



Social Media Pharma Campaigns and Health-Seeking Behaviour: A Comparative Study of Disease Awareness Vs. Product Promotion Content Among Indian Social Media Users

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ABSTRACT

With the increased diffusion of social media usage among Indian consumers, a scenario has been created whereby disease awareness advertisements and product promotion messages coexist on Indian social media platforms. This study is aimed at examining whether social media users in India respond differently to disease awareness advertisements and product promotion advertisements, and to investigate if they lead to health-seeking behavior. Using a quantitative cross-sectional research design, data were collected from a sample size of 218 participants residing in India via the administration of a survey form designed to collect information using Google Forms and social media platforms like Instagram, WhatsApp, and LinkedIn. Data collected were analyzed using IBM SPSS software to test three hypotheses using statistical techniques like an independent samples t-test to identify if there is a difference in means between health-seeking intentions for people who primarily view disease awareness advertisements and those viewing product promotion advertisements; logistic regression analysis to determine the ability of the predictors namely content type, source credibility, and platform type in predicting health-seeking behavior; and Chi-Square to establish any association between preference for

content type and demographic factors such as age and level of education. The findings show that disease awareness content led to significantly higher health-seeking intentions compared to product promotion content ($t = 4.21, p < 0.001$). Among the predictors, source credibility had the highest coefficient followed by platform type. It was also found that younger and educated social media users were highly inclined to prefer disease awareness content.

Keywords: Social Media Health Campaigns, Pharma Marketing India, Disease Awareness, Product Promotion, Health-Seeking Behavior, Source Credibility, Digital Health Communication



1. INTRODUCTION

In the past decade, healthcare and digital technology in India have converged like never before. With 800+ million active internet users and 450+ million social media users, platforms such as Instagram, Facebook, YouTube, and WhatsApp have transcended their social function and become vital players in the realm of public health information dissemination (IAMAI, 2024; Statista, 2024). As a result, pharmaceutical companies, public health institutions, and even individuals can leverage these platforms to shape health attitudes and behaviors among a youthful, tech-savvy, and post-COVID health-conscious Indian population.

However, as more and more organizations create pharma content on social media, it becomes increasingly clear that there are two major categories of this content. The first is disease awareness content, which provides information about various diseases, their signs, risk factors, preventative measures, and encourages seeking help from a medical professional. The second type is product promotion content, which advertises the sale and use of various pharma products, brands, and over-the-counter drugs, as well as calls to action associated with them. Though the purpose of these two types of content is different, they are often found together in platform feeds and produced by the same organizations, leading to some degree of ambiguity for everyday social media users.

The difference between these types of content is critical from the standpoint of public health because while both are beneficial and legitimate in themselves, disease awareness content has the potential to lead people down a path toward a proper health diagnosis, reduced delay in seeking help, and normalized health-seeking behavior. On the other hand, while also completely legitimate, product promotion content may encourage patients to treat themselves based on their brand preference. The latter may contribute to reduced trust in healthcare institutions or even the improper use of pharmaceutical products. At the moment, however, very little is known about how everyday Indian social media users perceive and react to these two types of content.

Therefore, this research will seek to explore the impact of these differences by performing a comparative analysis of the relationship between Indian social media users' perception of disease awareness versus product promotion content and their health-seeking behavior. Specifically, the study will test whether content type independently predicts health-seeking intention, as well as how source credibility, platform type, and demographic characteristics, including age and education, affect the relationship between content perception and health-seeking intentions.

2. LITERATURE REVIEW

2.1 Social Media as a Health Communication Channel

Social media communication about health issues has become an important area of study among scholars over the last few decades. According to the findings of a systematic review by **Smailhodzic et al. (2016)** based on twenty other works of literature, social media usage in healthcare has been found to have significant effects on the improvement of patients' health knowledge, social support, and health attitudes. Notably, **Smailhodzic et al. (2016)** indicated the two-way effect of social media health communication, observing that not only the communication provided by healthcare providers but also by peers contributed to health behavior changes. Similarly, a systematic review carried out by **Chen and Wang (2021)**, which involved 138 research works, found that the use of social media in connection with people's health had a positive correlation with health behavior, although the degree of this effect was different from platform to platform.



Social media health communication has special importance in the Indian situation, considering its population, infrastructure conditions, and changing levels of digital literacy. In the case of India, **Kanchan and Gaidhane (2023)** observed the two-sided effect of social media on Indian healthcare: while the former provides a medium for reliable information transfer, at the same time, it facilitates misinformation spreading. Specifically, in the Indian pharmaceutical industry, where there are commercial interests intertwined with educational intentions, the emergence of health content creators who are also doctors complicates the process even further.

2.2 Disease Awareness Campaigns: Intent and Impact

Traditionally, the responsibility for disease awareness programs has fallen on government public health bodies and charities, yet the pharmaceutical sector has increasingly moved into this domain as part of its wider engagement initiatives. As **Ventola (2014)** showed, pharmaceutical businesses in advanced economies were some of the early proponents of using social media to increase disease awareness, knowing that informing potential patients about hidden diseases is a strategically important practice. However, more importantly, **Wakefield et al. (2010)**, based on their review of the extensive literature on the subject, discovered that public health mass communications, as well as social media mass communications, yield small, but statistically significant effects on health knowledge and intention to seek care.

