

THE IMPACT MECHANISM OF HEALTH-ORIENTED MARKETING ON RESIDENTS' HEALTH MANAGEMENT BEHAVIORS

Haolin Ren

An Independent Study submitted in partial fulfillment of the Requirements for the Degree of Master of Management Program in Creative Industries Management
Rattanakosin International College of Creative Entrepreneurship
Rajamangala University of Technology Rattanakosin
Academic Year 2026

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ABSTRACT

The objectives of this research were: (1) to examine the direct effect of health-oriented marketing on residents' health management behaviors, (2) to analyze the effects of health-oriented marketing on residents' perceived value and health awareness, and (3) to investigate the mediating roles of perceived value and health awareness in the relationship between health-oriented marketing and residents' health management behaviors.

This quantitative research employed a cross-sectional questionnaire design. The sample consisted of 386 residents in Chengde who had been exposed to health-oriented marketing messages. The research tool was a structured questionnaire, with data collected online through social media and community networks. Data analysis was conducted using structural equation modeling (SEM).

Major Findings: (1) Health-oriented marketing exerted a significant positive direct effect on residents' health management behaviors; (2) Health-oriented marketing significantly enhanced both residents' perceived value and health awareness; and (3) Both perceived value and health awareness significantly mediated the relationship between health-oriented marketing and health management behaviors, with health awareness demonstrating a slightly stronger indirect effect.

Keywords: Health-oriented marketing, Health management behaviors, Perceived value, Health awareness, S-O-R model

Advisor's Signature……..…….

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CHAPTER 1
INTRODUCTION

1.1 Background of the Study

1.1.1 Global and Regional Health Challenges in the Era of Urbanization

In recent decades, the global health paradigm has been fundamentally challenged by rapid urbanization, an aging demographic, and the ubiquitous adoption of sedentary lifestyles. Consequently, the epidemiological landscape has shifted dramatically. Chronic non-communicable diseases (NCDs)—such as cardiovascular diseases, type 2 diabetes, respiratory conditions, and various forms of cancer—have surpassed infectious diseases as the primary threat to human life. According to the World Health Organization (WHO), NCDs account for a substantial and growing share of global mortality, imposing incalculable economic and social burdens on individuals, families, and national healthcare systems.

This public health crisis is particularly acute in rapidly developing regions of Southeast Asia. In metropolitan hubs like the Bangkok Metropolitan Region, economic transition has severely altered residents' daily routines. The modern urban lifestyle in Thailand is increasingly characterized by high occupational stress, long commuting hours, prolonged screen time, and a dietary shift towards highly processed foods. These environmental and behavioral factors have significantly accelerated the onset of chronic illnesses among younger and middle-aged demographics. As hospital resources become stretched, it has become evident that relying solely on traditional medical interventions to treat diseases after they occur is financially and operationally unsustainable. Therefore, exploring how to effectively intervene in residents' daily behaviors before the onset of clinical symptoms has become an urgent priority for both researchers and policymakers.

1.1.2 The Paradigm Shift towards Preventive Health Management

In response to the escalating infrastructural burden of NCDs, health governance in many countries—including China and Thailand—has undergone a strategic paradigm shift.

There is a definitive transition from a reactive, disease-centered treatment model toward a proactive, prevention-oriented, and self-management-focused paradigm. In Thailand, this shift is heavily underscored by the 'Thailand 4.0' economic model and the continuous national campaigns led by the Thai Health Promotion Foundation (Thai Health). These initiatives aim to cultivate a society where health is maintained at the community and individual levels, significantly reducing the downstream burden on clinical healthcare facilities.

Within this new paradigm, the concept of "health management" has evolved. It is no longer a passive state of receiving medical care, but a continuous, active process through which individuals monitor their own physiological conditions, identify potential lifestyle risks, adopt healthier routines, and proactively utilize preventive services. Modern public health philosophy repositions the resident from a passive patient to an active co-producer of their own health outcomes. However, transforming public policy into sustained individual behavior is notoriously difficult. It requires residents to possess high levels of motivation, adequate health literacy, and a strong perception of the value inherent in preventive actions. This necessitates powerful external communication strategies to bridge the gap between policy intent and resident action.

1.1.3 The Rise of Digital Health Communication and Health-Oriented Marketing

Concurrently, the digital revolution has transformed how health information is disseminated, consumed, and internalized. The proliferation of digital health technologies, wearable devices, and omnipresent social media networks has created a new ecosystem for health communication. In Thailand, platforms such as Line and Facebook are not merely social networking sites; they function as primary digital infrastructures where residents receive news, interact with brands, and form community support groups. Against this background, residents are now exposed to an unprecedented volume of health-related information and marketing communication in their daily lives.

