, each construct was designed with five question items. After Cronbach's alpha analysis and calculating factor loadings, the items were refined to ensure they accurately measured the intended constructs. The table below reflects the revised items for each construct: This process ensures that each item has a high factor loading, indicating a strong relationship with its respective construct and thereby enhancing the reliability and validity of the measurements used in the study.

Table 1: Questionnaire

Construct	Item	Question
Fear Condition (FC)	FC1	COVID-19 makes me feel scared.
	FC2	I am afraid of becoming a carrier of COVID-19.
	FC3	I feel incapable of handling the impact of COVID-19 on me.
	FC4	Contracting COVID-19 will make me lose friends and family.
Response Cost (RC)	RC1	I need to prepare enough preventive supplies.
	RC2	If I can afford it, I will buy all preventive supplies.
	RC3	Because of prevention, I will search everywhere for preventive supplies.
Prevention Inclination (PI)	PI1	I strive to avoid infection of COVID-19 in my living or working environment.
	PI2	To avoid COVID-19, I always wear a mask when going out.
	PI3	I strive to reduce the adverse effects of COVID-19 on my body.
	PI4	I strive to avoid the impact of COVID-19 on my life.
Impulsive buying behavior (IBB)	IB1	I will buy excessive amounts of products.
	IB2	Buying more preventive supplies makes me happier.
	IB3	I make unplanned purchases of preventive supplies.

This study utilized an online survey to collect data, targeting Taiwanese citizens aged 18 and above. Participants were asked to complete a structured questionnaire designed to measure various constructs including fear condition, response cost, epidemic prevention inclination, and impulsive buying behavior. The questionnaire was distributed via multiple online platforms to ensure a wide reach and diverse respondent pool. Once the data collection was completed, the responses were analyzed using SPSS and SmartPLS software. SPSS (Statistical Package for the Social Sciences) was employed for initial data cleaning, descriptive statistics, and preliminary analysis to ensure data integrity and readiness for further analysis. This included checking for missing values, outliers, and ensuring the data met the assumptions required for multivariate analysis.

Subsequently, SmartPLS (Partial Least Squares Structural Equation Modeling) was used for more advanced analysis. This included testing the measurement model to assess the reliability and validity of the constructs and the structural model to examine the hypothesized relationships between variables. SmartPLS is particularly suitable for this study due to its ability to handle complex models and its robustness with smaller sample sizes. By leveraging these analytical tools, the study was able to rigorously test the proposed hypotheses and provide insights into the impact of fear, response cost, and prevention inclination on impulsive buying behavior during the COVID-19 pandemic. For the questionnaire, please see Table 1

IV. Result

Four 400 questionnaires were distributed for this study, and 349 valid responses were received, resulting in an effective response rate of 87.25%. The demographic breakdown of the respondents is as follows: The sample

comprised 236 males (67.6%) and 113 females (32.4%). In terms of educational attainment, 80 respondents (22.9%) had a high school education or below, 203 respondents (58.2%) had a college degree, and 66 respondents (18.9%) had a master's degree or higher. Income levels varied among the respondents 135 individuals (38.7%) reported earning less than $1000 per month, 92 individuals (26.4%) earned less than $1500 per month, 96 individuals (27.5%) earned less than $2000 per month, and Twenty-six individuals (7.4%) earned more than $2000 per month.The respondents in our study were diverse in terms of age, ranging from 19 to 60 years, with an average age of 34 and a standard deviation of 6.694.

The table below presents the factor loadings, Cronbach's alpha, rho_a, rho_c, and Average Variance Extracted (AVE) values for each construct, demonstrating the reliability and validity of the measurement model. Explanation: Factor Loading: All items have factor loadings above 0.60, indicating strong relationships with their respective constructs. Cronbach's Alpha: The Cronbach's alpha values for each construct (FC: 0.843, IBB: 0.835, PI: 0.876, RC: 0.769) are all above the acceptable threshold of 0.70, demonstrating good internal consistency and reliability. rho_a: The rho_a values (alternative to Cronbach's alpha) confirm the reliability with values exceeding 0.70, providing further evidence of internal consistency. rho_c (Composite Reliability): The composite reliability values (FC: 0.874, IBB: 0.901, PI: 0.915, RC: 0.858) are all above 0.70, indicating that the constructs are measured reliably. AVE (Average Variance Extracted): The AVE values for each construct (FC: 0.638, IBB: 0.752, PI: 0.729, RC: 0.671) are all above the recommended threshold of 0.50, demonstrating good convergent validity. Please see the table 2.