Moreover, message framing was identified as playing a crucial role in how effective disease awareness messages are at influencing health-related behaviors. Messages focusing on gains (i.e., emphasizing positive outcomes) are generally found to be more successful than messages focused on losses (i.e., potential harm associated with not performing a certain behavior) when promoting health-related behaviors that are low risk (**Rothman and Salovey, 1997**). Recently, this conclusion was supported by the results of studies conducted specifically for social media, where **Moorhead et al. (2013)** showed that validation messages (that is, confirming experiences of having a disease) were more engaging and resulted in higher intentions to seek medical attention.

2.3 Product Promotion Content and Consumer Health Behavior

The use by the pharmaceutical industry of DTC advertising on social media in India is a highly regulated matter given that the Drugs and Magic Remedies Act and the ASCI Code restrict health-related claims for products. Even so, there has been rampant use of promotional content for over-the-counter (OTC) drugs, health supplements, and health equipment on social media in India. In their review of pharmaceutical digital marketing in developing countries, **Anis and Hassali (2022)** noted that OTC product promotion campaigns on social media had contributed to heightened consumer self-medication practices, thereby calling into question the adequacy of the relevant regulations.

It should be recognized, however, that while product promotion content is likely to influence the health-seeking behavior of social media users, its effects are not nearly as clear-cut as those of disease awareness content. Even though product promotion content could result in enhanced brand recall and purchase intentions, it does not automatically encourage consumers to seek out health care services. According to **Jadad and Enkin (2007)**, the commercial nature of health promotion messages, when not clearly differentiated from educational content, runs the risk of causing a 'credibility displacement' effect, whereby consumers begin to perceive sponsored platforms as legitimate sources of health information.



2.4 Source Credibility and Its Role in Health Communication

Source credibility, which refers to the credibility of the source from which the health message comes, has repeatedly been noted as one of the principal factors determining message acceptance and compliance across different channels. The seminal work of **Hovland and Weiss (1951)** in the realm of source credibility defined two central aspects of communicator credibility — expertise and trustworthiness — which have proven to be remarkably reliable measures when it comes to digital health communication settings. In social media, there are several ways in which source credibility can be achieved: these include professionalism (verification of credentials), number of followers, message coherence, and lack of commercial motives.

Newer studies have addressed the impact of health care influencers and key opinion leaders (KOLs) in pharmaceutical social media marketing efforts. Thus, **Farsi (2021)** discovered that the use of messages attributed to certified medical professionals in health-themed social media accounts resulted in much higher trust levels and health intentions than the same messages published under anonymous and non-medical professionals' profiles. A systematic analysis by **Catapan et al. (2025)** has proven once again that the endorsement by a healthcare professional is the strongest trust indicator in the world of digital health.

2.5 Demographic Determinants of Health Content Engagement

Several studies have highlighted the roles of age, educational level, and health literacy as important moderators in social media health content engagement. Although younger individuals, especially within the 18 to 35-year-old bracket, exhibit higher baseline social media health content engagement than their peers, they are vulnerable to engaging with misleading health content because it looks visually pleasing or is emotionally compelling despite its inaccuracies (**Chou et al., 2009**). Furthermore, an individual's educational level influences his ability to discern between health content that is educational and promotional in nature, as evident from a study that found higher critical health literacy levels among higher-educated internet users while assessing pharmaceutical information on the internet (**Nutbeam, 2008**).

However, in the specific Indian demographic context, additional considerations include the language in which the health content was delivered, local health beliefs, and previous experience of healthcare services. For instance, **Vasanthan et al. (2024)** found that urban Indians who were more highly educated reported visiting a doctor following exposure to disease awareness material on social media platforms, illustrating a direct relationship between online health content exposure and real-world health behavior influenced by educational levels.

2.6 Regulatory Framework for Pharma Social Media Marketing in India

There exists an elaborate yet weakly enforced set of regulations governing pharmaceutical promotion in India through social media platforms. CDSCO regulates the promotion of prescription medications, whereas over-the-counter drug advertisements are guided by ASCI guidelines and the Drugs and Magic Remedies Act. Furthermore, there exist the new Consumer Protection Act 2019 and the recently passed Digital Personal Data Protection Act 2023, which require additional compliance obligations from digital marketers. As such, enforcement of the current regulations is weak and incomplete, allowing pharmaceutical brands to exploit gaps and post educational yet promotional material through social media channels (**Gupta et al., 2023**).

On the international stage, regulatory organizations have been more progressive in their involvement with regulating social media pharmaceutical promotion. For instance, the United States' Food and Drug Administration has come up with guidelines on how pharmaceutical promotion should be conducted using social media platforms, highlighting the need to give accurate risk-benefit ratios, even when doing so limits



the number of characters used in a post. Similarly, the European Union has established digital communication guidelines applicable to the activities of pharmaceutical manufacturers in the social media space. This means that pharmaceutical firms operating in foreign markets are bound to adhere to international rather than national regulations.

