Can advertising enhance consumers' desirable COVID-19 health behavioral intentions? The role of brand-pandemic fit

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Abstract
This article explores the fit between the advertised brand and the pandemic as a potential influence on consumers’ intentions to engage in socially responsible health behaviors (social distancing, mask wearing, and getting tested when exposed). In an advanced and emerging market setting we find that advertisements for brands that are perceived as high on brand-pandemic fit enhance consumers’ socially desirable COVID-19 health behavioral intentions and changes in brand credibility is the mechanism that drives such intentions. Fit is especially beneficial on the intentions of consumers whose health beliefs reflect only low to moderate concern about COVID-19. Consumers with low or moderate (vs. high) COVID-19 health beliefs exhibit an increased susceptibility to the fit—desirable health behavioral intentions relationship. The results are also corroborated in an emerging market context. Together, the results establish links between brand-pandemic fit of advertisements, brand credibility, health beliefs, and consumers’ intentions to engage in socially desirable health behaviors. The results suggest that advertising can play a role in encouraging desirable health behaviors and can promote consumer welfare via ads of high fit products and services that provide benefits during the pandemic in both advanced and emerging markets.

1 | INTRODUCTION

In March of 2020 the world was rocked as a global pandemic was declared due to the COVID-19 virus. Restrictions to prevent the spread of COVID-19 abounded. As consumers tried to make-sense of the crisis, they were also expected to engage in behaviors such as social distancing, getting tested if exposed and mask wearing. Brand advertisers tried to adjust to the unprecedented context. The majority of advertisers reduced or eliminated advertising spending in the short-term at the onset of the pandemic (Interactive Advertising Bureau, 2020). Many brands that did not eliminate advertising adapted their content to the pandemic to reflect health, community, and helping themes (Balis, 2020). In the spirit of celebrating St. Patrick’s Day differently, Guinness highlighted the idea of human resilience. Other brands, such as Apple, focused on creativity, and Burger King promoted responsible citizenship by making whoppers at home (Buller & Scott, 2020). Very few of these advertisements actually focused on a specific product or service, but instead most led with an emotional appeal.

However, some products and services did focus on specific attributes that were particularly useful for consumers during the pandemic, directly addressing problems and challenges that the pandemic introduced (Balis, 2020). Hand sanitizers and house cleaning products (e.g., Lysol) promised to get rid of viruses, provide effective sanitation, and help keep families safe. The services of online retailing platforms like Amazon and food delivery services solved an important pandemic-related challenge, as consumers increasingly needed goods delivered to their homes (Ludwig, 2021). Yet, some brands such as Pepsi continued to advertise and adapted their content to the pandemic via health, community, and helping themes, although their product did not directly address a pandemic-related need.
Branding literature conceptualizes fit as the similarity and complementarity between functional and hedonic characteristics of multiple brands or products (e.g., Simonin & Ruth, 1998). The alignment of a brand’s functional capabilities and image characteristics with the pandemic can be conceptualized in terms of fit as well. The ads for Lysol and Amazon presumably had a high level of fit since the attributes of the products and services help fulfill needs and solve problems associated with the pandemic. Conversely, Pepsi had low fit as the beverages provided by Pepsi do not directly alleviate health concerns due to COVID-19.

In this article, we examine the effect of fit in a new context: the COVID-19 pandemic. We focus on fit as perceived by consumers between an advertisement and the COVID-19 global pandemic. Thus, fit captures the brand-context congruency (De Pelsmacker et al., 2012) between the brand/service communicated in the ad and the needs associated with the COVID-19 pandemic. The primary objective and key contribution of this research is to understand the relationship between ads high on brand-pandemic fit and consumers’ desirable COVID-19 behavioral intentions such as social distancing, wearing masks, and getting tested if exposed. When fit is high individuals may become more likely to conclude that the course of action (i.e., desirable health behaviors) is worthwhile and be more willing to engage in that action because of response fluency (e.g., Janiszewski & Chandon, 2007). In the early stages of the pandemic, public health officials around the world promoted such behaviors to help mitigate the spread of the virus (BBC, 2020). Individuals’ intentions to engage in such health behaviors varied significantly within and between countries. We explore the relationship between behavioral intentions and brand-pandemic fit in ads to see if there is a possible relationship which could be used in the future to influence adoption of desirable public health behaviors.

Thus, we investigate the relationship between brand-pandemic fit in advertising and desirable behavioral intentions in two studies in an advanced country (U.S.-based Study 1 and Study 2) and one study in an emerging market context (Turkey-based Study 3). We, then, conceptualize and test the mediating role of brand credibility on the relation between brand-fit and consumer’s intentions to perform desirable COVID-19 health behaviors (U.S.-based Study 2 and Turkey-based Study 3). Finally, we investigate effects for consumers whose health beliefs (Champion & Skinner, 2008; Nowak et al., 2020) reflect varying levels of concern (low, moderate, and high) about COVID-19.

2 | HYPOTHESIS DEVELOPMENT

2.1 | Brand fit

Fit refers to the similarity and complementarity between brand images and/or product attributes. Marketing has examined the impact of fit in the context of brand extensions (Desai & Keller, 2002; Loken & John, 1993), cause-related marketing (Newmeyer et al., 2019; Sung et al., 2021), co-promotions (Samu et al., 1999), brand alliances (Newmeyer et al., 2014; Simonin & Ruth, 1998), endorsements (Breves et al., 2019; von Mettenheim & Wiedmann, 2021), and sponsorships (Mazodier & Merunka, 2012). In brand extensions, fit refers to how similar the extension is to the parent brand (Loken & John, 1993). In brand alliances, fit refers to both brand image consistency in conjunction with functional fit of the core product and brand competencies (e.g., Simonin & Ruth, 1998).

