CHALLENGES AND OPPORTUNITIES IN ETHICAL HEALTHCARE MARKETING: INSIGHTS FROM AHMP INDIA FOUNDATION

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Master of Business Administration (MBA)

in

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by

Anjali Purohit

Under the Supervision and Guidance of

Dr. P.R. Sodani

2025

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CERTIFICATE

This is to certify that Dr. Anjali Purohit in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her Internship at AHMP India Foundation during March 10 - May 31, 2025.

AKHILCHANDRA DAVE

PLACE: Vadodara
DATE: 13/06/25

FOUNDER CHAIRMAN
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "Challenges and Opportunities in Ethical Healthcare Marketing: Insights from AHMP India Foundation' 'is a record of the research work undertaken by Anjali Purohit in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. P R Sodani
President
IIHMR University, Jaipur
Date- 17|06|25

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur
Date 17|06|25

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Challenges and Opportunities in Ethical Healthcare Marketing: Insights from AHMP India Foundation" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Anjali

Anjali Purohit

Date 17/06/25

ABSTRACT

In India's ever-evolving healthcare environment, marketing plays a vital role of shaping citizens' opinions and healthcare-seeking behavior. Unfortunately, much of this dialogue is ethically opaque, with frequent instances of inflated assertions, hype, and poor transparency. This research, entitled "Challenges and Opportunities in Ethical Healthcare Marketing: Insights from AHMP India Foundation," seeks to assess, view and understand present awareness, perceptions, and practices on ethical healthcare promotion, as well as gauge the role of AHMP India Foundation on ensuring responsible communication approaches. Utilizing a mixed-method cross-sectional study, the research combines both qualitative and quantitative methodologies. A structured questionnaire survey via Google containing data from 145 respondents from Ahmedabad, Gujarat, including doctors, health marketers, students, members of AHMP, and general healthcare consumers was done. Qualitative information was also gathered through interviews and focus group discussions to give a more in-depth understanding of the topic.

The results reveal a vital gap in awareness, as 18.6% of respondents were previously aware of the concept of "Ethical healthcare marketing." Notwithstanding this, there is a vast underlying interest as many of the participants avowed readiness to seek further information.

The majority of respondents associated ethical healthcare marketing with characteristics such as clarity in success rates, proper code of conduct, respect for patient's sentiments, utilization of certified professionals, and transparency in pricing. On the other hand, celebrity endorsements and promotional hyperboles were perceived to be unreliable. Statistical comparison with the use of chi-square tests and Spearman's correlation revealed important correlations. There was a notable alliance between AHMP membership and knowledge about ethical healthcare marketing ($p < 0.01$), demonstrating the foundation's positive impact through seminars and outreach programs.

Lower age groups mostly cited exposure to exaggerated and aggressive healthcare advertisements through online media, while older adults were inclined toward conventional media. There existed a low negative correlation ($\rho = 0.46$) between exposure to deceptive ads and confidence in healthcare facilities, highlighting the reputational threats of unethical promotion. The research also examines

the performance of different media outlets in communicating health information. WhatsApp forwards, social media, and unofficial digital sites were the most prevalent outlets. The respondents indicated that promotions contain fear-mongering and unsubstantiated claims like "100% guaranteed cure," which result in emotional manipulation, moral decay and misinformation. Although strengthened by its mixed-methods and diverse sample, the study recognizes limitations like sampling bias in urban settings and the use of self-report measures. Nevertheless, the study provides important information for public health practitioners, policymakers, teachers, healthcare marketers, and even physicians. The research finds that an immediate institutionalization of ethical and moral healthcare marketing by formal education, rigid adherence to protocols and open awareness campaigns is the need of the hour. AHMP India Foundation, with its monthly seminars, grassroots-level conferences and digital outreach programs, has immense potential to spearhead this revolution. With leveraging its outreach and education mandate, AHMP could become a model for ethical, responsible and moral healthcare marketing practices across the country.

This study contributes to the wider literature on ethical communication in public health and provides practical recommendations for building confidence, transparency, trust, clarity and accountability in healthcare marketing.

ACKNOWLEDGEMENT

I would like to present my deepest thanks to my research guide, Dr. P.R. Sodani , for his continuous support, expert supervision, and constructive criticism throughout the duration of this study.

I remain grateful to Mr. Akhil Dave, my internship mentor and organizer of many activities at AHMP India Foundation, for his inspiring support, experience-driven insights, and dedication to encouraging ethical, moral and legal healthcare marketing, which greatly enhanced this study.

I would also like to thank the AHMP India Foundation team for their support and advice and for granting access to reliable resources and stakeholders. I appreciate all the participants who filled in the survey and their comments and opinions offered in interviews—your input was crucial to completing this research.

Finally, I acknowledge my fellow peers, my family, and IIHMR University faculty for their timely support, guidance and encouragement.

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CHAPTER 1: INTRODUCTION

1.1 Introduction to Healthcare Marketing

Healthcare marketing refers to application of communication, branding, and outreach efforts by healthcare organizations and institutions in order to raise awareness, educate patients, and advertise services. This entails active participation by hospitals, clinics, drug companies, and health-oriented non-governmental institutions. Relatively to other industries, healthcare marketing exists in a sensitive context—where sensitivity, ethical responsibilities, trust, and life-changing choices intersect.

The objective of healthcare marketing is not just the enrolment of patients but to educate and inform them, enable informed decision-making, and enhance preventive healthcare.But the growth of the private healthcare industry and deepening dependence on different digital marketing media have brought in new and powerful threats.

Intensive marketing strategies, grossly inflated results, unsubstantiated assertions, and appeal to emotions are commonly used to capture market share.Such practices can distort reality, generate false hope narratives, toy with public emotions and thereby jeopardize public trust.

1.2 Ethical Healthcare Marketing:

Definition and Relevance Ethical healthcare marketing is defined as the art of communicating honest, pertinent, evidence-based, and patient-centered information in an ethical manner in healthcare communications. It necessitates marketers not to make illegitimate and sensational statements, to show respect for privacy and feelings, and to give a priority to informed consent.Ethical marketing is not only an official mandate but also a moral obligation to serve the values of care, responsibility, and social responsibility.

Globally, ethical promotion of health business is governed by guidelines such as the World Health Organization's ethical standards for medical promotion that encourages legitimacy and the American Marketing Association's code of ethics. In India, the National Medical Commission (NMC) regulates medical practitioners under the Code of Ethics Regulations, 2002. These regulations dictate a non-profitability of medical services, detest false promotion, restrict self-promotion, and prohibit any assurance of treatment efficacy.

Even with the long-term presence of such guidelines, a large number of healthcare advertisements in India fail to take into consideration the principles of ethics. Patients are frequently exposed to manipulative and forceful messages, particularly through social media, where regulation is weak and oversight mechanisms are far from robust. Ethical marketing thus becomes a vital ingredient for protecting patient rights and feelings and ensuring institutional integrity.

1.3 The Indian Scenario: Demand-Supply Imbalance and Marketing Pressure

India is confronted with an extreme and obvious imbalance in healthcare access. The doctor-population ratio, infrastructure-demand ratio, and public-private delivery of care are enormously skewed. Public sector hospitals tend to be overcrowded but under-staffed and under-funded, with the private providers making desperate attempts to address the increasing healthcare needs.

This has led to a fierce competitive spirit among private healthcare providers. In a bid to distinguish themselves, most institutions engage in aggressive marketing. Some institutions use responsible, ethical, transparent methods while others use unethically dubious practices—such as advertising guaranteed outcomes or exaggerating the effectiveness of treatments and false promises.

As more patients seek out digital sources of information on health, private institutions use digital resources to shape patient viewpoint and action. But left without proper ethical guidance, these instruments can be deceptive and readily become conduits for misinformation. The competitive force thus becomes a key driver for pushing limits and watered-down standards in promoting healthcare.

1.4 Regulatory Framework in India

India's health advertising regulatory environment consists of a range of laws, codes, and professional standards. These are:

• Consumer Protection Act,2019: Grants rights to consumers to call out misleading ads and unsafe medical treatments.

• Advertising Standards Council of India (ASCI): A self-regulatory organization responsible for overseeing ethical advertising in the media.

• Drugs and Magic Remedies Act,1954: Prohibits the advertisement of certain cures and miracle treatments.

• National Medical Commission Code of Ethics: Bans the advertising of medical services, discounts, or

exaggerated statements by practitioners.

• ClinicalEstablishmentsAct,2010: Mandates openness in the operations and communications of clinical institutions.

