



# Public Awareness Of Social Marketing Campaigns: Evidence From Kerala's Health Sector

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*Abstract:* The study explores the level of public awareness of social marketing campaigns implemented in Kerala's health sector. Although social marketing has emerged globally as an effective approach to promote positive health behaviors, limited research has examined its effectiveness in the Indian context, particularly in Kerala. This study addresses that gap by assessing the extent of public awareness of government-led health campaigns aimed at tackling major health issues such as diabetes and hypertension. Based on both primary and secondary data, a structured questionnaire was administered to 800 respondents, yielding 707 valid responses selected through multi-stage sampling. The findings reveal that younger populations, urban residents, and government employees exhibit higher levels of awareness compared to other demographic groups. The study highlights that despite the wide reach of health campaigns, variations in awareness persist across demographic segments. These insights emphasize the importance of designing more inclusive and targeted social marketing strategies to enhance public awareness and participation in health initiatives. The study contributes valuable evidence to guide policymakers in strengthening communication efforts for improved public health outcomes in Kerala.

**Keywords:** Public Awareness, Social Marketing, Health Campaigns, Kerala, Health Communication, Government Initiatives.

## 1.INTRODUCTION

Social marketing has become an essential strategy in promoting public health by encouraging positive behavioral changes through effective communication. Unlike commercial marketing, its primary goal is societal well-being rather than profit. In Kerala, several health-related social marketing campaigns have aimed to raise awareness and influence healthy practices among citizens. The level of public knowledge of these initiatives continues to be a critical factor in determining their success, despite Kerala's impressive health achievements and high literacy rate. Gaps in communication and reach can be identified by analyzing

how well individuals identify and react to such initiatives. The public's knowledge of social marketing efforts in Kerala's health sector is investigated in this study, which looks at differences between demographic groups. The results include information about how successful these efforts were as well as recommendations for future directions and avenues to improve health communication tactics.

## 2. Relevance of the study

The present study holds significant relevance in understanding the effectiveness of social marketing initiatives in Kerala's health sector. As health communication increasingly adopts marketing principles, assessing public awareness becomes vital to gauge the reach and impact of these campaigns. Kerala, known for its progressive health policies and high literacy rate, provides an ideal setting to evaluate how well social marketing strategies translate into public understanding and behavioral change. By identifying demographic differences in awareness levels, this study contributes to optimizing communication strategies for diverse audiences. The findings offer valuable insights for policymakers, health practitioners, and campaign designers to strengthen message delivery, enhance participation, and improve overall campaign effectiveness. Moreover, it adds to the limited empirical literature on social marketing in the Indian context, thereby expanding the scope for further academic research and policy application.

## 3. Review of literature

Social marketing applies commercial marketing principles to influence behaviours that benefit individuals and communities, and it has been widely used in public-health promotion (Aras, 2011). Early reviews highlight social marketing's potential to improve uptake of health services and preventive behaviours by combining audience segmentation, tailored messaging, and multi-channel communication (Aras, 2011; Suresh, 2011). Evaluations of large-scale programmes—such as immunization or tobacco-control campaigns—show that well-designed social marketing increases knowledge and can shift attitudes and behaviours when accompanied by supportive policies and access to services (Amarasinghe et al., 2021; Kaimal, n.d.).

Awareness is a necessary but not sufficient step in the behaviour-change chain; studies repeatedly show that awareness must be targeted to reach subgroups differentiated by socio-demographic factors (age, gender, education, income, and urban/rural residence) to produce equitable outcomes (Suresh, 2011). Research from India and comparable LMIC settings documents that education and socioeconomic status correlate strongly with baseline awareness of health campaigns, while older age and lower literacy often predict lower exposure and comprehension (Kshatri et al., 2021; Impact Factor study, 2024). These findings imply that campaign designers should consider demographic segmentation when measuring awareness and planning outreach.

The choice of communication channels strongly shapes campaign reach and resonance. Traditional mass media (TV, radio, newspapers) has historically delivered broad reach, while interpersonal channels (community health workers, street theatre, local meetings) are critical to reaching low-literacy and rural populations (Venkat, 2021; Pradeep & Harikumar, 2025). Digital and social media enable rapid

dissemination and interactivity but tend to skew toward younger, more educated, and urban segments; reliance on digital channels alone may therefore widen awareness gaps unless supplemented by offline strategies (Research Gate review; RSIS International, 2025). Evaluations of India's public-service campaigns (e.g., Pulse Polio) attribute success to multi-pronged strategies combining mass media, local mobilization, and visible service delivery (Pulse Polio case study, 2024).

