

EFFECT OF SOCIAL MARKETING ON HEALTH PROTOCOL COMPLIANCE AMONG MILLENNIALS IN JAKARTA, INDONESIA

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ABSTRACT

Individual compliance with health protocols is a crucial factor in supporting the Indonesian government in controlling the transmission of COVID-19, especially for the millennial generation. This explanatory research aims to examine the effect of social marketing on compliance among millennials in Jakarta. Four indicators are applied to measure social marketing, and two others are applied to measure compliance. Using a questionnaire, data were collected from 439 millennials. The hypothesis was tested using partial least squares structural equation modeling (PLS-SEM). This study found that social marketing positively impacts compliance with health protocols. This finding has provided empirical implications about how social marketing increases millennials' compliance with health protocols that are promoted to prevent and control COVID-19 transmission. The concept of the marketing mix informing people about the benefits of health is critical since the positive social values offered by social marketers are a major incentive for people to follow health protocols. This study's research sample is limited to millennials, however, and as a result, this research group may be expanded beyond millennials in the future to acquire a more complete knowledge of the effect of social marketing on health protocol compliance.

Keywords: Social Marketing, Public Health, Compliance, COVID-19

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INTRODUCTION

After confirming the first two cases of COVID-19 on March 2, 2020, the Indonesian government has promptly released a health protocol with which people are urged to comply. As informed officially by the Public Health Faculty of the University of Indonesia on November 22, 2020, the level of compliance with health protocol in Indonesia is currently 70%, 60%, and 30%, respectively, for wearing masks, maintaining distances, and washing hands. This level is below 80%, the minimum level required to prevent and

control the transmission of COVID-19. It explains why the transmission of COVID-19 in Indonesia has become more challenging to control. As of December 4, 2020, Indonesia was the country with the largest number of cases in Asia, that is, 563,480 cases (Kurniati, 2020). The study by Afrianti dan Rachmawati explains that a lack of individual's knowledge of health protocol is one of the many factors that causes low individual compliance (Afrianti & Rahmiati, 2021). The Directorate General of Informatics Applications stated that the disinformation pandemic

(disinfodemic) about COVID-19 made people undisciplined in complying with health protocols (Indonesia. Directorate General of Informatics Applications, 2020). The amount of infodemic spread that makes people doubt. Apart from disinfodemic, several other indications are causing the community's low adherence to health protocols. These indications include a lack of public understanding of how vulnerable they are to COVID-19, lack of public understanding of the benefits of health protocols, lack of information/guidance to encourage the public to take health protocol efforts, and lack of access to implementation of health protocols (availability of masks, soap, and hand sanitizer).

Compliance is a person's disciplined attitude in obedience to specific orders or rules (Kusumadewi et al., 2012). When it comes to health protocol, individual compliance is demonstrated by his or her behavior by always wearing masks, keeping distances, and washing hands, particularly in a crowd. According to Sulistyningtyas, et al. (2020) the best way to improve individual compliance is to increase individual awareness of health protocol. As knowledge influences a person's attitude, it implies that enhancing an individual's awareness of COVID-19 health protocols can improve individual compliance (Achmadi, 2013).

Social marketing is an approach designed to influence people's behavior toward a desired behavior (Donovan, 2011). Its primary purpose is to promote desired behavior and to encourage behavioral change by increasing positive behavior and minimizing negative behavior (Dann, 2010). As social marketing goals are directly related to behavioral change, it might be the best approach to increase individual compliance with health protocol. This statement is supported by previous research on social marketing and its impact on compliance. The research of Blitstein, et al. (2016) found the effect of social marketing on teenagers' compliance as the intake of vegetables and fruits among teenagers increases following social marketing campaigns. In addition, research by Attwell and Freeman explained that the number of vaccine recipients has risen following a social marketing campaign, implying that it impacts individual compliance (Attwell & Freeman, 2015).

According to the above statement, individual compliance with health protocols is a crucial factor in supporting the Indonesian government

in controlling the transmission of COVID-19. As the primary goals of social marketing are to promote desirable behavior and encourage individual behavioral change, it might be the most effective approach in increasing individual compliance with health protocol. Hence, the research to assess the impact of social marketing on compliance with health protocols of COVID-19 is important as the findings may offer an alternative solution in dealing with low individual compliance with a health protocol, which is critical to overcoming the COVID-19 pandemic.

Based on the phenomena of COVID-19 transmissions in Indonesia and the previous studies, this research is designed to examine the effect of social marketing campaigns on compliance with health protocols among millennials in Jakarta, Indonesia.