• Even with such regulations, enforcement remains sporadic. Advertising through word-of-mouth networks, influencers, and online channels tends to escape conventional regulation. Consequently, false content goes unchallenged, causing exploitation and loss of trust.

1.5 AHMP India Foundation (Association of healthcare marketing professionals) role

AHMP India is a non-profit foundation based in Gujrat which is committed to fostering awareness and encouraging ethical marketing practices to protect patients in the healthcare sector. This framework acts as a bridge between academic training, public awareness of health, and ethical responsibility.

By means of capacity-building workshops, professional development training, and yearly conferences such as AHMPCON, AHMP educates students, healthcare marketers, and medical practitioners in

Responsible communication. It practices fact-based outreach, is against misinformation, and constructs platforms for stakeholder dialogue.

In 2024, AHMP organized a state-wide educational campaign in Gujarat involving medical students, health workers, and communication professionals. It centered on ethical health storytelling, digital responsibility, and enhancing public trust in medical communication. AHMP's template offers a replicable model for ethical capacity-building in India.

1.6 Purpose and Significance of the Study

This research explores the opportunities and challenges of ethical healthcare marketing through the visionary lens of the healthcare landscape in Ahmedabad and AHMP India Foundation's initiatives. As marketing becomes a critical component of current healthcare systems, ethics needs to shift from subtle peripheries to mainstream.

The value of this research is its ability to:

• Highlight the fore gaps in awareness among health care students, professionals, and consumers.

• Record stakeholder perception or attitude towards ethical practices and the irrelevance.

• Encourage engagement between educative institutions, regulators, and healthcare providers.

• Fund the inclusion of modules on ethical marketing within education for health professionals.

• The research can help create strong structures that integrate ethics into healthcare conveying strategies, ultimately improving both purveyor and patients.

1.7 Research Problem

The issue tackled by this research is the increasing disparity between ethical healthcare marketing principles and actual practice in India. Even with guidelines, there is a noticeable chasm in understanding, awareness, implementation, and regulation. Digital and online media platforms have also made it more complex and encouraged the environment, allowing unregulated promotional content potentially to mislead or be harmful to patients.

Trailblazing Organizations such as AHMP India Foundation have intervened in this vacuum, but there is a requirement to empirically evaluate their effectiveness and know how models like these may be scaled. Through

analyzing both issues and possible solutions, this study seeks to close the gap between theoretical understanding and actual on-the-ground practical implementation.

1.8 Study Objectives

Primary Objective:

To analyze the existing scenario, challenges, and opportunities for ethical healthcare marketing in Ahmedabad, Gujarat.

Secondary Objectives:

- To rule out the awareness markers and perceptions of healthcare professionals, students, and the general public towards ethical healthcare marketing.
- To analyze the part played by AHMP India Foundation in encouraging ethical communication.
- To identify common ethical issues in prevalent healthcare promotional activities.
- To identify frameworks and possibilities for enhancing ethical impliance through training, awareness, and institutional support l persuasion are often used to achieve competitive edge. These methods tend to distort reality, give rise to false hope, and end up damaging public trust.

CHAPTER-2: LITERATURE REVIEW

Healthcare marketing has become a strategic field that is part and parcel of patient engagement, institutional visibility, and competitive positioning. But such development has unleashed an ethical crisis, particularly in the developing nations of the world like India where regulatory control is uneven and consumer health literacy is poor. This review of literature discusses global and Indian views on ethical healthcare marketing, from the regulatory environment, advertising strategies, trust of patients, social media, to the activities of organizations such as AHMP India Foundation.

2.1 CONCEPTUALIZING ETHICAL HEALTHCARE MARKETING

Ethical health marketing entails the sharing of well-founded, evidence-based, and patient-focused information, excluding emotional manipulation or misinformation (Kotler, Shalowitz, & Stevens, 2008).

Ethical standards for promotion of medicinal drugs were developed by the World Health Organization (1988), based on openness, legitimacy and exclusion of misleading statements. Consistent with this, the American Medical Association (2023) advocates accountability in physician marketing and requests professionals to avoid overpromising treatment success.

In India, the ethical environment is regulated under guidelines like the National Medical Commission's Code of Ethics Regulations (Medical Council of India, 2002), forbidding physicians to promote their services under false or exaggerated claims. These regulations are, however, frequently circumvented in online and unofficial media channels (Jain & Narang, 2019).

2.2 ETHICAL ISSUES IN INDIAN HEALTHCARE MARKETING

A number of Indian reports name fundamental ethical issues in healthcare advertising. Sharma et al. (2019) note a common pattern of violating ethical principles out of competitiveness and insufficient pro fessional education.

Deshpande (2022) mentions widespread application of overstated success stories and unchecked endorsements in ads promoting health. These strategies, while enhancing response among consumers, undermine long-term credibility in healthcare organizations.

The Advertising Standards Council of India (ASCI, 2023) registered a 35% year-over-year increase in healthcare advertisement complaints for misleadingness. These are predominantly promises of "100% cures" or emotional appeals, which are banned outright under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (Government of India, 1954). In spite of legal disincentives, enforcement continues to be patchy, particularly on the digital media.

2.3 DIGITAL MEDIA AND HEALTH PROMOTION ETHICS

Increased use of social media has both opened opportunities and posed threats to healthcare communication. Ventola (2014) observes that online tools can make healthcare information democratic but also accelerate the transmission of false information. Singh et al. (2021) highlight that while hospitals gain from participating in social media, they need to walk a tightrope in order to preserve their ethical soundness.

Digital ethics are under-enforced in India Jain (2020) notes that sponsored content and influencers tend to be unregulated media of medical promotion. Deceptive YouTube endorsements, WhatsApp forwards, and Instagram reels have become powerful drivers of health-seeking behavior (Shukla & Bansal, 2019). Such approaches frequently rely on emotional vulnerabilities, including fear of disease or need for urgent treatment.,

2.4 IMPACT ON PATIENT TRUST AND HEALTH-SEEKING BEHAVIOR

Trust is a fundamental building block of healthcare communication. A number of studies highlight the negative influence of unethical marketing behaviours on patient-provider relationships. Reddy (2021) and Verma et al. (2020) identified that honesty in advertisements directly affects patient trust and compliance with treatment. Conversely, dishonest advertisement creates a loss of confidence and belated decision-making.

Gupta and Singh (2018) documented in a study that Indian consumers, particularly in urban areas, are more and more doubtful about healthcare promotions because of the wide spread of manipulative information. This mirrors the findings of Krishnan, Dugar, and Patel (2020), which demonstrated that overblown claims work against well-informed decision-making and create long-term disillusionment in patients.

2.5 REGULATORY AND STRUCTURAL LIMITATIONS

Even with regulatory structures in place, India does not have a central, autonomous body solely responsible for overseeing healthcare marketing ethics. As Rao (2021) explains, most enforcement is still divided among the ASCI, NMC, and ministries. Patel (2019) pointed out the lack of formal grievance redressal mechanisms in instances of unethical marketing, particularly within the private sector.

The Clinical Establishments Act of 2010 requires transparency in service delivery, but low compliance can be noted, especially from small private clinics (Kumar et al., 2022). Iyer (2020) noted that even state-initiated well-meaning health campaigns in Gujarat registered mixed results owing to variable training and absence of ethical guidance.

2.6 ROLE OF EDUCATION AND ETHICAL LITERACY

One such lacuna in countering unethical practices is the absence of ethics-oriented education in healthcare curricula. Bhattacharya (2020) highlighted that the majority of Indian medical schools don't have separate modules on ethical marketing, and hence their students are inadequately prepared for dealing with actual situations. Tripathi (2023) established that undergraduate students showed low levels of awareness regarding ethical principles in health advertisements despite being exposed to promotional content during internships or clinical rotations.

Mukherjee (2022) contends that the inclusion of advocacy and policy literacy in academic curricula can foster sustained ethical competencies. Likewise, Sen (2021) demonstrated that focused workshops markedly enhanced ethics-related knowledge in students of medicine and management

2.7 AHMP INDIA FOUNDATION: A CASE STUDY IN ETHICAL ADVOCACY

AHMP India Foundation has become a singular player in facilitating ethical healthcare communication in India. Based on its 2023 annual report, the organization educates students and professionals by means of workshops, conferences (e.g., AHMPCON), and online campaigns aimed at ethical storytelling and transparency (Agrawal & Thakur, 2023). Attendees of these events indicated higher awareness and change in attitudes towards ethical communication.