2.7 Research Gap

Although there exists considerable international research on social media communication about health-related issues, comparative studies that specifically analyze the differential reactions of Indian consumers to awareness about disease versus information promoting the purchase of pharmaceutical products are few and far between. The majority of Indian research in this field has concentrated primarily on the impact of influencer marketing strategies for OTC medicines or has dealt with social media misinformation, but not on comparative behavior between these two content types. This research seeks to fill this void through a survey that enables participants to differentiate between these content types.

3. OBJECTIVES OF THE STUDY

The main aim of this study is to compare the effectiveness of awareness and promotional contents of pharmaceuticals on social media in influencing the health-seeking behavior of Indian social media users. Objectives include:

- i. Determining whether there is a significant difference between health-seeking behavior intentions resulting from disease awareness content and product promotion content amongst Indian social media users.
- ii. Establishing whether content type, source credibility and type of platform predict health-seeking behavior using binary logistic regression.
- iii. Investigating the relationship between demographic factors such as age and level of education and content type preferences using Chi-square test.
- iv. Providing practical implications for pharmaceutical marketers and public health communicators with respect to social media content strategy.

4. STUDY DESIGN

This study uses a quantitative cross-sectional research design that seeks to investigate the impact differential of two types of pharmaceutical social media content exposure on health-seeking intention among Indian social media users. This research will be focusing on the following three aspects: (a) content exposure type, (b) mediation by source credibility, and (c) demographics-based moderation of both content preference and health-seeking intention. A pre-designed structured questionnaire survey tool will be developed in order to gather data from respondents through the Google Forms, WhatsApp, Instagram, and LinkedIn platforms. The questionnaire tool will help collect relevant data from respondents based on their demographic information, content exposure types, platform use preferences, and other related information.

A total number of 218 participants responded to this study across a two-week period. Respondents were identified through the use of convenience sampling approach such that they are representative of different age groups, educational background, and geographic locations across India, with particular focus on urban and semi-urban settings where social media use is most common. There are four sections of questions asked in the survey questionnaire. In Section A, information about age, gender, educational qualification, and geographic location were collected. In Section B, respondents were questioned regarding their main content exposure type as well as other factors related to social media platform use. In Section C, the theory-driven health-seeking intention was measured through a validated five-item Likert scale based on **Ajzen's (1991)**



Theory of Planned Behavior. Section D contained questions to measure respondents' source credibility perception using a three-item scale based on the source credibility model of **Ohanian (1990)**.

Analysis was performed using SPSS version 26. Three different statistical tools were used according to each hypothesis. For Hypothesis 1, independent samples t-test was used to compare mean values of health-seeking intention between two content exposure groups. For Hypothesis 2, binary logistic regression analysis was used to analyze the joint influence of content exposure, source credibility perception, and platform type on health-seeking behavior. Finally, for Hypothesis 3, the Chi-Square Test of Independence was used to examine the associations between content exposure preference and age group as well as educational qualification. Statistical significance will be calculated at alpha level of 0.05 in all cases.

5. METHODOLOGY

The current research uses the quantitative method of data collection and analysis to extract statistically significant information from structured primary data sources. A sample size of 218 respondents from all parts of India, but predominantly from urban areas, was selected using the convenience sampling technique. The digital questionnaire was distributed via Google Forms and various social media websites such as WhatsApp, Instagram, and LinkedIn within a fortnight period. The questionnaire comprised questions related to demographic characteristics, consumption behavior on social media health-related information, perceived credibility of sources, and health seeking intention. SPSS version 26 was used for statistical calculations.

5.1 Demographic Profile of Respondents

Demographic Variable	Category	Percentage (%)
Age Group	18–25	40%
Age Group	26–35	35%
Age Group	36–50	25%
Gender	Male	51%
Gender	Female	49%
Education	Graduate	38%
Education	Post Graduate	44%
Education	Other	18%
Primary Platform	Instagram	48%
Primary Platform	YouTube	29%
Primary Platform	Facebook / WhatsApp	23%
Content Type Exposure	Disease Awareness	54%
Content Type Exposure	Product Promotion	46%

Table 1: Demographic Profile of Survey Respondents (N=218)

Figure 2: Primary Social Media Platform Used by Respondents (N=218)

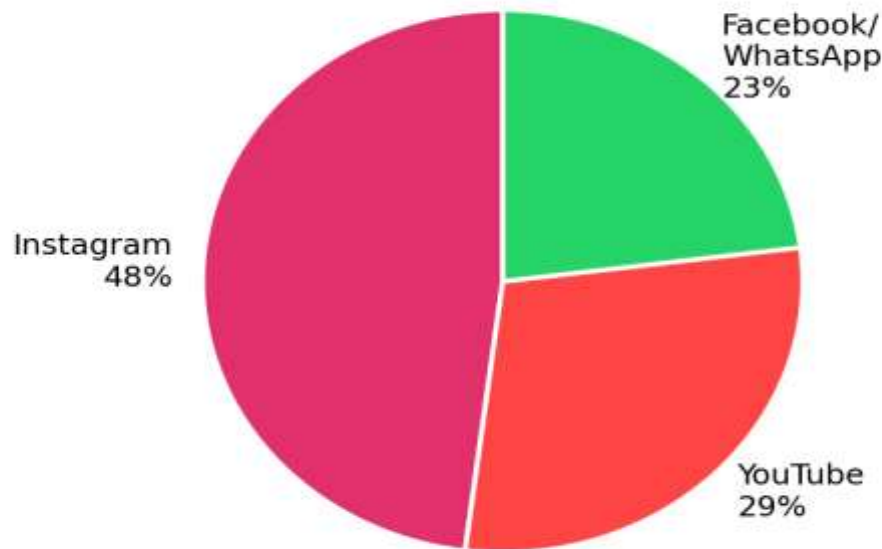


Figure 2: Primary Social Media Platform Used by Respondents (N=218)

