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The Impact of Health Message on People's Attitude Toward Wearing a Mask: The Moderating Role of Self-Construal

[Dampak Pesan Kesehatan Terhadap Sikap Penggunaan Masker: Peran Moderasi *Self-Construal*]

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With the rising case of COVID-19, governments worldwide have recommended that every citizen wear a face mask or a cover in public places where practicing social distancing would be difficult. However, many people refuse to wear masks. This study will investigate why some people refuse to wear masks in public despite clear health benefits. Using two experimental studies, 100 participants living in the United States of America were recruited from Amazon Mechanical Turk (MTurk) for Study 1, while 96 participants living in the United States of America were also recruited from Amazon Mechanical Turk (MTurk) for Study 2. The results show that perceived severity is vital in encouraging people to wear masks. People see what they want to see. Perceived severity has a direct effect and mediated effect. This is consistent with the health belief model, suggesting that a high perceived disease severity causes proactive health-protection behaviors. Furthermore, the results show self-construal moderates the relationship between perceived severity and people's attitude toward wearing a mask. This study will make several theoretical contributions to social marketing, working on health message campaigns. The government and health officials need to work together to create a consistent message on the virus's severity. In addition, government, social marketers, and public officials need to create a distinct message to target two different segments (interdependent vs. independent individuals). This is one of the first few studies exploring the impact of self-construal on health message campaigns related to a disease such as COVID-19.

Keywords: COVID-19, mask, self-construal, health message

Dengan meningkatnya jumlah kasus *COVID-19*, pemerintah di seluruh dunia merekomendasikan bahwa tiap warga negara menggunakan masker atau penutup wajah di tempat publik ketika praktik *social distancing* sulit dilaksanakan. Walaupun demikian, banyak orang menolak menggunakan masker. Studi ini menyelidiki mengapa sejumlah orang menolak menggunakan masker di tempat publik, walaupun ada banyak keuntungan secara medis. Dalam studi ini, ada dua studi eksperimen yang dilaksanakan, yaitu Studi 1 dengan 100 partisipan yang tinggal di Amerika Serikat dan Studi 2 dengan 96 partisipan yang tinggal di Amerika Serikat. Partisipan kedua studi tersebut direkrut menggunakan *Amazon Mechanical Turk (MTurk)*. Hasil studi menunjukkan bahwa tingkat keparahan penting dalam mendorong orang untuk menggunakan masker. Manusia melihat apa yang ingin dilihat. Persepsi atas tingkat keparahan memiliki efek langsung dan efek mediasi. Hal tersebut konsisten dengan *health belief model*, ketika persepsi atas tingkat keparahan yang tinggi menyebabkan perilaku perlindungan kesehatan yang proaktif. Lebih lanjut, hasil juga menunjukkan bahwa *self-construal* memoderasi hubungan antara persepsi atas tingkat keparahan dan sikap terhadap menggunakan masker. Studi ini berkontribusi secara teoretis terhadap *social marketing*, terutama kampanye pesan kesehatan. Pejabat pemerintah dan kesehatan perlu bekerja sama dalam menciptakan pesan yang konsisten sehubungan dengan keparahan virus. Selain itu, pemerintah, *social marketers*, dan pejabat publik perlu menciptakan pesan khusus untuk dua kategori target berbeda (individu interdependen vs. independen). Studi ini merupakan salah satu studi pertama yang membahas dampak *self-construal* pada kampanye pesan kesehatan, terkait dengan penyakit seperti *COVID-19*.

Kata kunci: COVID-19, masker, *self-construal*, pesan kesehatan

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With the rising case of COVID-19, governments worldwide have recommended that every citizen wear a face mask or a cover in public places where practicing social distancing would be difficult (Debata et al., 2020; World Health Organization [WHO], 2021). Subsequently, governments worldwide released a campaign requiring face masks for shoppers (Mueller, 2020). However, many refuse to wear masks. For example, many citizens still refuse to wear masks in the United States of America in public. A report shows that 17.1% of Americans said that they either rarely or never wore a mask in public (Czeisler et al., 2020). Anecdotal reports show why some individuals refuse to wear a face mask, such as competing messages, personal control, denials, and unwillingness, to be a team player (Gillespie, 2020). Regarding complying with health messages, individuals have various reasons regarding why they would comply or not.

One of the critical factors impacting individuals' perception is self-construal. Studies in psychology clearly distinguish between an independent and an interdependent construal of self (or self-construal) (Fiske et al., 1998; Markus & Kitayama, 1991). The independent self-construal is defined by separateness from the social context, while interdependent self-construal is defined by connectedness with its social context (Lin et al., 2012). Studies have shown the impact of self-construal on health-related behavior (Akpinar et al., 2018; Nguyen et al., 2020).

This study investigates why some individuals refuse to wear masks in public despite clear health benefits. The author proposes the following research questions to guide the efforts to explore the potential interactive effect of independent vs. interdependent self-construal and the personal and relational message of wearing mask messages:

Research Question 1: For individuals with heightened independent self-construal, will wearing masks message focusing on others (vs. self) be more or less effective in terms of attitude toward wearing masks?

Dengan meningkatnya kasus *COVID-19*, pemerintah di seluruh dunia telah merekomendasikan agar setiap warga negara memakai masker atau penutup wajah di tempat umum di mana praktik menjaga jarak sosial akan sulit dilakukan (Debata et al., 2020; World Health Organization [WHO], 2021). Selanjutnya, pemerintah di seluruh dunia merilis kampanye yang mewajibkan masker wajah untuk konsumen (Mueller, 2020). Walaupun demikian, banyak yang menolak untuk memakai masker. Sebagai contoh, banyak warga yang masih menolak memakai masker di area publik di Amerika Serikat. Sebuah laporan menunjukkan bahwa 17,1% orang Amerika Serikat jarang atau tidak pernah memakai masker di depan umum (Czeisler et al., 2020). Laporan anekdot menunjukkan mengapa beberapa individu menolak untuk memakai masker wajah, seperti pesan bersaing, kontrol pribadi, penyangkalan, dan keengganan, untuk menjadi pemain tim (Gillespie, 2020). Mengenai mematuhi pesan kesehatan, individu memiliki berbagai alasan mengapa mereka akan mematuhi atau tidak.

Salah satu faktor penting yang mempengaruhi persepsi individu adalah *self-construal*. Studi dalam bidang psikologi jelas membedakan antara *self-construal* yang independen dan interdependen (Fiske et al., 1998; Markus & Kitayama, 1991). *Self-construal* independen ditentukan oleh keterpisahan dari konteks sosial, sedangkan *self-construal* interdependen ditentukan oleh keterhubungan dengan konteks sosialnya (Lin et al., 2012). Sejumlah studi telah menunjukkan dampak dari *self-construal* terhadap perilaku kesehatan (Akpinar et al., 2018; Nguyen et al., 2020).

Studi ini menyelidiki mengapa sejumlah individu menolak untuk memakai masker di depan umum meskipun ada manfaat kesehatan yang jelas. Penulis mengusulkan pertanyaan penelitian berikut untuk memandu upaya mengeksplorasi potensi efek interaktif dari *self-construal* independen vs. interdependen dan pesan pribadi dan relasional dari pesan memakai masker:

Pertanyaan Penelitian 1: Untuk individu dengan *self-construal* independen tinggi, apakah pesan memakai masker yang berfokus pada orang lain (vs. diri sendiri) akan lebih atau kurang efektif pada sikap penggunaan masker?

Research Question 2: For individuals with heightened interdependent self-construal, will wearing masks message focusing on others (vs. self) be more or less effective in terms of attitude toward wearing masks?

Research Question 3: Does perceived severity moderate the relationship between self-construal and individuals' attitude toward wearing masks?

This study provides several theoretical and managerial contributions. Firstly, the study extends the self-construal theory concerning health-related behavior. With increasing cultural and political diversity, it is essential to consider a cultural perspective to understand the role of self-construal in health persuasion (Sherman et al., 2011). Secondly, the study provides support to increase the effectiveness of the health campaign message regarding wearing masks. Evidence has indicated that wearing a mask effectively prevents COVID-19 (Bai, 2020). Hence, creating clear and compelling content is critical in encouraging individuals to wear masks. Thirdly, the study results aims to help social marketers develop more effective health campaigns amid severe pandemics.

Social Marketing and Public Health Intervention

Utilizing a marketing approach to design and implement programs to promote positive social behavior, social marketing has grown in popularity and usage within the public health community (Andreasen, 2004; Grier & Bryant, 2005; Lefevbre & Flora, 1988). Social marketing has been commonly used as an intervention strategy in global health (Firestone et al., 2017). Studies have investigated social marketing's effectiveness in various public health interventions such as: "Game On", an intervention to reduce alcohol consumption among high school students (Dietrich et al., 2016). In general, a review shows that social marketing interventions can help improve diet, increase exercise, and tackle the misuse of substances like alcohol, tobacco, and illicit drugs (Gordon et al., 2006), while also reducing mental health stigma (Sampogna et al., 2017).

The defining features of social marketing originate from marketing's conceptual framework and include exchange theory, audience segmentation, competition, "the marketing mix", consumer orientation, and continuous monitoring (Grier & Bryant, 2005; Lefevbre

Pertanyaan Penelitian 2: Untuk individu dengan *self-construal* interdependen tinggi, apakah pesan memakai masker yang berfokus pada orang lain (vs. diri sendiri) akan lebih atau kurang efektif pada sikap penggunaan masker?

Pertanyaan Penelitian 3: Apakah persepsi atas tingkat keparahan memoderasi hubungan antara *self-construal* dan sikap penggunaan masker?

Studi ini menyediakan sejumlah kontribusi teoritis dan manajerial. Pertama, studi ini memperluas teori *self-construal* tentang perilaku kesehatan. Dengan meningkatnya keragaman budaya dan politik, adalah penting untuk mempertimbangkan perspektif budaya untuk memahami peran *self-construal* dalam persuasi kesehatan (Sherman et al., 2011). Kedua, studi ini menyediakan dukungan untuk meningkatkan efektivitas pesan kampanye kesehatan terkait pemakaian masker. Bukti menunjukkan bahwa memakai masker efektif mencegah *COVID-19* (Bai, 2020). Maka dari itu, membuat konten yang jelas dan menarik sangat penting dalam mendorong individu untuk memakai masker. Ketiga, hasil studi bertujuan untuk membantu pemasar sosial mengembangkan kampanye kesehatan yang lebih efektif di tengah pandemi yang parah.

Intervensi Pemasaran Sosial dan Kesehatan Masyarakat

Memanfaatkan pendekatan pemasaran untuk merancang dan mengimplementasikan program untuk mempromosikan perilaku sosial yang positif, pemasaran sosial semakin populer dan digunakan dalam komunitas kesehatan masyarakat (Andreasen, 2004; Grier & Bryant, 2005; Lefevbre & Flora, 1988). Pemasaran sosial telah umum digunakan sebagai strategi intervensi dalam kesehatan global (Firestone et al., 2017). Sejumlah studi telah menyelidiki efektivitas pemasaran sosial dalam berbagai intervensi kesehatan masyarakat seperti: *"Game On"*, intervensi untuk mengurangi konsumsi alkohol di kalangan siswa sekolah menengah (Dietrich et al., 2016). Secara umum, tinjauan menunjukkan bahwa intervensi pemasaran sosial dapat membantu memperbaiki pola makan, meningkatkan olahraga, dan mengatasi penyalahgunaan zat seperti alkohol, tembakau, dan obat-obatan terlarang (Gordon et al., 2006), sekaligus mengurangi stigma kesehatan mental (Sampogna et al., 2017).