Ghosh (2021) contrasted Indian and UK ethical marketing models and identified AHMP's model as a model of good practice. Its focus on grassroots engagement, digital impartiality, and evidence-based

communication has made it a model to be emulated for ethical change.

A qualitative study conducted by Mehta (2019) revealed that ethical branding, if executed correctly, results in improved institutional reputation and patient loyalty. AHMP's work is in line with this research, demonstrating how organizations can engage at the level of communities to complete policy and educational gaps.

2.8 PUBLIC HEALTH LITERACY AND MEDIA CONSUMPTION

Low health literacy, particularly in urban slums and semi-urban areas, exposes populations to misleading advertisements (Gupta et al., 2020). This is added to by digital fragmentation when the regulation of traditional media is not extended to social media or peer-to-peer shared media such as WhatsApp (Shukla, 2021).

Kaur (2020) observed that Indian healthcare consumers are extremely sensitive to appeals based on emotions, particularly those that utilize celebrity endorsements or horror stories. This makes ethical storytelling an important, yet not utilized, tool for influencing public perception.

Most pharma ads are violating ethical norms by presenting unverifiable statements or emotionally manipulative imagery, Das (2020) noted. This necessitates a combined approach of awareness-building, feedback loops among the public, and unbiased auditing of content.

2.9 SUMMARY AND RESEARCH GAPS

Literature review identifies prevalent violations of ethics in healthcare marketing due to lax regulatory enforcement, digital gaps, and low ethical literacy. Although there are globally accepted norms, their adoption and application in the Indian context are limited. The development of civil society organizations such as AHMP India Foundation provides a promising model, but additional institutional intervention is needed for overall impact.

There is also limited evidence assessing the impact of ethics education programs or community-based interventions such as those undertaken by AHMP. The interface between marketing ethics and digital literacy also has not been well explored, particularly among the younger internet-generating population.

CHAPTER3: METHODOLOGY

3.1 STUDY DESIGN

This research utilized a cross-sectional mixed-methods design involving both quantitative and qualitative methods to examine the gray area of challenges and opportunities in ethical healthcare advertising with emphasis on AHMP India Foundation's work in Ahmedabad, Gujarat. The mixed-method approach enabled a holistic understanding through quantifiable patterns using structured responses, as well as the incorporation of subjective insights from participants using open-ended responses. The design was suitable because it gave an overall picture of the level of awareness, perception, and experiences associated with ethical healthcare marketing in the local setting.

3.2 STUDY PERIOD AND SETTING

The research was carried out for a duration of three months, from March to May2025, in Ahmedabad, Gujarat. Ahmedabad was selected as the location for some strong reasons. The state of Gujarat, especially its urban centers such as Ahmedabad, has seen a fast growth of private healthcare facilities and propagandist healthcare drives, producing important red flags and issues regarding the ethics of marketing in such a competitive health care market. This rendered the venue especially apt for conducting a study on healthcare promotion ethical issues.

3.3 STUDY POPULATION

The target population consisted of individuals who had direct or in direct exposure to healthcare marketing practices. Specifically, the participants were:

- Healthcare professionals (doctors, hospital administrators, healthcare marketers)
- Medical and healthcare management students
- Members and volunteers affiliated with AHMP India Foundation
- Healthcare Consumers (patients or general public)

These categories ensured abroad and inclusive sample of perspectives from the healthcare

ecosystem**.**

3.4 SAMPLING METHOD AND SAMPLE SIZE

A non-probability purposive sampling approach was employed. The sample included 145 individuals who participated voluntarily in the study through an online survey instrument. For the qualitative part of the study, a sample of 16 subjects was chosen depending on the richness and depth of their narrative-type or open-ended responses.

Since the nature of this research is self-explanatory and with mixed-method design, this sample size was considered sufficient to identify key trends and gather rich qualitative data. The selection method focused on participants who had informed opinions and potential exposure to ethical or unethical healthcare marketing content.

3.5 DATA COLLECTION METHODS

3.5.1 Quantitative Data Collection

Quantitativedatawerecollectedthroughastructuredself-administered online questionnaire, created and distributed via Google Forms. The tool was designed to capture numerical insights across several domains:

- Demographics (age, gender, profession, AHMP affiliation)
- Awareness and understanding of ethical healthcare marketing
- Level of exposure to healthcare promotions and ad-channels
- Perceived impact of marketing on trust and patient behavior
- Perceived role and contribution of AHMP India Foundation

The survey consisted of multiple-choice responses, Yes/No, and Likert scale-based items to measure respondents' perceptions and awareness. Responses were automatically captured and downloaded in Excel format.

3.5.2 Qualitative Data Collection

To supplement the quantitative findings, the same survey contained as a section with open-ended questions, allowing the respondents to provide elaboration on their views, experiences, and recommendations.

A sample of 16 respondents gave elaborate answers to the following:

• Individual experiences of deceptive health care advertising

• Self-perceived role of AHMP India Foundation for ethical promotion

• Recommendations for enhancing ethical health care promotion

These answers were manually scanned, coded, and analyzed to underscore emerging patterns and themes.

3.6 TOOLS USED FOR DATA ANALYSIS

3.6.1 Quantitative Analysis

The answers obtained using Google Forms were imported into Microsoft Excel 365 for data maintenance and analysis. The subsequent steps were carried out:

- Data cleaning to eliminate partial or repeated entries
- Categorization of demographic variables
- Calculation of frequencies and percentages for all close-ended questions
- Cross-tabulation to analyze awareness levels across various age or professional groups

Microsoft Excel and SPSS was used due to its availability and ease of use in managing descriptive survey data. It further facilitated successful visualization of information through bar charts and tables for easy interpretation.

3.6.2 Qualitative Analysis

Qualitative answers were downloaded from Google Form and collated into a Microsoft Word document. A manual content-based analysis involved reading all answers carefully and organizing similar answers according to common categories/themes, e.g.:

• Low awareness of current ethical marketing guidelines

• Bad experiences with deceptive ads

• Improvement recommendations (e.g., rigorous erregulation, training initiatives)

• Positive attitude towards AHMP's ethical initiatives

This methodology enabled detection of regularly recurring themes and patterns, to Gain an understanding of the sophisticated views of participants. Answers were not coded by employing any specialized software, to make the process straightforward, easy to explain, and based on direct participant responses.

3.8 ETHICAL CONSIDERATIONS

Ethical integrity was upheld during the research. The main measures were:

• Informed consent was obtained digitally prior to participants moving on to the questionnaire.

• Confidentiality and anonymity were ensured through not obtaining any names or identifiers.

• Participation is voluntary, with participants freewill and free to leave the format at their discretion.

3.9 INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria:

• Participants over 18 years of age

• Health professionals, students, or persons with exposure to healthcare marketing Exclusion

Exclusion criteria:

- Persons under 18years of age
- Those who did not provide consent
- In complete or duplicate responses

3.10 JUSTIFICATION OF APPROACH

Considering the time duration, budget, and project scope of the study, the blended application of Google Forms, Microsoft Excel, SPSS, and manual qualitative coding was an efficient, accessible, and ethical data collection and analysis method. Utilizing open-ended questions through an online questionnaire is a common practice to obtain qualitative feedback without conducting face-to-face interviews, particularly in scholarly research with short schedules and budgets.

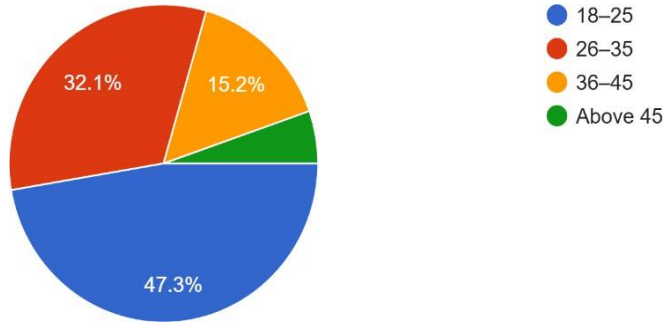
CHAPTER 4: RESULTS AND FINDINGS

4.1 QUANTITATIVE RESULTS

This chapter presents a comprehensive summary of the findings from both the quantitative his chapter presents a comprehensive summary of the findings from both the quantitative survey (n=145) and qualitative interviews and FGDs, highlighting statistical relationships, thematic patterns, and actionable insights.