Table 2: Reliability and Validity Statistics for Constructs

Constructs	Items	Factor Loading	Cronbach Alpha	(rho_a)	(rho_c)	(AVE)
FC	FC1	0.910	0.843	0.995	0.874	0.638
	FC2	0.788				
	FC3	0.844				
	FC4	0.627				
IBB	IB1	0.894	0.835	0.840	0.901	0.752
	IB2	0.844				
	IB3	0.863				
PI	PI1	0.836	0.876	0.876	0.915	0.729
	PI2	0.827				
	PI3	0.895				
	PI4	0.855				
RC	RC1	0.907	0.769	0.949	0.858	0.671
	RC2	0.864				
	RC3	0.667				

Discriminant validity was assessed to ensure that the constructs measured in the study were distinct from each other. This was done by examining the square root of the average variance extracted (AVE) for each construct and comparing it to the inter-construct correlations. The table below presents the square root of AVE values on the diagonal and the inter-construct correlations off-diagonal. The square root of AVE for each construct is greater than the correlations with other constructs, which indicates good discriminant validity. Specifically, The square root of AVE for Fear Condition (FC) is 0.799, which is higher than its correlations with Impulsive buying behavior (IBB) at 0.278, Epidemic Prevention Inclination (PI) at 0.203, and Response Cost (RC) at 0.256. The square root of AVE for Impulsive buying behavior (IBB) is 0.867, higher than its correlations with FC at 0.278, PI at 0.580, and RC at 0.196. The square root of AVE for Epidemic Prevention Inclination (PI) is 0.854, higher than its correlations with FC at 0.203, IBB at 0.580, and RC at 0.392. The square root of AVE for Response Cost (RC) is 0.819, higher than its correlations with FC at 0.256, IBB at 0.196, and PI at 0.392. These results demonstrate that each construct is distinct and that the measures used in this study have good discriminant validity. Please see the table 3.

Table 3: Discriminant Validity Analysis

	FC	IBB	PI	RC
FC	0.799			
IBB	0.278	0.867		
PI	0.203	0.580	0.854	
RC	0.256	0.196	0.392	0.819

Table 4 presents the path coefficients, sample means, standard deviations, T statistics, and P values for the hypothesized relationships in the study. This table is crucial for understanding the strength and significance of the relationships between the constructs within the proposed model.

Hypothesis 1 (H1: FC -> IBB): The path coefficient is 0.278, with a T statistic of 7.655 and a P value of 0.000. This indicates a significant positive impact of fear condition (FC) on impulsive buying behavior (IBB). The high T statistic and the very low P value confirm that the relationship is statistically significant.

Hypothesis 2 (H2: FC -> PI): The path coefficient is 0.202, with a T statistic of 4.205 and a P value of 0.000. This result shows that fear condition (FC) significantly positively impacts epidemic prevention inclination (PI). The statistical significance is supported by the high T statistic and the P value.

Hypothesis 3 (H3: PI -> IBB): The path coefficient is 0.55, with a T statistic of 13.453 and a P value of 0.000. This demonstrates a strong and significant positive impact of epidemic prevention inclination (PI) on impulsive buying behavior (IBB). The large T statistic and the extremely low P value highlight the robustness of this relationship. Overall, the results in Table 4 support the hypothesized relationships, demonstrating that fear significantly influences both epidemic prevention inclination and impulsive buying behavior, and that a strong inclination towards epidemic prevention further drives impulsive buying behavior. Please see Table 4 & Figure 1 for the path coefficients. These representations highlight the direct and indirect relationships between the variables under study.