Fitur yang menentukan pemasaran sosial berasal dari kerangka kerja konseptual pemasaran dan termasuk teori pertukaran, segmentasi penonton, persaingan, "bauran pemasaran", orientasi konsumen, dan pemantauan berkelanjutan (Grier & Bryant, 2005; Lefevbre & Flora,

& Flora, 1988). Within social marketing, the notion of exchange is critical to offering incentives or consequences in an environment that invites "voluntary exchange" (Grier & Bryant, 2005; Rothschild, 1999). The target audience gives up something of value and receives something equal or greater. They have opportunities to exchange their monetary and non-monetary resources for attractive tangible or intangible benefits (Shams, 2018). With the recent pandemic, many social marketers have collaborated with various organizations to encourage the public to wear masks. For example, the Catholic Health Association of the United States (CHA) collaborates with partner organizations to promote "#LoveThyNeighbor" which encourages the wearing of masks in public to reduce the spread of the Coronavirus (Reardon, 2020). When consumers or target audiences do not see the intangible benefits of wearing a mask, most are more likely to refuse to wear a mask in public. From the notion of exchange in social marketing, this study adopts the self-construal theory to investigate the role of self-perception on health-related behavior.

Self-Construal

Self-construal can be defined as how individuals see themselves in relation to others (Markus & Kitayama, 1991). The self-construal theory argues that the independent self-construal "constructs the self-primary to be a reference to one's own internal repertoire of thought, feelings, and actions" (p. 226). In contrast, the interdependent self-construal individual "sees oneself as part of an encompassing social relationship" (p. 227). Individuals with an interdependent self-construal focus on keeping harmony in relationships, groups, and society to which they belong. Interdependent individuals have a higher expectation of being socially accepted and are more adaptable to fit in, and they are more context-dependent (Kühnen et al., 2001; Li et al., 2019).

Cross-cultural studies have found that both interdependent and independent self-construal can coexist in the same individual (e.g., Gardner et al., 1999; Trafimow et al., 1991), and self-construal that is salient at one particular moment can influence how individuals interpret incoming information (Zhao et al., 2017). Self-construal has received significant attention in health communication studies (Zhao et al., 2017; Jacobson et al., 2012). Studies indicated that modifying health messages to an

1988). Dalam pemasaran sosial, gagasan pertukaran sangat penting untuk menawarkan insentif atau konsekuensi dalam lingkungan yang mengundang "pertukaran sukarela" (Grier & Bryant, 2005; Rothschild, 1999). Sasaran menyerahkan sesuatu yang berharga dan menerima sesuatu yang setara atau lebih besar. Mereka memiliki peluang untuk menukar sumber daya moneter dan non-moneter mereka dengan manfaat berwujud atau tidak berwujud yang menarik (Shams, 2018). Dengan adanya pandemi, banyak pemasar sosial yang bekerja sama dengan berbagai organisasi untuk mengajak masyarakat memakai masker. Sebagai contoh, *Catholic Health Association of the United States (CHA)* bekerja sama dengan organisasi mitra untuk mempromosikan *"#LoveThyNeighbor"* yang mendorong pemakaian masker di depan umum untuk mengurangi penyebaran virus *Corona* (Reardon, 2020). Ketika konsumen atau sasaran tidak melihat manfaat tidak berwujud dari pemakaian masker, sebagian besar cenderung menolak untuk memakai masker di depan umum. Dari gagasan pertukaran dalam pemasaran sosial, studi ini mengadopsi teori *self-construal* untuk menyelidiki peran persepsi diri pada perilaku yang berhubungan dengan kesehatan.

Self-Construal

Self-construal dapat didefinisikan sebagai bagaimana individu melihat diri mereka sendiri dalam hubungannya dengan orang lain (Markus & Kitayama, 1991). Teori *self-construal* berpendapat bahwa *self-construal* independen "membangun *self-primary* untuk menjadi referensi ke landasan pemikiran, perasaan, dan tindakan internal seseorang" (hal. 226). Sebaliknya, individu yang memiliki *self-construal* interdependen "melihat diri sendiri sebagai bagian dari hubungan sosial yang melingkupinya" (hal. 227). Individu dengan *self-construal* interdependen berfokus pada menjaga keharmonisan dalam hubungan, kelompok, dan masyarakat tempat mereka berada. Individu yang interdependen memiliki harapan yang lebih tinggi untuk diterima secara sosial dan lebih mudah menyesuaikan diri, dan mereka lebih bergantung pada konteks (Kühnen et al., 2001; Li et al., 2019).

Kajian lintas budaya telah menemukan bahwa *self-construal* interdependen dan independen dapat hidup berdampingan dalam individu yang sama (misalnya: Gardner et al., 1999; Trafimow et al., 1991), dan *self-construal* yang menonjol pada satu momen tertentu dapat mempengaruhi bagaimana individu menginterpretasikan informasi yang masuk (Zhao et al., 2017). *Self-construal* telah mendapat perhatian yang signifikan dalam studi komunikasi kesehatan (Zhao et al., 2017; Jacobson et al.,

individual's view will increase the effectiveness of that message and, subsequently, produce more favorable behavioral changes (Sherman et al., 2011; Uskul & Oyserman, 2010; Yu & Shen, 2013; Zhao et al., 2017). Nonetheless, the impact of self-construal on health and well-being has been somewhat inconsistent.

The first group of studies found that individuals with higher interdependent self-construal have higher emotional intelligence (Cross & Madson, 1997; Van Rooy et al., 2005), responded more favorable to an anti-smoking message with relational consequences (Yang et al., 2017), willing to take more financial risks and fewer social risks (Mandel 2003), higher happiness (Elliot & Coker, 2008), linked to self-compassion for individuals in Taiwan (Neff et al., 2008), than those with high independent self-construal. In contrast, other studies found that independent self-construal correlated with higher emotional intelligence scores (Mara et al., 2010), linked to self-compassion for individuals in the United States of America (Neff et al., 2008), satisfaction with physical exercise (Poon & Fung, 2008), compared to those with higher interdependent self-construal.

These discrepancies indicated that individuals interchange between being interdependent and independent, and the impact of self-construal depends on the context of the study. For example, in the context of European-American females, a lack of independent self-construal predicted both body dissatisfaction and bulimic symptoms. In contrast, interdependent self-construal predicted drive for thinness in this group. (Chang et al., 2014). In New Zealand, independent self-construal played a significant role in women's resistance to smoking.

Nonetheless, independent and interdependent self-construal for Tongan women played essential roles in their smoking resistance (Fifita et al., 2015). In the United States of America, independent (vs. interdependent) self-construal was correlated with both types of self-criticism (comparative self-criticism and internalized self-criticism), while in Japan, interdependent (vs. independent) self-construal was correlated with both types of self-criticism, indicating that culturally dominant self-construal has a larger influence on self-criticism. Both independent and interdependent self-construal were negatively related to comparative self-

2012). Studi menunjukkan bahwa mengubah pesan kesehatan menjadi pandangan individu akan meningkatkan efektivitas pesan tersebut dan, selanjutnya, menghasilkan perubahan perilaku yang lebih menguntungkan (Sherman et al., 2011; Uskul & Oyserman, 2010; Yu & Shen, 2013; Zhao et al., 2017). Meskipun demikian, dampak dari pemahaman diri terhadap kesehatan dan kesejahteraan cenderung tidak konsisten.

Kelompok studi pertama menemukan bahwa individu dengan *self-construal* interdependen yang lebih tinggi memiliki kecerdasan emosional yang lebih tinggi (Cross & Madson, 1997; Van Rooy et al., 2005), merespons lebih baik pada pesan anti-merokok dengan konsekuensi relasional (Yang et al., 2017), bersedia mengambil lebih banyak risiko keuangan dan lebih sedikit risiko sosial (Mandel 2003), kebahagiaan yang lebih tinggi (Elliot & Coker, 2008), terkait dengan rasa sayang diri untuk individu di Taiwan (Neff et al., 2008), daripada mereka yang memiliki *self-construal* independen yang tinggi. Sebaliknya, studi lain menemukan bahwa *self-construal* independen berkorelasi dengan skor kecerdasan emosional yang lebih tinggi (Mara et al., 2010), terkait dengan kasih sayang diri untuk individu di Amerika Serikat (Neff et al., 2008), kepuasan dengan olahraga atau latihan fisik (Poon & Fung, 2008), dibandingkan dengan mereka yang memiliki *self-construal* interdependen lebih tinggi.

Perbedaan ini menunjukkan bahwa individu saling bertukar antara interdependen dan independen, dan dampak dari *self-construal* tergantung pada konteks studi. Sebagai contoh, dalam konteks perempuan Eropa-Amerika, kurangnya *self-construal* yang independen memprediksi ketidakpuasan tubuh dan gejala bulimia. Sebaliknya, *self-construal* interdependen memprediksikan dorongan untuk menjadi kurus dalam kelompok ini. (Chang et al., 2014). Di Selandia Baru, *self-construal* independen memainkan peran penting dalam ketahanan perempuan terhadap perilaku merokok.

Meskipun demikian, *self-construal* independen dan interdependen untuk perempuan Tonga memainkan peran penting dalam ketahanan merokok mereka (Fifita et al., 2015). Di Amerika Serikat, *self-construal* independen (vs. interdependen) berkorelasi dengan kedua jenis kritik diri (kritik diri komparatif dan kritik diri terinternalisasi), sementara di Jepang, *self-construal* interdependen (vs. independen) berkorelasi dengan kedua jenis kritik diri, yang menunjukkan bahwa *self-construal* yang dominan secara budaya memiliki pengaruh yang lebih besar terhadap kritik diri. Baik *self-construal* independen maupun interdependen berhubungan negatif dengan

criticism while positively related to internalized self-criticism (Yamaguchi et al., 2014). Hence, it is important to investigate the impact of self-construal on specific health-related behavior to increase the effectiveness of a particular health-message campaign, such as wearing a mask amid a severe pandemic.

Perceived Threat (Susceptibility and Severity) in the Health Belief Model (HBM)

The Health Belief Model (HBM) is one of the most widely used psychosocial approaches to explain health-related behavior (Hochbaum, 1958; Strecher & Rosenstock, 1997). It was developed to explain the widespread failure of individuals to participate in programs to prevent and detect disease (Hochbaum, 1958; Champion & Skinner, 2008). A study found perceived susceptibility to tuberculosis and the belief that individuals with the disease could be asymptomatic (making screening beneficial) distinguished between those who had and had not attended chest X-rays (Abraham & Sheeran, 2005; Hochbaum, 1958; Rosenstock, 1974). The Health Belief Model (HBM) consists of two aspects of individuals' health and behavior representations: (1) threat perception; and (2) behavioral evaluation. Threat perception has two fundamental beliefs: (1) perceived susceptibility to illness or health problems; and (2) anticipated severity of the consequences of illnesses (Sar & Anghelcev, 2013). The behavioral evaluation also has two distinct sets of beliefs: (1) the benefits or efficacy of a recommended health behavior; and (2) the costs of, or barriers to, enacting the behavior (Abraham & Sheeran, 2005; Calderon, 2019). Perceived susceptibility refers to "beliefs about the likelihood of getting a disease or condition" (Sheeran & Abraham, 1996, p. 84), while perceived severity is "the seriousness of contracting an illness or of leaving it untreated", including evaluations of both medical and clinical consequences (for example, death, disability, and pain) and possible social consequences (such as effects of the conditions on work, family life, and social relations; Sheeran & Abraham, 1996, p. 84). Both susceptibility and severity combinations have been labeled as a perceived threat. This study focuses on the susceptibility and severity or seriousness of COVID-19, which directly influences individuals' intention to wear masks.