LITERATURE REVIEW

Social Marketing

Kotler and Zaltman first introduced the term social marketing in their article entitled "An Approach to Planned Social Change" (Kotler & Zaltman, 1971). They introduced social marketing as programs planned to influence social ideas' acceptability and involved product planning, pricing, communication, distribution, and marketing research. In his article, Andreasen (2002) argues that the purpose of social marketing was more beneficial than initially stated by Kotler and Zaltman (1971). He argues that the goal of social marketing is to influence individual behavioral change for the benefit of the society.

Despite the difference, Kotler and Zaltman (1971) and Andreasen (2002) believed that social marketing needs to adopt commercial marketing principles to achieve its goals. According to Andreasen, there are six commercial marketing principles to be adopted by commercial marketing to achieve its goals, i.e., behavioral objectives, public marketing segmentation, formative and marketing activities, exchanges, marketing mixes, and rivalry (Andreasen, 1994). Otherwise, the activities would not be considered as social marketing (Andreasen, 1994). In practice, many social marketing activities focused exclusively on marketing mix principles, and they have proven to effectively influence behavioral change.

The Four Ps in Social Marketing

The marketing mix is one marketing concept adopted by social marketing to design programs to influence behavioral change (Andreasen (1994) for prosperous life (Andreasen, 2002). Also known as the four Ps, the marketing mix includes products, prices, promotions, and places (Kotler et al., 2002). In social marketing, the first P of the marketing mix refers to the set of benefits designed for socially beneficial reasons (Grier & Bryant, 2005). The product includes the actual offering, the benefits derived or received from performing desired behaviors, and how the offering relates to the end of the user's interest and needs (Nowark et al., 2015). Differently, Kotler, et al. (2002) distinguish social marketing product into three product levels, i.e., the core products, actual products, and augmented products. The core products are core values derived by individuals who follow the desired behaviors. The core values are the most reasons why people voluntarily adopt the behaviors (Nowark et al., 2015).

In social marketing, a healthy life by Andreasen (2002) or a prosperous life by Hastings and McDermott (2006) is the socially desirable core value and the reason why people are willing to follow the suggested behaviors. The actual products are the actual offerings that are the desired behaviors designed and promoted for socially beneficial reasons. Using a condom, consuming more vegetables and fruit, and accepting vaccines are the desired behaviors promoted to specific target audiences for socially practical purposes (Grier & Bryant, 2005). Finally, the augmented products are tangible products used to facilitate behavioral change toward the desired behaviors. Without the support of actual products, people would not be able to follow the suggested behaviors (Grier & Bryant, 2005).

The second P is the price that buyers are willing to pay in exchange for the benefits promised by the marketer (Grier & Bryant, 2005). The price is all the cost that involves money, time, and psychological effort sacrificed by people to make an exchange (Nowark et al., 2015). In social marketing, the exchanges are understood as a person's willingness to change their behavior and take advantage of socially beneficial values by adopting the desired behaviors (Hastings & McDermott, 2006). In terms of health protocols, the cost of buying tangible goods is the price that individuals are willing to sacrifice to adopt the

desired behaviors. The discomfort of wearing masks, keeping distances, and washing hands are the psychological efforts that they are willing to accept to follow the desired behavior voluntarily. Socially beneficial values are the advantages gained by people who follow the health protocols.

The third P is the promotion, which includes a marketing practice that provides target consumers with information on the products' characteristics/benefits, the price, and where/how to access the goods/services offered. In social marketing, promotion activities are marketing campaigns to convey the values and benefits in line with intangible and tangible products (Grier & Bryant, 2005). Campaigns are focused on the benefits of desired behaviors to encourage people to follow the suggested behaviors [8] and the government delivers a message using mainstream media to reach a wider population (Andreasen, 1994; Evans, 2008). Promotion activities are a social marketing campaign that promotes the ideal behavior and the socially beneficial values embedded in desired behaviors.

The last P is a place that refers to the distribution of goods and the location of sales and service encounters (Grier & Bryant, 2005). In social marketing, the place addresses the availability of knowledge on desired behaviors and how people will conveniently adopt the desired behaviors (Andreasen, 1994). Nowak, et al. (2015) state that the sooner individuals have access to behavioral information, the faster they follow their desirable behaviors as they recognize behavioral values. Moreover, the more tangible goods are available to customers, the sooner an individual complies with the health protocols.