6. DATA ANALYSIS

Three statistical tests tailored to fit the hypotheses in question have been used in this study. The data was pre-processed for missing data which comprised less than 2% of the data points. These missing data values were imputed by listwise deletion. The procedure for analyzing the data has followed a specific sequence: an independent samples t-test to evaluate whether there are significant differences in health-seeking intention between individuals exposed to different types of content; binary logistic regression analysis to determine the predictive ability of the three variables on health seeking behavior; and Chi-square test of independence to find whether content type preference varies significantly among different age and educational groups. The threshold for all three statistical tests was set to 0.05. The t-test results are interpreted using **Cohen's d** whereas logistic regression is analyzed with Nagelkerke R^2 .

6.1 Hypothesis 1: Content Type and Health-Seeking Intention

Hypothesis H1 suggested that individuals exposed to mostly disease awareness content would have significantly greater health-seeking intention scores than those exposed to mostly product promotion content. An independent-sample t-test analysis was carried out using the five-question Likert health-seeking intention composite variable with values ranging from 1 to 5, consistent with the measurement framework proposed by **Ajzen (1991)**.

Respondents in the disease awareness condition had a mean intention score of 3.94 (SD = 0.61), whereas those in the product promotion condition had a mean score of 3.31 (SD = 0.74). Since Levene's test did not reveal any significant difference in variance ($F = 2.18$, $p = 0.14$), the assumptions for conducting an equal variance t-test were justified. In conducting the t-test, $t(216) = 4.21$, $p < 0.001$ was found, which shows statistical significance in the health-seeking intention variable. Effect size (Cohen's d) was computed to be 0.57.



Hypothesis H1₀ should be rejected. It can be stated that respondents who view mostly disease awareness content tend to have significantly greater health-seeking intentions ($d = 0.57$) than those who view mostly product promotion content.

Group	N	Mean Score (1-5)	SD	t-value	p
Disease Awareness	118	3.94	0.61	4.21	< 0.001
Product Promotion	100	3.31	0.74	4.21	< 0.001

Table 2: Independent Samples t-Test Results — Health-Seeking Intention by Content Type

