

# **The Role Of Social Media In Creating Awareness About Health Policies: A Case Study**

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## **Abstract**

*The present era is defined by rapidly evolving and vibrant communication technologies. Among these, social media platforms such as Twitter, Facebook, Instagram, and YouTube play a significant role in shaping how people communicate and access information. Today, people increasingly rely on social media for various purposes, including disseminating healthcare-related information. Although the healthcare sector has been slower than others in integrating social media into its business and policy strategies, there is a noticeable rise in the engagement of patients, the general public, and policymakers on these platforms.*

*This study aims to assess the socio-personal characteristics of women respondents in Karnataka, evaluate their awareness of health policies and schemes, identify the various health policies available in the state, and examine how these are accessed by women. Additionally, the study seeks to assess the impact of health policy advertisements on the public. A descriptive research design was adopted for this purpose. Primary data was collected using a structured questionnaire and a survey method. A total of 120 respondents were selected through random sampling, and the data collected was analyzed using SPSS software.*

**Keywords:** *Social Media, Healthcare, Policies*

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## **I. Introduction:**

Social media has emerged as a powerful and transformative tool in the dissemination of information, shaping public opinion, and influencing policy discussions. In the realm of public health, platforms such as Facebook, Twitter, Instagram, and YouTube have become essential in raising awareness about health policies, preventive healthcare measures, vaccination drives, and recent medical advancements. These platforms facilitate direct communication between health authorities and the public, breaking geographical and social barriers. Governments, healthcare institutions, and non-governmental organizations are increasingly utilizing social media to educate the public, dispel health-related myths, combat misinformation, and promote positive health behaviours. Through engaging content, live sessions, campaigns, and real-time updates, social media not only informs but also empowers communities to make informed decisions about their health and well-being, fostering a more health-literate society.

The significance of social media in health policy awareness lies in its ability to reach diverse populations quickly and efficiently. Unlike traditional media, social media allows for real-time updates, interactive discussions, and direct engagement with policymakers, healthcare professionals, and citizens. This two-way communication fosters transparency, builds trust, and enhances public participation in health decision-making. However, despite its advantages, social media also challenges, such as the spread of information, digital divides among different socio-economic groups, and the risk of sensationalism overshadowing scientific facts. Understanding the impact of social media on health policy awareness requires a critical analysis of its benefits, limitations and real-world application.

Social media has become an integral part of contemporary society, revolutionizing communication, information dissemination, and community engagement. In recent years, its influence has extended beyond personal interactions to encompass various aspects of public life, including healthcare. Specially, within the realm of public health, social media platforms have emerged as powerful tools for raising awareness, sharing information, and promoting initiatives aimed at improving health outcomes.

Karnataka, a state renowned for its cultural richness and demographic diversity, continues to face a variety of public health challenges, including disparities in healthcare access, awareness, and implementation of health policies. Addressing these challenges requires not only effective healthcare infrastructure but also efficient communication strategies that ensure public awareness and engagement. In this context, social media platforms have emerged as powerful tools capable of reaching large audiences swiftly and cost-effectively. Platforms such as Facebook, Twitter, Instagram, and YouTube offer unique opportunities to disseminate critical health policy information across different regions, age groups, and literacy levels.

This study aims to assess the current level of awareness regarding various health policies and schemes among the residents of Karnataka, with a specific focus on women. It also seeks to analyze the role social media plays in the dissemination of this information and to identify the most effective strategies for leveraging these platforms. By exploring these dimensions, the research aspires to contribute to improving health policy communication and ultimately enhancing public health outcomes in Karnataka.

## **II. Review Of Literature**

Federation of Obstetric and Gynaecological Societies of India (FOGSI) (2025) FOGSI trained over 11,000 doctors to promote the HPV vaccine through community outreach and social media campaigns. This initiative aimed to combat misinformation and increase vaccination rates, particularly in rural areas. The campaign underscores the strategic use of social media in public health policy dissemination.

Mishra et al. (2024) A study conducted at a tertiary care hospital in India found that both urban (61.3%) and rural (67.5%) participants believed social media enhanced their knowledge of oral health. Despite this, self-perceived oral health practices remained poor, highlighting a gap between awareness and behavior. The study suggests that while social media has educational potential in dentistry, it is currently underutilized.