Marketing communication, in this context, transcends its traditional role as a purely commercial tool designed to stimulate short-term transactions. It has evolved into a critical social mechanism capable of shaping public attitudes, cognition, and long-term behaviors. Health-oriented marketing—characterized by high-quality information, an emphasis on

long-term wellness value, and strict ethical responsibility—has the potential to encourage residents to adopt better self-management practices.

However, the digital landscape is a double-edged sword. The explosion of unverified health claims and commercially driven "infodemics" often leaves residents overwhelmed, leading to skepticism and behavioral inertia. While extant literature extensively covers commercial advertising effectiveness and clinical health interventions separately, the intersection of these two domains remains underdeveloped. Far less attention has been given to understanding exactly how responsible, health-oriented marketing cuts through the digital noise to influence residents' long-term health management behaviors, and through what specific internal psychological processes this effect occurs. Therefore, systematically investigating this impact mechanism is both theoretically vital for academic literature and practically necessary for public health strategy.

1.2 Research Problem

Despite the rapid development of health-related marketing and digital health communication, the literature still lacks an integrated explanation of how such marketing affects residents' sustained health management behaviors. Research on marketing has traditionally concentrated on consumer choice, brand attitudes, or product adoption, while health behavior research has often emphasized individual motivation, literacy, and social determinants. The intersection of these two streams remains underdeveloped.

More specifically, three problems can be identified. First, health-oriented marketing has not been adequately conceptualized as a multidimensional construct that includes information quality, health value orientation, and ethical responsibility. Second, the internal mechanism linking marketing exposure to actual health management behaviors is insufficiently explained. Third, the mediating roles of perceived value and health awareness have rarely been examined simultaneously within a unified analytical framework. This thesis addresses these problems by proposing and elaborating a coherent model that links health-oriented marketing to residents' health management behaviors.

1.3 Research Questions

To examine the impact mechanism of health-oriented marketing on residents' health management behaviors, this thesis addresses the following questions:

How does health-oriented marketing influence residents' health management behaviors?

How does health-oriented marketing affect residents' perceived value and health awareness related to health management?

How do perceived value and health awareness mediate the relationship between health-oriented marketing and residents' health management behaviors?

1.4 Research Objectives

The overall objective of this study is to examine the impact mechanism of health-oriented marketing on residents' health management behaviors. Specifically, the study seeks to achieve the following objectives:

To examine the direct effect of health-oriented marketing on residents' health management behaviors.

To analyze the effects of health-oriented marketing on residents' perceived value and health awareness.

To investigate the mediating roles of perceived value and health awareness in the relationship between health-oriented marketing and residents' health management behaviors.

1.5 Significance of the Study

The theoretical significance of this study lies in extending the application of marketing theory into the field of health management behavior. By introducing health-oriented marketing into a resident health behavior framework, the thesis broadens the explanatory range of social marketing, value-based marketing, and S-O-R research. It also contributes to mechanism-based explanation by identifying perceived value and health awareness as two important mediators between external marketing stimuli and behavioral outcomes.

The practical significance of the study is equally important. For health enterprises and digital health platforms, the findings clarify how marketing communication can be designed to improve residents' engagement with health monitoring, healthy lifestyles, and preventive services. For policymakers and public institutions, the research highlights the importance of regulating misleading health claims while encouraging responsible health communication that supports public well-being. For residents themselves, the study emphasizes the role of informed cognition and value perception in turning exposure to health information into proactive health action.

1.6 Scope and Limitations

This study focuses on residents who have been exposed to health-related products, services, or health-oriented marketing information. It adopts a quantitative cross-sectional design and examines four main constructs: health-oriented marketing, perceived value, health awareness, and residents' health management behaviors. Demographic factors such as gender, age, education, and income are treated as control variables.

Several limitations should be acknowledged at the outset. The study uses convenience sampling, which may limit generalizability. It relies on self-reported questionnaire data, which may be affected by common method bias and social desirability bias. The cross-sectional design does not permit strong causal inference. In addition, only two mediating variables are examined, while other relevant factors such as self-efficacy, trust, digital literacy, and social support are not incorporated into the current model.

1.7 Operational Definition of Key Terms

To ensure clarity and consistency throughout the study, the core constructs examined in this thesis are operationally defined as follows:

Health-Oriented Marketing: In this study, health-oriented marketing is defined as a multidimensional external communication stimulus comprising health information quality, health value orientation, and ethical and responsible orientation. It refers to marketing activities by health enterprises and digital platforms that emphasize accurate health knowledge, long-term disease prevention, and social responsibility, rather than merely stimulating short-term transactional consumption.

Perceived Value: Adapted from consumer behavior literature, perceived value in this context refers to the residents' overall cognitive assessment of the utility of health management activities. It is a multidimensional evaluation encompassing the functional benefits (e.g., effectiveness of health monitoring), emotional benefits (e.g., psychological reassurance), and long-term preventive gains weighed against the effort, time, and financial costs invested.