In the midst of the pandemic, brands put forth advertisements and messaging specifically related to COVID-19. In essence, the brand and the pandemic are jointly presented together similar to a brand alliance. In this case, consumers evaluate the brand’s fit in terms of both functionality and image with the pandemic. In many cases, these ads highlight utilitarian or functional aspects of a brand associated with the physical attributes of a product or service, how the product performs, its convenience or core function (Chitturi et al., 2008; Dhar & Wertenbroch, 2000). Functional attributes are categorized in a consumer’s mental map of products and brands (Aaker, 1991; Keller, 2003). The functional attributes of a cleaning product would be overall efficacy, disinfectant ability, scent, whether (or not) it is environmentally friendly, and its form (i.e., spray, wipe, and concentrate). In other instances, brands rely on the fit of image characteristics such as caring and responsibility to show similarity and complementarity with the pandemic. For example, insurance companies highlighted perceptions of reliability and helpfulness in their ads during this time.

High fit ads, where congruence with COVID-19 generated problems and their solutions are communicated, provide consumers with a sense of familiarity with the ad information and facilitate understanding (Samu et al., 1999). Furthermore, ads with high brand-pandemic fit are expected to be easier to process because of metacognitive fluency that consumers may misattribute for truthfulness (Alter & Oppenheimer, 2009). Fluency refers to the ease or difficulty with which information can be processed (Schwarz, 2004). Thus, consumers rate high fit messages as more believable than no-fit or low-fit messages because of the ease of processing, potentially leading to a change in their attitudes, intentions and behaviors (Robinson et al., 2012). With low-fit messages, consumers are likely to have questions about why the products (in this case the brand and COVID-19) are appearing together. When there is high fit with the pandemic, individuals may have lower levels of cognitive processing and trust in the message will be stronger leading to more willingness to adopt pandemic related behaviors. With high fit ads, response fluency will be higher, in that individuals may become more likely to conclude that the course of action (i.e., desirable health behaviors) is worthwhile and be more willing to engage in that action when it is easier to execute the cognitive processes that support the consideration of the action (Janiszewski & Chandon, 2007).

Relatedly, brands that exhibit high fit with social issues tend to be viewed as effectively supporting the cause (Simmons & Becker-Olsen, 2006) and may influence individuals to do the same. Similarly, we expect high fit ads, where congruence with COVID-19 generated problems and their solutions are communicated, to be easier to execute.
process and therefore more likely to activate an individual’s intentions towards mitigating or helping during the pandemic, leading to the adoption of desirable health behaviors (Fennis et al., 2011; Gollwitzer & Oettingen, 1998). In general, because high fit ads will be easier to process, they are more likely to increase intentions to adopt public health behaviors than low fit ads.

**Hypothesis 1.** Perceived brand-pandemic fit is positively related to consumers’ desirable COVID-19 health behavioral intentions.

### 2.2 Brand credibility as a mediator

When exposed to ads, consumers’ memories of attributes are activated based on the message presented (Keller, 1991). In part, the level of information processing of the pandemic ad changes depending on the match or mismatch between characteristics of the brand and pandemic. When there is high fit, heuristic processing commonly occurs as the attributed associated with both entities, in this case the brand and the pandemic, are easily accessible in consumers’ minds and are processed with ease (fluency) (Germelmann et al., 2020). Conversely, when fit is low, systematic processing is more likely to take place (Bignez et al., 2012; Menon & Kahn, 2003). Consumers must use cognitive effort to understand why a brand is using messaging related to the pandemic even though the brand offers few if any functional benefits or image characteristics directly related to it. Thus, consumers will seek to understand the brand’s motivation for the low-fit pandemic-related ad.

Advertisements from credible sources increase behavioral intentions more effectively than non-credible sources in traditional product and service contexts (Newell & Goldsmith, 2001). Similar to the joint presentation of a brand and the pandemic, cause-brand alliances that are highly credible do a better job of increasing purchase and behavioral intentions than non-credible sources (Alcañiz et al., 2010; Goldsmith et al., 2000). In a new and difficult to understand pandemic context, consumers may demonstrate considerable skepticism and disbelief (Obermiller et al., 2005) that the brand will actually deliver on its promises and solve COVID-19-related problems. Such disbelief is particularly important during a health crisis, when credibility of information communicated increases in importance and determines the extent to which compliance with communicated behaviors will be achieved (Grewal et al., 2021). In high fit, the ease in sense making leads to perceptions of truthfulness (Alter & Oppenheimer, 2009) and credibility (Breves et al., 2019). Thus, brands with high fit will elicit higher overall credibility, and in turn increase behavioral intentions (Alcañiz et al., 2010; Goldsmith et al., 2000). Additionally, a higher level of fit leads to heuristic processing (Alter & Oppenheimer, 2009; Bignez et al., 2012; Breves et al., 2019) and brand credibility could facilitate consumers’ intentions to adopt the advocated health behaviors seen in the ad. In contrast, low-fit cases are likely to elicit more negative judgments including perceptions of low credibility (Koernig & Boyd, 2009).

**Hypothesis 2.** The effect of perceived brand-pandemic fit on consumers’ desirable COVID-19 health behaviors is mediated by brand credibility, such that fit is positively related to brand credibility, which in turn increases the intention to engage in desirable COVID-19 health behaviors.