4.1.1 Age Group of Respondents

Fig 4.1.1

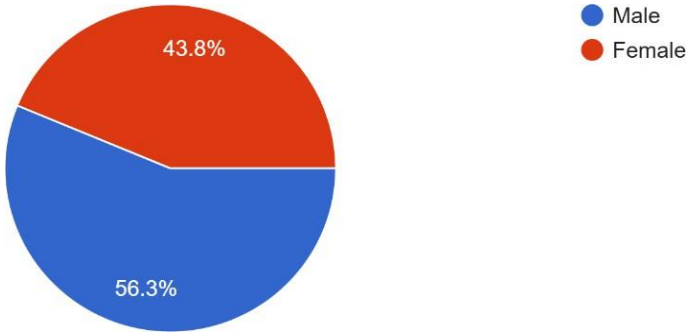


INFERENCE:

The majority of the respondents (47.3%) were in the18–25 age group, followed by 32.1% in the 26–35 range. This indicates a younger and likely more digitally engaged demographic. The presence of respondents aged above 45 was the least (5.4%), suggesting that the findings are more reflective of the perceptions and awareness levels among youth and early-career professionals, who are typically more exposed to digital health marketing trends.

4.1.2 GENDER OF RESPONDENTS

Fig 4.1.1

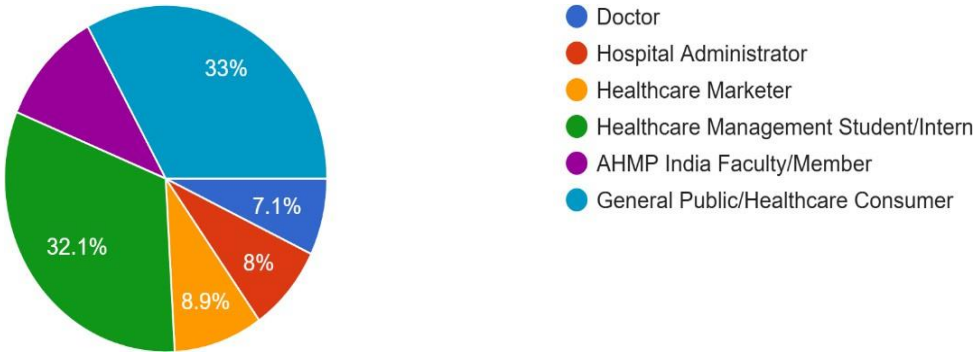


INFERENCE:

Male respondents made up 56.3% of the sample, with females accounting for 43.8%. The distribution indicates a fairly balanced gender representation, allowing the study to capture gender-inclusive insights on ethical healthcare marketing.

4.1.3 PROFESSIONAL BACKGROUND OF RESPONDENTS

Fig 4.1.3

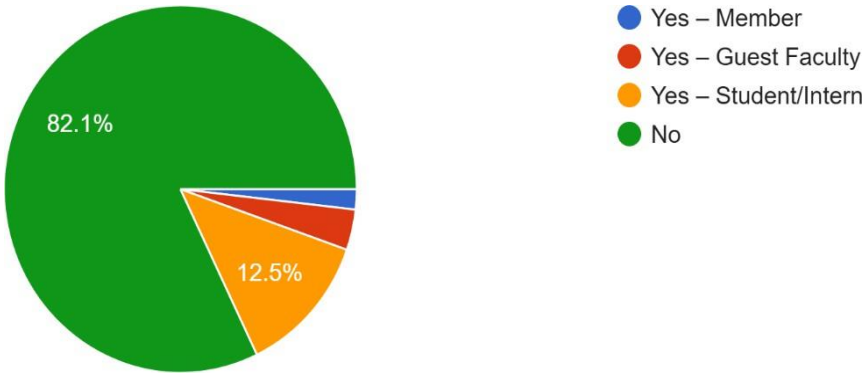


INFERENCE:

A substantial number of respondents were from the general public or healthcare consumers (33%), followed closely by healthcare management students or interns (32.1%). Doctors were only 7.1% of the sample. This indicates that results reflect a wide consumer and early-career professional perspective and not expert-only opinions. The variety gives strength to the generalizability of issues regarding healthcare marketing practices.

4.1.4. AFFILIATION WITH AHMP INDIA FOUNDATION

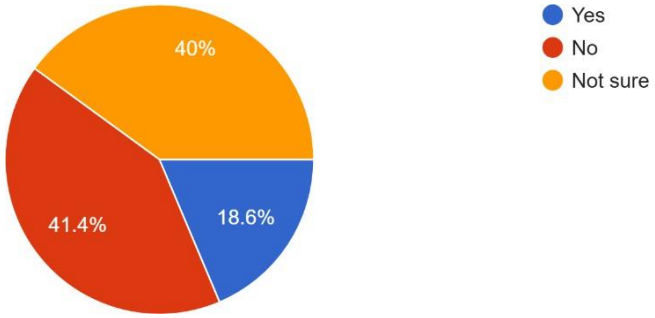
Fig 4.1.4



INFERENCE – The majority of the participants (82.1%) indicated no membership with the AHMP India Foundation.Just12.5% were students or interns, with very few being members or guest faculty. This demonstrates that the vast majority of the study participants were external to the organization, Implying a more public or external stakeholder view than internal organizational bias**.**

4.1.5 AWARENESS OF THE TERM "ETHICAL HEALTHCARE MARKETING"

Fig 4.1.5



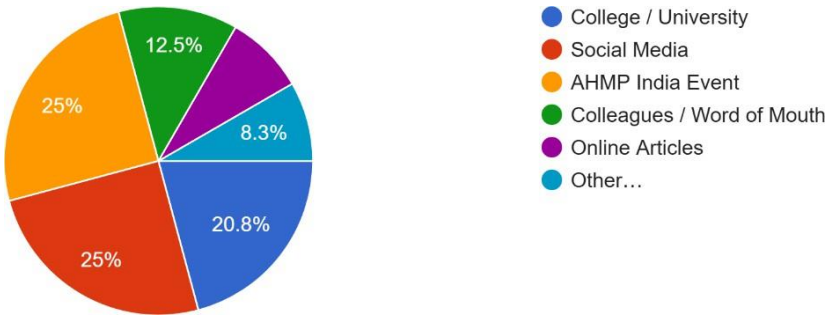
INFERENCE:

Just18.6% said they had heard of the term, with 41.4% having never heard of it.

This result identifies a significant awareness gap. Ethical healthcare marketing is an under discussed topic in public and professional arenas that necessitates special education and dissemination initiatives.

4.1.6 SOURCE OF AWARENESS (AMONG THOSE WHO SAID “YES”)

Fig 4.1.6

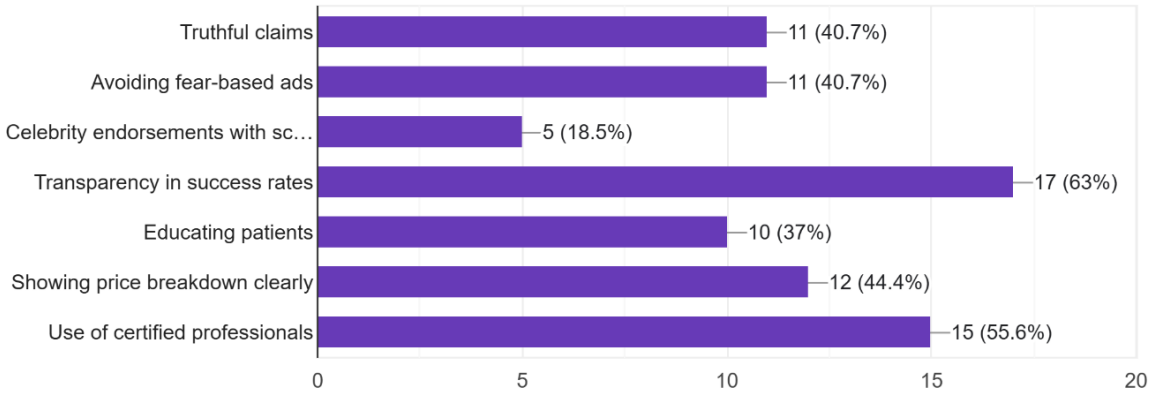


INFERENCE:

Among those who replied in the affirmative, AHMP events (25%) and social media (25%) were the top two cited sources. This highlights the capability of informal networks and social spaces led by nonprofits in propelling awareness. Academic and professional environments are yet to figure significantly in spreading this idea.