Health Awareness: Health awareness is defined as the internal cognitive state of vigilance and sensitivity toward one's own well-being. It includes the resident's proactive attention to health-related information, conscious concern regarding potential physiological risks in daily life, and an elevated understanding of the necessity for preventive measures.

Residents' Health Management Behaviors: This construct represents the behavioral response in the S-O-R framework. It refers to the continuous, proactive, and self-regulatory actions taken by individuals to maintain and improve their health. Specifically, it includes daily health monitoring, maintaining a balanced diet and regular physical activity, and the active utilization of professional health services or digital health applications.

1.8 Structure of the Thesis

This thesis is organized into five chapters. Chapter 1 introduces the research background, problem, objectives, and significance. Chapter 2 reviews the relevant literature, presents the theoretical foundation, and develops the hypotheses and conceptual framework. Chapter 3 explains the research methodology, including research design, sampling, questionnaire development, variable measurement, and data analysis procedures. Chapter 4 presents an illustrative empirical analysis chapter to demonstrate how the proposed model can be tested and interpreted. Chapter 5 concludes the thesis by summarizing key findings, highlighting theoretical and practical implications, acknowledging limitations, and suggesting directions for future research.

CHAPTER 2
LITERATURE REVIEW AND THEORETICAL FOUNDATION

2.1 Health-Oriented Marketing

Health-oriented marketing refers to marketing activities that integrate health values, ethical responsibility, and long-term well-being into product design, communication, and promotional strategies. Unlike traditional marketing approaches that primarily aim to stimulate consumption or short-term transaction outcomes, health-oriented marketing emphasizes the social consequences of communication and encourages healthier decision-making. It is conceptually rooted in social marketing and in the broader shift from persuasive selling toward value-based, relationship-oriented, and socially responsible marketing.

In the context of this thesis, health-oriented marketing is not limited to the advertising of medical or wellness products. It includes all health-related messages and practices that shape residents' perceptions of health, prevention, and personal responsibility. A health-oriented marketing approach should therefore be evaluated not only by whether it attracts attention, but also by whether it provides useful information, conveys meaningful health value, and respects the well-being of the audience.

2.1.1 The Evolution from Commercial to Health-Oriented Marketing

The conceptualization of health-oriented marketing did not emerge in a vacuum; it is the result of a decades-long paradigm shift within the broader marketing discipline. Traditionally, neoclassical commercial marketing focused almost exclusively on transactional exchanges, where the primary objective was to maximize short-term corporate profitability through the stimulation of consumer demand. Under this traditional framework, the consumer's long-term well-being was often treated as an external externality rather than a core strategic consideration.

However, as societal challenges grew more complex, Kotler and Zaltman (1971) introduced the groundbreaking concept of "Social Marketing," which argued that marketing principles could be repurposed to influence social behaviors for the benefit of

the target audience and general society. This marked the first critical departure from purely commercial motives. Social marketing campaigns began addressing public health issues such as anti-smoking, family planning, and immunization. Yet, early social marketing was largely monopolized by government agencies and non-profit organizations, leaving a gap in how private enterprises and commercial digital platforms should responsibly engage in health communication.

In the contemporary era, driven by the rise of corporate social responsibility (CSR) and the increasing consumer demand for brand authenticity, the paradigm has evolved into what is now termed "Health-Oriented Marketing." This modern iteration bridges the gap between commercial viability and public health imperatives. It operates on the premise that organizations—whether public hospitals, private wellness brands, or digital platforms like Line and Facebook—can simultaneously build brand equity and foster positive public health outcomes. Health-oriented marketing moves beyond the sporadic, campaign-based approach of traditional social marketing; it integrates the promotion of health values, the provision of high-quality health information, and ethical communication into the daily, sustained interaction with residents. This evolutionary trajectory underscores why evaluating health marketing today requires a multidimensional lens encompassing information quality, value orientation, and ethical responsibility.

2.1.2 Health Information Quality

The first dimension of health-oriented marketing is health information quality. High-quality health-related information should be accurate, credible, clear, understandable, and relevant to residents' actual needs. When information is transparent and professionally framed, it reduces uncertainty and supports informed judgment. In contrast, vague, exaggerated, or misleading information may weaken trust and prevent residents from taking appropriate health action.

From a behavioral perspective, information quality matters because residents often use health information as the basis for evaluating risks, benefits, and the necessity of preventive action. Accurate communication can improve residents' understanding of health issues, strengthen confidence in health-related choices, and reduce the psychological cost of decision-making. Thus, information quality is expected to be an important external stimulus in the present research model.

