

EFFECTIVENESS OF SOCIAL MARKETING STRATEGIES ON HEALTH SECTOR IN KERALA

*Thesis
Submitted to the University of Calicut
for award of the degree of*

DOCTOR OF PHILOSOPHY IN COMMERCE

by
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Under the guidance of
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2024

DECLARATION

I, Jayapriya J, hereby declare that the thesis entitled 'Effectiveness of Social Marketing Strategies on Health Sector in Kerala' is based on the original work done by me under the guidance of Prof. (Dr) N K Babu, Principal, Cherupulassery College of Science and Technology and has not been included in any other thesis submitted previously for the award of any degree. The contents of the thesis are undergone plagiarism check using iThenticate software at C.H.M.K. Library, University of Calicut, and the similarity index found within the permissible limit. I also declare that the thesis is free from AI generated contents.

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ACKNOWLEDGEMENT

Gratitudes to the merciful lord for all the countless gifts you have offered me. It's indeed my pleasure to express my sincere thanks to each and everyone who have supported me during the course of this research work. First and foremost, it is a great pleasure to acknowledge my deepest thanks and gratitudes to my supervisor Prof. (Dr) N K Babu, for his unwavering support, guidance and insight throughout the research work. It's a great honour to work under his supervision. I would like to express my deepest gratitude to my Co-guide Dr Deepa Paul, Associate Professor, Sri. C. Achutha Menon Government College, Thrissur and I also extend my thanks to the Dr P S Manoj Kumar, Principal of Sri. C. Achutha Menon Government College, Thrissur for his valuable support and advice. I thank all other faculty members, administrative staff and Librarian of the research center for all of their support to complete the research work. I would like to express my extreme sincere gratitude and appreciation to Dr. Muges P. Assistant Professor, Department of Commerce, AMC Group of Educational Institution and Dr. Gopu Vijayan, Assistant Professor of Commerce, Sreekrishnapuram VTB College, Mannumpetta for their kind endless help, generous advice and support during the data analysis stage of work.

I will ever remain indebted to my beloved parents Sri. Jayabalan K. and Smt. Lathika Jayabalan for their love, sacrifice and moral support throughout the completion of the work. I would like to thank my husband Mr. Ramesh V. A. for his support and motivation. I am much obliged to my brothers Mr. Jayaraj J. and Mr. Jayakumar J for their wholehearted co-operation, and support made during the entire work. It's my privilege to thank my one and only daughter Lakshmi Ramesh for the insightful comments, suggestions, backup and encouragement provided to me. I thank all my dear teachers who inspired throughout my academic life. I acknowledge the support of my Principal i/c Mr. Dileep C.D., HoD Mr. V. K. Muralidharan and my colleagues in the Department of Commerce, Sree Neelakanda Government Sanskrit College, Pattambi. I also extend my sincere thanks to my students as well.

University of Calicut
27/09/2024.

Jayapriya J.

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LIST OF ABBREVIATIONS

ANOVA	:	Analysis of Variances
ASHA workers	:	Accredited Social Health Activists
AVE	:	Average Variance Extracted
CE	:	Celebrity Endorsements
CFA	:	Confirmatory Factor Analysis
CFI	:	Comparative Fit Index
CHC	:	Community Health Centers
CR	:	Composite Reliability
DF	:	Degree of Freedom
EFA	:	Exploratory Factor Analysis
FL	:	Factor Loadings
GFI	:	Goodness of Fit Index
HBM	:	Health Belief model
KMO	:	Kaiser Meyer Olkin
NCD	:	Non Communicable Diseases
NHM	:	National Health Mission
MSV	:	Maximum Shared Variance
PCA	:	Principal Component Analysis
PHCs	:	Primary Health Centers
RMSEA	:	Root Mean Square Error of Approximation
RMSR	:	Root Mean Square Residual
SCT	:	Social Cognitive theory
SM	:	Social Marketing
SMCH	:	Social Marketing Campaigns on Health Sector
SMHC	:	Social marketing Health Campaigns
SEM	:	Structural Equation Modeling
SRW	:	Standard Regression Weights
TPB	:	Theory of Planned Behavior
UHC	:	Universal Health Coverage
WHO	:	World Health Organization

ABSTRACT

The research explores the effectiveness of social marketing strategies in the health sector of Kerala, focusing on government-led campaigns aimed at addressing health challenges. Despite the global significance of social marketing in promoting positive health behaviors, limited research has been conducted in the Indian context, especially in Kerala, where public health issues such as diabetes and hypertension remain prevalent. The study addresses a significant research gap by investigating the effectiveness of social marketing strategies in Kerala, assessing the impact of awareness, attention, attitude, and celebrity endorsements on public health campaigns. Drawing on both primary and secondary data, the research employs a comprehensive methodological approach, including a structured questionnaire distributed to 800 respondents, of which 707 valid responses were collected. Using multi-stage sampling and advanced statistical techniques, such as Structural Equation Modeling (SEM), the study highlights critical findings: younger populations, urban residents, and government employees demonstrate higher levels of awareness, while celebrity endorsements and engaging campaign elements like humor and message appeal significantly enhance public attention and campaign effectiveness. Contrary to expectations, awareness alone did not strongly influence the success of health campaigns, but attention, attitude, and celebrity endorsement emerged as the most impactful factors. These findings offer crucial insights for policymakers and marketers, emphasizing the need for tailored, multi-faceted approaches to effectively engage different demographic groups and drive meaningful health-related behavior changes in Kerala. The study concludes by calling for continuous evaluation and collaboration in future social marketing efforts to optimize health outcomes and promote social change.

Key Words: Social Marketing, Public Health, Awareness, Attention, Attitude, Celebrity Endorsements

സംഗ്രഹം

കേരളത്തിലെ ആരോഗ്യ മേഖല നേരിടുന്ന വെല്ലുവിളികളെ സർക്കാർ നേതൃത്വം നൽകുന്ന ബോധവൽക്കരണ ക്യാമ്പുകളിലെ തന്ത്രങ്ങളെ ആധാരമാക്കി സോഷ്യൽ മാർക്കറ്റിങ്ങിന്റെ പങ്കിനെ പഠിക്കുന്നതാണീ പ്രബന്ധം. ആരോഗ്യകരമായ ശീലങ്ങൾ പൊതുജനങ്ങൾക്കിടയിൽ പ്രോത്സാഹിപ്പിക്കുന്നതിൽ സോഷ്യൽ മാർക്കറ്റിങ്ങിന്റെ പ്രാധാന്യം എന്തെന്ന് മനസ്സിലാക്കുന്നതിനുള്ള ഗവേഷണ പ്രവർത്തനങ്ങൾ പരിമിതമായ രീതിയിൽ ഇന്ത്യൻ പശ്ചാത്തലത്തിൽ നടന്നിട്ടുണ്ടെങ്കിലും സവിശേഷമായി കേരളത്തിൽ നടന്നിട്ടില്ല. പ്രമേഹം, രക്താതിസമ്മർദ്ദം മുതലായ അസുഖങ്ങൾ പ്രബലമായിത്തന്നെ സമൂഹത്തിൽ നിലനിൽക്കുന്നുമുണ്ട്. ഇതിനെ ഒരു ഗവേഷണ വിടവായി പരിഗണിക്കാനാകും. ഇത് പരിഹരിക്കുന്നതിനാവശ്യമായ രീതിയിൽ കേരളത്തിലെ സോഷ്യൽ മാർക്കറ്റിങ്ങ് തന്ത്രങ്ങളെ അന്വേഷമാത്മകമായി സമീപിച്ചുകൊണ്ട് ബോധവൽക്കരണം, ശ്രദ്ധ, മനോഭാവം, താരങ്ങളെ മുൻനിർത്തി പൊതുജനാരോഗ്യരംഗത്ത് നടത്തുന്ന അംഗീകാരമുള്ള പ്രവർത്തനങ്ങൾക്ക് ലഭിക്കുന്ന സാമൂഹിക സ്വാധീനം എന്നിവ ഇവിടെ പഠനത്തിന് വിഷയമാകുന്നു. ഈ പഠനത്തിനായി ശേഖരിച്ച ദത്തങ്ങളെ പ്രഥമം, ദ്വിതീയം എന്നിങ്ങനെ വേർതിരിക്കാവുന്നതാണ്. അവ സമഗ്രമായ രീതിശാസ്ത്ര സമീപനത്തിലൂടെ സുഘടിതമായി തയ്യാറാക്കിയ ചോദ്യാവലിയിലൂടെയാണ് ശേഖരിച്ചത്. ചോദ്യാവലിയിലൂടെ 800 പ്രതികരണങ്ങൾ ശേഖരിച്ചു. അവയിൽ നിന്നും ഗവേഷണമാത്രപ്രസക്തമായ 707 പ്രതികരണങ്ങൾ പഠനത്തിനായി സ്വീകരിച്ചു. ഭിന്നപുരുഷങ്ങളിലായുള്ള സാംപ്ലിങ്ങ്, നവീനവും വികസിതവുമായ സ്റ്റാറ്റിസ്റ്റിക്കൽ ടെക്നിക്കുകൾ, സൂക്ചറൽ ഇന്റേക്ഷൻ മോഡലിങ്ങ് എന്നിവയെ പഠനത്തിനായുപയോഗിച്ചു. ഈ പഠനത്തിലൂടെ എത്തിച്ചേർന്ന പ്രധാന നിഗമനങ്ങൾ: താരങ്ങളെ മുൻനിർത്തിയുള്ള ബോധവൽക്കരണത്തിൽ തമാശയടക്കം കലർത്തിയുള്ള സന്ദേശം നൽകിയപ്പോൾ അത് പൊതുജനശ്രദ്ധ കൂടുതലാകർഷിക്കുകയും ബോധവൽക്കരണം ഫലപ്രദമാകുകയും ചെയ്തു. ഇതിലൂടെ യുവാക്കൾ, നഗരവാസികൾ, സർക്കാർ ജീവനക്കാർ തുടങ്ങിയവർ ഉയർന്ന അവബോധമുള്ളവരായിത്തീർന്നു. പ്രതീക്ഷിച്ചതിൽ നിന്നും വിരുദ്ധമായി ആരോഗ്യത്തെ സംബന്ധിക്കുന്ന അവബോധം ബോധവൽക്കരണ സന്ദേശത്തിലൂടെ മാത്രം ജനങ്ങളെ സ്വാധീനിക്കുന്നില്ല. പക്ഷേ, ശ്രദ്ധയും മനോഭാവവും താരങ്ങളെ ഉപയോഗിച്ചുള്ള ഫലപ്രദവും ക്രിയാത്മകവുമായ പ്രചാരണവും ബോധവൽക്കരണ സന്ദേശത്തെ ആകർഷണമുള്ളതാക്കിത്തീർത്തു. ഈ നിഗമനങ്ങൾ നയരൂപീകരണ കർത്താക്കൾക്കും വിപണനക്കാർക്കും വിവിധ ജനസംഖ്യാ ഗ്രൂപ്പുകളുമായി ഫലപ്രദമായി ഇടപഴകുന്നതിനും കേരളത്തിലെ ആരോഗ്യമേഖലയുമായി ബന്ധപ്പെട്ട സമീപനത്തിൽ മാറ്റം വരുത്തുന്നതിനും അനുയോജ്യമായ ഘടകങ്ങളുടെ ആവശ്യകതയിലൂന്നുന്നു. ആരോഗ്യഫലങ്ങൾ തിരിച്ചറിയുന്നതിനും സാമൂഹികമാറ്റം പ്രോത്സാഹിപ്പിക്കുന്നതിനും ഭാവിയിലെ സോഷ്യൽ മാർക്കറ്റിങ്ങ് ശ്രമങ്ങളിൽ തുടർച്ചയായ മൂല്യനിർണയത്തിനും സഹകരണത്തിനും ആഹ്വാനം ചെയ്തുകൊണ്ടാണീ പഠനം പൂർത്തിയാകുന്നത്.

സൂചകപദങ്ങൾ: സോഷ്യൽ മാർക്കറ്റിംഗ്, പൊതുജനാരോഗ്യം, അവബോധം, ശ്രദ്ധ, മനോഭാവം, സെലിബ്രിറ്റി അനുകൂലനങ്ങൾ

CHAPTER 1

INTRODUCTION

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- 1.1 *Introduction*
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1.1 Introduction

Marketing is a powerful force that shapes our perspectives, influences our decisions, and propels our collective desires within the complex fabric of modern society. It is much more than just business to business; it is a dynamic combination of psychology, creativity, and strategy that has a profound impact on a wide range of human endeavors **(Kotler, 2020)**. Fundamentally, marketing uses the craft of storytelling to craft narratives that captivate audiences, arouse feelings, and motivate action. It facilitates the spread of ideas, beliefs, and aspirations throughout society through engrossing digital experiences, fascinating storylines, and captivating commercials. Its capacity to influence consumer choices and behaviors, promote social change and advocacy, encourage entrepreneurship and innovation, and strengthen communities and cultures is fundamental to its power. Through the strategic application of marketing for social good, a more just, sustainable, and prosperous future for everybody can be built. Though marketing has historically been linked to business ventures, it has evolved beyond them and found a rich footing in the field of public health. As a result of the growth, social marketing has emerged as an operational approach that uses marketing principles to solve important social challenges and influence positive behavioral change in communities and individuals **(Lee & Kotler, 2019)**.

The global rise of social marketing implies a significant change in the way one approaches societal issues and encourages good behavioral change on a large scale. Social marketing is a new way of using commercial marketing strategies for non-commercial projects. It first appeared in the second half of the 20th century, especially for public health and social welfare **(Lefebvre, 2013)** societal marketing became popular as a strategic tool for addressing difficult societal issues including environmental conservation, HIV/AIDS prevention, and smoking cessation. Its foundations are in the groundbreaking research of academics like Philip Kotler and Gerald Zaltman. Over the decades, the global landscape of social marketing has undergone a remarkable transformation, driven by advancements in communication technologies, evolving consumer behaviors, and the increasing interconnectedness

of the global community. Social marketing initiatives have crossed national boundaries to ignite dialogues, question norms, and mobilize resources in the pursuit of common goals. Examples of these campaigns include the groundbreaking ‘Truth’ anti-smoking campaign in the United States and the well-known ‘Red Ribbon’ campaign for HIV/AIDS awareness global. During the current outbreak of the COVID-19 pandemic, social marketing techniques have been extensively used by the government agencies to promote awareness among people on the measures to be adopted to prevent the spread of COVID-19 (**Kaimal et al., n.d.**). The growth of social media and digital platforms in recent years has increased the impact and reach of social marketing initiatives by allowing for unprecedented levels of grassroots mobilization, real-time involvement, and personalized messaging. Digital technologies have democratized the process of social marketing, enabling people and communities to take an active role in influencing social norms and bringing about change (**Thackeray et al., 2012**). Examples of this include hash tag movements that mobilize support for social causes and online campaigns that use user-generated content for advocacy and awareness-raising.

Furthermore, the worldwide development of social marketing has been marked by an increasing understanding of the value of co-operation and partnership between stakeholders and sectors. Governments, non-profit organizations, businesses, and civil society organizations are collaborating more often to share best practices, pool resources, and jointly develop ground-breaking solutions to challenging societal issues. Social marketing has become a catalyst for collective action, promoting synergies and harnessing the collective wisdom and resources of multiple stakeholders to achieve shared objectives, through multi-stakeholder alliances, cross-sector partnerships, and collaborative platforms (**Lefebvre, 2013**). Future developments in social marketing show great promise for resolving some of the most important problems confronting humanity, such as environmental sustainability, social fairness, and public health crises. Social marketing has the ability to empower people and communities, inspire significant changes, and create a more inclusive, equitable and sustainable world for coming generations by utilizing

behavioral insights, strategic communication, and community involvement (**Kotler & Zaltman, 1971**).

In India, social marketing has become a vibrant and changing field that is essential to solving the nation's numerous social, health, and environmental problems. Social marketing, which has its roots in commercial marketing ideas, uses behavior modification and strategic communication tactics to support a variety of positive social objectives, from environmental conservation to public health programs and more (**Deshpande & Lee, 2013**). Public health is one of the main areas in India where, social marketing has become rather popular. India suffers complicated health inequities and access barriers due to its large population (more than 1.44 billion according to the latest UN Report) and a wide range of health issues, from non-communicable diseases like diabetes and cardiovascular problems to infectious diseases like tuberculosis and malaria. Social marketing initiatives have proven to be highly effective in promoting awareness, altering behavioral patterns, and enhancing health outcomes in a multitude of domains, such as family planning, sanitation, hygiene, and maternal and child health. In India, for example, efforts encouraging breastfeeding, immunization, and safe delivery techniques have contributed to lower rates of infant and mother mortality (**Deshpande & Lee, 2013**). Similar to this, programs aimed at improving hygiene, preventing HIV/AIDS, and controlling tobacco use have helped vulnerable groups' health and behavior. Furthermore, in line with the shifting goals of India's public health landscape, social marketing techniques have been used to target new health issues like substance misuse, mental health stigma, and lifestyle-related disorders. Beyond public health, social marketing has also been applied to address the broader social issues such as gender equality, education, sanitation, and environmental sustainability. For example, campaigns promoting menstrual hygiene management have helped break taboos and improve access to sanitary products for women and girls (**Lee & Kotler, 2019**). Similarly, initiatives promoting environmental conservation, waste management, and renewable energy adoption have raised awareness and mobilized communities to adopt more sustainable lifestyles and practices.

Kerala, an Indian state in the southwest, is well-known for its excellent health indicators, high levels of social development, and participatory governance model. As such, it is a perfect place to implement social marketing strategies. Kerala's unique sociopolitical environment, which is marked by high literacy, social consciousness, and community involvement rates, has made it an ideal place to develop creative social marketing strategies. For instance, programs encouraging waste reduction, sustainable livelihoods, and environmental conservation have touched an association with Kerala's ecologically sensitive populace, resulting in the widespread adoption of eco-friendly policies and practices. The approach of Kerala to social marketing is a distinctive fusion of grassroots activism, progressive administration, and creative communication techniques meant to tackle the state's numerous social, health, and environmental issues. Public health is one of the main fields in Kerala where, social marketing has advanced significantly. Kerala has launched several social marketing campaigns to raise health awareness, encourage healthy lifestyles, and enhance population health outcomes, with a focus on primary care and preventive healthcare. Social marketing is a key factor in increasing awareness and changing behavior in a number of health domains, from family planning, maternity and child health, and immunization campaigns to programs addressing lifestyle-related diseases like diabetes and cardiovascular conditions.

1.2 Statement of the Problem

In Health sector, social marketing campaigns depend on a number of variables, such as public awareness, attention, attitude, and the influence of celebrity endorsement. But there are still a lot of unanswered questions about how these dynamics work across many socio-demographic variables, which presents serious problems for public health professionals, policy-makers, and marketers. In order to fill in these gaps, the following important questions are examined in the study.

There is little information available regarding public awareness levels among various socio-demographic groups, even in spite of the widespread use of social marketing efforts. This presents a basic issue because the success of campaigns depends on broad knowledge across different populations, which calls for a

thorough comprehension of awareness levels and gaps. The significance of social marketing strategies rests in their ability to capture attention. However, empirical data regarding attention levels in various socio-demographic categories of Kerala's population are not available. It brings a major challenge to the optimization of public attention-grabbing and retention strategies, requiring a detailed analysis of attention dynamics among various groups. It's critical to understand attitude of the general public towards health campaigns in order to develop responsive messaging and increase receptivity. But research on attitudes across socio demographic variables is scarce in Kerala, which makes it difficult to design SM campaigns that appeal to a wide range of audience demographics. Although celebrity endorsement is a common strategy, nothing is known about how beneficial it is in Kerala's health campaigns. This presents a significant issue since determining the influence of celebrity endorsements is essential to campaign strategy optimization and engagement and reach maximization. Though it's still difficult to forecast health campaigns outcomes, the interaction of awareness, attention, attitude, and celebrity endorsement is crucial. Foreseeing the efficacy of campaigns and allocating resources optimally for greatest impact are made extremely difficult by this. Social marketing is still in its nascent stages as an independent academic discipline, with limited theoretical frameworks and sparse literature on practical implementation **(Kumar, 2013)**. In order to improve public health outcomes and well-being across a range of socio demographic groups in the state, it's the need of the hour to uncover areas for improvement, improve our understanding of social marketing dynamics within Kerala's health sector, and develop evidence-based strategies to support these goals.

Social marketing strategies have shown effectiveness in improving public health outcomes globally, but there is limited research focusing on their application within the Indian context, specifically in Kerala. Despite the recognized importance of social marketing in influencing health behaviors, there is a significant lack of studies evaluating these strategies in the health sector of Kerala. This research aims to address the gap by investigating how social marketing strategies can be effectively applied to enhance health outcomes in Kerala.

1.3 Significance of the study

The Indian society has been facing many adverse situations like, poverty, population growth, illiteracy, poor capital formation and other social issues. The development strategies so far implemented resulted in degradation in social, cultural, environmental and health care, the need, therefore, in application of social marketing doctrines is seemed to be urgent to enrich the life of people of India. Social marketing is followed across the world and India is not an exception to this. The idea has altered the conventional concept of marketing. Society oriented development strategy can be useful in overcoming the social problems. Social marketing can be used in any walk of life and can assist in enriching the life of human being and care for safety of the universe. Better health is central to human comfort and well-being. It also makes a pivotal contribution to economic progress, for the reason that healthy population live longer, is more constructive, and hence save more. As much as 68. 60% of deaths in India are caused by non-communicable diseases, and more than 70 million people suffer from diabetes. Kerala, with highest life expectancy in India at 74.9 years, still confronts the lifestyle diseases like hypertension and diabetics (**World Health organization, 2023**). The study aims to evaluate the effectiveness of social marketing strategies in improving health outcomes in Kerala's health sector, contributing to better societal well-being and economic progress.

Social marketing in public health includes programs like increase in physical activity, increase in fruit and vegetables consumption, smoking cessation, and sexually transmitted disease prevention, etc. For success of social marketing, several commercial marketing strategies may be applied. This study is about to check how much social marketing strategies are effective in Kerala on health sector.

1.4 Scope of the Study

The present research solely examines at social marketing strategies that the government uses in Kerala's health sector; it doesn't look at anything that hospital, non-governmental organizations, or the private sector follow. The following areas are included in the scope of the study. **Government-led Social Marketing**

Campaigns: The study looks at social marketing campaigns that have been started and carried out by Kerala government, various departments, and organizations that are in charge of promoting public health and preventing disease.

Focus on the Health Sector: Specifically, the study looks into social marketing campaigns that address health-related concerns like nutrition, sanitation, hygiene, illness prevention, health promotion, and other government-identified public health goals. **The study's target audience** is the general public of the Kerala, which includes people from a range of socio-demographic backgrounds, such as varying age groups, genders, marital status, level of education, income groups, occupations, and geographic regions within the State.

Research Variables: A variety of factors pertaining to the efficacy of social marketing examined in this study, such as public awareness, attention, attitude, celebrity endorsement and the perception of the influence of government-led campaigns on health-related behaviors and results. Four Outcomes such as behavioral, health, cognitive and economic outcomes are used to measure the effectiveness **Socio-demographic characteristics:** The study aims to investigate into 'how are the public perceptions and responses to government-led social marketing efforts in Kerala's health sector influenced by socio-demographic characteristics such age, gender, marital status, education, income, occupation, and living in an urban or rural area'. **Research Methods:** Data on public awareness, attitudes, attention, celebrity endorsement and responses to government-led social marketing campaigns are gathered and analyzed using quantitative research methods, such as structured surveys, questionnaires, and statistical analytic tools. The study's scope is limited to social marketing efforts that are executed within a given **time frame** for the last five years (2017-'22). It enables an analysis of current trends and initiatives in Kerala's health sector.

1.5 Research Questions

1. What is the awareness level of the general public towards social marketing campaigns in Kerala on health sector among different demographic factors?

2. What is the attention value of the SM strategies used in health campaigns among different demographic factors?
3. What is the attitude of the public towards SM health campaigns in Kerala among different demographic factors?
4. What is the effectiveness of celebrity endorsement in social marketing health campaigns?
5. What are the outcomes of SM health campaigns by Awareness, Attention, Attitude and Celebrity Endorsement in Kerala?

1.6 Research Objectives

1. To measure the awareness level of the general public towards social marketing campaigns in Kerala on health sector based on different demographic factors.
2. To assess the attention value of the SM strategies used in health campaigns based on different demographic factors.
3. To analyze Public's attitude towards SM health campaigns in Kerala based on different demographic factors.
4. To study the effectiveness of celebrity endorsement in social marketing health campaigns based on different demographic factors.
5. To measure and predict the effectiveness of SM health campaigns by Awareness, Attention, Attitude and Celebrity Endorsement in Kerala.

1.7 Hypotheses

The following are the null hypotheses formulated to test and focus the study;

1. H_{01} : The sample mean is equal to the population mean for all constructs such as awareness, attention value, attitude, celebrity endorsement and effectiveness.

2. H₀₂: There is no significant difference in the awareness of social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
3. H₀₃: There is no significant difference in the attention value of Social marketing strategies in health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
4. H₀₄: There is no significant difference in the attitude of general public towards Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence.
5. H₀₅: There is no significant difference in the attractiveness of Social marketing health campaigns due to Celebrities among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
6. H₀₆: There is no significant difference in the attitude towards Celebrities in the Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
7. H₀₇: There is no significant difference in the opinion on the importance of Celebrities in Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
8. H₀₈: There is no significant difference in the effectiveness of Celebrity endorsement in Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.

9. H₀₉: There is no significant difference in the behavioural outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
10. H₁₀: There is no significant difference in the health outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
11. H₁₁: There is no significant difference in the cognitive outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
12. H₁₂: There is no significant difference in the economic outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
13. H₁₃: There is no significant difference in the effectiveness of Social marketing strategies in the health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
14. H₁₄: Celebrity endorsement has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.
15. H₁₅: Attitude has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.
16. H₁₆: Attention has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.
17. H₁₇: Awareness has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.

1.8 Operational definitions

The operational definitions of the important terms used in the Study are:-

Social Marketing

Social marketing refers to the application of marketing principles and techniques to promote behaviors that benefit individuals and society.

Strategies

Strategies are deliberate plans or approaches devised to achieve specific goals or objectives. It includes all the efforts tailored to increase awareness, change attitudes and encourage health behaviors among the general public.

Health sector

“Government supported network of healthcare providers, institutions and services dedicated to enhancing public well-being”

Health campaigns

Health campaigns refer to strategic initiatives designed to promote, protect or improve public health outcomes through targeted communication, education, advocacy, and behavior change interventions.

Effectiveness

Effectiveness refers to the degree to which a health campaign or social marketing strategy achieves its intended goals within a specified population. This includes measurable outcomes such as health outcomes, behavioral outcomes, cognitive outcomes and economic outcomes.

Awareness

Awareness refers to the level of recognition among individuals or communities regarding a health campaign or social marketing initiative.

Attention

Attention refers to the cognitive process of focusing mental resources on specific stimuli, messages, or information presented within the context of a health campaign or social marketing strategy.

Attitude

Attitude refers to an individual's evaluative stance or predisposition towards a health issue, behavior or social cause targeted by a health campaign or social marketing initiative.

Celebrity Endorsement

Celebrity endorsement refers to the strategic use of well-known personalities, such as actors, athletes, or public figures, to promote or endorse campaigns related to health or social issues.

Behavioral Outcomes

Behavioral outcomes refer to observable actions, decisions, or changes in behavior exhibited by individuals as a result of exposure to a health campaign or social marketing strategies. Behavioral outcomes are measurable indicators of the effectiveness and impact of the intervention on influencing desired changes in behavior within the target population.

Health Outcomes

Health outcomes refer to the measurable effects or changes in health status, well-being, or quality of life experienced by individuals or population as a result of exposure to a health campaign or social marketing strategies.

Cognitive Outcomes

Cognitive outcomes refer to the changes or enhancements in cognitive processes, functions, or abilities resulting from exposure to a health campaign or social marketing strategies.

Economic Outcomes

Economic outcomes refer to the measurable changes or impacts on financial resources, expenditures, or costs incurred by individuals or communities as a result of exposure to a health campaign or social marketing strategies.

1.9 Organization of the Thesis

The entire research report is divided into 9 chapters. The following are the summarized form of all chapters:

- Chapter 1** It gives an introduction for the study. This chapter includes significance of the study, scope, statement of the research problem, research questions, objectives of the study, hypotheses, operational definitions and organization of the thesis.
- Chapter 2** This chapter deals with literature review. This chapter gives an ample review of the literature related to the study and identified the research gap.
- Chapter 3** Discusses the Conceptual framework of the study. The entire chapter is divided into three sections. The first section explains Social marketing. The second section deals with Health sector. The third section deals with Social marketing in the health sector. Conceptual model was also developed.
- Chapter 4** Elucidates the methodology used for the study. It explained research methods, data collection methods, variables, sample design, instrument used for data collection, validity, reliability, normality and data analysis tools.
- Chapter 5** Shows the data analysis and interpretation of the Constructs Awareness, Attention and Attitude
- Chapter 6** Shows the data analysis and interpretation of the Effectiveness of Celebrity Endorsements using attractiveness of celebrities, attitude towards celebrities and importance of celebrities.

- Chapter 7** Shows the data analysis and interpretation of the Effectiveness of SM through Health outcomes, Behavioral outcomes, Cognitive outcomes, Economic outcomes and SEM model
- Chapter 8** Gives summary of the study, findings and conclusions
- Chapter 9** Includes recommendations, contributions from the study, implications of the study, limitations and scope for further research.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

The phrase "Social Marketing," first used by Kotler and Zaltman in 1971, has been the subject of contentious debates, a wealth of published works, and extensive research. It's not taken long for it to become recognized as a separate discipline. On social marketing, numerous books have been written. There are social marketing institutes and journals that explore and debate the definition and application of social marketing. There is limited number of studies directly related to this research, so the researcher opted to organize the available literature chronologically. This method allows for a clearer understanding of the progression of research in the field and highlights the few relevant studies that have emerged over time. The chronological arrangement also reflects the evolving nature of social marketing strategies. The chapter, therefore, focuses on the available studies that inform the current research, acknowledging the constraints imposed by the limited availability of empirical data, particularly those addressing specific variables such as awareness, attention value, attitude and celebrity endorsements. Despite these challenges, the literature reviewed offers valuable insights that contribute to the overall understanding of the effectiveness of social marketing strategies in the health sector.

Kotler & Zaltman, (1996) The study provides light on the challenges of aligning traditional marketing strategies with the goals of social change organizations, which often focus on political or economic actions. They emphasize that for social marketing to be effective, it must carefully consider the attitudes and behaviors of the target audience and create persuasive messages that resonate with their values. This insight highlights the importance of tailoring marketing efforts to fit the social context, making campaigns more relevant and impactful.

Gomber et al., 1996 conducted a study using a standardized questionnaire to interview 225 adult residents of Delhi to evaluate public knowledge about an upcoming polio vaccination program. A two-stage stratified random sampling method was used to choose them. The sample frame was made up of census enumeration blocks in the second stage and zone wise assembly segments in the

first. Three days before the first oral polio dosage was administered, a research was conducted to determine population awareness. It found that 60.4% of people knew the program was being initiated, and 31.6% knew its purpose. None of the respondents knew the exact combination of all the parameters—the goal, the age group, the days of immunization, and the state of children's vaccinations—correctly. The degree of schooling was exactly correlated with the higher level of awareness. In the first phase of the campaign, more than 90% of children in Delhi up to the age of three received vaccinations, indicating the program's resounding success. The unwavering efforts of vaccine Centre level committees, the integrated child development scheme (ICDS), and urban basic service (UBS) employees in motivating people to visit different vaccination centers are the reason for the program's effectiveness despite low awareness.

Edward, (1999) This study found that Kudumbashree is an organizational innovation that works to overcome bureaucratic barriers so that the poor can benefit from a variety of government programs and resources. It is a multi-sectoral, women-centered participatory poverty eradication movement that simultaneously aims to empower the poor on an economic level by fostering microenterprises and thrift and credit societies. Additionally, it aims to empower the poor on a social and political level by serving as a domain for collective social action and by opening up opportunities for political participation. This report emphasizes the critical role of social marketing in enhancing the quality and effect of this movement.

Andreasen, (2002) published a paper with the title "Marketing Social Marketing in the Marketplace for Social Change". The study found that a major obstacle to the expansion of social marketing is the lack of consensus on the definition of the field and its proper place in respect to other strategies for social change. Nonetheless, growth can be achieved by raising the competitive share of social marketing at the levels of intervention, subject matter, product, and brand. In order to further the area, the author suggests a particular social marketing branding plan that includes positions for academics.

Hastings & Saren, (2003) According to the study, social marketing can have a significant impact on the expanding field of critical marketing. It creates connections between the social and business spheres, fostering mutual understanding and facilitating progress. The paper's main discovery is that, unlike the alcohol and food industries, it is nearly impossible to envision any public health solution incorporating cooperation with the tobacco industry. In these situations, industry needs to contribute to the solution.

Lokhande, (2003) The various facets of social marketing, its use and significance in India, and its future were highlighted in this essay. This study argues that social marketing may be used in all area of life and that it can improve people's quality of life as well as the safety of the cosmos. Communication has become much more dynamic with the rise of information technology. It will be necessary for social change leaders to use information technology for interaction, communication, and confidence building.

S. Grier & Bryant, (2005) Public health social marketing initiatives include things like promoting fruit and vegetable consumption, increasing physical exercise, helping people quit smoking, and preventing STDs. Several commercial marketing tactics can be used to make social marketing successful. These could include the four Ps (price, place, product, and promotion), audience segmentation, social exchange theory, consumer orientation, and campaign evaluation.

Gordon et al., (2006) The three reviews of primary studies and systematic reviews that assess the efficacy of social marketing are discussed in this article. The three studies employed predetermined criteria for both search and inclusion, characterizing social marketing initiatives as those that implemented six fundamental social marketing principles. The evaluations' findings show that social marketing initiatives can be successful in promoting fitness, enhancing diet, and combating substance abuse, including alcohol, tobacco, and illegal narcotics. Research suggests that social marketing interventions can be effective with a variety of target audiences, in a variety of contexts, and both upstream and downstream of individuals. A very promising paradigm for enhancing health is offered by social

marketing, which may be applied to broader environmental, and policy issues as well as individual health.

Stead et al., (2007) This research reviews the efficacy of social marketing initiatives in changing individual behavior and influencing policies and environments concerning alcohol, tobacco, illegal drugs, and physical activity. This paper's methodology consists of a study of primary research and systematic reviews utilizing pre-established inclusion and search criteria. Interventions in social marketing that followed certain social marketing guidelines in their creation and execution were referred to as such. The study's conclusions show that 54 campaigns met the inclusion criteria. Evidence suggested that social marketing-based interventions might be successful in a variety of contexts, with a wide range of target audiences, and behaviors. They could also have an impact on professional practice and legislation. There was evidence that interventions adopting social marketing principles could be effective across a range of behaviors, with a range of target groups, in different settings, and can influence policy and professional practice as well as individuals. The paper shows that social marketing can form an effective framework for behavior change interventions and can provide a useful "toolkit" for organizations that are trying to change health behaviors.

Deshpande, (2008) carried out a study on the social marketing analysis of a two-year hand hygiene awareness campaign. The paper's goal is to evaluate behavioral treatments for hand hygiene that have been published and that used a social marketing framework, and to suggest ways to improve such interventions in the future. According to the study's conclusion, there are a number of ways that hand hygiene promotion could be strengthened from a social marketing standpoint. Future initiatives should evaluate how well social marketing promotes hand hygiene.

Peattie & Peattie, (2009) From a social marketing standpoint, this article examines how the marketing discipline may help reduce consumption. In order to encourage more sustainable lifestyles and consumption reductions, the authors examine the challenges of implementing traditional marketing theory and practice as well as the benefits of using a modified version of social marketing. To show how a

social marketing strategy can successfully "de-market" products and address deeply rooted types of consumer behavior, this study also employs a health-oriented social marketing campaign.

Uma, (2010) investigates the efficacy of social marketing across a range of public health campaigns, such as family planning, the elimination of polio, and sanitation. The study emphasises how social marketing plays a part in encouraging family planning using both traditional and unconventional techniques, such as vasectomy and tablet contraceptives. The study places a strong emphasis on the value of word-of-mouth advertising and the engagement of political, organisational, and community leaders in changing unfavourable perceptions of family planning to positive ones. It also recommends providing financial rewards or other incentives in order to promote reduced family sizes. The author emphasises the effectiveness of government initiatives and celebrity-led advertising campaigns in eradicating polio, as well as the mobilisation of sizable groups of medical professionals to search homes for children who have not received the vaccine. These tactics have been crucial in overcoming logistical obstacles and increasing immunisation coverage. Stronger social mobilisation efforts are advised to address these difficulties, as the report notes that some children remain unvaccinated due to reasons such as persisting beliefs about vaccine safety and lack of information.

French et al., (2010) The use of commercial marketing strategies and concepts in the planning, execution, and assessment of initiatives aimed at changing social and health-related behavior is known as social marketing. Target groups within the population are the focus, and campaigns and awareness are tailored to achieve particular behavioral goals that are pertinent to the general welfare. It is becoming more widely acknowledged as a useful tool in public health, where it can enhance health and lessen disparities in health. It has a special impact on voluntary lifestyle choices like drinking, smoking, using drugs, and changing one's diet. Social marketing is examined globally in *Social Marketing and Public Health: Theory and Practice*. It adopts an ecological approach to health improvement, encompasses both theory and practice, and situates social marketing within the political and policy

framework. The study offers a step-by-step guide to creating, executing, and assessing social marketing and uses case studies to help the reader understand some of the advantages and difficulties of this strategy.

Dann, (2010) In order to create a new definition of social marketing, this paper integrates the commercial definitions of the American Marketing Association (AMA) and Chartered Institute of Marketing (CIM) with established social marketing definitions from the previous thirty years of social marketing conceptual development. It does this by drawing on recent advances in commercial marketing theory and previous work in social marketing definitions. The use of text mining as a qualitative research technique, which revealed a core set of principles consistent with earlier definitions of social marketing, helped promote the definition's development.

Donovan & Henley, (2010) The authors of *Principles and Practice of Social Marketing* combine their extensive involvement in formative and evaluative research across a wide range of health and social policy areas with their practical knowledge of commercial marketing, as well as their hands-on experience in developing and implementing social marketing campaigns. This updated international version will be required reading for social marketing graduate and undergraduate program, as well as for anybody working in public health interventions, injury prevention, social marketing, or public welfare in general. This book covers a variety of social marketing facets. These include models of changing attitudes and behaviors, social marketing and social change, social marketing and the environment, advocacy and environmental change, and principles of communication and persuasion.

Radulescu & Cetina, (2011) The purpose of this study is to discuss how education and culture affect health care consumer behavior and how that behavior affects health care organizations' marketing efforts. An exploratory study conducted in Romania revealed that the country's healthcare consumers are ill-informed, unaware of their protected rights, and mostly reliant on personal and prescription-medicine-related sources for information. A certain amount of knowledge and cultural beliefs influence this behavior. Because of the social health insurance

system, Romanian consumers are not well-informed about service prices; nonetheless, when they do pay for services, they view the price as a measure of the quality of the care they receive. This makes education particularly crucial in this area.

Walls et al., (2011) This survey showed that in developed nations, public health professionals now rank controlling obesity as one of their top objectives. When high-risk techniques (such medication and surgery) are not readily available, safe, or successful, the focus has shifted to community-based initiatives and social marketing campaigns as the best kind of intervention. Nevertheless, the data supporting the significant efficacy of these therapies is weak. Social marketing efforts and community-based interventions that primarily target obesity do not appear to offer significant or long-lasting benefits. There have been concerns expressed regarding the possible harm that may result from these therapies' emphasis on body size and shape as well as the accompanying media portrayal of obesity.

Lefebvre, (2011) The purpose of this study is to list the distinctions and offer an integrated framework that social marketers can use as a guide for addressing important social and health issues. The main conclusions state that social marketing in developing nations has shifted significantly from focusing only on products and services to focusing on pricing and distribution strategies. All too frequently, social marketing in industrialized nations has adopted the 1P strategy, which uses persuasion to alter behavior. According to the integrative framework, social marketing should be extended to the creation and provision of goods and services, with incentives and other behavioral economic concepts included in the pricing component. Additionally, place should be expanded to serve as a concept of both access and opportunity for behaviors, goods, and services.

Wymer, (2011) conducted a study on the creation of social marketing strategies that work better. In order to improve program outcomes, this study aims to provide a deeper understanding of the reasons behind the poor performance of many social marketing campaigns and to suggest a model for social marketing strategic

planning. The main conclusion of this conceptual study is that an excessive emphasis on individual behavioral change and a dependence on commercial marketing strategies may restrict the effectiveness of social marketing planning. The study's conclusions include that, in order for the area of social marketing to continue evolving, it must employ more ideas from other disciplines and less commercial marketing approaches.

Suarez-Almazor, (2011) The paper's findings indicate that a few social marketing initiatives aimed at promoting bone health have received a lot of attention and have been widely shared. It doesn't, however, been well examined, particularly in terms of behavior modification and health effects. Prospective efforts ought to pinpoint modifiable behaviors, such exercising or getting screened for bone mass. Since a message encouraging young women to enhance their peak bone mass would differ greatly from one directed at older people who have already suffered a fracture, audience segmentation will be essential. Key stakeholders in a campaign should include the public, policymakers, and healthcare professionals. Ultimately, a change in pertinent behaviors and a reduction in harmful health consequences must be taken into account when evaluating the campaign's performance, in addition to its outreach.

Hastings & Angus, (2011) The study seeks to address the complex problems associated with industry-funded social marketing initiatives. In this work, openness and critical evaluation are advocated. In addition to highlighting the need for care and offering recommendations for future practice, the article takes a closer look at the tobacco and alcohol issues. Results show that the corporation's fiduciary duty requires that all of its endeavors, including social marketing campaigns and corporate social responsibility, be directed primarily towards the growth of shareholder value and the success of the business; any additional benefits to public health will unavoidably be subordinated to this primary goal.

Hoek & Jones, (2011) This study proposes that upstream and downstream social marketing should be viewed as complementary and adjacent, addressing the apparent conflict between them. The research methodology utilized in this study is

Social marketing's potential contributions to the reduction of public health issues are examined using an environmental, population-based perspective. In order to identify and improve the environmental drivers of risk behavior and establish an environment that would support downstream treatments, the paper's findings suggest that social marketers work with public health experts. According to the study, the upstream actions required to create supportive settings should be seen as prerequisites that allow for complete and free choice-making rather than as limitations that reduce voluntary activity.

Wood, (2012) In light of the Second World Social Marketing Conference, the aim of this study is to critically assess the current state of social marketing. The study makes use of keynote addresses and presentations to highlight the inconsistencies and ambiguities in modern social marketing theory, which could be impeding the adoption and acceptance of social marketing ideas. The author's involvement in the conference and thoughts on it serve as the foundation for the arguments. It's been proposed that policy makers and practitioners would find the term "social marketing" confusing, especially in light of social media's explosive expansion. The applicability of commercial marketing theory is called into doubt, as is the growing engagement of profit-making enterprises.

Gordon, (2012) In light of the features of social marketing and the reconfiguration of the marketing mix in the mainstream marketing discipline, this article examines the function of the four Ps marketing mix model in social marketing and makes the case that a redesigned and retooled social marketing mix is necessary. The four Ps marketing mix approach is briefly reviewed in the contexts of social and mainstream marketing. Study then look at some criticisms of the four Ps concepts. An alternative approach to the social marketing mix is presented, arguing that the four Ps marketing mix model is out of date when it comes to social marketing. It is suggested that a more comprehensive strategy that takes into account tactics like relational thinking and upstream social marketing initiatives would be more appropriate.

Ewing, (2012) This essay offers a thorough case study of Hungersite.com with an emphasis on the reasons behind people's time, money, and resource donations to charitable organisations. In addition, it offers a fair assessment of the drawbacks of liberalisation and globalisation while analysing how they affect social marketing. Along with these debates, the paper presents current advances in social marketing from throughout the world, showing how these trends are influencing charitable participation. Comparing the efficacy of "ambush" advertising and cause-related marketing (CRM) programs is a key aspect of the research. This analysis adds to a better understanding of each approach's functions in influencing consumer behavior and social cause support by providing insightful information about the strategic distinctions and outcomes of each.

Marmot & Bell, (2012) This article reviews the argument for placing fairness at the center of all policy making and offers an overview and commentary on the findings from the Strategic Review of Health Inequalities in England and the World Health Organization Commission on the Social Determinants of Health. In the process, it draws attention to the fact that, in order to address health disparities and the socioeconomic gradient in health outcomes, action on the social determinants of health is necessary. In 2008, the final report confirmed that social unfairness was killing people on a large scale, and that a poisonous mix of "bad social policies and programs, unfair economic arrangements, and bad politics" was to blame for both creating and exacerbating health inequities. It offered a thorough analysis of the widespread health disparities that exist in many nations, supporting the idea that the unequal distribution of the social determinants of health is linked to a socioeconomic gradient in health outcomes.

Withall et al., (2012) This study looked at how a social marketing effort affected the monthly enrollment, attendance, and retention rates at a low-income community-based physical exercise program. Design and implementation of a six-month social marketing campaign took place in a suburban community that was severely impoverished. To evaluate the effects on recruitment and attendance, analysis of variance was employed. The effectiveness of recruitment strategies and

dropouts and adherers were compared using χ^2 tests of independence. Adherence rates at the intervention, pre-existing sessions in the intervention area, and sessions in the control region were compared using percentages. This study discovered that monthly attendance patterns showed that a reasonably well-funded social marketing campaign increased recruitment into exercise sessions, maintained good levels of attendance, and reasonable levels of adherence when compared to pre-existing sessions and sessions delivered in a control area. Good attendance rates provide proof of peer and societal support for the activity and boost chances for social engagement, all of which contribute to the ongoing success of the campaign. Additionally, they expand the effectiveness of word-of-mouth advertising by expanding its reach and capacity.

Thackeray et al., (2012) Using a four-step method, this article aims to give readers a template for strategic thinking that will enable them to successfully integrate social media into their social marketing plan. Social media refers to a collection of web-based tools that let people share, create, and collaborate on content. By using social media beyond promotion and into a broader social marketing plan, practitioners can unlock the unrealized potential of social media. If social media is used properly, it can aid businesses in becoming more adept at centering the social marketing process on the consumer.

Cengiz & Omay, (2013) This study evaluates the effectiveness of a social marketing campaign launched by the Ministry of Health in Turkey to combat smoking and tobacco use. Unlike previous efforts, this campaign successfully utilized social marketing principles, including the marketing mix and media advocacy, resulting in heightened public awareness and a positive impact on public health.

Kumar, (2013) This comprehensive literature review delves into the evolving field of social marketing, aiming to uncover its definitions and applications. It illuminates the fact that social marketing is still in its nascent stages as an independent academic discipline, with limited theoretical frameworks and sparse literature on practical implementation. Notably, the study highlights the undeniable

success of celebrity endorsement in commercial marketing, prompting a call for exploration of its efficacy within the realm of social marketing. By synthesizing insights from diverse disciplines such as commercial marketing and social science, the potential for social marketing to emerge as a potent tool for societal benefit, in a sustainable and cost-effective manner, becomes apparent.

Schmidt, (2013) This study clarified the ideas of social marketing and breast feeding by a survey of pertinent literature. The relationship between social marketing and breastfeeding is especially discussed in relation to several academic disciplines, and a theoretical framework that attempts to bridge such gaps is developed. Eleven scientific publications that form the basis of this literature review were found through a systematic selection process utilizing a variety of electronic resources. The review suggests that breast feeding and social marketing have a complicated interaction. It appears that this relationship is being studied in three different areas of research: public health, marketing, and psychology/education. Depending on the topic of study, breastfeeding, social marketing, and other ideas that have been found to be significant in this relationship are all highlighted.

Hong et al., (2013) This study was conducted to assess the efficacy of media and commercial messages opposing smoking in Malaysia. In this study, a questionnaire served as the research tool. The results indicated that, with the exception of the terror message, the respondents are "neutral" towards anti-smoking advertising messaging. The hypothesis was tested using an independent samples t-test and a one-way ANOVA. The outcome of the independent samples t-test demonstrates that there is a significant difference between gender and the impact of the anti-smoking message. Nevertheless, the one-way ANOVA result indicates that the efficiency of the anti-smoking message is the same for all ethnic groups. In addition, the results demonstrated that the Internet was the best platform for spreading anti-smoking ads.

Gupta et al., (2013) This study aims to clarify the application of social marketing to health promotion and education, and to examine several approaches that have been implemented to promote public health through the use of social

marketing principles. Social media presents a significant opportunity for health promotion in the public health community, allowing public health professionals to reach out to the public directly on a wide range of public health issues. However, as with all things, caution is required when using social media to avoid catastrophic harm. Social media can influence and encourage a variety of health-related behaviors and issues, especially during times of crisis. It is a communication tool that the public health community greatly benefits from. A thorough literature search was conducted using a variety of sources, including books, journals, and websites of pertinent academic fields. Public health organizations, hospitals, and case studies created on each kind of social media use for health promotion were among the materials examined.

Picazo-Vela et al., (2013) All kinds of organizations are using social media and social networks, like Facebook and Twitter, to interact with their stakeholders. Social media is being used by public managers as an inexpensive and effective method in social marketing campaigns. Nonetheless, social media and social networks are excellent instances of technological objects with ingrained social structures that interact with organizational tactics and may constrain design approaches. In the example of the Puebla Sana (Healthy Puebla) program in the State of Puebla, Mexico, the technology enactment framework has been utilized to analyze the factors that affect the acceptance, implementation, and use of social media technology. A social marketing strategy that promotes healthy habits uses social media as a major tool.

McCreanor et al., (2013) The literature on two important topics is critically reviewed in this paper: (a) how social networking technologies affect alcohol marketing, and (b) the availability of online alcohol material on social networks. The findings' implications for public health research and knowledge are discussed by the authors. As a result of encouraging alcohol consumption and cultivating pro-alcohol cultures, social networking sites represent risks for young people, despite the fact that they can be entertaining and helpful. The authors stress the necessity for novel research methodologies and thorough, in-depth studies to obtain a better knowledge

of how young people interact with mediated drinking cultures and how commercial alcohol advertising affects their behaviours. All in all, this work provides a preliminary and descriptive investigation of these significant problems.

Carins & Rundle-Thiele, (2014) This study aimed to identify success factors and barriers to social marketing effectiveness for promoting healthy eating behaviors, focusing on research from the past decade. A thorough literature review of seventeen databases was conducted, revealing sixteen systematic studies employing tailored solutions to target audience needs. Statistical analysis was employed to assess effectiveness across different study categories.

Willoughby, (2015) This study evaluates an in-school social marketing campaign that promotes a text messaging service for sexual health that puts teenagers in direct contact with a health educator. It does this by using three quantitative methods: service use statistics, a text message-based questionnaire, and an internet survey conducted in-school. Although there was a rise in service usage during the three-month promotion, it was still quite low. Subsequent qualitative research involving focus groups and interviews discovered several usage constraints. Teens said they were unaware of the program, didn't have any queries about sexual health, or weren't sure how to utilize it. Teens also mentioned other obstacles, such their worries that their parents would read the communications. There is discussion of the implications for health educators and text message service providers.

Freeman et al., (2015) The paper "Social Media Campaigns That Make a Difference" explores the efficacy of social media in promoting health behaviors by analyzing nine case studies from both public health and corporate sectors. It identifies key success factors and lessons learned in campaign development, delivery, and evaluation. These case studies illustrate the potency of social media in enhancing brand recognition, engaging participants, and motivating them to undertake small, actionable steps toward healthier lifestyles.

Padhy, (2015) This research aims to highlight audience perceptions and interpretations of anti-smoking campaigns, focusing on the active decoding of media texts. It utilizes qualitative methods and finds that while audiences support anti-

smoking ads, they view fear appeals as attention-grabbing but perceive them individually. Despite resistance to persuasive techniques, audiences are desensitized to fear appeals. The study underscores the importance of considering wider media context and smoker identity in interpreting and relating to anti-smoking messages.

Da Silva & Mazzon, (2016) *Developing Social Marketing Plan for Health Promotion* was published as an article. The article's goal is to present and clarify a set of guidelines for organizing and carrying out social marketing-based health campaigns. The methodology, which is founded on social marketing ideas, aims to assist professionals in creating an action plan that outlines the precise steps needed to create health campaigns that ultimately result in behavior change. Three stages of action have been established: (i) identifying the social issue; (ii) creating the advantages of altering behavior; and (iii) determining the mix of marketing materials. With the support of integrated marketing and a focus on customer satisfaction as the primary driver of behavior change in public health policy, this social marketing plan offers an alternative for introducing customer orientation.

Friedman, Allison L.MS: kachur, Rachel E.MPH: Noar, Seth M: McFarlane, Mary, (2016) carried out a study on social marketing campaigns and health communication for the prevention and control of sexually transmitted diseases. In order to educate the field on the use of STD prevention and testing campaigns as a tactic for bringing about behavioral change, the study attempts to evaluate the efficacy of these initiatives in the US. A thorough search of the literature was done. Based on this search, the study discovered that formative research, social marketing, and behavioral theory were used in the development of most ads. These STD testing and preventive initiatives can influence specific STD-related behaviors and contribute to the body of research showing a stronger correlation between exposure to STDs and behavioral change.

Blitstein et al., (2016) This study evaluated the effectiveness of the school-based nutrition education program called Building and Strengthening Iowa Community Support for Nutrition and Physical Activity (BASICS) offered by the Iowa Nutrition Network. Additionally, the study examined the advantages of

incorporating a multichannel social marketing intervention called BASICS Plus into the program in order to enhance parent-directed communication. The conclusion was that educating parents about good eating habits for their kids and getting their attention can help make school-based nutrition education initiatives more successful. The present study showcases the advantages of integrating a parent-oriented social marketing initiative into nutrition education programs.

Aceves-Martins et al., (2016) The social marketing benchmark criteria (SMBC) developed by the National Social Marketing Centre were used to evaluate European school-based obesity reduction programmes. A total of thirty-eight papers spanning trials from 1990 to April 2014 were examined from databases such as ERIC, Cochrane, and PubMed. Programmes incorporating at least five SMBC areas were linked to a lower prevalence of overweight and obesity (hazard ratio: 0.72, 95% CI: 0.5–0.97) and a slight decrease in body mass index (standardised mean difference: 0.25, 95% CI: 0.45 to 0.04), according to a meta-analysis of 18 randomised controlled trials involving 8681 participants. In light of the possible influence of social marketing tactics on lifestyle choices, it is suggested that school-based treatments that incorporate many SMBC characteristics may be an effective means of preventing juvenile obesity.

Knoll & Matthes, (2017) This meta-analysis included 46 studies with 10,357 participants that were published up until April 2016 to determine the efficacy of celebrity endorsements. The study looked at the effects of celebrity endorsements in both for-profit and non-profit marketing situations using multilevel meta-analysis. The findings demonstrated that moderators had a significant impact on the effects of celebrity endorsements, with noteworthy differences in the results. Male actors who recommended things that implicitly matched their image had the most favourable attitudinal effect whereas female models who endorsed products that did not directly connect with them had the most negative effect. In general, endorsements from quality seals, prizes, or endorsing brands proved to be more effective than those from celebrities.

Inci et al., (2017) 52 public service announcements (PSAs) with a health topic were assessed by the study using content analysis on the Republic of Turkey Ministry of Health's website. Nine important criteria were covered: main health issue, main purpose, target population, role and demographics of sources and spokespeople, message appeal, message frame, and PSA type. The majority of findings point to the popularity of rationality messages and positive message frames. Males and adults were the most prevalent demographic traits, while the most common message source roles were victim and average citizen. With an emphasis on tobacco use and the use of tobacco products, PSAs strive to educate, inform, and alter attitudes and behaviors.

Ghaffari Darab et al., (2017) This study aims to review previous research on smoking cessation programs that have employed social marketing strategies. A thorough search was undertaken for this study in March 2015. A search was conducted using keywords like "quit smoking," "smoking cessation," and "social marketing" in PubMed, Scopus, and Web of Science databases. A total of 120 articles were taken out. There were 16 articles left for examination after duplication was looked into and removed. The chosen studies were separately evaluated by two reviewers, and disagreements were settled through conversation. Based on the data, it was found that only three articles adhered to every social marketing principle. All of these concepts were present in one article, however pricing and location were left out of the marketing mix part.

Firestone et al., (2017) The literature on social marketing interventions for HIV, reproductive health, malaria, child survival, and tuberculosis in low- and middle-income countries was carefully evaluated in this work between 1995 and 2013. Of the 125 studies that satisfied the inclusion criteria, the majority concentrated on behavioral outcomes or variables, while one-third reported measured health outcomes. Insights into markets and consumers derived from research were useful tactics, as was weighing the advantages and disadvantages of behavior modification. Social marketing may have an impact on health-related

behaviors and results, according to the evidence, but better intervention documentation is required for assessment.

Hirai, (2017) The application of psychological therapies and health psychology studies to promote healthy behaviors is fraught with practical challenges. One significant challenge is the absence of efficient communication when recruiting subjects for these kinds of studies, as small sample sizes make it impossible to assess the impact of interventions on community behavioral changes. In order to conduct health psychology intervention research, it is crucial to establish the goals of communication to identify and educate oneself about intended audiences, and investigate the venues, channels, and activities that are most appropriate for examining target audiences. Enhancing the impact of an intervention also requires applying the behavioral economic approach to uncover biases in researchers, providers, and solutions.

Sampogna et al., (2017) carried out a study titled Time to Change: 2009-2014. It covers the Impact of Social Marketing Campaigns on Reducing Mental Health Stigma. The primary goal is to evaluate the English population's knowledge of the Time to Change program through the Social Marketing Campaign between January 2009 and January 2014. Surveys were utilized to gather data, and multivariate analysis was employed to examine the findings. According to the report, there was no awareness of TTC prior to the campaign's commencement in January 2009, but this number rose to 38% following the first burst. Following the second outburst, 43% of people were judged to be alert. The greatest reported levels of awareness were 81.7% and 60.7% in January and February 2013 (burst 8).

Chin Jing Huey, (2018) The study indicated that the Theory of Planned Behavior, Social Cognitive Theory, Protection Motivation Theory, Health Belief Model, and Model of Communication are essential first steps to comprehend social change in order to successfully hold a social marketing health-related campaign and offer opportunities for behavioral change. The underutilized potential of social marketing, particularly in the academic realm, and the paucity of research are obstacles in the field. Though they have limitations in terms of conceptual

framework evolution, the aforementioned theories are effective in explaining changes in human behavior.

Su et al., (2018) The purpose of the study was to assess how a social marketing campaign affected the attitudes and drinking habits of college students. 4,172 students from a large metropolitan public university participated in the research, which was done as part of the Spit for Science Study. They answered surveys in the spring of 2015. An online survey was completed by participants to gauge their exposure to the ad, opinions about alcohol consumption among peers, their own alcohol consumption, and their experiences with blackouts. Path analysis was used by the researchers to look at the connections between these factors. The results showed that viewing the advertising materials was linked to perceptions of peer alcohol intake that were more accurate. This change in perspective resulted in self-reported decreases in alcohol consumption per drinking occasion and fewer incidents of blackout among participants.

Agha et al., (2019) This article discovered that the Fogg Behavioral Model, which describes behavior as the convergence of ability, cue, and motivation, is a strong yet simple model. This model has a great deal of potential for explaining preventive health behaviors in poor nations. Even after accounting for a number of potential confounding factors, the research revealed that motivation and ability were highly associated with condom use, as anticipated by the FBM. In low-income environments, the FBM may be useful in the planning, execution, and assessment of behaviour modification programmes. A multilevel mixed effect logistic regression model was employed in the study to analyse the data.

Sarmah, (2019) investigated the influence and efficacy of youth-targeted social marketing initiatives, identifying many significant takeaways. According to the report, even while young people are interested in social marketing initiatives, many of them are not aware that these commercials are actually classified as social advertising. That being said, there is a comparatively high level of general knowledge regarding social advertisements. The initiatives pertaining to "cancer" and "female foeticide" demonstrated the lowest levels of public awareness,

suggesting that the government should step up its efforts to educate the public on these matters. On the other hand, the "AIDS" campaign was the most well-known and well-liked among young people. To guarantee that social ads connect with the intended audience, Sarmah (2019) recommended that government organisations carry out primary research before creating them, particularly for delicate subjects.

Saranya, (2019) investigated rural women's knowledge of and contentment with central government healthcare schemes in the Coimbatore district. According to the study, the majority of rural women were aware of the chosen healthcare programs, with a high level of familiarity with initiatives like the Janani Suraksha Yojana and the National Vector Borne Disease Control Programme (JSY). On the other hand, there was less knowledge of other programs including the Mother and Child Tracking System (MCTS) and the Janani Shishu Suraksha Karyakram (JSSK). The main sources from which women learnt about these projects were media, including television, Anganwadi workers, hospital nurses, and friends. Rural women's satisfaction with government healthcare promotion initiatives was also investigated in this study. While the National Vector Borne Disease Control Programme and the JSY campaigns proved to be popular with women, other programs, such as JSSK and MCTS, had comparatively lower levels of satisfaction. According to Saranya (2019), there is a general awareness of healthcare schemes; nonetheless, there is need for improvement in the promotional efforts aimed at raising program satisfaction and involvement.

Olawepo et al., (2019) This review aims to assess social marketing initiatives that have focused on HIV testing or the intention to test as a result during the last ten years (2008–2017) and summarize the findings to identify the most and least effective ads. ABI/Inform, PsycINFO, EMBASE, PubMed, and Scopus were the search engines used. Study quality was evaluated using the Effective Public Health Practice Project's quality assessment tool for quantitative research. Thirteen of the 373 items that were found through the search satisfied the inclusion requirements. Twelve of the thirteen campaigns from which these articles were drawn were conducted in high-income nations across nine different countries. Of the campaigns,

sixty-nine percent ($n = 9$) targeted MSM, homosexual men, or MSMW, while twenty-three percent ($n = 3$) targeted general population. Four of the papers combined two or three study designs to analyze the campaign, however the majority of the study designs used to evaluate the campaigns were cross-sectional. All things considered, 23% ($n = 3$) of the studies showed no change in HIV testing outcomes, 38% ($n = 5$) of the campaigns indicated an increase in HIV testing outcomes, and the remaining 38% ($n = 5$) of the studies reported mixed results. According to the quality rating data, 31% ($n = 4$) of the papers got a moderate rating, while 69% ($n = 9$) of the articles had poor global ratings. The articles were all rated poorly. This analysis showed that, in certain situations, social marketing initiatives aimed at boosting HIV testing uptake were successful. To facilitate comparisons across the number of initiatives, social marketing practitioners will need to devise a standard method of communicating the impact and exposure results of efforts.

Jose et al., (2020) With the use of the Health Belief Model (HBM) approach, preparedness measures implemented, opinions and confidence regarding various government operations and control measures, and other factors, this study aims to understand how people perceive the pandemic. In late April, during the period of illness preparation, a cross-sectional survey was carried out among people in the state of Kerala utilising modified WHO Cosmo methodology and questionnaires administered through Google Forms. Using SPSS version 22, binary logistic regression and descriptive analysis were used to explain the results. Of the 680 participants, 675 (99.3%) knew what COVID-19 was, and 598 (88%) knew it well. A substantial correlation was found between the factors in the Health Belief Model and the behavioral change that was observed in 638 (93.8%) cases.

Olmedo et al., (2020) Despite the fact that there is no proof of their efficacy, celebrity endorsements are nevertheless widely used in environmental conservation efforts worldwide, as this review of the topic highlights. Two-thirds of the 79 campaigns included in the study took place in China and were reported in Chinese. The efforts were carried out in nine different nations between 1976 and 2018. Even while celebrity engagement in campaigns was common, only four of them had been

evaluated, and none of them had tangible proof that connected the campaign's efficacy to celebrity endorsements. It is challenging to ascertain whether the success of these initiatives can be linked to the participation of celebrities due to the absence of critical analysis. The paper emphasises how important it is for researchers and environmental practitioners to carefully evaluate and document the results of celebrity endorsements of conservation projects.

S. A. Grier et al., (2020) this study uses a social marketing lens to examine Cuban initiatives that try to modify health-related behavior. The study evaluates the salient social marketing features of three health promotion initiatives (AIDS, TB, and tobacco) in Cuba using the case study approach. Every instance is evaluated in relation to benchmark criteria for social marketing from earlier studies. The Cuban government's employment of macro-social marketing strategies to address health issues is explained through an analysis of the cases. The findings show that: (1) Cuba addresses population health requirements and difficulties through a distinct organizational strategy; and (2) Cuban context peculiarities play a role in the theory and practice of social marketing in Cuba. An analysis of social marketing initiatives in Cuba can deepen the understanding of the theory and practice of social marketing and potentially boost its efficacy in promoting health.

Layeghiasi et al., (2020) The study's qualitative results demonstrated that the majority of participants thought Iran had a high salt intake. The majority of them suggested utilizing healthier salt substitutes, suggested family- and home-based approaches to lowering salt intake, and identified medical professionals and healthcare institutions as the most crucial sources of encouragement for people to cut back on salt. Following the intervention, the intervention group's KAP (Knowledge, Attitudes, and Practices) mean and standard deviation greatly improved. The intervention group experienced a significant decrease in mean salt intake of 3.01 ± 2.38 over repeated assessments. ANOVA revealed a significant difference between the two groups ($P = 0.04$) as well as a significant change over time ($P < 0.001$). Furthermore, there was a significant interaction between group and time ($P = 0.001$). The average amount of salt consumed by the research group was

around three times more than what the WHO advises. The social marketing-based intervention was successful in lowering the study respondents' average salt intake by about 3 grams.

Bindal, (2021) conducted an analysis of anti-smoking advertisements' efficacy and impact on health-related behaviours and smoking cessation. The research revealed that eighty percent of participants thought these efforts successfully encouraged them to give up smoking, but ninety-eight percent disagreed, saying the campaigns had no effect on their willingness to give up. Furthermore, 54% of participants concurred that heightened anti-smoking initiatives would promote better ways of living. Less was known about the campaigns' impact on cigarette consumption, though, since 51% of respondents thought they were helpful in cutting down on smoking, while 49% disagreed. Anti-smoking campaigns have varying effects on people who try to quit: 10.8% perceive them to be very effective, 22.3% to be highly effective, 26.3% to be somewhat effective, 20% to be barely effective, and 20.8% to be completely ineffective. On the campaigns' efficacy in reducing passive smoking, attitudes differed as well: 12.8% thought they were very effective, 27.5% thought they were highly effective, 20% thought they were somewhat effective, 19% thought they were slightly effective, and 20.8% thought they were ineffective. While some people can be motivated to change their behaviour by anti-smoking programs, Bindal (2021) found that the impact of these ads differs depending on the smoking behaviour and health outcomes being measured.

Ranjan, (2021) examined how social media and big data analytics fit into Social Marketing Interventions (SMIs) that target behavioural changes connected to health and discovered that these tools are terribly under utilised. The under utilisation has important ramifications for the design of interventions and future policies. While there are chances for increased involvement on social media sites, the emphasis has been on volume rather than quality. The design and efficacy of SMIs could be greatly enhanced by big data and analytics, due to their enormous potential for real-time data collection, storing, sharing, and analysis. To ensure that

interventions not only engage users but also result in significant behavioural change, the author stressed the necessity for additional study to examine the integration of data sciences into SMIs.

Domegan, (2021) This analysis suggests that social marketing should shift its emphasis from promoting individual behavior changes in the health and environmental domains to strategies that promote systemic behavior changes. Instead of using facts, variables, and levels as the unit of analysis, transformative behavior change shifts its focus to interactions, processes, mechanisms, and interdependencies. Social marketing may provide a revolutionary and comprehensive framework in the interest of sustainable societies and the earth by utilizing highly interactive systemic co-creation processes, societal stakeholder involvement, and digital technology.