From a theoretical perspective, social marketing is explained as a program designed to encourage people to follow desirable behaviors voluntarily and gain socially beneficial values embedded in the behavior. Therefore, helping people to recognize the socially beneficial values is crucial to encourage individuals to adopt the desired behavior. In addition, providing much information easily accessible to people and tangible goods at affordable prices would accelerate the personal understanding of health protocols that impact individual compliance.

In this research, the health protocols of wearing masks, keeping distances, and washing

hands are the desired behaviors to prevent and control the transmission of COVID-19. Hand sanitizers and masks are tangible products needed to facilitate the behavioral change toward the health protocols. Finally, healthy lifestyle, which helps prevent an individual from contracting COVID-19, is the socially desirable value gained by individuals who adopt the health protocols. The more information is accessible to people, the greater the potential for individuals to acknowledge the socially desirable values. Moreover, the more affordable the price of tangible products, the more the individuals would willingly follow the behavior.

Compliance

According to the Indonesian General Dictionary (KBBI), compliance is defined as individual adherence to orders, rules, and discipline. From the public health perspective, compliance is defined as the extent to which a person's behavior coincides with medical advice (Fielding & Duff, 1999). The compliance of a person with orders or rules can be seen from their behavior (Smeth, 1994). Morselli and Passini state that it is a personal decision whether or not to comply with rules, legislation, social norms, or significant persons (Morselli & Passini, 2012) and Pozzi, et al. (2014) state the decision is influenced by a variety of reasons.

Meinarno and Sarwono state that there are three types of personal compliance, namely, (1) conformity, a person's obedience to change behavior toward group behavior they refer to; (2) acceptance, a person's obedience to alter behavior toward group behavior, as convinced by others whom they admire; and (3) loyalty, a person's obedience to change behavior according to group behavior as they are forced by those individuals who have power (Meinarno & Sarwono, 2011). Furthermore, Meinarno and Sarwono state that each type reflects the degree of individual obedience to their group (Meinarno & Sarwono, 2011). Conformity is the most significant degree of compliance since the behavior is embodied in personal values, while acceptance is the medium degree of compliance because a person's obedience occurs when someone convinces them to alter but not through power. A person's obedience can decrease or even disappear if the role of the people they admire fades or disappears. Finally, loyalty is the lowest degree of adherence since coercion has

less effect on enforcement (Crawford, 2004). The previous study by DiGiovanni, et al. (2004) showed that conformity with quarantine is not attributed to rules or punishments for individuals who do not comply. Research has shown that sentence would not necessarily influence compliance behavior but the most important reason for someone to comply with quarantine because they believe the quarantine reduces infection risk to others.

The Effect of Social Marketing on Compliance

Many of previous studies that focused on social marketing and compliance found the impact of social marketing on compliance. The systematic analysis of 13 research by Olawepo, et al. (2019) showed that social marketing campaigns affect the growing number of HIV vaccine participants. The systematic review of the study published in the peer-reviewed journal between 2000 and 2014 by Kubacki, *et al.* reported that social marketing campaigns effectively change the behavior of alcoholics (Kubacki et al., 2017). Research by Blitstein, et al. (2016) showed that the social marketing campaign affects teenagers' adherence to the consumption of vegetables and fruit as the intake of vegetables and fruit has risen after the campaign (Blitstein et al., 2016). Moreover, Evans, *et al.* suggest that marketing campaigns have effectively increased the number of youth smokers by about 300,000 (Evans, 2008). In relation to this, social marketing could enhance individual compliance with the health protocols among millennials. Thus, the author suggests the hypothesis in this research as follows:

H1: Social marketing has a positive effect on compliance with health protocols.

METHODOLOGY

This research is designed to examine an exogenous variable's effect on an endogenous variable by testing the formulated hypothesis (Sugiyono, 2016). This research aims to examine the impact of social marketing on compliance with health protocols among millennials in Jakarta, Indonesia. The structured online questionnaire was developed on a five-point Likert scale ranging from strongly disagree (=1), disagree (=2), neither agree nor disagree (=3), agree (=4), to strongly agree (=5) to explore the opinion of the respondents about social

marketing and compliance. The questionnaire was divided into two sections. The first section consists of 6 questions relating to the respondent's profile, such as gender, age, residency, educational background and occupation, whereas the second comprises 30 questions on social marketing and compliance. The questionnaire was posted on Instagram and Twitter, and the eligible millennials were linked directly to the questionnaire via the Google Form.