Table 4: Path Coefficients and Statistical Significance

Hypothesis	Path	Original Sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
H1	FC -> IBB	0.278	0.288	0.036	7.655	0.000
H2	FC -> PI	0.202	0.211	0.048	4.205	0.000
H3	PI -> IBB	0.55	0.548	0.041	13.453	0.000

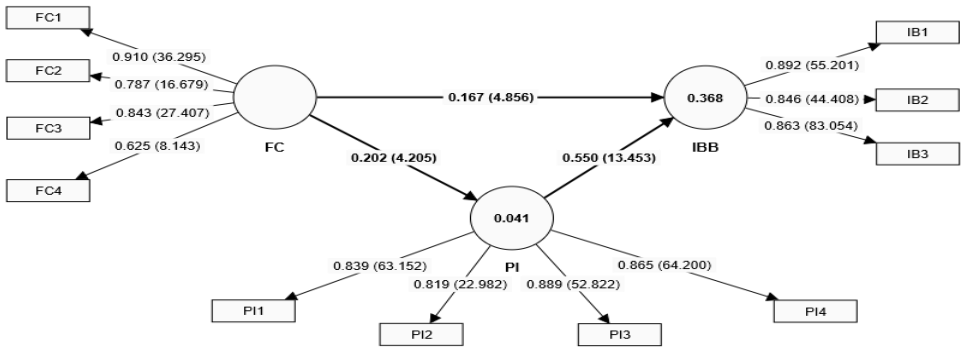

Figure 1: Structural Equation Model with Path Coefficients and Factor Loadings

Initially, hypotheses H1 to H3 were tested without considering any moderating effects, and the results showed significant relationships. However, when the moderating effect of response cost was introduced into the model, the significance of these relationships diminished considerably. These results suggest that while the initial hypotheses showed strong and significant relationships, introducing the moderating effect of response cost significantly reduced the strength of these relationships. This indicates that perceived costs are crucial in moderating how fear and prevention inclinations affect impulsive buying behaviors. The table below presents the path coefficients, sample means, standard deviations, T statistics, and P values for the hypothesized relationships in the study. These results indicate the strength and significance of the relationships between the constructs. Explanation:

H1: FC -> IBB: The path coefficient is 0.235 with a T statistic of 5.403 and a P value of 0.000, indicating a significant positive impact of Fear Condition (FC) on Impulsive Buying Behavior (IBB).

H2: FC -> PI: The path coefficient is 0.087 with a T statistic of 2.009 and a P value of 0.045, indicating a significant positive impact of Fear Condition (FC) on Epidemic Prevention Inclination (PI).

H3: PI -> IBB: The path coefficient is 0.583 with a T statistic of 12.408 and a P value of 0.000, indicating a significant positive impact of Epidemic Prevention Inclination (PI) on Impulsive Buying Behavior (IBB).

H4: RC x FC -> IBB: The path coefficient is 0.096 with a T statistic of 1.923 and a P value of 0.055, suggesting that while the interaction between Response Cost (RC) and Fear Condition (FC) positively impacts Impulsive Buying Behavior (IBB), it is marginally significant.

H5: RC x FC -> PI: The path coefficient is -0.191 with a T statistic of 4.779 and a P value of 0.000, indicating a significant negative moderating effect of Response Cost (RC) on the relationship between Fear Condition (FC) and Epidemic Prevention Inclination (PI).

H6: RC x PI -> IBB: The path coefficient is -0.074 with a T statistic of 1.866 and a P value of 0.062, suggesting that the interaction between Response Cost (RC) and Epidemic Prevention Inclination (PI) negatively impacts Impulsive Buying Behavior (IBB), though it is marginally significant.

These results support most of the hypothesized relationships, demonstrating that fear influences epidemic prevention inclination and impulsive buying behavior and that response cost can moderate these effects. Please see Table 5 and Figure 2 for the path coefficients. These visual representations highlight the direct and indirect relationships between the variables under study.