Persepsi Atas Tingkat Ancaman (Kerentanan dan Keparahan) dalam Health Belief Model (HBM)

Health Belief Model (HBM) adalah salah satu pendekatan psikososial yang paling banyak digunakan untuk menjelaskan perilaku kesehatan (Hochbaum, 1958; Strecher & Rosenstock, 1997). Hal ini dikembangkan untuk menjelaskan kegagalan individu untuk berpartisipasi dalam program pencegahan dan deteksi penyakit (Hochbaum, 1958; Champion & Skinner, 2008). Sebuah studi menemukan kerentanan yang dirasakan terhadap tuberkulosis dan keyakinan bahwa individu dengan penyakit ini adalah asimtomatik (membuat skrining bermanfaat) dibedakan antara mereka yang pernah dan tidak pernah melakukan rontgen dada (Abraham & Sheeran, 2005; Hochbaum, 1958; Rosenstock, 1974). *Health Belief Model (HBM)* terdiri dari dua aspek representasi kesehatan dan perilaku individu: (1) persepsi ancaman; dan (2) evaluasi perilaku. Persepsi ancaman memiliki dua keyakinan mendasar: (1) kerentanan yang dirasakan terhadap penyakit atau masalah kesehatan; dan (2) antisipasi tingkat keparahan akibat penyakit (Sar & Anghelcev, 2013). Evaluasi perilaku juga memiliki dua rangkaian keyakinan yang berbeda: (1) manfaat atau efikasi dari perilaku kesehatan yang direkomendasikan; dan (2) biaya, atau hambatan, untuk memberlakukan perilaku tersebut (Abraham & Sheeran, 2005; Calderon, 2019). Persepsi atas kerentanan mengacu pada "keyakinan tentang kemungkinan terkena penyakit atau kondisi" (Sheeran & Abraham, 1996, hal. 84), sedangkan persepsi atas tingkat keparahan adalah "keseriusan tertular penyakit atau membiarkannya tidak diobati", termasuk evaluasi terhadap konsekuensi medis dan klinis (misalnya: kematian, kecacatan, dan rasa sakit) dan kemungkinan konsekuensi sosial (seperti efek kondisi pada pekerjaan, kehidupan keluarga, dan hubungan sosial; Sheeran & Abraham, 1996, hal. 84). Kombinasi kerentanan dan keparahan telah diberi label sebagai persepsi atas ancaman. Studi ini berfokus pada kerentanan dan tingkat keparahan atau keseriusan *COVID-19*, yang secara langsung mempengaruhi niat individu untuk memakai masker.

Health Locus of Control (HLOC)

Health Locus of Control (HLOC) can be defined as the perception of what controls one's health (Kong & Shen, 2011; Wallston & Walston, 1982). Studies have indicated that Health Locus of Control (HLOC) predicted the adoption of various health behaviors such as Health Care Utilization (De Jesus & Xiao, 2014), chronic illness (Burish et al. 1984; Nagy & Wolfe, 1983), mammography behavior (Holm et al., 1999), safe use of pesticides (Gaber & Abdel-Latif, 2012), and breast cancer screenings (Barroso et al., 2000). In contrast, lack of control is associated with heightened physiological stress responsivity in animals and humans, poor tolerance of pain, and worse mental health (Maier & Watkins, 1998; Steptoe & Wardle, 2001). Health Locus of Control (HLOC) consists of two attributes: (1) internal; and (2) external. An internal Health Locus of Control (HLOC) is positive health results from personal attributes, willpower, or sustained efforts (Turner & Sizer, 1992). In contrast, an external Health Locus of Control (HLOC) is a belief in the influence of fate, God, powerful others, or supernatural occurrences on one's health (Guinn, 1998; De Jesus & Xiao, 2014). Internal Health Locus of Control (HLOC) is a combination of beliefs in personal control over illness management, illness prevention, mastery, and self-blame (Marshall, 1991; Steptoe & Wardle, 2001).

Hypothesis Development

Perceived Severity and Perception or Attitude Toward Wearing a Mask

As part of the Health Belief Model (HBM), perceived severity refers to an individual's feelings on the seriousness of contracting an illness or disease (Janz & Becker, 1984). There is wide variation in an individual's feelings of severity, and often an individual considers the medical consequences (e.g., death, disability, or pain) and social consequences (e.g., work, family life, social relationships) when evaluating the severity (Janz & Becker, 1984). When individuals perceive high risk and feel vulnerable to health issues, they tend to focus on the negative aspects of the situation and heighten their vigilance (Lee & Aaker, 2004; Lin et al., 2012). Similarly, it is arguable that when individuals perceive COVID-19 as severe, they are more likely to protect themselves by wearing a mask. In contrast, when individuals downplay the severity of the Coronavirus,

Health Locus of Control (HLOC)

Health Locus of Control (HLOC) dapat didefinisikan sebagai persepsi tentang apa yang mengontrol kesehatan seseorang (Kong & Shen, 2011; Wallston & Walston, 1982). Studi telah menunjukkan bahwa *Health Locus of Control (HLOC)* memprediksi adopsi berbagai perilaku kesehatan seperti Pemanfaatan Perawatan Kesehatan (De Jesus & Xiao, 2014), penyakit kronis (Burish et al. 1984; Nagy & Wolfe, 1983), perilaku mamografi (Holm et al., 1999), penggunaan pestisida yang aman (Gaber & Abdel-Latif, 2012), dan skrining kanker payudara (Barroso et al., 2000). Sebaliknya, kurangnya kontrol dikaitkan dengan respon stres fisiologis yang meningkat pada hewan dan manusia, toleransi yang buruk terhadap rasa sakit, dan kesehatan mental yang buruk (Maier & Watkins, 1998; Steptoe & Wardle, 2001). *Health Locus of Control (HLOC)* terdiri dari dua atribut: (1) internal; dan (2) eksternal. *Health Locus of Control (HLOC)* internal adalah hasil kesehatan positif dari atribut pribadi, kemauan keras, atau upaya berkelanjutan (Turner & Sizer, 1992). Sebaliknya, *Health Locus of Control (HLOC)* eksternal adalah keyakinan akan pengaruh takdir, Tuhan, orang lain yang berkuasa, atau kejadian supernatural pada kesehatan seseorang (Guinn, 1998; De Jesus & Xiao, 2014). *Health Locus of Control (HLOC)* internal adalah kombinasi dari keyakinan dalam kontrol pribadi atas manajemen penyakit, pencegahan penyakit, penguasaan, dan menyalahkan diri sendiri. (Marshall, 1991; Steptoe & Wardle, 2001).

Pengembangan Hipotesis

Persepsi Atas Tingkat Keparahan dan Persepsi atau Sikap Penggunaan Masker

Sebagai bagian dari *Health Belief Model (HBM)*, persepsi atas tingkat keparahan mengacu pada perasaan individu terhadap keseriusan tertular suatu penyakit (Janz & Becker, 1984). Ada variasi yang luas dalam perasaan individu terhadap keparahan, dan seringkali individu mempertimbangkan konsekuensi medis (misalnya: kematian, kecacatan, atau rasa sakit) dan konsekuensi sosial (misalnya: pekerjaan, kehidupan keluarga, hubungan sosial) ketika mengevaluasi tingkat keparahan (Janz & Becker, 1984). Ketika individu mempersepsikan risiko tinggi dan merasa rentan terhadap masalah kesehatan, mereka cenderung berfokus pada aspek negatif dari situasi tersebut dan meningkatkan kewaspadaan mereka (Lee & Aaker, 2004; Lin et al., 2012). Demikian pula, dapat diperdebatkan bahwa ketika individu menganggap *COVID-19* sebagai sesuatu yang parah, mereka cenderung

individuals are less likely to wear a mask. Thus, the author proposes the following hypothesis:

Hypothesis 1: Perceived severity will positively influence individuals' intention to wear a mask ([a] to protect self; [b] to protect others).

The Moderating Role of Self-Construal

Varnum et al. (2014) found that functional magnetic resonance imaging (fMRI) study found that self-construal priming can modulate reward processing. Individuals respond differently to different health messages. For example, Yang et al. (2017) found that non-smokers with a salient interdependent self-construal responded more favorably to an anti-smoking message emphasizing smoking's personal (vs. relational) consequences. In contrast, non-smokers with a salient independent self-construal responded more favorably to an anti-smoking message emphasizing smoking's relational (vs. personal) consequences. However, the interaction effect was small in the first study. Thus, the author proposes the following hypotheses:

Hypothesis 2: Interdependent self-construal will moderate the effect of perceived severity on perception or attitude toward wearing a mask ([a] to protect self; [b] to protect others).

Hypothesis 3: Independent self-construal will moderate the effect of perceived severity of perception or attitude toward wearing a mask ([a] to protect self; [b] to protect others).

Health Locus of Control (HLOC), Perceived Severity, and Perception or Attitude Toward Wearing a Mask

When individuals believe that they have no control over their health, they are more likely to dismiss the disease's severity (Steptoe & Wardle, 2001). They are more likely to associate their sickness with other sources such as God or luck. Individuals with high internal Health Locus of Control (HLOC) will engage in health-promoting activities, while the reverse will true of those with a strong belief in chance. Hence, individuals with a high internal Health Locus of Control (HLOC) are more likely to wear masks to avoid the virus's transmission

melindungi diri mereka sendiri dengan memakai masker. Sebaliknya, ketika individu meremehkan tingkat keparahan virus *Corona*, individu cenderung tidak memakai masker. Dengan demikian, penulis mengajukan hipotesis:

Hipotesis 1: Persepsi atas tingkat keparahan akan secara positif mempengaruhi niat individu untuk memakai masker ([a] untuk melindungi diri sendiri; [b] untuk melindungi orang lain).

Peran Moderasi Self-Construal

Varnum et al. (2014) menemukan bahwa studi *functional magnetic resonance imaging (fMRI)* menemukan bahwa *priming* dari *self-construal* dapat memodulasi proses pemberian imbalan. Individu merespons secara berbeda terhadap pesan kesehatan yang berbeda. Sebagai contoh, Yang et al. (2017) menemukan bahwa individu non-perokok dengan *self-construal* interdependen yang menonjol merespons lebih baik terhadap pesan anti-merokok yang menekankan konsekuensi pribadi (vs. relasional). Sebaliknya, individu non-perokok dengan *self-construal* independen yang menonjol merespon lebih baik terhadap pesan anti-merokok yang menekankan konsekuensi relasional (vs. pribadi). Walaupun demikian, efek interaksinya kecil pada studi pertama. Dengan demikian, penulis mengajukan hipotesis:

Hipotesis 2: Self-construal interdependen akan memoderasi efek persepsi atas tingkat keparahan pada persepsi atau sikap penggunaan masker ([a] untuk melindungi diri sendiri; [b] untuk melindungi orang lain).

Hipotesis 3: Self-construal independen akan memoderasi efek persepsi atas tingkat keparahan pada persepsi atau sikap penggunaan masker ([a] untuk melindungi diri sendiri; [b] untuk melindungi orang lain).

Health Locus of Control (HLOC), Persepsi Atas Tingkat Keparahan, dan Persepsi atau Sikap Penggunaan Masker

Ketika individu percaya bahwa mereka tidak memiliki kontrol atas kesehatan mereka, mereka cenderung mengabaikan keparahan penyakit (Steptoe & Wardle, 2001). Mereka lebih cenderung mengasosiasikan penyakit mereka dengan sumber lain seperti Tuhan atau keberuntungan. Individu dengan *Health Locus of Control (HLOC)* internal yang tinggi akan terlibat dalam aktivitas yang mempromosikan kesehatan, sedangkan sebaliknya akan berlaku bagi mereka yang memiliki kepercayaan kuat pada kebetulan. Maka dari itu, individu

and infection. In contrast, chance or external Health Locus of Control (HLOC) beliefs were predicted to be related negatively to health maintenance behaviors (such as exercise) and associated positively with health risk behaviors (e.g., smoking, alcohol consumption, and not using seat belts; Steptoe & Wardle, 2001). Hence, individuals are less likely to wear a mask. Subsequently, perceived severity will mediate the relationship on their perception or attitude toward wearing masks. Hence, the author proposes the following hypothesis:

Hypothesis 4: Perceive severity will mediate the relationship between Health Locus of Control (HLOC) and perception or attitude toward wearing masks ([a] to protect self; [b] to protect others).