The research population consists of millennials born between 1980 and 2020 (Ali & Lilik, 2017). The sample was then selected using a non-probability sampling technique that determines the respondents based on specific criteria (Arikunto, 2010). In this research, the target sample's specific criteria are millennials, registered as residents of the DKI Jakarta Province and familiar with the Indonesian government's health protocols introduced since June 2020. A total of 439 qualified millennials

have been selected as respondents for this research. The data were analyzed using partial least squares structural equation modeling (PLS-SEM) to measure the observed variables collected from instruments to determine their influence on latent or unobserved variables (Fornell & Larcker, 1981).

In this research, social marketing is defined as a marketing campaign that promotes desirable behavior and encourages people to change their behaviors voluntarily and gain the core values embedded in the behavior. Compliance is defined as an obedience behavior demonstrated by a person based on social requirements (conformity) or at the request of those whose authority is recognized (acceptance). This study describes compliance with health protocols as a person's acceptance of wearing a mask, keeping distances, and washing hands (conformity). Table 1 summarizes all the indicators used to measure the variables in this research.

Table 1: Variables, indicators, and sources of theory

Variables	Indicators	Sources
Social marketing (SM)	Desirable behaviors (DB)	Kotler & Zaltman (1971); Andraesen, (1994); Andraesen (2002); (Grier & Bryant (2005)
	Socially beneficial (SB)	Andraesen (2002); Hastings & McDermont (2006); Nowak et al., (2015)
	Marketing campaign (MC)	Kotler et al., (2002); (Grier & Bryant, 2005); Evans, (2008). Hastings & McDermont (2006). Nowak et al., 2015
	Voluntary behavioral change (VBC)	Hastings & McDermont (2006) Olawepo et al., (2018); Kubackki, (2015)
Compliance (C)	Conformity	Smeth, (1994); Fielding & Alistair Duff (1999); Meinarno & Sarwono (2010); Morselli & Passini (2012)
	Acceptance	Smeth, (1994); Fielding & Alistair Duff (1999); Meinarno & Sarwono (2010); Morselli & Passini (2012)

RESULTS

Descriptive Findings

Table 2: Respondent profile

No	Respondent profile	Item of questions	%
1	Gender	Female	59.5%
		Male	40.5%
2	Age	20–25	70.5%
		> 25–30	18.3%
		> 30–35	5%
		> 36–40	5.2%
3	Education	Primary/junior high School	0.2%
		Senior high school	61.3%
		Diploma	4.6%
		Bachelor's degree	28.7%
		Master's degree	5.2%
		Doctoral degree	0%
4	Professions	Student	53.3%
		Government officer	7.7%
		Private employee	28.7%
		Entrepreneur	2.5%
		Others	7.7%
5	Residence	North Jakarta	35.5%
		Central Jakarta	19.4%
		West Jakarta	15.8%
		East Jakarta	12.6%
		South Jakarta	16.7%

A total of 439 millennials were included in this study. Based on the demographic profile, the majority of respondents were female (59.5%), aged 20–25 years old (70.5%) and lived in North Jakarta (35.5%). Based on educational background, most of the respondents graduated from high schools (61.3%), followed by respondents who graduated from university. The largest of the respondents consists of students (53.3%), followed by private companies' professionals. The profile of respondents explains that they can address every question in the questionnaire.

Using the SmartPLS3.0, the leading application for partial least squares structural equation modeling (PLS-SEM), the data was analyzed step by step as follows:

Evaluating the measurement model:

The first step includes evaluating the measurement model to determine the relationship between the latent construct and indicators, as illustrated in Figure 1.

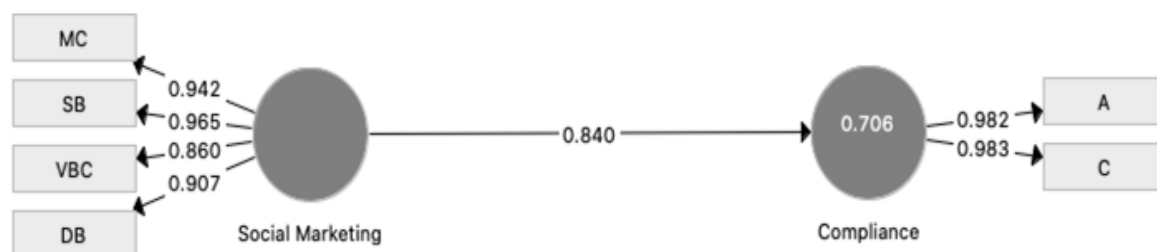


Figure 1: Caspian Basin Export Diversification Index.