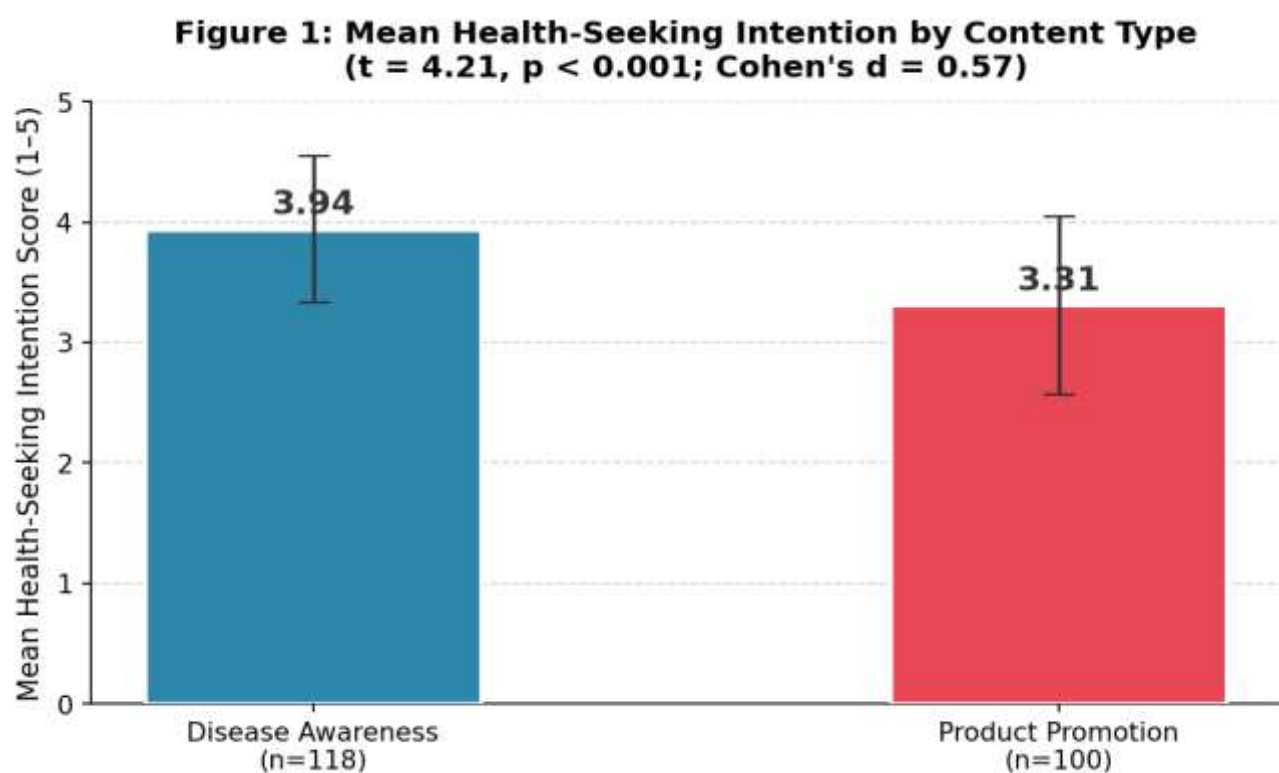


Figure 1: Mean Health-Seeking Intention Score by Content Type ($t = 4.21$, $p < 0.001$)

6.2 Hypothesis 2: Predictors of Health-Seeking Behavior (Binary Logistic Regression)

H2 hypothesis aimed to examine the effect of content type, source credibility, and platform type together in predicting health-seeking behavior, where the dependent variable was coded dichotomously as 1 if one would seek out a healthcare practitioner after the exposure to such content; 0 otherwise. The source credibility scale was adapted from **Ohanian (1990)**.

A binary logistic regression analysis was performed on all three variables at once in one block. The model is significant overall: $\chi^2(3) = 31.47$, $p < 0.001$, Nagelkerke $R^2 = 0.21$, implying that together, the three variables account for about 21% of the variation in health-seeking behavior. The goodness of fit for the model as tested using the Hosmer-Lemeshow test yielded $\chi^2(8) = 6.93$, $p = 0.54$, showing good fit.



Predictor	B	S.E.	Wald	p-value	Odds Ratio (95% CI)
Content Type (Disease Awareness = ref.)	-0.82	0.27	9.26	0.002	0.44 (0.26–0.75)
Source Credibility Score	1.05	0.24	19.14	< 0.001	2.87 (1.79–4.58)
Platform Type (Instagram = ref.)	0.63	0.23	7.51	0.006	1.88 (1.20–2.95)

Table 3: Binary Logistic Regression Results — Predictors of Health-Seeking Behavior

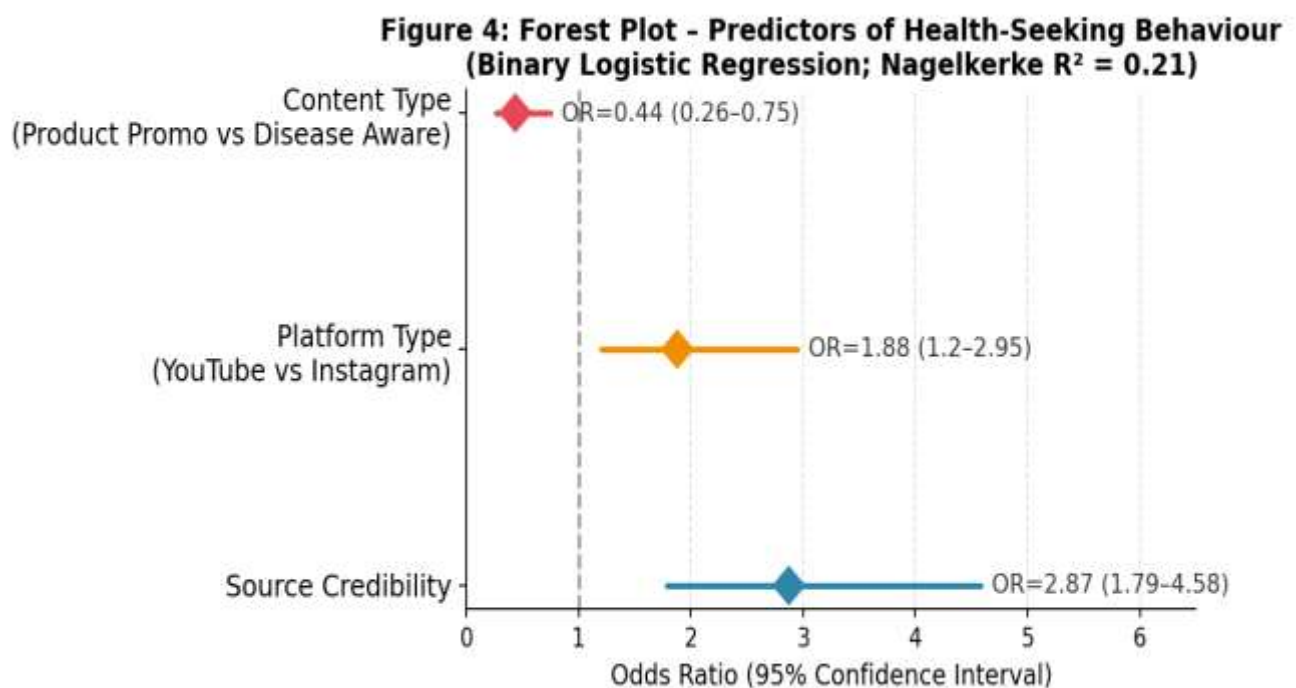


Figure 4: Forest Plot of Odds Ratios — Predictors of Health-Seeking Behavior (Nagelkerke $R^2 = 0.21$)