Pandey (2023) Indian model Poonam Pandey staged a controversial publicity stunt by faking her death to raise awareness about cervical cancer. The act sparked widespread discussion on social media about the importance of HPV vaccination and early detection. While the method was debated, it effectively brought attention to a critical health issue in India.

Andreas Charalambous (2018) emphasized that policymakers increasingly view social media as a valuable tool for engaging the public in the creation and implementation of health policies. These platforms offer real-time opportunities for sharing health information and understanding the needs of patients and caregivers. Similarly, Carolyn Petersen and Christoph U. Lehmann (2018) noted that social media plays a collaborative role in healthcare, connecting patients, caregivers, and professionals. They advocated for transparent privacy policies and strong laws to ensure accountability and safe data practices in digital health communication and social media usage.

### **Statement of the problem**

"The Role of Social Media in Creating Awareness about Health Policies in Karnataka"

### **Objective**

1. To assess the Socio-personal Characteristics of the respondents.
2. To find out the various types of health schemes
3. To identify the awareness of health policies and schemes
4. To study the impact of various social media platforms in disseminating health-related policies.
5. To analyze the role of social media in increasing public awareness about health policies and schemes.

## **III. Methodology**

To explore the role of social media in creating awareness about health policies in Karnataka, this study adopted a **descriptive research design**. Descriptive research is used to systematically describe the characteristics of a population or phenomenon being studied. It does not answer questions about how/when/why the characteristics occurred but rather focuses on the "what" aspect of the subject. In this study, **primary data** was collected through a **survey method** using a structured interview schedule. The questionnaire was carefully designed to capture responses related to the socio-personal characteristics of the participants, their awareness and understanding of various health policies and schemes, and their access to health-related information through social media platforms.

A total of **120 women respondents** were selected using **random sampling** techniques to ensure representation and reduce sampling bias. The data collected were quantitative in nature and were subjected to statistical analysis using **SPSS (Statistical Package for the Social Sciences)** software. This allowed for a comprehensive interpretation of the results, helping to identify trends, correlations, and insights into the effectiveness of social media in disseminating health policy information among women in Karnataka.

#### **IV. Data Analysis:**

**Table 1: Age**

Age	Frequency	Percentage
18 to 20	25	20.83%
21 to 25	43	35.83%
26 to 30	28	23.34%
31 to 35	15	12.5%
Above 35	09	7.5%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 1 indicates that the age of the respondents that most of the respondents (35.83%, N= 43) belong to 21 to 25 age group, followed by 23. 34 percent (N=28) of the respondents belonged to 26 to 30 age groups. Whereas (20.83%, N=25) of the respondents 18 to 20 age groups, followed by 12.5 per cent (N=15) of the respondents belonged to 31 to 35 age group and only 7.5 per cent (N=09) respondents belonged to the above 35 age group.

**Table 2: Education Qualification**

Education Qualification	Frequency	Percentage
Primary or Secondary	19	15.83%
Pre University	35	29.16%
Under Graduation	47	39.16%
Post Graduation	19	15.85%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 2 reveals the educational qualifications of the respondents. It indicates that nearly half of the respondents (39.16%, N=47) were under Graduation Studies, followed by (29.16%, N=35) were belonged to pre-University. Whereas (15.85%, N=19) were belonged to post-graduation and only 15.83 per cent (N=19) were belonged to primary and secondary education.

**Table 3: Occupation**

Occupation	Frequency	Percentage
Student	27	22.5%
Self employee	11	09.16%
Private Sector	36	30%
Government Sector	13	10.84%
House Wife	33	27.5%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 3 reveals the occupations of the respondents. The above table shows that most of the respondents (30%, N=36) were private sector, followed by 27.5 per cent (N=33) were hose wives. Whereas (22.5%, N=27) were students, followed by 10.84 percent (N=13) were have a Government job and only (09.16%, N=11) were self employees.