To address these hypotheses, an experiment (Study 1) was conducted to test Hypothesis 1 and Hypothesis 2. Subsequently, another experiment (Study 2) was conducted to test Hypothesis 3 and Hypothesis 4 further. These two studies are discussed in detail in the subsequent sections. Figure 1 summarizes the conceptual framework of this study.

Study 1

Methodology

Sample

A total of 100 participants living in the United States of America were recruited from Amazon Mechanical Turk (MTurk) in exchange for financial compensation. Amazon Mechanical Turk (MTurk) has been utilized to source high-quality but affordably priced data for consumer research and study (Goodman & Paolacci, 2017). Regarding financial incentives, Buhrmester et al. (2011) found that financial incentives did not adversely affect data quality, a sentiment shared in the statement: "United States of America-based workers produce high-quality data, irrespective of financial incentives" (Litman et al., 2015, p. 525). In addition, Amazon Mechanical Turk (MTurk) samples are typically more diverse than undergraduate college samples (Buhrmester et al., 2018). The sample consisted 62% male vs. 38% female. Most of them are married (52%), followed by single (30%), widowed, divorced (18%). Their income levels

dengan *Health Locus of Control (HLOC)* internal yang tinggi lebih cenderung memakai masker untuk menghindari penularan dan infeksi virus. Sebaliknya, kepercayaan atas kesempatan atau *Health Locus of Control (HLOC)* eksternal diprediksi terkait secara negatif dengan perilaku pemeliharaan kesehatan (seperti olahraga) dan terkait secara positif dengan perilaku berisiko kesehatan (misalnya: merokok, konsumsi alkohol, dan tidak menggunakan sabuk pengaman; Steptoe & Wardle, 2001). Maka dari itu, individu cenderung tidak memakai masker. Selanjutnya, persepsi atas tingkat keparahan akan memediasi hubungan pada persepsi atau sikap penggunaan masker. Oleh karena itu, penulis mengajukan hipotesis:

Hipotesis 4: Persepsi atas tingkat keparahan akan memediasi hubungan antara *Health Locus of Control (HLOC)* dan persepsi atau sikap penggunaan masker ([a] untuk melindungi diri sendiri; [b] untuk melindungi orang lain).

Untuk menjawab sejumlah hipotesis tersebut, dilakukan eksperimen (Studi 1) untuk menguji Hipotesis 1 dan Hipotesis 2. Selain itu, juga dilakukan eksperimen lain (Studi 2) untuk menguji Hipotesis 3 dan Hipotesis 4 secara lebih lanjut. Kedua studi ini dibahas secara rinci pada bagian selanjutnya. Gambar 1 merangkum kerangka konseptual studi ini.

Studi 1

Metodologi

Sampel

Sebanyak 100 partisipan yang tinggal di Amerika Serikat direkrut dari *Amazon Mechanical Turk (MTurk)* dengan imbalan finansial. *Amazon Mechanical Turk (MTurk)* telah digunakan untuk mendapatkan data berkualitas tinggi, namun dengan biaya terjangkau untuk riset dan studi konsumen (Goodman & Paolacci, 2017). Mengenai insentif finansial, Buhrmester et al. (2011) menemukan bahwa insentif finansial tidak berdampak buruk pada kualitas data, sebuah sentimen yang diungkapkan dalam pernyataan: "Pekerja yang berbasis di Amerika Serikat menghasilkan data berkualitas tinggi, terlepas dari insentif finansial" (Litman et al., 2015, hal. 525). Selain itu, sampel *Amazon Mechanical Turk (MTurk)* biasanya lebih beragam daripada sampel perguruan tinggi tingkat sarjana (Buhrmester et al., 2018). Sampel terdiri dari 62% laki-laki vs. 38% perempuan. Kebanyakan sudah menikah (52%), diikuti lajang (30%), janda, cerai
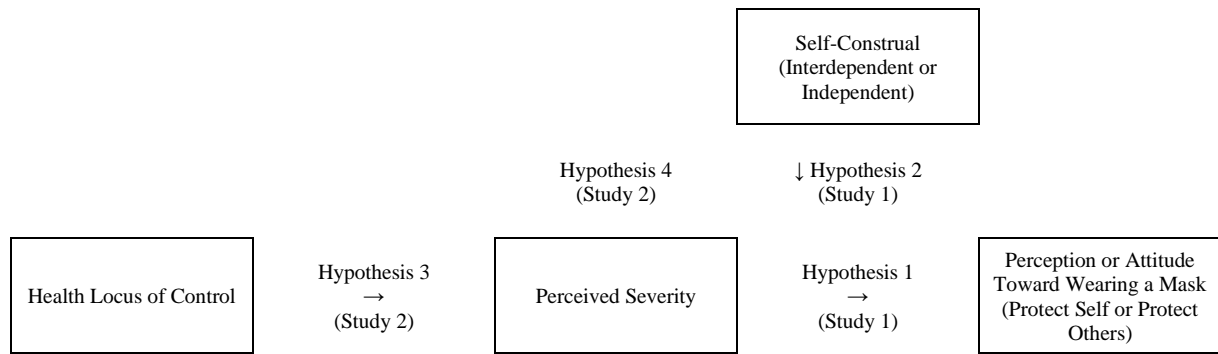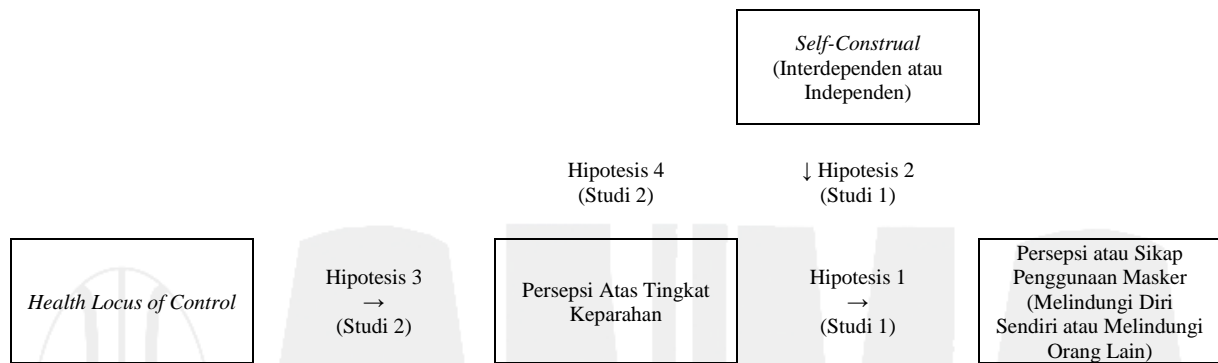
Self-Construal
(Interdependent or
Independent)

Hypothesis 4
(Study 2)

↓ Hypothesis 2
(Study 1)

| Health Locus of Control | | Hypothesis 3
→
(Study 2) | | Perceived Severity | | Hypothesis 1
→
(Study 1) | | Perception or Attitude
Toward Wearing a Mask
(Protect Self or Protect
Others) |

Figure 1. Conceptual model.

Self-Construal
(Interdependen atau
Independen)

Hipotesis 4
(Studi 2)

↓ Hipotesis 2
(Studi 1)

| *Health Locus of Control* | | Hipotesis 3
→
(Studi 2) | | Persepsi Atas Tingkat
Keparahan | | Hipotesis 1
→
(Studi 1) | | Persepsi atau Sikap
Penggunaan Masker
(Melindungi Diri
Sendiri atau Melindungi
Orang Lain) |

Gambar 1. Model konseptual.

varied with 47% of them are between USD 20,000 - USD 50,000, 27% are between USD 50,000 - USD 80,000, 15% has less than USD 20,000, and 11% has more than USD 80,000.

(18%). Tingkat pendapatan mereka bervariasi dengan 47% di antaranya antara USD 20.000 - USD 50.000, 27% antara USD 50.000 - USD 80.000, 15% kurang dari USD 20.000, dan 11% lebih dari USD 80.000.

Procedure

An experiment was conducted in July 2021 to test a hypothesis regarding the benefits of wearing a mask. The participants were randomly assigned to two experimental conditions, each focused on either the benefits of wearing a mask for self-protection or the benefits of wearing a mask for the protection of others (refer to Figure 2 and Figure 3 for further details). The Self-Construal Scale (SCS), developed by Singelis in 1994, was utilized to assess the independent and interdependent self-construal of the participants. The short version of the Self-Construal Scale (SCS) consists of five items designed to measure the independent self-construal, as well as an additional five items intended to measure the interdependent self-construal.

Furthermore, the perceived severity of COVID-19 was evaluated using semantic scales, which provided participants

Prosedur

Eksperimen dilakukan pada Juli 2021 untuk menguji hipotesis terkait manfaat memakai masker. Partisipan secara acak ditugaskan ke dua kondisi eksperimen, masing-masing berfokus pada manfaat memakai masker untuk perlindungan diri sendiri atau manfaat memakai masker untuk melindungi orang lain (lihat Gambar 2 dan Gambar 3 untuk perincian lebih lanjut). *Self-Construal Scale (SCS)*, yang dikembangkan oleh Singelis pada tahun 1994, digunakan untuk menilai *self-construal* independen dan interdependen dari partisipan. Versi singkat dari *Self-Construal Scale (SCS)* terdiri dari lima butir yang dirancang untuk mengukur *self-construal* independen, serta lima butir tambahan yang dimaksudkan untuk mengukur *self-construal* interdependen.

Selain itu, persepsi atas tingkat keparahan *COVID-19* dievaluasi menggunakan skala semantik, yang memberi

Message:

It is important in the community to keep **OTHERS** safe. In fact, the safety measures described also help the reopening of the economy. In addition to hand-washing and maintaining appropriate physical distancing, _**please wear a mask**_. Wearing a mask **will protect OTHERS** and prevent the spread of the virus to **THOSE who may be vulnerable**.

Figure 2. Condition 1 (Wear a Mask: Protect Others).

Notes. Image Source = https://ffriver.org/wearamask/

Message:

It is important in the community to keep **OURSELVES** safe. In fact, the safety measures described also help the reopening of the economy. In addition to hand-washing and maintaining appropriate physical distancing, _**please wear a mask**_. Wearing a mask **will protect YOU** and prevent the spread of the virus **to YOU.**

Figure 3. Condition 2 (Wear a Mask: Protect Yourself).

Pesan:

Penting dalam komunitas untuk menjaga **ORANG LAIN**. Faktanya adalah metode perlindungan yang ada juga membantu ekonomi. Selain mencuci tangan dan menjaga jarak, _**mohon juga pakai masker**_. Memakai masker **akan melindungi ORANG LAIN** dan mencegah penyebaran virus ke **ORANG LAIN yang rentan**.

Gambar 2. Kondisi 1 (Pakai Masker: Lindungi Orang Lain).

Catatan. Sumber Gambar = https://ffriver.org/wearamask/

Pesan:

Penting dalam komunitas untuk menjaga **DIRI SENDIRI**. Faktanya adalah metode perlindungan yang ada juga membantu ekonomi. Selain mencuci tangan dan menjaga jarak, _**mohon juga pakai masker**_. Memakai masker **akan melindungi DIRI SENDIRI** dan mencegah penyebaran virus ke **DIRI SENDIRI**.

Gambar 3. Kondisi 2 (Pakai Masker: Lindungi Diri Sendiri).

with options to rate the severity of the virus as either "Severe or Not Severe", "Serious or Not Serious", and "Significant or Insignificant".

Reliability and Common Method Bias

Confirmatory factor analysis (CFA) was conducted with the items related to self-construal (interdependent and independent), perceived severity, and perception or attitude toward wearing a mask. This method was utilized to assess and evaluate the item's structure within the scale (Suwartono & Bintamur, 2019). Through the application of confirmatory factor analysis (CFA), researchers

peserta pilihan untuk menilai tingkat keparahan virus sebagai "Parah atau Tidak Parah", "Serius atau Tidak Serius", dan "Signifikan atau Tidak Signifikan".