Nosi et al., (2021) In Europe, Italy has one of the highest rates of childhood obesity and overweight. Thus, keeping kids from gaining weight is a significant public health concern. Here, the study employed a mixed-method research strategy, comprising three surveys and a quasi-experimental design, to provide a formative assessment of a social marketing campaign on healthy lifestyle and nutrition for primary school students in Italy. The results imply that social marketing education initiatives can be useful instruments for raising children's awareness of a healthy diet and lifestyle, decreasing sedentary behavior, and increasing healthy food intake. Enhancing children's willingness to consume nutritious food is another important way to help the family as a whole adopts better eating habits. This study can help guide societal actions, particularly those affecting children, in connection to the educational program assessment method by integrating several qualitative and quantitative research methodologies that gather information from many subjects and perspectives.

Kegoro, (2021) According to the study, in order to sustain, restore, and stop the transmission of the Covid-19 virus, Kenya's ministry of health should value and place a strong emphasis on social marketing strategies including social product, price, promotion, and place. It is more important to focus on changing one's

behavior than making investments in infrastructure. This study also finds that a social marketing approach that emphasizes health promotion is essential. The use of social marketing techniques would support the efforts of other tactics like law and regulation enforcement and education.

Kaimal et al., n.d., (2021) Various commercial marketing strategies, especially the 4Ps, are used in social marketing to advance and accomplish social goals and address social issues. Public agencies around the world have routinely used social marketing techniques to alter the way society's members behave for over fifty years. This is especially true in the field of public health, where a number of social marketing initiatives have been effectively put into practice. Public health officials in various nations, including India, were increasingly employing social marketing techniques on a large scale to stop the COVID-19 pandemic.

Choudhary, (2022) investigated about the Social Mobilisation Network (SM Net) initiative's effects on polio vaccination campaigns during Supplementary Immunisation Activities (SIAs) and its wider implications for public health initiatives. Even in the post-polio endemic period, the analysis indicated that the SM Net effort, in particular the employment of community-level volunteers (CMCs), was beneficial in raising the coverage of polio vaccinations and removing access hurdles. The study contributed to the body of literature by assessing vaccination resistance and measuring community involvement in polio SIAs through the use of the Community Engagement Index. It also looked at the decision to convert people who had first declined immunisation, crediting the SM Net intervention for these successful results.

Muraleedharan & Chandak, (2022) According to this research, non-communicable diseases (NCDs) are on the rise and pose a serious threat to emerging nations. Many international organizations and scholars claim that Kerala has India's greatest healthcare system. Nonetheless, given the state's high human development and health index and slow economic growth, numerous economists and health specialists have talked about the dangers inherent in the asymmetrical

developmental pattern of the state. The purpose of this scoping review study is to investigate four key health economic concerns concerning the Kerala health system.

Simamora & Rachma, (2022) The results of this study indicate that people's compliance with advised behavior is influenced by social marketing. As a result, the social marketing strategy may offer another means of encouraging and promoting alterations in behavior related to health regimen. Social marketers must apply the marketing mix principle, which is frequently used to promote commercial things, when carrying out health protocol campaigns.

Pungpop et al., (2022) The study tries to investigate the impact of using the Health Belief Model (HBM) and social marketing on the prevention of cholangiocarcinoma (CCA) in high-risk districts of Thailand. Two randomized high-risk CCA locations were selected for research from a multiple-stage sampling sample. The experimental group, comprising 150 individuals, was administered a 12-week health education program utilizing social marketing and health behavior modification. The standard services were provided to the comparison group. The researchers' own questionnaire was used to gather data. For the normal distribution, Study utilized descriptive and inferential statistics (the paired and independent t-tests), and for mean scores that differed prior to the experiment, Researchers used Analysis of Covariance (ANCOVA). The experimental group's mean scores on the perceived risk, perceived severity, perceived benefits, perceived barriers, and correct behaviors related to CCA prevention were all significantly higher after the experiment—significantly higher at the .05 level—than they were before. At the .05 level, they were also significantly higher than those of the comparison group. This is the first study to combine HBM with social marketing to reduce CCA. Thus, developing policies or programs to prevent illness through public outreach will establish a template for avoiding CCA and open a route for informing the public about important information.

Coffie et al., (2023) This study uses the Health Belief Model (HBM) to examine how social marketing uses celebrity endorsements (CE) to encourage infection prevention practices like frequent handwashing, avoiding handshakes, and

covering one's mouth when coughing. In order to investigate how CE influences the association between important HBM predictors—perceived severity, susceptibility, benefits, barriers, and self-efficacy—and people's intentions to adopt infection-preventive behaviours, data from 562 respondents were analysed using PLS-SEM. The link between perceived severity, susceptibility, self-efficacy, signals to action, and the intention to carry out these behaviours is greatly improved by CE, according to the data. This shows that people are more inclined to follow advice when a celebrity offers a social marketing message.

Bakshi, (2023) The thesis examined the composition and effects of marketing efforts, especially with regard to social marketing in India. An advertising campaign, according to the author, is a well-thought-out strategy created to support a business, cause, or product by carefully combining textual and visual marketing elements to draw in viewers. Increasing demand and awareness for the problem at hand is the main objective of social advertising. To maximise attention and engagement, multiple tools must be strategically launched at different points during the campaign. The author came to the conclusion that social initiatives in India have generally been successful in raising public awareness, altering public attitudes, and promoting constructive behaviour. This triumph suggests that social marketing yields a noteworthy advantage.

Roger et al., (2023) This study demonstrates that the effectiveness of social marketing strategies in changing behavior during public health interventions has not been thoroughly examined in many quantitative, randomized trials. Nonetheless, social marketing strategies are becoming more and more popular as a way to influence people's behavior to choose healthier choices. It is difficult to compare the results of different studies because of the complexity of implementing these kinds of investigations and the wide range of criteria used. The review also revealed a high risk of bias in many papers. In general, the more quality criteria that the social marketing intervention meets, the more successful it is at bringing about the desired behavioral change. Higher levels of desirable behaviors may be attained if social marketing theory were to be more widely applied in the creation of compelling

public health messaging. There is an unmet demand for additional training in the application of social marketing strategies in the field, as well as for public health and other healthcare professionals.

Alipour et al., (2023) The purpose of this study was to plan, carry out, and assess a social marketing campaign in Boyer-Ahmad County, Kohgiluyeh, and Boyer-Ahmad Province, southwest of Iran, to encourage HIV testing. This study used a quasi-experimental pretest-posttest design without a control group, utilizing an assessment and response tool for social marketing. Formative research was done to construct the intervention. It featured seven in-depth semi-structured personal interviews with health care workers working in the HIV/AIDS Program and four focus group discussion sessions with 42 members of the target community. Content analysis was used to manually analyze the data. The social marketing campaign was effective in encouraging people to be tested for HIV, it can be concluded.

Choi & Powers, (2023) This paper's goal is to provide a historical overview of two significant pandemics in South Korea in order to illustrate the fundamental principles of social marketing communications in managing outbreaks of acute infectious diseases. Although a century separated the two occurrences and the societal environment of the two eras was very different, the behavioral suggestions for both pandemics were almost the same. The evaluation produced two important lessons. First and foremost, it's critical to fully disclose all pandemic-related information. Second, as a crucial component of pandemic social marketing communication initiatives, effective management of contradicting information is widely desired. This study presents a historical comparison between the COVID-19 pandemic and the 1918–1919 Spanish flu pandemic, with a focus on the social communications utilized during these two pandemics. The comparison highlights the significance of social marketing in increasing public awareness. By making conclusions on social marketing communication employed during disease pandemics, the paper adds to the body of knowledge on health marketing as well as to practice.

Udoh & Willard, (2023) According to this article, a campaign advocating for environmental health in the Niger Delta region of Nigeria can be supported by a community-based social marketing (CBSM) framework. Priorities are set for identifying the individual and collective environmental attitudes and behaviors in the area. An overview of the fundamental causes, categories, and scope of the environmental problems the region faces as a result of oil production, agriculture, and illicit logging is then given. The Niger Delta region of Nigeria is to benefit from a CBSM strategy that aims to improve environmental attitudes and behavior by means of grounded theory. In addition to potential obstacles to adopting CBSM in the Niger Delta, the analysis identified particular behavior changes that were required to enhance environmental conditions, themes, and resources, including organizations and groups that might be viewed as assets. It also revealed that, in order to effectively frame pro-environmental communication that addresses complex socio-political issues, the CBSM and the social ecology model must be combined.

Manohar et al., (2023) The purpose of this study is to investigate how social marketing, particularly public campaigns, is impacted by these new brand-building strategies. In this descriptive study, 324 respondents from all around India provided their thoughts on the constructs. To verify the validity of the hypotheses, this study employed Smart partial least square software and the Statistical Package for the Social Sciences. The study's findings show that when advertising campaigns focus on a consumer's emotional state, that person transcends all limitations, including those related to physical characteristics, service parameters, or even forms of evaluation, and contribute additional value to the campaign—thereby developing a positive behavior.

Saleem et al., (2023) The goal of this research is to better understand public health policy by determining which social and psychological elements are more predictive of intentions to stop smoking. The findings demonstrated that intentions to stop smoking are predicted by protection motive theory and theory of planned behavior. Though intentions to stop smoking are not predicted by perceived behavioral control, intentions to stop smoking are more influenced by subjective

norms than by attitudes towards quitting. Intentions to stop smoking are predicted by extrinsic rewards, while attitudes towards quitting are significantly influenced by perceived benefits and perceived cost.

White et al., (2023) This study looks at how social messaging posted by popular figures—athletes, politicians, news reporters, etc.—influence the general direction of public conversation. Study gathered almost 13 million tweets between January 1, 2020, and March 1, 2022. A refined DistilRoBERTa model was utilized to compute the sentiment for every tweet, and the results were compared between COVID-19 vaccine-related tweets and mentions of people in the public Eye. According to the research, throughout the first two years of the COVID-19 epidemic, material conveyed by Persons in the Public Eye was consistently accompanied by emotional content patterns that influenced public opinion and significantly sparked online public discourse.

Hasan et al., (2023) This study's goal is to investigate chemist experiences with and views of structural, behavioral, and interventional measures that support ASPs (Aspirational Social protection) using the social marketing framework. Within this paper's discussion are Compared to other methods of behavior modification, such education and regulation, social marketing is different because education assumes that knowledge on its own can bring about change, whereas regulation relies on enforcement to accomplish so. A better grasp of the experiences of a particular population and how individuals see matters within their surroundings is acknowledged by the social marketing perspective, given the difficulty of persuading people to change their ways.

Hayes et al., (2023) This study aimed to evaluate the campaign awareness of providers and the correlation between campaign awareness and modifications in campaign-related beliefs as well as clinical TDT (Test, Diagnose, Treat) intervention. This study implies that interventions aimed at changing health systems could be strengthened by a provider-focused media campaign in print and digital media. To optimize the possible impact of a campaign, future research should look

for ways to change the way campaigns are delivered in order to raise awareness of the campaign.

Maulidiyanti & Muslim, (2023) The purpose of this study is to evaluate the impact of audio-visual media interventions on public awareness regarding stunting prevention. The experimental design used in this study includes pre- and post-test designs in the same group. Nutritious recipes and instructional audio-visual materials were distributed to the respondents. In this study, fifty respondents are participated. In the Nusa Tenggara Barat region, purposive sampling was employed as a nonprobability sampling technique. Using SPSS statistical software, bivariate data analysis was carried out utilising the non-parametric Mann-Whitney and two related sample (Wilcoxon) tests. The findings indicate that moms and cadres who received audiovisual social campaign materials had an increase in knowledge. The Z value, which displays the value -3.715 b with a p-value of 0.000 to 0.05, illustrates this. The knowledge and attitude levels before and after the audio-visual media intervention differed significantly, as indicated by the Z value of -3.815 b and a p-value of 0.000 or $p < 0.05$. Thus, audiovisual materials can be used to efficiently provide health information. This study also demonstrates the preference for tutorial-style audiovisual resources since they are simple to practice.

Bogueva et al., (2023) The necessity of social marketing is demonstrated by the behavior of thirty volunteers, whose actions are monitored for a period of 1.5 years and during which they are exposed to the advertisement "Red meat also can cause cancer and heart attack." The social marketing effort includes group conversations to create disruptive marketing messages, as well as exposure to pertinent documentaries, scientific facts, and other educational film content. In-depth interviews and focus groups are employed to extract insights regarding the driving forces behind dietary modification. This study's findings demonstrate the effectiveness of social marketing, as nearly half of the participants reduced their meat intake over time. It is feasible to attain healthy eating habits through voluntary dietary changes, even if there are numerous entrenched and opposing factors in Australian society that make these changes difficult.

Colquhoun et al., (2023) Healthcare knowledge translation has become a science and a practice to close the gap between evidence and practice. Even if the field has appropriately borrowed to improve its science from other connected fields, there are still unexplored areas. Social marketing is one such area that has had little use in knowledge translation but has the potential to be relevant. Finding components of social marketing interventions that could be used in knowledge translation science is the goal of this review. Our goals are as follows: (1) provide an overview of the kinds of research that have evaluated social marketing interventions using controlled intervention study designs; (2) characterize the social marketing interventions and their outcomes; and (3) suggest methods for incorporating social marketing interventions into the field of knowledge translation science.

Ike, (2023) This study explores the effects of celebrity endorsements in public health initiatives. The value of celebrity endorsements in programs promoting physical exercise, a good diet, mental health, quitting smoking, HIV/AIDS awareness, and vaccination uptake is highlighted by a review of the material already in existence. Results show that celebrity endorsements of health-related messages raise awareness, inspire improvements in healthy behaviour, and lessen the stigma associated with specific medical conditions. Perceived real interest in the topic by celebrities makes public health efforts more successful, according to the study, which highlights the significance of authenticity and credibility.

Roger et al., (2023) The systematic reviews that are part of the study highlight the fact that the research that applied social marketing criteria was the most successful. In reality, the majority of the reviews' studies found satisfactory rates of change in the desired behavior, which was often changing a specific behavior (e.g., choosing healthier foods, testing for HIV, or donating organs). Nonetheless, the amount of social marketing criteria varied between assessments, most likely as a result of the definition of social marketing evolving over time. The criteria for behavioral change is almost universally included in definitions, but the criteria for theoretical integration is less prevalent and has only been included in a small number of research. Few interventions met all the requirements for social marketing,

according to the systematic reviews included here. For example, only one study out of 36 in the review of organ donation [28] and six out of 34 in the review of healthy eating behaviors [9] satisfied all the criteria for social marketing. In a similar vein, the communication strategies employed in each intervention varied greatly, despite the fact that few, if any, research provided specifics about the supports that were really utilized to spread the messages. Because of this, it is improbable that other teams could replicate the interventions that were shown to be successful without knowing specifics about how they were carried out.

Zheng et al., (2023) This paper tries to investigate the influence of the '4Ps' social marketing strategy on vaccination reluctance and how it affects vaccination rates in the general population. A social marketing tool that has tackled numerous public concerns and immunizations is the "4Ps" strategy (place, price, product, and promotion). This was a before-and-after research conducted retrospectively. There were 10795 individuals enrolled in all. The first doses of the COVID-19 vaccination were administered using the standard procedure from March 23, 2021, to April 11, 2021. Then, from April 12 to May 1, 2021, a vaccination-related "4Ps" social marketing plan was implemented. The '4Ps' social marketing campaign was implemented before and after the target population's vaccination reluctance and first-dose COVID-19 vaccination coverage rate were gathered and compared. The '4Ps' social marketing strategy increased vaccination coverage, significantly decreased vaccine hesitancy, and offered a more dependable and efficient means of promotion in the face of recent virus mutations and upcoming vaccines.

Boo et al., (2024) The purpose of this study is to evaluate how the COVID-19 epidemic affected consumer behavior as a result of hotel corporate social marketing (CSM). The attribution-theory-based conceptual framework is a helpful tool for comprehending how CSM can impact behavior change during a pandemic while gaining commercial advantages. Study contends, based on the findings that the CSM characteristics of hotels affect guests' perceptions of the establishment, raising the possibility that they may act in a pro-social manner. But when perceived health risk increases, the positive attitude-behavior relationship is probably going to become less strong. One of the first studies to concentrate on comprehending hotel

social marketing and its effects on patron behavior during a pandemic is this one. CSM is a little-understood phenomenon, despite being crucial during pandemic and influencing hotel patron behavior. The study offers a theoretical framework for evaluating the efficacy of social marketing in hotels. By doing this, Researchers hope to contribute to the advancement of future studies that quantify the effects of hotels' CSM in the context of social marketing.

Hartwell et al., (2024) The aim of this study was to determine the variables that predict young adults' acceptance of vegetable dishes and to provide a road map for developing new recipes and healthy food promotions. This study used an online questionnaire sample of 444 undergraduate students in Brazilian universities to examine the major variables that promote young adults' consumption of vegetables within the context of the health belief model (HBM). Structural modeling revealed that Naturalness, Health concerns, and Self-efficacy (including culinary abilities) all positively influenced the frequency of vegetable consumption, but familiarity and sensory components exhibited a negative loading that may be associated to discomfort.

Scalabre et al., (2024) This study aims to discover the meat-reducing promotional campaigns that are being conducted in several Western countries. A scoping review was carried out to record the features, enablers, and obstacles of these kinds of marketing initiatives. After conducting a literature search, a total of 25 initiatives were found. These were then categorized into four types of campaigns: industry development-focused programs, contests that recognize companies with vegetarian alternatives, "Meatless Days" movements, and restaurant referral programs for vegetarian options. According to the report, the "Meatless Day" movements and referral schemes are the most successful efforts. The findings of this study can be used to create and carry out long-lasting marketing programs meant to decrease meat consumption.

Akbar et al., (2024) This study surveys 48 global experts, the majority of whom have over 20 years of experience, to investigate how social marketing professionals define success. The writers clustered terms and concepts to analyse the responses using a machine learning technique called topic modeling. According to the data, even while changing one's behaviour is thought to be essential for success,

a lot of experts would rather gauge it with more straightforward, concrete criteria like improved campaign recall. A major obstacle to success was also found to be a lack of money. One of the earliest studies to suggest a two-phase methodology for figuring out what makes a social marketing campaign successful is this one.

Coffie et al., (2024) The study aimed to identify the variables that impact consumers' intention to purchase locally produced rice, based on the theory of planned behavior. Additionally, it proposed social marketing strategies to encourage voluntary behavioral shifts towards local rice consumption. Forty-seven and three hundred individuals provided quantitative and qualitative data, respectively. While quantitative data were evaluated using partial least squares structural equation modeling, qualitative data were analyzed thematically. The findings demonstrated a substantial and positive correlation between attitude, subjective norms, perceived behavioral control, and the intention to eat rice grown nearby. The findings indicated a high intention-behavior gap by demonstrating a weakly significant negative link between intention and actual consumption of local rice. The qualitative findings, however, revealed six important barriers that, despite people's best intentions, kept them from eating local rice. These include the difficulty of cooking, suitability for a limited number of local recipes, lack of flavor and aroma, foreign components, inadequate packaging, absence of standard specifications, and unavailability. As a result, initiatives that remove these obstacles will greatly raise Ghana's use of local rice. By predicting variables that could increase local rice consumption in a developing country environment, the study adds to the body of knowledge by utilizing the mixed method approach and the theory of planned behavior. The Study also talked about how the obstacles that were found may be overcome by utilizing the 4Ps of social marketing.

Shahadati et al., (2024) With a social marketing effort in place, this study aims to lower the amount of fast food consumed by students. Using a two-stage simple random sampling procedure, 352 middle school students in Yasuj City, Iran, participated in a pre- and post-test study with a control group between October 2018 and January 2019. The ten-step approach served as the foundation for the campaign's conception and execution. The intervention mix has also been designed using formative research. Two behavioral variables related to consumption amount and trend showed a substantial decrease in the intervention group following the

campaign compared to the control group ($P < 0.05$) and to the pre-campaign values ($P < 0.01$). Other campaign evaluation metrics showed the campaign's effectiveness, including 81.1% campaign awareness, 79.4% message memory, 60% weekly meal plans, 67.7% body mass index (BMI) calculation abilities, and 38.9% monthly expenditure limit. By employing a social marketing strategy and a suitable intervention mix, which is grounded in mix-method research, this study can serve as a useful model for lowering students' intake of fast food.

Smith et al., (2024) The Rainbow social marketing critique highlights important gaps in the literature about the requirements of the LGBTQIA+ community. These populations continue to experience marginalisation and prejudice in spite of growing social acceptance. Using a queering approach, the authors draw attention to important issues such the distortion of multiple identities, the lack of representation among intervention leaders, and the excessive focus on the sexual health of homosexual men and men who have sex with men (MSM). The four main contributions of this paper are as follows: (1) it offers the first thorough analysis of Rainbow social marketing; (2) it presents the queering approach for assessing these campaigns; (3) it provides useful suggestions for future interactions with Rainbow communities; and (4) it identifies areas that require more investigation. For social marketing to effectively promote and engage marginalised populations, the authors stress the need for more inclusive, reflective, and community-driven initiatives. This effort intends to improve the impact of social marketing campaigns on LGBTQIA+ populations by addressing broader social and cultural aspects.

Almulhim & Abubakar, (2024) From the standpoint of social marketing in particular, this study provides insightful information about Saudi Arabian households' water consumption. In order to support sustainable water use, it highlights how important it is to comprehend household behaviours and socio-demographic aspects. The study illustrates how household size, wealth, education, and other factors affect water usage by dividing 618 homes into six clusters according to their patterns of water consumption. These findings imply that by focusing on particular behaviours and traits of various demographic segments, focused social marketing techniques could effectively encourage water conservation. In order to promote sustainable water consumption patterns, the study emphasises the significance of behaviour change communication campaigns and interventions

catered to different demographic groups. This strategy not only promotes environmental preservation but also helps the water industry formulate policies.

RESEARCH GAP

The purpose of the study is to evaluate the effectiveness of social marketing strategies in health campaigns. For this reason, research has been done on people's awareness levels, attention values, attitude, celebrity endorsements and the elements that draw people in to social marketing initiatives. Studies have also been conducted on the efficacy of social marketing and the degree of behavioral changes it causes. A survey of the literature has been done in order to create a solid theoretical basis for this investigation. Researcher included studies on the application of social marketing in diverse areas. It turned out that there aren't many studies on social marketing campaigns in India. This study gap has to be filled because social marketing plays a significant role in influencing values and perception. An attempt has been made to incorporate the social marketing strategy, which holds significant importance in the Indian context. While investigations on the efficacy of social marketing campaigns have been carried out, most of these studies were not well-received, which opened the door for this investigation. While some earlier research has determined the impact of social marketing campaigns and social marketing in general on the population, no investigation has been conducted to determine the degree of public knowledge of these campaigns. The effectiveness of social marketing programs conducted solely by the Kerala government has not been the subject of any research. Studies on the efficacy of social marketing efforts have also been conducted in extremely small numbers, particularly in India. In Kerala it is under researched.

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CHAPTER 3

CONCEPTUAL FRAMEWORK

Marketing is the intentional planning, coordinating, and execution of a mutually beneficial exchange facilitation process. In product marketing, a business achieves success (profitability) by precisely determining the requirements and desires of target markets and then providing goods and services that meet those needs and desires more effectively and economically than those of rivals. If potential customers don't think a company's offerings are more valuable than what they now own or already do, then marketing won't be successful. The attractiveness and success of marketing extended beyond packaged goods companies to businesses that made cars and other durable items for individual consumers, as well as to manufacturers of industrial equipment. Soon after, service corporations started using marketing strategies—banks, insurance companies, airlines, stock brokerages, colleges and universities, hospitals, and so on—or at least declared they did. Subsequently, professionals in the commercial world, such as solicitors, accountants, and doctors, developed an interest in promoting their services and careers. Over time, an increasing number of professionals started incorporating marketing principles into their program and service initiatives as well as organizational growth plans (**Kotler & Keller, 2016**).

One long-standing question that individuals had about the selling of the idea was, "Why is it not possible to sell brotherhood like one sells soap?" This clearly suggests that the employment of commercial marketing strategies was necessary for non-commercial objectives. As a result, social campaigns and public awareness service campaign that is primarily employed as a means of advancing social welfare. Interaction is a highly successful method of raising public awareness and educating people by continuously supplying data. Public service advertising, known as social marketing, is one method that by civil society organizations and government agencies to sway individuals in the public benefits (**Bhakti, 2023**).

Experts in marketing eventually started to recognize the benefits of applying marketing concepts and tactics to social challenges. Since the 1960s, social marketing has been discussed in marketing literature. It has been successfully used in the fields of political marketing, environmental protection, and public health. But

Social Marketing was first proposed in 1971 when Kotler and Zaltman (**Kotler et al., 1971**) highlighted in their study that comparable marketing principles were being applied to provide customers with goods that could be used to "sell" beliefs, concepts, and behaviors. Using the commercial marketing process, **Andreasen (1994)** defined social marketing as "the investigation, planning, execution, and evaluation of projects intended to impact the willful behavior of target audience to improve their welfare and that of the general public." Social marketing campaigns worldwide have placed a strong emphasis on the topics of family planning and reproductive health. Priorities such as HIV/AIDS prevention, malaria control, growing demand and access to high-quality healthcare services, control of diarrheal diseases, and maternity and child health have already received a lot of attention. Product social marketing has traditionally involved setting prices that are heavily subsidized by program sponsors or donors. This has been the case, for example, for oral rehydration products for diarrheal diseases, bed nets for malaria control, and condoms for both family planning and HIV prevention. However, in recent years, social marketing organizations have also distributed products voluntarily. These social marketers have developed into the most ardent supporters and practitioners of brands, pricing schemes, and distribution networks as essential components of the social marketing method as a result of their attitude to product sales and purchases. Furthermore, global social marketing associations have taken the lead in creating the services marketing strategy known as social franchising. Social franchising is used in the family planning services prototype to support long-term contraceptive techniques, enable access to more comprehensive reproductive health care, and encourage the involvement of qualified healthcare professionals. In the clinic franchise system, networks of providers, or franchisees, are service producers who develop standardized services under a franchise name. A network of service providers providing a standard set of services at predetermined costs and levels of care quality is the end result.

Social marketing in developed markets has tended to concentrate on preventing and reducing risk behaviors for chronic diseases and the use of addictive substances (most notably illicit drugs and tobacco), in contrast to the experience in

developing countries. The emphasis on risk behaviors and communication and educational approaches to their amelioration in developed contexts can be attributable to the priorities and philosophies of the governments that fund them, just as the strong support of various donor agencies for a social marketing approach emphasizes access to health-related products and services in developing countries. Consequently, social marketers have prioritized behavior over products and services, making behavior change their default option or key outcome of interest, driven by the determinants of these disorders.

The ‘process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit’ is social marketing, which is based on marketing but differs from it. Social marketing directly borrows its essential elements from commercial marketing. The phrase ‘social marketing’ is a general one; it does not refer particularly to the use of marketing strategies to alter health-related behavior. Social marketing efforts, for instance, have been used to change people's attitudes towards health, population growth and violence against women, road safety, sanitization, harvesting of rainwater and child labour abuse.

Over the past four decades, social marketing has been used successfully to increase health care and use of health education program, improve client satisfaction, and achieve social and individual health behavior change. It has been effective in increasing contraceptive use, reducing blood pressure, increasing consumption of fruits and vegetable, and increasing public awareness of the association between certain risk factors and particular health conditions. Three notable long-term social marketing successes based on the United States are the National High Blood Pressure Education Program, the Pawtucket Heart Health Program, and the Stanford Five-City Project Smokers' Challenge. Another example of a social marketing program is the Washington Heights low-fat milk campaign in New York City. It introduces the social marketing process, emphasizing various concepts associated with a social marketing approach

Social marketing has been successfully applied during the previous 40 years to improve customer happiness, raise health care utilization and the usage of health education programs, and alter social and individual health behavior. It has been successful in raising the use of contraceptives, lowering blood pressure, increasing fruit and vegetable consumption, and raising public knowledge of the link between specific risk factors and specific health disorders. The National High Blood Pressure Education Program, the Pawtucket Heart Health Program, and the Stanford Five-City Project Smokers' Challenge are the three noteworthy long-term social marketing accomplishments centered on the United States. The New York City Washington Heights low-fat milk promotion is another illustration of a social marketing initiative. Creating a social marketing program takes several steps, including planning, creating the message to be shared, pretesting the strategy, implementing the plan, and then evaluating it with input (**Nivasini, 2024**).

The emergence of social marketing was facilitated by the extension of the marketing concept and a change in public health policy towards illness prevention. Commercial marketing technologies started to be utilized in health education efforts in poor nations in the 1900s. **Kotler and Zaltman's** groundbreaking paper, the 'Social marketing: an approach to planned social change' was published in the *Journal of Marketing* in 1971. The phrase 'social marketing' was coined for the first time, and **it** was frequently celebrated as its inception. 'The design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, distribution, and marketing research' is how they described social marketing. **Weinrich**⁸ implemented two strategies to improve social and health conditions. The first is education, which persuades individuals to change their behavior using logical facts; the second is coercion, which compels people to adopt a behavior under threat of punishment for not doing so. Social marketing, which is the application of commercial marketing techniques to influence people's behavior for motives that go beyond the obvious and appeal to their core values, is situated in the middle of those two points (**Aras, 2011**).

According to **(Riddell et al., 2024)**, Eight key principles of social marketing are:

- 1) Focus in behavior change.
- 2) Theoretical foundation used in the planning of the intervention.
- 3) Based on insights.
- 4) Customer orientation, including pretesting and consumer research.
- 5) Segmentation and Targeting
- 6) A sharing of motivation.
- 7) Competition or the employment of tactics to subdue opposing behaviors while taking into account their attraction.
- 8) Marketing mix: the four essential elements (product, place, promotion, and price) that need to be taken into account when trying to sell a good or service (STI/HIV testing in this example).

How does Social Marketing differ from Commercial Marketing?

(Between social marketing and traditional commercial marketing, there are some key distinctions).

Some key distinctions are there between social marketing and traditional commercial marketing. In the business world, providing products and services that will bring in money for the company is the main goal whereas, the main goal of social marketing is to influence actions that will benefit society as a whole. Commercial marketers tend to favor selecting key target audience segments that would yield the highest volume of lucrative sales due to their emphasis on financial gain. Segments are chosen in social marketing according to a distinct set of standards, such as the frequency of the social issue, the reach of the audience, and the degree of change readiness. Nonetheless, marketers want to maximize returns on their resource investments in both scenarios.

Commercial and social marketers understand the need of identifying and positioning their offerings in relation to the competition, yet their rivals are extremely different from one another. The primary goal of a commercial marketer is to sell products and services; competitors are typically defined as other businesses that provide comparable products and services. The competition in social marketing is frequently our target audience's favored or existing behavior and the alleged advantages of that conduct, including the status quo. This also applies to any businesses that markets or encourages opposing viewpoints (such as the tobacco industry).

There are numerous parallels between social and commercial marketing methods notwithstanding these distinctions:

The direction of the customer is crucial. The marketer is aware of the fact that the offer—which includes the product, price, and location—must appeal to the target market by meeting their needs or wants, or by resolving an issue they face. Exchange theory is important. The intended audience must believe that engaging in the behavior brings the advantages that are at least as great as the perceived costs. Marketing redesigned it during the project. Effective marketing tactics can only be developed by a researcher who has a thorough understanding of the unique needs, desires, beliefs, and attitudes of the target adopters. Segmented audiences exist. Different market segments have different demands, wants, resources, and current behaviors, thus strategies must be adjusted to suit these differences. Every 4P (Product, ...) is taken into account. An integrated strategy that makes use of all available tools rather than depending solely on advertising and other forms of persuasive communication is necessary for success. Measuring the results allows for improvement. Remarks are appreciated and regarded as ‘free advice’ on how to perform better in the future.

Marketing Mix

A marketing mix is a concoction of elements assembled, predicated on an awareness of the needs and desires of the target market segment, with the goal of persuading the target market segment to swap what they do or think for a certain

good, service, or concept. Since social marketers' positive social values serve as a powerful motivator for individuals to adhere to **the** health regulations, the idea of the marketing mix—which educates consumers about the benefits of health—is essential **(Simamora & Rachma, 2022)**. A marketing mix may consist of four, six, or eight elements. The four Ps of marketing, as they are often known, are the traditional components of a commercial marketing mix. The four Ps, or the four aspects of the offer that affect customers' decisions to exchange, are interconnected and essential to a marketing strategy. Additional suggestions for application of the four Ps are provided below:

Product: A product is an idea, a service, or tangible commodities that meet a demand. Physical products are tangible bundles of characteristics that can be made available to a market segment for purchase, usage, attention, or consumption in order to meet a need or want. A service is essentially an intangible good or service that one person provides to another in order to fulfill their needs and desires. Its creation and delivery might be connected to a tangible good. Most ideas are abstract concepts that can be used to solve issues or fulfill specific needs and desires. Every offer should ideally have three components: tangibles (i.e., the actual elements of the blood-lead test that clients can see, like a compassionate person drawing blood, hygienic equipment, and attractive bandages to place on the child's arm), added-value components (i.e., extras that the clients receive after the exchange to reinforce their adoption or purchase decisions), and a core product with a value-satisfying component (e.g., getting a blood test for lead poisoning should give parents peace of mind)

Price: A price is what the general public can afford to pay in terms of money, time, emotions, or energy. In theory, an offer shouldn't require more effort, money, time, or emotion than the potential customer is ready to give up. It is imperative for marketers to anticipate and mitigate these expenses. The emotional cost of requesting a day off from work; the emotional cost of undressing in front of a care provider and responding to private inquiries; the time cost of taking an afternoon or full day off from work; the energy cost of scheduling the appointment, figuring out

how to get to the provider, and waiting to see the provider, are a few examples of clients who are interested in receiving prenatal care but are faced with obstacles.

Place: Convenient outlet channels or distribution networks for reaching consumers with a tangible product, service, or concept are included in the marketing mix. Offers must to be made through locations that are trustworthy, hospitable, convenient, and equipped better to handle customers with care. The exchange will be jeopardised by an unclean environment, an unfamiliar neighbourhood, difficulty in reaching the setting, inexperienced or culturally insensitive workers, improper service setup, or a location that is too close to the persons to be reached.

Promotion: Promotion is running a campaign to promote a product that is suitable for the target market. Public relations, personal selling, incentives, and advertising are typically included in a promotion mix. The goal is to create a promotion mix that appeals to the target market segment by using the media, spokespersons, incentives, language, and tone that are most appropriate.

With a view to addressing the social and typically nonprofit aspect of social marketing, specialists in the field have broadened the four fundamental commercial components of the marketing mix. Publics, partnerships, policies, and purse strings are the further components. The program's major, secondary, and internal stakeholders are the publics, and they must be taken into account at every stage of the planning process. In order to tackle issues that are too complicated for the firm to handle alone, it is crucial to collaborate with other firms. This is known as partnership. The term 'policy' describes the necessity of addressing contextual and environmental changes, such as enacting laws and creating public policies, in order to encourage behavior change. The range of sources (such as foundations, the government, and private donors) required to finance social marketing initiatives is known as purse strings.

Advertising: It is a type of non-personal, paid advertisement about a company and its goods that is distributed through a mass media to a specific audience.

Personal Selling: It is the process of educating clients and convincing them to buy goods in an exchange setting through direct communication.

Publicity: It refers to impersonal information about a company and its goods that is freely disseminated through a mass media outlet as a **news** article.

Sales Promotion: It is an action or product that directly incentivizes customers, salespeople, or resellers by adding value or incentive.

Positioning: The goal of positioning is to give an offer on its own salient features. A well placed offer occupies a special space, or niche, or image in the minds of the customers. Consider a customer who is thinking about buying an over-the-counter drug, for instance. A particular drug is marketed as being ‘strong on pain, but soft on your stomach.’ The product was developed for those who desire a solution that doesn't have any painful side effects on their stomachs. It is not the same as another drug prescribed for the same reason, which was made for those who wanted confirmation that their drug was indeed solving their issue. Every drug has a unique personality and is created to satisfy the requirements of various types of users.

However, despite the widespread use of the traditional four Ps model—Product, Price, Place, and Promotion—many critics argue that it is insufficient in the context of social marketing. Critics argue that this model is too limited for addressing the complex goals of social marketing, which often focus on behavior change and societal benefits rather than purely commercial objectives. Instead, an alternative approach is proposed, emphasizing a more comprehensive strategy. This approach includes relational thinking, which prioritizes building long-term relationships with target audiences, and upstream social marketing, which focuses on addressing the root causes of social issues by influencing policy and societal structures. **(Gordon, 2012)**

Health Sector

Health is a multidisciplinary concept that covers physical, emotional and societal well beings. It does not only mean that there is always good health but also, factors like lifestyles, the environment and access to health care. For a number of

reasons, it is important to understand the importance of health and is summarized as:

Individual Well Being: In order to live a fulfilling life, individuals must have good health. It allows people to pursue their objectives, engage in business activities and experience a good quality of life. The health of individuals allows them to perform effectively in their personal and career roles, which has a positive impact on society.

Economic Development: The development of economy is significantly impacted by health. A population in good health is more productive. It promotes prosperity and economic progress. As they are less likely to miss work due to illness, healthy people are more productive, which lowers healthcare expenditures for employers.

Social Equity: social equity and health outcomes are intimately related. Health outcome disparities frequently mirror wider societal injustices pertaining to things like wealth, education, and resource accessibility. Ensuring that everyone has the chance to live healthy lives and advancing social justice depend on addressing health inequities.

Public Health Preparedness: In order to respond to health emergencies like pandemics, natural disasters, and infectious disease outbreaks, public health preparedness and population health maintenance are essential. To effectively manage and mitigate health crises, robust public health infrastructure and healthcare systems are necessary. **Health Care Costs:** health can put a heavy financial strain on people, families, and communities. Chronic diseases and preventable illnesses raise healthcare costs by causing disability, lost productivity, and medical bills. Long-term healthcare costs can be decreased by supporting healthy lifestyles and funding preventive healthcare initiatives.

Quality of Life: There is an innate connection between general health and quality of life. A person's total sense of pleasure and fulfillment is influenced by a variety of interrelated factors, including their physical and mental health as well as their social ties. Making illness prevention and health promotion a priority can improve people's and communities' quality of life. **Human Rights:** International organizations like the World Health Organization (WHO) see health as a fundamental human right. The right to health must include access to clean water, better sanitary facilities,

wholesome food, safe housing, and medical care. Maintaining healthcare access for all is crucial to fostering social inclusion and respecting human dignity.

There is a complicated interplay between the ongoing issues and development in the field of global health. Globally, significant progress has been made in improving health outcomes, with rising life expectancy and falling rates of child mortality being two noteworthy accomplishments. The fight against infectious diseases such as tuberculosis, HIV / AIDS, and malaria has shown encouraging signs of progress. But, ingrained health inequities which still exist both within and between the nations, made worse by differences in healthcare access and social variables including gender, poverty, and education. Health problems continue to disproportionately affect marginalized groups, such as women, children, ethnic minorities, and the poor. Furthermore, there are constant obstacles to the security of global health, such as new infectious diseases, antibiotic resistance, non-communicable diseases (NCDs), mental health issues, and environmental dangers. Achieving health equity and resilience requires bolstering health systems, improving universal health coverage (UHC), and tackling socioeconomic determinants of health. Global health governance is significantly aided by international organizations like the World Health Organization (WHO), which provide co-operation, technical support, and coordinated efforts. In order to improve health outcomes and advance the well-being of all people worldwide, it is imperative that the global health agenda include sustainable health funding, epidemic preparedness, and global solidarity building.

India's population health is characterized by both advancements and obstacles. Numerous health indices, such as rising life expectancy and falling newborn mortality rates have significantly improved in the last few years. The National Health Mission (NHM) and other government initiatives have been instrumental in increasing access to healthcare services, especially in rural regions, by establishing primary health centers (PHCs) and community health centers (CHCs). Positive health outcomes have also been influenced by improvements in healthcare technology and a greater understanding of preventive healthcare

practices. Nonetheless, India is still facing a number of health-related issues. Healthcare access disparities continue to exist, with marginalized and rural people frequently encountering obstacles to receiving high-quality care. Particularly in underprivileged areas, infectious diseases including tuberculosis, malaria, and waterborne illnesses continue to be serious public health concerns. A growing number of people are suffering from non-communicable diseases (NCDs), including diabetes, cardiovascular disease, and respiratory conditions. These conditions are caused by sedentary lifestyles, changing food choices, and urbanization (**World Health Organization, 2021**). India has proven resilient and dedicated to enhancing the health and well-being of its people in spite of the obstacles. To further improve the health of India's diverse population and guarantee fair access to healthcare for all, it is imperative that funds be allocated to healthcare infrastructure, creative methods of healthcare delivery, and comprehensive approaches to illness prevention and health promotion.

The Keralites, who live in the Indian State of Kerala, have one of the best health profiles in the country. This is explained by a number of important elements. **First of all**, Kerala has a high percentage of literacy, which is associated with better health outcomes because education promotes health literacy and well-informed decision-making. **Secondly**, there is broad access to the healthcare services, including treatment and preventive care, thanks to the State's sophisticated public healthcare system, which consists of a dense network of hospitals and primary health centres (PHCs). Kerala also places a high priority on primary healthcare, emphasizing the early diagnosis and treatment of medical conditions. Better health-seeking behavior and illness prevention have also been facilitated by investments in health education and awareness initiatives. Kerala has made significant progress in enhancing the health of mothers and children, as seen by the State's high rates of institutional deliveries and vaccination rates. Kerala's remarkable health outcomes are also strongly correlated with larger social development indices, such as greater degrees of gender equality and economic success. Kerala still has to deal with new health issues like an ageing population and diseases linked to a certain lifestyle, which highlights the need for ongoing funding for healthcare infrastructure, creative

approaches to health promotion, and initiatives to address socioeconomic determinants of health.

The health sector in Kerala holds a prominent position in the state's development agenda, primarily due to its commitment to achieving high levels of health and well-being among its populace. Kerala's approach to healthcare has been lauded globally for its emphasis on social equity and the provision of accessible and affordable healthcare services to all citizens. In analyzing Kerala's health sector, several theoretical frameworks provide valuable insights. Among these, the Social Determinants of Health (SDH) framework elucidates how social, economic, and environmental factors influence health outcomes. Health Equity frameworks help understand the distribution of health resources and outcomes within Kerala's population. Additionally, theories of Health System Strengthening provide a lens through which to evaluate the effectiveness and efficiency of healthcare delivery mechanisms.

Kerala's health sector has evolved significantly over the years, with a strong emphasis on public health initiatives and community participation. Historical milestones, such as the establishment of the Kerala Health Model and the implementation of comprehensive primary healthcare strategies, have laid the foundation for the current health infrastructure and policies. Key health indicators in Kerala, including high life expectancy, low infant mortality rates, and successful disease control programs, underscore the achievements of the State's health sector. These indicators reflect the effectiveness of public health interventions and healthcare delivery systems in improving overall health outcomes. Kerala boasts a robust network of healthcare infrastructure, comprising hospitals, primary health centers, and community health facilities. The equitable distribution of healthcare facilities across urban and rural areas enhances accessibility to healthcare services, contributing to improved health outcomes. The government plays a pivotal role in financing and governing Kerala's health sector. Substantial investments in public healthcare, coupled with innovative financing mechanisms and public-private

partnerships, ensure the sustainability and affordability of healthcare services for all residents (**Kerala Planning Board, 2020**).

Kerala has implemented a range of health policies and interventions aimed at addressing various health challenges, including infectious diseases, maternal and child health, and non-communicable diseases. These initiatives prioritize preventive measures, health promotion, and community participation to achieve sustainable improvements in health outcomes. Socio-economic factors such as education, income distribution, gender equality, and environmental conditions significantly influence health outcomes in Kerala. Understanding the interplay between these social determinants and health disparities is crucial for designing targeted interventions to reduce inequities.

Despite notable achievements, Kerala's health sector faces challenges such as resource constraints, emerging health threats, and demographic transitions. Addressing these challenges requires a multifaceted approach, including strengthening health infrastructure, enhancing healthcare financing mechanisms, and addressing social determinants of health.

The health sector of Kerala faces several obstacles, even though its health profile is generally better than that of other Indian States. Owing to the State's ageing population, chronic diseases and age-related health difficulties are more common. This is cause for serious concern. Kerala is also seeing an increase in the prevalence of lifestyle-related illnesses including diabetes, hypertension, and cardiovascular conditions, which are brought on by sedentary work patterns and poor eating habits. Leptospirosis and dengue fever are two examples of the infectious diseases that continue to pose a threat. The prevalence of mental health illnesses, such as depression and substance addiction, calls for increased access to mental health treatments as well as awareness campaigns. Kerala has a reasonably established healthcare system, however there are still gaps in access to specialised services, especially in rural areas. The state's health problems are made worse by financial constraints on accessing healthcare and environmental health risks. Strengthening primary care services, improving mental health support, and putting

sustainable environmental management techniques into practice are just a few of the coordinated efforts required to address these concerns. Kerala should strive to improve the general health and well-being of its people by emphasising preventive healthcare, encouraging health education, and encouraging community involvement.

In Kerala, lifestyle-related illnesses have become a major public health issue in recent times. The main causes of these illnesses are bad lifestyle decisions, such as growing urbanization, poor eating habits, and sedentary behavior. Among the major lifestyle disorders that are common in Kerala. ***Diabetes Mellitus***: The prevalence of diabetes, especially type 2 diabetes, has increased in Kerala. The state's diabetes burden is rising, partly due to factors like altered eating habits, decreased physical activity and rising obesity rates. ***Hypertension (High Blood Pressure)***: Another common lifestyle condition in Kerala is high blood pressure. The high incidence of hypertension in the population is attributed to a number of factors, including genetic susceptibility, stress, unhealthy eating habits and inactivity. ***Cardiovascular illnesses (CVDs)***: The risk of cardiovascular illnesses, such as coronary artery disease, stroke, and heart failure, is increased by lifestyle factors such tobacco use, poor diet, physical inactivity, and excessive alcohol intake. ***Obesity***: Kerala is seeing an increase in the number of obese people, especially among the city's population and the wealthy. The obesity epidemic is mostly caused by sedentary lifestyles, the consumption of processed foods rich in calories, and a lack of knowledge about appropriate eating practices. ***Dyslipidemia***: Due to a diet high in saturated fats and a low level of physical exercise, abnormal lipid levels, such as elevated cholesterol and triglycerides, are widespread in Kerala. ***Respiratory disorders***: Respiratory disorders including asthma and chronic obstructive pulmonary disease (COPD) are caused by lifestyle factors like smoking, exposure to environmental pollutants, and air pollution both indoors and outdoors (Raman Kutty, 2019).

Kerala's lifestyle diseases necessitate a multifaceted strategy that includes policy initiatives, health education and the encouragement of healthy behaviors. The following are some possible strategies: • Encouraging regular physical activity

through programs like walking, cycling, and exercise; • Promoting healthy eating habits and increasing consumption of fruits, vegetables, and whole grains while reducing intake of processed foods high in sugars, fats, and salt. • Putting in place tobacco control measures to lower the prevalence of smoking and secondhand smoke exposure. • Establishing surroundings that encourage healthy living, such as parks, leisure centers and secure areas for exercise. • Encouraging routine health examinations and screening programs to strengthen healthcare systems for the early identification, treatment, and prevention of lifestyle diseases. • Strengthening public education and awareness efforts regarding the dangers of lifestyle diseases. All of these strategies can be possible through Social marketing. All the problems can be solved by applying marketing strategies in Health sector, Health promotion topics like diet, immunization, reproductive health, preventive measures against obesity, sexual assault, domestic abuse, and physical activity have long been the focus of social marketing (Colquhoun et al., 2023).

In order to address the myriad challenges in public health, governments have introduced several campaigns aimed at improving the overall well-being of the population. These health campaigns are meticulously crafted through the application of marketing strategies to achieve their intended goals, which include raising awareness, fostering a positive attitude, and ultimately inducing behavioral changes among the public. Beyond mere dissemination of information, these campaigns seek to elicit tangible shifts in health-related behaviors and practices. In order to achieve this, various strategies are employed, one of which involves leveraging celebrity endorsements. By associating well-known figures with health messaging, campaigns can effectively capture public attention, enhance credibility, and resonate with target audiences. Celebrity endorsements serve as powerful tools in influencing attitudes and perceptions, thereby facilitating greater engagement and receptivity to health promotion initiatives.

Awareness about Health Campaigns

Understanding what the target audience knows, understands, believes, and does is necessary for social marketing campaigns in the health sector to be

successful. Campaigns that aim to succeed in this regard should concentrate on the target audience's beliefs, requirements, wants, issues, and—above all—their behavior. Measurement of respondents' awareness of social marketing campaigns and commercials serves as the first parameter for this analysis. So, the main goal is to gauge respondents' fundamental awareness about the chosen collection of social marketing campaigns in the health sector. Using a pilot research and from the data collected from the health department, Government of Kerala, the chosen group of Health campaigns is determined. From the National Health Mission, TVM, researcher has obtained secondary data regarding government funding for health campaigns during the past five years. On the basis of the money invested in them, eight state-wide campaigns were selected for measuring the awareness of the campaigns.

These campaigns are:

Pulse Polio Campaign



The Pulse Polio Campaign is an immunization program that the Indian government started with the goal of eradicating poliomyelitis, or polio, in India by immunizing all children under five with the fatal polio virus. Through a widespread, free pulse vaccination scheme (103), the project combats poliomyelitis. It also monitors for incidences of polio. In India, polio vaccination began in 1978 as part of an extended immunization plan (EPI). An immunization campaign with the iconic 'Do Boond Zindagiki' tagline was established by the government of India to

eliminate polio. After serving as UNICEF's goodwill brand ambassador for pulse polio, Amitabh Bachchan was selected to represent India in the fight against Hepatitis B.(Kumar Gautam & Santosh, 2017) UNICEF declared on 13th January 2013, that India had gone two years without a confirmed incidence of polio. The most recent instance was discovered on January 13, 2011, when a two-year-old girl in West Bengal's Howrah district received a polio diagnosis. The impact of the pulse polio campaign in Kerala was particularly significant, given the state's focus on preventive healthcare and strong support from the Government. Communication tools used for polio eradication are:

1. Television	5. Radio	9. Newspaper
2. Wall paintings	6. Hoardings	10. Public announcement
3. Street plays	7. Pamphlets	11. T Shirts, Mask
4. Sponsoring events	8. Rallies	12. School events

In semi-urban areas, television is the most widely used, effective, and tested media for raising awareness. People's exposure to the mainstream media and their involvement in the fight to eradicate polio are positively correlated (**Kumar Gautam & Santosh, 2017**).

Cancer Awareness Campaigns



A comprehensive cancer control plan and a large-scale screening program are the two main components of the innovative Cancer Safe Kerala initiative, which

seeks to eradicate cancer from Kerala society. It is crucial to take preventative precautions against cancer in Kerala. With around 169 cases of cancer per 1 lakh people, Kerala has the highest incidence of any state in India (2022). Approximately 92 deaths occur in the state for every 1 lakh people. Tobacco usage, alcohol intake, poor diet, inactivity, obesity, and infections are the main risk factors for cancer in Kerala (**Indian Council of Medical Research, 2022**). With awareness and lifestyle modifications, these risk factors can be changed or prevented in most cases. With the support of free cancer screening programs, the entire population of Kerala will be covered by the Cancer Safe Kerala initiative. Early detection of cancer makes it easier to treat and cure, and timely and appropriate referral and follow-up services will be provided to those who require them. In order to better educate and enhance Kerala's cancer control policies and initiatives, the project will also gather and analyze data on the incidence, mortality, and prevalence of various cancer types in the state.

In order to inform the people on the causes, symptoms, prevention, and treatment of cancer, the Cancer Safe Kerala project will also initiate a significant awareness campaign. People will be encouraged by the campaign to adopt healthy habits and behaviors that can lower their risk of acquiring cancer. Along with dispelling misconceptions and stigma around cancer, the campaign will urge individuals to get medical attention as soon as possible. In addition to reducing cancer-related deaths and saving lives, the project will enhance Keralites' quality of life and general wellbeing. By lowering illness rates and raising production, the project will also aid in the social and economic advancement of the state. All parties involved in this endeavor—the government, healthcare providers, media, academic institutions, business community, and, most significantly, the people of Kerala—must participate and offer their support. By working together Kerala will be a cancer-safe state. Studies on cancer survivors and community populations repeatedly show that people are generally aware of the connection between environmental and inherited risks and cancer, but they are far less aware of the influence of lifestyle variables. In order to close these information gaps and dispel common myths regarding cancer risk factors, social marketing efforts are a useful strategy. societal

marketing has the power to reinterpret societal norms and alter perceptions and attitudes, but it is not always effective in altering behavior on its own (**Kippen et al., 2017**).

Arogyajagratha

The Directorate of Health Services, **Government of Kerala**, initiated the official *ArogyaJagratha* Campaign to prevent and manage communicable diseases in the region. The program makes sure that all departments contribute and that the public participates.



Goal of the campaign is to raise public awareness of the importance of taking persistent, routine preventative action to avert yearly epidemics of infectious diseases. The teams make house calls, evaluate the environmental and health conditions there, and provide the required direction and advice to the public on how to take preventive measures against infectious diseases. State level coordination committee is established, and separate ministers are assigned to lead the activities in various districts. District level meetings are attended by the district collector and people's representatives, who schedule the activities under the campaign. The campaign also witnesses household visits. One employee is in charge of 50 houses, distributing palm leaves and ensuring the efficient use of social media networks and toll free numbers. The preventive actions include awareness campaigns being taken out by the health department (**Government of Kerala, 2022**).

***Aardram* people's Campaign**



By raising awareness through programs, this campaign seeks to stop the rising rates of communicable and lifestyle diseases. Within the ‘Nava Kerala Mission,’ which was started by the Kerala government, The *Aardram* Mission is one of four missions that share the same grassroots objectives. Against the backdrop of the United Nations' 2030 Sustainable Development Goals (SDGs), it was initiated with the intention of radically altering the public health infrastructure. SDG 3: ‘Good Health and Well-Being’ is the main area of concentration for *Aardram* Mission. Kerala's health situation differs from the national average; hence it was necessary to redefine the SDGs for the state, a process that saw the introduction of Mission *Aardram* in February 2017 (**Government of Kerala, 2022**).

***ASWAMEDHAM* CAMPAIGN**

The ultimate goal of the campaign is to discover and treat leprosy patients who are concealed from society through house visits in order to entirely eradicate leprosy. Trained medical professionals will visit houses every two weeks to look for signs of the disease as part of the *Ashwamedham* campaign. To raise awareness of leprosy, the health department is planning a two-week campaign called National Leprosy Eradication Day. Beginning at the ward, grama *panchayat*, block, and district levels, awareness campaigns about the early detection and treatment of leprosy will be conducted. The Campaign aims at raising public awareness about

leprosy, including its causes, symptoms, signs, deformities, and the availability of free treatment in medical facilities. It promotes the voluntary reporting of patients to health centers for diagnosis and treatment, reduced stigma and particular emphasis on the target populations in coastal areas, slums, and tribal communities (**Government of Kerala, 2022**).

JEEVARAKSHA

The State Mental Health programme has launched the '*Jeevaraksha*' suicide prevention campaign, wherein medical professionals would receive training to identify warning signals and provide psychological first aid. District Mental Health Programme (DMHP), Tvpm also initiated the *Jeevaraksha* campaign to raise awareness and stop suicides. DMHP performs street plays and awareness workshops to accomplish this goal. A hotline number is established in order to provide crisis assistance and prevent suicide. As part of the Campaign DMHP conducted workshops. Students attended the educational workshop on the issue's importance, how to recognize suicidal gestures, and how mental illness plays a part in suicide. In collaboration with the NSS units, DMHP intended to stage street plays about suicide prevention in universities all throughout the district (**Government of Kerala, 2022**)

BREAK THE CHAIN



As part of its attempts to stop the transmission of infectious diseases, especially during pandemics like COVID-19, the Kerala government launched the "Break the Chain" campaign. In order to stop the virus's spread, this advertising highlights how crucial it is to abide by public health regulations.

‘Break the Chain’ campaign includes various components, such as:

- Public awareness: educating people on the value of using masks, keeping a physical distance from one another, washing their hands, and taking other precautions to stop the virus's spread.
- Enforcement of regulations: putting into effect and upholding COVID-19-related laws and policies, such as lockdowns, travel bans, and gathering limits.
- Vaccination drives: encouraging those who qualify to receive the COVID-19 vaccine through outreach initiatives and widespread immunisation campaigns.
- Community engagement: encouraging adherence to public health recommendations and cultivating a sense of shared responsibility in the fight against the epidemic by involving local communities, organisations, and leaders.

The ‘Break the Chain’ campaign in Kerala, along with related efforts in other areas, seeks to lessen the pandemic's effects by curbing the virus's spread and preserving public health. People must take an active role in preventing the spread of infectious diseases by following the rules and lending their support to neighbourhood projects. **(Government of Kerala, 2022).**

AIDS AWARENESS CAMPAIGN



The State of Kerala is on track to reach the 2030 Sustainable Development Goal of the United Nations, which calls for the elimination of all new HIV infections

by the year 2025. Kerala has a 0.06 HIV infection density compared to the 0.22 national rates. Nonetheless, Kerala has a high risk profile due to its highly mobile population, which includes many people from other States moving there to settle down and a significant number of Keralites who visit there regularly. World AIDS Day is observed on December 1st, with the theme 'Let communities lead', Communities can play a leading role in the global effort to eliminate AIDS. The organizations representing populations impacted by, at risk from, or living with HIV is at the forefront of the HIV response's advancement. According to UNAIDS, these communities can lead the way in fostering trust, innovating, overseeing the execution of policies and services, and holding providers responsible (**Government of Kerala, 2022**).

ATTENTION VALUE OF THE STRATEGIES IN SOCIAL MARKETING HEALTH CAMPAIGNS

Social marketing initiatives in the health industry are essential for raising public health awareness, motivating behavior change, and enhancing population health outcomes. Such program are crucial instruments in tackling common health issues and promoting a culture of well-being in the dynamic state of Kerala, which is well-known for its rich cultural legacy and progressive social initiatives. The present introduction offers a comprehensive summary of the attention value of the strategies utilized in social marketing health campaigns in Kerala, emphasizing their efficacy in captivating audiences, distributing crucial health information, and motivating constructive action. These tactics, which range from employing music, comedy, and creative ideas to emotional appeal and educational storytelling, are specially designed to connect with Kerala's distinct socio-cultural setting and promote a better-informed and healthier community. This study attempts to clarify the attention value of these tactics in influencing public health narratives and bringing about significant change in Kerala's ever-changing healthcare promotion environment by thoroughly examining them.

- ❖ **Emotional Appeal in Messages:** You can effectively connect with an audience by crafting messages that arouse feelings like empathy or hope. For

instance, a campaign addressing mental health issues can include first-person accounts of people conquering obstacles to highlight their hardships and victories.

- ❖ **Informative Stories:** Telling relevant and educational tales can effectively highlight important health messages. For example, a campaign advocating for healthy eating practices could feature success stories of people who successfully changed to nutrient-dense meals and saw improvements in their health.
- ❖ **Use of Music:** Adding music to campaign collateral can increase engagement and emotional effect. A memorable connection with the audience can be established and important messages reinforced with the aid of an upbeat song or soundtrack.
- ❖ **Use of Humor:** Humor can be a powerful tool to grab attention and make health messages more engaging. A humorous approach can help alleviate fear or stigma surrounding certain health issues, making the information more accessible and relatable to the audience.
- ❖ **Ability to Relate:** Making health messages relatable to the audience's everyday experiences and challenges can increase relevance and resonance. Campaigns can use real-life scenarios or testimonials from local individuals to demonstrate how health behaviors impact daily life in Kerala.
- ❖ **Use of Slogan:** A catchy and memorable slogan can serve as a rallying cry for the campaign and encapsulate its core message. For example, a slogan like "Healthy Kerala, Happy Kerala" could convey the campaign's focus on promoting health and well-being in the state.
- ❖ **Use of Multiple Media:** In Kerala, utilising a variety of media channels, such as print, radio, television, social media, and outdoor advertising, guarantees a wide audience reach and level of involvement. It is possible to optimise effect and reinforce important ideas by strategically utilising each media channel.

- ❖ **Creates Curiosity:** Adding intriguing or curious features to campaign materials can spark attention and motivate more research. Curiosity can be piqued by using interactive material or teaser campaigns that encourage viewers to learn more about a health concern.
- ❖ **Effective Picturization:** Health messages can be more captivating and remembered when they are communicated visually through the use of excellent photographs and films. The images used in campaign materials should be powerful and unambiguous, successfully evoking the required feelings and information.
- ❖ **Creative and Innovative Concepts:** Coming up with unique and inventive campaign ideas will assist draw attention to it and set it apart from competitors. Interactive digital experiences, augmented reality filters, and community-based events, for instance, might provide distinctive approaches to audience engagement and health message promotion.

Through the implementation of these strategies in social marketing campaigns within Kerala's health sector, organizations can effectively increase public awareness, encourage behavior modification, and enhance health outcomes for the general public.

ATTITUDE TOWARDS SOCIAL MARKETING STRATEGIES IN HEALTH CAMPAIGNS

An important determinant of the success of social marketing activities in the health industry is public opinion towards these programs. People's attitudes are a reflection of how they view and react to health-related campaigns. Adopting a constructive mindset regarding these kinds of initiatives can greatly boost their impact, resulting in higher awareness, altered behavior, and advantages for society. Many aspects influence public attitude, such as the campaign's personal and social impact, the message's relevance, and the veracity of the information presented. People are more inclined to interact with the content, take up better habits, and support public health objectives when they believe these efforts are educational,

practical, and capable of bringing about significant change. Conversely, the reach and effectiveness of these initiatives may be constrained if the public has negative sentiments and believes the campaigns are unimportant, untrustworthy, or ineffectual. As such, gauging public attitude is crucial to determining the overall effectiveness of social marketing initiatives. It aids in determining the degree of public support, the degree of behavior change the message is promoting, and how well received it is (**Kotler & Lee, 2008**). Campaign planners can increase the efficacy of social marketing campaigns in the health sector by monitoring public views, identifying areas for improvement, refining their messaging, and making sure their efforts are understood by the intended audience.

CELEBRITY ENDORSEMENT IN SOCIAL MARKETING HEALTH CAMPAIGNS

Celebrity endorsements are known to be powerful marketing tools that have the power to captivate audiences and shape consumer behavior (**Erdogan, 1999**). Leveraging celebrity endorsement in social marketing efforts holds enormous potential to increase awareness, motivate action, and foster positive health outcomes in the Kerala health sector, which is known for its dynamic cultural landscape and passionate public participation. The context for this introduction's exploration of Kerala's dynamic junction of celebrity influence and public health promotion is established. It looks at the ways in which popular individuals in sports, entertainment, and public life can endorse health programs to increase their impact, credibility, and reach. This study aims to clarify the role of celebrities as change agents in influencing health attitudes and behaviors among Kerala's diverse population by exploring the workings of celebrity endorsement and the particular considerations for its application in the healthcare setting.

For social marketing campaigns aimed towards Kerala's health industry, celebrity endorsement can be a potent tactic. Celebrity endorsements have the following effects and improvements on these kinds of campaigns:

Greater Public Influence and Visibility: Kerala's celebrities, who include public officials, athletes, and actors, have large fan bases and sway over the mainstream.

By endorsing health programs they can raise the messaging' profile and reach, making sure a larger audience throughout the state gets reached.

Credibility and Trust: People frequently view celebrities as reliable and trustworthy information sources. Their support of health campaigns can heighten public confidence in the information being distributed and give the messaging more legitimacy. In a situation when confidence in health authorities and organisations is essential, this is especially critical.

Emotional Connection: Celebrities foster emotional bonds with their followers, and their participation in health initiatives can elicit strong feelings from viewers. Celebrities have the ability to effectively engage and urge the public to take action towards improving their health, whether it is through discussing personal health issues or by campaigning for a particular cause.

Behavioral Influence: Public opinions and behavior can be influenced by celebrities. They can encourage their followers to embrace similar practices in their own lives by supporting healthy behaviors and lifestyle choices. Celebrities can use their influence to encourage healthy diet, regular exercise, and preventive healthcare practices, among other good behavior changes.

Role Modeling: A lot of people look up to celebrities, particularly younger audiences. Their support of health initiatives can act as a motivating role model for their followers, inspiring them to place a high value on their own health and wellbeing.

Media Attention: When celebrities get involved in health efforts, the media usually takes notice, which increases the initiatives' exposure and coverage. The campaign's message and impact may be amplified even more by this increased media exposure, sparking community discussion and broad awareness.

For social marketing campaigns, it is imperative, therefore, that celebrities be carefully chosen whose values coincide with the goals and target demographic of the campaign. Campaigns should also make sure that celebrities endorsing products are real and true, and that they are actively involved in and dedicated to the cause.

EFFECTIVENESS OF SOCIAL MARKETING HEALTH CAMPAIGNS

Social marketing health campaigns are essential tools for raising health awareness, changing behaviors, and producing good results in a time of growing public health concerns and the need for early public health interventions. Campaigns like these are an attempt to address prevalent health issues and promote a culture of wellbeing in communities around the world, especially in places like Kerala, India, where social issues are actively engaged with as part of daily life. Because of this, assessing their efficacy becomes crucial, requiring a thorough evaluation approach that takes into account a variety of impact variables.

In particular, Kerala, a State known for its high literacy rates, vibrant social structures, and strong healthcare system, is the focus of this study, which aims to explore the complex evaluation of social marketing health initiatives. Considering the intricacy of evaluating the efficacy of campaigns, this research takes a comprehensive approach, looking at results from four main angles: behavioral, cognitive, economic, and health.

Through an examination of the interactions among these factors, this study aims to provide information about the effectiveness of social marketing efforts related to health in Kerala. In addition, it seeks to direct decisions about the distribution of resources, shape future campaign tactics, and add to the continuing conversation about public health initiatives that are optimised both locally and globally. Our goal is to gain a deeper knowledge of the transformative power of social marketing activities in improving population health outcomes in Kerala and other similar contexts across the globe by means of this investigation.

It is essential to take into account a variety of outcomes along several dimensions when evaluating the efficacy of social marketing health campaigns. Typically, these outcomes include behavioral, cognitive, economic, and health effects.

Health Outcomes:

Morbidity rates and Mortality: The impact of health campaigns on lowering the rates of morbidity (disease) and mortality (death) related to certain health conditions is one of the main measures of their efficacy. For example, immunization programmes can assess their efficacy by monitoring the decline in the prevalence of diseases that can be prevented by vaccination.

Healthcare Utilisation: Tracking alterations in patterns of healthcare utilisation, including a rise in screenings for preventive care or a fall in ER visits for diseases that may be avoided, can shed light on how well the campaign is working to improve health outcomes.

Disease Surveillance Data: Examining disease surveillance data over time can assist in determining if the incidence or prevalence of particular health issues that the campaign is targeting has decreased.

Economic Outcomes:

Cost-effectiveness: A health campaign's cost-effectiveness is assessed by contrasting the resources allocated to it with the health outcomes attained. Policymakers and stakeholders can assess the effectiveness of various interventions with the aid of cost-effectiveness analysis.

Healthcare Expenditure: By avoiding illnesses, lowering hospital stays, and encouraging early interventions, successful health campaigns can lower healthcare spending. The campaign's financial impact can be determined by tracking changes in healthcare spending related to the health concerns it is targeting.

Productivity and Economic Growth: By cutting absenteeism, increasing workforce participation, and lowering healthcare expenditures for both individuals and employers, health campaigns that enhance population health can support both greater productivity and economic growth.