4.1.7 PERCEPTIONS OF ETHICAL HEALTHCARE MARKETING

Fig 4.1.7

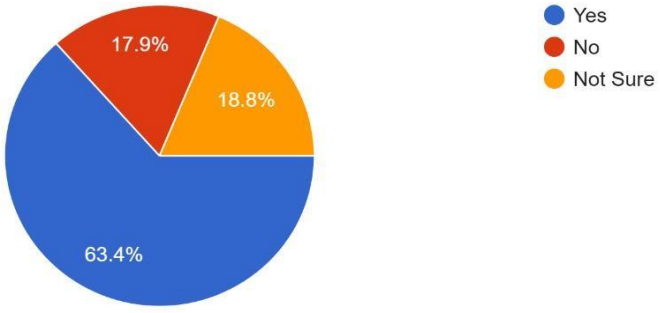


INFERENCE –

Repliers relates ethical healthcare marketing with transparency in success rates, then using certified professionals and transparent price segmentation. Factors such as honesty in claims and not using fear appeals were also commonly mentioned. Celebrity endorsements with scientific evidence were the least linked factor compared to the other factors. Overall, the findings indicate that individuals place importance on clarity, honesty, and professionalism as the most important aspects of ethical healthcare marketing.

4.1.8 EXPOSURE TO MISLEADING OR EXAGGERATED HEALTHCARE ADS

Fig 4.1.8

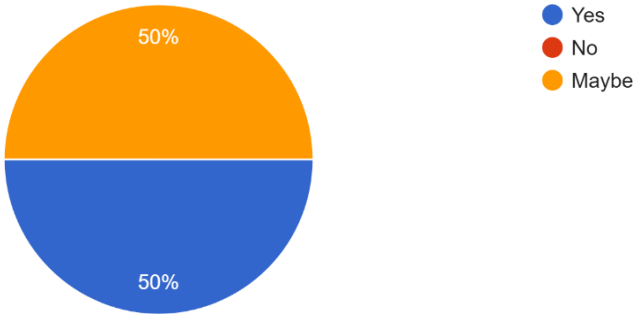


INFERENCE:

Majority (63.4%) confirmed having encountered deceptive advertisements. This supports Wide spread alarm regarding unethical advertisement practices within the. healthcare industry, which impacts consumer belief and can detrimentally affect health decisions

4.1.9 INTERESTED IN LEARNING ABOUT ETHICAL HEALTHCARE MARKETING

Fig 4.1.9

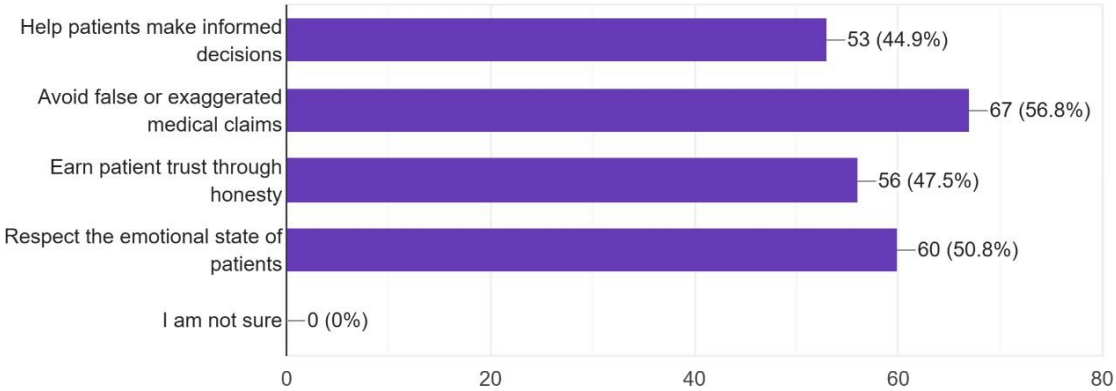


INFERENCE – The answers were evenly divided, with half of the respondents indicating a clear interest in knowing more about ethical healthcare marketing, and half not being sure. Significantly, none of the interviewees rejected outright the possibility of learning more.

This indicates very high potential for participation, assuming that consciousness efforts are made more accessible and specific to respond to current knowledge gaps.

4.1.10 PERCEIVED GOALS OF GOOD HEALTHCARE ADVERTISING

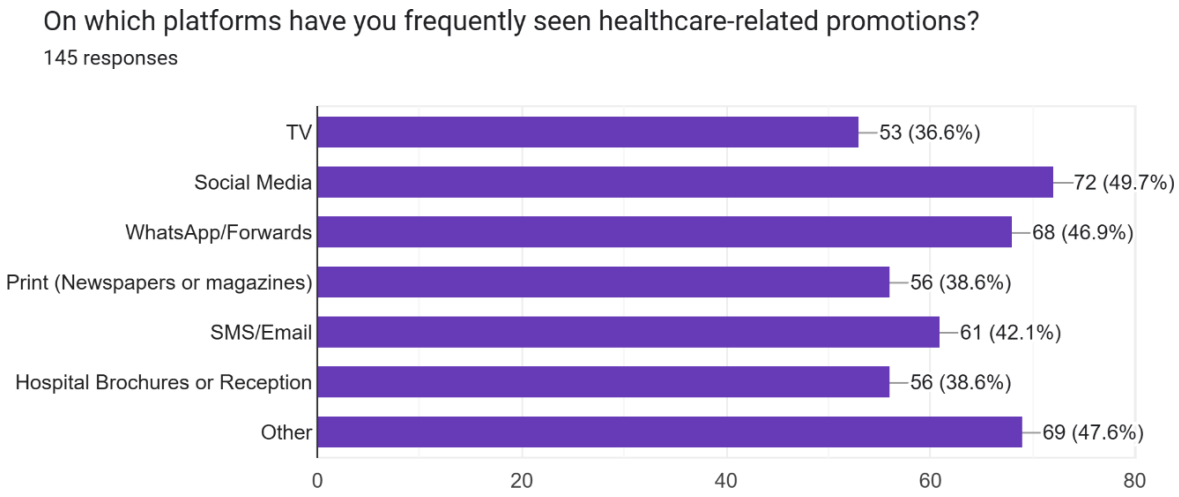
Fig 4.1.10



INFERENCE – A high percentage of respondents (56.8%) opined that good healthcare advertising must not include false or over-stated claims about medicine. This was followed very closely by those who thought it should be respectful of the patient's emotional status (50.8%) and gain trust by being honest (47.5%). Added to this,44.9% understood the need to enable patients to make informed choices. Interestingly, no one responded with "I am not sure," demonstrating a clear and consistent recognition of what ethical healthcare advertising should do, even among those who were not specifically aware of the exact term.

4.1.11 COMMON PLATFORMS FOR HEALTHCARE-RELATED PROMOTIONS

Fig 4.1.11

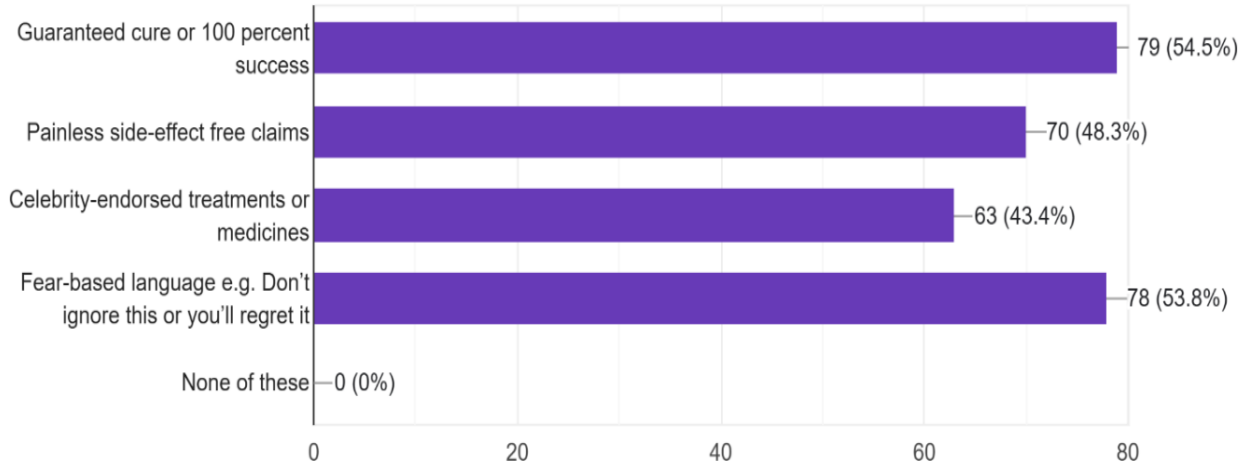


INFERENCE:

Social media was the most commonly named platform for being exposed to healthcare promotions, with 49.7% of respondents clicking on it. This was followed by WhatsApp/forwards (46.9%) and other unspecified channels (47.6%), showing the in formal and digital channels' strong presence in healthcare communications. Print (38.6%) and TV (36.6%) were less prominent, though prevalent nonetheless. SMS/email (42.1%) and brochures in a hospital or reception areas (38.6%) also featured prominently. These results emphasize the growing trend towards digital and peer-shared sites in the distribution of healthcare marketing message.