Reliabilitas dan Common Method Bias

Confirmatory factor analysis (CFA) dilakukan dengan butir yang terkait dengan *self-construal* (interdependen dan independen), persepsi atas tingkat keparahan, dan persepsi atau sikap penggunaan masker. Metode ini digunakan untuk menilai dan mengevaluasi struktur butir dalam skala (Suwartono & Bintamur, 2019). Melalui penerapan *confirmatory factor analysis (CFA)*,

Table 1
Scale Items and Reliability Scores

	Study 1			Study 2		
	α	M	SD	α	M	SD
Perception or Attitude Toward Wearing a Mask						
Bad - Good	.921	4.56	0.795	.823	4.48	0.808
Unimportant - Important		4.64	0.772		4.47	0.894
Unnecessary - Necessary		4.66	0.742		4.57	0.805
Interdependent						
I will sacrifice my self-interest for the benefit of the group I am in.	.838	2.32	1.024	.772	2.44	1.024
If my brother or sister fails, I feel responsible.		2.91	1.301		2.88	1.378
I often have the feeling that my relationships with others are more important than my own accomplishments.		2.67	1.129		2.60	1.156
My happiness depends on the happiness of those around me.		2.69	1.152		2.65	1.133
I will stay in a group if they need me, even when I am not happy with the group.		2.85	1.149		2.54	1.114
Independent						
I'd rather say "No" directly, than risk being misunderstood.	.741	2.05	1.048	.830	2.45	1.085
I prefer to be direct and forthright when dealing with people I've just met.		2.17	1.045		2.21	1.114
I act the same way no matter who I am with.		2.31	1.220		2.55	1.253
I act the same way at home that I do at school (or work).		2.37	1.269		2.51	1.214
I do my own thing, regardless of what others think.		2.19	1.022		2.51	1.152
Perceived Severity						
Severe - Not Severe	.931	2.09	1.147	.894	2.17	1.176
Serious - Not Serious		1.91	1.223		2.11	1.289
Significant - Not Significant		1.88	1.122		2.10	1.218
Health Locus of Control (Study 2 Only)						
I am in control of my health.				.834	2.20	1.012
When I get sick, I am to blame.					2.62	1.126
If I take care of myself, I can avoid illness.					2.33	1.130
If I take the right actions, I can stay healthy.					2.18	0.951
The main thing, which affects my health, is what I myself do.					2.32	0.989

Tabel 1

Butir Skala dan Skor Reliabilitas

	Studi 1			Studi 2		
	α	M	SD	α	M	SD
Persepsi atau Sikap Penggunaan Masker						
Buruk - Baik	0,921	4,56	0,795	0,823	4,48	0,808
Tidak Penting - Penting		4,64	0,772		4,47	0,894
Tidak Perlu - Perlu		4,66	0,742		4,57	0,805
Interdependen						
Saya akan mengorbankan kepentingan saya demi keuntungan kelompok saya.	0,838	2,32	1,024	0,772	2,44	1,024
Apabila saudara saya gagal, saya merasa bertanggungjawab.		2,91	1,301		2,88	1,378
Saya sering merasa bahwa relasi saya dengan orang lain lebih penting daripada pencapaian saya.		2,67	1,129		2,60	1,156
Kebahagiaan saya tergantung pada kebahagiaan orang di sekitar saya.		2,69	1,152		2,65	1,133
Saya akan tetap dalam kelompok jika dibutuhkan, bahkan saat saya tidak bahagia dengan kelompok tersebut.		2,85	1,149		2,54	1,114
Independen						
Saya lebih memilih mengatakan "Tidak" secara langsung, daripada disalahpahami.	0,741	2,05	1,048	0,830	2,45	1,085
Saya lebih suka bersikap langsung dan jelas saat berurusan dengan orang yang baru saya temui.		2,17	1,045		2,21	1,114
Saya bertindak sama pada semua orang.		2,31	1,220		2,55	1,253
Saya bertindak sama di rumah dan di sekolah (atau di tempat kerja).		2,37	1,269		2,51	1,214
Saya melakukan hal saya sendiri, terlepas dari apa yang dipikirkan orang lain.		2,19	1,022		2,51	1,152
Persepsi Atas Tingkat Keparahan						
Parah - Tidak Parah	0,931	2,09	1,147	0,894	2,17	1,176
Serius - Tidak Serius		1,91	1,223		2,11	1,289
Signifikan - Tidak Signifikan		1,88	1,122		2,10	1,218
Health Locus of Control (Hanya Pada Studi 2)						
Saya berada dalam kontrol kesehatan saya.				0,834	2,20	1,012
Saat saya sakit, hal tersebut adalah kesalahan saya.					2,62	1,126
Jika saya menjaga diri sendiri, saya dapat menghindari penyakit.					2,33	1,130
Jika saya bertindak benar, saya dapat menjaga sehat.					2,18	0,951
Hal utama yang mempengaruhi kesehatan saya adalah apa yang saya lakukan.					2,32	0,989

Table 2
Study 1's Correlation Among Key Variables

	Interdependent	Independent	Perceived Severity	Perception or Attitude Toward Wearing a Mask
Interdependent	1			
Independent	.194	1		
Perceived Severity	- .005	.160	1	
Perception or Attitude Toward Wearing a Mask	- .159	- .212*	- .481**	1

Notes. *p < .05; **p < .01; ***p < .001.

Tabel 2
Korelasi Variabel Utama Pada Studi 1

	Interdependen	Independen	Persepsi Atas Tingkah Keparahan	Persepsi atau Sikap Penggunaan Masker
Interdependen	1			
Independen	0,194	1		
Persepsi Atas Tingkat Keparahan	- 0,005	0,160	1	
Persepsi atau Sikap Penggunaan Masker	- 0,159	- 0,212*	- 0,481**	1

Catatan. *p < 0,05; **p < 0,01; ***p < 0,001.

can ascertain whether the collected data are in line with the pre-established theoretical or a priori model design, therefore confirming the clarity and definition of the underlying constructs (Natalya & Purwanto, 2018). The model fit was adequate (*CFI* = 0.974; *SRMR* = 0.0708). Little (2013) states that *CFI* > 0.85 indicates good fit, while Iacobucci (2010) states that *SRMR* < 0.09 demonstrates adequate fit. The final scale items and reliabilities (Cronbach's alpha) of each of the scales were acceptable if the scale exhibits a Cronbach's alpha value greater than .6 and if all the analyzed items have a corrected item-total correlation (CITC) value higher than positive .3 (Natalya, 2018; see Table 1). The correlations among the variables are provided in Table 2.

peneliti dapat memastikan apakah data yang dikumpulkan sesuai dengan desain model teoritis atau apriori yang telah ditetapkan sebelumnya, sehingga menegaskan kejelasan dan definisi dari konstruksi yang mendasarinya (Natalya & Purwanto, 2018). *Model fit* memadai (*CFI* = 0,974; *SRMR* = 0,0708). Little (2013) menyatakan bahwa *CFI* > 0,85 menunjukkan kesesuaian yang baik, sedangkan Iacobucci (2010) menyatakan bahwa *SRMR* < 0,09 menunjukkan kesesuaian yang memadai. Butir skala akhir dan reliabilitas (*Cronbach's alpha*) dari tiap skala dapat diterima jika skala menunjukkan nilai *Cronbach's alpha* lebih besar dari 0,6 dan jika semua butir yang dianalisis memiliki nilai *corrected item-total correlation (CITC)* lebih tinggi dari positif 0,3 (Natalya, 2018; lihat Tabel 1). Korelasi antar variabel disajikan dalam Tabel 2.

Table 3
Direct Effect (Study 1)

Independent Variable	Perception or Attitude Toward Wearing a Mask (Protect Self)		
	β	t	p
Constant	5.121	22.303	.000
Perceived Severity	- 0.262	- 2.952	.005
Model Summary	$R^2 = .162$; $F(1) = 8.714$; $p < .001$		
Independent Variable	Perception or Attitude Toward Wearing a Mask (Protect Others)		
	β	t	p
Constant	5.391	32.856	.000
Perceived Severity	- 0.411	- 4.750	.000
Model Summary	$R^2 = .320$; $F(1) = 22.564$; $p < .001$		

Tabel 3
Efek Langsung (Studi 1)

Variabel Independen	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)		
	β	t	p
Constant	5,121	22,303	0,000
Persepsi Atas Tingkat Keparahan	- 0,262	- 2,952	0,005
Rangkuman Model	$R^2 = 0,162$; $F(1) = 8,714$; $p < 0,001$		
Variabel Independen	Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)		
	β	t	p
Constant	5,391	32,856	0,000
Persepsi Atas Tingkat Keparahan	- 0,411	- 4,750	0,000
Rangkuman Model	$R^2 = 0,320$; $F(1) = 22,564$; $p < 0,001$		

Furthermore, common method bias (CMB) was assessed using Harman's single factor test. The single-factor test of all the survey items identified multiple factors, the first (largest) accounting for less than 50% of the total variance. Thus, there was no clear evidence of common method bias (CMB; Podsakoff et al., 2003).

Selanjutnya, *common method bias (CMB)* dinilai menggunakan uji faktor tunggal Harman. Uji faktor tunggal dari semua butir survei mengidentifikasi banyak faktor, yang pertama (terbesar) terhitung kurang dari 50% dari total varians. Dengan demikian, tidak ada bukti yang jelas tentang *common method bias* (*CMB*; Podsakoff et al., 2003).

Results and Discussion

Simple regressions were used to test Hypothesis 1a and Hypothesis 1b, based on the two conditions ([a] to protect self vs. [b] to protect others). The results show that perceived severity negatively influenced individuals' perception of wearing masks in both conditions. The more severe the perception, the more likely individuals will perceive wearing a mask as good, important, and necessary. Hence, Hypothesis 1a and Hypothesis 1b are supported (see Table 3).

To further test Hypothesis 2a and Hypothesis 2b, four different moderation analyses were conducted using Model 1, the PROCESS macro in International Business Machines (IBM) Statistical Product and Service Solutions (SPSS; Hayes, 2017). In all the four moderation analyses, the independent variable was perceived severity and the moderator was self-construal. The results reveal no significant interaction between interdependent and perception or attitude toward mask to protect self. Thus, Hypothesis 2a is not supported. However, there is a significant interaction between (high and low) interdependent and perception or attitude toward masks to protect others. It means interdependent self-construal moderates the relationship between perceived severity and perception or attitude toward wearing a mask. Thus, Hypothesis 2b is supported. Individuals with high interdependency are more likely to have a positive perception toward mask because it reduces the Coronavirus's spread to others.

Moreover, the results indicated no significant interactions between high independence and individuals' perception or attitude toward wearing masks (to protect self or to protect others). Nonetheless, the results revealed significant interactions between low independence and the perception or attitude toward wearing masks to protect themselves and others. It indicates that individuals with high independent self-construal are more likely to perceive wearing a mask as unnecessary because they focus on themselves and do not worry about the Coronavirus's impact on others (see Table 4 and Table 5).

Hasil dan Diskusi

Regresi sederhana digunakan untuk menguji Hipotesis 1a dan Hipotesis 1b, berdasarkan dua kondisi ([a] untuk melindungi diri sendiri vs. [b] untuk melindungi orang lain). Hasilnya menunjukkan bahwa persepsi atas tingkat keparahan secara negatif mempengaruhi persepsi individu tentang pemakaian masker di kedua kondisi tersebut. Semakin parah persepsinya, semakin besar kemungkinan individu akan menganggap memakai masker sebagai hal yang baik, penting, dan perlu. Maka dari itu, Hipotesis 1a dan Hipotesis 1b didukung (lihat Tabel 3).