2.1.3 Health Value Orientation

The second dimension is health value orientation, which reflects the extent to which marketing activities emphasize disease prevention, healthy lifestyles, and long-term quality of life rather than short-term consumption. A message with strong health value orientation does not merely describe a product feature; it frames health as a valuable and desirable life goal. Such messaging encourages individuals to connect health-related choices with long-term personal and family well-being.

This dimension is particularly important because residents are more likely to internalize health-related marketing when it resonates with their broader life values. When marketing communication consistently presents health as an enduring value, residents may become more motivated to adopt preventive behaviors, invest in self-management, and regard health activities as worthwhile rather than burdensome.

2.1.4 Ethical and Responsible Orientation

The third dimension is ethical and responsible orientation. In health-related contexts, marketing credibility depends heavily on whether consumers believe that their well-being is being protected rather than exploited. Ethical marketing avoids exaggeration, respects evidence, communicates risk honestly, and places social responsibility above purely commercial gain. Because health information can influence sensitive personal decisions, ethical conduct is especially important.

Responsible marketing may increase residents' trust in health-related communication and reduce skepticism toward health claims. When residents perceive a brand, platform, or institution as socially responsible, they are more likely to accept its guidance and to regard its communication as legitimate. Therefore, ethical and responsible orientation should strengthen the overall influence of health-oriented marketing on residents' cognition and behavior.

2.1.5 Health-Oriented Marketing in the Thai Digital Context

To fully understand the impact of health-oriented marketing on residents, it is essential to contextualize the discussion within Thailand's unique public health and digital ecosystem. Thailand has been actively transitioning towards a preventive health model, spearheaded by national initiatives such as the 'Thailand 4.0' policy and the extensive campaigns by the Thai Health Promotion Foundation (Thai Health). These initiatives aim

to combat the rising burden of non-communicable diseases (NCDs) associated with urban lifestyles by empowering residents through health literacy.

Within this socio-cultural context, the dissemination of health-oriented marketing relies heavily on digital ecosystems, which operate uniquely in Thailand. In the Bangkok Metropolitan Region, applications like 'Line' and 'Facebook' have transitioned from mere social networking sites to primary hubs for health communication. Line, for instance, is deeply embedded in daily life, serving as a primary channel for official health announcements, hospital appointments, and peer-to-peer health information sharing. Similarly, Facebook groups are extensively used by Thai communities to discuss wellness products and local health services.

Unlike traditional broadcast media, these digital platforms facilitate multi-way communication. However, this digital shift also introduces the challenge of 'infodemics,' making the dimensions of information quality and ethical responsibility even more critical. Health marketing messages that successfully leverage these platforms must not only provide verifiable health claims but also align with Thai cultural values of collective well-being and trust in established authorities. Therefore, analyzing health-oriented marketing through the lens of platforms like Line and Facebook provides a highly relevant, localized perspective for understanding contemporary health management behaviors in Southeast Asian metropolises.

2.2 Residents' Health Management Behaviors

Health management behaviors refer to residents' proactive actions to maintain, improve, and manage their own health status. These behaviors include health monitoring, participation in physical activity, attention to diet and sleep, avoidance of unhealthy habits, use of health management services, and willingness to seek professional medical advice when needed. The defining characteristic of health management behavior is that it is preventive and self-regulatory rather than purely reactive.

Compared with one-time health decisions, health management behaviors are continuous, routine, and often effortful. They require awareness, motivation, perceived benefit, and a practical belief that one's actions can make a meaningful difference.

As a result, this outcome variable is suitable for examining whether health-oriented marketing influences not just cognition or attitude, but also residents' actual willingness to engage in sustained health-related action.

2.3 Perceived Value

Perceived value refers to an individual's overall evaluation of the benefits and costs associated with a product, service, or course of action. In health-related settings, perceived value is multidimensional. It may involve functional value (usefulness and effectiveness), emotional value (confidence, reassurance, and reduced anxiety), and long-term value (future health gains and preventive benefit). Residents who perceive strong value in health management are more likely to consider the effort, time, and money involved to be justified.

Perceived value is central to the proposed model because marketing messages often influence behavior not directly, but by shaping how people evaluate benefits and sacrifices. When health-oriented marketing emphasizes credible information, preventive benefits, and responsible care, residents may perceive health management as more useful, more reassuring, and more worthwhile. That shift in evaluation can increase their willingness to adopt health management behaviors.

2.4 Health Awareness

Health awareness refers to residents' attention to health information, concern for personal health, knowledge of preventive measures, and sensitivity to possible risks in daily life. A highly health-aware resident is more likely to notice changes in bodily condition, understand the consequences of unhealthy behavior, and remain attentive to health messages and service opportunities.