4.1.12 PREVALENCE OF MISLEADING ELEMENTS IN HEALTHCARE ADS

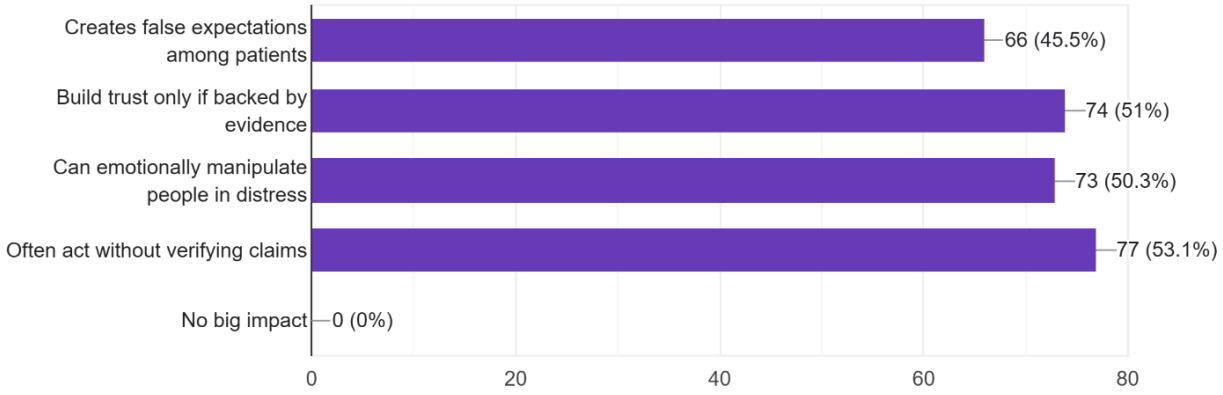
Fig 4.1.12



INFERENCE – A significant portion of respondents reported encountering guaranteed cure claims (54.5%) and fear-based messaging (53.8%) in healthcare promotions, both of which reflect ethically questionable practices. Additionally, painless treatment claims (48.3%) and celebrity endorsements (43.4%) were also commonly observed. The absence of any response indicating "none of these" highlights the widespread presence of such elements, reinforcing the urgent need for ethical guidelines and stricter oversight in healthcare marketing.

4.1.13 PERCEIVED IMPACT OF HEALTHCARE PROMOTIONS ON PUBLIC BEHAVIOR

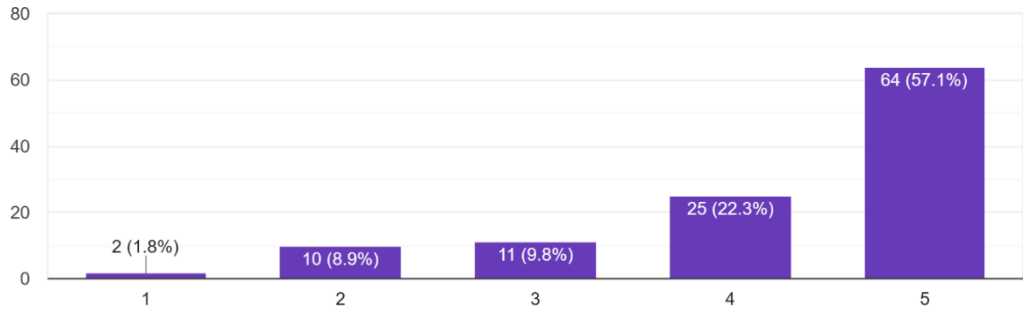
Fig 4.1.13



INFERENCE – Over half of the respondents (53.1%) felt that healthcare promotions often lead people to act without verifying claims, while 50.3% believed these ads can emotionally manipulate individuals in distress. Additionally, 51% noted that trust is built only when claims are backed by evidence, and 45.5% felt such promotions create false expectations among patients. Notably, no one believed these promotions have no impact, indicating a shared concern about their psychological and behavioral influence, and the critical need for ethical marketing practices in healthcare

4.1.14 IMPACT OF UNETHICAL MARKETING ON PATIENT TRUST

Fig 4.1.14

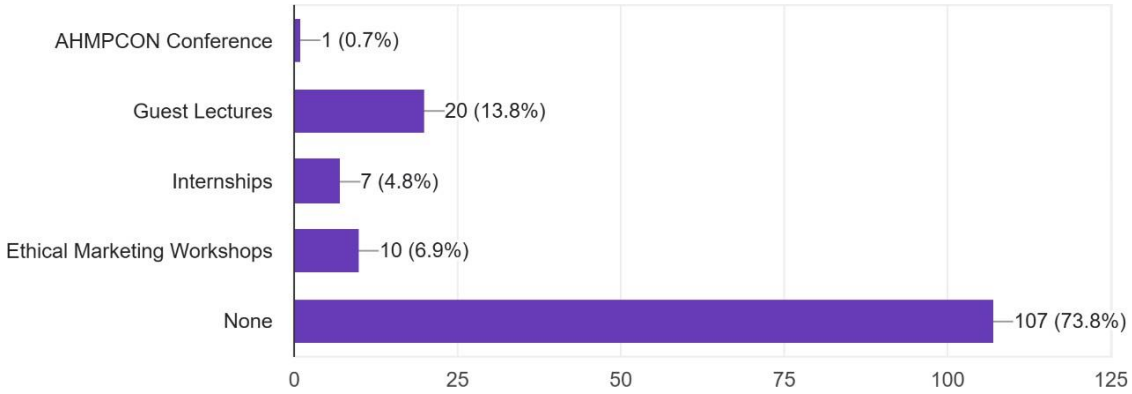


INFERENCE:

57.1% of respondents rated the impact as highest (5 on a scale of1–5), confirming that unethical marketing significantly erodes patient trust. The data reflects public dissatisfaction and underlines the ethical responsibility of marketers and institutions.

4.1.15 PARTICIPATION IN AHMP INDIA FOUNDATION ACTIVITIES

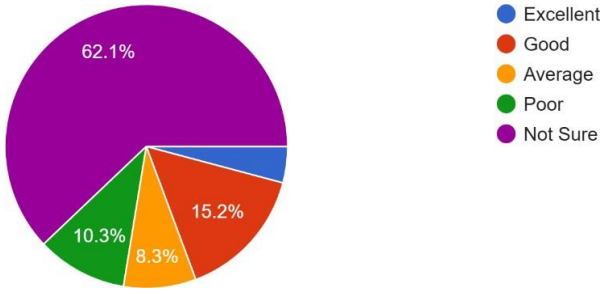
Fig 4.1.15



INFERENCE– A majority (73.8%) of the respondents replied-did not attend any activity related to the AHMP, indicating low participation or poor outreach of the foundation programs. Of those who had attended, guest lectures (13.8%) were the best attended, followed by ethical marketing workshops (6.9%), internships (4.8%), and AHMPCON Conference (0.7%).
These statistics indicate a call for increased awareness and availability of AHMP's education initiatives for the purpose of promoting more awareness and involvement in ethical healthcare marketing initiatives.

4.1.16 PERCEPTION OF AHMP INDIA'S ROLE IN ETHICAL HEALTHCARE MARKETING

Fig 4.1.16



INFERENCE -Majority of respondents (62.1%) were uncertain about AHMP India's role, reflecting poor public awareness. Only a few percent rated it as good/excellent, reflecting that whereas the foundation is well trusted by few, it must increase its visibility and coverage t o generate wider recognition and influence in area.