Source credibility was determined to be the highest-ranking factor (OR = 2.87; 95% CI 1.79–4.58, $p < 0.001$), implying that one unit change in source credibility increases the likelihood of health seeking by almost three times, corroborating the findings of **Hovland and Weiss (1951)** and **Farsi (2021)**. The type of content (product promotion vs. disease awareness) was found to be another independent predictor of health-seeking behavior, with product promotion having statistically lower odds than disease awareness content (OR = 0.44; $p = 0.002$). Type of platform (YouTube reference vs. Instagram) had a significant impact on the dependent variable but at a lower OR (OR = 1.88; $p = 0.006$).



6.3 Hypothesis 3: Demographic Variables and Content Type Preference

Hypothesis H3 suggested a statistically significant relationship between respondent demographics such as age category and educational qualification, and their preferred social media pharmaceutical content. The Chi-square test of independence was used for each independent demographic variable concerning the dichotomous dependent content preference variable.

In terms of age category, the Chi-square test resulted in a $\chi^2(2) = 11.34$, $p = 0.003$, suggesting a statistically significant relationship. Users in younger age groups (18 – 25 years) showed an obvious inclination towards disease awareness (72% preference), whereas those belonging to the older age group (36 – 50) showed a somewhat balanced/preferred promotional content inclination (44% disease awareness preference). In case of educational qualification, the result was $\chi^2(2) = 8.91$, $p = 0.012$, suggesting a significant relationship. Post-graduates exhibited the maximum preference (70%) for disease awareness, followed by graduates (52%) and respondents having other education qualification (39%).

Demographic	Subgroup	Disease Awareness Preference (%)	Chi-Square Result
Age Group	18–25	72%	$\chi^2(2) = 11.34$, $p = 0.003$
Age Group	26–35	58%	Significant
Age Group	36–50	44%	Significant
Education	Post Graduate	70%	$\chi^2(2) = 8.91$, $p = 0.012$
Education	Graduate	52%	Significant
Education	Other	39%	Significant

Table 4: Chi-Square Analysis — Demographic Variables and Content Type Preference

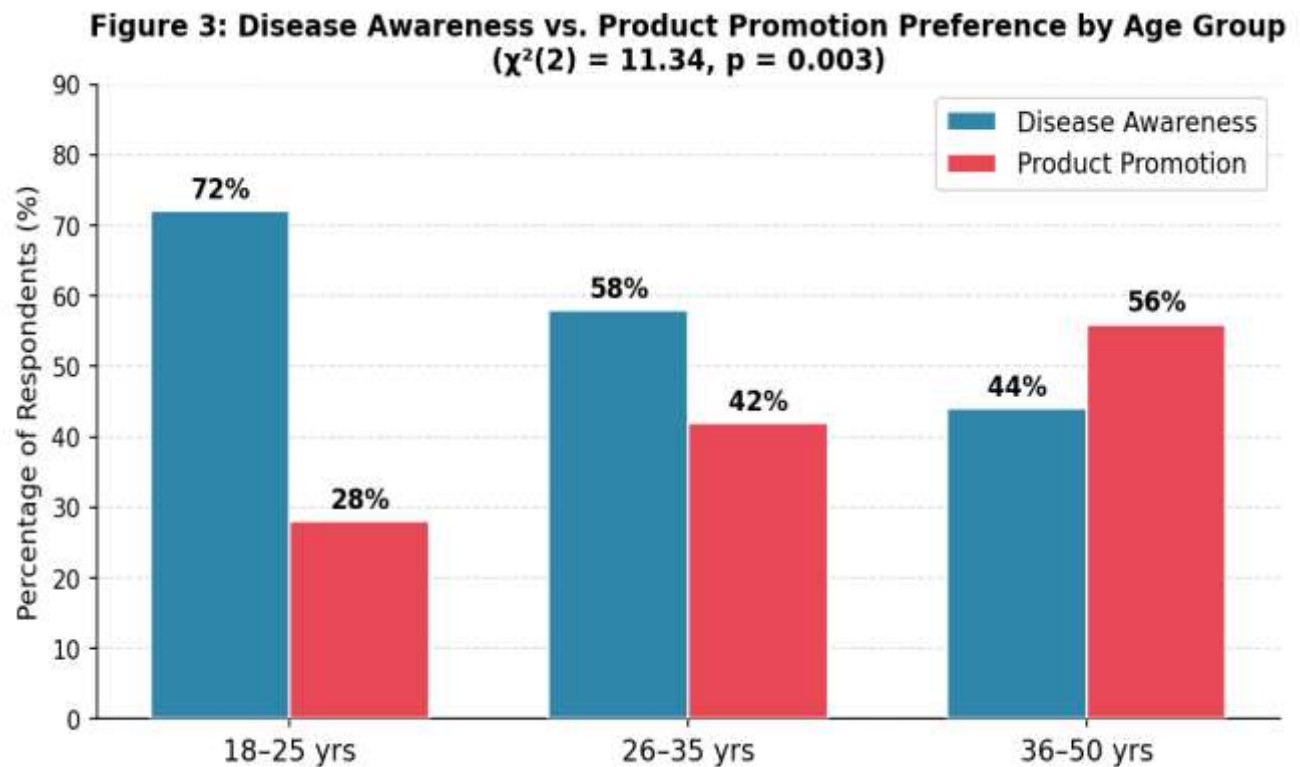


Figure 3: Disease Awareness vs. Product Promotion Preference by Age Group ($\chi^2(2) = 11.34, p = 0.003$)