As shown in Figure 1, the reflective indicators are constructed to measure social marketing and compliance construct. As the indicators are reflective, the evaluation of reliability was performed using composite reliability and Cronbach's alpha, while validity was assessed through convergent validity and discriminant

validity (Ghozali & Hengky, 2015). The reliability test result came out with the value of composite reliability, and Cronbach's alpha is above 0.7, which means that the indicators are reliable, which agrees with Ghozali and Hengky (2015) (see Table 3).

Table 3: Cronbach's alpha and composite reliability

Variables	Cronbach's alpha	Composite reliability
Compliance	0.964	0.982
Social marketing	0.938	0.956

Further, the measurement model is evaluated using convergent validity and discriminant validity to assess the instrument's accuracy in performing its function. Convergent validity aims to determine the validity of each relationship between indicators and the latent constructs or variables. To evaluate the indicators, this research uses a loading factor of

0.70 as the minimum acceptable value to evaluate the convergent validity proposed by Ghozali and Hengky (2015).

The results show that all the value of loading factors is 0.7 or higher, specifying that the correlation between indicators and constructs is valid (Ghozali & Hengky, 2015) (see Table 4).

Table 4: Items loading and cross loading

	Compliance	Social marketing
A	0.982	0.815
C	0.983	0.836
MC	0.772	0.942
SB	0.806	0.965
VBC	0.765	0.860
DB	0.745	0.907

The test continued by testing the discriminant validity to determine the extent to which the two conceptually similar concepts differ from each other (Ghozali & Hengky, 2015).

In this study, two approaches are used to test the discriminant validity. The first is evaluating the item loading and cross loading to ensure that items load and measure the construct correctly (Leguina, 2015), while the second is comparing the square root average

variance extracted (AVE) of constructs with a correlation coefficient between variables using the Fornell and Larcker criteria (Fornell & Larcker, 1981). As presented in Table 5, the \sqrt{AVE} 's values are higher than the correlation coefficient between variables, and the values of AVE are higher than 0.5, indicating an apparent discriminant validity of the measurement model.

Table 5: AVE, \sqrt{AVE} , and coefficient of correlation between variables

Variables	Average variance extracted (AVE)	Square root of average variance extracted (AVE)	Coefficient correlation between variables
Compliance	0.965	0.982	
Social marketing	0.845	0.916	0.919

The research is confident that the estimated model has fulfilled the outer model criteria, and the measurement model is reliable and valid based on the assessment.

Evaluating the structural model

The structural model's evaluation is proposed to determine the extent to which the relationship between latent variables is based on substantive theory (Ghozali & Hengky, 2015). In this research, the assessment is based on R square's values, the Q² for predictive relevance, t-test, and the coefficient path. According to

Chin, the R squares for endogenous variables explain the strength of the proposed model's prediction where the values of 0.67, 0.33, and 0.19, respectively, indicate that the model is strong, moderate, and weak (Chin, 2010). Based on the results, the proposed model is a robust predictive model where changes in exogenous variables cause 70% change in the endogenous variable (see Table 6.) moreover, the value of Q² is 0.675 > 0, suggesting that the model reconstructed the observed values correctly (Ghozali & Hengky, 2015).

Table 6: Value of R square

Variables	R square	Q ² predictive relevance
Compliance	0.706	0.675

The evaluation is continued with the bootstrapping procedure to evaluate the path value. The estimated value of the relationship

between latent variables is 0.840, which indicating a significant relationship according to the T value (see Table 7.)

Table 7: Estimation of path coefficient

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T Statistics (O/STDEV)	P Values
Social marketing -> Compliance	0.840	0.840	0.026	32.819	0.000

For the goodness of fit, the proposed model is assessed whether SEM's assumptions in this research are fulfilled. The GOF was assessed based on standardized root mean squared residual (SRMR), the Chi square, and the normed

fit index (NFI). According to Ghozali, the model is fit if the SRMR value is < 0.10, the Chi square value is > 0.05, and the NFI value is > 0.90 (Ghozali, 2018).

Table 8: Criteria for the goodness of fit

	Saturated model	Estimated model
SRMR	0.040	0.040
d_ULS	0.034	0.034
d_G	0.124	0.124
Chi square	324.911	324.911
NFI	0.902	0.902

Table 8 explains that the standardized root mean squared residual (SRMR) is 0.04 < 0.10, the Chi square value is 324.911 > 0.05, and the NFI is

0.902 > 0.90, explaining that the proposed model itself provided sufficient information as a fit model.