Untuk menguji Hipotesis 2a dan Hipotesis 2b lebih lanjut, empat analisis moderasi yang berbeda dilakukan dengan menggunakan *Model 1*, makro *PROSESS* di *International Business Machines (IBM) Statistical Product and Service Solutions* (*SPSS*; (Hayes, 2017). Dalam keempat analisis moderasi, variabel independen adalah persepsi atas tingkat keparahan dan moderatornya adalah *self-construal*. Hasil menunjukkan tidak ada interaksi yang signifikan antara interdependen dan persepsi atau sikap penggunaan masker untuk melindungi diri sendiri. Dengan demikian, Hipotesis 2a tidak didukung. Namun, ada interaksi yang signifikan antara interdependen (tinggi dan rendah) dan persepsi atau sikap penggunaan masker untuk melindungi orang lain. Hal ini berarti *self-construal* interdependen memoderasi hubungan antara persepsi atas tingkat keparahan dan persepsi atau sikap penggunaan masker. Dengan demikian, Hipotesis 2b didukung. Individu dengan interdependensi tinggi cenderung memiliki persepsi positif terhadap penggunaan masker karena dapat mengurangi penyebaran virus *Corona* ke orang lain.

Selain itu, hasil menunjukkan tidak ada interaksi yang signifikan antara independen yang tinggi dan persepsi atau sikap penggunaan masker (untuk melindungi diri sendiri atau untuk melindungi orang lain). Meskipun demikian, hasilnya mengungkapkan interaksi yang signifikan antara independen yang rendah dan persepsi atau sikap penggunaan masker untuk melindungi diri sendiri dan orang lain. Hal ini menunjukkan bahwa individu dengan *self-construal* independen tinggi cenderung menganggap pemakaian masker sebagai hal yang tidak perlu karena mereka fokus pada diri mereka sendiri dan tidak mengkhawatirkan dampak virus *Corona* pada orang lain (lihat Tabel 4 dan Tabel 5).

Table 4
Moderation Analyses (Study 1 - Interdependent)

Independent Variable	Perception or Attitude Toward Wearing a Mask (Protect Self)				Perception or Attitude Toward Wearing a Mask (Protect Others)			
	Coeff.	*SE*	*t*	*p*	*Coeff.*	*SE.*	*t*	*p*
Constant	4.504	0.105	42.728	.000	4.680	0.060	77.150	.000
Perceived Severity (X)	- 0.243	0.089	- 1.727	.009	- 0.482	0.067	- 7.109	.000
Interdependent (W)	- 0.129	0.109	- 1.186	.242	- 0.087	0.076	- 1.1405	.260
X × W	- 0.077	0.091	0.845	.402	- 0.398	0.070	- 5.649	.000
Model Summary	$R^2 = .207; F(3,43) = 4.750; p < .05$				$R^2 = .612; F(3,46) = 24.213; p < .001$			

Conditional Effects of Interdependent[**]

	Perception or Attitude Toward Wearing a Mask (Protect Self)				Perception or Attitude Toward Wearing a Mask (Protect Others)			
	Effect	*SE*	*t*	*p*	*Effect*	*SE*	*t*	*p*
High Interdependent	-	-	-	-	- 0.801	0.081	- 2.010	.050
Low Interdependent	-	-	-	-	0.801	- 0.8019	- 8.439	.000

Notes. [**]Not Significant.

Tabel 4
Analisis Moderasi (Studi 1 - Interdependen)

Variabel Independen	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)				Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)			
	Coeff.	*SE*	*t*	*p*	*Coeff.*	*SE.*	*t*	*p*
Constant	4,504	0,105	42,728	0,000	4,680	0,060	77,150	0,000
Persepsi Atas Tingkat Keparahan (X)	- 0,243	0,089	- 1,727	0,009	- 0,482	0,067	- 7,109	0,000
Interdependen (W)	- 0,129	0,109	- 1,186	0,242	- 0,087	0,076	- 1,1405	0,260
X × W	- 0,077	0,091	0,845	0,402	- 0,398	0,070	- 5,649	0,000
Rangkuman Model	$R^2 = 0,207; F(3,43) = 4,750; p < 0,05$				$R^2 = 0,612; F(3,46) = 24,213; p < 0,001$			

Efek Kondisional Dari Interdependen [**]

	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)				Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)			
	Effect	*SE*	*t*	*p*	*Effect*	*SE*	*t*	*p*
Interdependen Tinggi	-	-	-	-	- 0,801	0,081	- 2,010	0,050
Interdependen Rendah	-	-	-	-	0,801	- 0,8019	- 8,439	0,000

Catatan. [**]Tidak Signifikan.

Table 5

Moderation Analyses (Study 1 - Independent)

Independent Variable	Perception or Attitude Toward Wearing a Mask (Protect Self)				Perception or Attitude Toward Wearing a Mask (Protect Others)			
	Coeff.	*SE*	*t*	*p*	*Coeff.*	*SE*	*t*	*p*
Constant	4.592	0.095	48.304	.000	4.707	0.749	62.843	.000
Perceived Severity (X)	- 0.2183	0.081	- 2.674	.010	- 0.426	0.082	- 5.145	.000
Independent (W)	- 0.062	0.114	- 0.543	.589	- 0.183	0.107	- 1.712	.093
X × W	- 0.235	0.071	- 3.298	.002	- 0.335	0.140	- 2.386	.021
Model Summary	$R^2 = .3786$; $F(3,43) = 8.732$; $p < .001$				$R^2 = .405$; $F(3,46) = 10.443$; $p < .001$			

Conditional Effects of Independent[*]

	Perception or Attitude Toward Wearing a Mask (Protect Self)				Perception or Attitude Toward Wearing a Mask (Protect Others)			
	Effect	*SE*	*t*	*p*	*Effect*	*SE*	*t*	*p*
High Independent	- 0.931	0.104	0.010	.992	- 0.751	0.128	- 1.353	.182
Low Independent	0.931	0.106	- 4.122	.000	0.751	0.139	- 4.865	.000

Notes. [*]High Self-Construal = 1 std. deviation below mean; [*]Low Self-Construal = 1 std. deviation above mean.

Tabel 5

Analisis Moderasi (Studi 1 - Independen)

Variabel Independen	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)				Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)			
	Coeff.	*SE*	*t*	*p*	*Coeff.*	*SE*	*t*	*p*
Constant	4,592	0,095	48,304	0,000	4,707	0,749	62,843	0,000
Persepsi Atas Tingkat Keparahan (X)	- 0,2183	0,081	- 2,674	0,010	- 0,426	0,082	- 5,145	0,000
Independen (W)	- 0,062	0,114	- 0,543	0,589	- 0,183	0,107	- 1,712	0,093
X × W	- 0,235	0,071	- 3,298	0,002	- 0,335	0,140	- 2,386	0,021
Rangkuman Model	$R^2 = 0,3786$; $F(3,43) = 8,732$; $p < 0,001$				$R^2 = 0,405$; $F(3,46) = 10,443$; $p < 0,001$			

Efek Kondisional Dari Independen[*]

	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)				Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)			
	Effect	*SE*	*t*	*p*	*Effect*	*SE*	*t*	*p*
Independen Tinggi	- 0,931	0,104	0,010	0,992	- 0,751	0,128	- 1,353	0,182
Independen Rendah	0,931	0,106	- 4,122	0,000	0,751	0,139	- 4,865	0,000

Catatan. [*]Self-Construal Tinggi = 1 std. deviasi di bawah *mean*; [*]Self-Construal Rendah = 1 std. deviasi di atas *mean*.

Study 2

Study 2 aims to delve deeper into the examination of the impact of Health Locus of Control (HLOC) on perceived severity, while also testing the potential mediating effect of perceived severity on individuals' perception of health messages.

In Study 2, the author seeks to expand the understanding of how Health Locus of Control (HLOC) influences individuals' perception of health messages by investigating the specific role of perceived severity. The author aims to determine whether perceived severity acts as a mediating factor, influencing the relationship between Health Locus of Control (HLOC) and individuals' perception of health messages.

Methodology

Sample

A total of 96 participants living in the United States of America were recruited from Amazon Mechanical Turk (MTurk) in exchange for financial compensation. The participants consisted of more males (63%) than females (37%). The level of education consisted of: Masters (18%), Bachelors (57%), Associate Degree (8%), College but Without Degree (12%), and High School Diploma (5%). The annual household income was: Less than USD20,000 (18%), USD20,000 - USD40,000 (32%), USD50,000 - USD80,000 (33%), USD80,000 - USD100,000 (11%), and USD100,000 or more (6%). Finally, most of them were: Married (57%), followed by Never Married (33%), Divorced (8%), and Widowed (1%).

Procedure

Study 1's approach was repeated with an additional Health Locus of Control (HLOC) added in the survey in July 2021. Participants were randomly assigned to two experiment conditions related to the benefits of wearing a mask (to protect self vs. to protect others). The short version of the Self-Construal Scale (SCS) was utilized, including five items measuring the independent self-construal and five items measuring the interdependent self-construal (Singelis, 1994). Similarly, the perceived severity of COVID-19 was measured with semantic scales ("Severe or Not Severe", "Serious or Not Serious", "Significant or Not Significant"). Finally, the Health Locus of Control (HLOC) measures by Wallston

Studi 2

Studi 2 bertujuan untuk menggali lebih dalam pemeriksaan dampak *Health Locus of Control (HLOC)* pada persepsi atas tingkat keparahan, sementara juga menguji potensi efek mediasi dari persepsi atas tingkat keparahan pada persepsi individu terhadap pesan kesehatan.

Dalam Studi 2, penulis berusaha untuk memperluas pemahaman tentang bagaimana *Health Locus of Control (HLOC)* mempengaruhi persepsi individu terhadap pesan kesehatan dengan menyelidiki peran spesifik dari persepsi atas tingkat keparahan. Penulis bertujuan untuk menentukan apakah persepsi atas tingkat keparahan bertindak sebagai faktor mediasi, mempengaruhi hubungan antara *Health Locus of Control (HLOC)* dan persepsi individu terhadap pesan kesehatan.

Metodologi

Sampel

Sebanyak 96 peserta yang tinggal di Amerika Serikat direkrut dari *Amazon Mechanical Turk (MTurk)* dengan imbalan finansial. Peserta terdiri dari lebih banyak laki-laki (63%) dibandingkan perempuan (37%). Jenjang pendidikan terdiri dari: Strata-2 (18%), Strata-1 (57%), Gelar Asosiasi (8%), Kuliah Tanpa Gelar (12%), dan Sekolah Menengah Atas (SMA; 5%). Pendapatan rumah tangga tahunan adalah: Kurang dari USD 20.000 (18%), USD 20.000 - USD 40.000 (32%), USD 50.000 - USD 80.000 (33%), USD 80.000 - USD 100.000 (11%), dan USD 100.000 atau lebih (6%). Terakhir, sebagian besar peserta adalah: Menikah (57%), diikuti dengan Belum Pernah Menikah (33%), Bercerai (8%), dan Janda (1%).

Prosedur

Pendekatan Studi 1 diulangi dengan *Health Locus of Control (HLOC)* tambahan yang ditambahkan dalam survei di bulan Juli 2021. Partisipan secara acak ditugaskan ke dua kondisi eksperimen terkait dengan manfaat memakai masker (untuk melindungi diri sendiri vs. untuk melindungi orang lain). Versi singkat dari *Self-Construal Scale (SCS)* digunakan, termasuk lima butir yang mengukur *self-construal* independen dan lima butir mengukur *self-construal* interdependen (Singelis, 1994). Serupa dengan Studi 1, persepsi atas tingkat keparahan *COVID-19* diukur dengan skala semantik ("Parah atau Tidak Parah", "Serius atau Tidak Serius", "Signifikan atau Tidak Signifikan"). Alat ukur *Health Locus of Control*

Table 6

Study 2's Correlation Among Key Variables

	Perception or Attitude Toward Wearing a Mask	Perceived Severity	Health Locus of Control
Perception or Attitude Toward Wearing a Mask	1		
Perceived Severity	- .573**	1	
Health Locus of Control	- .214	.315**	1

Notes. $*p < .05$; $**p < .01$; $***p < .001$.