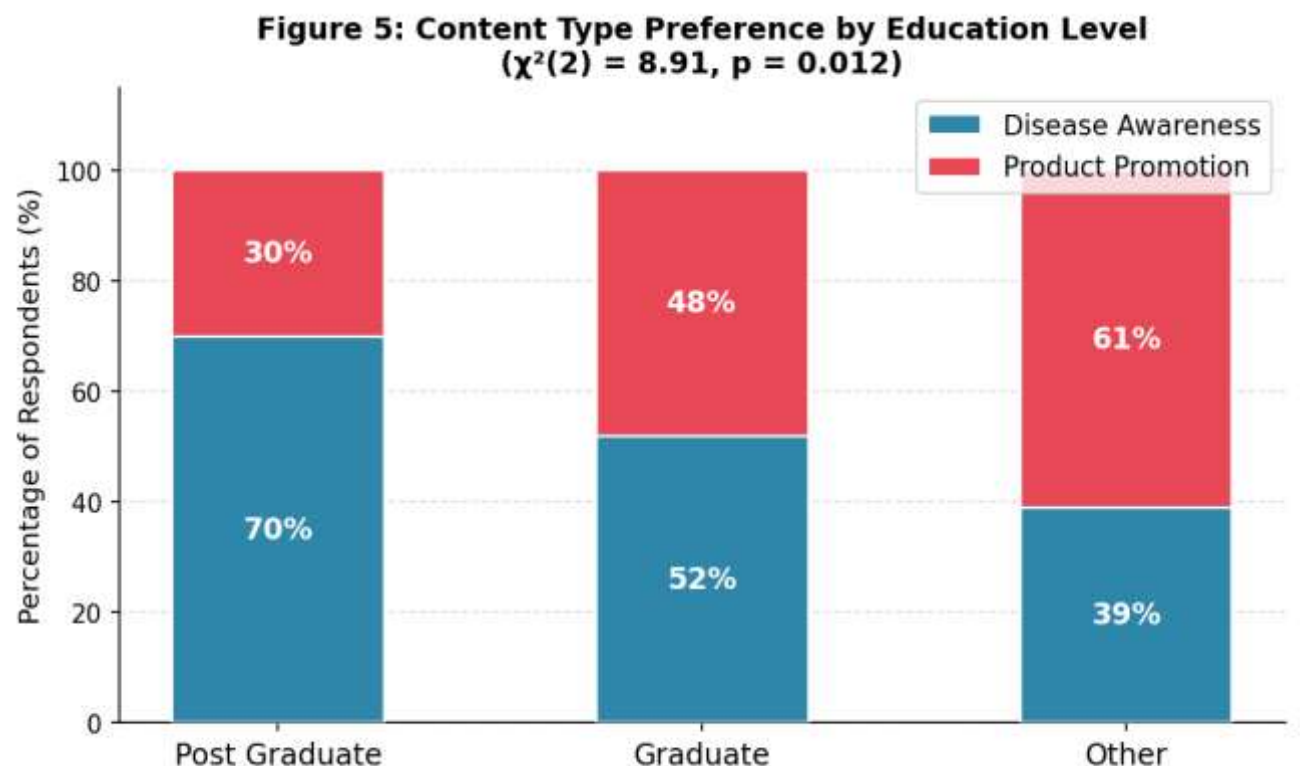


Figure 5: Content Type Preference by Education Level ($\chi^2(2) = 8.91, p = 0.012$)



Summary of Hypothesis Testing Results

Hypothesis	Description	Test Used	Outcome
H1	Disease awareness content → higher health-seeking intention than product promotion	Independent Samples t-Test	Supported (t=4.21, p<0.001, d=0.57)
H2	Content type, source credibility & platform type predict health-seeking behavior	Binary Logistic Regression	Supported ($\chi^2=31.47$, R ² =0.21)
H3	Demographic factors (age, education) are associated with content type preference	Chi-Square Test	Supported (age: p=0.003; education: p=0.012)

Table 5: Summary of All Hypothesis Testing Results

7. FINDINGS AND DISCUSSION

Collectively, the findings of this study demonstrate that the kind of content produced in pharmaceutical social media is indeed a relevant predictor of intentions related to health-seeking behaviour in Indian social media users, both independently and within a multivariate model. As proven by the t-test analysis, disease awareness content results in a significantly higher level of health-seeking intention as compared to product promotion content, with the effect size being medium to high. Such findings are fully aligned with the body of evidence in health communication literature which holds that education and awareness-related messages are more likely to activate health protection intentions than commercial messages (Wakefield et al., 2010; Moorhead et al., 2013).