### 2.3 COVID-19 health beliefs

The health belief model has been used for decades to explain individual consumers’ health-related behaviors (e.g., Hochbaum, 1958). The model utilizes the perception of four key components (susceptibility, severity, benefits, and barriers) to explain individual actions in regard to detecting, preventing and treating disease (Champion & Skinner, 2008). An individual’s perception of these factors will influence how they respond to a health situation, including participating in mitigation efforts during a pandemic (Nowak et al., 2020).

Susceptibility is a measure of one’s perception of probability that they (or possibly someone they care about) could suffer negative consequences from a given health condition (Rosenstock, 1974). Severity is a measure of the strength of the negative consequences (Rosenstock, 1974). As individual perceptions of susceptibility become more likely and perceptions of severity increase, individuals are more likely to take action to reduce their risk (Harper et al., 2021). Additionally, when the perceived benefits of mitigation efforts are viewed as greater than perceived barriers, individuals are more likely to show increased behavioral intentions for socially desirable public health behaviors (Champion & Skinner, 2008; Janz & Becker, 1984; Rosenstock, 1974), which in the context of COVID-19 includes social distancing, mask wearing, and getting tested if exposed. However, when an individual already has strong health beliefs (e.g., already believes that COVID-19 presents health risks to self and others), increased brand credibility is not needed for the individual to engage in health behaviors focused on mitigation of COVID-19 risk. In line with previous research (e.g., Morwitz & Fitzsimons, 2004) for these individuals, there is only limited room to observe increases in intentions due to exposure to an ad of a credible brand selling a useful product or service. In contrast, for individuals whose health beliefs reflect only low to moderate concern about COVID-19, increased brand credibility (as prompted by the brand’s fit) will heighten COVID-19-abiding health behavioral intentions. It is possible that exposure to a high fit ad of a brand which has adapted its message content to COVID-19, only changes behavioral intentions via brand credibility when the health belief concerns (susceptibility and severity) are labile. Thus,

**Hypothesis 3.** The positive association of perceived brand-pandemic fit on consumers’ desirable COVID-19 health behavioral intentions through increased brand credibility is moderated by individuals’ COVID-19 health beliefs, where the fit-health intention relationship is stronger (weaker) for individuals with low or moderate (high) health beliefs.
3 | METHOD

3.1 | Study 1: brand-pandemic fit and COVID-19 health behavioral intentions

3.1.1 | Data and ad selection

To test the relationship between brand-pandemic fit and consumers' desirable COVID-19 health behavioral intentions, we needed to identify ads across multiple industries that focused on the pandemic. This identification process involved several steps. First, the authors recorded and coded 1514 unique ads aired during prime-time (8 PM-10 PM), on four U.S. national TV channels with large and broad viewership (NBC, ABC, CBS, and FOX) on Fridays, Saturdays, and Sundays at early stages of the global pandemic (April and May of 2020). Second, these ads were coded independently by two of the authors on the extent of message adaptation to COVID-19 with the presence of social distancing, mask wearing and other health behavior messages on a 1–5 scale (1: not adapted at all). Of the 1514 ads, 462 (31%) had adapted their message to the pandemic (≥2 on message adaptation). From this subset, 15 highly COVID-19 adapted ads (≥4 on message adaptation), from well-known brands were selected.

The 15 ads were evaluated by 228 MTurk respondents. Participants rated brand-pandemic fit on a 5-point scale (1 = strongly disagree, 5 = strongly agree) using an adapted version of the 8-item perceived fit scale (α = .92; Simonin & Ruth, 1998). Two sample scale items are: The function of the products and services fit with the current situation; the products and services are helpful during the pandemic. Appendix A provides complete scale items. Six brands were selected (Amazon: online shopping, Lysol: hygiene, State Farm: insurance, McDonald’s: fast food, Oreo: biscuits, Pepsi: soft drinks) that varied on fit scores (min: 2.73, max: 3.72 on a five point scale).

3.1.2 | Procedures and measures

Three hundred and three MTurk participants (57% male, age: 3% = 18–25, 39% = 25–34, 32% = 35–44, 14% = 45–54, 8% = 55–64, 4% = 65 or higher) completed the online survey in June 2020. Participants were randomly assigned to one of the brand ads and watched them via YouTube links. Upon viewing the ad, participants completed the online survey. Brand-pandemic fit was measured by Simonin and Ruth’s (1998) eight-item perceived fit scale (α = .94). Intention to engage in desirable COVID-19 health behaviors was measured with a three-item scale adapted from Harper et al. (2021), including practicing social distancing, getting tested if exposed and wearing a mask (α = .76). We explored the multidimensionality of both scales via exploratory factor analysis. Both were unidimensional and reflected acceptable internal consistency. Hence, we averaged the item scores to form an index for each construct prior to linear regression analysis. Scale items for all studies are in Appendix A. Demographic questions capturing age, gender, education, race, and household income were also included.

Common method bias (CMB) could be a concern in studies where both independent and dependent variables are collected from the same set of respondents and at the same time via self-reported surveys (Podsakoff et al., 2003). Hence, we randomized the order of constructs and items within constructs where possible. We also checked for CMB through Harman’s single factor test, including all items measuring latent variables. A single factor explained only 35% of the total variance, below the threshold value of 50%. Therefore, we conclude that our results are not seriously influenced by CMB.

3.1.3 | Results

To test H1 regarding the relationship between perceived fit and consumers’ COVID-19 health behavioral intentions, we ran least square regressions controlling for brand effects, income, gender, age, race, and education level. We also controlled for ad liking. As illustrated in Table 1, results show perceived brand-pandemic fit to be positively related to consumers’ desirable COVID-19 health behavioral intentions (B = .33, SE = .07, t = 4.93, p < .001) supporting H1. Brand-pandemic fit in advertising may encourage consumers’ engagement in socially responsible health behaviors during a pandemic.