Cognitive Outcomes:

Knowledge and Awareness: Measuring the shifts in the target population's knowledge and awareness levels can help determine how well health campaigns have done in educating people about particular health issues and providing accurate information.

Attitudes and Perceptions: Tracking changes in attitudes and perceptions of the campaign's targeted health behaviors and practices can assist determine how well it is working to influence cognitive outcomes. It is possible to track how attitudes have changed over time using surveys and interviews.

Information Retention: The success of the campaign's communication tactics can be ascertained by assessing the audience's ability to recall health-related information.

Behavioral Outcomes

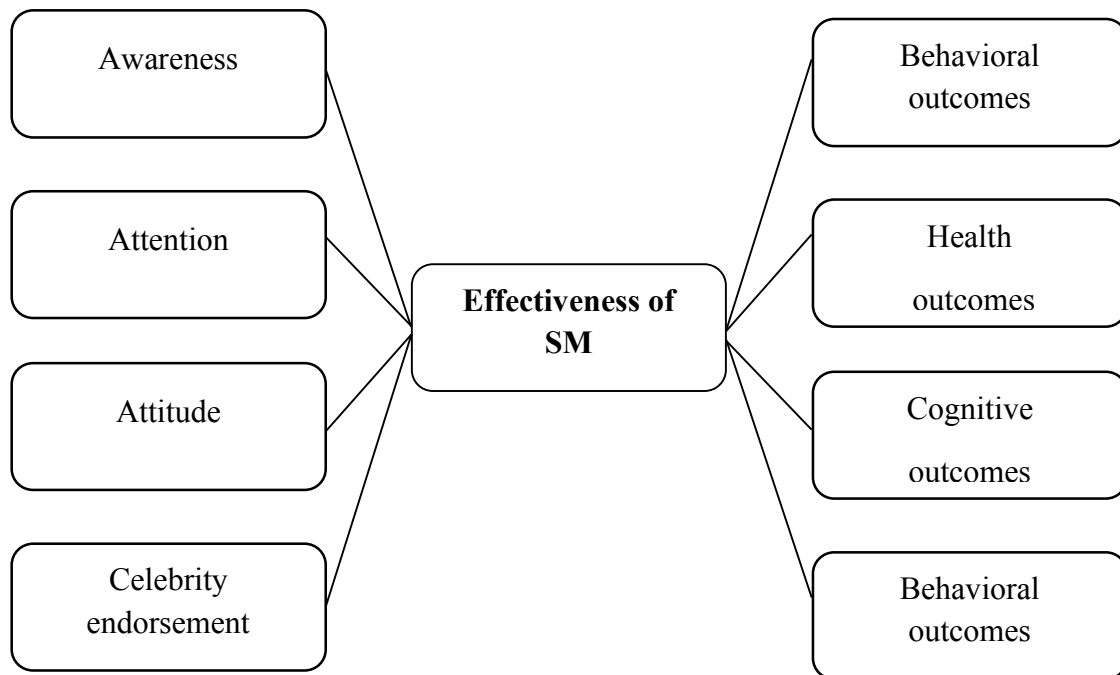
Adoption of Healthy Behaviors: Encouraging the target audience to adopt healthier behaviors is the ultimate aim of health campaigns. Direct evidence of the campaign's effectiveness can be obtained by measuring the adoption of healthy behaviors, such as increased physical activity, better eating habits, quitting smoking, and adherence to preventive measures.

Intentions and Self-Efficacy: Measuring how people's intentions to acquire and sustain healthy behaviors have changed, as well as how confident they feel about doing so, can provide insight into how successful the campaign's behavior modification tactics were.

Sustained Behavior Change: To ascertain if the observed improvements are maintained over time or whether further interventions are required to maintain targeted health behaviors, long-term behavioral outcome monitoring is crucial.

Social marketing health campaigns can obtain insights into how well they work to improve public health, lower healthcare costs, raise awareness and understanding, and encourage long-lasting behavioral changes in the target community by methodically assessing these objectives. In order to maximise the influence on population health outcomes, allocate resources efficiently, and inform future campaign plans, a thorough evaluation process is required.

Figure 3.1 Conceptual Model



According to this conceptual model, the main variables that influence how successful social marketing initiatives are in the health sector are awareness, attention, attitude, and celebrity endorsement. Together, these elements determine how successfully a campaign modifies public opinion and advances health.

Awareness

The first stage of the model is awareness, in which the target audience is initially made aware of a health issue by the campaign. The campaign can't change attitudes or grab attention if people aren't aware of it.

Attention

Attention follows the creation of consciousness. The level of attention indicates how much the target audience interacts with and recalls the campaign. Attention-grabbing campaigns are more likely to influence public opinion and behavior.

Attitude

The term "attitude" describes how the general audience feels and views the campaign. When an audience has a positive attitude, they are more likely to see the campaign favorably, take in the message, and contemplate changing their behavior.

Celebrity Endorsement

The message of the health campaigns is further enhanced by celebrity endorsement. Celebrities can lend credibility and appeal to a broader audience, which can boost the campaign's visibility and favorable sentiments.

Effectiveness

Effectiveness of the social marketing campaign is a result of awareness, attention, attitude, and celebrity endorsement working together.

The four primary outcomes listed below can be used to gauge the campaign's effectiveness:

Cognitive outcomes are the improvements in public knowledge, comprehension, and beliefs about the health issue. **Behavioral outcomes** refer to the modifications in an individual's activities about their health, such as embracing healthier habits or giving up unhealthy ones. **Health outcomes** refer to the quantifiable effects on public health, such as decreased rates of certain diseases or enhanced general health within the population. **Economic outcomes** of enhanced public health encompass a wider range of benefits to society, including lower healthcare expenditures, higher productivity, and other financial advantages.

This model, in short, shows how awareness, attention, attitude, and celebrity endorsement interact to influence the effectiveness of social marketing campaigns. The campaign's success is evaluated holistically by evaluating its efficacy in relation to cognitive, behavioral, health, and economic results.

DIFFERENT MEDIA USED FOR SOCIAL MARKETING HEALTH CAMPAIGNS

Health campaigns in Kerala, a bustling state in India's southwest, are more than just announcements; they're dynamic endeavors that use the power of several media platforms to promote healthier societies. Kerala's distinct socio-cultural environment, which is marked by high rates of literacy and proactive involvement in social concerns, offers an ideal environment for creative methods of promoting public health. Health campaigns in Kerala use a wide range of media platforms, from more conventional channels like print and television to the increasingly popular social media and community outreach initiatives, to educate, empower, and inspire people to adopt healthier lifestyles and make well-informed decisions about their health. This introduction lays the groundwork for an examination of the various media tactics used in social marketing health campaigns in Kerala, emphasizing the coordinated initiatives to advance wellness and public health in this stunning coastal state.

Some of the several media outlets utilized in Kerala's social marketing health campaigns are :

Television: In Kerala, television continues to be one of the most effective means of reaching a large audience (**Kumar Gautam & Santosh, 2017**). Television is the most potent and successful public communication medium available, and it plays a critical role in forming Kerala society. It can involve enlightening, educating, and inspiring individuals to engage in desired behaviour. TV ads, talk programs, and health-related programming are frequently used in health campaigns to inform viewers about a range of health-related topics, including illness prevention, family planning, nutrition, and vaccination efforts. Additionally, public service announcements are frequently broadcast to increase awareness of particular health issues.

Radio: In Kerala, listeners in both the city and the countryside enjoy listening to radio programs. Health campaigns use radio stations to provide listeners with educational content, such as talks, professional interviews with healthcare providers,

and jingles that encourage healthy lifestyle choices. Radio shows work especially well in isolated locations with limited access to other media.

Print Media: Keralites are frequently reached with health-related messages through newspapers, magazines, and posters. In order to inform readers about current health issues, impending health events, and accessible healthcare resources, health campaigns frequently include articles, info graphics, and adverts in local newspapers and magazines. To further emphasize important health messages, posters and booklets are dispensed in public areas, medical facilities, and community centers.

Social media: Facebook, Twitter, Instagram, WhatsApp, and other social media platforms have become strong instruments for social marketing health campaigns in Kerala as a result of the growing popularity of smartphones and internet connectivity. These platforms are used by health authorities, non-governmental organisations, and healthcare organisations to disseminate educational materials, hold in-person expert sessions, administer interactive tests, and respond to public inquiries.

Community Outreach: Health campaigns in Kerala also depend on community outreach initiatives to interact with the local populace on a personal level. Establishing health camps, doing door-to-door awareness campaigns, planning health fairs and exhibitions, and working with local leaders and organisations are all part of these programs. These kinds of projects enable in-person contacts, which are essential for fostering behavioral change in communities, Clearing up misconceptions, and establishing trust.

Websites and Mobile Apps: Health campaigns make use of websites and mobile applications to make health information, resources, and services easily accessible. Features including telemedicine consultations, health recommendations, appointment scheduling, and symptom checkers are available on these sites. Kerala's population is diverse; hence websites and mobile apps are made to be easily navigable and available in several languages.

Social marketing health initiatives in Kerala can successfully increase public awareness, educate the public, and encourage healthy behaviors by combining a variety of media platforms. This would ultimately lead to better health outcomes throughout the state.

THEORIES IN BEHAVIORAL CHANGE

Social marketing has become a potent tactic in the ever-changing field of public health interventions for raising health awareness, changing behavior, and encouraging positive outcomes in local communities. Social marketing health campaigns use concepts from psychology, sociology, and marketing to address a variety of health issues, from disease prevention to lifestyle adjustment. These campaigns are based on ideas of behavior change and communication. The purpose of this study is to investigate the efficacy of social marketing health **program**, specifically in the Indian state of Kerala. Kerala has a distinctive context for this type of analysis due to its high rates of literacy, robust social infrastructure, and proactive involvement in public health efforts. Through an analysis of the nuances of social marketing initiatives in Kerala, this study aims to clarify the intricate relationship between target audience dynamics, campaign techniques, and health results.

The theoretical frameworks supporting social marketing initiatives are central to this inquiry. A number of important theories can help us understand human behavior, design interventions, and forecast results. These include the Health Belief Model (HBM), Theory of Planned Behavior (TPB), Social Cognitive Theory (SCT), and Diffusion of Innovation Theory. This thesis will investigate, using the prism of these theories, how social marketing efforts in Kerala use self-efficacy improvement, persuasive messaging, social norms, and other behavior modification tactics to encourage the public to adopt healthier habits. Furthermore, this study will explore the various facets of campaign efficacy, encompassing behavioral and cognitive modifications as well as economic and health effects. We hope to evaluate the comprehensive effects of social marketing initiatives on people's well-being, the health of their communities, and the advancement of society by looking at these

results. In the end, this thesis aims to add to the current conversation on how to best implement public health interventions, influence policy choices, and direct future campaign tactics in Kerala and elsewhere. Our goal is to obtain practical insights from a thorough examination of social marketing health efforts that can lead to significant improvements in population health and well-being.

Different theoretical frameworks offer important insights into understanding human behavior, forming interventions, and forecasting outcomes in the field of social marketing and health promotion. This section of the thesis will examine important ideas that are frequently used in social marketing initiatives, such as **the Social Cognitive Theory (SCT), the Theory of Planned Behavior (TPB), and the Health Belief Model (HBM).**

Health Belief Model (HBM):

According to the Health Belief Model, people's beliefs of the seriousness and vulnerability of a health threat, the advantages of acting, and the perceived obstacles to changing one's behavior all have an impact on the behaviors connected to one's health.

Within the framework of social marketing health initiatives, the Health Belief Model (HBM) provides a basis for comprehending how people evaluate the risks connected to specific health behaviors and the elements that encourage or discourage them from adopting preventative measures. Campaigns frequently make use of the HBM by stressing the seriousness and vulnerability of health problems, the advantages of embracing healthy habits, and the removal of perceived obstacles by means of behavior modification techniques and educational interventions.

Theory of Planned Behavior (TPB)

According to the Theory of Planned Behavior, attitudes towards the behavior, subjective norms—perceptions of social pressure to engage in the behavior or not—and perceived behavioral control—perceptions of how easy or difficult the behavior is to carry out—all have an impact on behavioral intentions, which in turn determine behavior. Informed by the TPB, social marketing efforts aim to promote

the adoption of desired health behaviors by influencing attitudes, social norms, and perceived behavioral control. Using persuasive messaging to target attitudes, addressing social norms by emphasizing social approval for healthy behaviors and boosting perceived behavioral control by offering tools and assistance to encourage behavior change are some strategies.

Social Cognitive Theory

The dynamic interaction between environmental influences, behavior, and personal characteristics is highlighted by social cognitive theory. It suggests that three factors—self-efficacy, or one's confidence in one's capacity to carry out an action, observational learning, or learning from others—have an impact on behavior change (the consequences of behavior). Role **modeling**, social support, and skill-building exercises are frequently used in social marketing efforts based on SCT in order to boost self-efficacy and encourage behavior change. Interventions can include showing instances of people who have successfully adopted healthy behaviors from real life, giving practice and skill-building opportunities, and providing incentives or rewards to reinforce desired behavior.

Diffusion of innovation Theory

The Diffusion of Innovation Theory investigates how novel concepts, goods, or ways of behaving become ingrained in a community. It lists the important adopter groups—innovators, early adopters, early majority, late majority, and laggards—as well as the variables that affect adoption decisions: trialability, observability, compatibility, relative advantage, and complexity. This idea informs social marketing strategies that seek to remove perceived barriers to adoption, provide chances for trial and observation, and target influential individuals and communities in order to expedite the acceptance of health advances. Opinion leaders can be enlisted to support behavior change; the advantages and suitability of new health behaviours can be emphasised; and practical experiences can be provided to encourage trialability.

Through the integration of theoretical frameworks, practitioners can create more sophisticated and efficacious interventions that cater to the unique needs, attitudes, and behaviors of the intended audience by incorporating these frameworks' insights into social marketing health campaigns. Building self-efficacy, creating social norms, creating persuasive messaging, and eventually encouraging positive behavior change in support of better health outcomes are all made easier with the help of these theories.

Chapter Summary

The chapter has outlined the conceptual framework for measuring the effectiveness of social marketing strategies in health campaigns. A conceptual model was developed based on the relationship between variables in the study.

RESEARCH METHODOLOGY

-
- 4.1 *Introduction*
 - 4.2 *Research Design*
 - 4.3 *Sources of Data*
 - Secondary Data*
 - Primary Data*
 - 4.4 *Variables Identified for the Study*
 - 4.5 *Conceptual Model of the Study*
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 - Questionnaire Design*
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 - Pilot Study*
 - Structure of the Questionnaire*
 - 4.9 *Validity*
 - Face Validity*
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 - Construct Validity*
 - 4.10 *Reliability Analysis*
 - 4.11 *Normality Test of the Data*
 - 4.12 *Data Analysis Method*
 - 4.13 *Period of the Study*
 - 4.14 *Chapter Summary*
-

4.1. Introduction

The chapter presents the systematic procedure used for this investigation. The procedures that have been followed to carry out the research, as well as the methods, tools, strategies adopted to conduct the study. Hence, the chapter explains the research methodology of the study ‘Effectiveness of Social marketing strategies on Health sector in Kerala’. The study is limited only to the State of Kerala. The main objectives of the study are:

1. To measure the awareness level of the general public towards social marketing campaigns in Kerala on health sector based on different demographic factors.
2. To assess the attention value of the SM strategies used in health campaigns based on different demographic factors.
3. To analyze Public’s attitude towards SM health campaigns in Kerala based on different demographic factors.
4. To study the effectiveness of celebrity endorsement in social marketing health campaigns based on different demographic factors.
5. To measure and predict the effectiveness of SM health campaigns by Awareness, Attention, Attitude and Celebrity Endorsement in Kerala.

4.2 Research Design

The research design used for the study is a blend of exploratory, descriptive and analytical in nature, strategically employed to understand and analyze the factors influencing the effectiveness of social marketing. Initially, an exploratory design is used to identify key variables and their potential relationships through an extensive literature review since it’s an unexplored area. This phase helps to uncover variables like awareness, attention, attitude and celebrity endorsement. Subsequently, a descriptive design is utilized to detail the characteristics and relationships among these variables. This involves conducting survey research with structured questionnaires to collect quantitative data from a representative sample.

The analytical component of the research employs advanced statistical techniques such as factor analysis, structural equation modeling (SEM), ANOVA, post hoc Tukey's HSD test, one sample t test and independent sample t test to measure and establish the interrelationships among the variables in social marketing.

4.3 Sources of Data and Methods of Collection

Both secondary and primary data were used for the study.

Secondary Data

The secondary data source is regarded as a crucial resource for conducting research. Based on the secondary data, the researcher identified the variables, created a conceptual framework and developed the conceptual model of the study. The secondary data required for the study was mainly gathered from the following sources:

- Books
- Published and unpublished thesis
- Journals and conference proceeding
 - ❖ International Journal of Economic and Business Review.
 - ❖ International Journal of Nonprofit and Voluntary sector Marketing
 - ❖ Journal of Social Marketing
 - ❖ Social Marketing Quarterly
 - ❖ Health Promotion International
 - ❖ Indian Journal of Management.
 - ❖ Journal of Health Communication
 - ❖ International Journal of Research in Business Management

- ❖ Journal of Advertising
- ❖ Social Science and Medicine
- ❖ International Journal of Management
- ❖ International Journal of Digital Library Services
- ❖ International journal of trend in Scientific Research & Development (IJTSRD)

➤ Websites

➤ Reports

Primary Data

The study mainly depends on the primary data collected from the general public residing in the State of Kerala using pre-tested questionnaire. The questionnaire was distributed to the people in Kerala having different demographic profile.

4.4 Variables Identified for the Study

Based on the secondary data and discussions with the experts and academics in the health sector and officials from the National and State health mission, the following variables were identified:-

- ❖ Awareness
- ❖ Attention
- ❖ Attitude
- ❖ Celebrity Endorsement
- ❖ Effectiveness

Awareness

The variable is measured by selecting certain Social marketing campaigns of Government of Kerala in the health sector during the last five years and asked the

public about their awareness regarding these campaigns. Campaigns were selected from the secondary data available from the National and State Health mission, Trivandrum. The selected campaigns are:

Table 4.1
Types of Campaigns

Types of Health campaigns	Pulse Polio campaigns
	Cancer campaigns
	Arogyajagratha
	Aardram People's campaign
	Aswamedham
	Jeevaraksha
	Break the Chain
	AIDS Campaign

Attention

Attention value of the S.M strategies in the health campaigns is measured through the following items:

Table 4.2
Factors measuring attention

Attention	Emotional appeal in messages
	Story is informati
	Music is Catchy
	Use of humour
	Ability to relate
	Use of slogan
	Proper use of timing
	Creates curiosity
	Good picturisation
	Innovative ideas

Attitude

Attitude of the public towards social marketing strategies in the health campaign is measured through the following items:

Table 4.3
Factors measuring Attitude

Attitude	Like to watch SM Campaigns
	Brings awareness to the society
	Curb down the unhealthy behavior
	Results in waste of money
	Targeted to a large audience at one go
	Bring desirable changes in behavior
	Helps to eradicate polio, AIDS, Cancer etc.
	Not taken seriously by the society
	Private Companies refrain from SM
	SM campaigns are not truthful

Celebrity Endorsement

The following variables are used to measure Celebrity endorsement:

- ❖ Attractiveness of Celebrities
- ❖ Attitude on celebrities
- ❖ Importance of Celebrities

Table 4.4
Attractiveness of Celebrities

Attractiveness	More interesting
	Conveys messages strongly
	Create awareness of health problems
	Make repeated viewing pleasant
	Motivate the people

Table 4.5
Attitude on Celebrities

Attitude	Good to watch
	Consider as role models
	Feel belonging to higher strata when they follow celebrities
	Find similar to celebrities in terms of personality
	Get motivated when they follow celebrities
	Feel that if a celebrity endorses a behaviour, it must be good
	Tendency to copy them
	Feel that a behaviour become more valuable when it endorses celebrities

Table 4.6
Importance of Celebrities

Importance	Helps to recall the story
	Helps to recall the health problems
	Helps to recall the seriousness of the problem
	Helps to recall the possible results
	Helps to recall the possible solutions

Effectiveness of Social Marketing Strategies

Effectiveness can be measured through outcomes. Various outcomes are

- ❖ Behavioral outcomes
- ❖ Health outcomes
- ❖ Cognitive outcomes
- ❖ Economic outcomes

Table 4.7

Behavioral Outcomes

Behavioral outcomes	Decrease in Anti Health activities
	Increases self-protective behavior
	Personal involvement in Health.
	Improve confidence and social image
	Desire to quit anti-health activities
	Better health condition
	Decrease consumption of unhealthy items
	Awareness for the ill effects of unhealthy consumption
	Positive attitude and belief towards life
	Encourages healthy behavior
	Changes perception towards life
	Decreases unhealthy behavior
	Better social image

Table 4.8

Health Outcomes

Health outcomes	Improvement in quality of life
	Decrease in morbidity
	Decrease in mortality
	Protection against non-curable lifestyle and acute diseases

Table 4.9

Cognitive Outcomes

Cognitive outcomes	Sound, healthy and happier people
	More social in nature
	Positive image of healthy people
	Harmful effects of unhealthy behavior

Table 4.10
Economic Outcomes

Economic outcomes	Better health and reduction in the cost of medical care
	Awareness against social evils and anti-health activities and thus save public health
	Improve productivity
	Saving of hard earned money .This helps to better financial and wealth planning

4.5 Conceptual Model of the study

In the previous Conceptual Framework chapter, the conceptual model of the study was developed and presented to establish the theoretical foundation and outline the relationships between key variables. This model serves as a guiding framework for the study and illustrates the hypothesized relationships that form the basis of the research objectives. The model shows the various factors contributing to the success of social marketing campaigns. These factors include awareness, attention, attitude and celebrity endorsement, all of which are interrelated and collectively influence campaign effectiveness. The effectiveness of these social marketing strategies leads to different outcomes, including behavioral outcomes, health outcomes, cognitive outcomes, and economic outcomes. This model uses advanced statistical techniques to analyze these relationships and provides insights for optimizing health marketing strategies.

4.6 Sample design

The Population of the study consists of the general public residing in Kerala. Multi stage sampling method is used for selecting the sample respondents. The samples are selected in different stages.

Stage I: Selection of Districts

Out of 14 districts this study covers 7 districts. The districts are selected through simple random sampling method. Selected districts are:

Thiruvananthapuram, Kollam, Ernakulam, Thrissur, Palakkad, Kozhikode and Kannur

Stage 2: Selection of Corporations/Municipalities and Panchayaths

From each selected districts one corporation/municipality and one panchayath is selected through simple random sampling method

Stage 3: Selection of Respondents

In the final stage, Non probability sampling method i.e. purposive sampling is used to select the respondents. In order to include respondents of different demographic profile, a cross sectional survey is conducted.

4.7 Determination of Sample size

The statistical validity and generalizability of study findings depend on the selection of an adequate sample size. Based on accepted statistical principles, the sample size for this study was determined to sufficiently represent the intended population with the appropriate degree of precision.

The formula utilized for sample size determination is expressed as (Cochran, 1977):

$$\text{Sample size } n = \left(\frac{z \times sd}{\text{ExpectedError}} \right)^2$$

Where:

- ❖ n represents the sample size.
- ❖ Z denotes the Z-score corresponding to the desired level of confidence.
- ❖ SD signifies the standard deviation of the variable.
- ❖ E stands for the desired margin of error.

To attain a 95% confidence level for this investigation, a Z-score of 1.96 was used, guaranteeing a high degree of confidence in the projected results. To maintain a degree of precision that has been considered acceptable, the margin of error (*E*) was fixed at 0.05. In order to represent the inherent variability in the characteristics under study, the standard deviation (SD) of each variable was carefully taken into

account when determining the appropriate sample size. A final sample size was determined to sufficiently address the research objectives while guaranteeing statistical robustness after taking into account the pertinent standard deviations.

The standard deviations for each variable were as follows:

- Awareness: 0.677704
- Strategies: 0.480083
- Attitude: 0.372494
- Celebrity Endorsement: 0.601629
- Attitude towards Celebrities: 0.649057
- Importance of Celebrities: 0.582188
- Effectiveness: 0.483161
- Health outcomes: 0.541225
- Cognitive outcomes: 0.494112

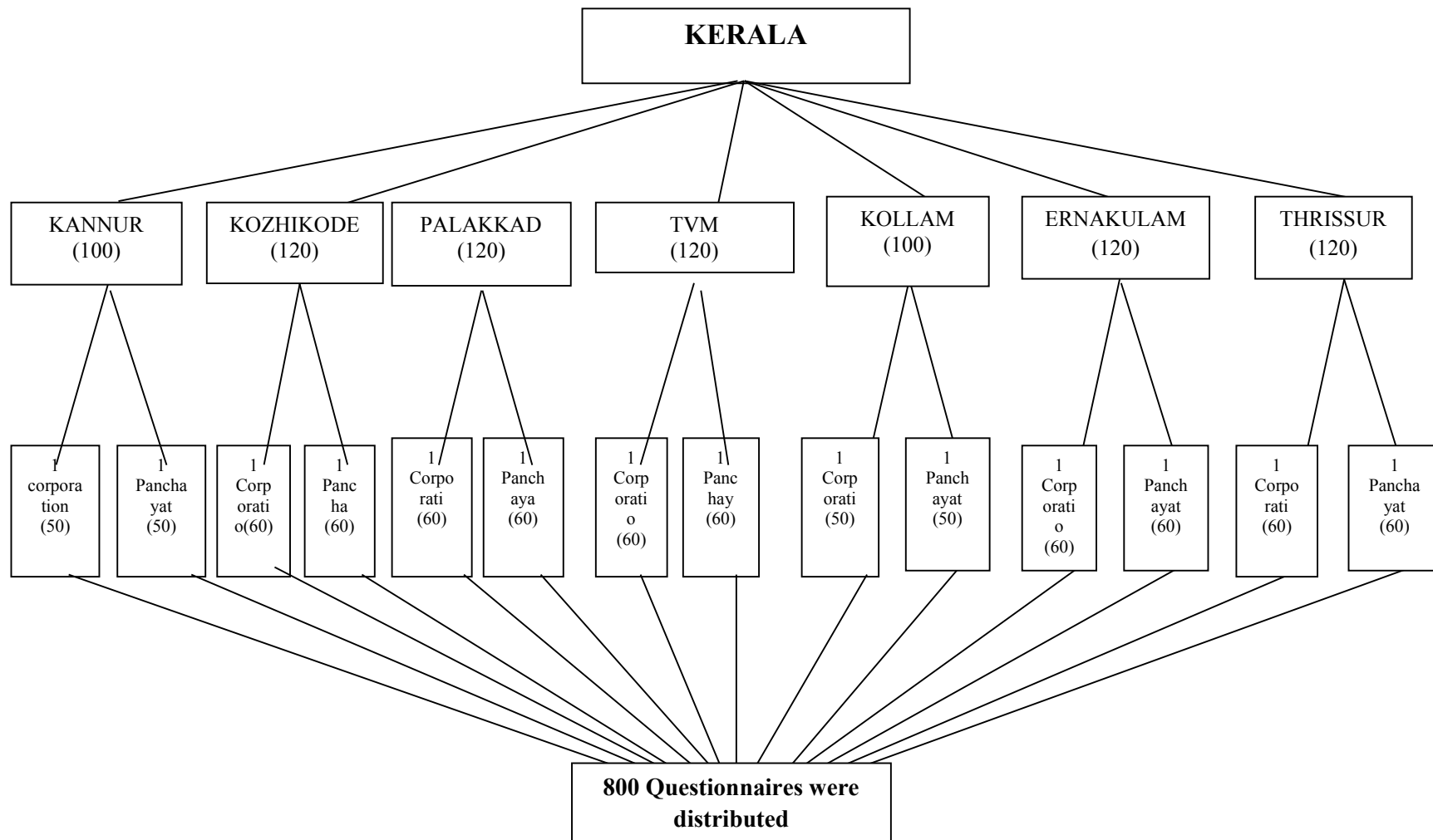
These standard deviations were crucial in accurately estimating the required sample size to ensure the study's reliability and validity.

Minimum Sample Size required is 693

Based on the pilot study, it was evident that a larger distribution would be necessary to achieve the required sample size of valid responses. Taking into account the response rate from the pilot study, 800 questionnaires were distributed to the public. This strategy aimed to secure a sufficient number of valid responses, ensuring that the final sample size would meet or exceed the required number. Out of these, 742 were returned, yielding a high response rate. However, 35 of the returned questionnaires contained non sampling errors that rendered them unusable for the analysis. After excluding the erroneous questionnaires, 707 valid responses were obtained. This final sample size exceeded the initially calculated requirement of 693, thus providing a robust dataset for the analysis. The larger sample size enhanced the statistical power and generalizability of the findings.

Final Sample size is 707

Figure 4.1 Sample design



4.8 Instruments for Data collection

Structured Questionnaires were used to collect data from the general public residing in Kerala.

Questionnaire design

The initial draft of the questionnaire was developed using the research questions and variables found in the literature study. A second draft of the questionnaire was created after expert input was requested. To make sure there are no ambiguities in the questionnaire, it was given to local residents. The researcher noted any issues that the respondents had filling out the questionnaire and which topics needed further explanation. Following these modifications, the researcher created the final questionnaire.

Scaling techniques

Likert's scale is the scaling method applied in the study. The respondents were asked to react to the closed-ended questions using a 5-point Likert scale that went from strongly agree (5) to strongly disagree (1).

Pilot Study

The pilot study was carried out to assess the precision of each aspect of the questionnaire. A well-structured questionnaire was distributed to a small group of people from the population under study. The researcher selected 125 samples for the pilot study. Reliability of the data collected was verified using Cronbach's Alpha Reliability Coefficient and the statements which had the values less than 0.7 were eliminated from the questionnaire. Based on the reliability statistics, few variables were deleted.

Questionnaire Design

The questionnaires consist of:

1. Demographic profile of the respondents

2. Awareness
3. Attitude
4. Attention
5. Celebrity endorsement
6. Effectiveness

The first section of the questionnaire dealt with demographic profile of the respondents. It includes age, gender, marital status, occupation, Educational qualification, Income and Area of residence. These data are used as Independent variables for measuring awareness, attitude, attention, celebrity endorsement and Effectiveness of Social marketing strategies in health sector.

The second part of the questionnaire dealt with Awareness of Social marketing health campaigns in Kerala. Some health campaigns were selected based on the secondary data obtained from the National and State health mission, Kerala. As many as 8 campaigns were selected. They are Pulse polio campaign, Cancer campaign, Arogyajagratha, Aardram people's campaign, Aswamedham, Jeevaraksha, Break the chain and AIDS campaign. Questions were asked in five point scale and the same are quantified by allotting 5 points to 'Extremely aware, 4 points to 'Moderately aware', 3 points to 'Somewhat aware ', 2 points to 'Slightly aware', 1 point to 'Not at all aware.

Third part of the questionnaire dealt with the attention value of the strategies used in Social marketing health campaigns. As many as 10 items were used to measure the variable. Fourth part of the questionnaire dealt with Attitude towards Social marketing health campaigns, it consists of 10 items. Fifth part of the questionnaire dealt with Celebrity endorsement, it consists of Attractiveness of Celebrities (5 items), Attitude towards Celebrities (8 items) and Importance of Celebrities (5 items). Last part of the questionnaire dealt with the Effectiveness of Social marketing strategies in the health sector. Effectiveness was measured through outcomes. They are Behavioral outcomes (13 items), Health outcomes (4 items),

Cognitive outcomes (4 items) and Economic outcomes (4 items). The effectiveness was measured using a total of 25 items. The closed-ended questions in each section asked the respondents to rate their responses on a 5-point Likert scale that ranged from strongly agree (5) to strongly disagree (1).

4.9 Validity

There are two means to ensure that measurement mistakes are kept to a minimum: testing the validity of constructs and looking into the reliability of the constructs. Verifying an instrument measures the variables it is intended to measure is the first step towards determining its validity. (Field, 2009) A measurement tool is considered dependable if its results can be repeated (Kothari, 2004). The Cronbach's Alpha test is used to assess an instrument's reliability, while confirmatory factor analysis is employed to measure its validity. Three distinct forms of validity exist: convergent validity, face validity, and content validity.

Face Validity

With the assistance of experts and incorporating feedback from the stakeholders the face validity of the instrument was tested. Experts assessed the instrument's suitability, verified face validity, and ensured concept measurement

Content Validity

The researcher obtained expert input in order to confirm the validity of the instrument. Experts in the field of health, academics, and statisticians reviewed the instrument. The content validity of the questionnaire was ensured by implementing all the suggestions made by the panel.

Construct Validity

Construct validity provides an explanation for how well the indicators capture concepts that are not directly observable. Construct validity is the product of discriminant and convergent validity, and confirmatory factor analysis is used to measure it. Convergent Validity is a scientific technique that characterises the extent to which a measure is associated with other measures that are theoretically anticipated. The indicators exhibit significant p-values and strong factor loadings.

Additionally, the Average Variance Extracted (AVE) of all constructs is greater than 0.5, and the composite reliability is greater than 0.7, indicating convergent validity. Discriminant validity is guaranteed since the square root of the average variance of each component is greater than the correlation between the constructs.

4.10 Reliability Analysis

Questionnaire's dependability prior to using the study tools, the statistical dependability must be evaluated. Before beginning any validation procedure, it is imperative to verify the reliability of the questionnaire. A scale's degree of consistency or dependability is referred to as its reliability. Reliability testing determines if an investigator can consistently obtain data when using the same measurement tool over time. Unreliable scales are not consistent in their measurement of the schedule-related components. Internal consistency is measured using Cronbach's alpha, especially for field surveys. Cronbach's alpha value of 0.60 or above is considered to be significant and a value of 0.70 or above is considered to be of strong internal consistency (Cronbach & Meehl, 1955)

Table 4.11
Reliability analysis

Constructs	N	Cronbach's Alpha
Awareness of SMCH	8	.827
Attention to SMCH	10	.920
Attitude to SMCH	10	.890
Attractiveness of Campaigns due to Celebrities	5	.911
Attitude Towards Celebrities	8	.910
Importance of Celebrities in Social Marketing	5	.867
Celebrity Endorsement of SMCH	18	.891
Behavioural Outcome of Social Marketing	13	.912
Health Outcome of Social Marketing	4	.934
Cognitive Outcome of Social Marketing	4	.865
Economic Outcome of Social Marketing	4	.834
Effectiveness of SMCH	25	.912

Source: Computed from primary data

Since all the reliability coefficients are greater than 0.80, the constructs are Highly Reliable

4.11 Normality of Data

Prior to performing any statistical analysis, it is imperative to confirm that the data are normal. This is because different statistical tests and techniques are used for normal and non-normal data. Distribution free approaches are utilized for non-normal data and parametric test procedures are employed for normal distribution data. The Kolmogorov-Smirnov test is utilized to determine normality. A p-value of less than 0.05 suggests that the data is not normal, whereas a p-value of larger than 0.05 shows that the data is normal. The K-S test result is displayed in the following table. The test results show that **the data is normal**.

Table 4.12
Kolmogorov-Smirnov Test for normality

Constructs/ Variables	N	Normal Parameters		Kolmogorov-Smirnov	P Value
		Mean	Standard. Deviation		
Awareness on SMCH	707	64.9257	25.56936	.114	0.163
Attention to SMCH	707	89.4908	12.94534	.260	0.543
Attitude to SMCH	707	90.0481	14.27861	.244	0.162
Attractiveness of Campaigns due to Celebrities	707	90.3706	14.03248	.348	0.143
Attitude Towards Celebrities	707	88.9675	15.59814	.322	0.184
Importance of Celebrities in Social Marketing	707	89.3239	15.19695	.329	0.312
Celebrity Endorsement in Social Marketing	707	89.5540	14.30606	.284	0.332
Behavioural Outcome of Social Marketing	707	90.9868	13.87903	.311	0.132
Health Outcome of Social Marketing	707	89.4059	15.64480	.339	0.154
Cognitive Outcome of Social Marketing	707	89.7595	15.91893	.341	0.132
Economic Outcome of Social Marketing	707	89.7595	15.91893	.341	0.138
Effectiveness of Social Marketing	707	89.9780	14.81310	.290	0.172

Source: Computed from primary data

4.12 Data Analysis

Both univariate and multivariate analyses were performed on the data gathered from the respondents. The objectives were followed in order of data analysis. Confirmatory factor analysis was used to assess the validity of the variables, Cronbach Alpha was used to examine their reliability, and descriptive statistics was used to analyse them. AMOS-18 and SPSS 20.0 were used for data analysis. Confirmatory factor analysis was done to look into the relationships between the variables and to clarify the idea behind the conceptual framework. AMOS-18 was used for this (Arbuckle, 2006). In this case, constructs like awareness, attitude, attention, celebrity endorsement, and effectiveness were confirmed through the use of confirmatory factor analysis.

Percentages: To shed light on the participants' demographic profile, percentages were used in the study. Percentages are used to analyze each of the demographic profile's variables. It shows how much of each variable is present in the sample. This approach provides an unambiguous picture of the study population's makeup, enabling comparisons and insights into any differences or patterns.

Mean Percentage Score (MPS): MPS is a statistical tool used to measure the average response or performance in percentage terms, making it easier to interpret data. It is calculated by dividing total scores of all variables by the maximum possible scores and then multiplying by 100.

Mean and Standard Deviation (SD): These statistics were computed to give a thorough picture of the central tendency and variability of each variable. This statistical summary provides information on the average answer and the degree of variation in the sample.

One-Way ANOVA: To compare means for a single independent variable among several groups, one-way analysis of variance (ANOVA) was applied. By using this statistical test, researcher can ascertain whether group differences have a statistically significant effect, which sheds light on how the independent variable affects the result.

Independent Sample t-test: To compare the means of two independent groups, the independent sample t-test was utilised. Using this technique, researcher can assess how significant differences are between two groups, demonstrating the efficacy of interventions or treatments.

Post Hoc Tukey's HSD Test: To pinpoint precise group differences, post hoc Tukey's HSD test was carried out after ANOVA. This paired comparison deepens the investigation by clarifying the subtleties of group differences revealed by ANOVA.

Factor Analysis: It was employed in the study to identify underlying relationships between observed variables and reduce the data to a smaller set of factors. Exploratory Factor Analysis (EFA) was used initially to uncover the data's underlying structure without imposing a predefined model, determining the number of factors and how variables grouped together. Subsequently Confirmatory Factor Analysis (CFA) tested the hypothesized factor structure identified through EFA, validating the fit of the data to the predefined model and ensuring the reliability of the constructs.

Structural Equation Modeling (SEM): To investigate intricate interactions between constructs, AMOS software was utilised to do structural equation modeling (SEM). This approach reveals complex relationships and interactions between variables while providing a thorough comprehension of the underlying theoretical framework.

4.13 Period of the study

The period of study was from September 2020 to August 2024.

2020 - '21: Literature review and research gap identified.

2021 – '22: Theoretical Framework of the study, Developed Research Design & Finalized the conceptual model

2022 – '23: Drafted the questionnaire, Pilot Study and Data Collection

2023 – '24: Data Analysis and Report drafting

4.14 Chapter Summary

This chapter explains the research design adopted for the study, sources of data, sample design, variables identified, conceptual model, instruments used for data collection, reliability and validity of the instruments and tools used for data analysis.

ANALYSIS OF AWARENESS, ATTENTION VALUE AND ATTITUDE: MEASURING KEY VARIABLES

-
- 5.1 *Introduction*
 - 5.2 *Demographic profile of the respondents*
 - 5.3 *Validation of Constructs using One Sample t-test*
 - 5.4 *Awareness of social marketing health campaigns*
 - 5.5 *Attention value of the social marketing strategies in the health campaigns*
 - 5.6 *Attitude towards social marketing strategies in the health campaigns*
-

5.1 INTRODUCTION

The Analysis chapter is set aside to evaluate public awareness, attention, and attitudes, of the social marketing strategies in the health sector of Kerala. Deciphering the complex web of public awareness and knowledge surrounding these tactics is the main goal of the study as it sets out on its investigation. The chapter attempts to shed light on the public's level of awareness by thoroughly examining the situation and the surrounding environment. Objective of the study is to analyze these findings in order to determine how well social marketing strategies perform to promote health initiatives within Kerala's socio-cultural context. In the context of demographic considerations, the Analysis chapter penetrates into greater details as to how different population segments perceive varied levels of awareness, attention, and attitude. Through a detailed examination of various characteristics including age, gender, income, education level, marital status, occupation and location, the study seeks to identify subtle trends and differences in the knowledge of Social Marketing Strategies in the health sector of Kerala. The thorough investigation is well-positioned to offer a detailed grasp of how these demographic factors mould and impact public awareness, offering significant contributions to the wider field of health communication tactics in the area.

PROFILE OF SAMPLED UNITS

Primary data gathered from as many as 707 respondents are the major foundation of the study. These respondents were interviewed using pre-tested, carefully designed, and manually administered questionnaires. The individuals living in Kerala make up the study's population. Kerala served as the study's sample State. Adults who were chosen belong to a variety of social backgrounds. The State of Kerala is the exclusive subject of the investigation. A total of as many as 707 participants were chosen, representing various age brackets, genders, income brackets, occupations, marital statuses, and housing areas. As many as 800 respondents were to be included in the sample. Nonetheless, the effective sample size has been as many as 707 because of incomplete and incorrect replies.

In order to understand the respondents' awareness, attention, attitude and celebrity endorsement, of social marketing efforts, it is necessary to address their socioeconomic and personal characteristics first. The awareness, attention, and attitude of social marketing initiatives among the different age groups, income groups, educational groups, gender, occupation, marital status and area of residence were shown to differ significantly, based on a review of studies, expert conversations, and the general observation.

5.2 DEMOGRAPHIC PROFILE OF THE RESPONDENTS

As for connecting the results and make deductions, it is very critical to examine the respondents' socioeconomic and personal traits. The sampling unit for the study consists of adults from different age groups (appropriate representation is given to each specified age category). One indicator of a person's life expectancy is his/her age. Every human experiences transformations from the moment of birth till death. Furthermore, as one gets aged, so do one's cognitive abilities, physical makeup, and degree of knowledge. In India, individuals who have turned eighteen years old are eligible to engage in social activities (Indian Majority Act, 1875; representation of the People Act, 1951). In light of this, age is one of the major characteristics included in the current research, which is divided into three categories: under 30, between 30 and 60, and above 60. The respondents' age-based classification is explained in this Table.

Table 5.2.1
Age-wise Distribution of the Respondents

Age in Years	Frequency	Per cent
Up to 30	329	46.5
30 – 60	366	51.8
Above 60	12	1.7
Total	707	100

Source: Computed from Primary Data

Table 5.2.1 indicates that the largest percentage of respondents, which comes to 51.8 per cent of the total belongs to the 30 to 60 year old age range. It is followed by 46.5 per cent of respondents who are under 30 years old and 1.7% of respondents who are over 60 years old. Kerala's age distribution, according to the Government of India's 2011 census, is 0 – 6 years: 9.95%, aged 7–14: 23.9%, aged 15–59: 54.3%, and aged 60 and beyond: 12.8%. Majority of the sample in the table presented is in the "30 - 60 years" age range (51.8%), although the census data show that majority of the Keralites are in the "15 - 59 years" age range (54.3%). The sample's age distribution appears to be an appropriate representation of the population's demographic distribution, as indicated by the alignment between the sample and census data. The sample is a good representation of Kerala's age distribution because people between the age group of 18 and 60 make up a large portion of it, which is consistent with the core working-age population found in the census data.

GENDER OF THE RESPONDENTS

Health outcomes are significantly influenced by gender. The study's relevance and depth increases while including a gender perspective. When it comes to health-related messaging and interventions, men and women could react differently. Refinement and optimisation of social marketing tactics can be achieved through the examination of gender-specific behavioral patterns. It leads to a more inclusive and equitable approach to health promotion in addition to increasing the efficacy of campaigns. The respondents' gender classification is displayed in the table.

Table 5.2.2
Gender of the Respondents

Gender	Frequency	Percent
Male	261	36.9
Female	446	63.1
Total	707	100.0

Source: Computed from Primary Data

The gender distribution of the respondents is shown in the table 5.2.2. Of the 707 total sample size, as many as 261 men make up 36.9% and as many as 446 women make up 63.1%. According to the 2011 census, Kerala is one of the few places in India where, the female-to-male ratio is higher than 0.99, Reports say that the State has a ratio of 1.084, or 1084 females for every 1000 males, whereas the national average is 0.940. It indicates that Kerala's overall population has a larger percentage of females than the country as a whole. In addition, the census data shows that women exceed men in every district of Kerala, with Kannur and Pathanamthitta showing the highest percentage of female population. It is consistent with the survey results, which indicate that a higher proportion of respondents were female (63.1%) than male (36.9%). The demographic tendency in Kerala appears to be reflected on the survey sample as well, with women outnumbering men in all districts.

EDUCATIONAL QUALIFICATIONS OF THE RESPONDENTS

Research on social marketing strategies must take into account educational backgrounds in order to adjust messages to different levels of literacy and make them accessible to a wide range of users. Health literacy is influenced by educational backgrounds, which in turn shapes how people understand and react to health information. The study attempts to address particular knowledge gaps and behavioral tendencies linked with varying education degrees by comprehending this relationship. Examinations of the sample's educational background also have focused strategy development, resolving inequalities, and advancing health equity through inclusive methods. The respondents' educational backgrounds are shown in the **Table**.

Table 5.2.3
Educational Qualification

Qualification	Frequency	Percent
Up to schooling	82	11.6
Plus two/pre-degree	253	35.8
Graduate	225	31.8
Post Graduate & above	147	20.8
Total	707	100.0

Source: Computed from Primary Data

Educational backgrounds of the survey participants are displayed in the table, which has categories ranging from Up to Schooling to Post Graduate & Above. By integrating these results with data from Kerala's 2011 census—the state has the highest literacy rate in India, at 93.91%. Upon analysing the survey's educational distribution, it is evident that the majority of participants are classified as Plus Two/Pre-Degree (35.8%) and Graduate (31.8%). This is consistent with Kerala's emphasis on education, which is demonstrated by the state's high literacy rate. The substantial percentage of respondents who completed at least their Plus Two or obtained a higher educational degree demonstrates the state's dedication to education. In addition, the survey data shows that 20.8% of participants hold a postgraduate degree or higher. This implies a significant proportion of people with higher degrees, which is in line with Kerala's high literacy rate's emphasis on educational accomplishments. Both the survey sample and the literacy rate indicate a strong emphasis on higher education. However, only 11.6% of those surveyed had completed high school. Despite making up a lower percentage of the sample, this group certainly represents a sector of the population that might not have pursued advanced education to a great extent. The educational distribution of the sample reflects the educational attainment of Kerala, with a notable focus on higher education, as seen by the significant proportions in the Plus Two/Pre-Degree, Graduate, and Post Graduate & Above fields. Kerala's significance and accomplishments in education are further highlighted by the correlation between the sample results and the high literacy rate of the state.

MARITAL STATUS OF THE RESPONDENTS

One important factor influencing health-related decision-making in relationships is marital status. The study determines how social marketing strategies affect people's marital status by taking into account the particular difficulties and priorities that are linked with various groups of people in different marital statuses. Within different categories of marital status, the degree of social support also matters, impacting mental and physical health. Health behaviors are further shaped by cultural and social conventions around marital status, underscoring the importance of culturally responsive initiatives. In the end, the inclusion of marital

status in the study framework guarantees that social marketing strategies are inclusive, complex, and sensitive to the unique health dynamics present in Kerala's various marital situations. The respondents' marital status is displayed in the table.

Table 5.2.4
Marital status

Status	Frequency	Percent
Single	310	43.8
Married	366	51.8
Divorced	31	4.4
Total	707	100.0

Source: Computed from Primary Data

As can be seen from the Table 5.2.4, a sizable percentage of respondents—51.8%—are married, according to Kerala's 2011 census statistics. This exceeds the number of married people reported in Kerala's census. The fact that 43.8 percent of the respondents are single further illustrates a clear parallel with census data showing that a sizable section of the population is single. On the other hand, just 4.4% of respondents identify as divorced, a demography that may not be exactly comparable to census statistics but nevertheless points to a tiny minority within the sample. Because of this, it is clear that most survey participants are either married or single, which is consistent with more general patterns shown in Kerala's 2011 census data.

OCCUPATION OF THE RESPONDENTS

A person's occupation has a big impact on how they interact with and are exposed to health-related information. Healthcare professionals, for example, may already be more aware of SM techniques because of their line of work. Conversely, people who work in jobs that require a lot of stress or have busy schedules might not have much time or desire to participate in health-related campaigns. Comprehending these variances is crucial in assessing the efficacy of social marketing strategies

across diverse occupational groups. Studies could uncover trends in awareness levels, which would make it possible to pinpoint messages and channels that work best for specific occupations. Understanding how occupation affects awareness and attitude will help initiatives to better target different occupational groups, which will ultimately lead to better health outcomes and communication within Kerala's health sector.

Table 5.2.5
Occupation of the Respondents

Occupation	Frequency	Percent
Government employee	75	10.6
Private employee	315	44.6
Self employed	78	11.0
Students	223	31.5
Others	16	2.3
Total	707	100.0

Source: Computed from Primary Data

The majority of respondents are clearly either students or private employees, based on a comparison of the table's data with Kerala's 2011 census statistics. A significant percentage of respondents, 44.6 percent, work in the private sector, according to the data. Likewise, 31.5 percent of the population is made up of students, meaning a sizeable section of the population is involved in education. However, 11% are self-employed, 10.6% government employees, and 2.3% fall into other categories.

INCOME OF THE RESPONDENTS

An individual's motivation to participate in health campaigns is greatly influenced by their income. Individuals with higher incomes frequently experience advantages such as easier access to healthcare services, immunizations, and preventive measures. More financial resources also translate into a higher likelihood of participating in physical activities, wellness programs, and healthy lifestyle

adoption. On the other hand, those with lower incomes could encounter obstacles like difficulty in sustaining healthy habits, financial limitations that prevent them from participating in wellness programs, and restricted access to healthcare services. Inequalities in wealth also have an impact on involvement in health campaigns and general well-being by increasing stress and mental health problems. Designing inclusive health campaigns that address the various socioeconomic determinants influencing people's capacity to prioritise and maintain healthy behaviors requires an understanding of these income-related dynamics. The goal of public health initiatives should be to reduce these differences by guaranteeing fair access to healthcare and encouraging a broad participation in health promotion activities.

Table 5.2.6
Income of the Respondents

Monthly Income in Rupees	Frequency	Percent
Up to Rupees 40,000	253	35.8
40,000-80,000	170	24.0
80,000-120,000	66	9.3
120,000-160,000	67	9.5
160,000 & above	151	21.4
Total	707	100.0

Source: Computed from Primary Data

The table shows that 35.8% of respondents earn less than 40,000 per month, 24% earn between 40,000 and 80,000 per month, 21.4 percent earn more than 160,000 per month, 9.5 percent earn between 120,000 and 160,000 per month, and the remaining 9.3 percent earn between 80,000 and 120,000 per month.

AREA OF RESIDENCE

The environment and infrastructure of urban and rural settings have a significant impact on people's health; hence it is imperative that these settings be taken into account in health studies. Because hospitals, clinics, and other healthcare

facilities are more advanced in urban areas, there is usually greater access to healthcare services there. These tools make it easier to carry out health campaigns and enhance the provision of healthcare. Urban and rural locations have different environmental circumstances, such as the quality of the air and water, which affects the prevalence of health disorders and the efficacy of health campaigns.

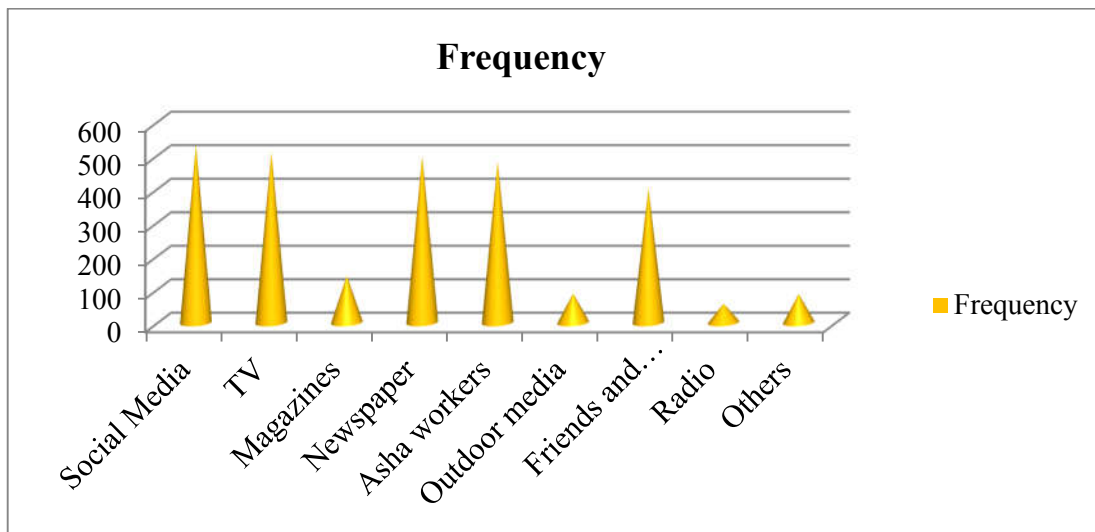
Table 5.2.7
Area of Residence

Area of Residence	Frequency	Percent
Urban	400	56.6
Rural	307	43.4
Total	707	100.0

Source: Computed from Primary Data

The distribution of respondents by area of residence, with a distinction between urban and rural settings, is shown in the above table. By contrasting this data with Kerala's 2011 Census of India statistics, which shows that the state has 47.7% of its inhabitants living in urban areas, Kerala is the second-most urbanized large state in India. The sample indicates that while 43.4% of respondents are from rural areas, 56.6% of respondents live in urban areas. The fact that this marginally differs from the state-wide urbanization rate indicated in the census data makes it interesting. Kerala's overall urban population is claimed to be 47.7%, however the survey sample shows a greater proportion of urban dwellers. The survey's increased proportion of urban respondents may also be an indication of Kerala's growing urbanization trend, which is outpacing the state's average pace of urbanization.

Figure 5.1 Media Sources Informing the Public about Health campaigns



Source: primary data

The graph indicates that social media is the most commonly used platform through which public gets information regarding health campaigns. Following social media, television ranks as the second most-used medium. Next, newspapers hold a moderate position as a traditional medium for health information. ASHA (Accredited Social Health Activists) workers serve as important health educators, particularly in rural areas. Friends and relatives also serve as channels for health information; other sources are not effective in today's media landscape.

5.3 Validation of Constructs using One Sample t-test

Before proceeding with the analysis of how key constructs-such as awareness, attention value, attitude, celebrity endorsement, and effectiveness-vary across different demographic segments, it is crucial to ensure that these constructs exist within the population. With a view to confirming the validity and representativeness of these constructs, a one-sample t-test was conducted. The test compares the sample mean with the population mean to verify that there exists no significant difference between the two, ensuring that these constructs are indeed reflective of the broader population

One Sample t-test was used to test the following hypotheses:

H₀: The sample mean is equal to the population mean for all constructs such as awareness, attention value, attitude, celebrity endorsement and effectiveness.

H₁: The sample mean is not equal to the population mean for at least one construct.

Table 5.3
One Sample t test

Constructs/ Variables	N	Mean	Std. Deviation	T value	P value
Awareness on SMCH	707	64.9257	25.56936	0.027	.909
Attention to SMCH	707	89.4908	12.94534	-1.046	.296
Attitude to SMCH	707	90.0481	14.27861	.090	.929
Attractiveness of Campaigns due to Celebrities	707	90.3706	14.03248	.702	.483
Attitude Towards Celebrities	707	88.9675	15.59814	-1.760	.080
Importance of Celebrities in Social Marketing	707	89.3239	15.19695	-1.183	.237
Celebrity Endorsement in Social Marketing	707	89.5540	14.30606	-.829	.407
Behavioural Outcome of Social Marketing	707	90.9868	13.87903	1.891	.059
Health Outcome of Social Marketing	707	89.4059	15.64480	-1.010	.313
Cognitive Outcome of Social Marketing	707	89.7595	15.91893	-.402	.688
Economic Outcome of Social Marketing	707	89.7595	15.91893	-.402	.688
Effectiveness of Social Marketing	707	89.9780	14.81310	-.040	.968

Source: Computed from Primary data

The one-sample t-test results show that for all constructs related to social marketing campaigns involving celebrities, the sample means are not significantly different from the hypothesized population means. A p-value greater than 0.05 indicates that the sample mean is not significantly different from the population

mean. This suggests that the perceptions and outcomes measured in the sample are in line with what would be expected in the population.

5.4 AWARENESS TOWARDS SOCIAL MARKETING CAMPAIGNS IN HEALTH SECTOR

Even after 77 years of independence, there are still a lot of societal ills in our nation today. While bringing about the necessary changes in society, social marketing campaigns can be beneficial. The main target audience for social marketing efforts is the general public, which includes individuals, organizations, and organizations that may end up using any given campaign, idea, or subject. Because they are particular individuals whose acceptance and adoption of a social product would achieve the campaign's goals, they are known as target adopters (Kotler, 2002). Using social marketing campaigns to raise respondents' awareness of social concerns is the first step in bringing about change. Understanding the knowledge, comprehension, beliefs, and behaviors of the target audience is essential for the success of social marketing campaigns. In order for campaigns to be successful, they must concentrate on the target audience's beliefs, requirements, wants, issues, and—above all—their behaviour. The first element for this is to determine respondents' awareness of social marketing campaigns. Therefore, the primary goal of the chapter is to measure respondents' fundamental knowledge about the chosen collection of social marketing campaigns. A pilot study is used to select the group of campaigns that have been chosen. These campaigns are:

Pulse Polio campaigns

Cancer campaigns

Arogyajagratha

Aardram People's campaign

Aswamedham

Jeevaraksha

Break the Chain

AIDS Campaign

AWARENESS LEVEL OF SELECTED SOCIAL MARKETING CAMPAIGNS ON HEALTH SECTOR

Respondents were asked to check the campaigns they were aware of in order to indicate their level of knowledge of the chosen set of social marketing campaigns. The SM campaigns such as Pulse Polio, Cancer, Arogyajagratha, Aardram People's, Aswamedham, *Jeevaraksha*, Break the Chain, and AIDS are the ones that have been picked for this purpose. It calculates the mean, standard deviation, and overall mean. The study finds the average awareness level for the chosen campaigns by looking at the mean awareness. A high mean awareness indicates that programs have generally been successful in raising awareness. If the average is low, it suggests that the campaigns may not have raised much awareness overall. The degree of variability or dispersion in awareness ratings is measured by the standard deviation. Consistency is indicated by a low standard deviation, which implies that most campaigns have awareness scores that are near to the mean. A large standard deviation implies greater dispersion of awareness scores from the mean, implying campaign variability.

Table 5.4

Awareness of Social Marketing campaigns on Health sector

Campaigns	Mean	Std. Deviation
Pulse Polio campaigns	3.99	1.435
Cancer campaigns	4.01	1.362
Arogyajagratha	3.12	1.674
Aardram People's campaign	3.04	1.686
Aswamedham	2.70	1.638
Jeevaraksha	2.75	1.607
Break the Chain	3.60	1.539
AIDS Campaign	2.76	1.600
Awareness on SMCH	64.9257	25.56936

Source: Computed from the Primary data

The table shows the respondents' awareness of the chosen collection of social marketing campaigns; the campaigns relating to cancer have the greatest mean value (4.01), while Aswamedham has the lowest (2.7). The variation from the mean value is represented by the standard deviation. According to the table, the Aardram people's campaign has the biggest standard deviation, while the Cancer campaign has the lowest. Awareness on each variable is assessed using arithmetic mean of all respondents' responses and overall awareness on Social Marketing campaigns on Health sector is calculated using the Mean Percentage Score (MPS).

$$\text{MPS} = \frac{\text{Total Score of all variables}}{\text{Maximum Score}} \times 100$$

Consistently a high awareness across campaigns is indicated by a high mean and a low standard deviation. Cancer campaigns have the lowest standard deviation value (1.362) and the greatest mean value (4.01). The increased mean awareness indicates that these initiatives have, on the whole, been successful in increasing public awareness of cancer-related issues. The low standard deviation suggests that awareness levels are closely concentrated around the mean, indicating a consistent influence across individual initiatives. A strong performance is shown by the social marketing campaigns' overall awareness score of 64.9257, however there may be room for improvement.

AWARENESS OF SOCIAL MARKETING CAMPAIGNS ON HEALTH SECTOR BASED ON DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Social marketing efforts have become effective tools for raising health awareness and driving behavior change in today's quickly changing digital ecosystem. These initiatives engage audiences, spread information, and promote healthy behaviors by utilising a variety of digital channels, online forums, and social media platforms. For public health programs, knowing how successful these campaigns are is essential since it enables the development of focused strategies that appeal to particular demographic groups. The study is to look at respondents' various demographic profiles' understanding of social marketing activities in the health

sector. Through an examination of awareness levels across different demographic segments, such as age, gender, marital status, income, education, occupation and geography, the study aims to uncover patterns and insights that can guide future campaign strategies and allocation of resources. The study aims to address important concerns like: Are some demographic groups more responsive to health-related social marketing campaigns? through thorough data analysis. What are the factors that lead to elevated levels of awareness within particular demographic groups? How this knowledge might be applied to maximise the effect and reach of upcoming campaigns. By exploring these issues, the study adds to the body of knowledge on social marketing in the healthcare industry and offers useful recommendations for public health professionals, policy-makers, and marketers who are desirous of making inclusive and successful campaigns. The study's conclusions ultimately hold the potential to improve public health outcomes worldwide and increase the efficacy of health communication initiatives.

Table 5.4.1

Age-wise awareness of social marketing campaigns on health sector

Variables	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaigns	4.11	1.262	3.89	1.559	3.50	1.732
Cancer campaigns	4.20	1.147	3.84	1.505	3.75	1.603
Arogyajagratha	3.54	1.481	2.76	1.745	2.75	1.913
Aardram People's campaign	3.35	1.557	2.80	1.747	2.17	1.801
Aswamedham	3.13	1.535	2.35	1.638	1.75	1.545
Jeevaraksha	3.24	1.465	2.34	1.608	2.00	1.651
Break the Chain	3.97	1.248	3.28	1.685	3.08	1.881
AIDS Campaign	3.18	1.455	2.39	1.630	2.42	1.782
Awareness on SMCH	71.793	22.15208	59.125	26.82172	53.541	28.05146

Source: Computed from Primary Data

Table gives light on how well-known different age groups are of various health-related social marketing campaigns. Based on all campaigns combined, it seems that younger people—those under 30—have higher mean awareness scores than older people. With typical scores of 4.11 and 4.20, respectively, for campaigns like Pulse Polio and Cancer, younger people have significantly more awareness than older people, who score 3.50 and 3.75, respectively. Younger respondents have higher awareness than their older counterparts for campaigns such as the Arogyajagratha and the Aardram People's campaign. The standard deviations show variations in the awareness levels among each age group, indicating different levels of individual campaign recognition.

The hypothesis was framed to measure the awareness of social marketing campaign amongst the general public:-

H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among different age groups

H₁: There is significant difference in the awareness of social marketing campaigns on health sector among different age groups.

One way ANOVA was used to test the hypothesis

Table 5.4.1.1

Result of One Way ANOVA (age wise awareness)

Age Groups	Mean (awareness)	Std. Deviation	F value	P value
Up to 30 years	71.7933	22.15208	23.932	<0.001**
30 - 60 years	59.1257	26.82172		
Above 60 years	53.5417	28.05146		
Total	64.9257	25.56936		

**Significant at 1% level

The test result shows that there is a significant difference in awareness among the various age groups ($F=23.932$, $p<0.001$), leading to the rejection of the null hypothesis. One way ANOVA is performed to support the hypothesis. A multiple comparison using Tukey HSD is performed in order to determine which age group has a significant difference. The resulting pairs of age groups with significant differences are displayed in the table.

Table 5.4.1.2

Age-wise awareness of social marketing campaigns on health sector

Results of Multiple Comparisons (age wise awareness)						
Dependent Variable: Awareness on SMCH						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	12.66763*	1.88238	<.001**	8.2465	17.0887
	Above 60 years	18.25165*	7.28184	.033*	1.1490	35.3543
30 - 60 years	Above 60 years	5.58402	7.26888	.723	-11.4882	22.6563

*Significant at 5 % level **Significant at 1% level

The Table makes it evident that there is a substantial difference in awareness between the age groups "Up to 30 years" and "30-60" years ($p < 0.001$). There is a significant difference in awareness levels between the groups "Up to 30 years" and "above 60 years" ($P=.033$). The age group "up to 30 years" (71.79) has a much greater awareness level than the age groups "30-60" (59.12) and "above 60 years" (53.54). The degree of awareness of the age groups 30 to 60 and over 60 is not substantially different ($P>.723$), while the awareness of the age groups over 60 and up to 30 is considerably different. The awareness of the age groups 30 to 60 and up to 30 is significantly different ($P<0.000$).

Table 5.4.2**Gender wise awareness of social marketing campaigns on health sector**

Variables	Gender			
	Male		Female	
	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaigns	4.11	1.399	3.91	1.452
Cancer campaigns	4.14	1.369	3.93	1.354
Arogyajagratha	3.25	1.720	3.04	1.644
Aardram People's campaign	3.18	1.704	2.96	1.671
Aswamedham	2.72	1.649	2.69	1.633
Jeevaraksha	2.74	1.624	2.76	1.599
Break the Chain	3.70	1.598	3.54	1.501
AIDS Campaign	2.76	1.642	2.76	1.576
Awareness on SMHC	66.5326	26.06109	63.9854	25.25920

Source: Computed from Primary Data

Based on gender, the data shed light on people's awareness of different health-related social marketing activities. All things considered, there seems to be a small difference in awareness levels between men and women. When it comes to particular campaigns, men often score slightly higher on mean awareness for the Break the Chain (3.70 vs. 3.54), Cancer (4.14 vs. 3.93), and Pulse Polio campaigns (4.11 vs. 3.91) than do females. However, when compared to men, women have somewhat higher mean awareness scores for the Aardram People's campaign (3.18 vs. 2.96) and Arogyajagratha (3.25 vs. 3.04). The standard deviations reflect varying degrees of familiarity and some heterogeneity in awareness within each gender category. The mean awareness scores for the two genders are reasonably close, with the mean awareness score for males being 66.53 and the mean awareness score for females being 63.99, despite these minor differences. Therefore, overall awareness of social marketing campaigns in the health sector remains moderate for both males and females, despite subtle variances in awareness across genders across specific campaigns.

To know whether there is significant difference in the awareness level among different gender groups the following hypothesis was framed:

H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among different gender

H₁: There is significant difference in the awareness of social marketing campaigns on health sector among different gender.

Independent Sample t test was used to test the hypothesis

Table 5.4.2.1

Result of Independent sample t test (Gender- wise Awareness)

Dependent variable	Gender (independent variable)	Mean	t- value	P value
Awareness on SMCH	Male	66.5326	1.279	.201
	Female	63.9854		

Source: Computed from Primary Data

The independent sample t test is used to validate the hypothesis, and the outcome is displayed in the table. Since it is clear that there are no appreciable differences in awareness levels between genders, the null hypothesis is accepted. Males have an average awareness score of 66.5326, while girls have an average awareness score of 63.9854. The average awareness levels for each gender in response to social marketing campaigns in the health industry are represented by these values. The t-value that was computed is 1.279. The p-value that was computed is 0.201. The mean awareness scores of males and females appear to differ moderately, according to the t-value of 1.279. The standard significance level of 0.05 is not met by the p-value of 0.201. This implies that there isn't enough data to reject the null hypothesis.