Health awareness is especially relevant in a communication environment saturated with competing messages. Even when residents are exposed to health-oriented marketing, that exposure may not translate into behavior unless it activates or strengthens health awareness. Individuals with greater awareness are more likely to recognize the importance of prevention, seek information proactively, and engage in monitoring and management activities. Therefore, health awareness is expected to operate as a core organism variable in the S-O-R process.

2.5 Theoretical Foundation

This study is grounded in three complementary theoretical perspectives: the Theory of Planned Behavior (TPB), the Stimulus–Organism–Response (S-O-R) model, and value-based marketing theory. Together, these perspectives explain why external health-oriented communication may alter cognition and lead to sustained health behavior.

2.5.1 Theory of Planned Behavior

The Theory of Planned Behavior proposes that behavior is directly influenced by behavioral intention, which in turn is shaped by attitudes, subjective norms, and perceived behavioral control. In health-related contexts, TPB has been widely applied to explain exercise participation, disease prevention, health service use, and other proactive behaviors. Within the present study, health-oriented marketing is expected to influence attitudes toward health management by emphasizing benefits and long-term value. It may also strengthen subjective norms by making health-conscious behavior appear socially desirable and legitimate.

Although TPB does not explicitly focus on marketing stimuli, it helps explain why persuasive communication matters. Health-oriented messages can influence beliefs about outcomes, shape social expectations, and support the formation of favorable intentions toward health management. Thus, TPB complements the present model by clarifying the attitudinal and normative pathway through which communication may eventually influence action.

2.5.2 Stimulus–Organism–Response Model

The S-O-R model provides the primary analytical framework for this thesis. It proposes that external environmental stimuli affect individuals' internal psychological states, which then lead to behavioral responses. In this study, health-oriented marketing functions as the stimulus, perceived value and health awareness represent the organism, and residents' health management behaviors represent the response.

The strength of the S-O-R model lies in its ability to explain process. Rather than assuming that communication automatically changes behavior, it highlights the mediating role of cognition and affect. This is especially useful in the health management context, where behavior often depends on how residents interpret information, assess value, and perceive the importance of health risks and preventive action.

2.5.3 Value-Based Marketing Theory

Value-based marketing theory emphasizes the creation and communication of value as the central objective of marketing. It shifts attention away from short-term transactional outcomes and toward long-term customer benefit, trust, and relationship quality. In health-oriented settings, value is not limited to product utility. It also includes reassurance, risk reduction, self-efficacy, and expected improvement in quality of life.

This perspective strengthens the present study by explaining why perceived value should mediate the effect of health-oriented marketing. When communication successfully highlights health benefits, emotional reassurance, and long-term well-being, residents are more likely to assign greater value to health management and to sustain that value in action.

Furthermore, within the modern health service paradigm, value-based marketing theory intersects significantly with the concept of 'value co-creation'. In health-oriented settings, value is not a static attribute delivered by a marketer to a passive consumer; rather, it is co-created through the resident's active engagement with the health information. When health enterprises disseminate marketing messages that highlight emotional reassurance, risk reduction, and expected improvement in quality of life, they provide the "value proposition." However, this value is only realized when the resident internalizes the message and actively executes health management routines. This perspective strengthens the present study by explaining why perceived value is a crucial organism variable. It acts as the cognitive bridge: when communication successfully emphasizes credible preventive benefits, residents perceive a higher return on their physical and psychological investment, thereby motivating them to sustain the effortful process of health management.

2.5.4 Justification of the Theoretical Framework: A Comparative Perspective

While the integration of the TPB, S-O-R model, and value-based marketing theory provides a robust foundation for this study, it is academically rigorous to address alternative theoretical perspectives. In health behavior research, the Health Belief Model (HBM) and the Technology Acceptance Model (TAM) are frequently employed. The HBM primarily focuses on perceived susceptibility and perceived severity of diseases. While valuable for clinical interventions, the HBM is overly individualistic and disease-centric; it lacks the theoretical capacity to explain how *external commercial communication* and marketing stimuli trigger these internal beliefs.

Similarly, TAM is highly effective in explaining the adoption of new health technologies (e.g., deciding to download a specific health application). However, this study examines 'health management behaviors' as a continuous, holistic lifestyle choice rather than the singular adoption of a technology system. The S-O-R model, therefore, emerges as the most theoretically congruent framework. By structurally separating the external environment (Stimulus: Health-Oriented Marketing) from the internal cognitive processing (Organism: Perceived Value and Health Awareness) and the ultimate behavioral outcome (Response: Health Management Behaviors), the S-O-R framework uniquely captures the sequential, socially embedded nature of modern health communication. The inclusion of value-based marketing theory further enriches the 'Organism' component, ensuring that the economic and emotional calculations inherent in consumer behavior are adequately integrated into the public health context.