3.2 | Study 2: the role of brand credibility and COVID-19 health beliefs

The first objective of Study 2 was to evaluate whether brand-pandemic fit manifested its effect on desirable COVID-19 health behaviors via brand credibility. Study 2 used the same advertising selection criteria and data collection procedures as in Study 1. The same ads were used except for Amazon. Amazon was replaced by Campbell’s (instant soup), because the Amazon ad was no longer available. MTurk respondents (n = 302) from the US participated in the online survey in June 2020. Twelve respondents failed an attention-check question and were removed, leaving 290 usable responses. Age (3% = 18–25, 40% = 25–34, 33% = 35–44, 14% = 45–54, 6% = 55–64, 3% = 65 or higher) and gender (59% male) distributions were similar to Study 1. Brand credibility was assessed with four 5-point Likert

| TABLE 1 | Perceived fit and desirable health behavioral intentions |
|--------------------------|--------------------------|
| **Predictors** | **DV: COVID-19 health behavioral intentions** |
| Constant | 2.62*** | 6.44 |
| Perceived fit | .33*** | 4.93 |
| R² | .13 |
| F-value | 3.63*** |
| N | 303 |
type statements (α = .89) adapted from Erdem and Swait (2004), in order to test its mediating role between perceived brand-pandemic fit (α = .94) and COVID-19 health behavioral intentions (α = .85), both measured as in Study 1. The second objective of Study 2 was to test H3, whether COVID-19 health belief concerns moderated the credibility-behavioral intentions relationship. Therefore, COVID-19 health beliefs were also measured with seven 5-point Likert type statements (α = .87) (Descriptive statistics for key constructs are provided in Table 2). Participants also responded to demographic questions including age, gender, education, race and household income.

As in Study 1, we strove to minimize CMB by randomizing the order of constructs and items within constructs. Total variance explained by a single factor was 45% in this study, below the 50% threshold. Furthermore, our research design, which includes mediation and negative interaction effects, and our results (reported in next section) which show significant moderated-mediation, reduce concerns that our results were driven by CMB.

### TABLE 2 Descriptive statistics (study 2 and 3)

| Measures                  | 1   | 2   | 3   | 4   |
|---------------------------|-----|-----|-----|-----|
| M                         | 3.98| 4.40| 4.14| 2.89|
| SD                        | .92 | .88 | .82 | .96 |

1. Perceived fit 3.93 .97 .24** .70** .15*

2. C19HBI 4.63 .73 .32** .35** .37**

3. Credibility 3.98 1.00 .70** .39** .10

4. C19HBC 3.11 .98 .05 .20** .11*

Notes: The matrix’s upper triangle corresponds to the US sample (N = 290), and the lower triangle corresponds to the Turkish sample (N = 312).

Abbreviations: C19HBI, Consumers’ Covid-19 Health Behavioral Intentions; C19HBC, Covid-19 Health Belief Concerns.

*Descriptive statistics for Study 1 are available in the Online Appendix. *p < .05. **p < .01.

### TABLE 3 The role of credibility and Covid-19 health belief concerns—US

|                      | Study 2 | Study 2 (moderated mediation model) |
|----------------------|---------|----------------------------------|
|                      | DV: COVID-19 health behavioral intentions | DV: Credibility | DV: COVID-19 health behavioral intentions |
| Predictors           | B us    | t us   | B us    | t us   | B us    | t us   |
| Constant             | 2.91*** | 6.81   | −2.82***| −10.51 | 4.39*** | 9.71   |
| Perceived fit        | .29***  | 3.60   | .51***  | 10.17  | .04     | .51    |
| Credibility          | −       | −      | −       | −      | .36***  | 4.22   |
| C19HBC               | −       | −      | −       | −      | .36***  | 7.54   |
| C19HBC*Credibility   | −       | −      | −       | −      | −21***  | −3.52  |
| R²                   | .11     | .59    | .31     | .31    |
| F-value              | 2.72**  | 33.17***| 8.12*** |
| N                    | 290     | 290    | 290     |

Note: Controls: Brand, education, income, age, gender, race, and ad liking. Credibility and C19HBC were mean centered before analysis.

Abbreviation: C19HBC = Covid-19 Health Belief Concerns.

**p < .01. ***p < .001.

3.2.1 | Results
First, we ran the same least squares regressions as in Study 1, which again supported H1. There is a positive relationship between brand-pandemic fit and consumers’ desirable COVID-19 health behavioral intentions (B = .29, SE = .08, t = 3.60, p < .001) (Please see Table 3). Then, the effect of fit on COVID-19 health behaviors through credibility (H2) was estimated with the PROCESS computational macro (Model 4) for SPSS from Hayes (2013). We examined a model where perceived brand-pandemic fit predicted credibility, which in turn, predicted desirable COVID-19 health behavioral intentions (Figure 1). Advertising brand effects, demographics and ad liking were included in the model as controls. We find that perceived brand-pandemic fit is related to higher brand credibility (B = .51, SE = .05, t = 10.17, p < .001), which in turn is positively related to desirable COVID-19 health behavioral intentions (B = .35, SE = .09, t = 3.81, p < .001). Table 3A in the Online Appendix reports all coefficients, including those of control variables. Examination of the indirect effect revealed full mediation, with a non-significant direct effect (B = .11, p = .25, 95% CI [.07, .28]) and a significant indirect effect with the 95% confidence interval excluding zero (B = .18, SEBoot = .06, 95% CIBoot [.07, .31]). Therefore, results of Study 2 support H2 in that the effects of brand-pandemic fit on consumers’ desirable COVID-19 health behavioral intentions are materialized only through an increase in brand credibility and not through a direct effect of brand-pandemic fit on desirable COVID-19 health behavioral intentions.