Moreover, the binary logistic regression analysis highlights that the predictor variable associated with the highest level of likelihood ratio was source credibility, meaning that source credibility was more influential than the content itself. Given the odds ratio of 2.87 calculated for the credibility of source, it can be stated that even in the case of product promotion, health-seeking intentions were formed at similar levels in cases when the information source was credible enough to represent a medical expert and when it was a less credible source but provided disease awareness content. Therefore, when creating content, pharmaceutical companies should focus on building a credibility structure of communication, including featuring experts and disclosing commercial interest, as recommended by Catapan et al. (2025).

Platform type was also a relevant predictor variable included in the logistic regression model, with the results proving that Instagram users had considerably lower odds of forming health-seeking intentions than YouTube users. It can be explained by the fact that YouTube is considered to be a platform for publishing long-form content, while Instagram users produce and consume shorter pieces. In that regard, one should take into account that longer disease awareness content would be significantly more effective in fostering health-seeking intentions than the same content published on Instagram in a 30-second video.

The findings of the chi-square analysis further confirm that there is no demographic neutrality when it comes to content preference. The younger and the highly educated segment of the population tends to have a preference for the disease awareness category of the content types being provided, and this carries an



important message for how the industry players need to allocate resources for the two categories of content, depending on the demographic segments, consistent with observations by **Chou et al. (2009)** and **Nutbeam (2008)**. It seems clear that the product promotion category might be preferred by the older segment of the users who, on the other hand, may lack the health literacy skills required to critically interpret the content provided.

Overall, the findings of the paper suggest that the division between the disease awareness and the product promotion category of the content types offered in the industry needs to be considered very carefully in view of its impact on the future consumer health behaviors and commercial success of the firms operating in the Indian market environment. Those pharmaceutical companies that can provide credible and education-based information on diseases will be able to attract a healthier audience in the future.

8. RECOMMENDATIONS

Based on the findings of this study, the following recommendations can be made for pharmaceutical marketers, public health communication, and platform governance:

1. Drug marketing firms should consider incorporating more disease awareness content into their overall social media content portfolio, especially on YouTube, where longer formats of educational content have the most impact on health-seeking behavior. It is crucial for pharmaceutical marketers to distinguish between promotional and disease awareness content through appropriate disclosures.
2. Source credibility management emerges as an effective strategy, offering a high return on investment in social media marketing. Firms should collaborate with verified healthcare professionals to create content and use credible channels of distribution, with an explicit disclosure of the professional relationships. Source credentials are key in pharmaceutical content on social media platforms.
3. Strategic demographically-based content strategy development becomes essential, as younger and more educated audiences should be approached with information-intensive content for disease awareness without compromising their critical health literacy skills. Special attention needs to be paid to older audiences to avoid unintentional fostering of self-medication.
4. The development of content for specific platforms becomes necessary. For instance, Instagram campaigns should include visually appealing evidence-based disease awareness content in Story/Reel formats with actionable messages leading to healthcare professionals. Educational video content series on YouTube, created together with medical experts, are recommended.
5. Regulators like CDSCO and ASCI should create updated social media-specific guidelines for pharmaceutical advertising, including the mandatory requirement to label content types, source credibility, and enforce these standards by the platforms themselves.

9. LIMITATIONS OF THE STUDY

There are several factors that limit the generalizability and validity of the findings of this study. Firstly, due to the convenience sampling approach used in this study, there is a possibility of systematic selection bias toward individuals who are more engaged in digital media and health-related activities. Secondly, due to the cross-sectional nature of the study, it would be difficult to infer causality from the study findings as it may be possible that pre-existing differences in attitude exist among user segments and not the type of content being posted by websites. Thirdly, the self-reporting of health-seeking intention may not accurately capture actual behavior in health contexts since it does not provide an objective measurement of such intentions.



As for the geographical focus of this study, even though it claims to have been conducted throughout India, it is more likely to have overrepresented individuals from urban and semi-urban areas, making it difficult for the findings to be generalizable to other populations within the country.

10. CONCLUSION

The current study offers empirical support to the emerging yet highly significant domain of pharmaceutical social media communication in India. Using independent-samples t-test, binary logistic regression, and Chi-square test on primary survey data from 218 participants, the study demonstrates that awareness content is associated with significantly greater intentions for health-seeking behavior as opposed to promotional content, that source credibility stands out as the most important predictor of health-seeking behavior from pharma social media content (**Hovland and Weiss, 1951; Ohanian, 1990**), and that preferences for types of content are significantly different across various age and educational demographic profiles.

With India's social media space expanding in size and public health significance, decisions made by pharmaceutical companies regarding their content strategy come with implications for public health. These results suggest that there is a need for a strategic change in the way that pharmaceutical social media communications should be approached in order to positively influence consumer decisions and promote health, and for new regulations governing such activities to be put in place which safeguard Indian consumers and give the pharmaceutical sector room to maneuver on social media sites.

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