**Table 4: Family Monthly Income**

Family Monthly Income	Frequency	Percentage
Less than 20,000	15	12.5%
20000-50000	56	46.66%
50000-1,00,000	31	25.84%
Above 1,00,000	18	15%
<b>Total</b>	<b>120</b>	<b>100</b>

It is noticed from table 4 reveals the family Monthly income of the respondents (46.66%, N=56) have 20000 to 50000, followed by 25.84 per cent (N=31) respondents have 50000 to 1, 00,000 income. Whereas 15 per cent (N=18) were belonged to above 1, 00,000 family monthly income and only 12. 5 per cent (N=15) were have less than 20,000 families monthly income.

**Table 5: Marital Status**

Marital Status	Frequency	Percentage
Married	46	38.33%
Unmarried	74	61.67%
<b>Total</b>	<b>120</b>	<b>100</b>

It can be found from the table 5 that a great majority (61.67%, N=74) of the respondents were unmarried and only 38.33 per cent (N=46) were Married.

**Table 6: Usage of Social Media Sites N=120**

Usage of Social media	Frequency	Percentage
YouTube	78	65%
Facebook	63	52.5%
Twitter	37	30.83%
Instagram	70	58.33
Snapshot	43	35.83%
Telegram	49	40.83%

It is observed from Table 6 that the Usage of Social media that the majority of the respondents (65%, N=78) were using YouTube, followed by 58.33 per cent (N=70) were using Instagram. Whereas 52.5 per cent (N=63) were using Facebook, (40.83%, N=49) were using Telegram, followed by (35.83%, N=43) were using Snapshot and only 30.83 per cent (N=37) were using Twitter.

**Table 7: Benefits from health policies on Social Media**

Opinion of the respondents	Frequency	Percentage
Positively	59	49.16%
Negatively	33	27.5%
Both	28	23.34%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 7 indicates the Benefits of health policies on Social media that half of the respondents (49.16%, N=59) were said that the social media health is positively benefits them and followed by 27.5 percent (N=33) said it impacts them negatively and only (23.34%, N=28) were said it impacts them both positively as well as negatively.

**Table 8: The opinion believes social media effectively spreads awareness about health policies.**

Opinion of Respondents	frequency	Percentage
Strongly Agree	29	24.16%
Agree	28	23.33%
Neutral	19	15.85%
Disagree	29	24.16%
Strongly Disagree	15	12.5%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 8 reveals the opinion on believing on social media effectively spreads awareness about health that most of the respondents (24.16%, N=29) were strongly agreed as well as disagreed, followed by 23.33 percent (N=28) were agreed. Whereas (15.85%, N=19) were neutral and only 12.5percent (N=15) were strongly disagreed to this opinion.

This distribution of responses highlights the mixed perception among women regarding the effectiveness of social media in promoting health awareness, emphasizing the need for more credible, targeted, and engaging digital health campaigns.

**Table 9: The opinion about health policies affecting their daily lives.**

Opinion about health policies affected their daily lives	Frequency	Percentage
Yes	71	59.16%
No	33	27.5%
Sometimes	16	13.34%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 9 indicates that the opinion about health policies affected their daily lives that half of the respondents (59.16%, N=71) were agreed that health policies affected their daily lives, followed by (27.5%, N=33) were not agree to this opinion and only 13.34 per cent (N=16) were said sometimes the health policies affected their daily lives. These findings highlight the varying degrees of perceived relevance and personal impact of health policies among the women, influenced potentially by their health status, socioeconomic background, and exposure to health information through social media.

**Table 10: Type of health policies information usually find on social media. N=120**

Type of health policies	Frequently	Percentage
Government health schemes	55	45.83%
Private healthcare initiatives	43	35.83%
Preventive healthcare tips	36	30%
Disease outbreak alters	39	32.05%

Table 10 reveals the types of health policy information usually found on social media. Most of the respondents (45.83%, N=55) were said they found government health schemes on social media, followed by 35.83 per cent (N=43) were found private healthcare initiatives. Whereas as (30%, N=36) were found preventive healthcare tips and only 32.05 percent (N=39) were found disease outbreaks.

These findings suggests that while government schemes dominate the digital health communication space, there is also a growing presence of private sector messaging and general health awareness content on social media platforms.