Table 5.4.3**Marital status wise awareness of social marketing campaigns on health sector**

Campaigns	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaigns	4.04	1.323	3.94	1.505	4.03	1.683
Cancer campaigns	4.14	1.228	3.90	1.437	4.06	1.632
Arogyajagratha	3.36	1.549	2.91	1.729	3.19	1.939
Aardram People's campaign	3.22	1.597	2.87	1.733	3.35	1.817
Aswamedham	2.94	1.569	2.47	1.651	3.03	1.798
Jeevaraksha	3.06	1.513	2.48	1.628	2.94	1.750
Break the Chain	3.85	1.344	3.40	1.633	3.52	1.877
AIDS Campaign	3.00	1.502	2.55	1.641	2.84	1.753
Awareness on SMCH	68.9919	23.05570	61.2705	26.53618	67.4194	31.67204

Source: Computed from Primary Data

There are significant differences in how Keralites respond to different social marketing initiatives, according to a review of awareness scores across marital status categories. For the cancer campaign, single people have the greatest mean awareness score of 4.14, indicating high awareness; on the other hand, the Aswamedham campaign has the lowest mean awareness score of 2.94. Awareness is influenced by marital status, especially for those who are married; the Pulse campaign had the highest mean score (3.94). But among married people, the Aardram campaign has a larger standard deviation, indicating different reactions. The average awareness of cancer campaigns is higher (4.06) among divorced individuals, but the average awareness of the Aids campaign is lower (2.84). High standard deviations reveal different perspectives among divorced people, particularly in the Aarogyajagratha campaign.

The hypothesis was framed to measure the awareness for social marketing amongst general public on the basis of marital status.

H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among different marital status.

H₁: There is significant difference in the awareness of social marketing campaigns on health sector among different marital status.

Table 5.4.3.1

Result of One Way ANOVA (Marital status wise awareness)

	Mean	Std. Deviation	F	P value
Single	68.9919	23.05570	7.961	<0.001**
Married	61.2705	26.53618		
Divorced	67.4194	31.67204		
Total	64.9257	25.56936		

**Significant at 1 % level

Married people show a slightly lower mean awareness score of 61.2705, whereas single people show the highest mean awareness score of 68.9919, showing a substantially increased level of awareness. Divorced people have a mean awareness score of 67.4194, which puts them in the middle. 64.9257 is the average awareness score for all marital statuses combined. The standard deviations, which show the variation in awareness ratings within each category, show a similar pattern. Divorced people had the largest standard deviation (31.67204). Strong evidence to reject the null hypothesis is provided by the estimated F-statistic of 7.961 and a p-value of less than 0.001, which confirm a substantial difference in awareness scores based on marital status.

Table 5.4.3.2**Marital status wise awareness**

Multiple Comparisons (Marital Status wise awareness)						
Dependent Variable: Awareness on SMCH						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	7.72144*	1.95448	<.001**	3.1310	12.3119
	Divorced	1.57258	4.76974	.942	-9.6300	12.7752
Married	Divorced	-6.14886	4.73645	.397	-17.2733	4.9755

*. The mean difference is significant at the 0.05 level. **Significant at 1%level

The Tukey's Honestly Significant Difference (HSD) test results are shown in the table. This test was conducted after a significant One-Way Analysis of Variance (ANOVA) to examine the effect of marital status on awareness ratings across three groups: single, married, and divorced. Interestingly, there is a significant mean difference of 7.72144 ($p < 0.001$) between the mean awareness scores of single people and married people. Nonetheless, no statistically significant difference in awareness ratings was found between persons who are single and those who are divorced (mean difference = 1.57258, $p = 0.942$).

Table 5.4.4**Educational qualification wise
awareness of social marketing campaigns on health sector**

Variables	Educational Qualification							
	Up to schooling		Plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaigns	3.77	1.582	3.83	1.534	4.06	1.370	4.26	1.217
Cancer campaigns	3.79	1.529	3.92	1.464	4.12	1.290	4.12	1.162
Arogyajagratha	2.80	1.696	2.77	1.746	3.49	1.581	3.32	1.530
Aardram People's campaign	2.80	1.710	2.68	1.703	3.38	1.660	3.29	1.548
Aswamedham	2.46	1.604	2.33	1.626	3.11	1.628	2.85	1.541
Jeevaraksha	2.55	1.657	2.34	1.597	3.16	1.548	2.93	1.511
Break the Chain	3.17	1.632	3.32	1.661	3.93	1.430	3.81	1.273
AIDS Campaign	2.45	1.588	2.38	1.608	3.00	1.597	3.22	1.413
Awareness on SMCH	59.5122	28.12406	58.9723	25.86751	70.6111	24.87556	69.4898	21.67225

Source: Computed from Primary Data

Increased mean awareness scores are often associated with greater educational qualifications across the majority of campaigns. People with greater educational credentials, for example, tend to have higher mean awareness scores in campaigns like Pulse Polio, Cancer, Arogyajagratha, and Aardram People's Campaign. The general awareness of SMHC thus increases as educational qualifications rise, as does the tendency of rising mean scores. For instance, the respondents who qualified as "Graduate" and "Post Graduate & above" had the highest mean awareness score (70.6111) and (69.4898) respectively, whilst the respondents who qualified as "up to schooling" had the lowest mean awareness score (59.5122). Results indicate that there is a positive relationship between awareness scores and educational attainment. People with higher educational attainment typically exhibit greater knowledge of specific social marketing efforts as well as the general SMCH awareness. Standard deviation variations draw attention

to the requirement for focused tactics to handle the range of answers within each set of educational qualifications.

In order to compare the awareness of social marketing campaigns on health sector among different educational qualification groups One Way ANOVA was used. The Hypothesis as follows:

H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among different educational qualification groups

H₁: There is significant difference in the awareness of social marketing campaigns on health sector among different educational qualification groups

Table 5.4.4.1

Result of One Way ANOVA (Education wise awareness)

	Mean	Std. Deviation	F value	P value
Upto schooling	59.5122	28.12406	11.563	<0.001**
plus two/pre-degree	58.9723	25.86751		
Graduate	70.6111	24.87556		
Post Graduate & above	69.4898	21.67225		
Total	64.9257	25.56936		

**Significant at 1 % level

A substantial difference in awareness scores across the different educational groups is indicated by the F-value of 11.563. There is substantial evidence to reject the null hypothesis when the p-value is less than 0.001. There may be a positive correlation between higher education and greater awareness, as evidenced by the noticeably higher mean awareness scores for the "Graduate" and "Post Graduate & above" categories as compared to those with fewer educational levels. The findings of the One-Way ANOVA show that among people with varying educational backgrounds, there is a statistically significant variation in awareness scores related to social marketing campaigns that focus on health sector issues.

Table 5.4.4.2
Education wise awareness

Multiple Comparisons						
Dependent Variable: Awareness on SMCH						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre-degree	.53986	3.17864	.998	-7.6457	8.7254
	Graduate	-11.09892*	3.22669	.003	-19.4082	-2.7896
	Post Graduate & above	-9.97760*	3.44777	.020	-18.8562	-1.0990
Plus two/pre-degree	Post Graduate & above	-10.51746*	2.59416	.000	-17.1979	-3.8370
Graduate	plus two/pre-degree	11.63878*	2.29218	.000	5.7360	17.5416
	Post Graduate & above	1.12132	2.65282	.975	-5.7102	7.9528

*. The mean difference is significant at the 0.05 level.

The Table indicates that there is no significant difference ($p=0.998$) in the mean between "up to schooling" and "plus two/pre-degree". On the other hand, the mean awareness scores of people who are "Graduate" and "Post Graduate & above" are substantially higher than those of people who are "up to schooling" ($p = 0.003$ and 0.020 , respectively). There is no statistically significant difference in mean between "plus two/pre-degree" and "up to schooling" ($p = 0.998$). The mean awareness scores of individuals with "Graduate" and "Post Graduate & above" qualifications are considerably higher than those with "plus two/pre-degree" qualifications (both p -values < 0.001).

The "Graduate" and "Post Graduate & above" groups' mean awareness ratings, however, do not differ significantly ($p = 0.975$). Mean awareness scores are substantially higher for those who qualify as "Post Graduate & above" than for those who qualify as "up to schooling" or as "plus two/pre-degree" (p -values = 0.020 and < 0.001 , respectively). The Tukey's HSD test findings offer a detailed picture of the ways in which varying educational background groups influence variations in awareness scores. Higher educated individuals (graduate and postgraduate & above) typically have noticeably greater awareness ratings than lower educated individuals (up to schooling and plus two/pre-degree).

Table 5.4.5

Occupation wise awareness of social marketing campaigns on health sector

Variables	Occupation									
	Government employee		Private employee		Self employed		Students		Others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaign	4.37	1.148	3.96	1.564	4.00	1.486	3.91	1.320	3.75	1.065
Cancer campaign	4.05	1.196	4.01	1.499	4.01	1.437	4.04	1.181	3.44	1.263
Arogyajagratha	3.39	1.506	2.92	1.799	2.99	1.876	3.35	1.465	3.25	1.065
Aardram People's campaign	3.41	1.508	2.93	1.785	3.09	1.832	3.14	1.527	1.87	1.258
Aswamedham	3.09	1.612	2.52	1.701	2.59	1.701	2.96	1.491	1.31	.704
Jeevaraksha	3.08	1.522	2.47	1.657	2.56	1.702	3.12	1.478	2.63	1.025
Break the Chain	3.99	1.268	3.43	1.692	3.54	1.741	3.82	1.232	2.44	1.413
AIDS Campaign	3.11	1.503	2.45	1.670	2.62	1.653	3.16	1.402	2.31	1.580
Awareness on SMCH	71.2333	22.47511	61.7143	27.80444	63.4936	27.83690	68.7332	21.94238	52.5000	13.66260

Source: Computed from Primary data

The Table gives a thorough summary of the standard deviations and mean awareness scores for every social marketing campaign broken down by occupation. Across nearly all campaigns, government employees consistently exhibit the highest mean awareness scores (71.2333), indicating a relatively elevated awareness across this occupational group. Conversely, individuals categorized as "others" consistently have lower average awareness ratings (52.5000), which would suggest the necessity for focused awareness initiatives catered to this specific group. Government employees typically have the highest mean awareness scores for some campaigns, such the Pulse Polio and Cancer campaigns, whereas self-employed people and others show relatively lower scores. There are noticeable differences between the Arogyajagratha and Aardram People campaigns; government employees have the highest mean scores, while 'others' comes in last. Government employees had the highest general awareness of Social Marketing Campaigns on Health (SMCH), followed by students, self-employed individuals, and those in the private sector. On SMCH, others' mean awareness score is the lowest.

In order to compare the awareness of social marketing campaigns on health sector among different occupational groups, One Way ANOVA was used. The Hypothesis as follows:

H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among different occupation groups

H₁: There is significant difference in the awareness of social marketing campaigns on health sector among different occupation groups

Table 5.4.5.1
Result of One Way ANOVA (occupation wise awareness)

	Mean	Std. Deviation	F value	P value
Government employee	71.2333	22.47511	4.753	<0.001**
Private employee	61.7143	27.80444		
Self employed	63.4936	27.83690		
Students	68.7332	21.94238		
Others	52.5000	13.66260		
Total	64.9257	25.56936		

**Significant at 1% level

The F value of 4.753 in the table indicates group variability, and the low P value of 0.001 indicates that it is improbable that this variation is the result of chance. To put it another way, there is evidence to disprove the null hypothesis, which states that there are no significant variations in awareness between various occupational groups.

Table 5.4.5.2
Occupation wise awareness

Multiple Comparisons						
Dependent Variable: Awareness on SMCH						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	9.51905*	3.25113	.029	.6276	18.4105
	Self employed	7.73974	4.09218	.323	-3.4519	18.9314
	Students	2.50015	3.37763	.947	-6.7373	11.7376
	Others	18.73333	6.96815	.057	-.3237	37.7904
Private employee	Self employed	-1.77930	3.20023	.981	-10.5315	6.9729
	Students	-7.01890*	2.21448	.014	-13.0752	-.9626
	Others	9.21429	6.48464	.614	-8.5204	26.9490
Self employed	Students	-5.23959	3.32867	.515	-14.3431	3.8639
	Others	10.99359	6.94455	.509	-7.9989	29.9861
Students	Others	16.23318	6.54898	.097	-1.6775	34.1439

*Significant at 5% level

** Significant at 1% level

Individuals who are government employees, on average, have a significantly different level of awareness on SMCH compared to private employees. The awareness is estimated to be higher by approximately 9.52 units, and this difference is statistically significant. There is no significant difference in awareness on SMHC between government employees and students. The mean difference is approximately -2.50 units, and the result is not statistically significant. There is a marginally significant difference in awareness on SMCH between government employees and individuals categorized as "others." The mean difference is approximately 18.73 units, and the p-value is 0.057, just above the 0.05 threshold. There is no significant difference in awareness on SMCH between private employees and self-employed individuals. The mean difference is approximately -1.78 units, and the result is not statistically significant. Private employees have a significantly lower level of awareness on SMHC compared to students. The mean difference is approximately -7.02 units, and this difference is statistically significant at the 0.05 level. There is no significant difference in awareness on SMHC between private employees and individuals categorized as "others." The mean difference is approximately 9.21 units, and the result is not statistically significant. There is no significant difference in awareness on SMCH between self-employed individuals and students. The mean difference is approximately -5.24 units, and the result is not statistically significant. There is a marginally significant difference in awareness on SMHC between students and individuals categorized as "others." The mean difference is approximately 16.23 units, and the p-value is 0.097, just above the 0.05 threshold.

Table 5.4.6

Income wise awareness of social marketing campaigns on health sector

Variables	Income Group									
	Upto Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaigns	3.94	1.437	3.95	1.507	4.12	1.376	3.88	1.581	4.09	1.311
Cancer campaigns	4.02	1.354	3.99	1.455	4.18	1.323	3.88	1.493	4.00	1.227
Arogyaja gratha	3.23	1.614	3.02	1.796	3.50	1.657	2.49	1.744	3.17	1.542
Aardram People's campaign	3.04	1.679	2.97	1.792	3.44	1.609	2.54	1.770	3.17	1.522
Aswamedham	2.78	1.625	2.66	1.693	2.98	1.696	2.06	1.594	2.78	1.536
Jeevaraksha	2.85	1.607	2.72	1.676	2.89	1.609	2.00	1.508	2.90	1.496
Break the Chain	3.70	1.469	3.48	1.710	3.79	1.483	3.09	1.773	3.72	1.307
AIDS Campaign	2.89	1.579	2.56	1.657	2.85	1.638	2.13	1.604	2.99	1.472
Awariness on SMCH	66.1067	25.22440	63.3824	28.06561	69.3939	24.76063	55.1866	25.20865	67.0530	22.68826

Source: Computed from Primary Data

With respect to the "Cancer campaigns," the standard deviations show moderate heterogeneity across each income category, and the mean ratings range from 3.99 to 4.18. Similar trends can be seen in "Arogyajagratha" and "Aardram People's campaign," with standard deviations indicating perceptual variability and mean ratings dropping in lower income categories. Standard deviations indicate perceived diversity, and "Aswamedham," "Jeevaraksha," and "Break the Chain" show a tendency of declining mean ratings with lower earnings. The "AIDS Campaign" exhibits a comparable trend, with lower mean ratings in lower socioeconomic categories. Notably, "Awareness on SMHC" demonstrates that higher income groups have lower standard deviations and mean ratings that range from 55.19 to 69.39, indicating a positive link. Individuals earning "Up to Rupees 40,000" exhibit a mean awareness score of 66.1067 with a standard deviation of 25.22440. The "40,000-80,000" income group shows a mean awareness score of 63.3824 with a standard deviation of 28.06561. Respondents earning "80,000-120,000" demonstrate the highest mean awareness score of 69.3939, with a standard deviation of 24.76063. In the "120,000-160,000" income group, the mean awareness score is 55.1866, with a standard deviation of 25.20865. The "160,000 & above" income group reveals a mean awareness score of 67.0530, accompanied by a standard deviation of 22.68826.

The following are the hypotheses formulated to test using one way ANOVA:

- H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among different income Groups
- H₁: There is significant difference in the awareness of social marketing campaigns on health sector among different income Group

Table 5.4.6.1

Result of One Way ANOVA (Income wise awareness)

Income	Mean	Std. Deviation	F value	P value
Upto Rupees 40,000	66.1067	25.22440	3.535	<0.007*
40,000-80,000	63.3824	28.06561		
80,000-120,000	69.3939	24.76063		
120,000-160,000	55.1866	25.20865		
160,000 & above	67.0530	22.68826		
Total	64.9257	25.56936		

*Significant at 5% level

The results of the One-Way ANOVA support the rejection of the null hypothesis ($F = 3.535$, $p = 0.007$). This indicates that there is a statistically significant difference in mean awareness scores across the various income groups. Therefore, the data provide evidence to suggest that income has an influence on the level of awareness within the studied population. The statistically significant F value suggests that at least one income group significantly differs from the others in terms of awareness.

Table 5.4.7

Area wise awareness of social marketing campaigns on health sector

Variables	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Pulse Polio campaigns	4.11	1.458	3.82	1.390
Cancer campaigns	4.16	1.381	3.81	1.314
Arogyajagratha	3.18	1.777	3.04	1.529
Aardram People's campaign	3.24	1.774	2.79	1.530
Aswamedham	2.81	1.732	2.56	1.497
Jeevaraksha	2.77	1.716	2.73	1.456
Break the Chain	3.71	1.636	3.45	1.391
AIDS Campaign	2.70	1.685	2.84	1.480
Overall Awareness on SMCH	66.693	27.60075	62.622	22.48741

Source: Computed from Primary data

The mean awareness score of urban residents is greater (66.693) than that of rural residents (62.622), and both urban and rural areas exhibit variety as indicated by the standard deviations. According to the research, people living in cities tend to have slightly better mean ratings for a variety of health programs, which may indicate that they are more well-informed. However, there is variation in awareness levels in both urban and rural locations, highlighting the necessity for health campaigns to use customised techniques to target the unique circumstances of various geographic areas.

The following are the hypotheses formulated to test using Independent Sample t-test:

H₀: There is no significant difference in the awareness of social marketing campaigns on health sector among urban and rural area

H₁: There is significant difference in the awareness of social marketing campaigns on health sector among urban and rural area

Table 5.4.7.1

Result of Independent sample t test (Area- wise Awareness)

	Location	Mean	Std. Deviation	t value	P value
Awareness on SMCH	Urban	66.6938	27.60075	2.103	<.036*
	Rural	62.6221	22.48741		

*Significant at 5% level

The Independent Sample t-test results show that there is a statistically significant difference between urban and rural areas' awareness of SMCH programs ($t = 2.103$, $p = 0.036$). This result provides evidence that there is, in fact, a significant difference in awareness levels between the two locations, supporting the rejection of the null hypothesis. The positive t-value of 2.103 suggests that the mean awareness score for urban areas is significantly higher than that of rural areas. The associated p-value of 0.036 is less than the conventional significance level of 0.05, further supporting the rejection of the null hypothesis.

5.5 ATTENTION VALUE OF THE SOCIAL MARKETING STRATEGIES IN HEALTH CAMPAIGNS BASED ON DEMOGRAPHIC PROFILE OF THE RESPONDENTS

The effectiveness of social marketing efforts is crucial in influencing attitudes, behaviors, and eventually results in the ever-changing field of public health. These campaigns do more than just spread information; they also use attention-grabbing strategies to connect with viewers deeper. Social marketing campaigns in the health sector use a variety of strategies to engage, educate, and motivate action, including curiosity, creative ideas, catchy music, emotive messaging, educational storytelling, humour, slogans, and relatability.

Table No: 5.5

Attention value of the SM Strategies used in health campaigns

	Mean	Std. Deviation
Message used is appealing	4.44	.742
Story is Informative	4.44	.745
Music is Catchy	4.45	.785
Use of humour	4.47	.751
Ability to relate	4.43	.742
Use of slogan	4.46	.754
Proper use of timing	4.47	.789
Creates curiosity	4.47	.818
Good picturisation	4.57	.691
Innovative ideas	4.56	.747
Attention to SMCH	89.4908	12.94534

Source: Primary Data

The high mean score of 89.49 and the standard deviation of 12.95 for attention to Social Marketing Strategies in Health indicate an overall positive reception of the social marketing strategies used in health campaigns. When examining individual elements, it was found that respondents had a generally positive attention value. Aspects including message appeal, informativeness, catchiness, humour, relatability, slogan utilisation, timeliness, and curiosity all

obtained excellent mean scores, ranging from 4.43 to 4.47. The higher mean scores of 4.56 for creative ideas and 4.57 for strong picturization are especially notable since they show that these components had a major impact on the campaigns' efficacy. The comparatively smaller standard deviations (0.691 and 0.747) for these dimensions indicate a greater degree of consensus among participants.

Table 5.5.1

Age-wise comparison of the attention value of social marketing strategies in health campaigns

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.25	.807	4.62	.629	4.33	.778
Story is Informative	4.23	.844	4.63	.587	4.42	.669
Music is Catchy	4.28	.852	4.59	.691	4.58	.669
Use of humour	4.31	.808	4.60	.669	4.50	.674
Ability to relate	4.27	.780	4.57	.678	4.42	.793
Use of slogan	4.26	.833	4.63	.631	4.58	.669
Proper use of timing	4.26	.894	4.64	.637	4.58	.669
Creates curiosity	4.31	.898	4.62	.695	4.42	1.165
Good picturisation	4.46	.772	4.68	.587	4.50	.798
Innovative ideas	4.42	.819	4.68	.635	4.58	1.165
Attention to SMCH	86.1094	13.90430	92.5191	11.16764	89.8333	14.33263

Source: Primary data

In comparison to other age groups, respondents between the ages of 30 and 60 consistently gave health campaigns higher ratings in practically every analysed category, with the highest mean score for Attention to SMHC being 92.52. This means that middle-aged people might be especially open to the strategies used. Respondents under 30 years old and those over 60 showed, on the other hand, somewhat lower mean scores, suggesting possible variations in their inclinations or reactions to particular campaign components. The story's educational quality and the appropriate timing of the message seem to connect better with those in the 30- to 60-year-old age range, but the use of humour and the capacity to arouse curiosity seem to have a greater impact on the younger age group. The 30- to 60-year-old age group regularly shows lower standard deviations than the other age groups in a number of components.

The following are the hypotheses formulated to test using one way ANOVA:

- H₀: There is no significant difference in the attention value of social marketing strategies in the health campaigns among different age groups
- H₁: There is significant difference in the attention value of social marketing strategies in health campaigns among different age groups

Table 5.5.1.1

Result of One Way ANOVA (age wise Attention)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	86.1094	13.90430	23.38	<0.001**
30 - 60 years	92.5191	11.16764		
Above 60 years	89.8333	14.33263		
Total	89.4908	12.94534		

**significant at 1% level

Statistical significance is indicated by the computed F value of 23.38 and a p-value of less than 0.001. The alternative hypothesis (H₁) is supported by the rejection of the null hypothesis (H₀), which also suggests that there is a significant

difference in the attention value of the various age groups gives to social marketing strategies in health campaigns. The results show different trends in how different age groups pay attention to social marketing strategies. A higher level of attention value was indicated by the respondents aged 30 to 60 years, who had the highest mean attention score (92.52). On the other hand, with mean attention scores of 89.83 and 86.11, respectively, respondents over 60 and those under 30 years old showed somewhat lower results. When compared to the other age groups, the 30- to 60-year-old age group exhibits comparatively reduced variability in responses, as indicated by the standard deviations.

Table 5.5.1.2

Attention to SM strategies on health sector

Multiple Comparisons						
Dependent Variable: Attention to SM strategies on health sector						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-6.40970*	.95479	.000	-8.6522	-4.1672
	Above 60 years	-3.72391	3.69353	.572	-12.3988	4.9510
30 - 60 years	Above 60 years	2.68579	3.68695	.747	-5.9737	11.3452

* The mean difference is significant at the 0.05 level.

The post-hoc studies shed light on the variations in attentiveness to social marketing strategies among particular age groups. In particular, those between the ages of 30 and 60 show a substantial difference in attention compared to those under 30, however there are no significant differences between those under 30 and those over 60. The attention scores of respondents up to 30 years old and those aged 30 to 60 years old differ by a mean of -6.41, a statistically significant difference ($p < 0.001$). • The attention scores of respondents under 30 years old and those over 60

years old differ by a mean of -3.72, yet this difference is not statistically significant ($p = 0.572$). • There is a 2.69 mean difference between the attention scores of respondents between the ages of 30 and 60 and those over 60 and this difference is not statistically different ($p=.747$)

Table 5.5.2

**Gender wise comparison of attention value of
social marketing strategies in the health campaigns**

	Gender			
	Male		Female	
	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.58	.690	4.36	.760
Story is Informative	4.56	.686	4.37	.769
Music is Catchy	4.56	.713	4.38	.817
Use of humour	4.60	.709	4.39	.764
Ability to relate	4.52	.742	4.37	.738
Use of slogan	4.56	.675	4.40	.791
Proper use of timing	4.53	.772	4.43	.798
Creates curiosity	4.53	.853	4.44	.796
Good picturisation	4.63	.699	4.54	.685
Innovative ideas	4.59	.825	4.54	.698
Attention to SMCH	91.3103	12.75869	88.4260	12.94926

Source: Primary Data

The mean attention score of 91.31 for male respondents is greater than for female respondents, indicating that males prefer to rank the health campaigns slightly higher than females. But looking into individual parts yields a deeper comprehension. Male respondents consistently gave the story's informativeness (4.56) and message appeal (4.58) higher ratings than female respondents (4.36 and

4.37, respectively). Male respondents gave the song a slightly higher rating than female respondents (4.38 and 4.39, respectively) for both use of humour and catchiness (4.56). Male respondents gave somewhat higher ratings than female respondents (4.40 and 4.43, respectively) for the usage of a slogan (4.56) and appropriate timing (4.53). Comparable levels of involvement were shown by both genders with components like fostering curiosity and embracing creative ideas.

The following are the hypotheses formulated to test using Independent Sample t-test:

H₀: There is no significant difference in the attention value of the social marketing strategies on health sector among different gender.

H₁: There is significant difference in the attention value of the social marketing strategies on health sector among different gender

Table 5.5.2.1

Result of independent sample t test (Gender wise Attention)

	Gender	Mean	Std. Deviation	t value	P value
Attention to SMCH	Male	91.3103	12.75869	2.874	<0.004*
	Female	88.4260	12.94926		

*Significant at 5% level

The independent sample t-test unveils insights into the differences in attention levels between male and female respondents concerning social marketing strategies in the health sector. Male respondents exhibited a higher mean attention score of 91.31, whereas female respondents had a slightly lower mean score of 88.43. This disparity forms the basis for further exploration. The calculated t-value of 2.874 is associated with a p-value of 0.004. Since the p-value is less than the conventional significance level of 0.05, we reject the null hypothesis (H₀) and accept the alternative hypothesis (H₁). This implies that there is a significant difference in the attention to social marketing strategies within the health sector between male and female respondents.

Table 5.5.3

**Marital status wise comparison of attention
value to the social marketing strategies in the health campaigns**

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.31	.802	4.51	.689	4.87	.341
Story is Informative	4.27	.828	4.54	.660	4.90	.301
Music is Catchy	4.34	.831	4.50	.754	4.87	.341
Use of humour	4.36	.800	4.52	.712	4.77	.497
Ability to relate	4.32	.774	4.49	.717	4.77	.497
Use of slogan	4.32	.815	4.54	.700	4.87	.341
Proper use of timing	4.31	.879	4.56	.707	4.90	.301
Creates curiosity	4.35	.894	4.53	.761	4.90	.301
Good picturisation	4.49	.758	4.62	.638	4.90	.396
Innovative ideas	4.45	.822	4.61	.692	4.94	.250
Attention to SMCH	87.0774	13.82603	90.8634	12.12980	97.4194	6.04855

Source: Primary data

The table provides information on how different marital statuses pay attention to social marketing strategies. Married people rate somewhat higher (mean: 90.86), whereas singles provide lower mean ratings (mean score: 87.08). Respondents who have divorced regularly provide the highest marks (mean: 97.42), indicating a positive response. All groups give "Good Picturization" and "Innovative Ideas" high marks. People who have divorced exhibit noticeably increased attentiveness, indicating increased participation in health programs.

The following are the hypotheses formulated to test using one way ANOVA:

- H₀: There is no significant difference in the attention value of the social marketing campaigns on health sector among different marital status
- H₁: There is significant difference in the attention value of the social marketing campaigns on health sector among different marital status

Table 5.5.3.1

Result of One Way ANOVA (marital status wise Attention)

	Mean	Std. Deviation	F value	P Value
Single	87.0774	13.82603	13.737	<0.001**
Married	90.8634	12.12980		
Divorced	97.4194	6.04855		
Total	89.4908	12.94534		

** Significant at 1% level

The determined F-value and corresponding p-value offer valuable information regarding the statistical significance of the observed variations. Individuals who are single report an attention score of 87.08, married people record a mean score of 90.86, and divorced people report the highest mean score of 97.42. The overall mean attention scores differ depending on marital status. A p-value of less than 0.001 is present along with the F-value of 13.737. This suggests that there is statistical significance behind the observed variations in attention scores across marital statuses. At least some of the marital status groups appear to have noticeable disparities in attention scores, based on the significant F-value.

Table: 5.5.4

Educational Qualification-wise Comparison of Attention to Social Marketing Health Campaigns

	Educational Qualification							
	Up to schooling		Plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.70	.537	4.50	.738	4.41	.775	4.24	.743
Story is Informative	4.67	.522	4.52	.699	4.39	.795	4.24	.797
Music is Catchy	4.66	.633	4.54	.742	4.42	.804	4.21	.846
Use of humour	4.66	.593	4.55	.720	4.45	.737	4.24	.849
Ability to relate	4.61	.643	4.49	.764	4.43	.723	4.23	.750
Use of slogan	4.67	.568	4.49	.790	4.41	.763	4.35	.746
Proper use of timing	4.66	.593	4.56	.762	4.41	.814	4.28	.850
Creates curiosity	4.68	.646	4.55	.798	4.43	.827	4.29	.884
Good picturisation	4.70	.581	4.63	.698	4.56	.680	4.44	.732
Innovative ideas	4.76	.511	4.60	.793	4.53	.744	4.41	.756
Attention to SMCH	93.5122	10.41158	90.8617	12.84340	88.8711	13.26873	85.8367	13.00055

Source: Primary data

With the mean score being highest for those with up to schooling and subsequently declining for higher educational levels, overall attention to SMHC lowers as educational qualifications improve. It appears from the research that people with more education have a tendency to view social marketing health initiatives in somewhat different ways, and they respond to certain aspects of the campaigns in slightly different ways. Higher qualified people may be more critical of messages, especially when it comes to message attractiveness, informativeness, and creative ideas, even while lesser qualified people might show more attention.

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attention value of the social marketing campaigns on health sector among different Educational Qualification

H₁: There is significant difference in the attention value of the social marketing campaigns on health sector among different Educational Qualification

Table 5.5.4.1

Result of One Way ANOVA (Education-wise Attention)

	Mean	Std. Deviation	F value	P Value
Up to schooling	93.5122	10.41158	7.883	<0.001**
plus two/pre-degree	90.8617	12.84340		
Graduate	88.8711	13.26873		
Post Graduate & above	85.8367	13.00055		
Total	89.4908	12.94534		

** Significant at 1% level

The greatest mean attention score (93.51) is seen in those with up to schooling, followed by plus two/pre-degree (90.86), graduate (88.87), and postgraduate & above (85.84). The mean attention scores vary depending on the level of education. A p-value of less than 0.001 is connected to the computed F-value of 7.883. This indicates there are statistically significant variations in attention scores across educational backgrounds. The alternative hypothesis (H₁) was accepted when the null hypothesis (H₀) was rejected, indicating that people with varying educational backgrounds do, in fact, consider social marketing campaigns in the health sector to be significantly different in terms of attention. The differences in

mean attention scores show that those with less education have a higher perceived attention span than people with more education.

Table 5.5.4.2

Education wise Attention value of the SMHC

Multiple Comparisons						
Dependent Variable: Attention to Social marketing strategies in health sector						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	2.65054	1.62147	.360*	-1.5250	6.8261
	Graduate	4.64108*	1.64598	.025*	.4024	8.8798
	Post Graduate & above	7.67546*	1.75875	.000**	3.1463	12.2046
plus two/pre- degree	Graduate	1.99055	1.16927	.323*	-1.0205	5.0016
	Post Graduate & above	5.02493*	1.32332	.001**	1.6171	8.4327
Graduate	Post Graduate & above	3.03438	1.35324	.113*	-.4505	6.5192
** Significant at 1% level and * Significant at 5 % level						

For the comparison between "Up to Schooling" and "Graduate," the mean difference is 4.64108, and it is statistically significant ($p = 0.025$). This proposes that individuals with a "Graduate" qualification have a significantly lower attention to social marketing strategies than those with "Up to Schooling." For the comparison between "Plus Two/Pre-Degree" and "Post Graduate & above," the mean difference is 7.67546, and it is statistically significant ($p = 0.000$). This implies that individuals with "Post Graduate & above" qualification have a significantly lower attention to social marketing strategies than those with "Plus Two/Pre-Degree." Positive mean differences indicate that the group in (I) has a higher mean value than the group in (J). The table provides information on which pairs of educational qualification levels have statistically significant differences in their mean scores for attention to social marketing strategies in health sector.

Table 5.5.5

Occupation wise comparison of attention to social marketing strategies in the health campaigns

	Occupation									
	Government employee		Private employee		Self employed		Students		Others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.27	.704	4.68	.624	4.72	.579	4.11	.783	3.75	.775
Story is Informative	4.28	.708	4.69	.591	4.74	.545	4.08	.818	3.69	.704
Music is Catchy	4.24	.819	4.67	.653	4.68	.693	4.17	.851	3.87	.719
Use of humour	4.25	.807	4.66	.664	4.71	.584	4.23	.781	3.69	.704
Ability to relate	4.29	.767	4.64	.640	4.68	.614	4.14	.769	3.63	.719
Use of slogan	4.43	.701	4.67	.622	4.72	.556	4.12	.821	3.81	1.109
Proper use of timing	4.36	.782	4.66	.664	4.71	.605	4.17	.882	4.06	.998
Creates curiosity	4.27	.827	4.70	.658	4.64	.738	4.23	.880	3.37	1.088
Good picturisation	4.43	.681	4.74	.584	4.73	.596	4.39	.757	3.81	.911
Innovative ideas	4.40	.771	4.75	.606	4.69	.708	4.38	.754	3.44	1.365
Attention to SMHC	86.4267	12.41748	93.7270	11.22051	94.0256	10.95205	84.0448	12.88262	74.2500	14.13978

Source: Computed from the Primary data

The total score indicates the overall level of attention that people pay to social marketing health efforts. Private and self-employed individuals show the highest level of interest, followed by government employees. Overall attention scores are lower for students and other people. Private employees and self-employed people typically provide higher evaluations in a variety of categories. In contrast, ratings from students and other individuals are typically lower across a number of categories. The study throws light on how diverse occupational groups view and react to different components of social marketing health initiatives.

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attention value of the social marketing campaigns on health sector among different Occupation groups.

H₁: There is significant difference in the attention value of the social marketing campaigns on health sector among different Occupation groups.

Table 5.5.5.1

Result of One Way ANOVA (Occupation wise Attention)

	Mean	Std. Deviation	F value	P Value
Government employee	86.4267	12.41748	32.094	<0.001**
Private employee	93.7270	11.22051		
Self employed	94.0256	10.95205		
Students	84.0448	12.88262		
Others	74.2500	14.13978		
Total	89.4908	12.94534		

** Significant at 1% level

The analyses reject the null hypothesis because the p-value is less than the selected significance level (< 0.05). The ANOVA results provide strong evidence that suggests various occupations in the health sector pay varied amounts of attention to social marketing activities. Strong evidence opposing the null hypothesis is shown by the small p-value and significant F value, which favors the alternative hypothesis. The study comes to the conclusion that different occupations in the health sector pay significantly different attention to social marketing initiatives.

Table 5.5.5.2

Occupation-wise Attention

Multiple Comparisons						
Dependent Variable: Attention to SM Strategies in the Health campaigns						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-7.30032*	1.53364	<.000**	-11.4946	-3.1060
	Self employed	-7.59897*	1.93039	<.001**	-12.8784	-2.3196
	Students	2.38182	1.59332	.566	-1.9757	6.7394
	Others	12.17667*	3.28706	<.002*	3.1869	21.1664
Private employee	Self employed	-.29866	1.50963	1.000	-4.4273	3.8300
	Students	9.68214*	1.04463	<.000**	6.8252	12.5391
	Others	19.47698*	3.05898	<.000**	11.1110	27.8429
Self employed	Students	9.98080*	1.57022	<.000**	5.6864	14.2752
	Others	19.77564*	3.27593	<.000**	10.8164	28.7349
Students	Others	9.79484*	3.08933	<.014*	1.3459	18.2438
** Significant at 1% level and * Significant at 5% level						

The Tukey Honestly Significant Difference (HSD) test offers broad insight into how different occupational groups' attention levels compare to one another:

Government personnel have significantly lower attention levels than private employees and Self-employed individuals ($p < 0.05$). There is no significant difference seen between self-employed people and private employees, although self-employed people show considerably higher attention than government employees ($p < 0.05$). The attention given to self-employed people and private employees is much more than that given to students ($p < 0.05$). The attention levels of those in the "Others" category are noticeably lower than those of government employees ($p < 0.05$), private employees ($p < 0.05$), and self-employed individuals ($p < 0.05$). These data results highlight the necessity of customized strategies in social marketing initiatives to successfully involve a range of professional groups.

Table 5.5.6
Income wise comparison of attention to social marketing strategies in health campaigns

	Income Group									
	Up to Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.37	.789	4.62	.643	4.56	.767	4.78	.546	4.16	.713
Story is Informative	4.39	.772	4.56	.696	4.55	.845	4.78	.546	4.18	.694
Music is Catchy	4.46	.774	4.58	.702	4.56	.862	4.76	.580	4.08	.813
Use of humour	4.48	.705	4.61	.664	4.56	.787	4.76	.580	4.11	.842
Ability to relate	4.37	.763	4.62	.626	4.61	.721	4.72	.623	4.11	.762
Use of slogan	4.40	.789	4.55	.746	4.67	.687	4.73	.592	4.23	.725
Proper use of timing	4.43	.821	4.62	.706	4.55	.788	4.76	.653	4.19	.798
Creates curiosity	4.49	.805	4.64	.758	4.58	.842	4.75	.612	4.09	.848
Good picturisation	4.62	.659	4.68	.658	4.59	.744	4.79	.591	4.28	.713
Innovative ideas	4.63	.639	4.61	.794	4.61	.742	4.76	.720	4.27	.808
Attention to SMCH	89.2727	12.48526	92.1647	12.22748	91.6364	14.47718	95.1642	10.94421	83.3907	12.36337

Source: Computed from the Primary data

Income levels and attentiveness to social marketing health efforts are correlated, according to the analysis. Table shows that people with higher incomes consistently give different components of campaigns better ratings. Interestingly, people in the middle class value attention more than people in the low and high income sectors do. These results point to complex responses across income demographics: those with higher incomes often respond more positively, but those with middle-class incomes exhibit noteworthy receptiveness.

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attention value of the social marketing campaigns on health sector among different Income groups.

H₁: There is significant difference in the attention value of the social marketing campaigns on health sector among different Income groups.

Table 5.5.6.1
Result of One Way ANOVA (Income-wise Attention)

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.2727	12.48526	14.984	<0.001**
40,000-80,000	92.1647	12.22748		
80,000-120,000	91.6364	14.47718		
120,000-160,000	95.1642	10.94421		
160,000 & above	83.3907	12.36337		
Total	89.4908	12.94534		

** Significant at 1% level

The table displays the findings of the one-way ANOVA test for attention to social marketing initiatives in the health industry according to income. The test statistic for the ANOVA, $F = 14.984$, is the F value. With respect to the F value, the p-value is less than 0.001. Given that the p-value is so low (less than 0.001), there appears to be substantial evidence to disprove the null hypothesis. We reject the null

hypothesis because the p-value is smaller than the selected significance level (e.g., 0.05). The ANOVA results provide strong evidence that suggests varying income groups pay various amounts of attention to social marketing activities in the health sector.

Table 5.5.6.2

Income wise Attention

Multiple Comparisons						
Dependent Variable: Attention to SMCH						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000- 80,000	-2.89198	1.23578	.134	-6.2717	.4877
	80,000- 120,000	-2.36364	1.72234	.646	-7.0740	2.3468
	120,000- 160,000	-5.89145*	1.71212	<.006*	-10.5739	-1.2090
	160,000 & above	5.88200*	1.28144	<.000**	2.3774	9.3866
40,000- 80,000	80,000- 120,000	.52834	1.80724	.998	-4.4142	5.4709
	120,000- 160,000	-2.99947	1.79750	.454	-7.9154	1.9165
	160,000 & above	8.77398*	1.39347	<.000**	4.9630	12.5849
80,000- 120,000	120,000- 160,000	-3.52782	2.16109	.477	-9.4381	2.3825
	160,000 & above	8.24564*	1.83876	<.000**	3.2168	13.2744
120,000- 160,000	160,000 & above	11.77345*	1.82919	<.000**	6.7708	16.7761

** Significant at 1% level and * Significant at 5% level

There are notable variations in the attention that different socio-economic groups pay to social marketing activities, as revealed by the Tukey Honestly Significant Difference (HSD) test. Interestingly, people earning 160,000 or more

show noticeably less attention than people in any other income level. It is interesting to note that those in the highest income groups exhibit the lowest attention value, followed by those in the lowest income levels. People in the middle class value attention more than people in the low and high income categories. This subtle trend emphasizes how different income groups respond differently to health programs.

Table 5.5.7
Area of residence wise comparison
of attention to social marketing health campaigns

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Message used is appealing	4.67	.623	4.15	.780
Story is Informative	4.68	.636	4.12	.761
Music is Catchy	4.67	.672	4.15	.824
Use of humour	4.69	.620	4.17	.804
Ability to relate	4.64	.654	4.16	.764
Use of slogan	4.67	.627	4.18	.816
Proper use of timing	4.66	.678	4.21	.849
Creates curiosity	4.70	.657	4.18	.908
Good picturisation	4.76	.574	4.34	.755
Innovative ideas	4.76	.566	4.30	.869
Attention to SMCH	93.7700	11.17584	83.9153	12.98690

Source: Computed from Primary data

Residents of urban and rural areas pay significantly different attention to social marketing strategies, as shown by the comparison of mean scores and standard deviations. Urban dwellers often give different campaign elements better ratings than rural ones, with mean values ranging from 4.64 to 4.76 to 4.12 to 4.34,

respectively. The standard deviations of responses reveal different levels of variability within each group, implying that the urban and rural populations have different perceptions and participation levels. Urban residents (mean = 93.77) pay more overall attention to social marketing health efforts than do rural residents (mean = 83.92). The findings indicate that people living in rural and urban areas have different perspectives about social marketing health initiatives. Urban dwellers typically pay greater attention to and respond more favourably to varied campaigns compared to rural residents.

The following are the hypotheses formulated to test using Independent Sample t-test:

H₀: There is no significant difference in the attention value of the social marketing campaigns on health sector among different Area of Residence.

H₁: There is significant difference in the attention value of the social marketing campaigns on health sector among different Area of Residence.

Table 5.5.7.1

Result of independent sample t test (Area of Residence wise Attention)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Attention to SMCH	Urban	93.7700	11.17584	10.827	<0.001**
	Rural	83.9153	12.98690		

** Significant at 1% level

The table displays the result of an independent sample t-test comparing urban and rural areas for the variable "Attention to SM Strategies in the Health campaigns". With a standard deviation of 11.17584, the mean attention score for urban regions is 93.7700. With a standard deviation of 12.98690, the mean attention score for rural areas is 83.9153. It is computed that the t-value is 10.827. P <0.001, or less than 0.001, is the t-test's associated p-value. The highly significant t-value of 10.827 indicates a notable distinction in the mean attention scores between urban and rural regions. The statistical significance of this difference is indicated by the p-

value being less than 0.001. Since the p-value is below the selected level of significance (e.g., 0.05), we reject the null hypothesis.

5.6 ATTITUDE OF PUBLIC TOWARDS SOCIAL MARKETING CAMPAIGNS ON HEALTH SECTOR BASED ON DEMOGRAPHIC PROFILE OF THE RESPONDENTS

It is impossible to overestimate the influence social marketing (SM) campaigns have on public attitudes and behaviors in today's digitally linked society. SM campaigns have a big impact on reaching a large audience by spreading messages about everything from social causes to health awareness. To effectively design and implement programs that have an impact, legislators, marketers, and stakeholders must have a thorough understanding of the public's attitude regarding these campaigns.

Table 5.6

Attitude towards SM campaigns

	Mean	Std. Deviation
Like to watch SM Campaigns	4.53	.755
Brings awareness to the society	4.60	.756
Curb down the unhealthy behavior	4.51	.820
Results in waste of money	4.59	.752
Targeted to a large audience at one go	4.52	.835
Bring desirable changes in behavior	4.46	.824
Helps to eradicate polio, AIDS, Cancer etc.	4.50	.839
Not taken seriously by the society	4.38	.890
Private Companies refrain from SM	4.37	.864
SM campaigns are not truthful	4.56	.779
Attitude to SMCH	90.0481	14.27861

Source: Primary data

The data demonstrate that social marketing (SM) initiatives in the health sector are well-received by the general population. The average ratings for several SM campaign features are consistently high, ranging from 4.37 to 4.6, reflecting a

favorable perception. With an average attitude score of 90.05 out of 100, the general attitude of SM in the health sector is still positive.

Table 5.6.1

Age-wise comparison of Attitude to Social Marketing Health Campaigns

	Age Groups					
	Upto 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Like to watch SM Campaigns	4.38	.818	4.66	.674	4.83	.389
Brings awareness to the society	4.48	.841	4.70	.662	4.83	.389
Curb down the unhealthy behavior	4.31	.918	4.68	.673	4.67	.888
Results in waste of money	4.45	.829	4.70	.658	4.67	.651
Targeted to a large audience at one go	4.39	.894	4.64	.763	4.50	.798
Bring desirable changes in behaviour	4.26	.883	4.64	.725	4.50	.798
Helps to eradicate polio, AIDS, Cancer etc.	4.29	.927	4.67	.711	4.58	.669
Not taken seriously by the society	4.18	.945	4.55	.805	4.58	.669
Private Companies refrain from SM	4.15	.923	4.57	.754	4.33	.888
SM campaigns are not truthful	4.39	.863	4.71	.668	4.67	.492
Attitude to SMCH	86.5775	15.18004	93.0929	12.80099	92.3333	10.12049

Source: Computed from Primary data

There are discernible variations in mean ratings between age groups for all SM campaign elements. For the majority of categories, younger people—those under 30—tend to show somewhat lower mean ratings than older age groups, implying a somewhat less positive attitude towards SM campaigns. Nonetheless, the mean rating rises with age, with those over 60 and those between the ages of 30 and 60 showing the highest mean scores. Notably, mean scores for attitude towards SM campaigns generally are consistently higher in older age groups. These results point to a possible pattern in which older people, relative to younger people, have more favourable opinions of social marketing campaigns related to health issues.

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different age groups

H₁: There is significant difference in the attitude to social marketing campaigns on health sector among different age groups

Table 5.6.1.1

Result of One Way ANOVA (age wise Attitude)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	86.5775	15.18004	15.135	<0.001**
30 - 60 years	93.0929	12.80099		
Above 60 years	92.3333	10.12049		
Total	90.0481	14.27861		

**Significant at 1% level

The one-way ANOVA test results show that there is a substantial difference between age groups' attitudes on social marketing activities in the health sector. A p-value of less than 0.001 and an F-value of 15.135 indicate a highly significant outcome. This indicates that the null hypothesis (H₀), according to which there are no appreciable differences in attitudes between age groups, is strongly rejected by the findings. All things considered, results show that attitude towards social marketing activities in the health sector are significantly influenced by age. Since

younger people tend to have slightly poorer views than older people, age demographics should be taken into account while creating and executing such initiatives.

Table 5.6.1.2
Age wise Attitude

Multiple Comparisons						
Dependent Variable: Attitude Towards SM campaigns						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-6.36921*	1.16199	<.000**	-9.0983	-3.6401
	Above 60 years	-5.46416	4.49507	.444*	-16.0216	5.0933
30 - 60 years	Above 60 years	.90505	4.48706	.978	-9.6336	11.4437

** Significant at 1% level and * Significant at 5% level

The Tukey HSD multiple comparisons test reveals significant differences in attitudes towards celebrities among different age groups. Specifically, individuals aged 30-60 years demonstrate a significantly higher positive attitude towards SM compared to those under 30 years, with a mean difference of -6.36921. However, there are no significant differences in attitudes between individuals above 60 years and either of the other age groups. These results show that age influences attitudes towards SM campaigns.

5.6.2 Gender-wise comparison of Attitude to Social Marketing Health Campaigns

Independent Sample t-test was used to test the following hypotheses:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different gender.

H₁: There is significant difference in the attitude t social marketing campaigns on health sector among different gender.

Table 5.6.2
Result of independent sample t test (Gender wise Attitude)

	Gender	Mean	Std. Deviation	t value	P value
Attitude to SMCH	Male	92.9272	12.31066	4.148	<0.001**
	Female	88.3632	15.07324		

**Significant at 1% level

The independent sample t-test reveal a significant difference in attitudes towards social marketing campaigns in the health sector between different genders. The t-value of 4.148 is associated with a p-value of less than 0.001, indicating a highly significant outcome. This indicates strong evidence to reject the null hypothesis (H₀), which suggests no significant difference in attitudes between genders. Specifically, males exhibit a higher mean attitude score of 92.9272 compared to females, who have a mean score of 88.3632. These findings indicate that gender influences attitudes towards social marketing campaigns in the health sector, with males displaying more positive attitudes compared to females.

5.6.3 Marital status comparison of Attitude to Social Marketing Health Campaigns

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different marital status

H₁: There is significant difference in the attitude to social marketing campaigns on health sector among different marital status

Table 5.6.3

Result of One Way ANOVA (marital status wise Attitude)

	Mean	Std. Deviation	F value	P Value
Single	87.7419	14.18182	10.189	<0.001**
Married	91.2842	14.51616		
Divorced	98.5161	3.86325		
Total	90.0481	14.27861		

**Significant at 1% level

The one-way ANOVA test reveals a significant difference in attitudes towards social marketing campaigns in the health sector among different marital statuses. The F-value of 10.189 is associated with a p-value of less than 0.001, indicating a highly significant outcome. This suggests strong evidence to reject the null hypothesis (H₀), which suggests no significant difference in attitudes between marital statuses. Specifically, individuals who are divorced demonstrate the highest mean attitude score of 98.5161, followed by married individuals with a mean score of 91.2842, and single individuals with a mean score of 87.7419. These findings indicate that marital status influences attitudes towards social marketing campaigns in the health sector, with divorced individuals exhibiting the most positive attitudes, followed by married individuals, and then single individuals.

Table 5.6.3.1**Marital status wise Attitude**

Multiple Comparisons						
Dependent Variable: Attitude Towards SM Campaigns						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-3.13767*	1.18862	<.023*	-5.9294	-.3460
	Divorced	-12.05645*	2.90073	<.000**	-18.8693	-5.2436
Married	Divorced	-8.91878*	2.88049	<.006*	-15.6841	-2.1534

** Significant at 1% level and * Significant at 5% level

The Tukey HSD multiple comparisons test reveals significant differences in attitudes towards SM among individuals with different marital statuses. Specifically, divorced individuals demonstrate significantly higher positive attitudes compared to both single and married individuals, with mean differences of -12.05645 and -8.91878 respectively. Additionally, single individuals exhibit slightly lower attitudes towards SM compared to married individuals, with a mean difference of -3.13767. These differences are statistically significant, as indicated by p-values less than 0.05. Overall, these findings indicate that marital status influences attitudes towards SM, with divorced individuals displaying the highest attitudes, followed by married and single individuals.

5.6.4 Educational qualification wise comparison of Attitude to social marketing campaigns on health sector

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different educational groups.

H₁: There is significant difference in the attitude to social marketing campaigns on health sector among different educational groups.

Table 5.6.4.1**Result of One Way ANOVA (Education wise Attitude)**

	Mean	Std. Deviation	F value	P Value
Up to schooling	94.5122	10.41158	8.993	<0.000**
plus two/pre-degree	91.8617	12.84340		
Graduate	89.8711	13.26873		
Post Graduate & above	86.8367	13.00055		
Total	89.4908	12.94534		

** Significant at 1% level

With a F value of 8.993 and a p-value less than 0.000, indicating significance at the 1% level, the One Way ANOVA results show a significant variation in attitudes depending on educational qualification. Individuals who have up to schooling have the greatest mean score (94.51) among the mean attitude scores, while those who have completed postgraduate study have the lowest mean score (86.84). This tendency implies that having a lower level of education is linked to having more positive attitudes, which emphasises the need for further understanding to determine the variables affecting these variations and how they relate to educational solutions.

5.6.5 Occupation wise comparison of Attitude to Social Marketing Health Campaigns

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different occupational groups

H₁: There is significant difference in the attitude to social marketing campaigns on health sector among different occupational groups

Table 5.6.5**Result of One Way ANOVA (Occupation wise Attitude)**

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	88.2933	13.69037	40.772	<0.001**
Private employee	94.1778	12.04424		
Self employed	95.3846	11.74317		
Students	83.9910	15.20253		
Others	75.3750	14.47239		
Total	90.0481	14.27861		

**Significant at % level

The one-way ANOVA test indicates a significant difference in attitudes towards social marketing campaigns in the health sector among different occupation groups. The F-value of 40.772 is associated with a p-value of less than 0.001, indicating a highly significant outcome. This suggests strong evidence to reject the null hypothesis (H₀), which suggests no significant difference in attitudes between occupation groups. Specifically, individuals in different occupation groups exhibit varying mean attitude scores, with self-employed individuals having the highest mean score of 95.3846, followed by private employees with a mean score of 94.1778, government employees with a mean score of 88.2933, students with a mean score of 83.9910, and others with the lowest mean score of 75.3750. These findings indicate that occupation influences attitudes towards social marketing campaigns in the health sector, with significant variations observed among different occupation groups.

Table No 5.6.5.1
Occupation wise Attitude

Multiple Comparisons						
Dependent Variable: Attitude Towards SM						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-9.75238*	1.81047	<.000**	-14.7038	-4.8010
	Self employed	-10.47949*	2.27883	<.000**	-16.7118	-4.2471
	Students	.54529	1.88092	.998	-4.5988	5.6894
	Others	24.82500*	3.88039	<.000**	14.2126	35.4374
Private employee	Self employed	-.72711	1.78213	.994	-5.6010	4.1468
	Students	10.29767*	1.23319	<.000**	6.9251	13.6703
	Others	34.57738*	3.61113	<.000**	24.7014	44.4534
Self employed	Students	11.02478*	1.85365	<.000**	5.9553	16.0943
	Others	35.30449*	3.86724	<.000**	24.7280	45.8809
Students	Others	24.27971*	3.64696	<.000**	14.3057	34.2537

**Significant at 1% level and * Significant at 5% level

The Tukey HSD multiple comparisons test reveals significant differences in attitudes towards SM among individuals with different occupations. Government employees, private employees, and self-employed individuals all exhibit significantly higher positive attitudes towards SM compared to others, with mean differences ranging from -9.75238 to -35.30449. Additionally, private employees and self-employed individuals have significantly higher attitudes towards SM compared to government employees, with mean differences ranging from 9.75238 to 10.47949. Moreover, private employees and self-employed individuals also show significantly higher attitudes towards SM compared to students, with mean differences ranging from 10.29767 to 11.02478. Lastly, others exhibit significantly lower attitudes towards SM compared to all other occupation groups, with mean

differences ranging from 24.82500 to 35.30449. These findings highlight substantial variations in attitudes towards SM across different occupation groups.

5.6.6 Income-wise comparison of Attitude to Social Marketing Health Campaigns

The following are the hypotheses formulated to test using one way ANOVA:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different Income groups

H₁: There is significant difference in the attitude to social marketing campaigns on health sector among different Income groups

Table No 5.6.6
Result of One Way ANOVA (Income wise Attitude)

	Mean	Std. Deviation	F value	P Value
Upto Rupees 40,000	89.0198	15.08769	11.898	<0.001**
40,000-80,000	92.9059	12.25192		
80,000-120,000	92.5152	12.57255		
120,000-160,000	96.7761	7.38512		
160,000 & above	84.4901	15.82735		
Total	90.0481	14.27861		

** Significant at 1% level

The one-way ANOVA test reveals a significant difference in attitudes towards social marketing campaigns in the health sector among different income groups. The F-value of 11.898 is associated with a p-value of less than 0.001, indicating a highly significant outcome. This suggests strong evidence to reject the null hypothesis (H₀), which suggests no significant difference in attitudes between income groups. Specifically, individuals in different income brackets exhibit varying mean attitude scores, with those earning between 120,000 and 160,000 rupees per month demonstrating the highest mean score of 96.7761. Conversely, individuals

earning 160,000 rupees and above per month display the lowest mean attitude score of 84.4901. These findings indicate that income level influences attitudes towards social marketing campaigns in the health sector, with significant variations observed among different income groups.

Table 5.6.6.1

Income wise Attitude

Multiple Comparisons						
Dependent Variable: Attitude Towards SM						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Upto Rupees 40,000	40,000-80,000	-2.12183	1.50123	.619	-6.2275	1.9839
	80,000-120,000	-2.04875	2.09231	.865	-7.7710	3.6735
	120,000-160,000	-4.45151	2.07989	.204	-10.1398	1.2367
	160,000 & above	7.59554*	1.55670	<.000**	3.3382	11.8529
40,000-80,000	80,000-120,000	.07308	2.19545	1.000	-5.9312	6.0774
	120,000-160,000	-2.32968	2.18361	.823	-8.3016	3.6422
	160,000 & above	9.71737*	1.69279	<.000**	5.0878	14.3469
80,000-120,000	120,000-160,000	-2.40276	2.62530	.891	-9.5827	4.7771
	160,000 & above	9.64429*	2.23374	<.000**	3.5353	15.7533
120,000-160,000	160,000 & above	12.04705*	2.22211	<.000**	5.9698	18.1243

** Significant at 1% level and * Significant at 5% level

The Tukey HSD multiple comparisons test reveals significant differences in attitudes towards social marketing (SM) among individuals with different income groups. Individuals earning 160,000 rupees and above per month exhibit

significantly lower attitudes towards SM compared to all other income groups, with mean differences ranging from 7.59554 to 12.04705. Conversely, those earning up to 40,000 rupees per month have lower attitudes towards SM compared to all other income groups except individuals earning 160000 and above, with mean differences ranging from -7.59554 to -12.04705. Additionally, individuals earning between 40,000 and 80,000 rupees per month demonstrate a positive attitudes towards SM compared to higher income group, with mean differences ranging from -9.71737 to -12.04705. These findings highlight substantial variations in attitudes towards SM across different income groups, with middle income earners generally displaying more positive attitudes.

Table 5.6.7

**Area of Residence wise comparison of
Attitude to Social Marketing Health Campaigns**

	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Like to watch SM Campaigns	4.76	.566	4.23	.856
Brings awareness to the society	4.80	.524	4.34	.917
Curb down the unhealthy behavior	4.76	.560	4.18	.976
Results in waste of money	4.77	.548	4.34	.899
Targeted to a large audience at one go	4.77	.588	4.20	.989
Bring desirable changes in behavior	4.72	.604	4.12	.942
Helps to eradicate polio, AIDS, Cancer etc	4.76	.567	4.15	.994
Not taken seriously by the society	4.67	.670	4.01	.998
Private Companies refrain from SM	4.68	.655	3.97	.935
SM campaigns are not truthful	4.79	.570	4.27	.909
Attitude to SMCH	94.9700	10.40142	83.6352	16.01216

Source: Computed from Primary data

Urban residents generally display higher mean attitudes across all aspects compared to their rural counterparts. Specifically, urban residents express stronger

agreement with statements related to the effectiveness and truthfulness of social marketing campaigns, as well as their potential impact on behavior change and societal awareness. Conversely, rural residents tend to exhibit slightly lower mean attitudes, suggesting a comparatively lesser endorsement of social marketing initiatives. This is reflected in the overall attitude scores, with urban residents scoring significantly higher (94.97) compared to rural residents (83.64).

The following are the hypotheses formulated to test using Independent Sample t-test:

H₀: There is no significant difference in the attitude to social marketing campaigns on health sector among different Area of Residence

H₁: There is significant difference in the attitude to social marketing campaigns on health sector among different Area of Residence

Table 5.6.7.1

Result of independent sample t test (Area of Residence wise Attitude)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Attitude to SMCH	Urban	94.9700	10.40142	11.373	<0.001**
	Rural	83.6352	16.01216		

**Significant at 1% level

The independent sample t-test results indicate a significant difference in attitudes towards social marketing campaigns in the health sector between urban and rural areas. Urban residents exhibit a significantly higher mean attitude score (94.97) compared to rural residents (83.64). This substantial difference is reflected in the t-value of 11.373, associated with a p-value of less than 0.001. Therefore, there is strong evidence to reject the null hypothesis (H₀), suggesting no significant difference in attitudes between urban and rural areas. These findings highlight distinct perceptions and attitudes towards social marketing campaigns in health across different areas of residence.

Chapter Summary

The chapter covers the first three objectives of the study, focusing on the constructs such as awareness, attention value and attitude towards social marketing strategies on health sector. These constructs were examined in relation to various demographic factors, such as age, gender, marital status, educational qualification, occupation, income and area of residence. The study employed statistical tools including mean, standard deviation, Mean percentage score, one sample t-test, one way ANOVA, Tukey post hoc test and Independent sample t test.

EVALUATING THE EFFECTIVENESS OF CELEBRITY ENDORSEMENTS IN SOCIAL MARKETING HEALTH CAMPAIGNS

6.1	<i>Introduction</i>
6.2	<i>Attractiveness of celebrities in Social marketing health campaigns</i>
6.3	<i>Attitude towards celebrities in Social marketing health campaigns</i>
6.4	<i>Importance of celebrities in social marketing campaigns in health sector</i>
6.5	<i>Effectiveness of celebrity endorsement in social marketing health campaigns</i>
6.6	<i>Chapter summary</i>

CELEBRITY ENDORSEMENT IN SOCIAL MARKETING ON HEALTH SECTOR

6.1 Introduction

The chapter intends to measure the fourth objective of the study, to evaluate the effectiveness of celebrity endorsement in social marketing health campaigns of Kerala. The sample was collected from 707 people residing across Kerala, ensuring a diverse and representative demographic profile. The analysis examines the effectiveness of these health campaigns across various demographic segments, including different age groups, gender, marital statuses, income levels, occupations, educational qualifications, and areas of residence. By exploring these seven demographic factors, the chapter provide a comprehensive understanding of how effectively social marketing health campaigns resonate with and impact the diverse population of Kerala.

Celebrity endorsement has become more popular in public health initiatives, using the popularity and influence of well-known people to support health campaigns and encourage changes in behavior. The influence and efficacy of these kinds of partnerships in the social marketing endeavors of the health sector are examined in this chapter. Through these collaborations, health messages are intended to reach a wide range of people by utilizing celebrities' powerful influence and compelling appeal. But given elements like attractiveness, attitudes towards celebrities, importance of celebrities and the effectiveness of celebrity-led campaigns, concerns regarding how these endorsements affect public image and behavior arise. The analysis explores the complexities of incorporating celebrity influence into health-focused social marketing initiatives, illuminating their complex dynamics and implications for enhancing public health outcomes through empirical data and theoretical frameworks. For analyzing the data both simple and advanced statistical tools are used. Statistical tools like Mean, Standard deviation, Percentage analysis, one way ANOVA, Multiple comparison Tukey's post hoc test and Independent sample t test.

6.2 Attractiveness of campaigns due to celebrities

Celebrity endorsements have become a standard practice in modern marketing to increase the appeal and potency of campaigns. The table includes some factors that contribute to campaigns' appeal when celebrities are involved. These elements include the impression of increased interest, the capacity to effectively communicate messages, the raising of public knowledge of health issues, the improvement of repeat watching experiences, and the drive of individuals to support the campaign's goals. Additionally, campaigns' overall appeal as a result of celebrity involvement is quantitatively evaluated.

Table 6.2
Attractiveness of campaigns due to celebrities

	Mean	Std. Deviation
More interesting	4.61	.686
Conveys messages strongly	4.51	.770
Create awareness of health problems	4.50	.757
Make repeated viewing pleasant	4.47	.786
Motivate the people	4.50	.776
Attractiveness of Campaigns due to Celebrities	90.3706	14.03248

Source: Computed from Primary data

Survey participants find celebrity-led campaigns to be very appealing. The mean ratings fall between 4.47 and 4.61 on a 1 to 5 scale. Celebrities increase viewer engagement (Mean = 4.47), improve message delivery (Mean = 4.51), increase interest in campaigns (Mean = 4.61), increase knowledge of health issues (Mean = 4.50), and inspire people (Mean = 4.50). In general, the presence of celebrities greatly increases the attraction and effectiveness of campaigns in a number of ways.

**ATTRACTIVENESS OF CAMPAIGNS DUE TO CELEBRITIES BASED ON
DEMOGRAPHIC PROFILE OF THE RESPONDENTS**

Table 6.2.1

**Age-wise comparison of attractiveness of
social marketing health campaigns due to celebrities**

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
More interesting	4.49	.725	4.71	.639	4.92	.289
Conveys messages strongly	4.31	.830	4.67	.676	4.92	.289
Create awareness of health problems	4.31	.786	4.66	.698	4.83	.389
Make repeated viewing pleasant	4.26	.816	4.65	.716	4.83	.389
Motivate the people	4.31	.831	4.67	.684	4.67	.651
Attractiveness of Campaigns due to Celebrities	86.6869	14.39266	93.4754	13.04694	96.6667	6.56898

Source: Computed from Primary data

The attractiveness of social marketing health programs using celebrity participation is contrasted across age groups in this table. In comparison to younger age groups, respondents over 60 view SM campaigns as much more entertaining (mean = 4.92), successful at conveying messages (mean = 4.92), and raising awareness of health issues (mean = 4.83). All age groups continue to enjoy watching the same content over and over again. For respondents older than 60, celebrity-themed commercials are still very inspiring, despite being marginally lower (mean = 4.67). These figures demonstrate the significant influence that celebrity

endorsements have on drawing attention to and improving the efficacy of health campaigns, especially those that target older adults.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different age groups

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different age groups

Table 6.2.1.1

Result of One Way ANOVA (age wise Attractiveness)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	86.6869	14.39266	22.883	<0.001**
30 - 60 years	93.4754	13.04694		
Above 60 years	96.6667	6.56898		
Total	90.3706	14.03248		

**Significant at 1% level

The table displays the findings of a one-way ANOVA test that looked at how attractive Campaigns with celebrities in the health sector were to different age groups. The test was designed to find out if there was a significant difference in mean attractiveness scores between the age groups. The F value of 22.883 shows that there is a significant difference in mean attractiveness scores between the age groups ($p < 0.001$), indicating that age has a significant impact on how attractive campaigns with celebrities in the health sector are perceived to be.

Table 6.2.1.2

Age wise Attractiveness

Multiple Comparisons						
Dependent Variable: Attractiveness of Campaigns due to Celebrities						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-6.78848*	1.03456	<.000**	-9.2183	-4.3586
	Above 60 years	-9.97974*	4.00214	<.034*	-19.3795	-.5800
30 - 60 years	Above 60 years	-3.19126	3.99501	.704	-12.5742	6.1917
*The mean difference is significant at the 0.05 level and **Significant at 1% level						

The Tukey Honestly Significant Difference (HSD) test provide insightful information about how the perceived attractiveness of campaigns varies depending on the age range in which celebrities participate. It's clear from comparing the age groups that there are big disparities in how each generation views campaigns. Campaigns are viewed as more appealing by people 60 years of age and older than by people younger than 30 years of age, with statistically significant mean differences found. On the other hand, there is no statistically significant difference in the impression of attractiveness between people over 60 and those between the ages of 30 and 60, indicating that these two age groups have similar opinions.