To test H3, regarding the moderating effect of COVID-19 health beliefs, we conducted a moderated mediation analysis (PROCESS Model 14). The index of moderated mediation was significant (B = −.11, SEBoot = .04, 95% CIBoot [−.17, −.02]). The indirect effect of brand-pandemic fit on COVID-19 health behaviors through increased brand credibility was significant when COVID-19 health belief concern was either low - 1 Standard Deviation (SD) below the mean (B = .28, SEBoot = .07, 95% CIBoot = [.15, .42]) or moderate - at the mean (B = .18, SEBoot = .05, 95% CIBoot [.09, .29]), while the
same indirect effect was not significant when COVID-19 health belief concern was high—1SD above the mean ($B = .08, SE_{BOOT} = .05, 95\% CI_{BOOT} [-.01, .20]$), (Table 4). Therefore, H3 is supported. As expected, brand-pandemic fit seems to be especially beneficial for changing the behavioral intentions of consumers who are not as concerned about COVID-19 related health problems or perceive less risk of getting COVID-19.

3.3 Study 3: testing the generalizability of relationships in an emerging market context

The objective of Study 3 was to extend the advertising context beyond that of an advanced country, the United States to an emerging market context of Turkey and reevaluate the generalizability of our results.

3.3.1 Data and ad selection

We identified ads using the same procedures as in Study 1. The research team examined and coded 465 unique ads aired during prime-time (7 pm–9 pm) on three national TV channels with large and broad viewership in Turkey (ATV, Kanal D, and Fox) on Fridays, Saturdays and Sundays at the beginning of the global pandemic during the months of April and May in 2020. Then, these ads were independently coded by two of the authors on the extent of message adaptation to COVID-19 with the presence of social distancing, mask wearing and other health behavior messages on a 1–5 scale (1: not adapted at all). Of the 465 unique ads aired during the same period in Turkey, 190 (41%) had COVID-19 adapted messages (≥2 on message adaptation). After the same procedures as in Studies 1 and 2, we identified highly COVID adapted ads (≥4 on message adaptation), of six brands from different categories (Bingo: hygiene, Hepsiburada: online shopping, Akbank: online banking, Lassa: automobile tires, Vestel: household appliances, Ülker: biscuits) which varied on fit scores (min: 3.63, max: 4.22 on a five point scale).

3.3.2 Procedures

Surveys were administered in tandem with the U.S.-based Study 2 in June 2020 via an online panel in Turkey, where members collect points and get awards following successful survey completion. Following standard translation and back-translation procedures in cross-cultural research, surveys were translated and back-translated by two different bilingual researchers, and administered in Turkish in Turkey. Respondents were screened to be older than 18 and with at least a high-school or equivalent degree. Of the 485 respondents who completed the survey, 65% answered the attention-check question correctly, for a total of 312 valid responses (37% male, age: 10% = 18–25, 31% = 25–34, 33% = 35–44, 11% = 45–54, 12% = 55–64, 1% 65 or older). The same procedures and scales were used as in the U.S. studies. Descriptive statistics of the measures are in Table 2. All scales demonstrated good internal consistency and reliability (perceived fit: $a = .95$; credibility: $a = .94$; COVID-19 health belief concerns: $a = .87$; COVID-19 health behavioral intentions: $a = .89$). We explored the multidimensionality of the scales via exploratory factor analyses. All were unidimensional with high internal consistency reliability scores, which led us to average item scores to form an index.

![Conceptual framework](image)

**FIGURE 1** Conceptual framework

**TABLE 4** Conditional effects of fit on desirable health behavioral intentions—US

| C19HBC (moderator variable) | Indirect effect | SE | LLCI | ULCI |
|-----------------------------|----------------|----|------|------|
| One SD below mean            | .28            | .07| .15  | .42  |
| At the mean                  | .18            | .05| .09  | .29  |
| One SD above mean            | .08            | .05| –.01 | .20  |

*Note: N = 290, Bootstrap samples: 5000 (PROCESS computational macro results).*
for each construct prior to analysis. Demographics including age, gender, education and household income were also captured.

Same procedures as in Study 1 and 2 were administered to alleviate CMB concerns. Harman’s single factor test yielding 45% total variance explained by a single factor (below 50% threshold), and the same research design as in Study 2 including moderated mediation with negative interaction effect (significant as reported below) minimize concerns that the results could be driven by CMB.

3.3.3 Results

Similar to Studies 1 and 2, results of Study 3 supported H1, the main association between brand-pandemic fit and consumers’ desirable COVID-19 health behavioral intentions ($B = .26$, SE = .04, $t = 5.90$, $p < .001$) as shown in Table 5. We tested H2, the mediating role of credibility, with the data from Turkey as well. We find that perceived brand-pandemic fit is related to higher brand credibility ($B = .65$, SE = .04, $t = 14.93$, $p < .001$), which in turn is positively related to desirable COVID-19 health behavioral intentions ($B = .24$, SE = .06, $t = 4.18$, $p < .001$). Similar to the results of Study 2, examination of the indirect effect revealed full mediation, with a non-significant direct effect ($B = .11$, SE = .06, 95% CI [−.01,.22]) and a significant indirect effect ($\hat{\beta} = .16$, SEBOOT = .05, 95% CIBOOT [.07,.25]). Therefore, the mediating role of credibility is supported in Study 3 as well (Please see Online Appendix, Table 5A for all coefficients).