**Table 11: Opinion regarding about Social media campaigns influence government/private health policies.**

Opinion of the respondents	Frequency	Percentage
Yes	69	57.05%
No	51	42.5%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 11 indicates that the opinion regarding social media campaigns influences government/ private health policies. The majority of the respondents (57.05%, N=69) were agreed and only 42.5 per cent (N=51) did not agree to social media campaigns' government/ private health policies.

This finding suggests that while more than half of the respondents recognize the potential of social media as a tool for health policy dissemination and awareness, a substantial proportion remains sceptical, possibly due to concerns about credibility, misinformation, or lack of targeted content.

**Table 12: Adoption of types of health policies for getting sources on social media  
N=120**

Types of Health Policies	Frequency	Percentage
Ayushman Bharat Yojana	44	36.66%
Awaz Health Insurance Scheme	35	29.16%
Yeshaswini Health	75	62.5%
Health Education And Training Programme	43	35.83%
Vajpayee Arogyashree Scheme	51	42.5%
Rashtriya Swasthya Bima Yojana project	31	25.83%
Indira Suraksha Yojana	39	32.5%

Table 12 reveals the adoption of types of health policies for getting sources on social media and the majority of the respondents (62.5%, N=75) adopted Yeshaswini Health. This is followed by the Vajpayee Arogyashree Scheme (42.5%, N=51) and Ayushman Bharat Yojana (36.66%, N=44), which also shows considerable levels of awareness and acceptance. Policies like the Health Education and Training Programme (35.83%, N=43) and Indira Suraksha Yojana (32.5%, N=39) reflect moderate reach, whereas the Awaz Health Insurance Scheme (29.16%, N=35) and Rashtriya Swasthya Bima Yojana (25.83%, N=31) record the lowest figures, suggesting a need for more targeted promotion and accessibility.

The overall trend underscores the influence of social media as a significant source of health policy information, while also highlighting disparities in visibility and understanding of various government schemes among the youth population.

**Table 13: The main Challenges in using Social media for health awareness N=120**

The Main Challenges	Frequency	Percentage
Misinformation / Fake News	33	27.5%
Lack of Trust in social media sources	29	24.16%
Language barriers	31	25.83%
Digital illiteracy	27	22.5%

Table 13 indicates the challenges faced in using social media for health awareness as presented in the table, highlights several key barriers among respondents (N=120). The most frequently reported challenge was misinformation of fake news, cited by 27.5% (N=33) of participants. This indicates a significant concern regarding the credibility of health-related content shared on social media platforms. Following closely, 24.16% (N=29) of respondents identified a lack of trust in social media sources, further emphasizing the scepticism that undermines the effectiveness of these platforms of health communication. Language barriers were reported by 25.83% (N=31) of the participants, suggesting that non-availability of content in regional languages may limit access and understanding. Additionally, 22.5% (N=27) highlighted digital illiteracy as a major challenge, pointing to the need for enhanced digital education to ensure equitable access to online health information. Collectively, these findings underscore the importance of addressing both technical and psychological barriers to improve the impact of social media in disseminating and accessible health information.

**Table 14: The barriers women face in accessing health policies N=120**

The Barriers to Accessing Health Policies	Frequency	Percentage
Lack of awareness	33	27.5%
Social restrictions	22	18.33%
Financial Constraints	38	31.66%
Lack of access to digital resource	27	22.05%

Table 14 reveals the key barriers faced by women in accessing health policies, based on responses from 120 participants. The most significant barrier identified was financial constraints, reported by 31.66% (N=38) of respondents, indicating that affordability remains a critical issue in women's access to healthcare services and policies. Lack of awareness was the second most cited barrier at 27.5% (N=33), reflecting a gap in effective communication and outreach strategies targeting women. Lack of access to digital resources, mentioned by 22.5% (N=27), points to the ongoing digital divide that limits women's engagement with online health platforms and information. Additionally, 18.33% (N=22) reported social restrictions including gender norms and family limitations as obstacles to independently accessing health schemes. These findings underscore the need for inclusive, gender-sensitive policy dissemination approaches that address economic, informational, technological, and socio-cultural barriers.