6.2.2 Gender wise comparison of attractiveness of social marketing health campaigns due to celebrities

Independent sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different gender

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different gender

Table 6.2.2

Result of independent sample t test (Gender wise Attractiveness)

	Gender	Mean	Std. Deviation	t value	P value
Attractiveness of Campaigns due to Celebrities	Male	93.0881	13.19134	3.980	<0.001**
	Female	88.7803	14.27817		

**P value is significant at 1% level

There is a statistically significant difference in the attractiveness of social marketing health campaigns based on celebrity involvement between genders, according to the results of the independent sample t-test. With a t-value of 3.980 and a p-value of less than 0.001, the mean attractiveness score for male respondents is notably higher (M = 93.0881, SD = 13.19134) than for female respondents (M = 88.7803, SD = 14.27817). This research demonstrates that there is a significant gender difference in the way that campaign attractiveness is perceived as a result of celebrity endorsements in the health industry. In comparison to female respondents, men respondents generally find celebrity-themed campaigns to be more attractive.

Table 6.2.3

Marital status wise comparison of attractiveness to social marketing health campaigns due to celebrities

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
More interesting	4.55	.685	4.64	.703	4.94	.250
Conveys messages strongly	4.37	.805	4.59	.742	4.94	.359
Create awareness of health problems	4.37	.769	4.58	.750	4.90	.396
Make repeated viewing pleasant	4.32	.807	4.57	.766	4.90	.396
Motivate the people	4.37	.817	4.58	.742	4.90	.396
Attractiveness of Campaigns due to Celebrities	87.8839	14.06548	91.8033	14.02482	98.3226	6.98755

Source: Computed from Primary data

The table shows that there are significant differences in mean ratings for each dimension—perceived interest, message conveyance, formation of health awareness, repeated viewing enjoyment, and motivation—across the entire audience. To be more precise, people who are divorced find campaigns to be substantially more appealing (Mean = 98.3226, SD = 6.98755) than people who are married (Mean = 91.8033, SD = 14.02482) or single (Mean = 87.8839, SD = 14.06548). Individuals who have divorced tend to rate products higher on all aspects, indicating that they have a greater affinity for celebrity-themed campaigns. On the other hand, compared to married people, single people tend to think campaigns are less attractive overall, with somewhat lower mean scores seen across all dimensions.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different marital status

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different marital status

Table 6.2.3.1

Result of One Way ANOVA (marital status wise Attractiveness)

	Mean	Std. Deviation	F value	P Value
Single	87.8839	14.06548	12.123	<0.001**
Married	91.8033	14.02482		
Divorced	98.3226	6.98755		
Total	90.3706	14.03248		

** Significant at 1% level

Significant results are obtained from the one-way ANOVA test that looks at the appeal of health-related campaigns with celebrity engagement in relation to various marital statuses. There is a significant variation in the mean scores between the groups based on marital status, as indicated by the F value of 12.123 ($p < 0.001$). In particular, the mean attractiveness score of divorced people is highest ($M = 98.3226$, $SD = 6.98755$), followed by married people ($M = 91.8033$, $SD = 14.02482$), and single people ($M = 87.8839$, $SD = 14.06548$). These results imply that, because of celebrity endorsements in the health sector, opinions of campaign attractiveness are influenced by marital status. Compared to single or married people, divorced people in particular exhibit a noticeably larger affinity with celebrity-themed SM campaigns.

Table 6.2.3.2**Marital status wise attractiveness of campaigns due to celebrities**

Multiple Comparisons						
Dependent Variable: Attractiveness of Campaigns due to Celebrities						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-3.91941*	1.06647	<.001**	-6.4242	-1.4146
	Divorced	-10.43871*	2.60264	<.000**	-16.5515	-4.3260
Married	Divorced	-6.51930*	2.58447	<.032*	-12.5894	-.4492

*The mean difference is significant at the 0.05 level and ** Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test show significant mean differences across all pairings of marital statuses, demonstrating that people with different marital statuses have different opinions about how attractive a campaign is. More specifically, single people find campaigns substantially less attractive than married or divorced people. In addition, people who are divorced constantly think that campaigns are much more appealing than those who are single or married. These results highlight the impact of marital status on opinions regarding the efficacy of campaigns, implying that divorced people, in particular, might connect more deeply with health-related celebrity campaigns.

Table 6.2.4

Education wise comparison of attractiveness to social marketing health campaigns due to celebrities

	Educational Qualification							
	Up to schooling		plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
More interesting	4.77	.551	4.74	.545	4.57	.747	4.36	.793
Conveys messages strongly	4.76	.534	4.62	.688	4.48	.819	4.20	.841
Create awareness of health problems	4.73	.568	4.64	.668	4.45	.817	4.22	.809
Make repeated viewing pleasant	4.70	.622	4.62	.683	4.41	.851	4.18	.836
Motivate the people	4.72	.614	4.64	.656	4.45	.834	4.23	.869
Attractiveness of Campaigns due to Celebrities	94.6829	11.22704	93.0277	11.89985	89.4578	15.05256	84.7891	15.32579

Source: Computed from Primary data

The table shows a clear trend of declining mean scores for campaign attractiveness as educational qualifications increase from lower levels (up to schooling) to higher levels (Post Graduate & above). In particular, people who have completed their school education tend to think that campaigns are the most attractive; their mean score is 94.6829, and their standard deviation is comparatively lower at 11.22704. On the other hand, mean evaluations of campaign attractiveness decline with increasing educational qualifications. Those with postgraduate and above qualifications had the lowest mean score of 84.7891, with a higher standard deviation of 15.32579. Furthermore, the expanding standard deviation associated with increasing educational attainment suggests more variation in opinions among these cohorts. This shows that individuals with higher educational qualifications may perceive campaigns featuring celebrities as less attractive compared to those with lower educational qualifications.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different Educational Qualification

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different Educational Qualification

Table 6.2.4.1

Result of One Way ANOVA (Education wise Attractiveness)

	Mean	Std. Deviation	F value	P Value
Up to schooling	94.6829	11.22704	14.452	<0.001**
plus two/pre-degree	93.0277	11.89985		
Graduate	89.4578	15.05256		
Post Graduate & above	84.7891	15.32579		
Total	90.3706	14.03248		

** Significant at 1% level

The one-way ANOVA test results show significant variations in the attractiveness of health sector campaigns based on celebrity involvement across various educational qualifications. The F value of 14.452 indicates a statistically significant difference ($p < 0.001$) in the mean scores between the educational degree groups. Rejecting the null hypothesis follows. The group of people with the highest mean attractiveness score are those with up to a schooling degree ($M = 94.6829$, $SD = 11.22704$), plus two/pre-degree qualifications ($M = 93.0277$, $SD = 11.89985$), graduate qualifications ($M = 89.4578$, $SD = 15.05256$), and postgraduate and above qualifications ($M = 84.7891$, $SD = 15.32579$). These results show that, educational attainment has a considerable impact on judgments of marketing attractiveness of the celebrities in the social marketing campaigns. People with higher educational attainment may find celebrity-themed campaigns less appealing than those with lower educational backgrounds, according to the trend of mean attractiveness scores declining as educational credentials rise.

Table 6.2.4.2

Education wise Attractiveness of campaigns due to celebrities

Multiple Comparisons						
Dependent Variable: Attractiveness of Campaigns due to Celebrities						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
upto schooling	plus two/pre- degree	1.65526	1.73426	.775	- 2.8108	6.1213
	Graduate	5.22515*	1.76048	<.016*	.6916	9.7587
	Post Graduate & above	9.89381*	1.88110	<.000**	5.0496	14.7380
plus two/pre- degree	Graduate	3.56989*	1.25061	<.023*	.3493	6.7904
	Post Graduate & above	8.23855*	1.41537	<.000**	4.5937	11.8834
Graduate	Post Graduate & above	4.66866*	1.44738	<.007*	.9414	8.3959

*. The mean difference is significant at the 0.05 level and ** Significant at 1% level

The results of the Tukey Honestly Significant Difference (HSD) test reveal important light on how different educational backgrounds perceive different health sector campaigns to be more or less attractive. Significant mean differences are found in every comparison between educational qualification pairs, suggesting that various educational groups have varied opinions about how enticing a campaign is. More specifically, campaigns are regularly rated as less attractive by those with higher educational backgrounds than by people with lower educational backgrounds. A noteworthy mean difference of -9.89381 is noted when comparing people with up to schooling education to those with postgraduate & above qualifications. Similar to this, analyses comparing pairs of educational degrees frequently produce substantial mean differences, indicating a recurring trend of perceived attractiveness declining with increasing educational qualifications.

Table 6.2.5

Occupation wise comparison of attractiveness to social marketing health campaigns due to celebrities

	Occupation									
	Government employee		Private employee		Self employed		Students		Others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
More interesting	4.39	.769	4.77	.612	4.83	.520	4.42	.711	4.13	.806
Conveys messages strongly	4.33	.777	4.72	.685	4.82	.528	4.21	.784	3.75	1.000
Create awareness of health problem	4.28	.798	4.74	.661	4.83	.495	4.20	.723	3.50	1.155
Make repeated viewing pleasant	4.25	.824	4.73	.672	4.82	.528	4.13	.739	3.38	1.204
Motivate the people	4.28	.798	4.74	.669	4.82	.503	4.20	.809	3.56	.727
Attractiveness of Campaigns due to Celebrities	86.1333	14.45714	94.8063	12.78125	96.5128	10.01524	84.6099	12.97209	73.2500	17.51000

Source: Computed From Primary data

There are notable variations in the average judgements of campaign attractiveness among different occupations. With mean scores of 94.8063 and 96.5128, respectively, private employees and self-employed individuals consistently rank campaigns as the most appealing, followed by government employees with a mean score of 86.1333. On the other hand, students and those classified as "others" have mean ratings of 84.6099 and 73.2500, respectively, indicating that they find campaigns less appealing. These results imply that occupation has a major influence on how people perceive the efficacy of campaigns, with people in particular occupational groups responding more strongly to health-related celebrity campaigns.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different occupation groups

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different occupation groups

Table 6.2.5.1

Result of One Way ANOVA (Occupation wise Attractiveness)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	86.1333	14.45714	34.029	<0.001**
Private employee	94.8063	12.78125		
Self employed	96.5128	10.01524		
Students	84.6099	12.97209		
Others	73.2500	17.51000		
Total	90.3706	14.03248		

** Significant at 1% level

One-way ANOVA test results shows that how attractive health sector campaigns are because of celebrity endorsements across various occupational categories produce noteworthy results. The null hypothesis, which states that there is no significant difference in campaign attractiveness among various occupation categories, is rejected with a computed F value of 34.029 and a matching p-value of less than 0.001. In particular, there are noticeable differences in the average

attractiveness rankings between the various job categories. The most attractive people to the campaigns are self-employed and private sector workers, with government personnel coming in second. The mean attractiveness scores of students and "others" are, on the other hand, lower.

Table 6.2.5.2
Occupation wise comparison of attractiveness
to social marketing health campaigns due to celebrities

Multiple Comparisons						
Dependent Variable: Attractiveness of Campaigns due to Celebrities						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-8.67302*	1.65475	<.000**	-13.1986	-4.1475
	Self employed	-10.37949*	2.08283	<.000**	-16.0758	-4.6832
	Students	1.52347	1.71914	.902	-3.1782	6.2251
	Others	12.88333*	3.54662	<.003*	3.1837	22.5829
Private employee	Self employed	-1.70647	1.62884	.833	-6.1612	2.7482
	Students	10.19648*	1.12712	<.000**	7.1140	13.2790
	Others	21.55635*	3.30053	<.000**	12.5298	30.5829
Self employed	Students	11.90296*	1.69422	<.000**	7.2695	16.5364
	Others	23.26282*	3.53461	<.000**	13.5961	32.9296
Students	Others	11.35987*	3.33328	<.006*	2.2437	20.4760

** Significant at 1% level and * Significant at 5% level

Due to celebrity endorsements across various occupational groups, the Tukey Honestly Significant Difference (HSD) test results offer insightful information on pairwise comparisons of the perceived attractiveness of health sector campaigns. Campaigns are generally rated as more desirable by self-employed and private workers than by government workers. Interestingly, with a significant difference of 12.88333, "others" exhibit the biggest mean difference in attractiveness when compared to government personnel. In contrast, there are no appreciable differences in mean attractiveness between students and other occupational groups. Significant disparities in mean attractiveness scores are seen across each occupational group in all pairwise comparisons, highlighting the different perspectives on marketing efficacy within each occupational category.

Table 6.2.6

Income wise comparison of attractiveness to social marketing health campaigns due to celebrities

	Income Group									
	Upto Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
More interesting	4.66	.621	4.75	.576	4.67	.641	4.81	.500	4.27	.864
Conveys messages strongly	4.51	.732	4.66	.688	4.55	.748	4.75	.612	4.19	.892
Create awareness of health problem	4.51	.705	4.66	.670	4.59	.632	4.76	.630	4.16	.910
Make repeated viewing pleasant	4.45	.725	4.65	.724	4.56	.682	4.73	.687	4.15	.919
Motivate the people	4.50	.749	4.66	.672	4.55	.727	4.75	.659	4.20	.902
Attractiveness of Campaigns due to Celebrities	90.5138	12.77168	93.5529	12.52265	91.6364	12.83701	95.1642	11.97041	83.8675	16.63036

Source: Computed from Primary data

A mean score of 83.8675 and a comparatively higher standard deviation of 16.63036 indicated that campaigns were consistently assessed as the least attractive by those in the highest income bracket, earning 160,000 Rupees and above. On the other hand, people in the lowest income group—those making between 40,000 and 1,20,000 to 1,60,000 Rupees—showed comparatively higher mean scores, with an average of 92.6. The overall trend indicates a positive correlation between higher income levels and perceptions of campaign effectiveness up to the income group of 1,20,000 to 1,60,000 Rupees, despite minor fluctuations in mean scores across different attributes of campaign attractiveness, such as making repeated viewing pleasant. People with higher incomes typically find celebrity-focused campaigns to be less appealing.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different Income groups

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different Income groups

Table 6.2.6.1

Result of One Way ANOVA (Income wise Attractiveness)

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	90.5138	12.77168	13.248	<0.001**
40,000-80,000	93.5529	12.52265		
80,000-120,000	91.6364	12.83701		
120,000-160,000	95.1642	11.97041		
160,000 & above	83.8675	16.63036		
Total	90.3706	14.03248		

** Significant at 1% level

With a computed F value of 13.248 and a p-value of 0.001, the one-way ANOVA test rejects the null hypothesis, which states that there is no significant difference in campaign attractiveness between income groups. It is clear from a closer look at the mean scores and standard deviations that there are significant differences in how different income brackets are viewed as attractive. Campaigns were deemed most interesting by those who earned between 1,20,000 and 160000 Rupees; their mean score was 95.1642, and their standard deviation was comparatively lower at 11.97041. On the other hand, individuals who earned 160,000 Rupees or more and were in the highest income category had comparatively lower mean scores, with a mean of 83.8675 and a greater standard deviation of 16.63036. These results demonstrate the complex relationship that exists between income levels and opinions about the efficacy of campaigns in the health sector. The findings contradict the prevailing wisdom, which holds that those with greater incomes would find campaigns more appealing. Rather, research implies that those in the middle class might be more open to celebrity-led campaigns.

Table 6.2.7

**Area of residence wise comparison of attractiveness
to social marketing health campaigns due to celebrities**

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
More interesting	4.79	.600	4.37	.718
Conveys messages strongly	4.76	.627	4.18	.813
Create awareness of health problems	4.75	.651	4.18	.765
Make repeated viewing pleasant	4.74	.664	4.13	.800
Motivate the people	4.74	.661	4.19	.802
Attractiveness of Campaigns due to Celebrities	95.1200	12.26710	84.1824	13.79090

Source: Computed from Primary data

Residents in urban and rural locations have different opinions about how appealing health sector celebrity campaigns are. Campaigns had a mean score of 95.1200 and a standard deviation of 12.26710 from respondents in urban areas, compared to 84.1824 and 13.79090 from respondents in rural areas, who thought campaigns were much less attractive. This difference implies that people living in cities are more open to celebrity-led health efforts. This could be because of things like different socio-economic backgrounds or more media exposure.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different Area of Residence

H₁: There is significant difference in the **Attractiveness of Campaigns due to Celebrities** on health sector among different Area of Residence

Table 6.2.7.1

Result of independent sample t test (Area of Residence wise Attractiveness)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Attractiveness of Campaigns due to Celebrities	Urban	95.1200	12.26710	11.131	<0.000**
	Rural	84.1824	13.79090		

** Significant at 1% level

There are significant results from the independent sample t-test comparing the appeal of celebrity-driven health sector campaigns in urban and rural regions. The mean score of 95.1200 and standard deviation of 12.26710 for campaigns was significantly greater among urban respondents than it was among rural respondents, who rated them lower with a mean score of 84.1824 and a standard deviation of 13.79090. A t-value of 11.131, with a p-value less than 0.001, is calculated to represent this significant difference and indicates that the null hypothesis is rejected. Based on these results, it appears that urbanites are far more drawn to health-related celebrity marketing than their rural counterpart.

6.3 Attitude towards celebrities in social marketing campaigns

Celebrities are essential to social marketing because they influence the attitudes and actions of the general population. The section examines many perspectives on the celebrities included in these campaigns, including their appeal as captivating personalities, their status as role models, and the connections individuals have with them that are aspirational. It looks at how people view themselves in relation to celebrities, the influence of celebrity endorsements on motivation, and the perception that actions backed by celebrities are more respectable and credible. It also draws attention to a tendency to imitate the behaviors of celebrities, highlighting the enormous impact of celebrities in social marketing.

Table 6.3

Attitude towards celebrities in social marketing campaigns

	Mean	Std. Deviation
Good to watch	4.57	.721
Consider as role models	4.46	.871
Feel belonging to higher strata when they follow celebrities	4.43	.854
Find similar to celebrities in terms of personality	4.38	.930
Get motivated when they follow celebrities	4.48	.828
Feel that if a celebrity endorses a behaviour, it must be good	4.44	.896
Tendency to copy them	4.44	.859
Feel that a behavior become more valuable when it endorses celebrities	4.38	.946
Attitude towards Celebrities	88.967	15.59814

Source: Computed from Primary data

Based on the high mean scores for all the categories in the table, it is clear that participants consistently appreciated these campaigns. Respondents view celebrities in campaigns as significant role models as well as visually captivating (Mean: 4.57; Mean: 4.46). A link is felt and people want to imitate celebrities supporting health efforts, as evidenced by the desire to identify with a higher social stratum (Mean: 4.43) and a perceived resemblance in personality (Mean: 4.38). The information also reveals an ability to believe behaviors supported by celebrities

(Mean: 4.44), as well as a motivational influence (Mean: 4.48). There is some variation in the respondents' sentiments, despite the mean scores indicating an overall positive response. This indicates a positive sentiment among respondents regarding celebrities involved in social marketing.

Table 6.3.1

**Age-wise comparison of attitude to
celebrities in the social marketing health campaigns**

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.43	.750	4.69	.674	4.75	.622
Consider as role models	4.29	.898	4.60	.828	4.75	.622
Feel belonging to higher strata when they follow celebrities	4.23	.897	4.60	.780	4.75	.622
Find similar to celebrities in terms of personality	4.19	.945	4.55	.867	4.33	1.371
Get motivated when they follow celebrities	4.33	.818	4.61	.806	4.58	1.165
Feel that if a celebrity endorses a behaviour, it must be good	4.28	.898	4.59	.842	4.33	1.557
Tendency to copy them	4.26	.873	4.61	.800	4.42	1.240
Feel that a behaviour become more valuable when it endorses celebrities	4.21	.945	4.54	.911	4.50	1.243
Attitude towards Celebrities	85.577	15.3207	91.9467	15.32078	91.0417	20.322

Source: Computed from Primary data

Study on how different age groups feel about celebrities in social marketing health efforts indicates that, older age groups have more positive attitude about celebrities in these programs. People over 60 consistently reported higher mean scores on a variety of measures, including viewing celebrities as role models, feeling elevated when they follow them, and finding motivation in their deeds. On the other hand, younger age groups—especially those under 30—exhibited somewhat lower mean scores in all of these categories. Overall, the research indicates that, in comparison to their younger counterparts, elderly people generally have more positive attitude towards celebrities in social marketing health efforts.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different age groups

H₁: There is significant difference in the **Attitude towards Celebrities** on health sector among different age groups

Table 6.3.1.1

Result of One Way ANOVA (age wise Attitude)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	85.5775	15.32078	15.59	<0.001**
30 - 60 years	91.9467	15.09393		
Above 60 years	91.0417	20.32291		
Total	88.9675	15.59814		

** Significant at 1% level

The one-way ANOVA test result shows that there is a substantial difference in the attitudes of various age groups towards celebrities in the health field. The average attitude score for respondents under 30 years old was 85.5775; mean scores for respondents between 30 and 60 years old and above 60 years old were 91.9467 and 91.0417, respectively. The null hypothesis was rejected since the F value of 15.59 produced a p-value of less than 0.001, demonstrating statistical significance. This indicates that perceptions of celebrities in health-related campaigns are

influenced by age, with older age groups showing more positive perceptions than younger age groups.

Table 6.3.1.2

Age-wise Attitude towards celebrities

Multiple Comparisons						
Dependent Variable: Attitude Towards Celebrities						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-6.36921*	1.16199	<.000**	-9.0983	-3.6401
	Above 60 years	-5.46416	4.49507	.444	-16.0216	5.0933
30 - 60 years	Above 60 years	.90505	4.48706	.978	-9.6336	11.4437

** The mean difference is significant at the 1% level.

The Tukey HSD test show that opinions towards celebrities in the health sector vary significantly depending on the age group. The mean attitudes of participants under 30 years old are substantially lower than those of participants between 30 and 60 years old (mean difference = -6.36921, p-value < 0.001). On the other hand, no significant distinction was seen in the attitudes of participants aged 30 to 60 compared to those aged 60 and beyond. These results show that different age groups have diverse opinions regarding celebrities in health-related campaigns. Older participants tend to be more positive than younger ones.

Table 6.3.2

Gender wise comparison of attitude to celebrities in the social marketing health campaigns

	Gender			
	Male		Female	
	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.69	.662	4.50	.746
Consider as role models	4.58	.858	4.39	.871
Feel belonging to higher strata when they follow celebrities	4.60	.796	4.33	.872
Find similar to celebrities in terms of personality	4.51	.951	4.30	.910
Get motivated when they follow celebrities	4.61	.842	4.41	.812
Feel that if a celebrity endorses a behavior, it must be good	4.58	.876	4.36	.897
Tendency to copy them	4.57	.846	4.37	.859
Feel that a behavior become more valuable when it endorses celebrities	4.49	.963	4.32	.930
Attitude towards Celebrities	91.5805	15.4955	87.4383	15.59814

Source: Computed from Primary data

According to a comparison of opinions towards celebrities in social marketing health efforts by gender, most people see celebrities favourably. Men are more likely than women to see connections in personality features (4.51), feel that they belong to a higher social stratum (4.6), and see celebrities as role models (4.58). However, compared to men, women show somewhat weaker motives from celebrity influence and a lower belief in the virtue of the actions that celebrities support. These underscore how crucial it is to take gender into account when creating health campaigns that effectively use the influence of celebrities.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different gender

H₁: There is significant difference in the **Attitude towards Celebrities** on health sector among different gender

Table 6.3.2.1

Result of independent sample t test (Gender wise Attitude)

	Gender	Mean	Std. Deviation	t value	P value
Attitude towards Celebrities	Male	91.5805	15.49557	3.433	<0.001**
	Female	87.4383	15.47140		

** Significant at 1% level

There is a statistically significant difference in the attitudes of males and females towards celebrities, as indicated by the t-value of 3.433 and the accompanying p-value of 0.001. This result lends support to the rejection of the null hypothesis (H₀), which proposed that attitudes towards celebrities in health-related campaigns varied significantly among genders. The alternative hypothesis, H₁, is instead accepted, suggesting a significant difference in views between males and females. More specifically, compared to women, men typically exhibit a marginally more positive attitude towards celebrities in health initiatives. This shows how opinions regarding celebrity endorsements in health-related marketing are shaped in large part by gender.

Table 6.3.3

**Marital status wise comparison of
attitude to celebrities in social marketing health campaigns**

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.48	.736	4.61	.719	4.94	.359
Consider as role models	4.37	.863	4.49	.897	4.97	.180
Feel belonging to higher strata when they follow celebrities	4.31	.881	4.49	.843	4.94	.250
Find similar to celebrities in terms of personality	4.25	.958	4.45	.917	4.90	.396
Get motivated when they follow celebrities	4.38	.830	4.53	.839	4.94	.359
Feel that if a celebrity endorses a behaviour, it must be good	4.35	.881	4.48	.926	4.97	.180
Tendency to copy them	4.32	.853	4.51	.875	4.94	.250
Feel that a behavior become more valuable when it endorses celebrities	4.29	.941	4.42	.969	4.97	.180
Attitude towards Celebrities	86.8145	15.26048	89.9522	16.06753	98.8710	4.993

Source: Computed from Primary data

Those who are single, married, and divorced have quite different perspectives. Those who are divorced typically have the most positive attitudes (total mean score 98.8710) in a variety of areas, such as viewing celebrities as role models, feeling as though they are following someone in a higher social class, and identifying personality traits in common with celebrities. On the other hand, single people often exhibit the least favourable views in these domains (total mean score of 86.8145). Moreover, opinions about celebrity endorsements appear to get stronger the more married a person becomes, as shown by the higher mean attitude score among married people as opposed to unmarried people.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different marital status

H₁: There is significant difference in the **Attitude towards Celebrities** on health sector among different marital status

Table 6.3.3.1

Result of One Way ANOVA (marital status wise Attitude)

	Mean	Std. Deviation	F value	P Value
Single	86.8145	15.26048	10.189	<0.001**
Married	89.9522	16.06753		
Divorced	98.8710	4.99328		
Total	88.9675	15.59814		

** Significant at 1% level

The one-way ANOVA is used to evaluate the perception of celebrities in the health sector among various marital statuses (F = 10.189, p < 0.001). There were differences in the mean attitude scores between the groups based on marital status: the mean for singles was 86.8145 (SD = 15.26048), the mean for married people was 89.9522 (SD = 16.06753), and the mean for divorced people was 98.8710 (SD = 4.99328). This demonstrated a significant disparity in perceptions of celebrities in health campaigns according to their marital status.

Table 6.3.3.2

Marital status wise Attitude towards celebrities

Multiple Comparisons						
Dependent Variable: Attitude Towards Celebrities						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-3.13767*	1.18862	<.023*	-5.9294	-.3460
	Divorced	-12.05645*	2.90073	<.000**	-18.8693	-5.2436
Married	Divorced	-8.91878*	2.88049	<.006	-15.6841	-2.1534

*The mean difference is significant at the 0.05 level and ** Significant at 1% level

Married people showed a substantially higher mean attitude score (mean difference = 3.13767, SE = 1.18862, $p = 0.023$) than single people did, suggesting that they had a more positive attitude towards celebrities. Similarly, the mean attitude score of divorced people was considerably higher than that of single people (mean difference = 12.05645, SE = 2.90073, $p < 0.001$), showing that they had the most positive attitudes out of all the marital status groups. Additionally, there was a significant difference in the mean attitude score between the married and divorced groups, with the mean attitude score for the later group being considerably higher (mean difference = 8.91878, SE = 2.88049, $p = 0.006$). Overall, these results show clear differences in perceptions of celebrities in health campaigns according to marital status.

Table 6.3.4

Education wise comparison of attitude to celebrities in the social marketing health campaigns

	Educational Qualification							
	Up to schooling		Plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.76	.534	4.71	.585	4.54	.779	4.28	.834
Consider as role models	4.67	.721	4.57	.840	4.46	.861	4.14	.936
Feel belonging to higher strata when they follow celebrities	4.67	.686	4.54	.814	4.42	.868	4.12	.903
Find similar to celebrities in terms of personality	4.60	.829	4.47	.945	4.38	.929	4.10	.905
Get motivated when they follow celebrities	4.68	.701	4.59	.775	4.48	.830	4.18	.904
Feel that if a celebrity endorses a behavior, it must be good	4.65	.807	4.58	.815	4.45	.886	4.05	.978
Tendency to copy them	4.67	.754	4.58	.755	4.43	.884	4.12	.947
Feel that a behavior become more valuable when it endorses celebrities	4.55	.932	4.51	.916	4.41	.932	4.05	.953
Attitude towards Celebrities	93.1098	13.8864	91.3735	14.3757	88.9222	15.8828	82.5850	16.28202

Source: Computed from Primary data

People who have completed more education have been shown to be somewhat less positive about celebrities in health promotions than people who have completed less school. According to the results, individuals who have completed post-graduate studies and above exhibited the lowest mean attitude scores (82.58) in all categories, which included viewing celebrities as role models, feeling a sense of community when they followed them, and thinking that actions supported by celebrities were more worthwhile. Conversely, individuals possessing lesser educational credentials, including a high school certificate and a plus two/pre-degree, scored higher on the mean attitude scale (93.175 and 93.1098), suggesting a more optimistic perspective on the role of celebrities in health promotion. The results of this study point to a possible relationship between educational attainment and skepticism about celebrity endorsements in health-related scenarios.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different Educational Qualification

H₁: There is significant difference in the in **Attitude towards Celebrities** on health sector among different Educational Qualification

Table 6.3.4.1

Result of One Way ANOVA (Education wise Attitude)

	Mean	Std. Deviation	F value	P Value
Up to schooling	93.1098	13.88645	12.7446	<0.001**
plus two/pre-degree	91.3735	14.37576		
Graduate	88.9222	15.88286		
Post Graduate & above	82.5850	16.28202		
Total	88.9675	15.59814		

** Significant at 1% level

A significant result ($F(3, 96) = 12.7446, p < 0.001$) was obtained from the one-way ANOVA used to evaluate attitudes towards celebrities in the health sector across different educational qualifications. The groups based on educational

qualification showed significant differences in mean attitude scores. Those with up to a schooling level had the highest mean attitude score, 93.1098 (SD = 13.88645), followed by those with plus two/pre-degree qualifications (M = 91.3735, SD = 14.37576), graduates (M = 88.9222, SD = 15.88286), and those with post-graduate qualifications and above (SD = 16.28202). This offers strong evidence in favour of the alternative hypothesis (H1), which holds that views regarding celebrities in the health sector are significantly shaped by educational attainment.

Table 6.3.4.2

Education wise Attitude towards celebrities

Multiple Comparisons						
Dependent Variable: Attitude Towards Celebrities						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	1.73624	1.93443	.806	- 3.2453	6.7178
	Graduate	4.18753	1.96367	.144	-.8693	9.2444
	Post Graduate & above	10.52472*	2.09821	<.000**	5.1214	15.9280
Plus two/pre- degree	Graduate	2.45130	1.39495	.295	- 1.1410	6.0436
	Post Graduate & above	8.78848*	1.57873	<.000**	4.7230	12.8540
Graduate	Post Graduate & above	6.33719*	1.61443	<.001**	2.1797	10.4946

*The mean difference is significant at the 0.05 level and * Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test showed a mean difference of 10.52472 (SE = 2.09821, $p < 0.001$) between the mean views of people with up to schooling and those with post-graduate qualifications and above towards celebrities. The mean difference between the respondents with plus two/pre-degree

qualifications and those with post-graduate qualifications and above was 8.78848 (SE = 1.57873, $p < 0.001$), indicating a substantial difference in mean attitudes. As opposed to those with up to schooling (mean difference = -10.52472, SE = 2.09821, $p < 0.001$), plus two/pre-degree (mean difference = -8.78848, SE = 1.57873, $p < 0.001$), and graduate qualifications (mean difference = -6.33719, SE = 1.61443, $p = 0.001$), those with post-graduate qualifications and above showed significantly lower mean attitudes towards celebrities. The results show that attitudes towards celebrity involvement in health promotions vary significantly depending on one's educational background. Specifically, compared to people with higher educational attainment, those with lower qualifications tend to have more positive attitudes about celebrities. On the other hand, those with post-graduate degrees and higher show less positive attitude regarding the influence of celebrities.

Table 6.3.5

Occupation wise comparison of attitude to celebrities in the social marketing health campaigns

	OCCUPATION									
	Government employee		Private employee		Self employed		Students		others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.43	.756	4.75	.635	4.81	.511	4.34	.717	3.69	1.250
Consider as role models	4.21	.874	4.71	.723	4.76	.706	4.18	.863	3.00	1.366
Feel belonging to higher strata when they follow celebrities	4.19	.881	4.70	.691	4.72	.737	4.12	.857	3.06	1.063
Find similar to celebrities in terms of personality	4.12	.986	4.67	.765	4.64	.868	4.09	.883	2.69	1.250
Get motivated when they follow celebrities	4.25	.887	4.70	.704	4.77	.623	4.23	.788	3.12	1.500
Feel that if a celebrity endorses a behaviour, it must be good	4.16	.959	4.69	.748	4.73	.733	4.19	.840	2.88	1.628
Tendency to copy them	4.21	.874	4.70	.728	4.76	.668	4.17	.824	2.88	1.258
Feel that a behaviour become more valuable when it endorses celebrities	4.11	.953	4.65	.809	4.69	.827	4.13	.865	2.44	1.413
Attitude towards Celebrities	84.2000	16.06133	93.9524	13.75592	94.6795	12.4730	83.6547	13.7396	59.3750	21.59282

Source: Computed from Primary data

Individuals in certain occupations exhibit more positive attitudes towards celebrity influence compared to others. Private employees and self-employed individuals demonstrate the highest mean attitude scores (93.9524 and 94.6795) across various aspects, indicating a strong positive perception of celebrities in health campaigns. Conversely, government employees and students display slightly lower mean attitude scores (84.2 and 83.6547), suggesting a relatively less favorable attitude towards celebrity influence. Additionally, individuals categorized under "others" exhibit the lowest mean attitude score (59.3750), indicating the least positive perception of celebrities in health campaigns among all occupation groups.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different occupation groups

H₁: There is significant difference in the **Attitude towards Celebrities** on health sector among different occupation groups

Table 6.3.5.1

Result of One Way ANOVA (Occupation wise Attitude)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	84.2000	16.06133	40.772	<0.000**
Private employee	93.9524	13.75592		
Self employed	94.6795	12.47308		
Students	83.6547	13.73968		
Others	59.3750	21.59282		
Total	88.9675	15.59814		

** Significant at 1% level

A significant result ($F = 40.772$, $p < 0.001$) was obtained from a one-way ANOVA used to examine attitudes towards celebrities in social marketing health initiatives across various occupations. The mean attitude scores of the different occupational groups differed significantly; the highest mean attitude scores were recorded by self-employed people and private workers, with 94.6795 and 93.9524, respectively. On the other hand, persons who were categorized as "others" had the

lowest mean attitude score of 59.3750, followed by students and government employees. There is a substantial variation in the views towards celebrities in health campaigns across different occupations, as suggested by the significance of the p-value being less than 0.05, which recommends rejecting the null hypothesis.

Table 6.3.5.2
Occupation wise Attitude towards celebrities

Multiple Comparisons						
Dependent Variable: Attitude Towards Celebrities						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-9.75238*	1.81047	<.000**	-14.7038	-4.8010
	Self employed	-10.47949*	2.27883	<.000**	-16.7118	-4.2471
	Students	.54529	1.88092	.998	-4.5988	5.6894
	Others	24.82500*	3.88039	<.000**	14.2126	35.4374
Private employee	Self employed	-.72711	1.78213	.994	-5.6010	4.1468
	Students	10.29767*	1.23319	<.000**	6.9251	13.6703
	Others	34.57738*	3.61113	<.000**	24.7014	44.4534
Self employed	Students	11.02478*	1.85365	<.000**	5.9553	16.0943
	Others	35.30449*	3.86724	<.000**	24.7280	45.8809
Students	Others	24.27971*	3.64696	<.000**	14.3057	34.2537

** The mean difference is significant at the 1% level.

The Tukey Honestly Significant Difference (HSD) test was conducted to explore differences in attitudes towards celebrities in health campaigns across various occupations. The results of the pairwise comparisons revealed that: Government employees exhibited significantly lower mean attitudes towards celebrities compared to private employees (mean difference = -9.75238, SE =

1.81047, $p < 0.001$) and self-employed individuals (mean difference = -10.47949, SE = 2.27883, $p < 0.001$). Private employees displayed significantly higher mean attitudes towards celebrities compared to government employees (mean difference = 9.75238, SE = 1.81047, $p < 0.001$), students (mean difference = 10.29767, SE = 1.23319, $p < 0.001$), and individuals categorized as "others" (mean difference = 34.57738, SE = 3.61113, $p < 0.001$). Self-employed individuals exhibited significantly higher mean attitudes towards celebrities compared to government employees (mean difference = 10.47949, SE = 2.27883, $p < 0.001$), students (mean difference = 11.02478, SE = 1.85365, $p < 0.001$), and individuals categorized as "others" (mean difference = 35.30449, SE = 3.86724, $p < 0.001$). Students showed significantly lower mean attitudes towards celebrities compared to government employees (mean difference = 0.54529, SE = 1.88092, $p = 0.998$), private employees (mean difference = -10.29767, SE = 1.23319, $p < 0.001$) and self-employed individuals (mean difference = -11.02478, SE = 1.85365, $p < 0.001$). Individuals categorized as "others" exhibited significantly lower mean attitudes towards celebrities compared to all other occupation groups: government employees (mean difference = 24.82500, SE = 3.88039, $p < 0.001$), private employees (mean difference = 34.57738, SE = 3.61113, $p < 0.001$), self-employed individuals (mean difference = 35.30449, SE = 3.86724, $p < 0.001$), and students (mean difference = 24.27971, SE = 3.64696, $p < 0.001$).

Table 6.3.6

Income wise comparison of attitude to celebrities in the social marketing health campaigns

	Income Group									
	Up to Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.61	.655	4.69	.625	4.65	.620	4.76	.630	4.25	.894
Consider as role models	4.45	.803	4.61	.872	4.65	.644	4.67	.805	4.13	.998
Feel belonging to higher strata when they follow celebrities	4.43	.802	4.57	.827	4.59	.744	4.66	.808	4.09	.938
Find similar to celebrities in terms of personality	4.39	.836	4.52	.962	4.56	.825	4.64	.829	4.02	1.029
Get motivated when they follow celebrities	4.47	.769	4.62	.814	4.59	.723	4.76	.580	4.15	.971
Feel that if a celebrity endorses a behavior, it must be good	4.49	.785	4.58	.875	4.52	.808	4.73	.617	4.03	1.089
Tendency to copy them	4.47	.769	4.54	.898	4.58	.805	4.72	.670	4.11	.963
Feel that a behavior become more valuable when it endorses celebrities	4.46	.804	4.51	1.004	4.47	.881	4.63	.850	3.97	1.052
Attitude towards Celebrities	89.4664	13.73689	91.5882	15.88302	91.5152	13.9358	93.9178	13.14419	81.8709	17.63571

Source: Computed from Primary data

People who make more than Rs. 160,000 per month are in the highest income category and have a mean attitude score of 81.8709 towards celebrities, which is lower than people in other income groups. Nonetheless, the very high standard deviation (17.63571) suggests that there is more diversity within this group. This range demonstrates that although some people in this income range have quite favourable opinions of celebrities, others could be more cynical or uninterested. Based on the statistics, people who make up to Rs. 160,000 have, on average, mean attitude ratings towards celebrities that are greater than those who make up to Rs. 160,000, the highest income band. This indicates a tendency towards lower- to moderate-income people having more positive attitudes towards celebrities.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different Income groups.

H₁: There is significant difference in the **Attitude towards Celebrities** on health sector among different Income groups.

Table 6.3.6.1

Result of One Way ANOVA (Income wise Attitude)

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.4664	13.73689	11.898	<0.001**
40,000-80,000	91.5882	15.88302		
80,000-120,000	91.5152	13.93583		
120,000-160,000	93.9179	13.14419		
160,000 & above	81.8709	17.63571		
Total	88.9675	15.59814		

** Significant at 1% level

Significant variation in attitudes between the income categories is indicated by the computed F value of 11.898. Furthermore, the calculated p-value of less than 0.001 means that the null hypothesis—which holds that there is not a significant difference in opinions on celebrities between income groups—is rejected. According to these findings, people's views towards celebrities in health sector are clearly influenced by their income level, with those with higher incomes exhibiting somewhat different viewpoints than those with lower incomes.

Table 6.3.6.2
Income wise Attitude towards celebrities

Multiple Comparisons						
Dependent Variable: Attitude Towards Celebrities						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000-80,000	-2.12183	1.50123	.619	-6.2275	1.9839
	80,000-120,000	-2.04875	2.09231	.865	-7.7710	3.6735
	120,000-160,000	-4.45151	2.07989	.204	-10.1398	1.2367
	160,000 & above	7.59554*	1.55670	<.000**	3.3382	11.8529
40,000-80,000	80,000-120,000	.07308	2.19545	1.000	-5.9312	6.0774
	120,000-160,000	-2.32968	2.18361	.823	-8.3016	3.6422
	160,000 & above	9.71737*	1.69279	<.000**	5.0878	14.3469
80,000-120,000	120,000-160,000	-2.40276	2.62530	.891	-9.5827	4.7771
	160,000 & above	9.64429*	2.23374	<.000**	3.5353	15.7533
120,000-160,000	160,000 & above	12.04705*	2.22211	<.000**	5.9698	18.1243

** Significant at 1% level and * Significant at 5% level

When compared to all other income categories, people in the highest income bracket (Rs. 160,000 and above) consistently exhibit much lower mean attitude towards celebrities. Particularly, there is a noteworthy mean difference of 7.59554 between the mean attitudes towards celebrities of those earning up to Rs. 40,000 and those who do not. Similarly, with a mean difference of 9.71737, people in the Rs. 40,000–80,000 income range have noticeably greater mean attitudes than those in the highest income group. With mean differences of 9.64429 and 12.04705, respectively, people in the Rs. 80,000-120,000 and Rs. 120,000-160,000 income categories likewise showed considerably higher mean views towards celebrities than the highest income group, demonstrating the persistence of this pattern as wealth levels rise. On the other hand, people who make the most money tend to have fewer positive attitudes about celebrities in the health sector. The complex interaction between socioeconomic position and perceptions of celebrity impact in health promotions is shown by the hypothesis of a significant inverse link between income levels and attitudes towards celebrities.

Table 6.3.7

**Area of residence wise comparison of
attitude to celebrities in the social marketing health campaigns**

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Good to watch	4.77	.628	4.31	.754
Consider as role models	4.75	.679	4.09	.951
Feel belonging to higher strata when they follow celebrities	4.74	.648	4.02	.920
Find similar to celebrities in terms of personality	4.69	.743	3.99	1.000
Get motivated when they follow celebrities	4.74	.662	4.14	.898
Feel that if a celebrity endorses a behaviour, it must be good	4.72	.725	4.08	.968
Tendency to copy them	4.71	.709	4.10	.913
Feel that a behaviour become more valuable when it endorses celebrities	4.70	.737	3.98	1.032
Attitude towards Celebrities	94.4875	12.88273	81.7752	15.91260

Source; Computed from Primary data

Compared to their rural counterparts, urban dwellers are often more enthusiastic towards celebrities in a variety of ways. In particular, urban residents exhibit greater average scores when it comes to thinking of celebrities as role models (4.75 vs. 4.09), finding them interesting to watch (4.77 vs. 4.31), feeling inspired by their actions (4.74 vs. 4.14), and feeling like they belong to a higher social class (4.74 vs. 4.02). In terms of feeling that a behavior must be good if a celebrity endorses it (4.72 vs. 4.08), copying celebrities (4.71 vs. 4.10), and believing that a behavior becomes more valuable when endorsed by celebrities (4.70 vs. 3.98), urban residents also tend to have higher mean scores in these areas. Rural dwellers, on the other hand, consistently show lower mean scores.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Attitude towards Celebrities** on health sector among different Area of Residence

H₁: There is significant difference in the **Attitude towards Celebrities** on health sector among different Area of Residence

Table 6.3.7.1

Result of independent sample t test (Area of Residence wise Attitude)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Attitude towards Celebrities	Urban	94.4875	12.88273	11.735	<0.000**
	Rural	81.7752	15.91260		

** Significant at 1% level

There is a substantial variation in attitudes towards celebrities in the health sector between urban and rural areas, according to the results of the independent sample t-test. The mean attitude score of urban people is 94.4875, which is much higher than the mean attitude score of rural residents, which is 81.7752. The null hypothesis is rejected based on the computed t-value of 11.735, which is equivalent to a p-value of less than 0.001. This shows that, in the context of health initiatives, there is, in fact, a significant difference in views towards celebrities between urban

and rural locations. Celebrities tend to be viewed more positively by urban people, who may see them as role models or influential in encouraging healthy habits. On the other hand, people in rural areas seem to be skeptical of celebrities in the health sector.

6.4 Importance of celebrities in social marketing campaigns

In social marketing campaigns, celebrities are essential since they greatly increase the memory of key messages and information. This section looks at how having celebrities in campaigns help people remember important details including the campaign's story, the health issues it addresses, and how serious these issues are. It also looks at how celebrities might aid in the audience's memory of possible outcomes and fixes for the problems at hand. Celebrities can effectively reinforce the campaign's messaging by utilizing their extensive awareness and influence, which will increase the messages' impact and memory for the intended audience.

Table 6.4

Importance of celebrities in social marketing campaigns

	Mean	Std. Deviation
Helps to recall the story	4.57	.704
Helps to recall the health problems	4.48	.802
Helps to recall the seriousness of the problem	4.49	.790
Helps to recall the possible results	4.40	.905
Helps to recall the possible solutions	4.39	.930
Opinion on Importance of Celebrities in Social Marketing	89.3239	15.19695

Source: Computed from Primary data

The study underscores the significant role that celebrities play in social marketing campaigns. Participants rated celebrities as highly effective in facilitating recall of various elements crucial to the campaign's messaging, including the narrative (Mean = 4.57, SD = 0.704), health issues (Mean = 4.48, SD = 0.802), severity of the problem (Mean = 4.49, SD = 0.790), potential outcomes (Mean =

4.40, SD = 0.905), and potential solutions (Mean = 4.39, SD = 0.930). Moreover, the overall opinion on the importance of celebrities in social marketing campaigns was notably high (Mean = 89.3239, SD = 15.19695), indicating a widespread recognition of their values.

Table 6.4.1
Age-Wise Comparison of Opinion on
Importance of Celebrities in Social Marketing

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.43	.717	4.68	.673	4.75	.622
Helps to recall the health problems	4.31	.820	4.63	.749	4.58	.996
Helps to recall the seriousness of the problem	4.32	.811	4.63	.742	4.67	.778
Helps to recall the possible results	4.21	.915	4.57	.860	4.58	.996
Helps to recall the possible solutions	4.17	.957	4.59	.848	4.42	1.240
Opinion on Importance of Celebrities in Social Marketing	85.7751	15.10162	92.4262	14.57917	92.0000	16.27044

Source: Computed from Primary data

Across various age groups, there are visible differences in perceptions. Notably, individuals aged 30 to 60 years exhibit the highest mean ratings across all categories. Respondents above 60 years also demonstrate high mean ratings, particularly regarding the recall of the seriousness of the problem and potential solutions. However, those aged up to 30 years tend to rate slightly lower across all categories compared to older age groups. Despite this, all age groups express a generally positive opinion regarding the importance of celebrities in social marketing campaigns, with mean ratings ranging from 85.7751 to 92.4262.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different age groups

H₁: There is significant difference in the in **Opinion on Importance of Celebrities in Social Marketing** on health sector among different age groups

Table 6.4.1.1
Result of One Way ANOVA (age wise Importance)

	Mean	Std. Deviation	F value	P Value
Upto 30 years	85.7751	15.10162	17.571	<0.001**
30 - 60 years	92.4262	14.57917		
Above 60 years	92.0000	16.27044		
Total	89.3239	15.19695		

** Significant at 1% level

The results of the one-way ANOVA test examining the opinion on the importance of celebrities in social marketing within the health sector across different age groups reveal convincing insights. The null hypothesis (H₀) positing no significant difference in opinion among age groups is decisively rejected, as evidenced by a substantial F value of 17.571 and an associated p-value of less than 0.001. This indicates significant variations in attitudes towards the importance of celebrities in social marketing within the health sector across different age groups.

Table 6.4.1.2**Age wise Importance of Celebrities**

Multiple Comparisons						
Dependent Variable: Importance of Celebrities in Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-6.65115*	1.12836	<.000**	-9.3013	-4.0010
	Above 60 years	-6.22492	4.36499	.328	-16.4769	4.0270
30 - 60 years	Above 60 years	.42623	4.35722	.995	-9.8075	10.6599

** Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test results provide further insights into the differences in opinion regarding the importance of celebrities in social marketing across age groups. Specifically, significant mean differences are observed between individuals aged up to 30 years and those aged between 30 and 60 years, with a notable negative difference of -6.65115 ($p < 0.001$), indicating that the latter group holds a significantly higher opinion on celebrity importance. Conversely, the comparison between those aged up to 30 years and above 60 years yields a slightly smaller but still significant negative difference of -6.22492 ($p = 0.328$). However, no significant difference is found between the opinions of individuals aged between 30 and 60 years and those above 60 years, with a negligible difference of 0.42623 ($p = 0.995$). These results highlight that while both middle-aged and older individuals tend to attribute higher importance to celebrities in social marketing compared to younger counterparts.

Table 6.4.2

**Gender -Wise Comparison of Opinion on
Importance of Celebrities in Social Marketing**

	Gender			
	Male		female	
	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.66	.675	4.51	.715
Helps to recall the health problems	4.59	.767	4.42	.817
Helps to recall the seriousness of the problem	4.63	.714	4.41	.820
Helps to recall the possible results	4.57	.813	4.30	.941
Helps to recall the possible solutions	4.60	.820	4.27	.969
Opinion on Importance of Celebrities in Social Marketing	92.2146	14.25752	87.6323	15.48756

Source: Computed from Primary data

Across various aspects of social marketing campaigns, males consistently demonstrate slightly higher mean ratings compared to females. Specifically, males tend to rate higher in terms of recalling the story, health problems, seriousness of the problem, potential results, and possible solutions. Additionally, males also exhibit a higher mean opinion score on the overall importance of celebrities in social marketing campaigns compared to females. These data shows that there is a subtle gender difference in how individuals perceive the role of celebrities in social marketing, with males generally expressing a slightly stronger belief in their significance.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** campaigns on health sector among different gender

H₁: There is significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different gender

Table 6.4.2.1
Result of independent sample t test (Gender wise Attitude)

	Gender	Mean	Std. Deviation	t value	P value
Opinion on Importance of Celebrities in Social Marketing	Male	92.2146	14.25752	3.908	<0.001**
	Female	87.6323	15.48756		

** Significant at 1% level

The results of the independent sample t-test comparing opinions on the importance of celebrities in health sector social marketing campaigns between genders indicate a statistically significant difference. Males have a significantly higher mean opinion score (92.2146) compared to females (87.6323), with a t-value of 3.908 and a p-value of less than 0.001. This shows that males tend to attribute greater importance to celebrities in health sector social marketing campaigns compared to females. Such findings emphasize the potential influence of gender on perceptions of celebrity involvement in health-related marketing initiatives.

Table 6.4.3
Marital Status-Wise Comparison of
Opinion on Importance of Celebrities in Social Marketing

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.47	.709	4.62	.711	4.90	.301
Helps to recall the health problems	4.37	.817	4.54	.802	4.90	.301
Helps to recall the seriousness of the problem	4.40	.773	4.52	.820	4.94	.250
Helps to recall the possible results	4.27	.919	4.47	.902	4.90	.396
Helps to recall the possible solutions	4.23	.969	4.49	.900	4.90	.396
Opinion on Importance of Celebrities in Social Marketing	86.9677	15.09985	90.5683	15.41408	98.1935	6.18288

Source: Computed from Primary data

Across various aspects of social marketing, divorced individuals consistently exhibit the highest mean ratings compared to singles and married individuals. Divorced individuals also demonstrate the highest mean opinion score on the overall importance of celebrities in social marketing campaigns. Conversely, singles tend to have the lowest mean scores across these categories. These finding reveals that marital status plays a vital role in shaping perceptions of celebrity involvement in social marketing.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different marital status

H₁: There is significant difference in the in **Opinion on Importance of Celebrities in Social Marketing** on health sector among different marital status

Table 6.4.3.1

Result of One Way ANOVA (marital status wise Importance)

	Mean	Std. Deviation	F value	P Value
Single	86.9677	15.09985	10.509	<0.001**
Married	90.5683	15.41408		
Divorced	98.1935	6.18288		
Total	89.3239	15.19695		

** Significant at 1% level

The results of the one-way ANOVA test examining opinions on the importance of celebrities in the health sector within different marital statuses reveal significant differences. The null hypothesis (H₀) suggesting no significant difference in opinion among marital statuses is strongly rejected, given the notable F value of 10.509 and an associated p-value of less than 0.001. Divorced individuals exhibit the highest mean opinion score of 98.1935, followed by married individuals with a mean score of 90.5683. Meanwhile, singles have the lowest mean opinion score of 86.9677. These analyses indicate that marital status indeed plays a significant role in shaping perceptions of celebrity importance in health sector social marketing.

Table 6.4.3.2**Opinion on marital status wise Importance of celebrities**

Multiple Comparisons						
Dependent Variable: Importance of Celebrities in Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-3.60056*	1.15754	<.006*	-6.3193	-.8819
	Divorced	-11.22581*	2.82488	<.000**	-17.8605	-4.5911
Married	Divorced	-7.62524*	2.80517	<.018*	-14.2137	-1.0368

** Significant at 1% level and * Significant at 5% level

The Tukey Honestly Significant Difference (HSD) test results provide further insights into the differences in opinions on the importance of celebrities in social marketing campaigns across different marital statuses. Significant mean differences are observed between all pairs of marital statuses. Specifically, singles exhibit a lower mean opinion score compared to both married and divorced individuals, with a mean difference of -3.60056 ($p = 0.006$) and -11.22581 ($p < 0.001$), respectively. Similarly, married individuals have a significantly lower mean opinion score compared to divorced individuals, with a mean difference of -7.62524 ($p = 0.018$). Conversely, divorced individuals consistently hold the highest mean opinion score, demonstrating significantly higher beliefs in the importance of celebrities compared to both singles and married individuals, with mean differences of 11.22581 ($p < 0.001$) and 7.62524 ($p = 0.018$), respectively. This analysis reveals that marital status significantly influences perceptions of celebrity importance in social marketing campaigns.

Table 6.4.4

Educational Qualification -Wise Comparison of Opinion on Importance of Celebrities in Social Marketing

	Educational Qualification							
	Up to schooling		plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.70	.622	4.65	.622	4.54	.750	4.38	.770
Helps to recall the health problems	4.60	.783	4.62	.695	4.47	.813	4.21	.901
Helps to recall the seriousness of the problem	4.68	.664	4.61	.685	4.47	.840	4.21	.870
Helps to recall the possible results	4.61	.782	4.52	.829	4.39	.957	4.10	.942
Helps to recall the possible solutions	4.55	.945	4.51	.857	4.36	.973	4.14	.929
Opinion on Importance of Celebrities in Social Marketing	92.5366	14.10734	91.6206	13.67589	88.9244	15.91491	84.1905	15.91301

Source: Computed from Primary data

Individuals with higher educational qualifications tend to express slightly lower opinions compared to those with lower qualifications. Specifically, respondents with post-graduate and above qualifications have the lowest mean opinion score of 84.1905, followed by graduates with a mean score of 88.9244, plus two/pre-degree holders with a mean score of 91.6206, and finally, individuals with up to schooling qualifications have the highest mean score of 92.5366. This shows that educational qualification influence the perceptions of celebrity importance in social marketing campaigns, with individuals with lower qualifications attributing greater significance to celebrities.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different Educational Qualification

H₁: There is significant difference in the in **Opinion on Importance of Celebrities in Social Marketing** on health sector among different Educational Qualification

Table 6.4.4.1

Result of One Way ANOVA (Education wise Importance)

	Mean	Std. Deviation	F value	P Value
Up to schooling	92.5366	14.10734	9.093	<0.001**
plus two/pre-degree	91.6206	13.67589		
Graduate	88.9244	15.91491		
Post Graduate & above	84.1905	15.91301		
Total	89.3239	15.19695		

** Significant at 1% level

The one-way ANOVA test results investigating opinions on the importance of celebrities in the health sector across different educational qualifications reveal significant differences. The null hypothesis (H₀), suggesting no significant difference in opinions among educational qualifications, is strongly rejected due to a notable F value of 9.093 and an associated p-value of less than 0.001. This indicates compelling evidence against the assumption of equality in mean opinions across educational qualifications. This reveals that educational qualification significantly

influences perceptions of celebrity importance in health sector social marketing campaigns.

Table 6.4.4.2

Education wise Opinion on the importance of celebrities

Multiple Comparisons						
Dependent Variable: Importance of Celebrities in Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	.91603	1.89876	.963	-3.9736	5.8057
	Graduate	3.61214	1.92746	.240	-1.3514	8.5757
	Post Graduate & above	8.34611*	2.05952	<.000**	3.0425	13.6498
plus two/pre- degree	Graduate	2.69611	1.36923	.201	-.8299	6.2221
	Post Graduate & above	7.43008*	1.54962	<.000**	3.4395	11.4206
Graduate	Post Graduate & above	4.73397*	1.58466	<.015*	.6532	8.8148

** Significant at 1% level and * Significant at 5% level

The Tukey Honestly Significant Difference (HSD) test results reveal individuals with post-graduate & above qualifications consistently exhibit significantly lower mean differences compared to other educational groups. Specifically, they show lower opinions compared to individuals with up to schooling, plus two/pre-degree, and graduate qualifications, with mean differences of -8.34611 ($p < 0.001$), -7.43008 ($p < 0.001$), and -4.73397 ($p = 0.015$), respectively. Conversely, those with up to schooling qualifications consistently display higher mean differences compared to other groups. This indicates that individuals with higher educational qualifications tend to attribute lesser importance to celebrities in social marketing campaigns, particularly those with post-graduate & above qualifications.

Table 6.4.5

Occupation -Wise Comparison of Opinion on Importance of Celebrities in Social Marketing

	Occupation									
	Government employee		Private employee		Self employed		Students		others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.40	.771	4.75	.590	4.81	.560	4.34	.711	3.69	1.138
Helps to recall the health problems	4.31	.788	4.70	.701	4.76	.668	4.22	.789	3.44	1.315
Helps to recall the seriousness of the problem	4.35	.762	4.69	.698	4.85	.536	4.23	.769	3.06	1.124
Helps to recall the possible results	4.13	.991	4.68	.763	4.73	.715	4.08	.887	3.12	1.204
Helps to recall the possible solutions	4.23	.924	4.68	.778	4.76	.724	4.02	.918	2.75	1.065
Opinion on Importance of Celebrities in Social Marketing	85.6533	15.50719	93.9937	13.30246	95.5897	12.05338	83.5695	14.10237	64.2500	19.94492

Source: Computed from Primary data

Private employees (93.9) and self-employed individuals (95.5) consistently demonstrate the highest mean opinion scores, followed closely by government employees (85.6). Conversely, students (83.5) and individuals classified as "others" (64.2) exhibit significantly lower mean opinion scores. Occupation plays a significant role in shaping perceptions of celebrity importance in social marketing, with private employees and self-employed individuals attributing the highest significance to celebrities. Conversely, students and individuals categorized as "others" hold less pronounced beliefs in the importance of celebrities.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different occupation groups

H₁: There is significant difference in the in **Opinion on Importance of Celebrities in Social Marketing** on health sector among different occupation groups

Table 6.4.5.1

Result of One Way ANOVA (Occupation wise Opinion on importance of celebrities)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	85.6533	15.50719	36.993	<0.001**
Private employee	93.9937	13.30246		
Self employed	95.5897	12.05338		
Students	83.5695	14.10237		
Others	64.2500	19.94492		
Total	89.3239	15.19695		

** Significant at 1% level

The results of the one-way ANOVA test examining opinions on the importance of celebrities in the health sector across different occupation groups reveal significant differences ($F = 36.993$, $p < 0.001$). The null hypothesis (H₀) suggesting no significant difference in opinions among occupation groups is strongly rejected. Specifically, private employees and self-employed individuals

exhibit the highest mean opinion scores, with means of 93.9937 and 95.5897, respectively. They are followed by government employees, with a mean score of 85.6533. In contrast, students and individuals categorized as "others" have significantly lower mean opinion scores, with means of 83.5695 and 64.2500, respectively. These statistics indicate that occupation significantly influences perceptions of celebrity importance in health sector social marketing campaigns.

Table 6.4.5.2
Occupation wise Opinion on importance of celebrities

Multiple Comparisons						
Dependent Variable: Importance of Celebrities in Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-8.34032*	1.77952	<.000**	-13.2071	-3.4735
	Self employed	-9.93641*	2.23988	<.000**	-16.0622	-3.8106
	Students	2.08383	1.84876	.792	-2.9723	7.1400
	Others	21.40333*	3.81405	<.000**	10.9724	31.8343
Private employee	Self employed	-1.59609	1.75166	.893	-6.3867	3.1945
	Students	10.42414*	1.21210	<.000**	7.1092	13.7391
	Others	29.74365*	3.54940	<.000**	20.0365	39.4508
Self employed	Students	12.02024*	1.82196	<.000**	7.0374	17.0031
	Others	31.33974*	3.80113	<.000**	20.9441	41.7354
Students	Others	19.31951*	3.58462	<.000**	9.5160	29.1230

** Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test results provide insightful comparisons regarding the importance of celebrities in social marketing campaigns across different occupation groups. Significant mean differences were observed between all pairs of occupation groups. Specifically, government employees exhibit lower opinions compared to private employees and self-employed individuals, with mean differences of -8.34032 ($p < 0.001$) and -9.93641 ($p < 0.001$), respectively. Moreover, students show significantly lower opinions compared to private employees, self-employed individuals, and others, with mean differences of -10.42414 ($p < 0.001$), -12.02024 ($p < 0.001$), and 19.31951 ($p < 0.001$), respectively. Conversely, individuals classified as "others" express significantly lower opinions compared to government employees, private employees, self-employed individuals, and students, with mean differences ranging from 21.40333 to 31.33974 ($p < 0.001$). These statistics highlight the diverse perceptions of celebrity importance across different occupation groups.

Table 6.4.6

Income Group -Wise Comparison of Opinion on Importance of Celebrities in Social Marketing

	Income Group									
	Up to Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.57	.666	4.66	.652	4.62	.651	4.79	.509	4.32	.844
Helps to recall the health problems	4.49	.711	4.64	.719	4.61	.721	4.73	.665	4.14	1.000
Helps to recall the seriousness of the problem	4.49	.749	4.62	.754	4.61	.653	4.79	.509	4.16	.939
Helps to recall the possible results	4.38	.904	4.55	.829	4.55	.845	4.72	.670	4.07	1.004
Helps to recall the possible solutions	4.36	.896	4.54	.858	4.55	.845	4.70	.739	4.07	1.078
Opinion on Importance of Celebrities in Social Marketing	89.1858	14.13038	92.0000	14.20059	91.6970	14.02083	94.9254	11.84920	83.0199	17.68445

Source: Computed from Primary data

Individuals in the highest income group of 160,000 & above demonstrate the lowest mean opinion score (83.0199). Conversely, individuals in the lowest income group of up to Rupees 40,000 (89.1858) display a moderate mean opinion score. Mean score of the people in the income brackets of 80,000-120,000 (91.6970) and 120,000-160,000 (94.9254). This shows that perceptions of celebrity importance in social marketing campaigns may not necessarily align with income levels.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different Income groups

H₁: There is significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different Income groups

Table 6.4.6.1

**Result of One Way ANOVA
(Income wise Opinion on importance of celebrities)**

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.1858	14.13038	11.098	<0.001**
40,000-80,000	92.0000	14.20059		
80,000-120,000	91.6970	14.02083		
120,000-160,000	94.9254	11.84920		
160,000 & above	83.0199	17.68445		
Total	89.3239	15.19695		

** Significant at 1% level

The one-way ANOVA test examining opinions on the importance of celebrities in the health sector across different income groups reveal significant differences ($F = 11.098$, $p < 0.001$). The null hypothesis (H₀) suggesting no significant difference in opinions among income groups is rejected. Specifically, individuals in the income brackets of 40,000-80,000, 80,000-120,000, and 120,000-160,000 demonstrate mean opinion scores of 92.0000, 91.6970, and 94.9254,

respectively. In contrast, individuals in the lowest income group of up to Rupees 40,000 exhibit a mean opinion score of 89.1858, while those in the highest income bracket of 160,000 & above display a mean opinion score of 83.0199. These statistics indicate that income significantly influences perceptions of celebrity importance in social marketing campaigns related to health sectors.

Table 6.4.6.2
Income wise Opinion on importance of celebrities

Multiple Comparisons						
Dependent Variable: Importance of Celebrities in Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000-80,000	-2.81423	1.46575	.308	-6.8229	1.1944
	80,000-120,000	-2.51120	2.04286	.734	-8.0982	3.0758
	120,000-160,000	-5.73960*	2.03073	<.039*	-11.2934	-.1858
	160,000 & above	6.16590*	1.51991	<.001**	2.0091	10.3227
40,000-80,000	80,000-120,000	.30303	2.14356	1.000	-5.5593	6.1654
	120,000-160,000	-2.92537	2.13200	.646	-8.7562	2.9054
	160,000 & above	8.98013*	1.65278	<.000**	4.4600	13.5003
80,000-120,000	120,000-160,000	-3.22840	2.56326	.716	-10.2386	3.7818
	160,000 & above	8.67710*	2.18095	<.000**	2.7125	14.6417
120,000-160,000	160,000 & above	11.90551*	2.16959	<.000**	5.9719	17.8391

** Significant at 1% level and * Significant at 5% level

The Tukey HSD test results reveal a reverse trend in the perceived importance of celebrities in social marketing campaigns across income groups.

Surprisingly, individuals in the highest income bracket of 160,000 & above exhibit significantly lower mean opinion scores compared to those in the lower income brackets. Individuals earning between 120,000-160,000 Rupees demonstrate a significantly higher mean opinion score compared to those in the lowest income bracket of up to 40,000 Rupees (mean difference = -5.73960, $p = 0.039$). Additionally, individuals in the highest income bracket display notably lower mean opinion scores compared to those in the middle-income brackets, such as 40,000-80,000 Rupees (mean difference = -8.98013, $p < 0.001$), and 80,000-120,000 Rupees (mean difference = -8.67710, $p = 0.001$). Conversely, individuals in the middle-income groups generally demonstrate higher mean opinion scores, indicating a greater perceived importance of celebrities in social marketing campaigns, while those in the lowest income bracket exhibit a moderate mean score.

Table 6.4.7

**Area of Residence -Wise Comparison of
Opinion on Importance of Celebrities in Social Marketing**

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Helps to recall the story	4.76	.605	4.32	.747
Helps to recall the health problems	4.72	.696	4.18	.832
Helps to recall the seriousness of the problem	4.73	.656	4.17	.835
Helps to recall the possible results	4.69	.762	4.03	.941
Helps to recall the possible solutions	4.68	.773	4.01	.978
Opinion on Importance of Celebrities in Social Marketing	94.3000	13.10953	82.8404	15.30381

Source: Computed from Primary data

Individuals residing in urban areas demonstrate notably higher mean opinion scores compared to their rural counterparts. Specifically, the mean opinion score for urban residents is 94.3000 with a standard deviation of 13.10953, while for rural residents; the mean opinion score is 82.8404 with a standard deviation of 15.30381.