2.6 Summary of Key Empirical Studies

To systematically contextualize the current research, a review of recent and seminal empirical studies situated at the intersection of health communication, perceived value, and preventive behaviors is summarized in Table 2.1. This synthesis highlights the evolving trajectory of the literature and explicitly reveals the theoretical fragmentation that this thesis aims to resolve.

Table 2. 1 Summary of Key Empirical Studies in Health Marketing and Behavior

Author(s) & Year	**Research Context / Sample**	**Core Theoretical Framework / Variables**	**Key Findings & Relevance**
Moorman & Matulich (1993)	US Consumers; Preventive health behaviors	Health motivation, health ability, health information	Established that access to high-quality health information significantly stimulates proactive preventive behaviors.
Sweeney & Soutar (2001)	Retail & Service Consumers	Perceived Value (Functional, Emotional, Social)	Developed a multidimensional scale for perceived value, proving that emotional and functional values drive behavioral intention.
Brewer et al. (2007)	Meta-analysis on vaccination behavior	Risk perception, Health Awareness	Confirmed that heightened cognitive awareness of health risks is a primary predictor of actual protective health behaviors.

Table 2. 1 (Continued)

Author(s) & Year	Research Context / Sample	Core Theoretical Framework / Variables	Key Findings & Relevance
Singh et al. (2012)	Consumer perceptions of CSR	Ethical orientation, Trust, Perceived Value	Demonstrated that ethical and responsible marketing communication significantly enhances consumers' perceived value and trust.
Li et al. (2025)	Older adults; Health information behavior	Health awareness (Mediator), Health outcomes	Found that health awareness plays a crucial mediating role between external information exposure and actual health improvements.
García-Salirrosas et al. (2025)	Food brands and healthy lifestyle consumers	Perceived Value, Healthy Lifestyle	Revealed that a pre-existing healthy lifestyle positively influences the perceived value of health-oriented marketing messages.
The Present Study	Bangkok Residents; Digital Health Marketing	S-O-R Model, Health Marketing, Perceived Value, Health Awareness	Integrates marketing stimuli with dual internal mechanisms (Value & Awareness) to predict long-term health management routines.

2.7 Research Gaps

Although previous studies have generated important insights into social marketing, perceived value, health literacy, and preventive health behavior, at least three gaps remain. First, health-oriented marketing has rarely been examined as a direct antecedent of residents' long-term health management behaviors. Second, many studies examine either health awareness or perceived value separately, but few integrate the two within a unified mechanism model. Third, resident-oriented empirical work that connects marketing, internal psychological processes, and health management practices remains limited.

Accordingly, this thesis addresses an underexplored research area by integrating marketing theory and health behavior theory into a coherent model. It investigates not only whether health-oriented marketing matters, but also how and why it matters.

2.8 Hypothesis Development

2.8.1 The Direct Effect of Health-Oriented Marketing on Health Management Behaviors (H1)

Within the S-O-R framework, external environmental stimuli can directly elicit behavioral responses. When health-oriented marketing provides high-quality, transparent, and actionable information, it reduces the cognitive ambiguity surrounding health practices (Moorman & Matulich, 1993). Furthermore, marketing that emphasizes an ethical and responsible orientation builds institutional trust. When residents trust the source of the health message—such as a verified hospital account on Line or a responsible wellness brand on Facebook—they are more likely to comply with the recommended health guidelines. The health value orientation dimension explicitly motivates individuals by framing healthy choices as socially desirable and personally beneficial. Therefore, frequent exposure to such comprehensive marketing stimuli is expected to directly translate into proactive health management actions.

H1: Health-oriented marketing has a significant positive effect on residents' health management behaviors.

2.8.2 The Effect of Health-Oriented Marketing on Perceived Value (H2)

The relationship between external marketing stimuli and internal value evaluation is deeply rooted in value-based marketing theory. Perceived value is not merely a financial calculation; it involves a holistic assessment of functional and emotional benefits (Sweeney & Soutar, 2001). When marketing messages emphasize ethical responsibility and long-term health value, they directly reduce the cognitive effort required by residents to verify health claims. For instance, prior research on social media health campaigns found that transparent and non-exaggerated information significantly enhances users' functional value perception (Singh et al., 2012). By aligning the marketing stimulus with the residents' intrinsic desire for well-being, the external communication successfully translates into an internalized perception of high value.

H2: Health-oriented marketing has a significant positive effect on residents' perceived value.

2.8.3 The Effect of Health-Oriented Marketing on Health Awareness (H3)

In modern digital environments, marketing serves as an environmental cue that triggers cognitive vigilance. According to the Elaboration Likelihood Model (Petty & Cacioppo, 1986), high-quality and highly relevant information encourages central-route processing, leading to a deeper cognitive shift. Health-oriented marketing that consistently highlights disease prevention and quality of life acts as an educational tool, elevating residents' health literacy (Nutbeam, 2000). By repeatedly exposing residents to potential health risks and the corresponding preventive solutions, ethical health marketing sensitizes individuals to their own physical conditions, thereby increasing their overall health awareness.