Tabel 6

Korelasi Variabel Utama Pada Studi 2

	Persepsi atau Sikap Penggunaan Masker	Persepsi Atas Tingkat Keparahan	*Health Locus of Control*
Persepsi atau Sikap Penggunaan Masker	1		
Persepsi Atas Tingkat Keparahan	- 0,573**	1	
Health Locus of Control	- 0,214	0,315**	1

Catatan. $*p < 0,05$; $**p < 0,01$; $***p < 0,001$.

et al. (1978) were utilized. To test Hypothesis 4, two different mediation analyses were conducted using Model 1, the PROCESS macro in International Business Machines (IBM) Statistical Product and Service Solutions (SPSS) (Hayes, 2017), using bootstrapping ($n = 5000$). The correlations among the variables from Study 2 are provided in Table 6.

Results and Discussion

The initial results show there are significant differences between the two messages. Participants who saw the "protect-self" message perceived wearing a mask as good ($M = 4.73$), compared to those who saw the "protect-others" message ($M = 4.27$). The results show significant differences between health message campaigns. A message on protecting one's self leads to a more positive perception toward wearing masks ($M = 4.73$) compared to a message of protecting others ($M = 4.27$). Figure 4 provides more details.

The direct effect shows that Health Locus of Control (HLOC) significantly influence individuals' perception toward the severity of the virus for both "protect-self" ($\beta = 0.530$; $p < .05$) and "protect-others" messages ($\beta = 0.434$; $p < .05$). Hence, Hypothesis 3a and Hypothesis 3b are supported. Furthermore, the results revealed that bootstrap confidence intervals for the indirect effects of

(HLOC) oleh Wallston et al. (1978) digunakan. Untuk menguji Hipotesis 4, dua analisis mediasi yang berbeda dilakukan dengan menggunakan *Model 1*, makro *PROSESS* di *International Business Machines (IBM) Statistical Product and Service Solutions* (*SPSS*; Hayes, 2017), menggunakan *bootstrapping* ($n = 5000$). Korelasi antar variabel dari Studi 2 disajikan pada Tabel 6.

Hasil dan Diskusi

Hasil awal menunjukkan adanya perbedaan yang signifikan antara kedua pesan tersebut. Partisipan yang melihat pesan "melindungi diri sendiri" menganggap memakai masker sebagai hal yang baik ($M = 4,73$), dibandingkan dengan peserta yang melihat pesan "melindungi orang lain" ($M = 4,27$). Hasilnya menunjukkan perbedaan yang signifikan antar kampanye pesan kesehatan. Pesan melindungi diri sendiri mengarah pada persepsi yang lebih positif terhadap pemakaian masker ($M = 4,73$) dibandingkan dengan pesan melindungi orang lain ($M = 4,27$). Gambar 4 menyediakan rincian lebih lanjut.

Efek langsung menunjukkan bahwa *Health Locus of Control (HLOC)* secara signifikan mempengaruhi persepsi individu terhadap tingkat keparahan virus baik untuk pesan "melindungi diri sendiri" ($\beta = 0,530$; $p < 0,05$) dan "melindungi orang lain" ($\beta = 0,434$; $p < 0,05$). Maka dari itu, Hipotesis 3a dan Hipotesis 3b didukung. Selain itu, hasil mengungkapkan bahwa interval kepercayaan *bootstrap*
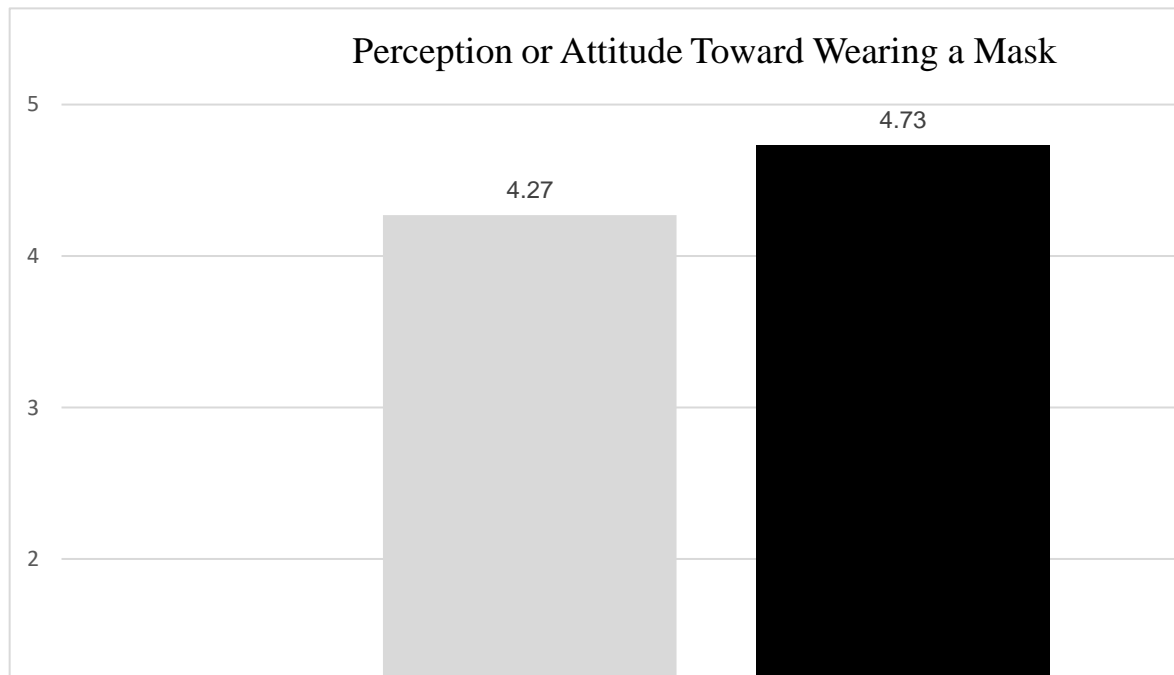
Perception or Attitude Toward Wearing a Mask

Figure 4. Perception or attitude toward wearing a mask (Study 2).
Notes. $p < .05$; 1 = Bad; 5 = Good.

perceived severity were entirely above zero. These findings support Hypothesis 4a and Hypothesis 4b (see Table 7). Perceived severity mediated the relationship between Health Locus of Control (HLOC) and perception or attitude toward wearing a mask (see Table 8).

untuk efek tidak langsung dari persepsi atas tingkat keparahan seluruhnya di atas nol. Temuan ini mendukung Hipotesis 4a dan Hipotesis 4b (lihat Tabel 7). Persepsi atas tingkat keparahan memediasi hubungan antara *Health Locus of Control (HLOC)* dan persepsi atau sikap penggunaan masker (lihat Tabel 8).
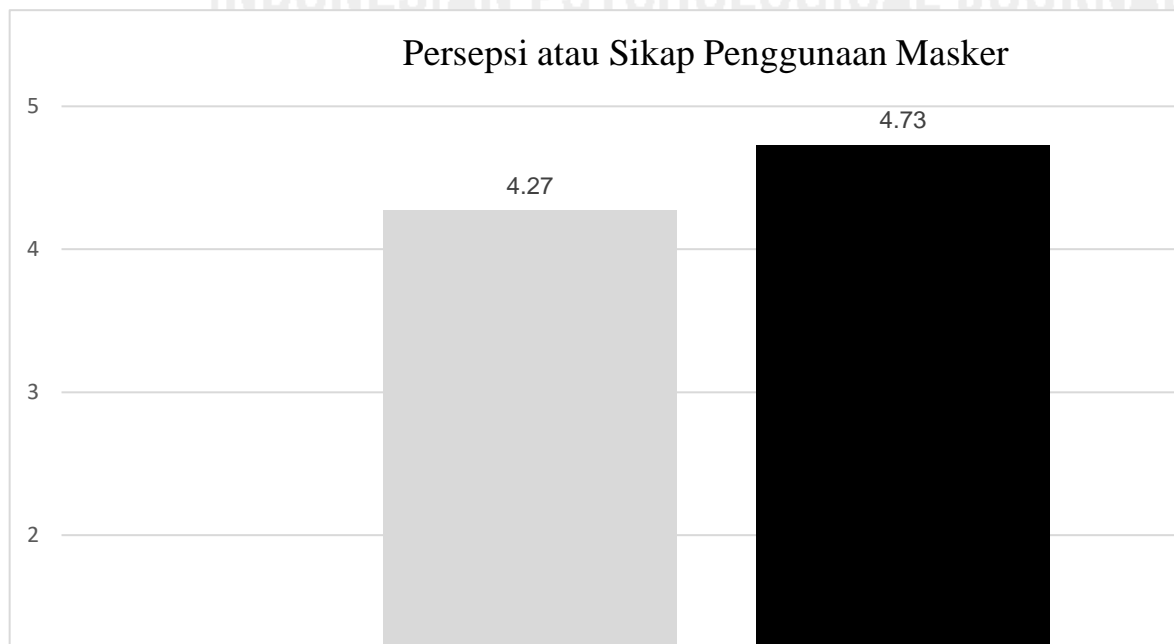
Persepsi atau Sikap Penggunaan Masker

Figure 4. Perception or attitude toward wearing a mask (Study 2).
Catatan. $p < 0,05$; 1 = Buruk; 5 = Baik.

Table 7
Direct Effect (Study 2)

Independent Variable	Perceived Severity (Protect Self)			Perceived Severity (Protect Others)		
	β	t	p	β	t	p
Constant	0.769	1.890	.065	1.116	3.356	.001
Health Locus of Control	0.530	3.193	.003	0.434	3.218	.002
Model Summary	$R^2 = .178$; $F(1,47) = 10.197$; $p < .05$			$R^2 = .099$; $F(1,94) = 10.358$; $p < .05$		

Tabel 7
Efek Langsung (Studi 2)

Variabel Independen	Persepsi Atas Tingkat Keparahan (Melindungi Diri Sendiri)			Persepsi Atas Tingkat Keparahan (Melindungi Orang Lain)		
	β	t	p	β	t	p
Constant	0,769	1,890	0,065	1,116	3,356	0,001
Health Locus of Control	0,530	3,193	0,003	0,434	3,218	0,002
Rangkuman Model	$R^2 = 0,178$; $F(1,47) = 10,197$; $p < 0,05$			$R^2 = 0,099$; $F(1,94) = 10,358$; $p < 0,05$		

General Discussion and Implications for Public Affairs

The results show that perceived severity is vital in encouraging individuals to wear a mask. Perceived severity has direct effect and mediated effect. This is consistent with the Health Belief Model (HBM), suggesting that a high perceived disease severity causes proactive health-protection behaviors (Weinstein, 2000). Therefore, when a government is downplaying Coronavirus danger, individuals automatically perceive the virus as less severe, minimizing the role of wearing a mask. The misperceptions surrounding the COVID-19 pandemic eventually lead individuals and groups to doubt scientific findings (Kurniawan et al., 2022). Humans see what they want to see, and the inconsistency of government and health officials can distort reality. Unfortunately, health messages have been vague and inconsistent in the United States of America, resulting in confusion and misinformation, resulting in COVID-19 continuing to rampage across the nation (Yamanis, 2020). The government and health officials need to work together to create a consistent message on the virus's severity. It has been exhibited in several countries, such as Australia and New Zealand. These countries have successfully flattened the curve and slowed