This discrepancy indicates that urban dwellers perceive celebrities to be more important in social marketing campaigns compared to those living in rural areas.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different Area of Residence

H₁: There is significant difference in the **Opinion on Importance of Celebrities in Social Marketing** on health sector among different Area of Residence.

Table 6.4.7.1

**Result of independent sample t test
(Area of Residence wise Opinion on importance of celebrities)**

	Area of Residence	Mean	Std. Deviation	t value	P Value
Opinion on Importance of Celebrities in Social Marketing	Urban	94.3000	13.10953	10.708	<0.001**
	Rural	82.8404	15.30381		

** Significant at 1% level

The independent sample t-test conducted to examine the difference in opinions on the importance of celebrities in social marketing campaigns, segmented by area of residence, yielded statistically significant results. Urban residents demonstrated a notably higher mean opinion score of 94.3000 (SD = 13.10953) compared to rural residents, who exhibited a lower mean opinion score of 82.8404 (SD = 15.30381). The calculated t-value of 10.708 was highly significant ($p < 0.001$), indicating a substantial difference in perceptions between urban and rural areas regarding the importance of celebrities in social marketing campaigns related to the health sector.

6.5 Effectiveness of celebrity endorsement in social marketing health campaigns

The effectiveness of celebrity endorsement in social marketing health campaigns is assessed through three constructs such as the attractiveness of celebrities, the attitude towards celebrities, and the importance of celebrities. These dimensions are examined to understand their influence on the overall effectiveness of the campaigns. Additionally, the analysis takes into account various demographic profiles to identify how perceptions vary across different groups. This section aims to provide a detailed evaluation of how these factors contribute to the success of celebrity-endorsed health campaigns.

Table 6.5

Effectiveness of celebrity endorsement in social marketing health campaigns

	Effectiveness (Mean)	Std. Deviation
Effectiveness of Celebrity endorsement in Social marketing	89.5540	14.30606

Source: Computed from Primary data

Celebrity endorsement in social marketing has an average effectiveness score of 89.5540 and a standard deviation of 14.30606. According to survey respondents, the average perceived efficacy of celebrity endorsements is indicated by this mean score. The standard deviation reveals information about the variety or dispersion of responses around the mean score, demonstrating how respondents' judgements on effectiveness differ from one another. Based on this measurement, the average respondents believe that celebrity endorsements in social marketing campaigns work very well. Nevertheless, the standard deviation suggests that respondents' assessments of these factors vary somewhat, underscoring the significance of comprehending personal preferences and variances when utilizing celebrity endorsements for social marketing campaigns.

Age wise Effectiveness of Celebrity Endorsement

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different age groups

H₁: There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different age groups

Table 6.5.1

Result of One Way ANOVA (Age wise Effectiveness of Celebrity Endorsement)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	86.0132	14.11687	19.865	<0.001**
30 - 60 years	92.6161	13.78287		
Above 60 years	93.2361	13.71471		
Total	89.5540	14.30606		

** Significant at 1% level

A statistically significant difference was found ($F = 19.865$, $p < 0.001$) in the results of the one-way ANOVA test investigating the efficacy of celebrity endorsement in social marketing efforts across different age groups. For people under 30, the mean effectiveness score was 86.0132 (SD = 14.11687); for people between 30 and 60, it was 92.6161 (SD = 13.78287); and for people over 60, it was 93.2361 (SD = 13.71471). The null hypothesis (H₀) that there is no significant difference in the effectiveness of celebrity endorsement among different age groups is rejected since the p-value is smaller than the significance level, which is often indicated by α and set at 0.05. Consequently, the alternative hypothesis (H₁), which states that the impact of celebrity endorsement in social marketing campaigns pertaining to health varies significantly depending on the age group.

Table 6.5.1.2

Age wise Effectiveness of Celebrity Endorsement

Multiple Comparisons						
Dependent Variable: Celebrity Endorsement in Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-6.60295*	1.05893	<.000**	-9.0900	-4.1159
	Above 60 years	-7.22294	4.09640	.183	-16.8441	2.3982
30 - 60 years	Above 60 years	-.61999	4.08911	.987	-10.2240	8.9840

** Significant at 1% level

The results of the Tukey HSD post-hoc test show an interesting trend: it appears that as people get older, so does the perceived value of celebrity endorsement in social marketing campaigns. To be more precise, people under 30 thought celebrity endorsements were far less successful than people between 30 and 60 (mean difference = -6.60295, $p < 0.001$). Furthermore, people over 60 reported being considerably more effective than people in the younger age group (mean difference = -7.22294, $p = 0.183$). Furthermore, there was a considerable rise in perceived effectiveness between people 30 to 60 years old and people over 60, even if there was no statistically significant difference between the two groups (mean difference = 0.61999, $p = 0.987$). These results imply a favorable relationship between age and the perceived effectiveness of SM campaigns in the health sector.

Gender wise Effectiveness of Celebrity Endorsement in social marketing

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different gender

H₁: There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different gender

Table 6.5.2

**Result of independent sample t test
(Gender wise Effectiveness of Celebrity Endorsement)**

	Gender	Mean	Std. Deviation	t value	P value
Effectiveness of Celebrity Endorsement to SMCH	Male	92.2944	13.74872	3.936	<0.001**
	Female	87.9503	14.39711		

** Significant at 1% level

The results of the independent sample t-test indicated a statistically significant variation in the perceived efficacy of celebrity endorsement in social marketing efforts between genders ($t = 3.936$, $p < 0.001$). In comparison to female respondents ($M = 87.9503$, $SD = 14.39711$), male respondents reported a higher mean effectiveness score ($M = 92.2944$, $SD = 13.74872$). According to this, male participants thought celebrity endorsements were more successful than female participants did in the context of social marketing initiatives for the health sector.

Marital status wise Effectiveness of Celebrity Endorsement in Social marketing Health Campaigns

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different marital status

H₁: There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different marital status

Table 6.5.3

Result of One Way ANOVA (marital status wise Effectiveness of Celebrity Endorsement)

	Mean	Std. Deviation	F value	P Value
Single	87.2220	14.05055	11.812	<0.001**
Married	90.7746	14.60184		
Divorced	98.4624	5.70375		
Total	89.5540	14.30606		

** Significant at 1% level

Perceived efficiency of celebrity endorsement in social marketing initiatives varied significantly throughout married statuses, according to a one-way ANOVA ($F = 11.812$, $p < 0.001$). According to the results, respondents who were divorced reported the highest mean effectiveness score ($M = 98.4624$, $SD = 5.70375$), followed by those who were married ($M = 90.7746$, $SD = 14.60184$) and those who were single ($M = 87.2220$, $SD = 14.05055$). The results indicate that the perceived efficacy of celebrity endorsements in social marketing campaigns for the health sector is influenced by marital status, with divorced people exhibiting the highest perceived efficacy.

Table 6.5.3.1

Marital status wise Effectiveness of Celebrity Endorsement

Multiple Comparisons						
Dependent Variable: Celebrity Endorsement in Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-3.55255*	1.08773	<.003*	-6.1073	-.9978
	Divorced	-11.24032*	2.65451	<.000**	-17.4749	-5.0057
Married	Divorced	-7.68778*	2.63598	<.010*	-13.8789	-1.4967

** Significant at 1% level and * Significant at 5% level

When comparing the efficacy of celebrity endorsement in social marketing initiatives across various marital statuses, the Tukey Honestly Significant Difference (HSD) test indicated significant variances. Divorced people believed celebrity endorsements to be far more successful than those who were single or married (mean difference = 11.24032, $p < 0.001$), according to post-hoc analyses. Married people also thought celebrity endorsements were more successful than those from unmarried people (mean difference = 7.68778, $p < 0.05$). These results imply that in social marketing initiatives aimed at the health sector, perceptions of the efficacy of celebrity endorsements are influenced by married status.

Education wise Effectiveness of Celebrity Endorsement in Social Marketing Health Campaigns

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different Educational Qualification

H₁: There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different Educational Qualification

Table 6.5.4

Result of One Way ANOVA (Education wise Effectiveness of Celebrity Endorsement)

	Mean	Std. Deviation	F value	P Value
Up to schooling	93.4431	12.70320	12.980	<0.001**
plus two/pre-degree	92.0072	12.65431		
Graduate	89.1015	15.02904		
Post Graduate & above	83.8549	15.00897		
Total	89.5540	14.30606		

** Significant at 1% level

A statistically significant relationship between educational qualification and the perceived effectiveness of celebrity endorsements in health-related social marketing efforts was found by one-way ANOVA ($F = 12.980, p < 0.001$). There is a substantial difference between the groups, as evidenced by the rejection of the null hypothesis (H_0), which claimed there was no significant variation in the effectiveness of celebrity endorsement across different educational qualifications. There is a negative correlation between these variables, when the educational qualification increases the effectiveness of SM campaigns decreases.

Table 6.5.4.1

Education wise Effectiveness of Celebrity Endorsement

Multiple Comparisons						
Dependent Variable: Celebrity Endorsement in Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre-degree	1.43584	1.77335	.850	-3.1309	6.0025
	Graduate	4.34161	1.80015	.076	-.2941	8.9773
	Post Graduate & above	9.58821*	1.92349	<.000**	4.6349	14.5416
plus two/pre-degree	Graduate	2.90576	1.27879	.106	-.3874	6.1989
	Post Graduate & above	8.15237*	1.44727	<.000**	4.4254	11.8794
Graduate	Post Graduate & above	5.24661*	1.47999	<.002*	1.4353	9.0579

** Significant at 1% level and * Significant at 5% level

The perceived efficacy of celebrity endorsement in social marketing initiatives varies significantly, according to the findings of the Tukey Honestly Significant Difference (HSD) test for multiple comparisons across various educational qualifications. Individuals possessing post-graduate and higher

qualifications had a considerably lower mean effectiveness score than those with only education, plus two/pre-degree, and graduate qualifications ($p < 0.05$). Additionally, those with graduation thought that celebrity endorsements were far less successful than those with only an education ($p = 0.076$). Individuals who held a post-graduate degree or higher thought celebrity endorsements were considerably less successful than those who held a plus two or pre-degree degree ($p < 0.05$). All things considered, these results show that people with more educational backgrounds are less likely to view celebrity endorsements in social marketing campaigns related to health.

Occupation wise Effectiveness of Celebrity Endorsement in Social Marketing Health Campaigns

One way ANOVA was used to test the following hypothesis:

H_0 : There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different occupation groups

H_1 : There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different occupation groups

Table 6.5.5

**Result of One Way ANOVA
(Occupation wise Effectiveness of Celebrity Endorsement)**

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	85.3289	14.74164	40.904	<0.001**
Private employee	94.2508	12.86276		
Self employed	95.5940	11.06767		
Students	83.9447	12.57127		
Others	65.6250	17.57265		
Total	89.5540	14.30606		

** Significant at 1% level

The one-way ANOVA test results, which examine the impact of celebrity endorsement in social marketing initiatives related to the health sector across various

occupational categories, provide significant information. A p-value of less than 0.05 means that the null hypothesis (H0), which states that there is no significant variation in efficacy across different occupations, is rejected. It indicates that opinions on the value of celebrity endorsements in health-related social marketing initiatives vary significantly throughout occupational groupings. With mean effectiveness scores of 94.2508 and 95.5940, respectively, private employees and self-employed people reported the highest mean effectiveness scores, indicating their generally positive opinions of celebrity endorsements. As opposed to those in other occupations, those categorized as "others" had the lowest mean effectiveness score, at 65.6250, indicating a noticeably less favorable view.

Table 6.5.5.1
Occupation wise Effectiveness of Celebrity Endorsement

Multiple Comparisons						
Dependent Variable: Celebrity Endorsement in Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-8.92190*	1.65999	<.000**	-13.4618	-4.3820
	Self employed	- 10.26513*	2.08943	<.000**	-15.9795	-4.5508
	Students	1.38420	1.72459	.930	-3.3323	6.1007
	Others	19.70389*	3.55787	<.000**	9.9735	29.4342
Private employee	Self employed	-1.34322	1.63401	.924	-5.8120	3.1256
	Students	10.30610*	1.13069	<.000**	7.2138	13.3984
	Others	28.62579*	3.31100	<.000**	19.5706	37.6810
Self employed	Students	11.64932*	1.69959	<.000**	7.0012	16.2975
	Others	29.96902*	3.54582	<.000**	20.2716	39.6664
Students	Others	18.31969*	3.34385	<.000**	9.1747	27.4647

** Significant at 1% level

To explore the variations in celebrity endorsement's efficacy in social marketing campaigns among different occupational categories, the Tukey Honestly Significant Difference (HSD) test was used. The majority of pairs of occupation categories showed substantial variations between them, according to the data. To be more precise, compared to self-employed people (mean difference = -10.26513, $p < 0.001$) and private employees (mean difference = -8.92190, $p < 0.001$), government employees demonstrated noticeably less efficacy. When compared to government employees, self-employed individuals, and private employees, students (mean difference = 1.38420, $p = 0.930$) and others (mean difference = 19.70389, $p < 0.001$) shown less efficacy. Overall, these results imply that different occupational categories have dramatically variable levels of celebrity endorsement effectiveness.

Income wise Effectiveness of Celebrity Endorsement in Social Marketing Health Campaigns

One way ANOVA was used to test the following hypothesis:

H_0 : There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different Income groups.

H_1 : There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different Income groups.

Table 6.5.6

**Result of One Way ANOVA
(Income wise Effectiveness of Celebrity Endorsement)**

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.7220	12.78683	13.113	<0.001**
40,000-80,000	92.3804	13.55935		
80,000-120,000	91.6162	13.32638		
120,000-160,000	94.6692	11.69544		
160,000 & above	82.9194	16.65356		
Total	89.5540	14.30606		

** Significant at 1% level

The analysis of variance (ANOVA) reveals significant differences in the results of celebrity endorsement efficacy for health-related social marketing efforts among various socio-economic brackets. There are clear trends when looking at the average effectiveness scores for each income level. People who fall into the lower income brackets—that is, those making up to Rupees 40,000, 40,000-80,000, 80,000-120,000, and 120,000-160,000—have mean effectiveness ratings that are somewhat higher, ranging from 89.7220 to 94.6692. In contrast, those who earn 160,000 or more have noticeably lower mean effectiveness scores (82.9194) than those in the higher income categories. A lower impression of effectiveness is suggested in this income range, as evidenced by the notably marked mean effectiveness score of 82.9194 among those making 160,000 and above. The most effective persons are those with middle-class incomes.

Table 6.5.6.1

Income wise Effectiveness of Celebrity Endorsement

Multiple Comparisons						
Dependent Variable: Celebrity Endorsement in Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000-80,000	-2.65839	1.37244	.299	-6.4118	1.0951
	80,000-120,000	-1.89416	1.91280	.860	-7.1254	3.3371
	120,000-160,000	-4.94715	1.90145	.071	-10.1474	.2531
	160,000 & above	6.80258*	1.42314	<.000**	2.9104	10.6947
40,000-80,000	80,000-120,000	.76423	2.00709	.996	-4.7249	6.2534
	120,000-160,000	-2.28876	1.99627	.782	-7.7483	3.1708
	160,000 & above	9.46097*	1.54756	<.000**	5.2286	13.6933
80,000-120,000	120,000-160,000	-3.05299	2.40007	.709	-9.6169	3.5109
	160,000 & above	8.69674*	2.04210	<.000**	3.1118	14.2816
120,000-160,000	160,000 & above	11.74973*	2.03146	<.000**	6.1939	17.3055

** Significant at 1% level

The efficacy of celebrity endorsement in social marketing efforts was compared between various income brackets using the Tukey HSD (Honestly Significant Difference) test. Significant differences in effectiveness scores between specific income brackets are shown by the results. People making 160,000 or more have a mean effectiveness score that is lower than people in lower income categories; the mean difference is 6.80258 to 11.74973. On the other hand, as compared to the higher income group, respondents in the income groups of up to Rupees 40,000, 40,000-80,000, 80,000-120,000, and 120000-160000 show higher mean effectiveness scores. A statistically significant difference exists ($p < 0.05$). These results imply that people with lower to moderate incomes typically believe celebrity endorsements in social marketing campaigns aimed at health issues are more successful than those with higher incomes.

Area of Residence wise Effectiveness of Celebrity Endorsement in Social Marketing Health Campaigns

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different Area of Residence

H₁: There is significant difference in the Effectiveness of Celebrity Endorsement in Social Marketing campaigns on health sector among different Area of Residence

Table 6.5.7

**Result of independent sample t test
(Area of Residence wise Effectiveness of Celebrity Endorsement)**

	Area of Residence	Mean	Std. Deviation	t value	P Value
Effectiveness of Celebrity Endorsement to SMCH	Urban	94.6358	12.39797	11.788	<0.001**
	Rural	82.9327	13.92941		

** Significant at 1% level

The efficacy of celebrity endorsement in social marketing efforts across various residential areas was compared using an independent sample t-test, and the results were significant ($t = 11.788$, $p < 0.001$). The average efficiency score for respondents living in urban regions was 94.6358, with a standard deviation of 12.39797. The average effectiveness score for respondents living in rural areas was 82.9327. The significant difference shows that urban and rural populations consider celebrity endorsements to be of different efficaciousness. To be more accurate, when it comes to health-related social marketing campaigns, urbanites believe celebrity endorsement to be more effective than rural ones.

6.6 Chapter Summary

The chapter explores the effectiveness of celebrity endorsements in social marketing health campaigns in Kerala, focusing on how this effectiveness varies across different demographic profiles of respondents. The analysis includes seven demographic factors: age, gender, marital status, educational qualification, occupation, income level and geographic location. Effectiveness is assessed through three constructs: **Attractiveness of celebrities in health campaigns**, the campaigns featuring celebrities are found to be highly attractive to respondents across board, with overall attractiveness rated very high. **Attitude towards celebrities**; respondents generally hold a very positive attitude towards the use of celebrities in these campaigns. Despite this, there are noticeable differences in attitudes among different demographic groups. **Opinion on the importance of celebrities**; Respondents' opinions on the significance of celebrities in these campaigns are overwhelmingly positive, though these opinions vary across demographic lines. The data indicates that while there are differences in the responses among various demographic factors, the overall effectiveness of celebrity endorsements remains high. Campaigns that incorporate celebrities are perceived as highly effective, reflecting strong positive responses across attractiveness, attitude, opinion on the importance of celebrities and overall effectiveness metrics. The chapter concludes that using celebrities in social marketing health campaigns significantly enhances their effectiveness, despite the demographic variations in the respondents' reactions.

CHAPTER 7

ANALYZING THE EFFECTIVENESS OF SOCIAL MARKETING STRATEGIES ON HEALTH CAMPAIGNS

7.1	<i>Introduction</i>
7.2	<i>Behavioral outcomes</i>
7.3	<i>Health outcomes</i>
7.4	<i>Cognitive outcomes</i>
7.5	<i>Economic outcomes</i>
7.6	<i>Effectiveness of social marketing health campaigns</i>
7.7	<i>Relationship between celebrity endorsement, attitude, attention and awareness with effectiveness of social marketing in health sector</i>
7.8	<i>Chapter Summary</i>

EFFECTIVENESS OF SOCIAL MARKETING CAMPAIGNS IN HEALTH SECTOR

7.1 Introduction

The effectiveness of Social marketing campaigns in the health sector is pivotal for assessing their overall impact and value. The chapter delves into the various outcomes that these campaigns aim to influence and measure, providing a comprehensive analysis of the success. By examining behavioral, health, cognitive and economic outcomes the chapter seeks to evaluate the multi- dimensional impact of social marketing efforts on public health. The analysis employs various statistical tools like mean, standard deviation, one-way ANOVA, Tukey's post hoc test for multiple comparison and independent t-tests to evaluate these outcomes. Moreover, to establish the relationship between effectiveness of social marketing campaigns with awareness, attention, attitude and celebrity endorsement, a specific model is employed. The model helps to elucidate the connections and causal relationships between the campaigns and their impact on public health metrics.

7.2 Behavioral outcomes of social marketing

Social marketing, especially in the field of public health, is a powerful tool for encouraging beneficial behavioral changes. The outcomes of social marketing campaigns on behaviors related to health are shown in this table as mean scores and standard deviations. These interventions catalyze complex behavioral changes, ranging from lowering anti-health activities to encouraging favorable attitudes towards preventive actions. Strategies to improve public health through focused campaigns are informed by the cumulative score, which represents their combined impact.

Table 7.2**Mean and Standard deviation showing behavioral outcomes and its variables**

Variables	Mean	Std. Deviation
Decrease in Anti Health activities	4.52	.839
Increases self-protective behavior	4.56	.758
Personal involvement in Health.	4.53	.828
Improve confidence and social image	4.55	.778
Desire to quit anti-health activities	4.48	.881
Better health condition	4.60	.731
Decrease consumption of unhealthy items	4.53	.826
Awareness for the ill effects of unhealthy consumption	4.56	.747
Positive attitude and belief towards life	4.59	.725
Encourages healthy behavior	4.60	.697
Changes perception towards life	4.55	.772
Positive attitude towards screening and vaccinations	4.52	.799
Better social image	4.55	.774
Behavioral Outcome of Social Marketing	90.9868	13.87903

Source: Computed from Primary data

Positive mean scores ranging from 4.60 to 4.48 are shown for all items in the table, indicating a significant benefit from social marketing campaigns. Additionally, the standard deviations range from .697 to .881, indicating a modest degree of variability across the behavioral outcomes that were evaluated. This consistency shows how well social marketing works to promote positive behavioral changes, as the campaigns have a considerable impact on a variety of health-related behaviors.

Table 7.2.1

Comparison of Behavioral outcome among different Age Groups

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.34	.921	4.67	.726	4.58	.793
Increases self-protective behavior	4.42	.819	4.69	.679	4.67	.651
Personal involvement in Health.	4.39	.884	4.66	.749	4.58	.996
Improve confidence and social image	4.40	.828	4.67	.711	4.75	.622
Desire to quit anti-health activities	4.28	.953	4.65	.775	4.67	.778
Better health condition	4.47	.769	4.71	.676	4.67	.778
Decrease consumption of unhealthy items	4.35	.915	4.68	.709	4.83	.577
Awareness for the ill effects of unhealthy consumption	4.41	.792	4.69	.683	4.75	.622
Positive attitude and belief towards life	4.45	.788	4.71	.643	4.75	.622
Encourages healthy behaviour	4.48	.745	4.72	.629	4.67	.778
Changes perception towards life	4.34	.869	4.72	.626	4.75	.622
Positive attitude towards screening and vaccinations	4.33	.895	4.69	.662	4.67	.651
Better social image	4.40	.846	4.68	.677	4.58	.793
Behavioural Outcome of Social Marketing	87.7858	14.66880	93.7747	12.54777	93.7179	12.22803

Source: Computed from Primary data

Compared to the other age groups, respondents in the age group up to 30 years old often showed somewhat lower mean scores across the majority of behavioral outcome variables. Respondents between the ages of 30 and 60 showed higher mean scores for the majority of behavioral outcome factors, suggesting that they were more receptive to the campaign's messaging. Significantly, this age group demonstrated the highest mean score (mean = 93.7747, SD = 12.54777) for the social marketing campaign's overall behavioral outcome, indicating a significant influence on behaviors pertaining to health and wellbeing. In the same way, individuals over 60 likewise demonstrated high mean scores in a variety of behavioral outcome factors, suggesting that they found the campaign's messaging to be appealing. The consistently high mean score for "Better health condition" (mean score) is especially remarkable.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Behavioral Outcome of Social Marketing among different age groups

H₁: There is significant difference in the Behavioral Outcome of Social Marketing among different age groups

Table 7.2.1.1

Result of One Way ANOVA (Age wise behavioral Outcome)

.	Mean	Std. Deviation	F value	P Value
Up to 30 years	87.7858	14.66880	17.113	<0.001**
30 - 60 years	93.7747	12.54777		
Above 60 years	93.7179	12.22803		
Total	90.9868	13.87903		

** Significant at 1% level

There are statistically significant variations in the age groups' behavioral outcomes from the social marketing effort, according to the results of the one-way ANOVA test. Rejected is the null hypothesis (H₀), which proposed that there is no significant difference in the behavioral outcome between age groups. On the other

hand, the alternative hypothesis (H1), which contends that age groups differ significantly in their behavioral outcomes, is validated. The corresponding p-value of less than 0.05 validates the statistical significance of this difference, and the F-value of 17.113 shows a significant difference in means among the age groups.

Table 7.2.1.2

Age wise behavioral Outcome

Multiple Comparisons						
Dependent Variable: Behavioral Outcome of Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-5.98886*	1.03115	<.000**	-8.4107	-3.5670
	Above 60 years	-5.93212	3.98892	.298	-15.3008	3.4366
30 - 60 years	Above 60 years	.05675	3.98182	1.000	-9.2953	9.4087

*. The mean difference is significant at the 0.05 level and ** Significant at 1% level

To compare the mean differences in the behavioral Outcome of Social Marketing across various age groups, the Tukey Honestly Significant Difference (HSD) test was used. The results show that there are significant differences in mean scores between respondents who are up to 30 years old and those who are between 30 and 60 years old (mean difference = -5.98886, $p < 0.001$). This indicates that the older respondents had significantly higher mean scores in behavioral outcomes than the younger respondents. Likewise, noteworthy distinctions were noted between participants under 30 years of age and those over 60 (mean difference = -5.93212, $p = 0.298$), suggesting that respondents over 60 years of age had greater mean scores in behavioral outcomes. Between those who were 30 to 60 years old and those who were older, there was no significant difference.

Table 7.2.2
Comparison of Behavioral outcome among different Gender

	Gender			
	Male		Female	
	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.66	.724	4.43	.889
Increases self-protective behavior	4.66	.703	4.51	.784
Personal involvement in Health.	4.61	.837	4.49	.820
Improve confidence and social image	4.64	.755	4.49	.787
Desire to quit anti-health activities	4.57	.882	4.42	.878
Better health condition	4.71	.662	4.54	.763
Decrease consumption of unhealthy items	4.65	.738	4.46	.867
Awareness for the ill effects of unhealthy consumption	4.66	.692	4.50	.772
Positive attitude and belief towards life	4.67	.711	4.54	.729
Encourages healthy behavior	4.68	.664	4.56	.713
Changes perception towards life	4.66	.720	4.48	.795
Positive attitude towards screening and vaccinations	4.68	.699	4.43	.839
Better social image	4.67	.716	4.48	.798
Behavioral Outcome of Social Marketing	93.1034	13.36957	89.7482	14.03588

Source: Computed from Primary data

Males showed slightly higher mean scores than females across a range of indicators, indicating a potentially more favorable reaction to the campaign's messaging. Female respondents reported generally favorable answers despite significantly lower mean scores in the different outcomes. Notably, mean scores above 4 in a number of factors indicated that both genders wanted to adopt healthier

behaviors. Furthermore, the social marketing campaign's overall behavioral outcome was greater in men (mean = 93.1034, SD = 13.36957) than in women (mean = 89.7482, SD = 14.03588), indicating that men had a little bigger impact.

Independent sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Behavioral Outcome of Social Marketing among different gender

H₁: There is significant difference in the Behavioral Outcome of Social Marketing among different gender

Table 7.2.2.1

Result of independent sample t test (Gender wise behavioral Outcome)

	Gender	Mean	Std. Deviation	t value	P value
Behavioral Outcome	Male	93.1034	13.36957	3.121	<.002*
	Female	89.7482	14.03588		

*Significant at 5% level

t= 3.121, p = 0.002, a statistically significant result, was obtained from the independent sample t-test used to assess the Behavioral Outcome of Social Marketing between genders. Males (mean = 93.1034, SD = 13.36957) and females (mean = 89.7482, SD = 14.03588) show significantly different mean scores. The rejection of the null hypothesis results from the p-value of 0.002, which is less than the significance threshold of 0.05. With men showing a higher mean score than women, these results indicate that there is, in fact, a considerable difference in the behavioral outcome of social marketing between genders.

Table 7.2.3

Comparison of Behavioral outcome among different marital status

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.41	.897	4.58	.799	4.94	.359
Increases self-protective behavior	4.49	.779	4.59	.759	4.97	.180
Personal involvement in Health.	4.45	.849	4.56	.831	4.94	.250
Improve confidence and social image	4.45	.822	4.60	.755	4.97	.180
Desire to quit anti-health activities	4.35	.929	4.54	.855	4.97	.180
Better health condition	4.54	.739	4.62	.745	4.97	.180
Decrease consumption of unhealthy items	4.42	.873	4.59	.798	4.94	.359
Awareness for the ill effects of unhealthy consumption	4.48	.740	4.60	.770	4.97	.180
Positive attitude and belief towards life	4.51	.762	4.63	.708	4.97	.180
Encourages healthy behavior	4.53	.722	4.64	.692	4.97	.180
Changes perception towards life	4.40	.841	4.63	.716	4.97	.180
Positive attitude towards screening and vaccinations	4.39	.863	4.60	.752	4.97	.180
Better social image	4.45	.822	4.60	.748	4.97	.180
Behavioral Outcome of Social Marketing	89.0323	14.21570	91.9462	13.79097	99.2060	4.14474

Source: Computed from Primary data

Divorced people have the greatest mean scores across all parameters, with a mean Behavioral Outcome of Social Marketing of 99.2060 and a comparatively low standard deviation of 4.14474. Married people follow next, and they too have a comparatively high mean score of 91.9462. Conversely, those who are single have the lowest mean score (89.0323). It's crucial to remember that all marital statuses have relatively low standard deviations, indicating that responses within each category are consistent. These results imply that a campaign's effectiveness may be influenced by a person's marital status.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in Behavioral Outcome of Social Marketing among different marital status

H₁: There is significant difference in Behavioral Outcome of Social Marketing among different marital status

Table 7.2.3.1

Result of One Way ANOVA (marital status wise behavioral Outcome)

	Mean	Std. Deviation	F value	P Value
Single	89.0323	14.21570	9.613	<0.001**
Married	91.9462	13.79097		
Divorced	99.2060	4.14474		
Total	90.9868	13.87903		

** Significant at 1% level

A significant finding ($F = 9.613$, $p < 0.001$) was obtained from the one-way ANOVA test that examined the Behavioral Outcome of Social Marketing across different marital statuses. This indicates the mean scores of the groups based on marital status do, in fact, differ significantly. In particular, the greatest mean score for the Behavioral Outcome of Social Marketing was recorded by divorced people (mean = 99.2060), then married people (mean = 91.9462), and lastly, single people (mean = 89.0323). The null hypothesis was rejected due to a p-value of less than

0.05, indicating a substantial variation in the behavioral outcome of social marketing between marital statuses.

Table 7.2.3.2
Marital status wise behavioral Outcome

Multiple Comparisons						
Dependent Variable: Behavioral Outcome of Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-2.91394*	1.05846	<.017*	-5.3999	-.4279
	Divorced	-10.17370*	2.58309	<.000**	-16.2405	-4.1069
Married	Divorced	-7.25976*	2.56506	<.013*	-13.2843	-1.2353

** Significant at 1% level and * Significant at 5% level

The study conducted the Tukey Honestly Significant Difference (HSD) test to examine the average variations in the Behavioral Outcome of Social Marketing across various marital statuses. The mean scores of the marital status groups varied significantly, according to the results. In particular, mean differences between individuals who were single and married (mean difference = -2.91394, $p = 0.017$) and between those who were divorced (mean difference = -10.17370, $p < 0.001$) were shown to be significantly different. Married and divorced people also differed significantly from one another (mean difference = -7.25976, $p = 0.013$). According to these results, marital status has a major impact on how well the social marketing campaign works to encourage healthy behavior changes.

Table 7.2.4

Comparison of Behavioral outcome among different Educational Qualification

	Educational Qualification							
	Up to schooling		plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.71	.676	4.57	.845	4.53	.866	4.31	.833
Increases self-protective behavior	4.72	.614	4.57	.781	4.62	.753	4.37	.769
Personal involvement in Health	4.67	.668	4.57	.850	4.58	.804	4.31	.874
Improve confidence and social image	4.66	.741	4.60	.736	4.56	.817	4.37	.786
Desire to quit anti-health activities	4.65	.791	4.56	.836	4.48	.882	4.23	.959
Better health condition	4.72	.634	4.66	.674	4.61	.766	4.40	.791
Decrease consumption of unhealthy items	4.71	.676	4.60	.779	4.52	.840	4.33	.923
Awareness for the ill effects of unhealthy consumption	4.71	.694	4.65	.683	4.55	.772	4.35	.799
Positive attitude and belief towards life	4.74	.644	4.65	.700	4.61	.725	4.38	.770
Encourages healthy behaviour	4.71	.638	4.67	.661	4.61	.712	4.43	.740
Changes perception towards life	4.73	.649	4.58	.738	4.53	.813	4.39	.807
Positive attitude towards screening and vaccinations	4.70	.661	4.60	.742	4.48	.887	4.36	.793
Better social image	4.70	.661	4.62	.755	4.56	.778	4.33	.822
Behavioral Outcome of Social Marketing	94.0150	12.59866	92.1618	13.28596	91.1521	14.35941	87.0225	14.10606

Source: Computed from Primary data

The highest mean score for the Behavioral Outcome of Social Marketing was shown by those with up to schooling (mean = 94.0150), then plus two/pre-degree qualifications (mean = 92.1618), graduates (mean = 91.1521), and postgraduate and above qualifications (mean = 87.0225). This implies that, in comparison to people with greater educational backgrounds, those with lower qualifications responded to the campaign more favorably. It is imperative to acknowledge that a multitude of factors, including socio-economic level, cultural background, and personal experiences, may exert an influence on these findings.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in Behavioral Outcome of Social Marketing among different Educational Qualification

H₁: There is significant difference in Behavioral Outcome of Social Marketing among different Educational Qualification

Table 7.2.4.1

Result of One Way ANOVA (Education wise behavioral Outcome)

	Mean	Std. Deviation	F value	P Value
Up to schooling	94.0150	12.59866	6.041	<0.001**
plus two/pre-degree	92.1618	13.28596		
Graduate	91.1521	14.35941		
Post Graduate & above	87.0225	14.10606		
Total	90.9868	13.87903		

** Significant at 1% level

One-way ANOVA test results showing the behavioral Outcome of Social Marketing for various educational backgrounds revealed a significant result ($F=6.041$, $p < 0.001$). This suggests that there is a discernible variation in the average scores between the educational qualification categories. In particular, those with only a high school education had the highest mean score (mean = 94.0150) for the behavioral Outcome of Social Marketing. These individuals were followed by those

with plus two/pre-degree qualifications (mean = 92.1618), graduates (mean = 91.1521), and postgraduate and above qualification holders (mean = 87.0225). Because the p-value was less than 0.05, the null hypothesis was rejected, indicating that there is a substantial difference in the behavioral outcome of social marketing between educational credentials.

Table 7.2.4.2
Education wise behavioral Outcome

Multiple Comparisons						
Dependent Variable: Behavioral Outcome of Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	1.85326	1.74507	.713	- 2.6406	6.3471
	Graduate	2.86287	1.77145	.370	- 1.6989	7.4247
	Post Graduate & above	6.99251*	1.89282	<.001**	2.1181	11.8669
plus two/pre- degree	Graduate	1.00961	1.25840	.853	- 2.2310	4.2502
	Post Graduate & above	5.13925*	1.42419	<.002*	1.4717	8.8068
Graduate	Post Graduate & above	4.12964*	1.45639	<.024*	.3792	7.8801

*Significant at 5% level and ** Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test show that there are notable mean differences between a number of pairings of educational backgrounds. In particular, the mean differences between those with postgraduate and higher qualifications and those with up to schooling (mean difference = 6.99251, $p =$

0.001), plus two/pre-degree (mean difference = 5.13925, $p = 0.002$), and graduates (mean difference = 4.12964, $p = 0.024$) were significantly smaller. Furthermore, the mean differences between those with plus two/pre-degree qualifications and those with up to schooling were significantly lower (mean difference = -1.85326, $p = 0.713$) for the former group, but significantly higher (mean difference = -5.13925, $p = 0.002$) for the latter. In the same manner, mean disparities between graduates and those with postgraduate degrees and beyond were considerably higher (mean difference = -4.12964, $p = 0.024$).

Table 7.2.5

Comparison of Behavioral outcome among different Occupation

	Occupation									
	Government employee		Private employee		Self employed		Students		others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.33	.844	4.73	.696	4.85	.486	4.26	.899	3.19	1.328
Increases self-protective behavior	4.47	.664	4.74	.670	4.85	.429	4.36	.786	3.13	1.204
Personal involvement in Health.	4.33	.794	4.73	.728	4.85	.429	4.35	.784	2.63	1.455
Improve confidence and social image	4.41	.680	4.72	.735	4.86	.386	4.34	.793	3.13	.885
Desire to quit anti-health activities	4.35	.830	4.70	.730	4.76	.687	4.22	.891	2.81	1.515
Better health condition	4.53	.600	4.74	.687	4.86	.418	4.41	.741	3.44	1.315
Decrease consumption of	4.39	.804	4.72	.717	4.83	.468	4.27	.876	3.50	1.506

unhealthy items										
Awareness for the ill effects of unhealthy consumption	4.44	.683	4.72	.684	4.82	.477	4.34	.760	3.75	1.438
Positive attitude and belief towards life	4.48	.644	4.73	.686	4.86	.418	4.39	.745	3.81	1.276
Encourages healthy behaviour	4.51	.645	4.75	.646	4.86	.418	4.40	.740	3.81	.981
Changes perception towards life	4.47	.664	4.73	.695	4.87	.373	4.26	.813	3.63	1.360
Positive attitude towards screening and vaccinations	4.47	.622	4.73	.695	4.87	.373	4.21	.882	3.38	1.147
Better social image	4.43	.720	4.71	.720	4.85	.458	4.32	.818	3.69	1.078
Behavioral Outcome of Social Marketing	88.6154	12.09536	94.5641	13.25040	96.8836	8.14068	86.3539	13.23242	67.5000	18.77406

Source: Computed from Primary data

Self-employed people consistently showed the highest mean scores across the different occupational groups across most behavioral indicators, suggesting a stronger positive response to the campaign's messaging encouraging health-related behaviors. The mean scores of private employees were also high, and they lagged behind those of self-employed individuals. Students and government employees, on the other hand, showed somewhat lower mean scores, indicating a relatively smaller effect of the campaign on these groups. However, those classified as "others" had the lowest average scores for all behavioral indicators, suggesting that this occupational category may benefit from more focused interventions.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in Behavioral Outcome of Social Marketing among different occupation groups.

H₁: There is significant difference in Behavioral Outcome of Social Marketing among different occupation groups

Table 7.2.5.1

Result of One Way ANOVA (Occupation wise behavioral Outcome)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	88.6154	12.09536	31.649	<0.001**
Private employee	94.5641	13.25040		
Self employed	96.8836	8.14068		
Students	86.3539	13.23242		
Others	67.5000	18.77406		
Total	90.9868	13.87903		

** Significant at 1% level

One-way ANOVA test results showing the Behavioral Outcome of Social Marketing in various occupational categories showed a significant outcome ($F = 31.649$, $p < 0.001$). It indicates that the mean scores of the various occupational categories differ significantly from one another. Particularly, the self-employed had

the greatest mean score (mean = 96.8836) for the behavioral outcome of social marketing, with private employees and government employees coming in second and third, respectively (mean = 94.5641 and 88.6154). While persons classified as "others" had the lowest mean score (mean = 67.5000), students had a slightly lower mean score (mean = 86.3539). Since there is a significant difference in the Behavioral Outcome of Social Marketing between different profession groups, the null hypothesis was rejected because the p-value was less than 0.05.

Table 7.2.5.2
Occupation wise behavioral Outcome

Multiple Comparisons						
Dependent Variable: Behavioral Outcome of Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-5.94872*	1.64603	<.003*	-10.4504	-1.4470
	Self employed	-8.26824*	2.07185	<.001**	-13.9345	-2.6020
	Students	2.26147	1.71008	.677	-2.4154	6.9383
	Others	21.11538*	3.52793	<.000**	11.4669	30.7639
Private employee	Self employed	-2.31953	1.62026	.607	-6.7507	2.1117
	Students	8.21019*	1.12118	<.000**	5.1439	11.2765
	Others	27.06410*	3.28314	<.000**	18.0851	36.0431
Self employed	Students	10.52971*	1.68529	<.000**	5.9207	15.1388
	Others	29.38363*	3.51598	<.000**	19.7678	38.9994
Students	Others	18.85392*	3.31571	<.000**	9.7858	27.9220

** Significant at 1% level and * Significant at 5% level

According to the results of the Tukey Honestly Significant Difference (HSD) test, there are notable mean variations in the Behavioral Outcome of Social Marketing amongst various occupational categories. In comparison to self-employed individuals (mean difference = -8.26824, $p = 0.001$) and private employees (mean difference = -5.94872, $p = 0.003$), government employees demonstrated significantly lower mean scores. Among all the groups, the individuals classified as "others" had the lowest mean scores (mean difference = -21.11538, $p < 0.001$). In a similar vein, the mean scores of private employees were much lower than those of self-employed individuals. Moreover, the mean scores of the students were substantially higher than those of the individuals classified as "others" (mean difference = -18.85392, $p < 0.001$). These results show significant differences in the efficacy of the social marketing campaigns across different occupation groups

Table 7.2.6

Comparison of Behavioral outcome among different Income Group

	Income Group									
	Upto Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.51	.871	4.64	.796	4.64	.715	4.81	.500	4.22	.916
Increases self-protective behavior	4.54	.847	4.71	.620	4.64	.598	4.81	.500	4.30	.825
Personal involvement in Health.	4.55	.818	4.67	.752	4.64	.671	4.78	.647	4.19	.957
Improve confidence and social image	4.53	.774	4.67	.686	4.68	.727	4.81	.529	4.25	.903
Desire to quit anti-health activities	4.51	.848	4.61	.793	4.59	.764	4.69	.763	4.13	1.028
Better health condition	4.60	.747	4.72	.596	4.73	.621	4.81	.529	4.31	.873
Decrease consumption of unhealthy items	4.56	.860	4.65	.692	4.62	.696	4.78	.546	4.20	.966

Awareness for the ill effects of unhealthy consumption	4.55	.778	4.69	.655	4.62	.718	4.79	.478	4.30	.833
Positive attitude and belief towards life	4.62	.700	4.69	.699	4.68	.636	4.79	.478	4.31	.842
Encourages healthy behaviour	4.62	.689	4.73	.573	4.73	.596	4.82	.458	4.28	.851
Changes perception towards life	4.57	.701	4.61	.845	4.59	.784	4.84	.510	4.28	.828
Positive attitude towards screening and vaccinations	4.49	.829	4.66	.721	4.68	.705	4.84	.447	4.21	.884
Better social image	4.57	.745	4.68	.743	4.61	.721	4.79	.538	4.23	.875
Behavioral Outcome of Social Marketing	91.1158	13.55069	93.4299	12.74900	92.9837	12.62643	95.8898	10.06484	84.9720	15.67364

Source: Computed from Primary data

Individuals above 160000 consistently showed lower mean scores across major behavioral outcome variables than did lower income individuals, particularly those in the 120,000–160,000 range. When compared to respondents in lower income brackets, individuals in the 120,000–160,000 income range showed better mean scores. When compared to other income categories, those earning 160,000 or more showed the lowest mean scores on a number of behavioral outcome characteristics. On the other hand, people with lesser incomes, especially those making up to Rupees 40,000, typically had lower mean scores for the majority of behavioral outcome characteristics. These results imply that income level is a major factor. Behavioral outcomes are more in middle income people, followed by lower income then to high income people.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in Behavioral Outcome of Social Marketing among different Income groups

H₁: There is significant difference in Behavioral Outcome of Social Marketing among different Income groups

Table 7.2.6.1

Result of One Way ANOVA (Income wise behavioral Outcome)

	Mean	Std. Deviation	F value	P Value
Upto Rupees 40,000	91.1158	13.55069	11.489	<0.001**
40,000-80,000	93.4299	12.74900		
80,000-120,000	92.9837	12.62643		
120,000-160,000	95.8898	10.06484		
160,000 & above	84.9720	15.67364		
Total	90.9868	13.87903		

** Significant at 1% level

The null hypothesis is rejected based on the one-way ANOVA test findings that show a significant difference in mean scores ($F = 11.489$, $p < 0.001$) for the

behavioral outcome of social marketing across different income groups. In particular, respondents with the highest mean score (mean = 95.8898) were those in the income range of 1,20,000-1,60,000, followed by those in the 80,000–120,000 income bracket (mean = 92.9837) and the 40,000–80,000 income range (mean = 93.4299). On the other hand, respondents who made up to Rupees 40,000 had the lowest mean score (mean = 91.1158), whereas respondents who made up to Rupees 160,000 or more had a significantly lower mean score (mean = 84.9720). These results imply that social marketing initiatives encouraging health-related behaviors are highly influenced by economic level.

Table 7.2.6.2

Income wise behavioral outcome

Multiple Comparisons						
Dependent Variable: Behavioural Outcome of Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Upto Rupees 40,000	40,000-80,000	-2.31402	1.33724	.416	-5.9712	1.3432
	80,000-120,000	-1.86784	1.86375	.854	-6.9650	3.2293
	120,000-160,000	-4.77394	1.85268	.076	-9.8408	.2929
	160,000 & above	6.14386*	1.38665	<.000**	2.3515	9.9362
40,000-80,000	80,000-120,000	.44618	1.95561	.999	-4.9022	5.7946
	120,000-160,000	-2.45992	1.94507	.713	-7.7795	2.8596
	160,000 & above	8.45788*	1.50787	<.000**	4.3340	12.5817
80,000-120,000	120,000-160,000	-2.90610	2.33852	.726	-9.3017	3.4895
	160,000 & above	8.01170*	1.98973	<.001**	2.5700	13.4534
120,000-160,000	160,000 & above	10.91780*	1.97937	<.000**	5.5045	16.3311

** Significant at 1% level

As per the Tukey HSD analysis, the mean scores of individuals belonging to the income group of 160,000 and above are considerably lower than those of those in the other income categories, which are Rupees 40,000, 40,000-80,000, 80,000-120,000, and 120,000-160,000. However, compared to all other income categories, those in the 120,000 and 1,60,000 income group had considerably higher mean scores, which supports the ANOVA finding that this group had the highest mean score. The one-way ANOVA test revealed differences in the Behavioral Outcome of Social Marketing across different Income groups; the Tukey HSD results offer thorough pairwise comparisons that confirm and clarify these discrepancies.

Table 7.2.7

Comparison of Behavioral outcome among different Area of Residence

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Decrease in Anti Health activities	4.79	.596	4.16	.967
Increases self-protective behavior	4.81	.540	4.25	.877
Personal involvement in Health.	4.79	.586	4.20	.967
Improve confidence and social image	4.79	.575	4.22	.885
Desire to quit anti-health activities	4.76	.631	4.11	1.015
Better health condition	4.82	.528	4.31	.852
Decrease consumption of unhealthy items	4.77	.603	4.21	.963
Awareness for the ill effects of unhealthy consumption	4.78	.565	4.28	.855
Positive attitude and belief towards life	4.81	.532	4.31	.835
Encourages healthy behavior	4.81	.523	4.33	.796
Changes perception towards life	4.80	.530	4.21	.904
Positive attitude towards screening and vaccinations	4.79	.563	4.18	.919
Better social image	4.79	.563	4.23	.891
Behavioural Outcome of Social Marketing	95.8654	10.31713	84.6304	15.29662

Source: Computed from Primary data

Compared to rural populations, urban residents often show higher mean scores across the majority of criteria. These results imply that, in comparison to their rural counterparts, people living in urban regions are more favorably impacted by social marketing efforts that encourage health-related behaviors. Furthermore, the average behavioral outcome score for urban inhabitants is significantly higher (mean = 95.8654) than for rural residents (mean = 84.6304), suggesting that there may be a difference in the efficacy of social marketing campaigns in urban and rural locations.

Independent sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in Behavioral Outcome of Social Marketing among different Area of Residence

H₁: There is significant difference in Behavioral Outcome of Social Marketing among different Area of Residence

Table 7.2.7.1

Result of independent sample t test (Area of Residence wise behavioral Outcome)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Behavioral Outcome	Urban	95.8654	10.31713	11.640	<0.001**
	Rural	84.6304	15.29662		

** Significant at 1% level

A substantial difference was found ($t = 11.640$, $p < 0.001$) between residents of urban and rural areas in the Behavioral Outcome of Social Marketing, according to an independent sample t-test. The mean score for Behavioral Outcome was substantially higher in urban residents (mean = 95.8654) than in rural residents (mean = 84.6304). This data implies that there is, a significant difference between urban and rural areas' social marketing campaign outcome. Urban and rural populations may have differed in their responses to the social marketing campaigns regarding behavioral changes related to health. In average, urban inhabitants responded more favorably to the campaigns.

7.3 Health outcomes of Social marketing strategies in Health campaigns

The section examines how social marketing efforts translate into tangible health benefits, measured through various indicators such as improvement in quality of life, decrease in morbidity, decrease in mortality, and protection against non-curable life style and acute diseases. These analyses help to determine the significance and impact of the campaigns across different demographic profiles.

Table 7.3

Mean and standard deviation of Health Outcomes of social marketing

	Mean	Std. Deviation
Improvement in quality of life	4.56	.749
Decrease in morbidity	4.39	.935
Decrease in mortality	4.46	.848
Protection against non-curable lifestyle and acute diseases	4.48	.832
Health Outcome of social marketing	89.4059	15.64480

Source: Computed from Primary data

Key performance indicators for social marketing health campaigns across a range of health outcomes are displayed in the table. The data indicates that the quality of life has been improved by these campaigns, as evidenced by the mean score of 4.56 and the comparatively moderate standard deviation of 0.749. Additionally, they have shown effectiveness in lowering rates of morbidity and death, with standard deviations of 0.935 and 0.848 and mean scores of 4.39 and 4.46, respectively. Additionally, with a mean score of 4.48 and a standard deviation of 0.832, social marketing campaigns have demonstrated promise in shielding people against acute diseases and non-curable lifestyle choices. Despite significant fluctuation as indicated by the standard, the complete health result score of 89.4059 highlights the overall good impact of these efforts.

Table 7.3.1

Age wise comparison of Health Outcome of social marketing

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.37	.838	4.72	.619	4.75	.622
Decrease in morbidity	4.16	1.017	4.60	.790	4.42	1.240
Decrease in mortality	4.27	.892	4.62	.770	4.50	.905
Protection against non-curable lifestyle and acute diseases	4.28	.904	4.65	.712	4.50	1.000
Health Outcome of social marketing	85.3951	16.59219	92.9645	13.77993	90.8333	17.16674

Source: Computed from Primary data

The improvement in quality of life, reduction in morbidity, reduction in mortality, and protection against diseases have mean scores of 4.37, 4.16, 4.27, and 4.28 for people up to 30 years old, respectively, with significant standard deviations showing heterogeneity. Higher mean scores appear in all categories in the 30- to 60-year-old age group, with smaller standard deviations, indicating a more uniform influence. The mean scores of those over 60 are also high, but with slightly greater variability. The composite health outcome score of 92.9645 is highest among middle-aged people (30–60), suggesting that social marketing initiatives have had the greatest effect on this age group.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcome of social marketing** among different age groups

H₁: There is significant difference in the **Health Outcome of social marketing** among different age groups

Table 7.3.1.1
Result of One Way ANOVA

	Mean	Std. Deviation	F value	P Value
Up to 30 years	85.3951	16.59219	21.511	<0.001**
30 - 60 years	92.9645	13.77993		
Above 60 years	90.8333	17.16674		
Total	89.4059	15.64480		

** Significant at 1% level

According to the data, there is significant variation in health outcomes across people in different age groups. In particular, there are significant differences in the average health outcome scores between age groups. The group between 30 and 60 years old has the highest mean score (92.9645), followed by the group over 60 years old (90.8333), and the group under 30 years old (85.3951). Furthermore, the estimated F value of 21.511 and the corresponding p-value of less than 0.001 indicate that it is improbable that the observed variations in health outcomes between age groups happened by accident. As a result, the null hypothesis, which proposed that there is no discernible variation in health outcomes between age groups, is disproved.

Table 7.3.1.2

Age wise health outcome

Multiple Comparisons						
Dependent Variable: Health Outcome of Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-7.56934*	1.15547	<.000**	-10.2832	-4.8555
	Above 60 years	-5.43820	4.46987	.444	-15.9365	5.0601
30 - 60 years	Above 60 years	2.13115	4.46191	.882	-8.3484	12.6107

** Significant at 1% level

When individuals between the ages of 30 and 60 are examined, a significant mean difference of -7.56934 is found, indicating that the younger age group's health outcome scores are significantly worse than those of the middle-aged group. Similarly, a substantial mean difference of -5.43820 is noted when comparing those under 30 years old with those over 60. The comparison of the middle-aged group (30 to 60 years) with the older age group (beyond 60 years) reveals a non-significant mean difference, revealing that there are no appreciable differences in the health outcomes between the two age groups. Overall, these results support the preceding conclusion drawn from the one-way ANOVA test, which states that age has a substantial impact on how effective social marketing campaigns are.

Table 7.3.2

Comparison of Health Outcomes of social marketing among Gender

	Gender			
	Male		female	
	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.66	.687	4.50	.778
Decrease in morbidity	4.59	.835	4.28	.972
Decrease in mortality	4.63	.731	4.35	.894
Protection against non-curable lifestyle and acute diseases	4.62	.733	4.39	.875
Health Outcome of social marketing	92.4521	14.22763	87.6233	16.16841

Source: Computed from Primary data

When health outcomes from social marketing campaigns are compared between genders, men report slightly higher mean scores in every category: protection against diseases (4.62 vs. 4.39), improvement in quality of life (4.66 vs. 4.50), decrease in morbidity (4.59 vs. 4.28), and decrease in mortality (4.63 vs. 4.35). However, women's overall health outcome score (87.6233) is marginally lower than men's (92.4521). In spite of this, the standard deviations show that there is variation in the replies from both genders.

Independent sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcomes of social marketing** among different gender

H₁: There is significant difference in the **Health Outcomes of social marketing** among different gender

Table 7.3.2.1

Result of independent sample t test (Gender wise Health Outcome)

	Gender	Mean	Std. Deviation	t value	P value
Health Outcome	Male	92.4521	14.22763	4.002	<0.001**
	Female	87.6233	16.16841		

** Significant at 1% level

There is a substantial difference between the genders' health outcomes from social marketing activities, according to the results of the independent sample t-test. Males have an average health result score of 92.4521, while females have an average score of 87.6233. A p-value of less than 0.001 and a computed t-value of 4.002 confirm this significant difference. As a result, the null hypothesis—which states that there is not a significant difference in health outcomes between genders—is rejected. These results imply that gender is a major determinant of how well social marketing activities affect health outcomes.

Table 7.3.3

Marital status comparison of Health Outcome of social marketing

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.43	.805	4.63	.709	4.97	.180
Decrease in morbidity	4.25	.985	4.47	.902	4.94	.250
Decrease in mortality	4.35	.860	4.51	.850	4.90	.396
Protection against non-curable lifestyle and acute diseases	4.35	.875	4.54	.806	4.97	.180
Health Outcome of social marketing	86.9032	15.97704	90.7240	15.52136	98.8710	4.60248

Source: Computed from Primary data

There is a substantial sense of good health outcomes from social marketing initiatives among divorced individuals, as evidenced by their mean health outcome score of 98.871, which is higher than that of those in other categories. Individuals who are married have a somewhat lower but still positive sense of health improvement, with a mean health outcome score of 90.724. The average health result score for single people is 86.9032, which is consistently the lowest mean score across all categories. Furthermore, it is evident from the standard deviations that the opinions of divorced people are generally more uniform than those of married and single people, suggesting a higher degree of consensus on the efficiency of social marketing in enhancing health outcomes.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcome of social marketing** among different marital status

H₁: There is significant difference in the **Health Outcome of social marketing** among different marital status

Table 7.3.3.1

Result of One Way ANOVA (Marital status wise Health Outcome)

	Mean	Std. Deviation	F value	P Value
Single	86.9032	15.97704	11.257	<0.001**
Married	90.7240	15.52136		
Divorced	98.8710	4.60248		
Total	89.4059	15.64480		

** Significant at 1% level

There is a substantial variation in the perceived health outcomes among marital status groups, as indicated by the significant F value of 11.257 ($p < 0.001$) of the one-way ANOVA test comparing the health outcome of social marketing among different marital statuses. This lends credence to the alternative hypothesis (H₁) being accepted and the null hypothesis (H₀) being rejected.

Table 7.3.3.2

Marital status wise Health Outcome

Multiple Comparisons						
Dependent Variable: Health Outcome of Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-3.82082*	1.19043	<.004*	-6.6167	-1.0249
	Divorced	-11.96774*	2.90513	<.000**	-18.7910	-5.1445
Married	Divorced	-8.14692*	2.88486	<.014*	-14.9225	-1.3713

*Mean difference is significant at 5% level and ** Significant at 1% level

There is a significant mean difference of -3.82082 ($p = 0.004$) between married and single individuals, indicating that married people perceive better health outcomes than single people. The confidence interval (-6.6167 to -1.0249), which excludes zero, lends more credence to this. Similarly, there is a significant mean difference of -11.96774 ($p < 0.001$) between the divorced and single groups, suggesting that the former perceive far better health outcomes than the latter. This result is supported by the confidence interval (-18.7910 to -5.1445). A significant mean difference of -8.14692 ($p = 0.014$) is seen between married and divorced people, indicating that divorced people expect worse health outcomes than married people. This conclusion is supported by the confidence interval (-14.9225 to -1.3713).

Table 7.3.4

Educational Qualification wise comparison of Health Outcomes of social marketing

	Educational Qualification							
	Up to schooling		Plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.70	.642	4.66	.658	4.54	.773	4.33	.863
Decrease in morbidity	4.68	.683	4.49	.920	4.35	.985	4.13	.938
Decrease in mortality	4.68	.683	4.55	.798	4.43	.904	4.20	.868
Protection against non-curable lifestyle and acute diseases	4.71	.618	4.55	.823	4.47	.835	4.23	.892
Health Outcomes of social marketing	93.8415	12.60263	91.2253	14.93639	88.9556	16.12999	84.4898	16.42474

Source: Computed from Primary data

Compared to those with poorer educational backgrounds, people with greater qualifications typically perceive slightly worse health results. In particular, those with post-graduate and higher education levels report the lowest mean health result score (84.4898), followed by graduates (88.9556), two/pre-degree holders (91.2253), and those with less education (93.8415). The correlation between educational attainment and perceived health outcomes is inverse, and it holds true for all metrics: protection against acute diseases and non-curable lifestyle choices, improvement in quality of life, and reduction in morbidity and death. It is

important that there are not many disparities in mean scores between the groups according to educational qualification. However, these results imply that although higher education could offer additional advantages, it does not always align with the health outcomes.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcomes of social marketing** among different Educational Qualification

H₁: There is significant difference in the **Health Outcomes of social marketing** among different Educational Qualification.

Table 7.3.4.1

Result of One Way ANOVA (Education wise Health Outcome)

	Mean	Std. Deviation	F value	P Value
Up to schooling	93.8415	12.60263	8.501	<0.001**
plus two/pre-degree	91.2253	14.93639		
Graduate	88.9556	16.12999		
Post Graduate & above	84.4898	16.42474		
Total	89.4059	15.64480		

** Significant at 1% level

A significant F value of 8.501 ($p < 0.001$) is obtained from the one-way ANOVA test used to examine the health results of social marketing across various educational levels. This shows that there is a considerable variation in the perceived health outcomes between educational qualification groups. This indicates that people's responses about the impact of social marketing initiatives on health are influenced by their educational background, which supports the rejection of the null hypothesis (H₀). There is a negative correlation between educational attainment and health outcomes, according to an analysis of the health outcome results.

Table 7.3.4.2
Education wise Health Outcome

Multiple Comparisons						
Dependent Variable: Health Outcome of Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	2.61617	1.95710	.540	-2.4237	7.6561
	Graduate	4.88591	1.98668	.067	-.2302	10.0020
	Post Graduate & above	9.35167*	2.12280	<.000*	3.8851	14.8183
plus two/pre- degree	Graduate	2.26974	1.41130	.375	-1.3646	5.9041
	Post Graduate & above	6.73550*	1.59723	<.000**	2.6223	10.8487
	Post Graduate & above	4.46576*	1.63335	<.032*	.2596	8.6719
Graduate	Post Graduate & above	4.46576*	1.63335	<.032*	.2596	8.6719

*Mean difference is significant at 5% level and ** Significant at 1% level

Individuals with up to schooling qualifications perceive significantly higher mean health outcomes compared to plus two/pre-degree holders, with a mean difference of -2.61617 ($p = 0.540$), although not statistically significant. Moreover, they also report significantly higher mean health outcomes compared to graduates and individuals with post-graduate and above qualifications, with mean differences of -4.88591 ($p = 0.067$) and -9.35167 ($p < 0.001$), respectively. Additionally, plus two/pre-degree holders perceive significantly higher mean health outcomes compared to individuals with post-graduate and above qualifications, with a mean difference of -6.73550 ($p < 0.001$). Interestingly, graduates perceive significantly higher mean health outcomes compared to individuals with post-graduate and above qualifications, with a mean difference of -4.46576 ($p = 0.032$). These unexpected findings suggest that individuals with lower educational qualifications tend to perceive better health outcomes through social marketing interventions compared to those with higher qualifications.

Table 7.3.5

Occupation wise comparison of Health Outcome of social marketing

	Occupation									
	Government employee		Private employee		Self employed		Students		Others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.47	.723	4.75	.648	4.85	.429	4.29	.800	3.50	1.095
Decrease in morbidity	4.19	.911	4.68	.758	4.82	.448	4.03	.991	2.75	1.291
Decrease in mortality	4.27	.890	4.69	.717	4.85	.458	4.15	.872	3.06	1.124
Protection against non-curable lifestyle and acute diseases	4.31	.822	4.72	.686	4.86	.418	4.15	.882	3.12	1.147
Health Outcome of social marketing	86.1333	15.23628	94.1746	13.55989	96.8590	8.10279	83.1166	15.53969	62.1875	20.40986

Source: Computed from Primary data

With a mean score of 4.85, self-employed people scored the impact of improvements in living slightly higher than other categories, closely followed by private employees at 4.75. With a mean score of 4.47, government employees likewise reported a considerable improvement, but significantly lower. Students and those classified as "others" had significantly lower views of improvement, with scores of 4.29 and 3.50, respectively. This indicates that different occupational groups have differing levels of outcomes with social marketing campaigns. Self-employed people consistently reported the highest mean scores on both measures when it came to lowering morbidity and mortality rates. This shows they have a strong belief in the efficacy of social marketing interventions in preventing diseases and lowering mortality risks compared to other occupational groups. Overall, the analysis of health outcomes resulting from social marketing initiatives shows that self-employed individuals tend to perceive the highest level of effectiveness, followed by private and government employees, while students and individuals categorized as 'others' express relatively lower levels of perceived impact.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcome of social marketing** among different occupation groups

H₁: There is significant difference in the **Health Outcome of social marketing** among different occupation groups

Table 7.3.5.1

Result of One Way ANOVA (Occupation wise Health Outcome)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	86.1333	15.23628	48.387	<0.001**
Private employee	94.1746	13.55989		
Self employed	96.8590	8.10279		
Students	83.1166	15.53969		
Others	62.1875	20.40986		
Total	89.4059	15.64480		

** Significant at 1% level

The one-way ANOVA test results show a significant difference across occupation groups in the health outcomes of social marketing ($F = 48.387$, $p < 0.001$). The average health result scores differ significantly between the occupational categories; the greatest mean score (96.8590) is seen in self-employed people, followed by private employees (94.1746) and government employees (86.1333). Students and those who are categorized as "others," on the other hand, record mean scores that are significantly lower (83.1166 and 62.1875, respectively). The null hypothesis was rejected, indicating that occupation is a significant factor in determining how effective social marketing campaigns are considered to be in improving health outcomes.

Table 7.3.5.2
Occupation wise Health Outcome

Multiple Comparisons						
Dependent Variable: Health Outcome of Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-8.04127*	1.81331	<.000**	-13.0005	-3.0821
	Self employed	-10.72564*	2.28242	<.000**	-16.9678	-4.4835
	Students	3.01674	1.88387	.497	-2.1354	8.1689
	Others	23.94583*	3.88648	<.000**	13.3168	34.5749
Private employee	Self employed	-2.68437	1.78493	.560	-7.5659	2.1972
	Students	11.05801*	1.23512	<.000**	7.6801	14.4359
	Others	31.98710*	3.61681	<.000**	22.0956	41.8786
Self employed	Students	13.74238*	1.85657	<.000**	8.6649	18.8199
	Others	34.67147*	3.87332	<.000**	24.0784	45.2645
Students	Others	20.92909*	3.65269	<.000**	10.9394	30.9188

** Significant at 1% level

The mean health outcome scores of the "others" category are considerably poorer than those of government employees (-23.95, $p < 0.001$), private employees

(-31.99, $p < 0.001$), and self-employed people (-34.67, $p < 0.001$), according to the Tukey HSD post-hoc analysis. In the same way, students report considerably worse mean health outcome ratings than government employees (-3.02, $p = 0.497$), self-employed people (-13.74, $p < 0.001$), and private employees (-11.06, $p < 0.001$). On the other hand, the mean health outcome scores of self-employed individuals are substantially higher than those of government employees (10.73, $p < 0.001$), indicating a discernible difference in the perceived effectiveness of these two groups. Moreover, compared to government employees (8.04, $p < 0.001$) and students (11.06, $p < 0.001$), private employees report much higher mean health outcome ratings.

Table 7.3.6
Income wise comparison of Health Outcome of social marketing

	Income Group									
	Upto Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.56	.752	4.66	.652	4.59	.723	4.79	.538	4.31	.873
Decrease in morbidity	4.39	.976	4.54	.815	4.55	.768	4.76	.580	4.01	1.055
Decrease in mortality	4.43	.891	4.62	.689	4.55	.788	4.76	.580	4.13	.957
Protection against non-curable lifestyle and acute diseases	4.46	.842	4.62	.729	4.53	.808	4.81	.529	4.17	.941
Health Outcome of social marketing	89.2095	16.05940	92.2353	13.48911	91.0606	14.53153	95.5970	10.71399	83.0795	17.43427

Source: Computed from Primary data

When compared to certain other income groups, those making 160,000 Rupees or more per month had a lower mean score (83.0795) for health outcomes. This unexpected discovery raises the possibility of other factors at work, such as varying perceptions, access to healthcare, or the potency of marketing tactics

targeted at higher income groups. The mean scores of the other income groups show variation in opinions on how social marketing affects health outcomes. Though perceived efficacy and income do not clearly correlate linearly, some trends do appear. People who earn between 120,000 and 160,000 Rupees have a tendency to report mean scores that are comparatively higher in all categories of health outcomes, indicating a possible positive correlation between this income range and the perceived efficacy of social marketing campaigns.

The changes in mean scores, however, show that these differences are not consistently recognized across all categories. The standard deviations within each income bracket illustrate the differences in viewpoints among people in the same income bracket by indicating some degree of variety in perceptions. This variation emphasizes how crucial it is to take into account unique situations and requirements when creating and executing social marketing strategies meant to enhance health outcomes.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcome of social marketing** among different Income groups

H₁: There is significant difference in the **Health Outcome of social marketing** among different Income groups

Table 7.3.6.1**Result of One Way ANOVA (Income wise Health Outcome)**

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.2095	16.05940	10.967	<0.001**
40,000-80,000	92.2353	13.48911		
80,000-120,000	91.0606	14.53153		
120,000-160,000	95.5970	10.71399		
160,000 & above	83.0795	17.43427		
Total	89.4059	15.64480		

** Significant at 1% level

According to the one-way ANOVA test, there is a significant difference in the income groups' reported health results from social marketing initiatives ($F = 10.967$, $p < 0.001$). There are significant differences in the mean health result scores between the income categories, indicating different opinions about how well social marketing efforts work to promote health. It's important to note that people with monthly incomes of 120,000–160,000 Rupees had the highest mean health outcome score (95.5970), followed by people with monthly incomes of 40,000–80,000 Rupees (92.2353) and those with monthly incomes of 80,000–120,000 Rupees (91.0606). In contrast, the lowest mean health outcome score (83.0795) is reported by those making 160,000 Rupees or more each month. The study throws doubt on the notion that greater income levels inevitably translate into improved health outcomes, pointing out potential complications in the relationship between income and health outcomes. The null hypothesis was rejected, which emphasizes how crucial it is to take income variety into account when developing and putting into practice social marketing techniques meant to improve health outcomes because attitude differ greatly between income groups.