Kerala presents a distinctive context for social marketing in health. The state's advanced health indicators and high literacy produce different baseline awareness dynamics compared with many Indian states; yet Kerala's demographic transition (ageing population and changing disease burden) has elevated the importance of targeted health communication for non communicable diseases and cancer screening (Kerala State Planning Board, 2017; "Cancer awareness in Kerala," 2025). Recent Kerala-focused analyses of pandemic communication and public broadcasting show that public service broadcasters and community institutions played a central role during COVID-19 awareness efforts — underscoring the importance of trusted, locally embedded channels in the state (Pandemic communication study on Kerala, 2024).

Empirical studies that directly examine how demographic factors influence awareness of health social marketing in Kerala are limited. Broader Indian studies and regional case studies (Odisha, Tamil Nadu) supply transferable lessons: channel preferences and media penetration vary by age, gender, and socioeconomic status, and interpersonal and community-level interventions remain essential to reach vulnerable populations (Kshatri et al., 2021; Chandra et al., 2020). Studies also show that campaign design features — message simplicity, cultural relevance, and repeated exposure — predict higher awareness across demographic groups (Evidence-based communication reviews; IEC campaign reports, 2024).

#### 4. Research Gap

Gaps remain in the literature. Few rigorous, Kerala-specific quantitative studies have simultaneously modeled demographic predictors of awareness and compared channel effectiveness using representative samples. Further, there is a scarcity of longitudinal evaluations that link awareness to downstream outcomes (attitudes, intentions, and behaviour change) within Kerala's unique sociocultural setting. Given Kerala's varied media ecology and strong local institutions, mixed-methods and stratified quantitative designs are particularly appropriate to capture how different demographic groups receive, interpret, and act on campaign messages. In sum, the literature supports three key points for the present study: (1) social marketing is an effective framework for health promotion when messages are segmented and channels are mixed; (2) demographic factors systematically affect awareness and channel access; and (3) Kerala's high literacy and local institutional strength make locally-trusted channels and tailored messaging critical for equitable reach. These findings justify a focused empirical examination of demographic influences on awareness and an assessment of which communication channels most effectively generate awareness across Kerala's population.

## 5. Statement of the problem

Despite the increasing use of social marketing strategies to promote health awareness in Kerala, the extent to which these campaigns have effectively reached and influenced the public remains uncertain. Many health initiatives, though well-designed, may not achieve their intended impact if the target audience lacks sufficient awareness or understanding of their objectives. Variations in public awareness across demographic groups can further limit the overall effectiveness of such campaigns. Therefore, there is a pressing need to examine the level of public awareness of social marketing campaigns in Kerala's health sector and to identify factors influencing it. Understanding these aspects will help evaluate the communication efficiency of existing health campaigns and guide future strategies for improving public engagement and behavioral outcomes.

## 6. Objectives

1. To measure the public awareness of social marketing campaigns in the health sector of Kerala.
2. To examine the influence of demographic factors such as age, gender, education, and income on the awareness level of the health-related social marketing campaigns.

## 7. Methodology

The study adopted a descriptive research design to examine public awareness of social marketing campaigns in Kerala's health sector. Both qualitative and quantitative approaches were used to collect and analyze data. The study primarily relied on **primary data**, collected directly from respondents using a structured questionnaire. A **multistage sampling technique** combining both **simple random sampling** and **purposive sampling** was employed. In the first stage, **seven districts** were selected from Kerala's fourteen districts using the simple random sampling method. In the second stage, from each selected district, **one panchayat and one corporation area** were chosen through simple random sampling to ensure representation from both rural and urban populations. In the final stage, **purposive sampling** was applied to select the respondents. The **sample size** was determined using **Cochran's formula**, resulting in a total of **707 respondents**. This sample was considered adequate to ensure representation across demographic categories such as age, gender, occupation, income, education, marital status, and area of residence.

The study focused on assessing public awareness of eight major health-related social marketing campaigns implemented in Kerala:

1. **Pulse Polio Campaign**
2. **Cancer Awareness Campaigns**
3. **Aswamedham Campaign**
4. **Aardram Mission**
5. **Break the Chain Campaign**
6. **Aarogya Jagratha Campaign**
7. **Jeevaraksha Campaign**
8. **AIDS Awareness Campaign**

Data were analyzed using descriptive and inferential statistical techniques. To measure the overall level of awareness of the selected campaigns, **mean** and **standard deviation (SD)** were calculated. To examine the influence of demographic variables on awareness levels, **One-Way Analysis of Variance (ANOVA)** was employed. The demographic variables considered included **age, gender, occupation, income, educational qualification, marital status, and area of residence.**

## 8. Result and Discussion

A detailed examination of various demographic 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.