To test H3, regarding the moderating role of COVID-19 health beliefs, we conducted the same moderated mediation analysis (PROCESS computational macro, Model 14). The index of moderated mediation was significant albeit at the 90% level ($B = −.10$, SEBOOT = .04, 95% CIBOOT [−.16,.−.01]) The indirect effect of brand-pandemic fit on COVID-19 health behaviors through increased brand credibility was significant when COVID-19 health belief concern was either low ($B = .23$, SEBOOT = .06, 95% CIBOOT [.09,.33]) or moderate ($B = .13$, SEBOOT = .04, 95% CIBOOT [.05,.21]), while the same indirect effect was not significant when COVID-19 health belief concern was high ($B = .04$, SEBOOT = .05, 95% CIBOOT [−.07,.15]), (Table 6). Similar to Study 2, the direct effect of brand-pandemic fit on COVID-19 health behaviors was not significant ($B = .10$, SE = .05, $t = 1.83$, $p = .07$). Therefore, our hypotheses were supported in Study 3, with the data collected in Turkey as well. Credibility mediated the relationship between brand-pandemic fit and COVID-19 health behavioral intentions and increased credibility via fit seems to be especially beneficial for changing the intentions of consumers who are less concerned about COVID-19 related health problems. The effect of gender on engaging in desirable COVID-19 health behaviors is significant ($B = −.20$, SE = .08, $t = −2.48$, $p < .05$). Compared to females, males are less likely to engage in COVID-19 health behaviors in Turkey (we did not find this relationship in the US Studies). This finding is in line with the recent research that reveals gender differences in engagement in pandemic related preventive health behaviors where females show higher compliance and commitment (e.g., Galasso et al., 2020; Kim & Kim, 2020). However, the fact that gender was not a significant factor in explaining health behavioral intentions in the US should be investigated for cross-cultural differences in gender effects related to health behaviors.

Overall, results of Study 3 reinforce that there is a positive relationship between perceived brand-pandemic fit of the advertised brand and consumers’ intentions to engage in desirable COVID-19 health behaviors, mediated by an increase in the credibility of the brand. This relationship is moderated by COVID-19 related health beliefs, such that the impact of credibility is higher at moderate and lower levels of this concern.

| TABLE 5 | The role of credibility and Covid-19 health belief concerns—TR |
|---------|---------------------------------------------------------------|
|         | Study 3 | Study 3 (moderated mediation model) | |
|         | DV: Covid-19 health behavioral intentions | DV: Credibility | DV: Covid-19 health behavioral intentions |
| Predictors | $B_{TR}$ | $t_{TR}$ | $B_{TR}$ | $t_{TR}$ | $B_{TR}$ | $t_{TR}$ |
| Constant | 3.31*** | 12.34 | −2.95*** | −11.27 | 4.08*** | 13.69 |
| Perceived fit | .26*** | 5.90 | .65*** | 14.93 | .10 | 1.83 |
| Credibility | − | − | − | − | .20*** | 3.64 |
| C19HBC | − | − | − | − | .13*** | 3.52 |
| C19HBC*Credibility | − | − | − | − | −15*** | −4.26 |
| $R^2$ | .17 | .58 | .37 | .77 | .83 | .34 |
| F-value | 5.42*** | 37.73*** | 8.34*** |
| N | 312 | 312 | 312 |

Notes: Brand, education, income, age, gender and ad liking effects are controls. Credibility and C19HBC were mean centered before analysis. It is plausible to expect that fit and Covid-19 health behavior relationship is also moderated by Covid-19 Health Belief Concerns. To check for this, we ran PROCESS Model 15 (C19HBC moderating both credibility-behavior and fit-behavior relationship). However, the index of moderated mediation was not significant for this model.

Abbreviation: C19HBC = Covid-19 Health Belief Concerns.

***$p < .001$. 
Conditional effects of fit on desirable health behavioral intentions—TR

| C19HBC (moderator variable) | Indirect effect | SE | LLCI | ULCI |
|-----------------------------|-----------------|----|------|------|
| One SD below mean           | .23             | .06| .09  | .33  |
| At the mean                 | .13             | .04| .05  | .21  |
| One SD above mean           | .04             | .06| -.07 | .15  |

Note: N = 312, Bootstrap samples: 5000 (PROCESS computational macro results).

4 | DISCUSSION

4.1 | Theoretical implications

Consumers faced significant changes in brand advertising with the start of the COVID-19 pandemic. Some brands stopped advertising completely, while others adapted their content to reflect health, community, and helping themes. The products and services of some advertisers solved consumers’ COVID-19 related problems and constraints, while others did not. In this article, we focus on brand advertising that adapted their content to COVID-19 by including COVID related messages. In three studies, we show that high levels of fit between the advertising brand and the pandemic are positively associated with higher levels of health behavioral intentions related to mitigating the pandemic such as social distancing, mask wearing, and getting tested if exposed. These positive associations could be due to a relatively automatic fluency process triggered by high brand-pandemic fit (or congruency) (Germelmann et al., 2020; Sundar et al., 2015). In line with the response fluency explanation (Janiszewski & Chandon, 2007), viewing a high fit ad that was adapted to COVID-19 to reflect health, community, and helping themes and behaviors, makes consideration of that behavioral response more fluent and thus increases the intention to perform the behavior.