Table 7.3.6.2

Income wise Health Outcome

Multiple Comparisons						
Dependent Variable: Health Outcome of Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Upto Rupees 40,000	40,000-80,000	-3.02581	1.50948	.265	-7.1541	1.1024
	80,000-120,000	-1.85112	2.10380	.904	-7.6048	3.9025
	120,000-160,000	-6.38753*	2.09131	<.020*	-12.1070	-.6680
	160,000 & above	6.13002*	1.56525	<.000**	1.8492	10.4108
40,000-80,000	80,000-120,000	1.17469	2.20750	.984	-4.8626	7.2119
	120,000-160,000	-3.36172	2.19560	.543	-9.3664	2.6430
	160,000 & above	9.15582*	1.70209	<.000**	4.5008	13.8108
80,000-120,000	120,000-160,000	-4.53641	2.63972	.423	-11.7557	2.6829
	160,000 & above	7.98114*	2.24601	<.004*	1.8386	14.1237
120,000-160,000	160,000 & above	12.51754*	2.23431	<.000**	6.4070	18.6281

*. The mean difference is significant at the 0.05 level and ** significant at 1% level

There are notable variations in the average health outcome scores between the various income brackets, as indicated by the Tukey HSD post-hoc analysis. When compared to other income groups, those in the highest income bracket—those earning 160,000 Rupees and above—report worse mean health outcome scores. Specifically, the highest income group shows a considerably lower mean score (-6.13, $p = 0.001$) compared to people making up to 40,000 Rupees a month. Similarly, those in the highest income category report considerably poorer mean health outcome ratings (-9.16, $p < 0.001$) compared to those earning between 40,000 and 80,000 Rupees per month. The hypothesis of a linear relationship between income levels and health outcomes is disproved by this unexpected finding.

Table 7.3.7**Area of Residence comparison of Health Outcome of social marketing**

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Improvement in quality of life	4.79	.552	4.25	.854
Decrease in morbidity	4.75	.632	3.93	1.058
Decrease in mortality	4.76	.597	4.06	.953
Protection against non-curable lifestyle and acute diseases	4.77	.581	4.09	.945
Health Outcomes of social marketing	95.3625	11.14075	81.6450	17.20639

Source: Computed from Primary data

People in urban regions report higher mean scores than people in rural areas across all health outcome categories. The mean score for improvement in quality of life is 4.79 for those living in urban regions and 4.25 for people living in rural areas. Urban people report higher mean scores (4.75, 4.76, and 4.77 respectively) for decreasing morbidity, decreasing mortality, and protection against diseases than their rural counterparts (3.93, 4.06, and 4.09 respectively). This difference is further shown by the overall health outcome score, where urban people report a mean score of 95.3625, while rural residents report a mean score that is noticeably lower, at 81.6450. The standard deviations within each category show that opinion in urban and rural areas are generally stable, indicating a degree of reliability in the reported outcomes.

Independent sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the **Health Outcome of social marketing** among different Area of Residence

H₁: There is significant difference in the **Health Outcome of social marketing** among different Area of Residence

Table 7.3.7.1**Result of independent sample t test (Area of Residence wise Health Outcome)**

	Area of Residence	Mean	Std. Deviation	t value	P Value
Health Outcome	Urban	95.3625	11.14075	12.824	<0.001**
	Rural	81.6450	17.20639		

** Significant at 1% level

The null hypothesis was rejected based on significant results from the independent sample t-test ($t = 12.824$, $p < 0.001$) comparing health outcomes in urban and rural areas as a result of social marketing initiatives. This statistical research highlights a significant disparity between rural and urban areas' perceived efficacy. The mean health result score of urban inhabitants was found to be substantially higher (95.3625 ± 11.14075) than that of rural people (81.6450 ± 17.20639), indicating a discrepancy in the perception of the influence of social marketing initiatives on health outcomes. The high t-value indicates a significant difference in the two groups' judgments of health, pointing to a substantial difference.

7.4 Cognitive outcome of Social marketing strategies in Health campaigns

The section examines the cognitive outcomes of social marketing campaigns aimed at fostering healthier lifestyles and perceptions. The analysis focuses on several key measures: individuals feeling sound, healthy, and happier; being more socially connected; holding a positive image of healthy individuals; and recognizing the harmful effects of unhealthy behaviors. To evaluate these outcomes, various statistical tools were applied, including mean, standard deviation (SD), one-way ANOVA, multiple comparison tests, and independent t-tests. These methods allowed us to identify significant differences and relationships among different demographic profile of the respondents, providing insights into the effectiveness of social marketing strategies in achieving their cognitive goals.

Table 7.4**Mean and standard deviation of Cognitive Outcome of Social Marketing**

	Mean	Std. Deviation
Sound, healthy and happier people	4.50	.842
More social in nature	4.48	.830
Positive image of healthy people	4.49	.851
Harmful effects of unhealthy behavior	4.48	.845
Cognitive Outcome of Social Marketing	89.7595	15.91893

Source: Computed from Primary data

Statements reflecting good cognitive outcomes, such as feeling sound, healthy, and happier (Mean = 4.50, SD = 0.842), being more social in nature (Mean = 4.48, SD = 0.830), and having a positive perception of healthy people (Mean = 4.49, SD = 0.851), were fulfilled with high levels of agreement from respondents. Furthermore, a high mean score (Mean = 4.48, SD = 0.845) for identifying the negative impacts of unhealthy behaviors showed that individuals were aware of these effects. With a standard deviation of 15.91893, the overall cognitive result score for social marketing efforts was 89.7595, indicating a rather high degree of cognitive influence across the examined categories.

Table 7.4.1**Age wise comparison of Cognitive Outcome of Social Marketing**

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sound, healthy and happier people	4.30	.922	4.68	.725	4.75	.622
More social in nature	4.26	.914	4.66	.702	4.75	.622
Positive image of healthy people	4.29	.944	4.66	.721	4.75	.622
Harmful effects of unhealthy behavior	4.24	.956	4.69	.672	4.75	.622
Cognitive Outcome of Social Marketing	85.4559	17.34088	93.4563	13.56393	95.0000	12.43163

Source: Computed from Primary data

According to the data, social marketing significantly affects cognitive outcomes across all age groups. The age group ranging from 30 to 60 years old scored 93.46, while older adults (above 60) had the highest mean cognitive outcome score of 95. A mean score of 85.46 is slightly lower for younger people (up to 30 years old). However, each group demonstrates strong beliefs about good health, constructive social conduct, and knowledge of the negative consequences of ill habits. These results highlight the potency of social marketing in shaping cognitive views, with the greatest influence shown in older age groups.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of Social Marketing among different age groups

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different age groups

Table 7.4.1.1

Result of One Way ANOVA (Age wise Cognitive Outcome)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	85.4559	17.34088	24.011	<0.001**
30 - 60 years	93.4563	13.56393		
Above 60 years	95.0000	12.43163		
Total	89.7595	15.91893		

** Significant at 1% level

The results of the one-way ANOVA test show that there are notable differences in the cognitive outcomes of social marketing between age groups. The alternative hypothesis (H₁), which suggests a substantial difference, is accepted above the null hypothesis (H₀), which states there is no significant difference. A p-value of less than 0.001, which is below the traditional cutoff for statistical significance, is linked to an F-value of 24.011. This shows that the cognitive effects of social marketing initiatives are significantly influenced by age.

Table 7.4.1.2**Age wise Cognitive Outcome**

Multiple Comparisons						
Dependent Variable: Cognitive Outcome of Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-8.00036*	1.17180	<.000**	-10.7525	-5.2482
	Above 60 years	-9.54407	4.53304	.089	-20.1907	1.1026
30 - 60 years	Above 60 years	-1.54372	4.52497	.938	-12.1714	9.0840

** Significant at 1% level

When compared to the other two age groups, people over 60 have higher mean cognitive outcome scores. The mean difference values show that, in comparison to the above 60 years group, the mean scores for the 30 to 60 years and the up to 30 years age groups are lower. there is a 9.54407 mean difference between the groups under 30 years old and those over 60 years old, and a 1.54372 mean difference between the groups under 30 years old and those over 60 years old, however the latter difference is not statistically significant. According to this, people over 60 typically score higher on cognitive outcomes from social marketing campaigns than people in younger age groups.

Table 7.4.2

Gender wise comparison of Cognitive Outcome of Social Marketing

	Gender			
	Male		Female	
	Mean	Std. Deviation	Mean	Std. Deviation
Sound, healthy and happier people	4.64	.761	4.42	.878
More social in nature	4.65	.721	4.38	.873
Positive image of healthy people	4.63	.771	4.41	.884
Harmful effects of unhealthy behaviour	4.65	.721	4.38	.895
Cognitive Outcome of Social Marketing	92.8544	14.22328	87.9484	16.58128

Source: Computed from Primary data

With a standard deviation of 14.22328, the mean cognitive outcome score for men is 92.8544, but the mean score for women is 87.9484, with a slightly higher standard deviation of 16.58128. This demonstrates that when it comes to responding to social marketing campaigns, men often have somewhat stronger cognitive outcomes than women. It is important, that both genders exhibit relatively high mean scores, indicating that social marketing campaigns are successful in influencing male and female cognitive beliefs about health-related behaviors.

Independent sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of social marketing campaigns among different gender

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different gender

Table 7.4.2.1

Result of independent sample t test (Gender wise Cognitive Outcome)

	Gender	Mean	Std. Deviation	t value	P value
Cognitive Outcome of Social Marketing	Male	92.8544	14.22328	3.996	<0.001**
	Female	87.6233	16.16841		

** Significant at 1% level

There is a substantial difference between the male and female genders' cognitive outcomes from social marketing campaigns, according to the findings of the independent sample t-test. The null hypothesis (H₀), which states that there is no significant difference in cognitive outcomes between genders, is rejected with a computed t-value of 3.996 and a p-value of less than 0.001. This rejection shows that there is, in fact, a sizable difference between males and females' cognitive reactions to social marketing campaigns. It is clear that men score higher on the cognitive outcome scale than women do, with a mean score of 92.8544 and a standard deviation of 14.22328 for men and 87.9484 and 16.58128 for women, respectively. This disparity indicates that, men tend to have stronger cognitive responses compared to females.

Table 7.4.3

Marital status wise comparison of Cognitive Outcome of Social Marketing

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sound, healthy and happier people	4.36	.888	4.58	.809	4.94	.359
More social in nature	4.33	.872	4.57	.797	4.94	.359
Positive image of healthy people	4.35	.918	4.57	.796	4.94	.359
Harmful effects of unhealthy behavior	4.31	.929	4.58	.768	4.94	.359
Cognitive Outcome of Social Marketing	86.7903	16.69558	91.5164	15.24983	98.7097	7.18421

Source: Computed from Primary data

A reliable cognitive response to social marketing activities is shown by the highest mean cognitive outcome score of 98.7097 among divorced individuals, with a comparatively lower standard deviation of 7.18421. Another notable mean score of

91.5164, with a little greater standard deviation of 15.24983, is exhibited by married persons, indicating a favorable influence of social marketing on their cognitive judgments. The single population, on the other hand, has the lowest mean cognitive outcome score (86.7903) and a higher standard deviation (16.69558), indicating that they react less strongly to social marketing campaigns.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of social marketing campaigns among different marital status.

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different marital status.

Table 7.4.3.1

Result of One Way ANOVA (Marital status wise Cognitive Outcome)

	Mean	Std. Deviation	F value	P Value
Single	86.7903	16.69558	12.945	<0.001**
Married	91.5164	15.24983		
Divorced	98.7097	7.18421		
Total	89.7595	15.91893		

** Significant at 1% level

The one-way ANOVA test results reveal a significant difference in cognitive outcomes of social marketing campaigns among different marital statuses. With a p-value of less than 0.001, the null hypothesis is rejected, indicating that marital status influences cognitive responses. Divorced individuals show the highest mean cognitive outcome score (98.7097), followed by married individuals (91.5164), and then single individuals (86.7903).

Table 7.4.3.2
Marital status wise Cognitive Outcome

Multiple Comparisons						
Dependent Variable: Cognitive Outcome of Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-4.72607*	1.20848	<.000**	-7.5644	-1.8877
	Divorced	-11.91935*	2.94919	<.000**	-18.8461	-4.9927
Married	Divorced	-7.19328*	2.92861	<.038*	-14.0716	-.3149

** Significant at 1% level and * Significant at 5% level

There are notable mean differences between each pair of marital statuses, according to the Tukey Honestly Significant Difference (HSD) test. When compared to married and single adults, divorced individuals show the greatest mean cognitive outcome score, with notable variances. The mean difference between divorced and single people is -11.91935, while the mean difference between married and single people is -7.19328. The mean cognitive results of married persons differ significantly from those of unmarried and divorced adults, with mean differences of 4.72607 and -7.19328, respectively. Furthermore, with mean differences of -4.72607 and -11.91935, respectively, single people exhibit a substantial mean difference from married and divorced people.

Table 7.4.4
Educational Qualification wise comparison of
Cognitive Outcome of Social Marketing

	Educational Qualification							
	Up to schooling		plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sound, healthy and happier people	4.70	.679	4.59	.810	4.48	.856	4.28	.912
More social in nature	4.71	.657	4.58	.770	4.45	.845	4.21	.923
Positive image of healthy people	4.71	.657	4.60	.789	4.46	.871	4.24	.953
Harmful effects of unhealthy behavior	4.72	.634	4.57	.822	4.45	.891	4.24	.863
Cognitive Outcome of Social Marketing	94.1463	12.85736	91.6798	15.21161	89.2222	16.20721	84.8299	17.00539

Source: Computed from Primary data

The greatest mean cognitive result score, 94.1463, belongs to people with up to schooling education. This group is followed by people with plus two/pre-degree degrees, whose mean score is 91.6798. Graduates then show the highest mean score of 89.2222, but those with post-graduate degrees and higher show the lowest mean score of 84.8299 for cognitive outcome. This trend points to an unexpected pattern in which people with lower educational attainment—such as those with only an up to schooling education or a plus two or pre-degree qualification—display greater cognitive outcomes in comparison to others with higher educational credentials.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of social marketing campaigns among different Educational Qualification.

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different Educational Qualification.

Table 7.4.4.1

Result of One Way ANOVA (Education wise Cognitive Outcome)

	Mean	Std. Deviation	F value	P Value
Up to schooling	94.1463	12.85736	8.338	<0.001**
plus two/pre-degree	91.6798	15.21161		
Graduate	89.2222	16.20721		
Post Graduate & above	84.8299	17.00539		
Total	89.7595	15.91893		

** Significant at 1% level

There is a significant difference found in the one-way ANOVA test used to examine the cognitive results of social marketing efforts across various educational qualification levels. The null hypothesis (H₀), which contends that there is no discernible difference in cognitive results among different educational credentials, is rejected with a computed F-value of 8.338 and a p-value of less than 0.001. This rejection indicates that there is, in fact, a discernible variation in the cognitive reactions to social marketing campaigns amongst different levels of education. It is evident from examining the mean scores that, in contrast to forecasts, those with lower educational attainment tend to show higher cognitive outcomes in response to social marketing initiatives.

Table 7.4.4.2
Education wise Cognitive Outcome

Multiple Comparisons						
Dependent Variable: Cognitive Outcome of Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	2.46650	1.99205	.603	- 2.6634	7.5964
	Graduate	4.92412	2.02216	.072	-.2833	10.1316
	Post Graduate & above	9.31641*	2.16071	<.000**	3.7522	14.8807
plus two/pre- degree	Graduate	2.45762	1.43651	.319	- 1.2417	6.1569
	Post Graduate & above	6.84991*	1.62576	<.000**	2.6633	11.0365
Graduate	Post Graduate & above	4.39229*	1.66252	<.042*	.1110	8.6736

** Significant at 1% level and * Significant at 5% level

The Tukey Honestly Significant Difference (HSD) test highlights subtle differences in the cognitive consequences of social marketing campaigns by revealing significant mean differences across many pairs of educational degrees. Unexpectedly, mean cognitive outcome scores are much higher for people with lower levels of educational attainment—including up to schooling and plus two/pre-degree qualifications—than for those with post-graduate credentials and above. On the other hand, those with post-graduate degrees and above demonstrate noticeably lower average cognitive result scores when compared to graduates and those with only up to a high school education along with two or less degrees. These results go against conventional wisdom and highlight the complex connection between educational background and how the mind reacts to social marketing campaigns.

Table 7.4.5

Occupation wise comparison of Cognitive Outcome of Social Marketing

	Occupation									
	Government employee		Private employee		Self employed		Students		Others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sound Healthy and happier people	4.40	.788	4.72	.727	4.85	.458	4.20	.895	3.25	1.291
More social in nature	4.33	.794	4.72	.709	4.86	.448	4.14	.872	3.37	1.204
Positive image of healthy people	4.31	.822	4.71	.728	4.86	.448	4.19	.902	3.37	1.408
Harmful effects of unhealthy behaviour	4.43	.661	4.73	.673	4.86	.448	4.09	.937	3.25	1.438
Cognitive Outcome of Social Marketing	87.3333	14.36337	94.3968	13.72331	97.1154	8.95585	83.1390	16.19875	66.2500	25.85214

Source: Computed from Primary data

With a mean score of 97.1154, self-employed people had the greatest cognitive outcome score, followed by private employees (94.3968). Employees of the government also demonstrate a noteworthy average score of 87.3333. On the other hand, the mean cognitive outcome scores of students and those classified as "others" are comparatively lower, at 83.1390 and 66.2500, respectively. These demonstrate how occupation has a big impact on how social marketing campaigns shape people's cognitive impressions. Self-employed people and private employees typically show stronger cognitive responses, whereas students and people in other occupations show relatively lesser responses.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of social marketing campaigns among different occupation groups

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different occupation groups

Table 7.4.5.1

Result of One Way ANOVA (Occupation wise Cognitive Outcome)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	87.3333	14.36337	35.433	<0.001**
Private employee	94.3968	13.72331		
Self employed	97.1154	8.95585		
Students	83.1390	16.19875		
Others	66.2500	25.85214		
Total	89.7595	15.91893		

** Significant at 1% level

The one-way ANOVA test comparing the cognitive outcomes of several occupational groups shows a significant variation. The null hypothesis (H₀), which indicates there is no significant difference in cognitive results among various occupational groups, is rejected with a computed F-value of 35.433 and a p-value of less than 0.001. This rejection shows that there are, in fact, discernible differences in

the cognitive reactions to social marketing campaigns among various occupational categories. It is clear that those self-employed individuals have the greatest mean cognitive result score (97.1154), followed by those private employees (94.3968). Employees of the government likewise demonstrate a high mean score of 87.3333. On the other hand, the mean cognitive outcome scores of students and those classified as "others" are lower, at 83.1390 and 66.2500, respectively.

Table 7.4.5.2
Occupation wise Cognitive Outcome

Multiple Comparisons						
Dependent Variable: Cognitive Outcome of Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-7.06349*	1.87094	<.002*	-12.1803	-1.9467
	Self employed	-9.78205*	2.35495	<.000**	-16.2226	-3.3415
	Students	4.19432	1.94374	.197	-1.1216	9.5102
	Others	21.08333*	4.01000	<.000**	10.1165	32.0502
Private employee	Self employed	-2.71856	1.84165	.578	-7.7553	2.3181
	Students	11.25781*	1.27438	<.000**	7.7725	14.7431
	Others	28.14683*	3.73175	<.000**	17.9409	38.3527
Self employed	Students	13.97637*	1.91557	<.000**	8.7375	19.2152
	Others	30.86538*	3.99642	<.000**	19.9357	41.7951
Students	Others	16.88901*	3.76878	<.000**	6.5819	27.1962

** Significant at 1% level and * Significant at 5% level

Several pairs of occupation groups show significant mean differences according to the Tukey Honestly Significant Difference (HSD) test, indicating different cognitive reactions to social marketing campaigns. It is surprising to note that self-employed people, private sector workers, and government employees have far higher mean cognitive outcome scores than people who fall into the category "others." On the other hand, people who are classified as "others" have mean cognitive outcome scores that are lower than those of students, self-employed people, government employees, and private employees.

Table 7.4.6

Income wise comparison of Cognitive Outcome of Social Marketing

	Income Group									
	Up to Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sound healthy and happier people	4.49	.885	4.66	.697	4.62	.739	4.73	.617	4.20	.959
More social in nature	4.46	.852	4.62	.721	4.53	.863	4.76	.605	4.21	.904
Positive image of healthy people	4.45	.865	4.68	.718	4.56	.862	4.78	.573	4.19	.964
Harmful effects of unhealthy behaviour	4.42	.907	4.64	.727	4.52	.899	4.79	.509	4.25	.889
Cognitive Outcome of Social Marketing	89.0711	16.49997	92.9706	13.65788	91.1364	16.11964	95.2985	11.14235	84.2384	17.32771

Source: Computed from Primary data

At the beginning, cognitive outcomes rise in line with income, ending in the income range of 120,000 to 160,000 Rupees. But over this point, the average scores show a fall, showing that people making 160,000 Rupees and more are not as successful cognitively. From 89.0711 in the income group up to 40,000 Rupees to 95.2985 in the 120,000-160,000 Rupees income bracket, the mean cognitive result score increases gradually. The standard deviation also decreases in tandem with this increase, indicating a convergence of responses within this income range. But for those making more than 160,000 Rupees, the average cognitive outcome score drops to 84.2384, and the standard deviation rises, showing more variation in outcome in this income bracket. This statistical pattern shows that while there is a positive association between income and cognitive outcomes up to a certain threshold, beyond a certain income level, this relationship weakens or reverses. Possible explanations for this phenomenon could include diminishing returns on the effectiveness of social marketing messages among higher-income individuals who may already have access to ample resources and information.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of social marketing among different Income groups

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different Income groups

Table 7.4.6.1

Result of One Way ANOVA (Income wise Cognitive Outcome)

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.0711	16.49997	8.923	<0.001**
40,000-80,000	92.9706	13.65788		
80,000-120,000	91.1364	16.11964		
120,000-160,000	95.2985	11.14235		
160,000 & above	84.2384	17.32771		
Total	89.7595	15.91893		

** Significant at 1% level

The cognitive results of social marketing across various income levels were examined using a one-way ANOVA test, which produced strong evidence to support the alternative hypothesis (H1) and reject the null hypothesis (H0). The test results show a substantial difference in cognitive outcomes between income categories, with a statistically significant F value of 8.923 and a matching p-value of less than 0.001. The mean score indicates that cognitive outcomes rise with income, reaching a high income group 120000-160000. But the income group 160000 & above has the lowest mean score.

Table 7.4.6.2
Income wise Cognitive Outcome

Multiple Comparisons						
Dependent Variable: Cognitive Outcome of Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000-80,000	-3.89944	1.54442	.086	-8.1232	.3243
	80,000-120,000	-2.06522	2.15249	.873	-7.9520	3.8216
	120,000-160,000	-6.22736*	2.13971	<.030*	-12.0792	-.3755
	160,000 & above	4.83274*	1.60148	<.022*	.4529	9.2126
40,000-80,000	80,000-120,000	1.83422	2.25859	.927	-4.3428	8.0112
	120,000-160,000	-2.32792	2.24642	.838	-8.4716	3.8158
	160,000 & above	8.73218*	1.74148	<.000*	3.9694	13.4949
80,000-120,000	120,000-160,000	-4.16214	2.70082	.536	-11.5486	3.2243
	160,000 & above	6.89795*	2.29799	<.023*	.6132	13.1827
120,000-160,000	160,000 & above	11.06010*	2.28602	<.000**	4.8081	17.3121

** Significant at 1% level and * Significant at 5% level

Significant mean differences in repeated comparisons demonstrate that those in the highest income category, "160,000 & above," have the lowest mean score when compared to other income groups, according to the Tukey HSD test results. In particular, the Tukey HSD test shows substantial mean differences with smaller confidence interval limits when comparing "160,000 & above" with lesser income groups, such as "Up to Rupees 40,000," "40,000-80,000," and "80,000-120,000." This implies that, in contrast to those in lower socio-economic categories, people in the highest income bracket typically have less favorable cognitive outcomes regarding social marketing messaging.

Table 7.4.7

Area wise comparison of Cognitive Outcome of Social Marketing

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Sound, healthy and happier people	4.76	.630	4.16	.956
More social in nature	4.76	.629	4.12	.919
Positive image of healthy people	4.77	.607	4.13	.978
Harmful effects of unhealthy behaviour	4.76	.620	4.11	.955
Cognitive Outcome of Social Marketing	95.2250	11.87653	82.6384	17.63027

Source: Computed from Primary data

People in urban areas tend to have higher mean scores than people in rural areas across all domains of interest, such as perceptions of sound, healthy, and happier people, being more social in nature, upholding a positive image of healthy individuals, and realizing the negative effects of unhealthy behavior. This implies that people living in cities tend to respond more favorably to social marketing communications cognitively, which may be a sign of a higher awareness and comprehension of the content these campaigns are trying to spread. Furthermore, urban regions have a mean score of 95.2250 for the overall cognitive outcome of

social marketing, which is significantly greater than that of rural areas, which have a mean score of 82.6384.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Cognitive Outcome of social marketing campaigns on health sector among different Area of Residence

H₁: There is significant difference in the Cognitive Outcome of Social Marketing among different Area of Residence

Table 7.4.7.1

**Result of independent sample t test
(Area of Residence wise Cognitive Outcome)**

	Area of Residence	Mean	Std. Deviation	t value	P Value
Cognitive Outcome of Social Marketing	Urban	95.2250	11.87653	11.230	<0.001**
	Rural	82.6384	17.63027		

** Significant at 1% level

The alternative hypothesis (H₁) is strongly supported by the independent sample t-test, which looks at the cognitive effects of social marketing campaigns on the health sector across various residential areas. This evidence is strong enough to reject the null hypothesis (H₀). There is a large difference in the cognitive outcomes between urban and rural locations, as indicated by the test's substantial t-value of 11.230 and matching p-value of less than 0.001 the mean cognitive outcome score of urban people is substantially higher at 95.2250 than that of rural dwellers, which have a significantly lower mean score of 82.6384. This substantial difference shows that people in cities generally respond more favorably cognitively to health-related social marketing activities than people in rural regions do.

7.5 Economic outcomes of Social marketing Strategies in Health Campaigns

The section explores the economic outcomes of social marketing campaigns, which aim to improve public health and financial well-being. Key measures of these

outcomes include better health and reduced medical care costs, increased awareness against social evils and unhealthy activities (leading to public health savings), improved productivity, and better financial and wealth planning through the saving of hard-earned money. To analyze these outcomes, various statistical tools were employed, including mean, standard deviation (SD), one-way ANOVA, multiple comparison tests, and independent t-tests. These methods help to identify significant differences and relationships, offering a comprehensive understanding of the economic benefits derived from effective social marketing initiatives.

Table 7.5

Mean and standard deviation of Economic Outcomes of Social Marketing

	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.53	.805
Awareness against social evils and anti-health activities and thus save public health	4.54	.778
Improve productivity	4.50	.818
Saving of hard earned money. This helps to better financial and wealth planning	4.50	.830
Economic Outcome of Social Marketing	89.7595	15.91893

Source: Computed from Primary data

With mean ratings ranging from 4.50 to 4.54, participants report significant benefits in terms of improved financial planning, knowledge of social problems, higher productivity, and better health leading to lower medical care expenses. These results indicate that people's perceptions of the financial benefits of social marketing efforts are generally favorable. Furthermore, the comparatively low standard deviations for these indicators point to a consistent pattern of responses from respondents concerning the financial advantages. The mean score of 89.7595 indicates the overall economic consequence of social marketing, highlighting the concrete influence of these initiatives on economic dimensions.

Table 7.5.1
Age wise comparison of Economic Outcome of Social Marketing

	Age Groups					
	Up to 30 years		30 - 60 years		Above 60 years	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.37	.874	4.67	.714	4.75	.622
Awareness against social evils and anti-health activities and thus save public health	4.36	.829	4.69	.699	4.75	.622
Improve productivity	4.31	.891	4.65	.716	4.75	.622
Saving of hard earned money. This helps to better financial and wealth planning	4.30	.919	4.69	.684	4.42	1.084
Economic Outcome of Social Marketing	85.4559	17.34088	93.4563	13.56393	95.0000	12.43163

Source: Computed from Primary data

When compared to older age groups, individuals under 30 years old often have slightly lower mean scores on all economic criteria. On the other hand, participants in the older age groups—those who are over 60 and those who are between 30 and 60 years old—consistently report mean scores that are higher, suggesting that they have a more positive view of the financial advantages of social marketing efforts. People over 60 had consistently the highest mean scores for all economic measures, indicating that this age group has a special awareness for the financial benefits of social marketing initiatives. The total economic result of social marketing, as indicated by the age groups' mean scores of 85.4559, 93.4563, and 95.0000, further supports the idea that participants who are older believe these activities will have a bigger financial impact than younger ones.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different age groups

H₁: There is significant difference in the Economic Outcome of Social Marketing among different age groups

Table 7.5.1.1

Result of One Way ANOVA (Age wise Economic Outcome)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	85.4559	17.34088	24.011	<0.001**
30 - 60 years	93.4563	13.56393		
Above 60 years	95.0000	12.43163		
Total	89.7595	15.91893		

** Significant at 1% level

The one-way ANOVA test, which looks at the economic impacts of social marketing on various age groups, offers strong support for rejecting the null hypothesis (H₀) and accepting the alternative hypothesis (H₁). It is clear that there are significant differences in the economic outcomes between the different age groups, with a significant F value of 24.011 and a corresponding p-value of less than

0.001. In particular, individuals under 30 years of age show an average economic result score of 85.4559, but participants 30 to 60 years of age and older than 60 years of age report mean scores that are higher, at 93.4563 and 95.0000, respectively. The observed discrepancy in average scores between age groups highlights the impact of age demographics on the way in which people perceive the financial gains from social marketing initiatives.

Table 7.5.1.2
Age wise Economic Outcome

Multiple Comparisons						
Dependent Variable: Economic Outcome of Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-8.00036*	1.17180	<.000**	-10.7525	-5.2482
	Above 60 years	-9.54407	4.53304	.089	-20.1907	1.1026
30 - 60 years	Above 60 years	-1.54372	4.52497	.938	-12.1714	9.0840

** Significant at 1% level

Economic outcomes from social marketing initiatives tend to rise with age, according to the Tukey Honestly Significant Difference (HSD) test. The economic result scores of participants under 30 years of age are considerably lower than those of participants between 30 and 60 years of age (mean difference = -8.00036). In addition, those under the age of thirty score lower on economic outcome measures than people over sixty. On the other hand, participants who are over 60 years old and those who are between 30 and 60 years old do not significantly differ in their economic result scores. These show a distinct pattern wherein older demographics believe that social marketing initiatives have a better economic impact.

Table 7.5.2

Gender wise comparison of Economic Outcome of Social Marketing

	Gender			
	Male		Female	
	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.66	.741	4.46	.833
Awareness against social evils and anti-health activities and thus save public health	4.66	.726	4.47	.800
Improve productivity	4.61	.800	4.43	.823
Saving of hard earned money .This helps to better financial and wealth planning	4.63	.824	4.42	.825
Economic Outcome of Social Marketing	92.8544	14.22328	87.9484	16.58128

Source: Computed from Primary data

Males report slightly higher mean scores than females across a range of criteria. The mean scores of males range from 4.61 to 4.66, but the mean scores of females are significantly lower, ranging from 4.42 to 4.47. Males perceive somewhat bigger economic gains from social marketing efforts than females, according to the overall economic outcome of social marketing, which is reflected by mean scores of 92.8544 for males and 87.9484 for females.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different gender

H₁: There is significant difference in the Economic Outcome of Social Marketing among different gender

Table 7.5.2.1

Result of independent sample t test (Gender wise Economic Outcome)

	Gender	Mean	Std. Deviation	t value	P value
Economic Outcome	Male	92.8544	14.22328	3.996	<0.001**
	Female	87.9484	16.58128		

** Significant at 1% level

The alternative hypothesis (H1) is supported by the independent sample t-test, which looks at the economic outcomes of social marketing on various genders and rejects the null hypothesis (H0). Male and female economic outcomes clearly differ from one another, as evidenced by the significant t-value of 3.996 and the associated p-value of less than 0.001. In particular, men report a mean economic outcome score of 92.8544, which is marginally higher than that of females (87.9484). This statistically significant difference reveals that men are more likely than women to believe that social marketing activities have a positive financial impact.

Table 7.5.3

Marital status wise comparison of Economic Outcome of Social Marketing

	Marital status					
	Single		Married		Divorced	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.43	.844	4.59	.784	4.90	.396
Awareness against social evils and anti-health activities and thus save public health	4.42	.792	4.60	.780	4.97	.180
Improve productivity	4.37	.853	4.56	.801	4.94	.250
Saving of hard earned money .This helps to better financial and wealth planning	4.36	.896	4.58	.782	4.97	.180
Economic Outcome of Social Marketing	86.7903	16.69558	91.5164	15.24983	98.7097	7.18421

Source: Computed from Primary data

The mean scores of married people range from 4.56 to 4.59, those of single people from 4.36 to 4.43, and those of divorced people from 4.90 to 4.97. Further evidence that divorced people perceive the greatest financial benefits from social marketing efforts comes from the total economic outcome of social marketing, which is indicated by mean scores of 91.5164 for married people, 86.7903 for single people, and 98.7097 for divorced people.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different marital status

H₁: There is significant difference in the Economic Outcome of Social Marketing among different marital status

Table 7.5.3.1

Result of One Way ANOVA (Marital status wise Economic Outcome)

	Mean	Std. Deviation	F value	P Value
Single	86.7903	16.69558	12.945	<0.001**
Married	91.5164	15.24983		
Divorced	98.7097	7.18421		
Total	89.7595	15.91893		

** Significant at 1% level

The economic outcomes of social marketing across various marital situations are examined using a one-way ANOVA test, which offers evidence to support the alternative hypothesis (H₁) and reject the null hypothesis (H₀). It is clear that there is a considerable difference in the economic results of people with different marital situations, with a significant F value of 12.945 and a matching p-value of less than 0.001. To be more precise, the mean economic outcome score for divorced people is 98.7097, whereas the mean score for married people is 91.5164. The mean score for single people is 86.7903. The notable difference in average scores indicates that perceptions of the financial gains from social marketing campaigns are significantly influenced by one's marital status.

Table 7.5.3.2**Marital status wise Economic Outcome**

Multiple Comparisons						
Dependent Variable: Economic Outcome of Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-4.72607*	1.20848	<.000**	-7.5644	-1.8877
	Divorced	-11.91935*	2.94919	<.000**	-18.8461	-4.9927
Married	Divorced	-7.19328*	2.92861	<.038*	-14.0716	-.3149

** Significant at 1% level and * Significant at 5% level

There are notable mean differences between individuals who are single, married, and divorced. There is a significant mean difference of -4.72607 between married and single people, showing that married people get more economic benefits from social marketing activities. Similarly, a significant mean difference of -11.91935 is seen when comparing divorced and single people, indicating that divorced people report the best economic outcomes of all the groups. The analysis reveals a noteworthy mean difference of 7.19328 between married and divorced individuals. This indicates that divorced people view much higher economic benefits than married people do. These elucidate the intricate relationship between marital status and the economic consequences of social marketing campaigns.

Table 7.5.4

Educational Qualification wise comparison of Economic Outcome of Social Marketing

	Educational Qualification							
	Up to schooling		Plus two/pre-degree		Graduate		Post Graduate & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.74	.605	4.64	.730	4.52	.835	4.26	.907
Awareness against social evils and anti-health activities and thus save public health	4.71	.638	4.62	.734	4.55	.773	4.29	.876
Improve productivity	4.70	.679	4.59	.770	4.48	.846	4.24	.873
Saving of hard earned money .This helps to better financial and wealth planning	4.67	.738	4.57	.826	4.48	.872	4.32	.794
Economic Outcome of Social Marketing	94.1463	12.85736	91.6798	15.21161	89.2222	16.20721	84.8299	17.00539

Source: Computed from Primary data

Higher educated individuals typically report mean scores that are marginally lower across several parameters. The persons with the lowest mean scores are those with post-graduate and above qualifications, followed by graduates, two/pre-degree holders, and those with up to schooling. Individuals with up to schooling reported the highest mean score of 94.1463, followed by those with plus two/pre-degree, graduate, and post-graduate qualifications. This pattern is also shown in the total economic outcome of social marketing. These results imply that people with less education believe social marketing efforts have a bigger economic impact on them. It's important to remember, too, that the mean score variances among educational credentials are quite small and could not always signify a substantial difference in the perceived economic benefits.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different Educational Qualification

H₁: There is significant difference in the Economic Outcome of Social Marketing among different Educational Qualification

Table 7.5.4.1

Result of One Way ANOVA (Education wise Economic Outcome)

	Mean	Std. Deviation	F value	P Value
Up to schooling	94.1463	12.85736	8.339	<0.001**
plus two/pre-degree	91.6798	15.21161		
Graduate	89.2222	16.20721		
Post Graduate & above	84.8299	17.00539		
Total	89.7595	15.91893		

** Significant at 1% level

The economic results of social marketing across various educational backgrounds were examined using a one-way ANOVA test, which offers strong evidence to reject the null hypothesis (H₀) and support the alternative hypothesis (H₁). It is clear that people with varying levels of education have very diverse

economic results, as evidenced by the substantial F value of 8.339 and the accompanying p-value. In particular, persons with only a high school education had the highest mean economic result score (94.1463), which is followed by , plus two/pre-degree, graduates and those with post-graduate and higher degrees. This notable difference in mean scores indicates that perceptions of the economic benefits that result from social marketing efforts are significantly influenced by educational attainment.

Table 7.5.4.2
Education wise Economic Outcome

Multiple Comparisons						
Dependent Variable: Economic Outcome of Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	2.46650	1.99205	.603	-2.6634	7.5964
	Graduate	4.92412	2.02216	.072	-.2833	10.1316
	Post Graduate & above	9.31641*	2.16071	<.000**	3.7522	14.8807
plus two/pre- degree	Graduate	2.45762	1.43651	.319	-1.2417	6.1569
	Post Graduate & above	6.84991*	1.62576	<.000**	2.6633	11.0365
Graduate	Post Graduate & above	4.39229*	1.66252	<.042*	.1110	8.6736

** Significant at 1% level and * Significant at 5% level

Based on educational qualifications, social marketing efforts have a noteworthy trend in economic outcomes, as indicated by the Tukey Honestly Significant Difference (HSD) test. As compared to other groups, those with up to schooling have higher mean economic outcomes. On the other hand, perceived economic gains consistently decline with more educational attainment. As people advance from up to schooling plus two/pre-degree, graduate, post-graduate, and above qualifications, this inverse link becomes clear. The statistical studies illustrate the significance of these disparities by showing that people with lesser educational credentials tend to see social marketing activities as having bigger economic rewards.

Table 7.5.5

Occupation wise comparison of Economic Outcome of Social Marketing

	Occupation									
	Government employee		Private employee		Self employed		Students		Others	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.40	.753	4.72	.740	4.86	.448	4.28	.847	3.50	1.095
Awareness against social evils and anti-health activities and thus save public health	4.41	.773	4.76	.643	4.85	.486	4.24	.823	3.37	1.147
Improve productivity	4.29	.851	4.71	.703	4.85	.458	4.22	.832	3.44	1.459
Saving of hard earned money. This helps to better financial and wealth planning	4.36	.832	4.74	.683	4.82	.575	4.20	.858	3.13	1.204
Economic Outcome of Social Marketing	87.3333	14.36337	94.3968	13.72331	97.1154	8.95585	83.1390	16.19875	66.2500	25.85214

Source: Computed from Primary data

The table illustrates how different occupations view the economic advantages of social marketing differently. Self-employed Individuals had the highest mean score (97.1154), highlighting advantages such as improved health and financial planning. Government employees closely trail private employees in terms of perceived benefits (mean score: 87.3333), with private employees seeing greater benefits (mean score: 94.3968). Students and "others," on the other hand, had lower mean scores, indicating a less positive outlook.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different Occupational groups.

H₁: There is significant difference in the Economic Outcome of Social Marketing among different Occupational groups.

Table 7.5.5.1

Result of One Way ANOVA (Occupation wise Economic Outcome)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	87.3333	14.36337	35.433	<0.001**
Private employee	94.3968	13.72331		
Self employed	97.1154	8.95585		
Students	83.1390	16.19875		
Others	66.2500	25.85214		
Total	89.7595	15.91893		

** Significant at 1% level

A substantial difference in the economic outcome of social marketing between various occupational groups is indicated by the one-way ANOVA test ($F = 35.433$, $p < 0.001$). As a result, the alternative hypothesis (H₁) is accepted and the null hypothesis (H₀) is rejected, indicating that there is, in fact, a significant difference in the way various occupations view the economic benefits that result from social marketing campaigns. The group with the greatest mean economic result score is self-employed people (97.1154), followed by government and private employees (87.3333 and 94.3968). Both students and those classified as "others"

have lower mean scores; students have the lowest score (83.1390), while "others" have the second-lowest score (66.2500). These discrepancies in mean scores point to differences in how different occupational groups view the efficacy of social marketing campaigns.

Table 7.5.5.2
Occupation wise Economic Outcome

Multiple Comparisons						
Dependent Variable: Economic Outcome of Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-7.06349*	1.87094	<.002*	-12.1803	-1.9467
	Self employed	-9.78205*	2.35495	<.000**	-16.2226	-3.3415
	Students	4.19432	1.94374	.197	-1.1216	9.5102
	others	21.08333*	4.01000	<.000**	10.1165	32.0502
Private employee	Self employed	-2.71856	1.84165	.578	-7.7553	2.3181
	Students	11.25781*	1.27438	<.000**	7.7725	14.7431
	others	28.14683*	3.73175	<.000**	17.9409	38.3527
Self employed	Students	13.97637*	1.91557	<.000**	8.7375	19.2152
	others	30.86538*	3.99642	<.000**	19.9357	41.7951
Students	others	16.88901*	3.76878	<.000**	6.5819	27.1962

** Significant at 1% level and * Significant at 5% level

The results of the Tukey Honestly Significant Difference (HSD) test provide light on the particular variations in the economic outcomes of social marketing for various occupational categories. Significant mean differences between multiple pairs of occupations are revealed by the analysis. When compared to government employees (mean difference = -9.78205, $p < 0.001$) and private employees (mean difference = -2.71856, $p = 0.578$), self-employed people show much better economic performance. Similarly, compared to government employees (mean difference = 7.06349, $p = 0.002$), students, and those classified as "others," private employees have noticeably better economic performance. Individuals classified as "others" and students exhibit poorer economic performance in comparison to a number of occupational groupings.

Table 7.5.6

Income wise comparison of Economic Outcome of Social Marketing

	Income Group									
	Up to Rupees 40,000		40,000-80,000		80,000-120,000		120,000-160,000		160,000 & above	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.54	.809	4.67	.651	4.62	.780	4.76	.605	4.23	.955
Awareness against social evils and anti-health activities and thus save public health	4.51	.795	4.66	.670	4.61	.802	4.78	.573	4.29	.869
Improve productivity	4.50	.785	4.61	.786	4.59	.744	4.76	.605	4.19	.936
Saving of hard earned money .This helps to better financial and wealth planning	4.49	.829	4.62	.769	4.59	.803	4.76	.605	4.23	.927
Economic Outcome of Social Marketing	89.0711	16.49997	92.9706	13.65788	91.1364	16.11964	95.2985	11.14235	84.2384	17.32771

Source: Computed from Primary data

The average economic outcome score for those making up to Rupees 40,000 a month is 89.0711; this score rises steadily as one moves up the income scale to the following brackets: 40,000–80,000 (92.9706), 80,000–120,000 (91.1364), and 120,000–160,000 (95.2985). In comparison to other income groups, the highest income group, 160,000 & above, has a somewhat lower mean economic result score of 84.2384. This unexpected discovery could point to a number of things. One reason for this could be because people in this highest income group have different standards or expectations when it comes to the economic outcomes of social marketing campaigns. It's possible that they already have access to an abundance of resources and services that lessen the perceived negative effects of these initiatives on their financial security. Alternatively, it's likely that people in this income bracket consider other aspects of the campaigns more important than economic results.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different Income groups

H₁: There is significant difference in the Economic Outcome of Social Marketing among different Income groups

Table 7.5.6.1

Result of One Way ANOVA (Income wise Economic Outcome)

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.0711	16.49997	8.923	<0.000**
40,000-80,000	92.9706	13.65788		
80,000-120,000	91.1364	16.11964		
120,000-160,000	95.2985	11.14235		
160,000 & above	84.2384	17.32771		
Total	89.7595	15.91893		

** Significant at 1% level

The null hypothesis (H₀) is rejected since the one-way ANOVA test shows a significant difference in the economic consequences of social marketing among various income groups ($F = 8.923$, $p < 0.001$). There are significant differences in the ways that people in varying socio-economic categories view the economic benefits of social marketing campaigns. After those who make between 40,000 and 80,000 rupees per month (92.9706) and between 80,000 and 120,000 rupees per month (91.1364), those who make between 120,000 and 160,000 rupees per month had the highest mean score (95.2985). When compared to some other income categories, those in the highest income bracket—those making 160,000 rupees and above—unexpectedly show a poorer mean economic performance score (84.2384).

Table 7.5.6.2
Income wise Economic Outcome

Multiple Comparisons						
Dependent Variable: Economic Outcome of Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000-80,000	-3.89944	1.54442	.086	-8.1232	.3243
	80,000-120,000	-2.06522	2.15249	.873	-7.9520	3.8216
	120,000-160,000	-6.22736*	2.13971	<.030*	-12.0792	-.3755
	160,000 & above	4.83274*	1.60148	<.022*	.4529	9.2126
40,000-80,000	80,000-120,000	1.83422	2.25859	.927	-4.3428	8.0112
	120,000-160,000	-2.32792	2.24642	.838	-8.4716	3.8158
	160,000 & above	8.73218*	1.74148	<.000**	3.9694	13.4949
80,000-120,000	120,000-160,000	-4.16214	2.70082	.536	-11.5486	3.2243
	160,000 & above	6.89795*	2.29799	<.023*	.6132	13.1827
120,000-160,000	160,000 & above	11.06010*	2.28602	<.000**	4.8081	17.3121

** Significant at 1% level and * Significant at 5% level

The Tukey Honestly Significant Difference (HSD) test offers insightful information about the precise variations in social marketing's economic results between various income brackets. Even while there are notable mean differences across a number of pairs of income brackets, one finding that stands out in particular is that people who make 160,000 rupees or more per month have, oddly enough, worse economic outcomes when compared to people in other income groups. Since they perceive fewer economic benefits from social marketing initiatives than people in the lowest income bracket, those in the highest income bracket exhibit significantly worse economic outcomes when compared to those earning up to 40,000 rupees (mean difference = -4.83274, $p = 0.022$).

Table 7.5.7

Area wise comparison of Economic Outcome of Social Marketing

	Area of Residence			
	Urban		Rural	
	Mean	Std. Deviation	Mean	Std. Deviation
Better health and reduction in the cost of medical care	4.78	.607	4.22	.915
Awareness against social evils and anti-health activities and thus save public health	4.77	.586	4.23	.887
Improve productivity	4.77	.587	4.14	.934
Saving of hard earned money .This helps to better financial and wealth planning	4.80	.552	4.11	.959
Economic Outcome of Social Marketing	95.2250	11.87653	82.6384	17.63027

Source: Computed from Primary data

The average score for better health and lower medical expenses (4.78 in urban versus 4.22 in rural areas), awareness of social evils (4.77 in urban versus 4.23 in rural areas), increasing productivity (4.77 in urban versus 4.14 in rural areas), and saving hard-earned money (4.80 in urban versus 4.11 in rural areas) is higher among

urban dwellers. The total mean economic outcome score, which shows a significantly better score of 95.2250 in urban regions compared to 82.6384 in rural areas, further supports this tendency. This indicates that, in comparison to their rural counterparts, urban inhabitants often perceive bigger economic gains from social marketing campaigns.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Economic Outcome of Social Marketing among different Area of Residence

H₁: There is significant difference in the Economic Outcome of Social Marketing among different Area of Residence

Table 7.5.7.1

Result of independent sample t test (Area of Residence wise Economic Outcome)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Economic Outcome	Urban	95.2250	11.87653	11.320	<0.001**
	Rural	82.6384	17.63027		

** Significant at 1% level

Based on the independent sample t-test, the null hypothesis (H₀) was rejected since there was a significant difference in the economic consequences of social marketing in urban and rural areas ($t = 11.320$, $p < 0.001$). It appears from this that opinions about the economic advantages resulting from social marketing campaigns differ significantly between those living in rural and urban areas. The average economic result score for urban people is significantly higher—95.2250—than for rural residents (82.6384). This substantial disparity highlights the different ways in which people who live in urban and rural environments perceive and experience economic results.

7.6 EFFECTIVENESS OF SOCIAL MARKETING CAMPAIGNS ON HEALTH SECTOR

In the section, the Study analyses the effectiveness of social marketing campaigns in the health sector, a critical part of the Study. The effectiveness is assessed through various outcomes; each meticulously measured using multiple items to ensure a comprehensive evaluation. These outcomes serve as the primary indicators of the campaigns' impact.

Table 7.6

Mean and standard Deviation showing of Effectiveness of Social Marketing

	Mean	Std. Deviation
Behavioral Outcome of Social Marketing	90.9868	13.87903
Health Outcome of Social Marketing	89.4059	15.64480
Cognitive Outcome of Social Marketing	89.7595	15.91893
Economic Outcome of Social Marketing	89.7595	15.91893
Effectiveness of Social Marketing	89.9780	14.81310

Source: Computed from the Primary data

The mean scores and standard deviations across a range of outcome metrics show how successful social marketing efforts are in the health sector. Social marketing campaigns have demonstrated a notably high influence on behavioral outcomes, with a mean score of 90.9868 and a standard deviation of 13.87903. This shows that people have been successfully encouraged to adopt healthier lifestyles and behaviors by these campaigns. Likewise, it is clear that social marketing initiatives have had a positive impact on health knowledge, positive health attitudes, and potential economic benefits associated with improved health outcomes. Mean scores across health, cognitive and economic outcomes range from 89.4059 to 89.9780, with standard deviations ranging from 14.81310 to 15.91893. The health sector's social marketing campaigns have demonstrated a strong overall effectiveness, as evidenced by the consistently high mean scores across these outcome measures. This is further supported by the relatively low standard

deviations, which imply a relatively consistent perception of effectiveness across various populations or contexts.

EFFECTIVENESS OF SOCIAL MARKETING CAMPAIGNS ON HEALTH SECTOR BASED ON THE DEMOGRAPHIC PROFILE

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Social Marketing among different age groups

H₁: There is significant difference in the Effectiveness of Social Marketing among different age groups

Table 7.6.1

Result of One Way ANOVA (Age wise Effectiveness of Social Marketing)

	Mean	Std. Deviation	F value	P Value
Up to 30 years	86.0232	15.79052	23.318	<0.001**
30 - 60 years	93.4129	13.00839		
Above 60 years	93.6378	12.58810		
Total	89.9780	14.81310		

** Significant at 1% level

When comparing the efficacy of social marketing across age groups, the one-way ANOVA test results show a statistically significant difference ($F = 23.318$, $p < 0.001$). Individuals under 30 years old reported an effectiveness score of 86.0232 (SD = 15.79052), those between 30 and 60 years old reported a score of 93.4129 (SD = 13.00839), and those over 60 years old reported a score of 93.6378 (SD = 12.58810). The mean effectiveness scores differed depending on the age group.

Table 7.6.1.1

Age wise Effectiveness of Social Marketing

Multiple Comparisons						
Dependent Variable: Effectiveness of Social Marketing						
Tukey HSD						
(I) Age Groups	(J) Age Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to 30 years	30 - 60 years	-7.38973*	1.09141	<.000**	-9.9531	-4.8264
	Above 60 years	-7.61461	4.22204	.169	-17.5308	2.3016
30 - 60 years	Above 60 years	-.22488	4.21452	.998	-10.1234	9.6737

** Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test was conducted to compare the effectiveness of social marketing campaigns across different age groups. The results indicate significant differences in perceived effectiveness between individuals aged up to 30 years and those aged between 30 and 60 years, with a mean difference of -7.38973 (SE = 1.09141, $p < 0.001$, 95% CI [-9.9531, -4.8264]). Similarly, significant differences were found between individuals aged up to 30 years and those above 60 years, with a mean difference of -7.61461 (SE = 4.22204, $p = 0.000$, 95% CI [-17.5308, 2.3016]). However, there was no significant difference in perceived effectiveness between individuals aged between 30 and 60 years and those above 60 years (mean difference = -0.22488, SE = 4.21452, $p = 0.998$, 95% CI [-10.1234, 9.6737]). These findings shows that younger individuals perceive social marketing campaigns as less effective compared to both middle-aged and older individuals, while there is no significant difference in perception between middle-aged and older individuals.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Social Marketing among different gender

H₁: There is significant difference in the Effectiveness of Social Marketing among different gender

Table 7.6.2

Result of independent sample t test (Gender wise Effectiveness of Social Marketing)

	Gender	Mean	Std. Deviation	t value	P value
Effectiveness of Social Marketing	Male	92.8544	14.22328	3.996	<0.001**
	Female	87.9484	16.58128		

** Significant at 1% level

The independent sample t-test examining the effectiveness of social marketing campaigns among different genders indicate a statistically significant difference ($t = 3.996$, $p < 0.001$). Male participants reported a higher mean effectiveness score of 92.8544 (SD = 14.22328) compared to female participants, who reported a slightly lower mean score of 87.9484 (SD = 16.58128). With a p-value of less than 0.05, the null hypothesis of no significant difference in the effectiveness of social marketing campaigns between genders is rejected. These findings indicate that gender influences perceptions of social marketing effectiveness in the health sector, with male participants tending to perceive these campaigns as more effective compared to female participants.

One way ANOVA was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Social Marketing among different marital status

H₁: There is significant difference in the Effectiveness of Social Marketing among different marital status

Table 7.6.3

Result of One Way ANOVA (Marital status wise Effectiveness of Social Marketing)

	Mean	Std. Deviation	F value	P Value
Single	87.3790	15.23541	12.504	<0.001**
Married	91.4258	14.51379		
Divorced	98.8741	5.74505		
Total	89.9780	14.81310		

** Significant at 1% level

The one-way ANOVA test examining the effectiveness of social marketing campaigns among different marital statuses support the rejection of the null hypothesis (H0: There is no significant difference in the Effectiveness of Social Marketing among different marital statuses), with a statistically significant difference found ($F = 12.504$, $p < 0.001$). Mean effectiveness scores vary significantly across marital statuses, indicating that marital status influences perceptions of social marketing effectiveness in the health sector. Specifically, single individuals reported a mean score of 87.3790 ($SD = 15.23541$), married individuals reported a higher mean score of 91.4258 ($SD = 14.51379$), and divorced individuals reported the highest mean score of 98.8741 ($SD = 5.74505$).

Table 7.6.3.1

Marital status wise Effectiveness of Social Marketing

Multiple Comparisons						
Dependent Variable: Effectiveness of Social Marketing						
Tukey HSD						
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single	Married	-4.04672*	1.12521	<.000**	-6.6895	-1.4040
	Divorced	-11.49504*	2.74598	<.000**	-17.9445	-5.0456
Married	Divorced	-7.44831*	2.72682	<.018*	-13.8527	-1.0439

** Significant at 1% level and * Significant at 5% level

The results indicate significant differences in perceived effectiveness across various comparisons. Specifically, comparisons between single and married individuals reveal a significant mean difference of -4.04672 (SE = 1.12521, $p = 0.001$, 95% CI [-6.6895, -1.4040]), indicating that married individuals perceive social marketing campaigns as more effective compared to single individuals. Similarly, comparisons between single and divorced individuals show a substantial mean difference of -11.49504 (SE = 2.74598, $p < 0.001$, 95% CI [-17.9445, -5.0456]) showing that divorced individuals perceive these campaigns as significantly more effective than single individuals. Additionally, comparisons between married and divorced individuals reveal a significant mean difference of -7.44831 (SE = 2.72682, $p = 0.018$, 95% CI [-13.8527, -1.0439]), indicating that divorced individuals perceive social marketing campaigns as more effective compared to married individuals.

One way ANOVA was used to test the following hypothesis:

H_0 : There is no significant difference in the Effectiveness of Social Marketing among different Educational Qualification

H_1 : There is significant difference in the Effectiveness Social Marketing among different Educational Qualification

Table 7.6.4

Result of One Way ANOVA (Education wise Effectiveness of Social Marketing)

	Mean	Std. Deviation	F value	P Value
Up to schooling	94.0373	12.55895	8.370	<0.001**
Plus two/pre-degree	91.6867	14.15571		
Graduate	89.6380	15.12746		
Post Graduate & above	85.2930	15.49216		
Total	89.9780	14.81310		

** Significant at 1% level

The one-way ANOVA test examining the effectiveness of social marketing campaigns among individuals with different educational qualifications indicate a statistically significant difference ($F = 8.370$, $p < 0.001$). Mean effectiveness scores vary significantly across educational qualifications, with individuals up to schooling reporting the highest mean score of 94.0373 ($SD = 12.55895$), followed by those with plus two/pre-degree qualifications (mean = 91.6867, $SD = 14.15571$), graduates (mean = 89.6380, $SD = 15.12746$), and individuals with postgraduate and above qualifications reporting the lowest mean score of 85.2930 ($SD = 15.49216$). The rejection of the null hypothesis (H_0 : There is no significant difference in the Effectiveness of Social Marketing among different educational qualifications) suggests that educational qualification influences perceptions of social marketing effectiveness in the health sector.

Table 7.6.4.1

Education wise Effectiveness of Social Marketing

Multiple Comparisons						
Dependent Variable: Effectiveness of Social Marketing						
Tukey HSD						
(I) Educational Qualification	(J) Educational Qualification	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to schooling	plus two/pre- degree	2.35061	1.85355	.584	- 2.4226	7.1239
	Graduate	4.39925	1.88157	.091	-.4461	9.2447
	Post Graduate & above	8.74425*	2.01049	<.000**	3.5669	13.9216
plus two/pre- degree	Graduate	2.04865	1.33663	.418	- 1.3934	5.4907
	Post Graduate & above	6.39364*	1.51273	<.000**	2.4981	10.2892
Graduate	Post Graduate & above	4.34499*	1.54693	<.026*	.3614	8.3286

** Significant at 1% level and * Significant at 5% level

The Tukey Honestly Significant Difference (HSD) test compares the effectiveness of social marketing campaigns among individuals with different educational qualifications. The results reveal significant differences in perceived effectiveness between various pairs of educational qualifications. Specifically, individuals with postgraduate and above qualifications perceive significantly lower effectiveness compared to those with up to schooling (mean difference = 8.74425, $p < 0.001$), plus two/pre-degree (mean difference = 6.39364, $p < 0.001$), and graduates (mean difference = 4.34499, $p = 0.026$). Similarly, those with graduate qualifications perceive significantly lower effectiveness compared to individuals with up to schooling (mean difference = 4.39925, $p = 0.091$) and plus two/pre-degree (mean difference = 2.04865, $p = 0.418$). These findings underscore the influence of educational qualification on perceptions of social marketing effectiveness in the health sector, with higher levels of education associated with lower perceived effectiveness.

One way ANOVA was used to test the following hypothesis:

H_0 : There is no significant difference in the Effectiveness of Social Marketing among different occupational groups

H_1 : There is significant difference in the Effectiveness of Social Marketing among different occupational groups

Table 7.6.5
Result of One Way ANOVA
(Occupation wise Effectiveness of Social Marketing)

Occupation	Mean	Std. Deviation	F Value	P value
Government employee	87.3538	13.27820	38.981	<0.001**
Private employee	94.3831	13.34496		
Self employed	96.9933	8.21532		
Students	83.9371	14.32626		
Others	65.5469	21.65404		
Total	89.9780	14.81310		

** Significant at 1% level

The one-way ANOVA test examining the effectiveness of social marketing campaigns among individuals with different occupation groups indicate a statistically significant difference ($F = 38.981, p < 0.001$). Mean effectiveness scores vary significantly across occupation groups, with government employees reporting a mean score of 87.3538 ($SD = 13.27820$), private employees reporting a higher mean score of 94.3831 ($SD = 13.34496$), self-employed individuals reporting an even higher mean score of 96.9933 ($SD = 8.21532$), students reporting a lower mean score of 83.9371 ($SD = 14.32626$), and individuals categorized as "others" reporting the lowest mean score of 65.5469 ($SD = 21.65404$). The rejection of the null hypothesis reveals that occupation plays a significant role in shaping perceptions of social marketing effectiveness in the health sector.

Table 7.6.5.1
Occupation wise Effectiveness of Social Marketing

Multiple Comparisons						
Dependent Variable: Effectiveness of Social Marketing						
Tukey HSD						
(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government employee	Private employee	-7.02924*	1.72651	<.000**	-11.7511	-2.3074
	Self employed	-9.63950*	2.17316	<.000**	-15.5828	-3.6962
	Students	3.41671	1.79370	.316	-1.4888	8.3223
	Others	21.80697*	3.70044	<.000**	11.6867	31.9272
Private employee	Self employed	-2.61025	1.69948	.539	-7.2581	2.0376
	Students	10.44596*	1.17600	<.000**	7.2297	13.6622
	Others	28.83621*	3.44368	<.000**	19.4182	38.2543
Self employed	Students	13.05621*	1.76769	<.000**	8.2218	17.8906
	Others	31.44647*	3.68791	<.000**	21.3605	41.5325
Students	Others	18.39026*	3.47784	<.000**	8.8788	27.9017

** Significant at 1% level

Tukey Honestly Significant Difference (HSD) test was conducted to compare the effectiveness of social marketing campaigns among individuals with different occupation groups. The results indicate significant differences in perceived effectiveness between various pairs of occupation groups. Specifically, government employees perceive significantly lower effectiveness compared to private employees (mean difference = -7.02924, $p < 0.001$) and self-employed individuals (mean difference = -9.63950, $p < 0.001$) higher effectiveness compared to students (mean difference = 3.41671, $p = 0.316$), and individuals in other occupations (mean difference = 21.80697, $p < 0.001$). Similarly, private employees perceive significantly lower effectiveness compared to self-employed individuals (mean difference = -2.61025, $p = 0.539$) but significantly higher effectiveness compared to students (mean difference = 10.44596, $p < 0.001$) and individuals in other occupations (mean difference = 28.83621, $p < 0.001$). Furthermore, self-employed individuals perceive significantly higher effectiveness compared to students (mean difference = 13.05621, $p < 0.001$) and individuals in other occupations (mean difference = 31.44647, $p < 0.001$). Additionally, students perceive significantly higher effectiveness compared to individuals in other occupations (mean difference = -18.39026, $p < 0.001$). These findings highlight the influence of occupation on perceptions of social marketing effectiveness, with individuals in certain occupations perceiving campaigns as more effective than others.

One way ANOVA was used to test the following hypothesis:

H_0 : There is no significant difference in the Effectiveness of Social Marketing among different Income groups

H_1 : There is significant difference in the Effectiveness of Social Marketing among different Income groups

Table 7.6.6

Result of One Way ANOVA (Income wise Effectiveness of Social Marketing)

	Mean	Std. Deviation	F value	P Value
Up to Rupees 40,000	89.6169	15.06762	10.664	<0.001**
40,000-80,000	92.9016	13.01323		
80,000-120,000	91.5793	14.31915		
120,000-160,000	95.5210	10.62281		
160,000 & above	84.1321	16.21425		
Total	89.9780	14.81310		

** Significant at 1% level

The one-way ANOVA test examining the effectiveness of social marketing campaigns among individuals with different income groups indicate a statistically significant difference ($F = 10.664$, $p < 0.001$). Mean effectiveness scores vary significantly across income groups, with individuals earning up to Rupees 40,000 reporting a mean score of 89.6169 ($SD = 15.06762$), those earning between 40,000-80,000 reporting a higher mean score of 92.9016 ($SD = 13.01323$), individuals earning between 80,000-120,000 reporting a mean score of 91.5793 ($SD = 14.31915$), those earning between 120,000-160,000 reporting a mean score of 95.5210 ($SD = 10.62281$), and individuals earning 160,000 & above reporting the lowest mean score of 84.1321 ($SD = 16.21425$). The rejection of the null hypothesis indicates that income level significantly influences perceptions of social marketing effectiveness in the health sector.

Table 7.6.6.1

Income wise Effectiveness of Social Marketing

Multiple Comparisons						
Dependent Variable: Effectiveness of Social Marketing						
Tukey HSD						
(I) Income Group	(J) Income Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Up to Rupees 40,000	40,000-80,000	-3.28468	1.43039	.147	-7.1966	.6273
	80,000-120,000	-1.96235	1.99358	.862	-7.4145	3.4899
	120,000-160,000	-5.90405*	1.98174	<.025*	-11.3239	-.4842
	160,000 above	5.48484*	1.48324	<.002*	1.4283	9.5413
40,000-80,000	80,000-120,000	1.32233	2.09185	.970	-4.3986	7.0433
	120,000-160,000	-2.61937	2.08057	.716	-8.3095	3.0707
	160,000 & above	8.76952*	1.61291	<.000**	4.3584	13.1806
80,000-120,000	120,000-160,000	-3.94170	2.50142	.513	-10.7828	2.8994
	160,000 & above	7.44719*	2.12833	<.005*	1.6264	13.2679
120,000-160,000	160,000 & above	11.38888*	2.11725	<.000**	5.5985	17.1793

*The mean difference is significant at 5% levels and ** Significant at 1% level

The Tukey Honestly Significant Difference (HSD) test revealed significant differences in perceived effectiveness of social marketing campaigns across various income groups. Specifically, participants earning up to Rupees 40,000 perceived significantly higher effectiveness compared to those earning 160,000 & above (mean difference = -5.48484, $p = 0.002$). Conversely, individuals in the highest income

bracket (160,000 & above) perceived significantly lower effectiveness compared to those earning between 40,000-80,000 (mean difference = -8.76952, $p < 0.001$), 80,000-120,000 (mean difference = -7.44719, $p = 0.005$), 120,000-160,000 (mean difference = -11.38888, $p < 0.001$) and up to 40000.

Independent Sample t-test was used to test the following hypothesis:

H₀: There is no significant difference in the Effectiveness of Social Marketing among different Area of Residence

H₁: There is significant difference in the Effectiveness of Social Marketing among different Area of Residence

Table 7.6.7

Result of independent sample t test (Area of Residence wise Effectiveness of Social Marketing)

	Area of Residence	Mean	Std. Deviation	t value	P Value
Effectiveness of Social Marketing to SMCH	Urban	95.2250	11.87653	11.320	<0.001**
	Rural	82.6384	17.63027		

** Significant at 1% level

The independent sample t-test examining the effectiveness of social marketing campaigns among different areas of residence provide evidence to reject the null hypothesis. Participants residing in urban areas reported a significantly higher mean effectiveness score ($M = 95.2250$, $SD = 11.87653$) compared to those in rural areas ($M = 82.6384$, $SD = 17.63027$). This shows that there is indeed a significant difference in perceived effectiveness of social marketing campaigns between urban and rural areas. Therefore, the alternative hypothesis is supported by the findings.