*Table 1: Demographic Profile of the Respondents*

Demographic Variables	Category	Frequency (n = 707)	Percentage (%)
Age (in years)	Up to 30 years	329	46.5
	30 – 60 years	366	51.8
	Above 60 years	12	1.7
Gender	Male	261	36.9
	Female	446	63.1
Marital Status	Single	310	43.8
	Married	366	51.8
	Divorced	31	4.4
Educational Qualification	Up to schooling	82	11.6
	Plus two / Pre-degree	253	35.8
	Graduate	225	31.8
	Postgraduate & above	147	20.8
Occupation	Government employee	75	10.6
	Private employee	315	44.6
	Self-employed	78	11.0
	Students	223	31.5
	Others	16	2.3

<b>Monthly Income (in ₹)</b>	Up to 40,000	253	35.8
	40,000 – 80,000	170	24.0
	80,000 – 1,20,000	66	9.3
	1,20,000 – 1,60,000	67	9.5
	1,60,000 & above	151	21.4
<b>Area of Residence</b>	Urban	400	56.6
	Rural	307	43.4

Source: Primary data

Table 1 presents the demographic profile of the 707 respondents included in the study. The sample comprised a higher proportion of females (63.1%) compared to males (36.9%). Most respondents were aged between 30 and 60 years (51.8%), and a majority was married (51.8%). Regarding educational qualification, 35.8% had completed plus two or pre-degree, while 31.8% were graduates. Nearly half of the respondents were employed in the private sector (44.6%), followed by students (31.5%). In terms of income, 35.8% of the respondents earned up to ₹40,000 per month. A majority of the respondents resided in urban areas (56.6%), indicating greater representation from urban populations.

### 8.1 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. 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.

Table No: 2: 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
<b>Awareness on SMCH</b>	64.9257	25.56936

Source: Computed from 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)**.

### 8.2 Analysis of Awareness of Social Marketing Campaigns Based On Demographic Factors

Social marketing efforts have become effective tools for raising health awareness and driving behaviour change in today's quickly changing digital ecosystem. These initiatives engage audiences, spread information, and promote healthy behaviours 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 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. One way ANOVA was used to test the hypothesis and the results are given in the table no. 3.

Table No: 3: **Result of One Way ANOVA**

Demographic factors	Groups	Mean (awareness)	Std. Deviation	F value	P value
Age	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		
Marital Status	Single	68.9919	23.05570	7.961	<0.001
	Married	61.2705	26.53618		
	Divorced	67.4194	31.67204		
Educational Qualification	Up to 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		
Occupation	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		
Income	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		

Source: Computed from primary data

The results of one-way Analysis of Variance (ANOVA) reveal that awareness levels vary significantly with respect to **age, marital status, educational qualification, occupation, and monthly income**.

The result indicates that younger individuals tend to have higher awareness levels about social marketing campaigns related to health compared to older respondents. Among marital status, the unmarried individuals

may be more receptive to social marketing messages and digital media campaigns. Higher education enhances understanding and exposure to health-related social marketing efforts. Individuals in structured institutional environments may have greater exposure to government-led health campaigns. The moderate-income groups are more aware of social marketing health campaigns than both lower- and higher-income groups. Overall, the ANOVA results indicate that **awareness of social marketing health campaigns in Kerala significantly differs across age, marital status, education, occupation, and income levels**, highlighting the importance of demographic segmentation in designing and implementing effective social marketing strategies.

**An independent samples t-test** was conducted to examine differences in awareness of social marketing health campaigns with respect to gender and area of residence.

**Table No: 4: Result of Independent sample t test**

Independent variables	Groups	Mean	t- value	P value
Gender	Male	66.5326	1.279	.201
	Female	63.9854		
Area of Residence	Urban	66.6938	2.103	<.036*
	Rural	62.6221		

Source: Computed from primary data

The result suggests that both men and women in Kerala are almost equally aware of health-related social marketing campaigns, reflecting the wide reach of such campaigns across gender groups. Individuals living in urban regions are more exposed to social marketing campaigns on health, possibly due to better access to media, communication infrastructure, and health-related programs. Overall, the results suggest that while gender does not play a major role in determining awareness, **area of residence significantly influences public awareness** of social marketing campaigns, with urban residents showing comparatively higher levels of awareness.

## 9. Conclusion

To conclude, the awareness of social marketing health campaigns in Kerala is moderate to high, with notable variations across demographic categories. Younger, more educated respondents and government employees exhibit significantly greater awareness, highlighting the influence of education, age, and occupational exposure on public responsiveness. Gender differences are statistically insignificant, suggesting equal access to information across males and females. The findings reinforce the need for tailored awareness strategies that consider demographic diversity to enhance the overall impact and inclusivity of social marketing campaigns in the health sector. The study's conclusions ultimately hold the potential to improve public health outcomes worldwide and increase the efficacy of health communication initiatives.

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