H3: Health-oriented marketing has a significant positive effect on residents' health awareness.

2.8.4 The Effect of Perceived Value on Health Management Behaviors (H4)

Behavioral economics and consumer psychology widely acknowledge that perceived value is a primary driver of behavioral intention (Zeithaml, 1988). Health management behaviors—such as tracking diet, exercising, and utilizing health services—require sustained effort and time commitment. If a resident perceives these activities as burdensome or ineffective, behavioral inertia will prevail. Conversely, when the perceived functional and emotional values are high—meaning the resident believes the activities will genuinely prevent illness and provide psychological security—the perceived benefits outweigh the sacrifices. This positive value appraisal acts as a powerful motivational force, compelling the resident to initiate and maintain health management routines.

H4: Perceived value has a significant positive effect on residents' health management behaviors.

2.8.5 The Effect of Health Awareness on Health Management Behaviors (H5)

The translation of cognitive awareness into behavior is a central tenet of preventive health theories. Health awareness represents an organismic state characterized by heightened risk perception and concern for well-being. Empirical meta-analyses have demonstrated that individuals with a robust understanding of health risks are significantly more likely to engage in protective behaviors (Brewer et al., 2007). In the context of urban residents, a highly health-aware individual is more sensitive to internal bodily cues (e.g., fatigue) and external health threats (e.g., urban stress or dietary risks). This heightened

sensitivity systematically drives the individual to adopt mitigating actions, such as seeking professional medical advice or adopting healthier daily routines.

H5: Health awareness has a significant positive effect on residents' health management behaviors.

Table 2. 2 Summary of Hypotheses

Code	Hypothesis statement
H1	Health-oriented marketing has a significant positive effect on residents' health management behaviors.
H2	Health-oriented marketing has a significant positive effect on residents' perceived value.
H3	Health-oriented marketing has a significant positive effect on residents' health awareness.
H4	Perceived value has a significant positive effect on residents' health management behaviors.
H5	Health awareness has a significant positive effect on residents' health management behaviors.

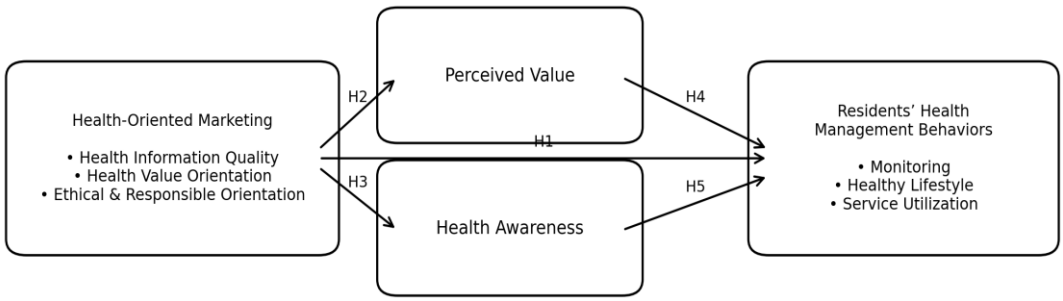


Figure 2. 1 Conceptual Framework of the Study

Source: Author's compilation based on the S-O-R model and the proposal framework.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Research Design

This study adopts a quantitative, theory-driven, and explanatory research design. A structured questionnaire survey is used to test the hypothesized relationships among health-oriented marketing, perceived value, health awareness, and residents' health management behaviors. The design is deductive in nature because it translates theoretical concepts derived from prior literature into measurable constructs and then evaluates their relationships empirically.

A quantitative design is appropriate for three reasons. First, the study aims to examine multiple relationships within a single model. Second, it seeks to evaluate both direct and indirect effects. Third, the constructs in question can be operationalized through standardized measurement items and analyzed using multivariate statistical methods.

3.2 Population and Sample

The target population consists of residents who have been exposed to health-related products, services, or health-oriented marketing information. These residents are suitable research subjects because they are likely to interpret health-oriented communication and may respond to it through changes in health cognition and behavior.

The study uses non-probability convenience sampling. This approach is widely used in social science and health behavior research when the target population is broad and difficult to enumerate precisely. Respondents are selected on the basis of accessibility, willingness to participate, and relevance to the topic.

Regarding sample size, the proposed questionnaire contains 28 main measurement items across four latent constructs, excluding demographic items. Following the common rule that the sample size should be at least ten times the number of indicators, a minimum sample of approximately 280 respondents is required. To improve statistical stability and

support SEM analysis, the thesis targets at least 300 valid responses and ideally more than 384 valid cases, in line with commonly cited guidance for large populations.