Diskusi Umum dan Implikasinya Terhadap Publik

Hasil menunjukkan bahwa persepsi atas tingkat keparahan sangat penting dalam mendorong individu untuk memakai masker. Persepsi atas tingkat keparahan memiliki efek langsung dan efek termediasi. Hal ini konsisten dengan *Health Belief Model (HBM)*, menunjukkan bahwa tingkat keparahan penyakit yang dirasakan tinggi menyebabkan perilaku perlindungan kesehatan yang proaktif (Weinstein, 2000). Maka dari itu, ketika pemerintah meremehkan bahaya virus *Corona*, individu secara otomatis menganggap virus tersebut tidak terlalu parah, sehingga meminimalkan peran pemakaian masker. Kesalahan persepsi seputar pandemi *COVID-19* pada akhirnya membuat individu dan kelompok meragukan temuan ilmiah (Kurniawan et al., 2022). Manusia melihat apa yang ingin mereka lihat, dan inkonsistensi pemerintah dan pejabat kesehatan dapat mendistorsi kenyataan. Sayangnya, pesan kesehatan tidak jelas dan tidak konsisten di Amerika Serikat, mengakibatkan kebingungan dan kesalahan informasi, mengakibatkan *COVID-19* terus merajalela di seluruh negara (Yamanis, 2020). Pemerintah dan pejabat kesehatan perlu bekerja sama untuk membuat pesan yang konsisten tentang tingkat keparahan virus. Hal tersebut telah ditunjukkan di beberapa negara, seperti

Table 8
Mediating Effect (Study 2)

Independent Variable	Perception or Attitude Toward Wearing a Mask (Protect Self)				Perception or Attitude Toward Wearing a Mask (Protect Others)			
	Coeff.	*SE*	*t*	*p*	*Coeff.*	*SE*	*t*	*p*
Constant	5.029	0.165	30.453	.000	5.354	0.196	27.222	.000
Health Locus of Control	0.022	0.071	0.308	.759	- 0.033	0.079	- 0.418	.676
Perceived Severity	- 0.174	0.057	- 3.055	.003	- 0.361	0.576	- 6.278	.000
Model Summary	$R^2 = .1783; F(1,47) = 10.1972; p < .05$				$R^2 = .330; F(2,93) = 22.895; p < .001$			

Direct Effect of Health Locus of Control on Perception or Attitude Toward Wearing a Mask

	Perception or Attitude Toward Wearing a Mask (Protect Self)				Perception or Attitude Toward Wearing a Mask (Protect Others)			
	Effect	*SE*	*t*	*p*	*Effect*	*SE*	*t*	*p*
	0.022	0.071	0.308	.759	- 0.033	0.079	- 0.418	.676

Indirect Effect of Health Locus of Control on Perception or Attitude Toward Wearing a Mask

	Effect	*BootSE*	*BootLLCI*	*BootULCI*	*Effect*	*BootSE*	*BootLLCI*	*BootULCI*
Severity	- 0.092	0.053	- 0.222	- 0.0145	- 0.157	0.067	- 0.310	- 0.042

Tabel 8
Efek Mediasi (Studi 2)

Variabel Independen	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)				Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)			
	Coeff.	*SE*	*t*	*p*	*Coeff.*	*SE*	*t*	*p*
Constant	5,029	0,165	30,453	0,000	5,354	0,196	27,222	0,000
Health Locus of Control	0,022	0,071	0,308	0,759	- 0,033	0,079	- 0,418	0,676
Persepsi Atas Tingkat Keparahan	- 0,174	0,057	- 3,055	0,003	- 0,361	0,576	- 6,278	0,000
Rangkuman Model	$R^2 = 0,1783; F(1,47) = 10,1972; p < 0,05$				$R^2 = 0,330; F(2,93) = 22,895; p < 0,001$			

Efek Langsung *Health of Locus of Control* Atas Persepsi atau Sikap Penggunaan Masker

	Persepsi atau Sikap Penggunaan Masker (Melindungi Diri Sendiri)				Persepsi atau Sikap Penggunaan Masker (Melindungi Orang Lain)			
	Effect	*SE*	*t*	*p*	*Effect*	*SE*	*t*	*p*
	0,022	0,071	0,308	0,759	- 0,033	0,079	- 0,418	0,676

Efek Tidak Langsung *Health of Locus of Control* Atas Persepsi atau Sikap Penggunaan Masker

	Effect	*BootSE*	*BootLLCI*	*BootULCI*	*Effect*	*BootSE*	*BootLLCI*	*BootULCI*
Persepsi Atas Tingkat Keparahan	- 0,092	0,053	- 0,222	- 0,0145	- 0,157	0,067	- 0,310	- 0,042

the pandemic. Health message such as wearing mask needs to be bipartisan - a recent Pew Research Center poll found Democrats were more likely to say they wear masks than Republicans (Aratani 2020). Concerted efforts from both political parties, highlighting the importance of wearing masks indoors and when social distancing is not an option, can help reduce the spread of COVID-19. Transcending political divisions and adopting a bipartisan approach to health messaging, particularly regarding mask-wearing, is crucial in combating the spread of COVID-19. By unifying efforts, political leaders can effectively convey the importance of wearing masks and promote a sense of shared responsibility in protecting public health.

Furthermore, the results show that self-construal moderated the relationship between perceived severity and individuals' perception or attitude toward wearing a mask. Interdependent self-construal moderated individuals' intention toward wearing a mask. Those with high interdependence, who place relationships, group memberships, and social roles as key to the self, are more likely to view the importance of wearing a mask. In contrast, individuals with high independent self-construal, who view themselves as autonomous, unique, independent of others, are less likely to view wearing a mask as positive.

A similar finding was found in smoking, where non-smokers with a salient interdependent self-construal are more likely to respond more favorably to an anti-smoking message focusing on the relational consequences of smoking (Yang et al., 2017). Hence, social marketers and health officials can focus on creating a campaign to increase their interdependent self-construal. For example, using words such as "we" or "us", "we are in this together" or "we are one" will encourage individuals to think about others. Alternatively, social marketers and health officials can create a distinct message to target two different segments (interdependent vs. independent individuals).

Another study showed that individuals with salient interdependent self-construal prefer interpersonally oriented advertisements with messages such as "making your family proud" (Lee et al., 2020). Yang et al. (2017) also found that non-smokers with a salient independent

Australia dan Selandia Baru. Negara ini telah berhasil meratakan kurva dan memperlambat pandemi. Pesan kesehatan seperti memakai masker harus bipartisan - jajak pendapat Pew Research Center baru ini menemukan bahwa Partai Demokrat lebih cenderung mengatakan bahwa mereka memakai masker daripada Partai Republik (Aratani 2020). Upaya bersama dari kedua partai politik, menyoroti pentingnya memakai masker di dalam ruangan dan ketika pengambilan jarak sosial tidak memungkinkan, dapat membantu mengurangi penyebaran *COVID-19*. Melampaui perpecahan politik dan mengadopsi pendekatan bipartisan dalam penyampaian pesan kesehatan, terutama terkait pemakaian masker, sangat penting dalam memerangi penyebaran *COVID-19*. Dengan menyatukan upaya, para pemimpin politik dapat secara efektif menyampaikan pentingnya memakai masker dan mendorong rasa tanggung jawab bersama dalam melindungi kesehatan masyarakat.

Selanjutnya, hasil studi menunjukkan bahwa *self-construal* memoderasi hubungan antara persepsi atas tingkat keparahan dan persepsi atau sikap penggunaan masker individu. *Self-construal* interdependen memoderasi niat individu untuk memakai masker. Mereka yang memiliki interdependensi tinggi, yang menempatkan hubungan, keanggotaan kelompok, dan peran sosial sebagai hal yang utama, lebih cenderung memandang pentingnya memakai masker. Sebaliknya, individu dengan *self-construal* independen yang tinggi, yang memandang diri mereka sendiri sebagai otonom, unik, independen dari orang lain, cenderung kurang memandang memakai masker sebagai hal yang positif.

Temuan serupa ditemukan dalam perilaku merokok, ketika individu non-perokok dengan *self-construal* interdependen yang menonjol lebih cenderung merespons pesan anti-merokok yang lebih baik, yang berfokus pada konsekuensi relasional dari merokok (Yang et al., 2017). Maka dari itu, pemasar sosial dan pejabat kesehatan dapat fokus pada pembuatan kampanye untuk meningkatkan *self-construal* interdependen. Sebagai contoh adalah dengan menggunakan kata-kata seperti "kita" atau "kepada kita", "kita melakukannya bersama" atau "kita adalah satu" akan mendorong individu untuk memikirkan orang lain. Alternatifnya, pemasar sosial dan pejabat kesehatan dapat membuat pesan berbeda untuk menargetkan dua segmen berbeda (individu interdependen vs. independen).

Studi lain menunjukkan bahwa individu dengan *self-construal* interdependen yang menonjol lebih menyukai iklan yang berorientasi interpersonal, dengan pesan seperti "membuat keluarga Anda bangga" (Lee et al., 2020). Yang et al. (2017) juga menemukan bahwa individu

self-construal responded more favorably to an anti-smoking message emphasizing the personal consequences of smoking. Finally, Dogan (2019) discovered the impact of independent self-construal on the Fear of Missing Out (FoMO). Hence, a health message campaign can create similar messages such as "wear a mask, make your family safe".

The increased view on the importance of wearing masks during the COVID-19 outbreak results in the reduction of COVID-19 transmission (Kurniawan et al., 2022). Moreover, social marketers may create a campaign focusing on self to reach individuals with high independent self-construal. For example, "wear a mask, save your life". This message is essential to reach independent individuals who put less emphasis on others and more on themselves. These individuals will wear masks and eventually protect others from the disease when focusing on themselves.

Limitations

This study has several limitations. Firstly, the study did not include an individual's political affiliation. Studies show some discrepancies between individuals affiliated with the Democratic party or the Republican party (Van Kessel & Quinn, 2020). Future studies may explore the impact of self-construal on how individuals with differential political affiliations view health messages. Furthermore, the author did not specify the location of the respondents in the United States of America. Each state and county in the United States of America varied in the level of severity. Hence it may influence how they perceive the severity of the disease. Future studies may include location as the control variable. Each location may differ significantly in the spread of the virus, hence impacting their perception of the severity of the virus.

non-perokok dengan *self-construal* independen yang menonjol merespon lebih baik terhadap pesan anti-merokok yang menekankan konsekuensi pribadi dari merokok. Akhirnya, Dogan (2019) menemukan dampak dari *self-construal* independen pada *Fear of Missing Out (FoMO)*. Maka dari itu, kampanye pesan kesehatan dapat menciptakan pesan serupa seperti "pakai masker, buat keluarga Anda aman".

Meningkatnya pandangan tentang pentingnya memakai masker selama wabah *COVID-19* berdampak pada berkurangnya penularan *COVID-19* (Kurniawan et al., 2022). Selain itu, pemasar sosial dapat membuat kampanye yang berfokus pada diri sendiri untuk menjangkau individu dengan *self-construal* independen yang tinggi. Sebagai contoh adalah "pakailah masker, selamatkan hidupmu". Pesan ini sangat penting untuk menjangkau individu mandiri yang kurang menekankan pada orang lain dan lebih pada diri mereka sendiri. Individu tersebut ini akan memakai masker dan pada akhirnya melindungi orang lain dari penyakit saat berfokus pada diri sendiri.

Keterbatasan

Studi ini memiliki beberapa keterbatasan. Pertama, studi ini tidak menyertakan afiliasi politik individu. Studi menunjukkan beberapa perbedaan antara individu yang berafiliasi dengan Partai Demokrat atau Partai Republik (Van Kessel & Quinn, 2020). Studi selanjutnya dapat mengeksplorasi dampak dari *self-construal* pada bagaimana individu dengan afiliasi politik yang berbeda melihat pesan kesehatan. Selain itu, penulis tidak menyebutkan lokasi responden di Amerika Serikat. Tiap negara bagian di Amerika Serikat bervariasi dalam tingkat keparahan. Hal tersebut dapat mempengaruhi bagaimana mereka memandang tingkat keparahan penyakit. Studi selanjutnya dapat mencakup lokasi sebagai variabel kontrol. Tiap lokasi mungkin berbeda secara signifikan dalam penyebaran virus, sehingga mempengaruhi persepsi mereka tentang tingkat keparahan virus.

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