7.7 Relationship between Celebrity Endorsement, Attitude, Attention and Awareness with effectiveness of social marketing in health sector

The analysis chapter delves into the complex linkages that exist between the effectiveness of social marketing campaigns in the health sector, celebrity endorsement, attitude, attention, and awareness. Using Structural Equation Modeling (SEM), the study intends to examine the proposed relationships and determine how important they are for promoting the effectiveness of health-related social marketing initiatives. The chapter aims to provide insights into the complex dynamics influencing public attitudes, actions, and reactions to health-related messaging through thorough statistical analysis. These insights will help shape future social marketing campaigns that maximize the promotion of favorable health outcomes.

To study the relationship the following hypotheses were developed:

H₀: Celebrity Endorsement has no significant effect on effectiveness of social marketing strategies in the health sector.

H₁: Celebrity Endorsement has significant effect on effectiveness of social marketing in the health sector.

H₀: Attitude has no significant effect on effectiveness of social marketing strategies in health sector

H₂: Attitude has significant effect on effectiveness of social marketing strategies in health sector

H₀: Attention has no significant effect on effectiveness of social marketing strategies in health sector

H₃: Attention has significant effect on effectiveness of social marketing strategies in health sector

H₀: Awareness has no significant effect on effectiveness of social marketing strategies in health sector

H₄: Awareness has significant effect on effectiveness of social marketing strategies in health sector

On the basis of pertinent theories, 84 variables or items are selected for exploratory factor analysis (EFA). Using a number of variables or items, the researcher used the EFA process to explore the five dimensions. To develop the sound structural model, the questionnaire's original 84 items were trimmed down to 71 pieces. Less than 0.50 communality values and poorer reliability ratings led to the deletion of 13 entries. With additional rotation (Varimax), five constructs are identified from the remaining 71 elements using Principal Component Analysis (PCA). The effectiveness of Social marketing campaigns on health sector (SMCH), celebrity endorsement of SMCH, attitude towards SMCH, attention to SMCH, and awareness of SMCH are among the five dimensions. The communalities of the items varied from 0.78 to 0.87. The sample adequacy was tested using Kaiser-Meyer-Olkin (KMO) and Bartlett's test of Sphericity capture for evaluating correlations among the items. The study's sample size and item correlations are sufficient, as indicated by the appropriate KMO (0.98) value and significant Bartlett's test of sphericity ($\chi^2 = 68425.751$; $df = 2556$; $p < 0.001$). After the 71 items were subjected to the rotational component matrix, 75.68% of the variability in the data could be explained by captured structures. Kaiser's Rule was used to pick these five constructs (i.e., factors with eigenvalues greater than one were only examined).

The overall measurement model fit was ensured by the Confirmatory Factor Analysis (CFA) and with measures assessing the standard model fit. The model fit measures evaluated consist of normed Chi-square (CMIN/DF), Comparative Fit Index (CFI), Standardised Root Mean Squared Residual (SRMR) and Root Mean Square Error of Approximation (RMSEA). Recommended values and measurement model values of model fit indices are listed in Table 7.7.4. Moreover, the CFA model of measurement constructs is presented in the Figure 7.7.1. All the model fit measures are within the threshold values suggested.

Measurement Model

The researcher has stated that the measurement model is fit by employing the CFA. The researcher has gone through the goodness of fit in the CFA model by assessing the model fit indices. Also, internal, convergent, and discriminant validity were also ensured. The internal consistency reliability was evaluated by Cronbach's alpha values (α) and composite reliability values (CR) respectively. The convergent validity was assessed with the help of average variance extracted (AVE) and factor loadings (β). The discriminant validity of all the constructs in the report was ensured with the help of the (Fornell & Larcker, 1981) criterion and by finding out the heterotrait-monotrait (HTMT) ratio.

Results presented in Table 7.7.1 show that the Cronbach alpha coefficient and the composite reliability values for five constructs moved from 0.92 to 0.99. Both Cronbach's alpha and composite reliability (CR) coefficients were well above proposed threshold levels of 0.70, for Cronbach's alpha are acceptable, and 0.60 for composite reliability (Hair et al., 2019a; Ursachi et al., 2015). Both Cronbach's alpha and composite reliability (CR) confirm the reliability of the understood constructs. The convergent validity was ensured by verifying the factor loadings (FL) and Average Variance Extracted (AVE). The standardized factor loadings (FL) differed from 0.57 to 0.93, which is more than the threshold level of 0.5 proposed by (Gefen et al., 2000). Moreover, the AVE values of all constructs were well above the minimum value of 0.50 (Henseler et al., 2009) to ensure the five constructs' convergent validity. Further, discriminant validity is established by ensuring the AVE values were greater than the Maximum Shared Square Variance (MSV) (Hair et al., 2019b)

The Fornell-Larcker criterion was applied to get the discriminant validity. Accordingly, the discriminant validity was ensured since the square roots of AVE for each construct was more significant and higher than the inter-construct correlations (Fornell & Larcker, 1981), as evinced by Table 7.7.2. The Table shows the values of HTMT lower than the targeted threshold value of HTMT 0.90 by (Gold et al., 2015), signaling that the discriminant validity is enough for the study.

Table 7.7.1
Construct validity

Constructs	Items	FL	Cron Bach's alpha	CR	AVE	MSV
	BO1	0.830				
	BO2	0.837				
	BO3	0.834				
	BO4	0.865				
	BO5	0.844				
	BO6	0.869				
	BO7	0.899				
	BO8	0.897				
	BO9	0.882				
	BO11	0.872				
	BO12	0.867				
	BO13	0.891				
	BO14	0.883				
	HO1	0.876				
	HO3	0.893				
	HO4	0.884				
	HO5	0.865				
	CO1	0.898				
	CO3	0.893				
	CO4	0.903				
	CO5	0.854				
	EO1	0.88				
	EO4	0.857				
	EO2	0.879				
	EO5	0.881				
Effectiveness of SMCH			0.987	0.988	0.763	0.696
	ATRCC1	0.831				
	ATRCC2	0.880				

Constructs	Items	FL	Cron Bach's alpha	CR	AVE	MSV
	ATRCC3	0.908				
	ATRCC4	0.907				
	ATRCC5	0.885				
	ATTC1	0.883				
	ATTC2	0.830				
	ATTC3	0.859				
	ATTC4	0.865				
	ATTC5	0.874				
	ATTC6	0.878				
	ATTC7	0.867				
	ATTC8	0.876				
	ICSM1	0.832				
	ICSM2	0.877				
	ICSM3	0.877				
	ICSM4	0.854				
	ICSM5	0.848				
Celebrity Endorsements of SMCH			0.982	0.982	0.755	0.696
	ATTSM1	0.865				
	ATTSM2	0.874				
	ATTSM3	0.89				
	ATTSM4	0.895				
	ATTSM5	0.874				
	ATTSM6	0.893				
	ATTSM7	0.870				
	ATTSM10	0.835				
	ATTSM11	0.868				
	ATTSM16	0.793				
Attitude to SMCH			0.967	0.968	0.750	0.541
	STRT1	0.844				
	STRT2	0.867				

Constructs	Items	FL	Cron Bach's alpha	CR	AVE	MSV
	STRT3	0.854				
	STRT4	0.843				
	STRT5	0.832				
	STRT6	0.831				
	STRT8	0.805				
	STRT9	0.827				
	STRT10	0.866				
	STRT11	0.817				
Attention to SMCH			0.959	0.960	0.704	0.549
	AWSM1	0.568				
	AWSM2	0.575				
	AWSM4	0.828				
	AWSM5	0.827				
	AWSM6	0.929				
	AWSM7	0.907				
	AWSM9	0.71				
	AWSM10	0.770				
Awareness of SMCH			0.92	0.921	0.601	0.009

Note. FL = Factor Loading, AVE = Average Variance Extracted, CR = Composite reliability, MSV = Maximum Shared Variance

Table 7.7.2

Discriminant validity (Fornell-Larcker criteria)

	Effectiveness	Celebrity	Attitude	Attention	Awareness
Effectiveness	0.874				
Celebrity	0.834***	0.869			
Attitude	0.735***	0.731***	0.866		
Attention	0.741***	0.719***	0.661***	0.839	
Awareness	0.082*	0.064	0.097*	0.080*	0.775

Note. AVE = Average Variance Extracted; the square roots of AVE is depicted along the diagonal (bolded values); * p < 0.050; ** p < 0.010; *** p < 0.001

Table 7.7.3

Hetrotrait Montriat Ratio (HTMT)

	Effectiveness	Celebrity	Attitude	Attention	Awareness
Effectiveness					
Celebrity	0.834				
Attitude	0.736	0.729			
Attention	0.742	0.717	0.662		
Awareness	0.133	0.104	0.144	0.125	

Note. Here HTMT ratio is less than 0.90 indicating discriminant validity.

The overall measurement model fit was confirmed by conducting Confirmatory Factor Analysis (CFA) and its respective standard model fit measures. The model fit measures evaluated include normed Chi-square (CMIN/DF), Comparative Fit Index (CFI), Standardized Root Mean Squared Residual (SRMR) and the Root Mean Square Error of Approximation (RMSEA). Recommended values and measurement model values of model fit indices are presented in the table 7.7.4. Further, the CFA model of measurement constructs is presented in Figure 7.7.1.

Table 7.7.4

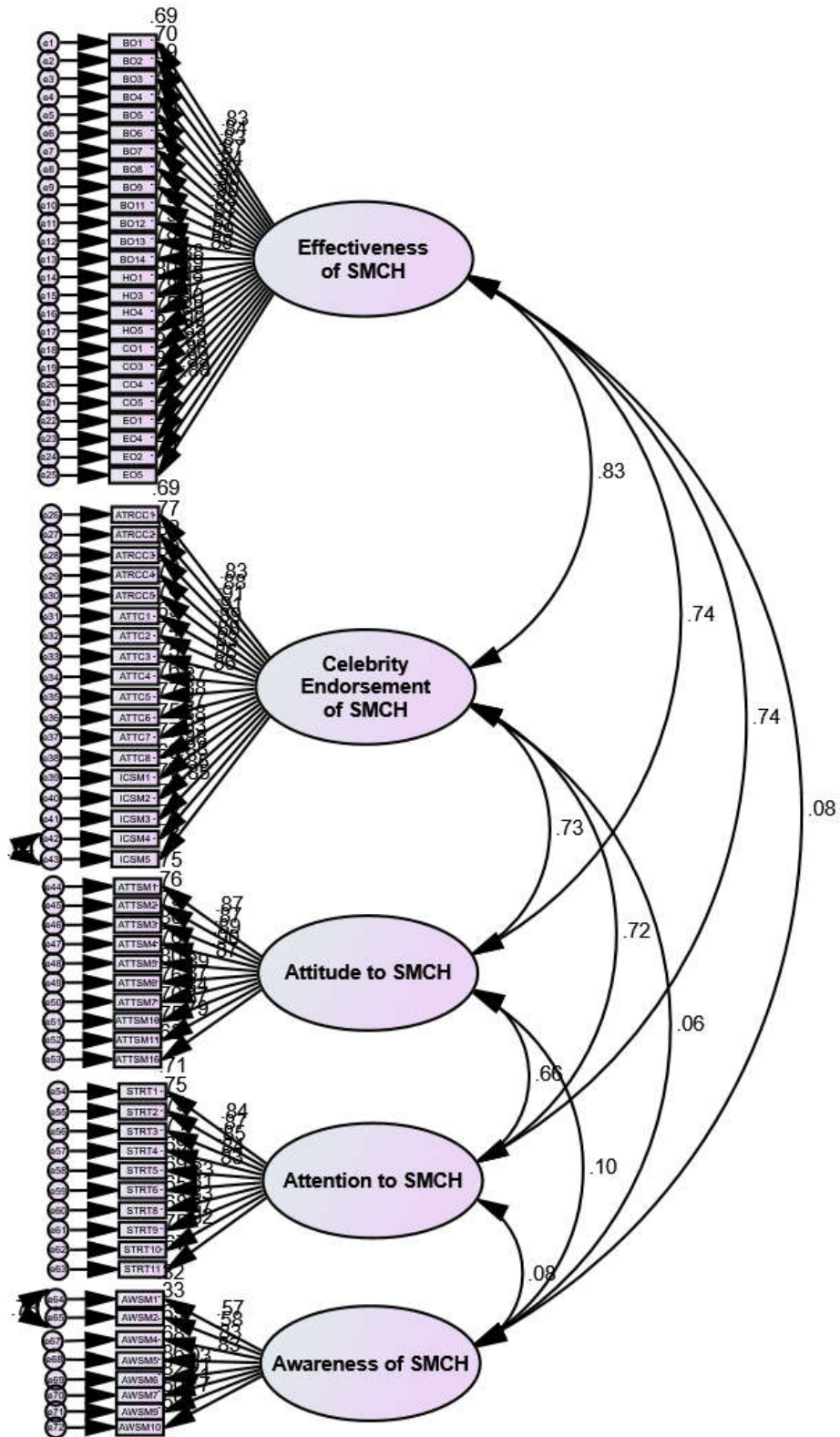
Measurement model fit measures

Fit indices	Model value	Recommended value
χ^2/df	4.125	≤ 5.000
CFI	0.906	≥ 0.900
RMSEA	0.067	≤ 0.080
SRMR	0.050	≤ 0.080

Note. Recommended value sources: (Bagozzi & Yi, 1988; Hair et al., 2019b; Hu & Bentler, 1998)

Figure 7.7.1

Measurement model



Structural Research Model

The final stage of the study was building and evaluating a research model. Hence, the structural equation modeling (SEM) was conducted with AMOS 26 software, which follows a co-variance-based SEM approach. Path analysis was carried out to determine whether the path coefficients were significant. The coefficient of determination (R^2) was calculated for the endogenous construct effectiveness of SMCH. Structural equation modeling (SEM) was conducted to develop and ensure the authenticity of the proposed research model. The adequate model fit indices for the SEM model are reported in Table 7.7.5. The result of structural model fit indices is satisfactory, with a χ^2/df ratio (normed Chi-square) of 4.182. The fit indices, CFI = 0.906, SRMR = 0.058, and RMSEA = 0.067, were satisfactory according to the threshold levels provided. After ensuring model fit, the significance of the path coefficients was evaluated.

The structural model has revealed and supported three proposed structural hypotheses from H1 to H3 while rejecting H4 (Table 7.7.6). It is found that the statistically significant and positive relationships observed from the celebrity endorsements, attitude and attention to SMCH to the effectiveness or outcomes of SMCH. While awareness of SMCH has no significant impact on outcomes of SMCH, as provided in Table 7.7.6 with insignificant regression, positive regression coefficient value. The coefficient of determination (R^2) is 0.75, revealing that the predictors explain as much as 75% of the variation in effectiveness of SMCH. Moreover, as per the effect size of R^2 explained by (Hair et al., 2017), the three significant predictor variables have a large effect size in explaining the variation of effectiveness of SMCH. The higher standardized regression weight substantiates that celebrity endorsement has a higher effect on influencing the effectiveness of SMCH.

Table 7.7.5
Measurement model fit measures

Fit indices	Model value	Recommended value
χ^2/df	4.128	≤ 5.000
CFI	0.906	≥ 0.900
RMSEA	0.067	≤ 0.080
SRMR	0.058	≤ 0.080

Note. Recommended value sources: (Bagozzi & Yi, 1988; Hair et al., 2019b; Hu & Bentler, 1998)

Figure 7.7.2
Result of Structural model

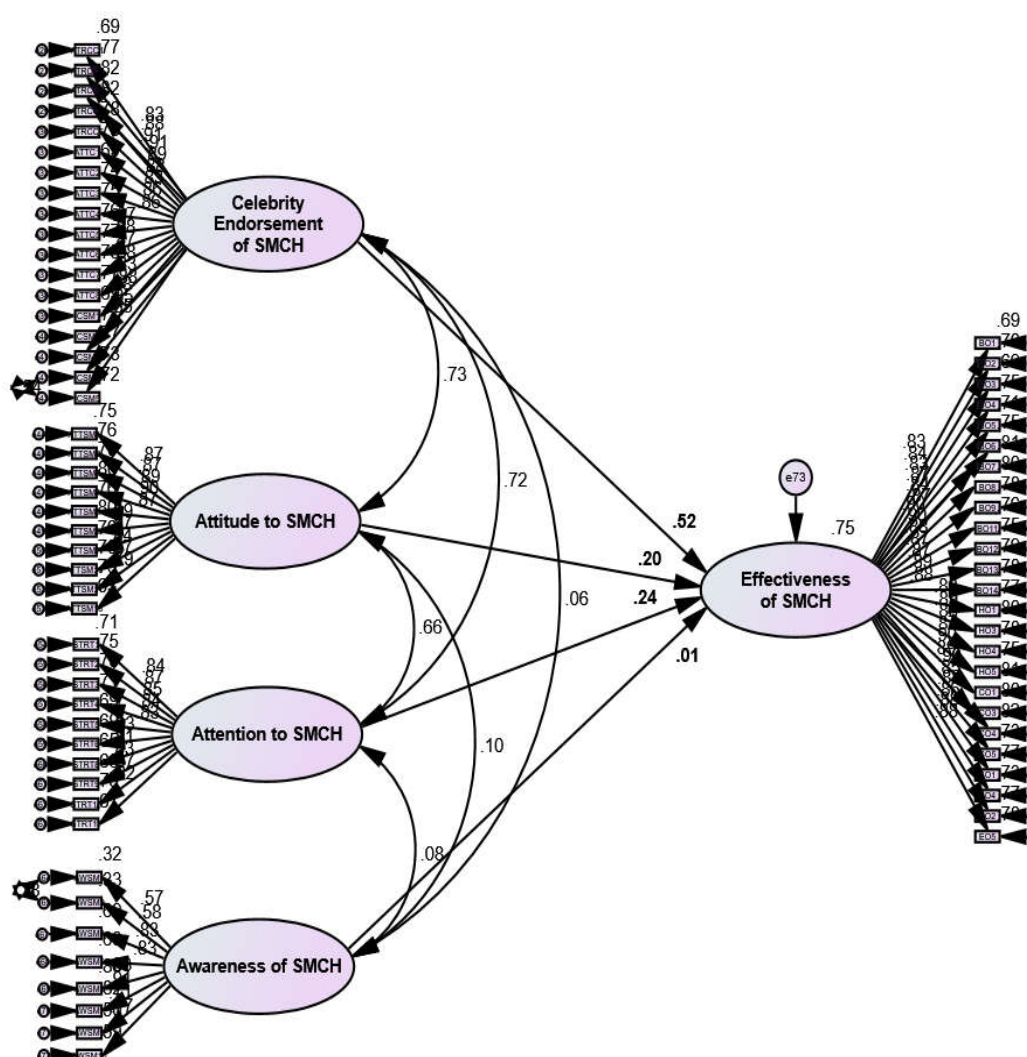


Table 7.7.6

Summary results of Structural relationships: direct effects

			Estimates				
Relationship/ Path	Hypothesis	R2	SR W	SE	t- statistic	p- value	Decision
Celebrity → Effectiveness	H0	0.75 5	0.51 8	0.04 7	13.595	<0.001 **	Rejected
Attitude → Effectiveness	H0		0.20 0	0.03 4	6.297	<0.001 **	Rejected
Attention → Effectiveness	H0		0.23 6	0.03 5	7.422	<0.001 **	Rejected
Awareness → Effectiveness	H0		0.01 1	0.01 7	0.528	0.598	Fails to Reject

Note: SRW = standardized regression weight; R² = coefficient of determination; SE = Standard Error; **Rejected at 1% level

The R-squared value of 75.5% says that approximately three-quarters of the variation in effectiveness can be explained by the combined influence of the four factors: Celebrity endorsement, Attention, Attitude and Attractiveness of Social marketing strategies in health campaigns. This high R-squared value points out a strong relationship between the predictor variables and the effectiveness of health campaigns.

The SEM Model reveals that **Celebrity endorsement** contributes significantly (SRW 0.518) to the effectiveness of health campaigns. Its substantial contribution indicates that leveraging celebrities in health promotional activities plays a pivotal role in enhancing campaign effectiveness. **Attention:** following closely behind Celebrity endorsement, Attention evolves as the second most influential factor (SRW 0.236) contributing to campaign effectiveness. It underscores the importance of capturing and maintaining the audience's attention to convey the campaign's message effectively. **Attitude:** While still significant, Attitude exhibits a slightly lesser contribution compared to the Celebrity endorsement and Attention. Anyway, its presence indicates that shaping positive attitudes (SRW 0.200) towards health campaigns remains crucial for achieving

desired outcomes. **Awareness:** The SEM Model highlights that Awareness does not significantly contribute to the effectiveness of health campaigns. This finding shows that while raising awareness about health issues is important, it may not directly translate into campaign effectiveness without the complementary factors of Celebrity Endorsement, Attention, and Attitude of Social marketing strategies.

7.8 Chapter Summary

The chapter's main objective was to evaluate the effectiveness of social marketing strategies employed in the health sector while accounting for different demographic characteristics. Four main outcomes were analyzed: behavioral, health, cognitive, and economic. Based on differences in demographics, each result was analyzed. The results provided a thorough grasp of the effects of SM strategies on various population segments by demonstrating how these outcomes are influenced by different demographic groups. The relationship between awareness, attention, attitude, celebrity endorsement, and the overall efficacy of health initiatives was extensively examined in this chapter. SEM was utilized to establish this relationship following the completion of confirmatory factor analysis (CFA) and exploratory factor analysis (EFA). The final section of this chapter highlights how important celebrity endorsement is to the success of health initiatives and how demographics influence how social marketing strategies work.

SUMMARY, FINDINGS AND CONCLUSIONS

8.1 Introduction

8.2 Summary

8.3 Findings

8.4 Conclusions

8.1 Introduction

The chapter provides an overview of the entire research work and discusses the data analysis results that were previously presented.

8.2 Summary of Research

The Study titled ‘Effectiveness of social marketing strategies on health sector in Kerala’ was designed as exploratory, descriptive and analytical one based on both primary and secondary data. Primary data were collected using pre-tested structured questionnaire from the general public residing in Kerala. The Study was limited to the Kerala Governments’ social marketing strategies in health sector. Multi-stage sampling method was used to select the sample. The sample was selected from a total of seven districts (districts, corporations/municipality and grama panchayath were selected by simple random sampling method). A sample of 707 people residing in Kerala was selected using purposive sampling method. Since the population is very large and the researcher’s goal is to achieve maximum diversity in sample, a cross sectional survey was conducted to collect the data. The main objectives of the study are:

- 1 To measure the awareness level of the general public towards social marketing campaigns in Kerala on health sector based on different demographic factors.
- 2 To assess the attention value of the SM strategies used in health campaigns based on different demographic factors.
- 3 To analyze Public’s attitude towards SM health campaigns in Kerala based on different demographic factors.
- 4 To study the effectiveness of celebrity endorsement in social marketing health campaigns based on different demographic factors.
- 5 To measure and predict the effectiveness of SM health campaigns by Awareness, Attention, Attitude and Celebrity Endorsement in Kerala.

Based on the above objectives, the following hypotheses were formulated:

Hypotheses

Both null and alternative hypotheses are formulated to test and focus on the study

The null hypotheses include:

- 1 H₀₁: The sample mean is equal to the population mean for all constructs such as awareness, attention value, attitude, celebrity endorsement and effectiveness.
- 2 H₀₂: There is no significant difference in the awareness of social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 3 H₀₃: There is no significant difference in the attention value of Social marketing strategies in health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 4 H₀₄: There is no significant difference in the attitude of general public towards Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence.
- 5 H₀₅: There is no significant difference in the attractiveness of Social marketing health campaigns due to Celebrities among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 6 H₀₆: There is no significant difference in the attitude towards Celebrities in the Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.

- 7 H₀₇: There is no significant difference in the opinion on the importance of Celebrities in Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 8 H₀₈: There is no significant difference in the effectiveness of Celebrity endorsement in Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 9 H₀₉: There is no significant difference in the behavioural outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 10 H₁₀: There is no significant difference in the health outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 11 H₁₁: There is no significant difference in the cognitive outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 12 H₁₂: There is no significant difference in the economic outcome of Social marketing health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.
- 13 H₁₃: There is no significant difference in the effectiveness of Social marketing strategies in the health campaigns among different age groups, gender, marital status, educational qualification, occupation, income and area of residence of the general public residing in Kerala.

- 14 H₁₄: Celebrity endorsement has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.
- 15 H₁₅: Attitude has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.
- 16 H₁₆: Attention has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.
- 17 H₁₇: Awareness has no significant effect on the effectiveness of Social marketing strategies in the health campaigns.

The collected data were edited, coded, tabulated and analyzed using the following methods: One sample t-test, one-way ANOVA, Tukey's post hoc/multiple comparison testing, mean, standard deviation, mean percentage score, independent sample t test, exploratory factor analysis, confirmatory factor analysis, and SEM.

8.3 Findings of the Study

Based on the objectives, findings of the primary data analysis was presented

Demographic profile of the respondents

Results of the study show that respondents have a varied demographic and socio-economic background, with more women than men and most falling into the 30- to 60-year-old age range. The sample comprises of individuals from diverse educational backgrounds, with a majority of higher education. These reflect the distinctive demographic trends of Kerala, including a larger female-to-male ratio and a strong emphasis on education. A sizable fraction of the respondents live in cities and work in the private sector, while the majority is students. Participants' varied economic situations are shown by the uneven distribution of income.

Major Findings

The one-sample t-test results indicate that none of the constructs related to social marketing strategies in the health sector of Kerala showed a statistically significant difference from the hypothesized population mean, as all p-values were

greater than 0.05. It indicates that the perceptions and outcomes measured in the sample align closely with the expected population.

The public's primary source of knowledge regarding campaigns is social media, which is followed by television. Newspapers also play a big part in the public discourse, appearing after television. ASHA workers are a valuable information source, even if they are not as well-known as the media. Comparatively, information provided with friends and family is valued lower. It doesn't seem like other media significantly affect the spread of campaign information.

Objective 1: Awareness towards social marketing campaigns in health sector

1. Different campaigns have different levels of awareness; for example, Aswamedham demonstrated lower awareness whereas cancer awareness campaigns had the highest recognition. Campaigns differ in terms of how consistent their messaging is.
2. Significant variations in awareness were noted among the age categories, with younger respondents—especially those under 30—displaying the highest awareness of health programs compared to older ones.
3. Though males did better than women in some programs, such as that promoting cancer awareness, there is no discernible difference in the awareness of health campaigns across the sexes.
4. Singles exhibit the highest level of campaign awareness, followed by divorced and married people. Marital status has a role in this issue.
5. Awareness is influenced by educational attainment; people with graduate or postgraduate degrees tend to be more aware than people with lesser educational attainment.
6. When compared to other occupational categories, particularly, government employees and students have the highest level of knowledge regarding health campaigns.

7. All income categories have high levels of awareness, with the exception of the middle-income group, which has lower levels of knowledge, indicating the need for better outreach to this group.
8. There is a greater awareness of health campaigns among urban people compared to the rural ones, suggesting that urban areas have a greater potential for campaign reach.

Objective 2: Attention value of social marketing strategies in the health Campaigns

1. The attention-grabbing components of social marketing health initiatives were generally well-received by respondents, who valued features including message appeal, humor, and catchiness.
2. While respondents between the ages of 30 and 60 exhibit the highest level of attention to health programs followed by older age group compared to younger groups.
3. While both genders react favorably to health campaigns generally, men give them slightly more attention than the women do, especially in areas like timeliness and message attractiveness.
4. The attention paid to health initiatives is influenced by marital status; respondents who are divorced are the most engaged, followed by those who are married and single.
5. Individuals with less education have more attention value of health promotions than people with more education.
6. A person's occupation affects how attentive he/she is to health initiatives; self-employed people followed by private sector employees are the most observant, whilst students and 'others' are often less attentive.

7. Middle-class people are quite attentive, whereas higher-class people are generally less involved in health programs. These findings suggest that economic level affects attention.
8. There is a noticeable difference in how engaged different populations are with health programs; urban dwellers are noticeably more attentive than rural ones.

Objective 3: Attitude of public towards social marketing campaigns on health sector

1. The research reveals that social marketing campaigns in the health sector are generally well-received by the public, as indicated by the overwhelming positive attitude expressed by respondents.
2. Age plays a big role in views towards health programs; older persons (30–60 and above 60) tend to be more positive than younger ones (30–60).
3. Attitudes are influenced by gender, with males typically having more favorable opinions of health programs than women do.
4. Relationship status affects attitudes; those who are divorced have the most favorable attitude, followed by those who are married and single.
5. Higher educated people, especially postgraduates, tend to be less positive in their attitudes, whereas those with lower education levels are typically more positive. This implies that attitudes in this situation have an impact on educational attainment.
6. Occupation has an impact on attitudes towards health initiatives; employees in the private sector and self-employed have the most positive opinions, while students and other groups have less positive views.
7. An individual's income level has an impact on their sentiments as well; those in lower and middle income categories tend to be more supportive of health programs than those in higher income groups.

8. There is a location-based difference in people's attitude towards health campaigns: people in urban regions have much more positive opinions towards them than people in rural areas.

Objective 4: Celebrity endorsement in social marketing on health sector

4.1 Attractiveness of campaigns due to celebrities

1. Health campaigns benefit greatly from celebrity endorsements because they draw attention to the cause, lend legitimacy to the communications, and increase recall of the messages. They also favorably affect behavior and raise public awareness, which promotes greater interaction with the information.
2. Attractiveness increases with age, with older people—especially those over 60—finding celebrity-led health programs more enticing than younger ones.
3. Celebrity health programs are generally more appealing to males than to women.
4. Marital status affects how attractive people think a campaign is; divorced people find celebrity-led campaigns most appealing, followed by married people; single people are less interested.
5. Celebrity-endorsed health programs tend to appeal more to lower-educated people than to higher- ones.
6. Occupation has an impact on how appealing celebrity-endorsed campaigns are; self-employed people and private employees are the most interested, while students and other groups are less interested.
7. Contrary to popular belief, middle-class people find celebrity-endorsed health campaigns more appealing than those from higher income groups.
8. Compared to people in rural areas, urban inhabitants are more likely to find health programs endorsed by celebrities appealing.

4.2 Attitude towards celebrities in social marketing health campaigns

1. Celebrity endorsements in social marketing efforts are often highly welcomed. People find the campaigns visually appealing, view celebrities as powerful role models, and find it inspiring when celebrities adopt positive behaviors. Though perspectives on the significance of celebrity endorsements differ, there is generally a positive perception of celebrities in these efforts.
2. Compared to younger people, who are less enthusiastic, older and middle-aged adults have more positive opinions of celebrities in health promotions. This demonstrates how people's perceptions of celebrities in these campaigns are influenced by their age.
3. Men are marginally more likely than women to regard celebrities as role models and to feel as though they belong to a better social class when it comes to health promotion.
4. Divorced persons are more likely than married people to perceive celebrities in health campaigns favorably, while single people have lower opinions. Attitudes towards celebrity endorsements are influenced by marital status.
5. While people with greater education tend to be more skeptical, those with lower education tend to have more positive opinions of celebrity endorsements in health efforts.
6. In contrast to government employees and students, private sector workers and self-employed individuals are more inclined to see celebrities in health promotions favorably.
7. People with lower to middle incomes are more prone to view celebrities as role models in health initiatives, whereas those with the highest incomes are less taken aback by them.

8. Urbanites are more likely than rural people to view celebrities as inspirational role models in health initiatives, and they are also more likely to follow the behaviors that celebrities advocate.

4.3 Importance of celebrities in social marketing campaigns

1. The importance of celebrities in social marketing initiatives is emphasized by the study. The story and the campaign's main health issues were easier for participants to recall when they saw celebrities. Most people concur that leveraging celebrities in social marketing increases the impact and engagement of campaigns.
2. Individuals between the ages of 30 and 60, as well as those over 60, are more inclined than younger people to think that celebrities aid in their memory of campaign information and solutions. Celebrity participation in health initiatives is more significant to middle-aged and older audiences.
3. Men tend to think more highly of celebrities' roles in campaigns than do women, suggesting a little variation in the two sexes' perceptions of the significance of celebrities in social marketing.
4. Divorced people are the most positive about celebrity participation in SM campaigns. Individuals who are single seem less persuaded, implying that marital status influences perceptions of the value of celebrities in campaigns.
5. Lower educated people are more likely than better educated people to value celebrity participation in campaigns. Less educated people believe that celebrities have more power than people with higher degrees.
6. Beliefs on celebrity engagement are also influenced by occupation. In contrast to students and other groups, private employees and self-employed individuals consider celebrities as having greater influence in marketing initiatives.

7. More middle-class people than people from the highest and lowest income brackets appreciate celebrities in marketing. Celebrities are more significant to those with middle-class incomes.
8. Urban residents are more likely to see celebrities as important in social marketing campaigns as rural residents. This suggests a difference in how urban and rural populations perceive the role of celebrities in health-focused campaigns.

Effectiveness of celebrity endorsement in social marketing health campaigns

The study discovered that, although there are some variations depending on age, gender, marital status, education, occupation, income, and region, the success of celebrity endorsements in social marketing is typically seen favorably across a variety of categories. Celebrity endorsements were deemed more effective by older people, men, divorced respondents, people with less education, middle-class earnings, private employees, and people living in cities than by other respondents. These results are consistent with the three main efficacy constructs: Attractiveness of celebrities, Attitude towards celebrities and the importance of celebrities in social marketing health campaigns. Celebrity endorsements are generally regarded as having an impact, though opinions range among various demographic groups.

Objective 5: Effectiveness of social marketing campaigns in health sector

Four main outcomes—behavioral, health, cognitive, and economic—were used to assess the effectiveness of social marketing campaigns in the healthcare industry. These results were examined in relation to a number of demographic variables, such as age, gender, marital status, education level, occupation, income and area of residence. Regardless of demographic disparities, social marketing initiatives are generally effective in promoting positive health behaviors and beliefs, as seen by the consistent trends observed across all groups in the study. All things considered, the SM campaigns proved to have a significant influence on enhancing health-related beliefs and results.

According to the findings, older age groups—particularly those over 60 and between 30 and 60—respond most favorably to these campaigns, which effectively encourage healthy lifestyle choices. Men typically reported stronger positive effects than women, suggesting that gender differences exist as well. Responses were influenced by respondents' marital status; divorced people consistently assessed the campaigns as more effective than married and single respondents. It's interesting to note that people with lesser educational backgrounds thought the commercials had a greater impact than people with higher educational backgrounds.

There were also significant differences in income and occupation, with private sector workers and self-employed individuals reporting better results than government employees, students, and other occupational groupings. Respondents with middle-class incomes thought the campaigns were more effective than those with higher incomes, according to income ratings.

Lastly, there is evident disparity in the perception of these efforts based on location, with urban residents typically demonstrating stronger favorable effects compared to rural residents. In general, social marketing initiatives in the health sector have shown to be successful in influencing favorable results for a variety of demographic groups.

Relationship between Celebrity Endorsement, Attitude, Attention and Awareness with effectiveness of social marketing in health sector

1. The Structural Equation Modeling (SEM) analysis reveals that the model explains 75.5% of the variance in the effectiveness of health campaigns, indicating a strong relationship between the predictor variables and campaign outcomes.
2. Celebrity Endorsement emerges as the most influential factor contributing to campaign effectiveness, signifying its pivotal role in enhancing campaign outcomes.

3. Attention holds significant importance as the second most influential factor, highlighting the critical need to capture and retain audience attention effectively throughout the campaign.
4. Attitude towards health campaigns, while slightly less influential than Celebrity Endorsement and Attention, remains a crucial determinant of campaign success, emphasizing the importance of shaping positive perceptions among the target audience.
5. Despite its significance in general health promotion efforts, Awareness does not significantly contribute to campaign effectiveness in isolation, indicating that raising awareness must be accompanied by other factors to drive successful campaign outcomes effectively.

8.4 Conclusion

The study clarified the complex relationships between social marketing strategies and health campaigns, focusing particular emphasis to the effects of awareness, attention, attitude, and celebrity endorsement. Several important conclusions have been drawn from a thorough examination of these variables and respondents demographics. Firstly, it's clear that while each of the four investigated factors—awareness, attention, attitude, and celebrity endorsement—plays a vital part in determining the effectiveness of social marketing strategies, the effects of these constructs differ. Attention and attitude are found to be the next most powerful factors, after celebrity endorsement. Remarkably, awareness, despite being acknowledged as an essential component in conventional marketing models, has the least influence when it comes to health promotions. Furthermore, the examination of demographic characteristics has uncovered variations in how people view and react to these concepts. The impact of age, gender, marital status, level of education, income, occupation, and area of residence on awareness, attention value, attitude and celebrity endorsements in health campaigns varies significantly.

These highlight how crucial it is to take a wide range of variables into account when developing and putting into practice social marketing strategies for

health campaigns. To achieve maximum effectiveness and resonance, marketers and politicians must customize strategies according to the demographics of the target audience. The popularity of celebrity endorsements also draws attention to the possibility of using powerful people to boost the effect of health initiatives and encourage constructive behavioral change. Apart from examining the primary factors - awareness, attention value, attitude, and celebrity endorsements - and their impacts on the efficacy of social marketing campaigns, the research also assessed the effectiveness of the campaigns using four primary outcomes: behavioral, health, cognitive, and economic outcomes. These results offer a thorough evaluation of how the campaigns affect health-related behaviors, enhance health outcomes, produce financial gains, and promote constructive community transformations. The results suggest that these outcomes were strongly impacted, with the strongest impacts across all groups, highlighting the campaigns' wider social and economic impact.

Subsequent investigations may aim to investigate the fundamental mechanisms that underlie the observed correlations and investigate supplementary factors that could impact the efficacy of social marketing strategies in health campaigns. All things considered, this study adds insightful knowledge to the emerging arena of social marketing and provides practitioners and policymakers with useful suggestions. Through the application of sophisticated knowledge about awareness, attention, attitude, and celebrity endorsement in conjunction with insights gained from demographic analysis, stakeholders can create more focused and effective plans to address urgent health issues and promote constructive social change.

CHAPTER 9

RECOMMENDATIONS

9.1 Introduction

9.2 Recommendations

9.3 Contributions from the Study

9.4 Implications of the Study

9.5 Limitations of the Study

9.6 Scope for Further Research

9.1 Introduction

The chapter provides key recommendations based on the findings of the study to enhance the effectiveness of social marketing strategies in the health sector. It also outlines the contributions and implications of the research, highlights the limitations encountered during the study, and presents potential avenues for further research in this area.

9.2 Recommendations

Recommendations listed below are made on the basis of findings.

- To enhance younger generations' responsiveness to health campaigns, the governments have to tailor messages to their interests, leveraging social media and gamification. Engage them through interactive and engaging content, leveraging influencers who genuinely resonate with their values. Empowering peer education and Promoting positive role models and inclusive messaging help combat stigma, while educational workshops and school-based programs provide vital skills. Continuous evaluation ensures campaigns remain effective, fostering a culture of informed health decisions and positive attitudes among youth.
- To promote female awareness and positive engagement with health-related social marketing campaigns and celebrity endorsements, governments can implement targeted educational programs, collaborate with influential figures, and organize community events. By leveraging online resources, peer support networks, and partnerships with healthcare providers, governments can ensure culturally sensitive and inclusive initiatives. Incentives, policy support, and feedback mechanisms can further enhance the effectiveness of these efforts, empowering women to prioritize their health and well-being.
- To enhance the responsiveness of single individuals to health campaigns, governments should focus on shifting attitudes through targeted messaging and community engagement. Utilizing social influencers and peer networks can help personalize messaging and foster a sense of connection. Offering incentives for participation and feedback can further motivate engagement. Additionally,

integrating interactive elements and gamification into campaigns can make health promotion more engaging and appealing to single individuals. By addressing attitudes and perceptions through strategic communication and engagement strategies, governments can encourage greater responsiveness to health campaigns among single individuals.

- Government can make sure the messages are clear and useful for people with different levels of education. Using celebrities whom everyone looks up to helps in making everyone feel included. It is essential to educate people about the impact celebrities have on health choices and the importance of critical thinking. Information can be made interesting and easy to understand. Engaging communities and provide education tailored to specific needs is crucial. Continuous evaluation of the impact and working in collaboration with schools to teach kids about health and media can be beneficial. These steps can make health campaigns more effective for all, no matter for their education level, and encourage positive changes in health habits.
- To engage highly qualified individuals more effectively with social marketing health campaigns, governments can tailor messages to align with their interests and values, leverage respected figures for endorsement, and utilize interactive digital platforms. Collaborating with healthcare professionals, promoting participation in research, and continuously evaluating and adapting strategies are also crucial. By employing these targeted approaches, campaigns can increase relevance and credibility; fostering positive responses and behavior change within this demographic.
- For students, campaigns can focus on integrating health messages into academic success narratives, partnering with student organizations, and offering accessible resources like mobile apps and campus events. Peer-led initiatives and incentives such as discounts on healthy options can enhance engagement. For ‘other’ occupational groups, targeted outreach through industry associations and workplace wellness programs can be effective. Inclusive representation, workplace seminars, and tailored education programs can promote engagement,

while incentives like paid time off for wellness activities can drive participation. Continuous evaluation via workplace surveys ensures campaigning remain relevant and impactful.

- For individuals in the "others" category, such as housewives and unemployed individuals, tailored health campaigns could focus on reaching them through community centers, social service organizations, and online platforms. Inclusive representation could feature relatable role models from similar backgrounds, emphasizing the importance of health in everyday life. Accessible resources like community health workshops and online support groups can provide valuable information and support. Community engagement efforts might involve partnering with local community centers, women's organizations, and unemployment support services to deliver health education programs and wellness initiatives. Incentives such as vouchers for healthy groceries or access to free health screenings could encourage participation. Continuous evaluation through feedback mechanisms like community surveys and focus on groups can ensure campaigns meet the unique needs of these groups.
- To ensure credibility and efficacy, celebrity endorsements should precisely correspond with the objectives of campaigns and the intended audience. Celebrities selected for endorsements ought to be deeply committed to the cause and have real power over the target audience. In order to prevent ethical issues or clashes with the campaign's messaging, careful screening is necessary. Celebrity endorsers that reflect a range of backgrounds strengthen diversity and increase the campaign's popularity. Long-term collaborations with celebrities are better than one-time endorsements because they provide consistency and legitimacy. By utilising their distinct voice and viewpoint, working with celebrities to create content guarantees authenticity and relevancy. To determine how celebrity endorsements affect the efficacy of campaigns, it is imperative to have strong measuring and evaluation systems in place. Reliability and credibility are fostered by transparency and disclosure of any financial agreements that sustain audience trust.

- The government can adopt strategic initiatives like utilizing data analytics enabling targeted interventions by identifying specific health issues and vulnerable populations. Collaborating with local stakeholders ensures that campaigns are culturally sensitive and relevant. Employing a multichannel approach involving traditional and digital media maximizes campaign reach and engagement. Community engagement, facilitated by local leaders and grassroots organizations, empowers communities to drive behavior change. Investment in health literacy programs educates residents about preventive measures and available healthcare services. Crafting innovative, culturally relevant messaging fosters resonance and impact. Continuous evaluation and adaptation through feedback mechanisms refine campaign strategies. Securing sustainable funding ensures the scalability and longevity of successful initiatives. By implementing these strategies, the government can catalyze impactful social marketing campaigns, leading to improved health outcomes and well-being throughout Kerala.

9.3 Contributions from the Study

Theoretical Contribution: By conducting an empirical investigation into the ways in which awareness, attention, attitude, and celebrity endorsements impact the effectiveness of health campaigns, the study adds to the body of knowledge already extant in the domains of social marketing, health communication, and consumer behavior. The study contributes to theoretical understanding and adds refinement to the extant models and frameworks within these disciplines by offering empirical evidence of the differential consequences of these constructs.

Practical Implications for Health Campaigns: The conclusions provide marketers, legislators, and practitioners who are involved in the planning and execution of health campaigns with useful information and suggestions. The study offers recommendations for optimizing campaign strategy to maximize impact and effectiveness in promoting public health initiatives.

Strategic Guidance for Celebrity Endorsements: The study clarifies the important impact that celebrity endorsements have on the effectiveness of health campaigns. it

aids marketers and legislators in identifying appropriate celebrities who can increase campaign reach, credibility, and engagement among target audiences. It also assists to the strategic decision-making process for choosing and leveraging celebrity endorsers.

Perspectives on Demographic Variations: The study emphasizes the significance of taking audience variety into account when creating health campaigns by examining the impact of demographic variables such age, gender, marital status, educational attainment, income, occupation, and place of residence. it helps provide a more detailed knowledge of how demographic traits influence how people perceive and react to campaign messaging, allowing for more specialized and focused methods of communication and intervention. **Methodological Contributions:** The study makes a methodological contribution by examining the connections between important constructs and demographic variables using statistical analysis and rigorous research techniques. The study offers a methodological guide for future research projects aiming to investigate comparable phenomena or populations by proving the usefulness of these approaches in the context of health campaign evaluation.

Possibility for Additional Research: Lastly, by pointing out topics for investigation and expansion, the study creates opportunities for additional research. Subsequent research endeavors may aim to delve more profoundly into the fundamental mechanisms that underlie the observed associations, investigate supplementary factors that could potentially alter campaign efficacy, or examine the enduring influence of social marketing tactics on health consequences.

Overall, the study significantly contributes to the field of social marketing in health campaigns, both theoretically and practically. It provides practitioners and researchers with insightful information and direction on how to address public health issues and encourage positive behavioral change.

9.4 Implications of the Study

Efficient Use of Celebrity Endorsements: Given the substantial influence that celebrity endorsements have on the success of health campaigns, policy makers and marketers would be well-advised to employ celebrities in their efforts to increase their visibility and interaction. Celebrities that connect with the target audience and support the campaign's goals might help spread the word and encourage the required behavioral changes. **Personalized Messages and Campaign Designs:** The differences in the impact of awareness, attention, attitude, and celebrity support among various demographic groups highlight how crucial it is to customize messages and campaign designs for particular target groups. Marketers are able to create more appealing and relevant communication strategies that connect with a wide range of demographic groups by having a deeper understanding of this diverse population. **Resource Allocation and Prioritisation:** Reevaluating resource allocation within health campaigns can be necessary, as awareness showed the least influence across the constructs under study. While awareness is still important, spending resources disproportionately on other important variables, such attention, attitude, and celebrity endorsement, may have a bigger impact on the success and impact of campaigns. **Education and Training for Campaign Stakeholders:** This study's conclusions emphasise the necessity of campaigns aimed at educating and training campaign stakeholders, such as legislators, marketers, and celebrity endorsers. Giving these stakeholders a thorough grasp of the complex roles that attention, awareness, attitude, and celebrity endorsement play, along with how these roles intersect with demographic considerations, can improve the way health campaigns are planned and carried out strategically. **Constant Monitoring and Adaptation:** Because social marketing is dynamic, it is imperative to continuously monitor and modify strategies in response to shifting audience preferences and societal trends. Campaign participants can create processes for continuous assessment and improvement by utilising the study's insights, making sure that their efforts continue to be in line with the target audience's shifting requirements and views. **Interdisciplinary Collaboration and Knowledge Sharing:** Researchers, practitioners, and policy-makers may work together to share knowledge and

collaborate across disciplines because social marketing in health campaigns has many facets. Collaboration amongst disciplines including psychology, sociology, public health, and marketing allows stakeholders to take advantage of a range of viewpoints and specialities to create more innovational and successful public health promotion plans.

In the context of health campaigns, a complex knowledge of awareness, attention, attitude, and celebrity endorsement is crucial, as highlighted by the study's implications. Through the conversion of these insights into practical suggestions, interested parties can increase the influence and effectiveness of their campaigns to tackle urgent health issues and encourage constructive social transformation.

9.5 Limitations

A systematic planning of the research method is used in the study. But this research too is not free from limitations. Everything possible was done to overcome the following limitations:-

- The study extremely focuses on government-led SM campaigns. The approach may overlook valuable insights from campaigns conducted by hospitals, NGOs, and the commercial sector, particularly within the Kerala's health sector.
- The study focuses exclusively on data from the 2017-2022 periods. This narrow timeframe restricts the ability to incorporate data from other periods, which may have provided additional insights.
- Based on the amount that the government has invested in the campaigns, the researcher has selected only 8 state wide campaigns to measure the effectiveness.
- The population comparison is based on the 2011 census data, as the 2021 census has not been conducted yet. While this provides useful context, it may not fully reflect recent demographic changes.

9.6 Scope for further Research

Since the study is exploratory, the potentials for further research are broad and offer numerous opportunities for deeper investigation. The findings provide a foundation from which various aspects of social marketing strategies in the health sector can be examined more thoroughly. Some of them are:

- Role of digital and social media integration in the effectiveness of Social marketing strategies, particularly among younger demographics.
- Comparative studies across different regions or State to understand how cultural, economic, and social differences influence the effectiveness of social marketing campaigns.
- Evaluating the impact of Social marketing strategies by non-Governmental organizations and Private hospitals.
- Effectiveness in different health sectors. e.g., Mental health, Chronic diseases etc.

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APPENDIX

QUESTIONNAIRE

Dear Respondent,

I am Jayapriya J doing my Ph.D. in Social Marketing, conducting a survey on “EFFECTIVENESS OF SOCIAL MARKETING STRATEGIES ON HEALTH SECTOR IN KERALA”. Kindly spare a few minutes to fill this questionnaire. All the information will be kept confidential and is for academic purpose only.

Personal Details :

Age :

Gender :

Marital Status :

Qualification :

Occupation :

Income :

Which district you belong:

Which area you belong:

Urban

11

Rural

11

PART 11

1. Are you aware of Social marketing on Health sector? Yes ☐
- No ☐

2. From which Media you came to know about Social Marketing strategies of Health Campaigns?

Newspaper

4

Televisions

4

Social Media

10

Magazines

7

Radio

4

Outdoor Media

10

Friends & Relatives

7

ASHA workers

4

Any Other

10

3. Kindly rate your awareness level of Social Marketing campaigns on Health sector in the following scale

Sl. No	Health Campaigns	Extremely aware	Moderately aware	Somewhat aware	Slightly aware	Not at all aware
1	Pulse Polio Campaigns					
2	Cancer Campaigns					
3	Arogyajagratha					
4	Aardram People's Campaign					
5	Aswamedham					
6	Jeevaraksha					
7	Break the Chain					
8	AIDS Campaigns					

4. Kindly tick the strategies which attract your attention regarding Social Marketing Health Campaigns.

Sl.No	Strategies	S.A	Agree	Neutral	D.A	S.D.A
1	Message used is appealing					
2	Story is Informative					
3	Music is Catchy					
4	Use of humour					
5	Ability to relate					
6	Use of Slogan					
7	Proper use of Timing					
8	Creates Curiosity					
9	Good picturisation					
10	Innovative Ideas					

5. The following statements have been designed to know the factors affecting the Attitude of public towards Social Marketing campaigns on Health sector.

Sl No	Statements	S.A	Agree	N	D.A	S.D.A
1	I like to watch Social Marketing campaigns on Health sector.					
2	I think these campaigns bring awareness to the society.					
3	To curb down the unhealthy behavior these marketing campaigns					

	play a significant role.					
4	It brings Health awareness among public					
5	It could be targeted to a large audience at one go					
6	It helps to bring desirable changes in me					
7	Excessive promotion of these S.M.Campaigns will help to eradicate polio, AIDS, Cancer etc.					
8	It is of no use					
9	It results in total waste of money and resources					
10	It is not taken seriously by the society at large					
11	Private Companies refrain themselves from involving with S.M. Campaigns					
12	Only Govt. focus on S.M. Campaigns					
13	These are for Social welfare					
14	It should be made compulsory to the Private Companies to get involved with S.M. Campaigns by the Govt.					
15	Most of the S.M. Campaigns are not truthful					

PART 111:- Celebrity Endorsement in Social Marketing

6. Attractiveness of Campaigns due to Celebrities

Sl.No	Statements	SA	A	N	DA	SDA
1	Celebrities make the campaign more interesting					
2	They convey messages strongly					
3	They create awareness of health problems					
4	They make repeated viewing pleasant					
5	They motivate to seek solutions for the health problems					

7. Attitude towards Celebrities

Sl No	Statements	SA	A	N	DA	SDA
1	Celebrity based campaign is good to watch					
2	People consider celebrities as their role model					
3	People feel they belong to higher social strata when they follow behavior endorsed by celebrities					
4	People find themselves similar to celebrities in terms of personality when they follow the behavior endorsed by them					
5	People get motivated to follow a behavior when it is endorsed by a celebrity					
6	People feel that if a celebrity endorses a behavior then it must be good					
7	People find celebrities as dynamic, social and active so in order to copy them they start following them					
8	People feel that a behavior become more valuable when celebrities endorse it					

8. Importance of Celebrities in S. M. Campaigns

Sl No	Statements	SA	A	N	DA	SDA
1	Celebrities help to recall the story of the campaign					
2	Celebrity helps to recall the health problem that the campaign is addressing					
3	Celebrity helps to recall the seriousness of the problem					
4	Celebrity helps to recall the possible results if the problem is not solved					
5	Celebrity helps to recall the possible solutions/preventions/cure from the problem					

PART IV (EFFECTIVENESS CAN BE MEASURED THROUGH OUTCOMES)

9. To What extent Social Marketing Campaigns on Health is effective for life.

EE: Extremely Effective, ME: Moderately Effective, SE: Somewhat Effective

SLE: Slightly Effective, NAE: Not At All Effective

BEHAVIOURAL OUTCOMES

Sl, No	Statements	EE	ME	SE	SLE	NAE
1	S.M. Campaigns on Health lead to decrease in Anti Health activities					
2	It Increases self-protective behavior					
3	It leads to increase in personal involvement in Health.					
4	It leads to increase in personal confidence and improve social image					
5	Desire to quit Anti health activities					
6	Leads to better Health conditions					
7	Decrease consumption of unhealthy items					
8	Increase awareness for the ill effect of unhealthy consumption					
9	Develops positive attitude and belief towards health					
10	Increases the quitting of unhealthy behavior					
11	Encourages healthy behavior					
12	Changes perception towards life					
13	Positive attitude towards screening and vaccinations					
14	Developing better social image					

10. HEALTH OUTCOMES

Sl, No	Statements	SA	A	N	DA	SDA
1	S.M. Campaigns on Health lead towards improvement in quality of life					
2	It leads towards decrease in Morbidity					
3	It leads towards decrease in Mortality					
4	It leads to protection against non-curable life style diseases					
5	It talks about acute diseases					

11. COGNITIVE OUTCOMES

Sl. No	Statements	SA	A	N	DA	SDA
1	Social Marketing Campaigns on Health demonstrate sound and healthy people					
2	It demonstrate healthy people happier					
3	It demonstrate people more social in nature					
4	It shows positive image of healthy people in the society					
5	It elucidate harmful effects of unhealthy behavior					
6	It challenges the current social norms and culture					
7	It focus on issue of unhealthy behavior					
8	It shows healthy behavior could have influence on one's life					

12. ECONOMIC OUTCOMES

Sl.No	Statements	SA	A	N	DA	SDA
1	S.M. Campaigns on Health motivates for better health and reductions in the cost of medical care					
2	It keeps an individual away from anti health activities and improve productivity					
3	It creates awareness against social evils related to Health					
4	It create public awareness against anti-health activities and thus save public health					
5	These Campaigns contribute towards saving of hard earned money and better allocation of financial resources and wealth planning					

Thank You



Impact of Anti-Smoking Campaigns among Youth:- With Special reference to Pattambi Municipality

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Research Guide
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Abstract: *Smokers view their behaviour with bias. They attempt to rationalise their smoking despite being aware of the harm it is causing to society and their health because they believe it boosts their self-esteem and makes them feel good about themselves. Consequently, it is clear why anti-smoking messages fail to resonate with young people because of their optimism bias. The purpose of the study is to determine how successful youth anti-smoking initiatives are.*

Key Words: *Anti-Smoking Campaigns, Smokers, Nonsmokers*

1. INTRODUCTION:

A lot of diseases that affect people of all ages include tobacco as a key risk factor. According to WHO estimates, tobacco use kills around six million people annually. Almost 600,000 of those deaths are attributable to secondhand smoke exposure for nonsmokers, while five million are directly related to tobacco usage. Every six seconds, a tobacco user passes away.

Presently, over half of the world's population resides in countries that have implemented anti-smoking policies, including health advisories, media campaigns against tobacco use, cigarette taxes, and warning labels on packs of cigarettes. Tobacco products might include up to 4000 hazardous and poisonous ingredients. Nicotine is a substance that is extremely addicting and hazardous. When used, it can cause an increase in heart rate, blood pressure, and blood flow to the heart, as well as artery narrowing.

These days, anti-smoking campaigns are as prevalent as toothpaste or detergent commercials, yet for some reason, people are still not getting the facts straight. Billions of dollars are invested in print and television advertisements aimed at encouraging smokers to give up their habit, yet the effectiveness of these campaigns varies depending on the population they target. However, plenty of things and easy access to tobacco and its products are detrimental.

While research indicates that an additional 160 million smoker deaths worldwide could result from a lack of anti-smoking campaigns, a slowdown in social media advertising, or efforts by various government bodies and non-governmental organisations, we cannot ignore the fact that up until now, these efforts have directly benefited those who already use tobacco and are addicted. In 2002, the World Health Organisation and the Government of India established 13 tobacco cessation centres (TCCs) throughout the country; as of right now, there are 19. Thus, this paper represents a modest attempt to determine the impact of anti-smoking campaigns on smokers and non-smokers.



2. OBJECTIVES OF THE STUDY :

- To understand the smoking behavior among youth.
- To assess the effectiveness of anti-smoking campaigns on the behavior of smokers and non-smokers

3. RESEARCH METHODOLOGY :

Primary data has been collected from the youth in the Pattambi. A scheduled questionnaire is used to collect data from the respondents. From the total youth in the Pattambi 50 respondents were selected according to the convenience. Secondary Data regarding anti-smoking campaigns, smoking behavior, ill effects of smoking etc. was collected from websites, books, journals etc. Convenience sampling technique was used to select the samples among the population. Sample size of the study is 50 respondents. 50 samples were collected from the total population. Simple statistical tools such as tables, percentages, mean, and standard deviation are used to analyze the primary data.

4. RESULTS AND DISCUSSIONS :

TABLE 1 : CATEGORIZATION OF RESPONDENTS

Responses	Number of Respondents	Percentage
Smokers	21	34
Non Smokers	29	66
Total	50	100

(SOURCE: PRIMARY DATA)

INTERPRETATION: 34% of the respondents turned out to be smokers and 66% of the respondents are non-smokers.

TABLE 2: SMOKING STATUS OF RESPONDENTS

Type of Smoking	Number of Respondents	Percentage
Regular	10	20
Chain Smokers	8	8
Occasionally	3	6
Never	29	66
Total	50	100

(SOURCE: PRIMARY DATA)

INTERPRETATION: 66% of respondents are non-smokers and in the rest 34% , 20% are regular smokers followed by 8% chain smokers and 6% occasional smokers.

TABLE 3: NOTICEBLE ANTI-SMOKING CAMPAIGNS IN LAST 30 DAYS (NEWSPAPER, MAGAZINES, T.V, etc....)

RESPONSES	NO OF RESPONDENTS	PERCENTAGE
Yes	44	88
No	6	12
Total	50	100

(SOURCE; PRIMARY DATA)

INTERPRETATION 88% of respondents opined that they have noticed anti-smoking campaigns and 12% of respondents have not noticed any anti-smoking campaign in last 30 days.

TABLE 4: HAS ANTI-SMOKING CAMPAIGNS MOTIVATED RESPONDENTS TO QUIT SMOKING

RESPONSES	NO OF RESPONDENTS	PERCENTAGE
YES	9	43
NO	12	57
TOTAL	21	100

(SOURCE: PRIMARY DATA)

INTERPRETATION: 71% of the respondents are not motivated to quit smoking by anti-smoking campaigns and 29% of the respondents are motivated to quit smoking.



TABLE 5: ANTI-SMOKING CAMPAIGNS DEMONSTRATE SOUND AND HEALTHY PEOPLE WHO DO NOT SMOKE

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	3.0345	29	1.56941
Nonsmokers	4.1429	21	.65465
Total	3.5000	50	1.37396

Source: Primary data

The data reveals differing perceptions between smokers and nonsmokers regarding anti-smoking campaigns featuring healthy nonsmokers. Smokers rated these campaigns lower on average (mean = 3.0345) with greater variability (std. dev. = 1.56941), while nonsmokers rated them more positively (mean = 4.1429) with less variability (std. dev. = 0.65465). Overall, the combined perception across both groups falls in between (mean = 3.5000) with moderate variability (std. dev. = 1.37396).

TABLE 6: ANTI-SMOKING CAMPAIGNS DEMONSTRATE NONSMOKERS HAPPIER

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	2.8621	29	1.72635
Nonsmokers	4.4286	21	.59761
Total	3.5200	50	1.56805

Source: Primary data

The data indicates a disparity in the perceptions of smokers and nonsmokers regarding anti-smoking campaigns depicting nonsmokers as happier individuals. Smokers, on average, rated these campaigns lower (mean = 2.8621) with a higher degree of variability (std. dev. = 1.72635). In contrast, nonsmokers viewed the campaigns more positively (mean = 4.4286) with less variability (std. dev. = 0.59761). Overall, combining both groups, the mean perception stands at 3.5200 with moderate variability (std. dev. = 1.56805).

TABLE 7: ANTI-SMOKING CAMPAIGNS DEMONSTRATE NONSMOKERS ARE MORE SOCIAL IN NATURE

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	3.1379	29	1.52887
nonsmokers	4.0952	21	.62488
Total	3.5400	50	1.31258

Source: Primary data

The data suggests differing perceptions between smokers and nonsmokers regarding anti-smoking campaigns depicting nonsmokers as more socially inclined. Smokers, on average, rated these campaigns lower (mean = 3.1379) with a relatively higher variability (std. dev. = 1.52887). In contrast, nonsmokers viewed the campaigns more positively (mean = 4.0952) with less variability (std. dev. = 0.62488). When considering both groups together, the mean perception stands at 3.5400 with moderate variability (std. dev. = 1.31258).

TABLE NO.8: ANTI-SMOKING CAMPAIGNS DEVELOP ATTITUDE TOWARDS QUIT SMOKING

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	3.2069	29	1.49712
nonsmokers	4.5238	21	.51177



Total	3.7600	50	1.34862
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Source: Primary data

The data indicates a discrepancy in the attitudes towards anti-smoking campaigns aimed at promoting quitting smoking, between smokers and nonsmokers. Smokers, on average, rated these campaigns lower (mean = 3.2069) with a moderate level of variability (std. dev. = 1.49712). Conversely, nonsmokers viewed the campaigns more positively (mean = 4.5238) with less variability (std. dev. = 0.51177). When combining both groups, the mean perception stands at 3.7600 with a moderate level of variability (std. dev. = 1.34862).

TABLE 9: ANTI-SMOKING CAMPAIGNS LEAD TO DECREASE IN SMOKING PREVALENCE

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	3.6897	29	1.36548
nonsmokers	5.0000	21	.00000
Total	4.2400	50	1.22157

Source: Primary data

Smokers, on average, rated these campaigns moderately positively (mean = 3.6897) with a moderate level of variability (std. dev. = 1.36548). In stark contrast, nonsmokers perceived the campaigns extremely positively (mean = 5.0000) with no variability (std. dev. = 0.00000), indicating unanimous agreement among nonsmokers. When considering both groups, the combined mean perception is 4.2400 with a moderate level of variability (std. dev. = 1.22157). This suggests a general agreement across the sample that anti-smoking campaigns have a positive impact on decreasing smoking prevalence, albeit with differing levels of optimism between smokers and nonsmokers.

TABLE 10: ANTI-SMOKING CAMPAIGN LEAD TOWARDS IMPROVEMENT IN QUALITY OF LIFE

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	3.4828	29	1.59510
Nonsmokers	4.4762	21	.51177
Total	3.9000	50	1.34392

Source: Primary data

The data highlights varying perceptions between smokers and nonsmokers regarding whether anti-smoking campaigns lead to an improvement in the quality of life. Smokers, on average, rated these campaigns moderately positively (mean = 3.4828) with a moderate level of variability (std. dev. = 1.59510). Conversely, nonsmokers perceived the campaigns more positively (mean = 4.4762) with less variability (std. dev. = 0.51177). When considering both groups together, the combined mean perception is 3.9000 with a moderate level of variability (std. dev. = 1.34392). This suggests a general consensus across the sample that anti-smoking campaigns contribute to enhancing the quality of life, although nonsmokers tend to hold a more optimistic view compared to smokers.

TABLE NO 11: ANTI-SMOKING CAMPAIGNS TALK ABOUT ACUTE DISEASES DUE TO SMOKING

smokers and nonsmokers	Mean	N	Std. Deviation
Smokers	3.3448	29	1.47057
nonsmokers	4.8095	21	.40237
Total	3.9600	50	1.35466

Source: Primary data

The data indicates differing perceptions between smokers and nonsmokers regarding anti-smoking campaigns discussing acute diseases caused by smoking. Smokers, on average, rated these campaigns moderately positively (mean = 3.3448) with a moderate level of variability (std. dev. = 1.47057). In contrast, nonsmokers perceived the campaigns



more positively (mean = 4.8095) with less variability (std. dev. = 0.40237). When considering both groups together, the combined mean perception is 3.9600 with a moderate level of variability (std. dev. = 1.35466). This suggests a general agreement across the sample that such campaigns are effective in conveying the risks of acute diseases due to smoking, with nonsmokers expressing a more optimistic view compared to smokers.

5. FINDINGS :

Majority of the respondents are non-smokers. Majority of the respondents have noticed anti-smoking campaigns. Majority of the smokers are not motivated to quit even after observing anti-smoking campaigns. Majority of the respondents strongly agree that anti-smoking campaigns demonstrate sound and healthy people who do not smoke. Majority of the respondents strongly agree that anti-smoking campaign demonstrate non-smokers healthier. Majority of the respondents strongly agree that non-smokers are more social in nature. Majority of the respondents strongly agree that anti-smoking campaigns lead to decrease in smoking prevalence. Majority of the respondents strongly agree that anti-smoking campaigns increase self-protective behavior. Majority of the respondents strongly agree that anti-smoking campaigns create awareness against drug addiction. Majority of the respondents strongly agree that anti-smoking campaigns lead towards improvement in quality of life. Most of the respondents strongly agree that anti-smoking campaign talk about acute diseases due to smoking.

6. Conclusion :

Anti-smoking campaigns play a very important role. The researcher found that respondents have a positive attitude towards anti-smoking campaigns and even some of the respondents are motivated to quit their smoking behavior through anti-smoking campaigns. Anti-smoking campaigns demonstrate non-smokers as healthy, social, active, etc. this will motivate the smokers. Non-smokers are shown as they lead a healthy and prosperous life with a high living standard while smokers are demonstrated as unhealthy and as they suffer from a lot of acute diseases. Anti-smoking campaigns fall in the category of social awareness to public about their current condition and what can happen in the future. These campaigns are observed by majority of people and smokers can cause an inner tension due to the ill effect of smoking is literally shown. Frequent contact with these campaigns can motivate youth to quit their smoking behavior. Hence, in general anti-smoking campaign is effective.

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INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD

A monthly Peer-Reviewed, Refereed, Indexed International Research Journal

UGC Approved Journal No. : 47793



IMPACT FACTOR : 9.47



PAPER ID : IJIRMF202403024

Certificate of Publication

is awarded to



Jayapriya J., Prof. (Dr) N.K.Babu

For the research paper / article entitled

Impact of Anti-Smoking Campaigns among Youth:- With Special reference to Pattambi Municipality

Published in IJIRMF Volume - 10, Issue - 3, March - 2024.

DOI:10.2015/IJIRMF/202403024

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