We also demonstrate the mediating role of brand credibility on the relation between brand fit and consumer’s intentions to perform desirable health behaviors. Extending research focused on the outcome of ad processing (Alter & Oppenheimer, 2009; Breves et al., 2019) we find that brand credibility manifests the relationship between fit and consumers’ health behaviors. As brand credibility increases, consumers’ intentions to engage in socially desirable behaviors (e.g., social distancing) increases during a global health crisis. A plausible explanation is that, response fluency is manifested via brand credibility. That is, brand credibility enables response fluency to be materialized in a difficult to comprehend, uncertain, unprecedented context like a global pandemic (Grewal et al., 2021). We also test whether the mediating role of credibility depends on the COVID-19 health belief concerns of consumers. In the third study, we corroborate these findings with consumers from an emerging market, enhancing the generalizability of our findings.

The effect of fit on desirable health behavioral intentions disappears for individuals that have a high level of health concern about COVID-19, as these highly concerned individuals could be already embracing desirable health behaviors (Nowak et al., 2020) and do not need the additional nudge of a high fitting ad (e.g., ceiling effect). For these individuals, there is only limited room to observe increases in intentions due to exposure to an ad of a credible brand selling a useful product or service. The relationship increases positively for those that are not concerned or moderately concerned. Therefore, fit could be especially beneficial for enhancing the behavioral intentions of individuals who seem to perceive less risk of getting COVID-19 or less severity of related health outcomes. Theoretically, if we assume that low to moderately concerned consumers have less information about COVID-19 and are less likely to have formed attitudes at the beginning of the pandemic, it may be the case that they are more likely to rely on attributions about response fluency (Janiszewski & Chandon, 2007) in shaping their intentions and brand credibility is the mechanism through which this fluent response is materialized.

Another plausible explanation for this finding is that the high-fit ads of useful brands which solve a COVID-19 problem, make the problem more salient in a low to moderately concerned consumer’s mind, increasing perceptions of susceptibility and severity of COVID-19, motivating them to embrace desirable health behaviors (Champion & Skinner, 2008). High-fit ads could stick out of the crowd via brand credibility and encourage the low to moderately concerned consumer to engage in more conscious processing (Champion & Skinner, 2008), leading to intentions to perform the desirable health behaviors. Finally, less concerned individuals may be attributing responsibility for improving the conditions of the pandemic to an external source other than themselves. A credible ad may reinforce social norms and increase feelings of personal responsibility leading to a greater adoption of pro-social behavior (Osterhus, 1997). Although the current research does not provide direct testing of these potential mechanisms, it paves the way for future studies in this direction.

From a theoretical perspective, these results contribute to existing research on brand fit and brand partnerships by showing that brand advertisements from an independent firm (i.e., not an organization focused on a cause) may influence consumers’ intentions to engage in desirable health behaviors. While the health belief model has been applied to the advertisements of health-related products such as pharmaceuticals (Mackert & Love, 2011) and genetic testing (Rollins et al., 2014), to our knowledge, it has never been used to explore the relationship between independent brand advertisements and public health behaviors. Hence, this research has important theoretical implications for using advertising as a way to engage and motivate consumers to improve their overall well-being. Collectively, the results indicate that high brand–pandemic fit in advertising increases the intention to perform desirable COVID-19 health behaviors though brand credibility, and consumers who have low to medium rather than
high COVID-19 health belief concerns are particularly susceptible. The relationships also hold in an emerging market context, providing initial evidence of their generalizability.

4.2 Managerial implications

The findings of this study suggest various strategies that can be effectively employed to enhance consumers’ desirable health behavioral intentions during a global pandemic like the COVID-19. First, brands that naturally have a high-fit due to their product and service offerings (e.g., hygiene products, personal protection products, and food and goods delivery services) can take an active role in encouraging consumers to embrace desirable health behaviors. The fit of ads enhance consumers’ intentions to adopt such behaviors and this communication is manifested through the credibility of these brands. Hence, there is an additional role for high fit, credible brands during a pandemic: that of encouraging desirable health behaviors.

Second, the managers of such brands should primarily target segments that have low to moderate health concerns or risk perceptions with their ads. The results of this study show that these segments are not necessarily younger customers as age is not a significant variable in all three of our studies. Indeed, a recent study conducted in France (Attema et al., 2021) showed that younger people view themselves as being at higher risk to catch COVID-19 than older people and this is despite the rather large difference in prevalence between age classes. According to our results, those who are less or moderately concerned will be encouraged the most by viewing high fit ads.

Third, brand managers should be aware that brand fit is positively associated with brand credibility. In turn, brand credibility is positively related to desirable behavioral intentions. In this way, managers of brands that directly solve pandemic related problems can be reassured that advertising during a pandemic can indeed increase brand credibility and via credibility enhance behavioral intentions.

Finally, brands that do not have a high fit with the pandemic, brands whose product/services do not solve a pandemic related problem directly, do not generate the positive behavioral intention results and their managers can make their advertising decisions solely on expected effects on the brand itself. Should low fit brands stop TV advertising at the beginning of a global pandemic (e.g., Coca Cola), or should they continue to advertise but adapt their messaging to the pandemic (e.g., Pepsi) as consumers try to make sense of the situation? The effects of such advertising decisions on downstream brand consequences are fruitful areas for future research.

4.3 Policy implications

In application, public health advisers could collaborate with major brands to help facilitate health behavior adherence. As our results demonstrate, some consumers will already be highly concerned about the pandemic, perhaps through public health initiatives, public service announcements, and media coverage about government directives. Still, there will be some consumers who are not as highly concerned and these are not necessarily young adults as we control for age in our models. According to a study conducted in France, older people are less concerned of the risk of getting COVID (Attema et al., 2021), even though the consequences are more severe. If high fit ads can enhance less concerned consumers’ intentions to engage in desirable health behaviors, the brand owners will have contributed to a public cause.