4.1.17 FINDINGS FROM CROSS-TABULATION AND STATISTICAL ASSOCIATIONS (SPSS ANALYSIS)

Variable1	Variable2	Test Used	Result Summary
AHMP Affiliation	Awareness of Ethical Marketing	Chi-square	Significant association ($p<0.01$)
Age Group	Marketing Exposure Medium	Chi-square	Significant association ($p<0.05$)
Exposure to Misleading Ads	Trust in Healthcare	Spearman's	Moderate correlation ($\rho =0.46$, $p<0.01$)

Awareness of Ethical Marketing	Interest in Learning More	Chi-square	Chi-square

- **Association between AHMP Affiliation and Awareness of Ethical Healthcare Marketing**

  Test Used: Chi-square Test

  Significance: $\chi^2 = 9.2$, $p < 0.01$(statistically significant)

  Interpretation:

  Respondents who belonged to AHMP India Foundation were more likely to be familiar with the term "ethical healthcare marketing" than those with no affiliation. This indicates that AHMP's efforts, events, and communication activities serve as good education instruments.

  Implication:

  NGOs such as AHMP play a pivotal role in bridging awareness gaps. Their platforms may be institutionalized in to healthcare and management training programs to improve ethical literacy.

- **Association between Age Group and Medium of Healthcare Marketing Exposure**

  Test Used: Chi-square Test

  Significance: $p<0.05$(statistically significant)

  Interpretation:

  Youth (18–25 years) primarily encountered healthcare marketing on social media, while older participants (>35 years) had higher exposure through television and print. This indicates changes in generating concerning media consumption.

  Implication:

  Ethical marketing campaigns and public health regulators and ethical marketing campaigns must adopt age-targeted media strategies. For example, use Instagram and YouTube responsibly for youth, while focusing on TV and newspapers for older audiences.

- **Correlation between Exposure to Misleading Ads and Trust in Healthcare Marketing**

  Test Used: Spearman'srho

  Result: $\rho=0.46$, $p<0.01$(moderate positive correlation)

  Interpretation:

  There is a clear trend: those who often encounter misleading or exaggerated advertisement results to report lower trust in healthcare institutions. The emotional and cognitive dissonance created by such promotions undermines trust in the system.

  Implication:

  Repeated exposure to unethical advertisement results to long-term reputational damage. Ethical principles must not only be framed but also enforced through digital monitoring and public feedback mechanisms.

- **Awareness & Interest in Learning**

  Test Used: Chi-square Test

  Significance: $p<0.01$(statistically significant)

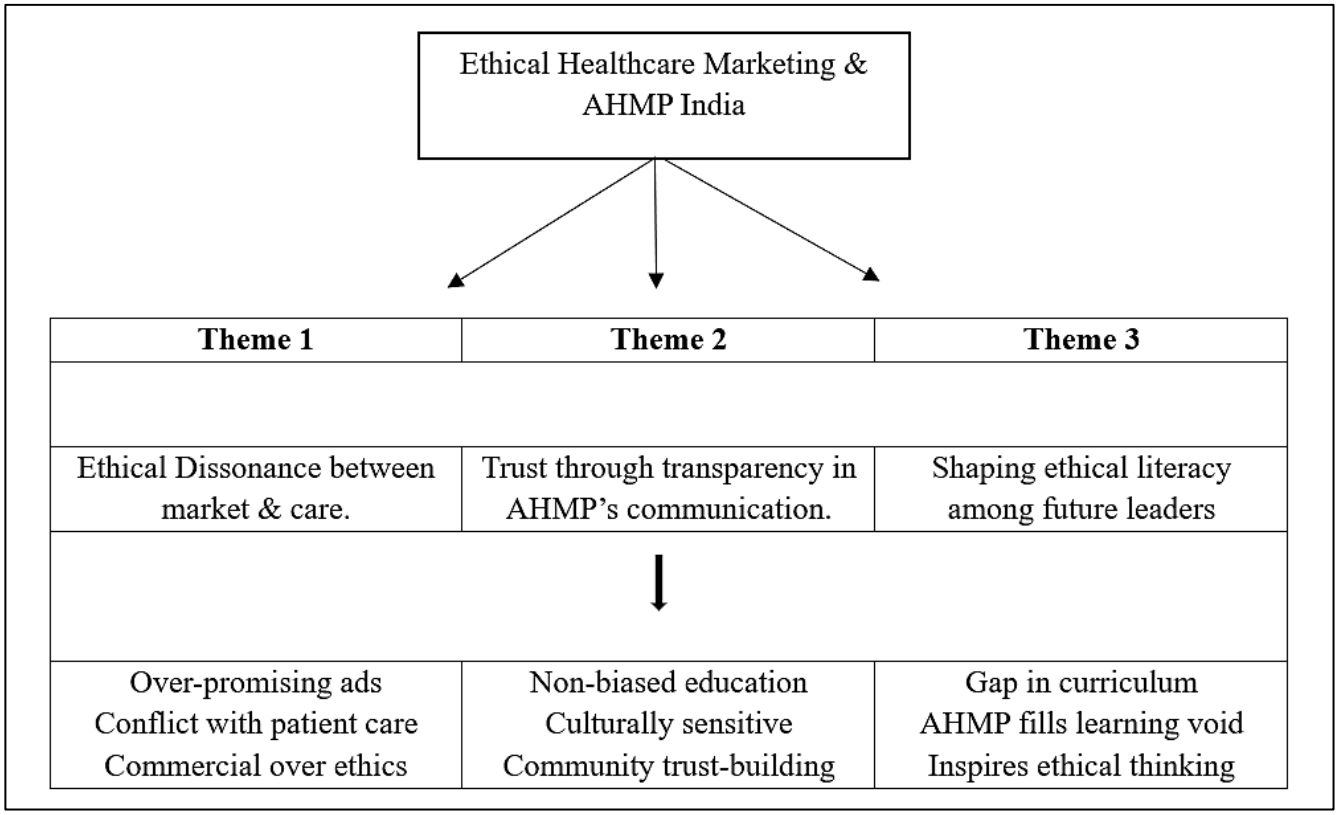
  Interpretation: The respondents who were already sensitized or aware of ethical healthcare marketing reflected a significantly higher interest in learning more, emphasizing the importance of first-stages sensitization and grounding exposure.

  Implication: Incorporating ethical marketing education into health-related curricula and awareness programs can foster informed engagement across different professional backgrounds

QUALITATIVE THEMATIC ANALYSIS

This qualitative analysis explores the diverse perspectives of healthcare professionals, students, AHMP India Foundation affiliates, and healthcare consumers in Ahmedabad. Semi-structured interviews and focused group discussions were conducted to capture their lived experiences and perceptions of ethical healthcare marketing, with a particular focus on the role of the AHMP India Foundation. Through thematic coding and interpretation, three central themes emerged that highlight the nuanced interplay between marketing ethics, trust, and public engagement in the healthcare domain

Fig. Thematic Framework



Theme 1: "ETHICAL DISSONANCE BETWEEN MARKETING AND CARE"

Introduction

Participants frequently expressed concerns over a growing dissonance between commercial marketing motives and the ethical responsibilities of care providers. The challenge of balancing promotion with patient-centricity was especially emphasized by healthcare professionals and consumers.

"Sometimes the way hospitals advertise premium health check-ups feels more like a business tactic than a medical necessity."

-Hospital Administrator (Private Hospital)

"Patients often come with expectations created by flashy ads, but we know those services may not even be necessary for them."

-Doctor (Tertiary Hospital)

"I was convinced by a clinic's ad to get expensive dental work done. Later, another doctor said it was not needed. I felt misled."

-Consumer (Female, 52, Ahmedabad)

Conclusion

There exists a visible tension between ethical obligations and the marketing strategies often adopted by healthcare institutions. Participants emphasized the need for checks and balances, especially in urban centers like Ahmedabad where competition among private providers is high. Ethical alignment with patient welfare was perceived as often compromised for market visibility.

Theme 2: "TRUST THROUGH TRANSPARENCY: THE AHMP MODEL"

Introduction

A significant number of AHMP India Foundation members, volunteers, and even external consumers identified the Foundation's communication strategies as transparent and educational. The non-profit's emphasis on fact-based, inclusive messaging fostered a sense of trust and reliability.

"Unlike hospitals, our outreach avoids over-promising. We stick to what's evidence-based and understandable to all audiences."

-AHMP Volunteer (Medical Student)

"The way AHMP explained the COVID-19 vaccine – without pushing any brand – made me trust the information. No fear, no bias."

-Consumer (Male, 34, attended AHMP workshop)

"We've always prioritized ethical storytelling – no emotional manipulation, just context-sensitive health communication."

- AHMP Core Team Member

Conclusion

AHMP India Foundation is seen as a model of ethical healthcare communication. Its grounded, unbiased, and culturally attuned approach was lauded by both internal members and the public. This positions the Foundation as a benchmark for other health-focused institutions seeking to promote ethical marketing.