Table 5: Path Coefficients and Statistical Significance with moderator variable

		Original Sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
H1	FC -> IBB	0.235	0.243	0.043	5.403	0.000
H2	FC -> PI	0.087	0.094	0.043	2.009	0.045
H3	PI -> IBB	0.583	0.578	0.047	12.408	0.000
H4	RC x FC -> IBB	0.096	0.094	0.050	1.923	0.055
H5	RC x FC -> PI	-0.191	-0.19	0.040	4.779	0.000
H6	RC x PI -> IBB	-0.074	-0.074	0.040	1.866	0.062

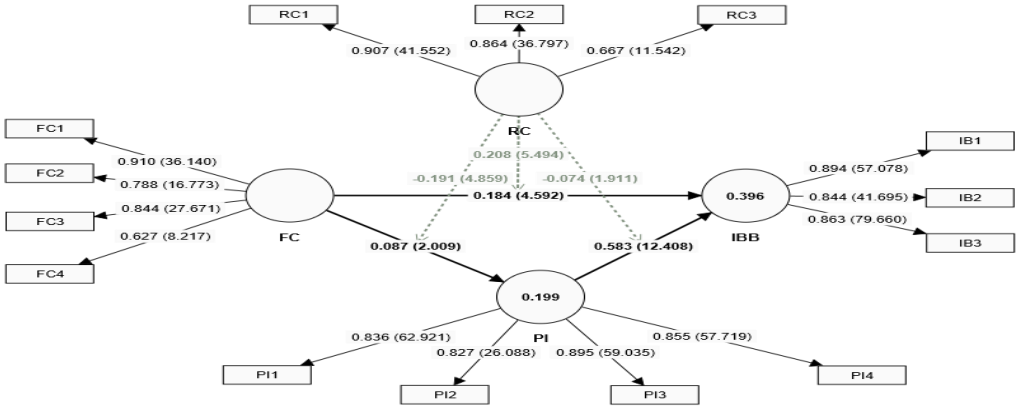

Figure 2: Structural Equation Model with Path Coefficients and Factor Loadings with moderator variable

V. Conclusion

The study provides significant insights into how fear, response cost, and epidemic prevention inclination influence impulsive buying behavior, particularly during health crises such as the COVID-19 pandemic. The key findings can be summarized: Impact of Fear on Behavior: Fear was a potent motivator driving both epidemic prevention behaviors and impulsive buying. This aligns with the Protection Motivation Theory (PMT), which posits that perceived threats can lead to protective actions. In COVID-19, heightened fear due to uncertainty and potential health risks resulted in increased preventive measures and impulsive purchases of essential items like masks and sanitizers. Role of Response Cost: The introduction of response cost as a moderating variable significantly altered the relationships between fear, prevention inclination, and impulsive buying. high respond costs reduced individuals' likelihood of engaging in preventive behaviors and impulsive buying. This indicates that while fear can drive protective actions, the economic burden can temper these behaviors, highlighting the need for affordable preventive measures. Epidemic Prevention Inclination: The study also underscored the importance of epidemic prevention inclination in driving impulsive buying behavior. Individuals more inclined towards prevention were more likely to engage in impulsive purchases, especially in response to fear-inducing threats. Behavioral Insights: The findings provide valuable behavioral insights for marketers and policymakers. Understanding that fear can drive consumer behavior during crises can help in better-managing supply chains and avoiding panic-induced shortages. Moreover, addressing the economic aspects of preventive measures can enhance compliance with health guidelines without causing financial strain on the population.

The findings of this study have significant managerial implications for businesses, particularly in the context of health crises like the COVID-19 pandemic. Fear as a Driver: The study underscores the role of fear in driving consumer behavior. Businesses should recognize that fear can significantly increase demand for certain products, particularly preventive supplies. By anticipating these spikes, companies can better manage inventory levels to prevent stockouts and meet consumer needs promptly. Impulse Buying: The link between epidemic prevention inclination and impulsive buying suggests that consumers may not always make rational purchasing decisions during health crises. Businesses can use this insight to design marketing strategies that cater to the urgent needs of consumers, such as offering bundled preventive products or promoting essential items more aggressively during crisis periods.

In conclusion, the study highlights the complex interplay between fear, economic considerations, and behavioral responses during pandemics. By integrating these insights into practical strategies, stakeholders can better navigate the challenges of health crises.

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