Relatedly, our results show the role of corporations and brand owners in motivating desirable behaviors and potentially triggering motivations in less engaged and concerned individuals. Less engaged people can be engaged with ads of useful and credible brands. Therefore, public health officials might seek out brands with high fit, and offer expertise and input regarding less engaged consumer segments to target and consumer behaviors to encourage. In essence, trusted brands with high fit may have effects somewhat like celebrity endorsers, who by their familiarity and attractiveness can draw favorable attention especially in low involvement settings (e.g., where consumers hold low to moderate concerns about a health issue such as COVID-19) and/or where public health initiatives have been weak or less than fully successful.

4.4 Limitations and future research

In this research, brand-pandemic fit was measured for real ads in a naturally occurring setting. Hence, only relationships were assessed. Future research with controlled experiments and fictitious ads, where fit is manipulated, would enable assessing causality between fit and behavioral intentions. Additionally, the consumer attitudes and intentions captured in this research offer a snapshot in time, early in the pandemic. Ongoing research as the pandemic unfolds including later stages of the pandemic, and preferably with longitudinal data of intentions, health concerns, and consumers’ health-abiding behaviors may provide richer insights into the role of brand advertising in public health challenges such as COVID-19 (e.g., Jeong et al., 2021) or in other health crisis like obesity and drug abuse. Furthermore, while we theoretically expect that fluency can be materialized through credibility, we do not measure fluency in our model. We recommend that future research should measure and integrate fluency while exploring the relationship between fit and behavioral intentions. Finally, research could also focus on the role of ad repetition in moderating the effect of brand-pandemic fit on consumers’ desirable COVID-19 health behavioral intentions. Could ad repetition make high fit messages even more effective (Sundar et al., 2015) in inducing healthy intentions? Or could add repetition make even no (low)-fit messages effective by increasing their fluency? These are important questions with consumer behavior implications.

This article is the first apply the health beliefs model to explore outcomes associated with advertising. Showing that high fit, high credibility ads are positively associated with intentions to engage in healthy behaviors has important implications for consumer well-being. The learnings can assist consumers, managers, and policy makers in...
understanding the impacts of global pandemics better and provide new guidance for how they can develop resilience to not only respond to this crisis but also prepare for future, unexpected events and other public health crises. In the meantime, as waves of COVID-19 keep traveling around the world, and as new virus variants (e.g., Delta and Omicron) emerge, credible brands can enhance consumers’ intentions to engage in desirable health behaviors with ads that fit the pandemic context, in both advanced and emerging markets.

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**DATA AVAILABILITY STATEMENT**

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

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### APPENDIX A: Constructs, measurement items, and sources

| Construct                          | Items                                                                                                                                                                                                 | Source                                                   |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| **Perceived fit**                 | For the following questions please think about the products and services provided by this company.                                                                                                   | Adapted from Simonin and Ruth (1998)                      |
|                                   | - The products and services are helpful during the pandemic.                                                                                                                                         |                                                           |
|                                   | - The products and services have benefits that are useful during the pandemic.                                                                                                                        |                                                           |
|                                   | - The function of the products and services fit with the current situation.                                                                                                                           |                                                           |
|                                   | - The products and services improve the current situation.                                                                                                                                              |                                                           |
|                                   | - It is logical for this company to help during the pandemic.                                                                                                                                           |                                                           |
|                                   | - It feels right for this company to respond to the pandemic.                                                                                                                                          |                                                           |
|                                   | - It makes sense for this company to respond to the pandemic.                                                                                                                                       |                                                           |
|                                   | - The image of this company fits with its response to the pandemic.                                                                                                                               |                                                           |
| **COVID-19 Health Behavioral Intention** | To what extent do each of the following statements describe you?                                                                                                                             | Adapted from Harper et al. (2021)                         |
|                                   | - I am willing to practice social distancing until I believe the threat of COVID-19 is over.                                                                                                        |                                                           |
|                                   | - I will get tested for COVID-19 if I think I have been exposed.                                                                                                                                    |                                                           |
|                                   | - I will wear a mask to protect myself and others from COVID-19.                                                                                                                                    |                                                           |
| **COVID-19 Health Beliefs**       | To what extent do each of the following statements describe you?                                                                                                                             | Adapted from Champion (1984) and Nowak et al. (2020)       |
|                                   | - It is likely that I will get COVID-19.                                                                                                                                                    |                                                           |
|                                   | - The thought of COVID-19 scares me.                                                                                                                                                               |                                                           |
|                                   | - I am afraid to think about getting COVID-19.                                                                                                                                                       |                                                           |
|                                   | - Problems I would experience with COVID-19 would last a long time.                                                                                                                                   |                                                           |
|                                   | - COVID-19 would threaten a relationship with my significant other, spouse, or partner.                                                                                                            |                                                           |
|                                   | - If I had COVID-19 my whole life would change.                                                                                                                                                      |                                                           |
|                                   | - If I developed COVID-19, I would probably not survive.                                                                                                                                             |                                                           |
| **Brand Credibility**             | To what extent do you agree with the following statements?                                                                                                                                          | Adapted from Erdem and Swait (2004)                       |
|                                   | - This brand’s product claims are believable.                                                                                                                                                        |                                                           |
|                                   | - This brand delivers what it promises.                                                                                                                                                             |                                                           |
|                                   | - This brand reminds me of someone who’s competent and knows what he/she is doing.                                                                                                                  |                                                           |
|                                   | - This brand has a name you can trust.                                                                                                                                                              |                                                           |