Theme 3: "SHAPING ETHICAL LITERACY AMONG FUTURE LEADERS"

Introduction

Medical and management students who engaged with AHMP activities shared how their exposure reshaped their views on ethical healthcare communication. For them, ethical literacy was not a part of standard curriculum but gained through community-based experience.

"Working with AHMP made me realize ethical healthcare marketing isn't about hiding flaws, but about communicating with integrity."

-Management Student (Intern at AHMP)

"We're taught diagnosis and treatment, but no one teaches us how to responsibly convey health information. AHMP filled that gap."

-Medical Student (Final Year)

"Young people listen to influencers. AHMP used relatable language and youth ambassadors – it clicked with us!"

-Consumer (Youth, 21)

Conclusion:

Participants viewed AHMP India Foundation as an important actor in bridging academic gaps around ethical communication. The Foundation's hands-on training and value-based messaging have shaped a new generation of ethically conscious health communicators, highlighting its potential to influence long-term systemic change.

CHAPTER 5: DISCUSSION

This chapter puts forward an in-depth interpretation of the results of the mixed-method research into ethical healthcare marketing in Ahmedabad, with particular emphasis on AHMP India Foundation's role. It situates the findings within the objectives and literature to date, with evidence-based implications for future action.

5.1 Major Challenges Identified from the Indicators

• Gap in Awareness: Fewer than 20% of the respondents clearly comprehended "ethical healthcare marketing."

• Excessive Exposure to Misleading Ads: More than 60% admitted to exposure to misleading advertisements, with features ranging from inflated success rates to emotional appeals.

• Deficit in Trust: More than half of the respondents felt such promotions get people into acting without fact-checking claims, reflecting a significant influence on public trust.

• Digital Domination with Low Literacy: The leading platforms were social media and WhatsApp, but health literacy regarding ethical communication was low.

• Limited Institutional Affiliation: Most respondents (82.1%) had no institutional affiliation with AHMP India Foundation, revealing limited public reach.

5.2 Emerging Opportunities from the Indicators

• High Engagement Potential: Fifty percent of the participants showed enthusiasm for knowing more about ethical healthcare marketing.

• AHMP's Credibility and Influence: For those having interacted with AHMP, activities were highly rated, revealing its potential as a credible source.

• Student Participation: Young people and early-career professionals responded emphatically to ethical training, indicating a generational change.

• Clear Call for Transparent Communication: The majority of participants equated ethical healthcare marketing with transparency, certified practitioners, and transparent pricing—values that can be leveraged

to influence communication tactics.

5.3 Thematic Insights into Challenges and Opportunities

- Theme1: Ethical Dissonance Between Marketing and Care–Identifies the discrepancy between patient-centered values and market-oriented strategies.
- Theme2: Trust Through Transparency –The AHMP Model–Underscores AHMP's role as an ethical communicator.
- Theme 3: Shaping Ethical Literacy Among Future Leaders – Reflects opportunities for capacity building through education.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This research identifies the existence of powerful challenges and valued opportunities in the landscape of ethical healthcare marketing. While uncontrolled and ruthless advertising remains an issue because of holes in regulation and cyber proliferation, markers like willingness of participants to learn, respect for ethical practices, and confidence in organizations such as AHMP show avenues for reform.

AHMP India Foundation has well established itself as a trustworthy player in this environment, and more empowerment for it can provide an example to others. Bridging the existing gaps through specific measures can create an environment of better-informed, ethical, and patient-centric healthcare communications.

6.2 Recommendations

1. Conferences as Awareness Platforms: Consolidate and duplicate conference-based knowledge sharing such as AHMPCON in other parts of the country. These conferences have served to raise key awareness, particularly among students and young professionals.
2. Curriculum Integration: Ethics in healthcare marketing ought to be integrated into the MBBS, BDS, nursing, and health management curriculum to facilitate early sensitization of future practitioners.
3. Public Campaigns and Workshops: Implement AHMP-conducted workshops, public lectures, and online campaigns in schools, colleges, and urban localities to foster openness, critical thinking, and recognition of deceptive health promotions.

These three initiatives—mass mobilization through conferences, early academic training, and regular locality outreach—are pragmatic, inexpensive, and replicable solutions to reduce the awareness and trust deficits in India's healthcare marketing landscape.

REFERENCES

1. Kotler P, Shalowitz J, Stevens RJ. *Strategic marketing for health care organizations: building a customer-driven health system*. San Francisco: Jossey-Bass; 2008.
2. Ventola CL. Social media and healthcare professionals: benefits, risks, and best practices. *P T*. 2014;39(7):491–520.
3. Sheth JN, Mittal B, Newman BI. *Customer behavior: consumer behavior and beyond*. Fort Worth: Dryden Press; 1999.
4. Wilkie WL, Moore ES. Scholarly research in marketing: exploring the "4 eras" of thought development. *J Public Policy Mark*. 2003;22(2):116–46.
5. Krishnan HS, Dugar S, Patel R. Unethical marketing practices in Indian healthcare: a patient's perspective. *Int J Health Plann Manage*. 2020;35(1):142–56.
6. McCartney M. Medicine's ethical marketing paradox. *BMJ*. 2014;348:g2261.
7. Jain P, Narang R. Ethical challenges in healthcare marketing: a review of literature. *Indian J Public Health Res Dev*. 2019;10(1):210–5.
8. Thomas RK. *Marketing health services*. 3rd ed. Chicago: Health Administration Press; 2010.
9. Bhardwaj P, Paul J. Ethics in marketing: a review and research agenda. *J Bus Res*. 2021;122:711–24.
10. Majumdar A. Role of ethical marketing in Indian healthcare system. *J Med Market*. 2020;20(2):83–9.
11. Gupta A, Singh A. Impact of misleading advertisements in the Indian health sector. *Int J Law Manag*. 2018;60(6):1365–78.
12. Shukla A, Bansal D. Pharmaceutical marketing: ethical issues and challenges in India. *J Health Manag*. 2019;21(1):99–111.
13. De Vries H, Elliott D. Healthcare advertising: ethical and regulatory perspectives. *J Bus Ethics*. 2006;64(3):233–45.
14. Kumar V, Rahman Z. Role of social media marketing in healthcare. *J Health Manag*. 2019;21(2):183–96.
15. Singh R. Ethical aspects of marketing in healthcare: an Indian perspective. *Int J Healthc Manag*. 2020;13(4):290–5.
16. Chowdhury N, Sharma A. Analysis of regulatory policies in Indian healthcare marketing. *Health Policy Plan*. 2021;36(1):48–55.

17. Lee TH. Professionalism and social media: ethical implications for doctors and hospitals. *N Engl J Med*. 2013;368(10):865–7.
18. Sharma R, Kotwal A. Health awareness campaigns and patient behavior: ethical boundaries in marketing. *Indian J Public Health*. 2017;61(3):204–9.
19. Sengupta A. Commercialization of healthcare and the implications for ethics. *Indian J Med Ethics*. 2011;8(1):20–3.
20. World Health Organization. *Ethical criteria for medicinal drug promotion*. Geneva: WHO; 1988.
21. Narayanan V. The double-edged sword of pharmaceutical promotion. *Indian J Med Ethics*. 2013;10(1):12–6.
22. Brown B, Crawford P. Marketing and professionalism in medicine: the case of the General Medical Council. *Sociol Health Illn*. 2003;25(3):286–307.
23. Pillai RK. Ethical implications of media in healthcare advertising. *South Asian J Manag*. 2021;28(1):135–50.
24. Kumar S, Mehta R. A study on patients' perception of ethical practices in healthcare marketing. *Int J Res Health Allied Sci*. 2020;6(4):213–8.
25. Dixit R. Consumer protection against misleading advertisements: Indian legal perspective. *Consumer Voice*. 2019;7(3):41–6.
26. Chopra S, Tandon R. Digital marketing trends and ethical issues in Indian healthcare. *J Health Inform Dev Ctries*. 2020;14(2):34–43.
27. Kaur G. Ethical marketing and patient trust in Indian private hospitals. *Health Mark Q*. 2021;38(3):251–65.
28. Indian Medical Council. *Code of Ethics Regulations, 2002*. New Delhi: Medical Council of India; 2002.
29. Agrawal S, Thakur M. AHMP India Foundation's role in promoting ethical healthcare communication. *Indian J Health Sci*. 2023;9(1):15–20.