**Table 16: Opinion of the respondents regarding health policies in Karnataka spreading awareness through social media N=120**

Opinion of the Respondents	Strongly Agree	Agree	Disagree	Strongly Disagree
To provide Integrated and Comprehensive primary health Care	27 (22.5%)	21 (17.5%)	43 (35.83%)	29 (24.16%)
To address emerging issues in public health	33 (27.05%)	27 (22.5%)	39 (32.5%)	21 (17.5%)
To strengthen health infrastructure	31 (25.83%)	26 (21.66%)	39 (32.05%)	24 (20%)
To develop healthy human resource	39 (32.5%)	27 (22.5%)	28 (23.33%)	26 (21.66%)
To improve access to safe and quality drugs at affordable prices	21 (17.5%)	23 (19.16%)	39 (32.5%)	37 (30.83%)
To increase access to the system of alternative medicine	19 (15.83%)	39 (32.5%)	32 (26.66%)	30 (25%)

Table 16 presents the opinion of respondents regarding the effectiveness of health policies in Karnataka being promoted through social media across various public health objectives. A relatively positive response was observed in the area of **developing health human resources**, with 32.5% (N=39) strongly agreeing and 22.5% (N=27) agreeing that social media has been effective in spreading awareness of such policies. Similarly, 27.05% (N=33) strongly agreed and 22.5% (N=27) agreed that social media helps in **addressing emerging public health issues**, indicating moderate support. In contrast, for **providing integrated and comprehensive primary health care**, a notable 35.83% (N=43) disagreed, while only 22.5% (N=27) strongly agreed, revealing scepticism in this domain. When asked about **strengthening health infrastructure**, opinion remained mixed, with 25.83% (N=31) strongly agreeing, while 32.05% (N=39) disagreed. A concerning trend was observed regarding **improving access to safe and affordable drugs**, where a combined 63.33% (N=76) either disagreed or strongly disagreed. On **increasing access to systems of alternative medicine**, opinions were more evenly distributed, with 32.5% (N=39) agreeing and 26.66% (N=32) disagreeing. These findings indicate that while respondents recognize the role of social media in raising awareness about some health policy aspects, scepticism and dissatisfaction remain high in areas related to affordability and foundational healthcare delivery.

**Table 17: Opinion about awareness of any health policies implemented by the Government of Karnataka**

Opinion of the respondents	Frequency	Percentage
Yes	81	67.5%
No	39	32.5%
<b>Total</b>	<b>120</b>	<b>100</b>

The data reveals that a majority of respondents are aware of health policies implemented by the Government of Karnataka. Specifically, 67.5 per cent (N=81) of the respondents reported being aware of such policies, while 32.5% (N=39) indicated a lack of awareness. This suggests that government initiatives and campaigns potentially including those shared via social media have reached a substantial portion of the population. However, the fact that nearly one-third of respondents remain unaware highlights a gap in outreach and communication strategies. These findings emphasize the need for more inclusive and accessible dissemination of information to ensure broader public engagement with health policies, especially among under-informed or digitally disconnected communities.

**Table 18: Believing that social media plays a role in disseminating information about health.**

Opinion of the respondents	Frequency	Percentage
Yes	69	57.5%
No	33	27.5%
Sometimes	18	15%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 18 indicates the analysis of respondents' beliefs about the role of social media in disseminating health information indicating that a majority (57.5%, N=69), believe social media plays a significant role in spreading health-related content. In contrast, 27.5% (N=33) of respondents did not share this belief, suggesting scepticism toward the credibility of the effectiveness of such platforms. Additionally, 15%, (N=18) reported that social media sometimes plays a role, reflecting conditional trust based on content type or source. These findings underscore the growing influence of social media in health communication while also highlighting the importance of ensuring reliable, evidence-based content to enhance public trust and engagement.

**Table 19: Find the types of health policy-related content that are most engaging.**

**N=120**

Types of Social Media Contents	Frequency	Percentage
Advertisements	61	50.83%
Personal Stories	49	40.83%
Videos	53	44.16%
Q&A Sessions with experts	37	30.83%
Interactive quizzes/Polls	23	19.16%
Social media Posts	79	65.83%
Podcasts	35	29.16%
Webinars	21	17.5%