Hypothesis testing

Based on the result, the correlation between social marketing and compliance has a p-value of $0.000 < 0.05$, indicating that the correlation is significant, which means that the hypothesis (H1) is accepted, and that social marketing has an impact on compliance.

DISCUSSION

Based on the results, there is an effect of social marketing activities on compliance with the health protocols. This research found that 70.6% of compliance is affected by social marketing changes. This indicates the importance of social marketing activities in increasing millennials' compliance with health protocols, which is currently below the minimum level to control the transmission of COVID-19.

This finding is also supported by the previous studies by Blitstein, *et al.* and Kubacki, *et al.* who revealed the effect of social marketing in behavioral change (Blitstein *et al.*, 2016; Kubacki *et al.*, 2017). Blitstein, *et al.* states that social marketing focuses on raising children's understanding of the need of eating a balanced diet, which includes enough amounts of fruits and vegetables (F/V) and encouraging them to adopt healthy behaviors (Blitstein *et al.*, 2016). The study of Blitstein, *et al.* found that social marketing was effective in reducing obesity-related behaviors (Blitstein *et al.*, 2016). Furthermore, Kubacki, *et al.* (2017) found that social marketing can help reduce the damage caused by alcohol consumption. Individual knowledge of the harmful effects of excessive alcohol consumption has risen as a result of social marketing, which has had a beneficial influence on drinkers and encouraged them to comply with the healthier behavior.

The Indonesian government must engage in social marketing campaigns that align to the marketing mix, which includes products, prices, promotions, and places (Kotler *et al.*, 2002). To encourage individuals to adopt the health protocol, social marketing campaigns should be focused on the beneficial values of health protocol, which is the most common reason why people follow the recommended behavior (Nowak *et al.*, 2015). According to the concept of marketing mix, the benefit of a product is its most valuable component that influences customer purchasing intentions (Kotler *et al.*, 2002).

Furthermore, the government must keep the pricing of physical products like hand sanitizers and masks at prices that people are willing to pay in exchange for the benefits promised by the social marketer (Grier & Bryant, 2005). According to the Indonesian Central Bureau of Statistics, 27.5 million Indonesians live in poverty; thus, the cost of purchasing hand sanitizers and masks could be a barrier for encouraging individual behavioral change (Indonesia. Indonesian Central Bureau of Statistics, 2021). Without the support of actual products, people would not be able to follow the suggested behaviors (Grier & Bryant, 2005).

Furthermore, in promoting the health protocol, it is essential to understand that each group obtains information through a different type of media (Grier & Bryant, 2005). Hence, the government must choose appropriate media for each group in order to promote the health protocol for COVID-19. As COVID-19 has spread widely, the government also needs to use mass media communication that can reach a broader audience.

Finally, the government should consider about making it easier for people to obtain the appropriate information to improve their understanding of health protocols. The wider the information distribution, the faster they understand the behavioral values (Nowak *et al.*, 2015). In additional, the availability of handwashing stations in all public places is essential to help people comply with health protocols. According to Kotler, the wider the distribution of the product, the easier it is for customers to acquire the goods and the more likely they are to buy (Kotler *et al.*, 2002).

CONCLUSION AND LIMITATIONS

Based on the findings of this study, social marketing has an influence on people's compliance with recommended behavior. Therefore, the social marketing approach can be an alternative way to promote and encourage behavioral change toward health protocol. While executing health protocol campaigns, social marketers must employ the marketing mix principle, which is commonly used to promote commercial items. According to the concept of marketing mix, informing people about the benefits of health is critical since the social positive values offered by social marketers are a

major incentive for people to follow health protocols.

Furthermore, fixing the price of hand sanitizers and masks at reasonable levels is critical, since the greater the price, the less likely people are to purchase the intangible products required to implement health protocols. In terms of promotion, for a variety of reasons it is necessary to promote the socially desirable values of health protocols to both specific target groups and the general public. Finally, the essential component of the place that requires consideration is the importance of dissemination of information and intangible items, such as handwashing facilities in public places.

Several shortcomings are identified in this study. Firstly, as social marketing is the only exogenous variable in this study, future research on the effect of social marketing on compliance should include other variables. Secondly, the research population in this study is limited to millennials; thus, in the future, this research population might be expanded beyond millennials to have a deeper knowledge of the effect of social marketing on compliance with health protocols.

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