Table 19 presents the types of health policy-related content on social media that respondents found most engaging. The highlighting level of engagement was observed with social media posts, cited by 65.83 per cent (N=79) of participants, indicating the effectiveness of short, frequent, and easily accessible updates. This was followed by advertisements (50.83%, N=61) and videos (44.16, N=53), which reflect the appeal of visual content in capturing audience attention and conveying health-related messages. Personal stories, which offer relatable and emotional insights, were considered engaging by 40.83 % (N=49) of respondents. Meanwhile, Q&A sessions with experts (30.83%, N=37) and podcasts (29.16%, N=35) also held moderate interest, likely due to their informational depth and authenticity. In contrast, interactive quizzes or polls (19.16%, N=23) and webinars (17.5%, N=21) attracted the least engagement, possibly due to their longer format or lower appeal among youth audiences. These findings suggest that for maximum impact, health policy campaigns on social media should prioritize visual and concise formats, supported by relatable storytelling and expert-led discussion.

**Table 20: The opinion regarding health advertisements informative and persuasive**

Opinion of the respondents	Frequency	Percentage
Yes	67	55.83%
No	29	24.17%
Sometimes	24	20%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 20 reveals the opinion of respondents regarding the informativeness and persuasiveness of health advertisements. The majority of the respondents (55.83%, N=67) believed that health advertisements are both informative and persuasive. Meanwhile, 24.17% (N=29) disagreed with this opinion, indicating they do not find such advertisements effective. Additionally, 20%, (N=24) of the respondents stated that health advertisements are sometimes informative and persuasive, suggesting mixed perceptions among a portion of the participants.

**Table 21: You usually find information about health policies and schemes in Karnataka from various sources. N=120**

Types of source	Frequency	Percentage
Social media Platforms (Facebook, Twitter, Instagram etc)	63	52.5%
Government websites or official portals	35	29.16%
News Websites or official articles	21	17.5%
Television or radio broadcasts	69	57.5%
Healthcare Professionals or facilities	29	24.16%
Word of mouth (Friends, family, Colleagues)	45	37.5%

The data indicates that respondents access information about health policies and schemes in Karnataka through a variety of sources. Television and radio broadcasts emerged as the most common source, with 57.5% (N=69) of respondents relying on them, followed by social media platforms such as Facebook, Twitter and Instagram at 52.5% (N=63). Word of mouth, including friends, family and colleagues, also played a significant role, cited by 37.5 per cent (N=35), while healthcare professionals and facilities were a source for 24.16 per cent (N=29). News Websites or official articles were the least used, referenced by only 17.5 per cent (N=21), Indicating a preference for a more immediate accessible source.

**Table 22: Compared to traditional sources, the credibility of health policy-related information shared on social media is perceived differently by individuals.**

Opinion of the respondents	Frequency	Percentage
More Credible	53	44.16%
Equally Credible	43	35.84%
Less Credible	24	20%
<b>Total</b>	<b>120</b>	<b>100</b>

Table 22 reveals that individuals the credibility of health policy-related information on social media differently compared to traditional sources. A significant portion of respondents (44.16%, N=53) considered social media information to be more credible, while 35.84 per cent (N=43) believed it to be equally credible as traditional sources. However, a smaller group (20%, N=24) viewed social media as less credible. This variation in perception highlights the growing influence of social media, while also pointing to the persistent trust in traditional sources for health-related information.

## V. Conclusion

This study underscores the dynamic and growing influence of social media in raising awareness about health policies among women in Karnataka. The findings reveal that a significant number of respondents actively engage with platforms such as YouTube, Instagram, and Facebook to access health-related information. However, despite the popularity of these platforms, challenges such as misinformation, lack of content credibility, limited digital literacy, and infrastructural barriers continue to hinder effective engagement and trust in the information shared. Government health schemes receive the highest visibility on digital platforms, often promoted through official campaigns. At the same time, there is a notable emergence of private health initiatives and user-generated content that contribute to general health awareness. This trend highlights the evolving digital health communication landscape, where both public and private actors play a role.

To enhance the reach and effectiveness of health communication, there is a critical need to design **inclusive, gender-sensitive, and accessible** digital campaigns. Content that is **regionally tailored**, visually appealing, and delivered in **local languages** can significantly improve impact. Most importantly, bridging the gap between awareness and implementation requires a **multi-pronged approach**—integrating social media strategies with traditional and community-based communication channels to build trust and ensure action.

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