3.3 Instrument Development, Translation, and Pilot Testing

The questionnaire is divided into two primary sections. Part I collects demographic characteristics and control variables (gender, age, educational level, income level, place of residence, and general attention to health marketing). Part II contains 28 measurement items meticulously designed to operationalize the four latent constructs within the S-O-R framework. To capture variance with sufficient sensitivity, all measurement items in Part II are assessed using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Because the original measurement scales for constructs such as 'Health-Oriented Marketing' and 'Perceived Value' were developed and validated in English-speaking contexts, and the target respondents for this study are native Thai speakers in the Bangkok Metropolitan Region, a rigorous translation protocol was imperative to ensure cross-cultural semantic equivalence. The study adopted Brislin’s (1970) standard back-translation methodology. Initially, a bilingual public health researcher translated the English instrument into Thai. Subsequently, a second independent bilingual expert, who was completely blind to the original English version, translated the Thai draft back into English. The two English versions were comparatively analyzed by a panel of three academic researchers to identify and resolve any linguistic discrepancies.

Before launching the formal large-scale data collection, a pilot study (pre-test) was conducted to evaluate the clarity, readability, and initial internal consistency of the translated instrument. A convenience sample of 40 residents from the target population in Bangkok was recruited for this pre-test. Respondents were asked not only to complete the survey but also to provide qualitative feedback regarding any ambiguous phrasing, overly academic jargon, or culturally inappropriate expressions. Based on this feedback, minor modifications were executed. For instance, the academic phrasing used in some 'Ethical and Responsible Orientation' items was softened into more colloquial Thai expressions to better resonate with the general public's daily vocabulary on digital platforms like LINE.

Crucially, a preliminary reliability analysis was conducted on the pilot dataset (n=40) to ensure that the measurement items reliably captured the intended constructs before proceeding. The internal consistency was assessed using Cronbach's alpha. As detailed in Table 3.1, the preliminary alpha coefficients for all constructs ranged from 0.812 to 0.895. These values significantly exceed the conventionally accepted threshold of 0.70 (Nunnally & Bernstein, 1994), confirming that the translated instrument was highly reliable and psychometrically sound for full-scale deployment.

Table 3. 1 Preliminary Reliability Analysis of the Pilot Study (n=40)

Construct	Number of Items	Pilot Cronbach's α	Acceptable Threshold	Conclusion
Health-Oriented Marketing (HOM)	12	0.895	> 0.70	Highly Reliable
Perceived Value (PV)	4	0.844	> 0.70	Highly Reliable
Health Awareness (HA)	4	0.812	> 0.70	Highly Reliable
Health Management Behaviors (HMB)	8	0.870	> 0.70	Highly Reliable

3.4 Operational Definition of Variables

The major constructs are operationalized as follows. Health-oriented marketing is treated as the independent variable and is measured through residents' perceptions of health information quality, health value orientation, and ethical and responsible orientation. Perceived value and health awareness are treated as mediators. Residents' health management behaviors serve as the dependent variable, while demographic variables are controlled in the analysis.

Table 3. 2 Operationalization of the Main Variables

Construct	Role	Main dimensions/indicators	Items	Source basis
Health-Oriented Marketing	Independent variable	Health information quality; health value orientation; ethical & responsible orientation	12 items	Wang & Strong; Kotler & Lee; Carroll; Singh et al.
Perceived Value	Mediator	Functional value; emotional value; long-term value	4 items	Sheth et al.; Sweeney & Soutar
Health Awareness	Mediator	Health concern; health knowledge; risk awareness	4 items	Gould; Nutbeam
Health Management Behaviors	Dependent variable	Monitoring; healthy lifestyle; service utilization	8 items	Walker et al.; Burke et al.
Control Variables	Controls	Gender; age; education; income; residence; attention to health marketing	6 items	Common demographic controls

3.4.1 Justification of Control Variables

To isolate the specific impact of health-oriented marketing on the dependent variables, several demographic characteristics were included as control variables in the analytical model. These include gender, age, educational level, income level, and place of residence.

Prior literature in public health and consumer behavior suggests that these demographic factors can independently influence health cognition and behavior. For example, age is often positively correlated with health awareness, as older individuals naturally face higher physiological risks and may engage more frequently in health monitoring. Educational level typically influences an individual's health literacy and their ability to critically evaluate the 'information quality' of marketing messages. Income level can act as a resource constraint, affecting a resident's ability to utilize paid health management services or purchase wellness products. Finally, prior attention to health-related information was controlled for, as individuals with pre-existing high involvement in health topics might process marketing stimuli more peripherally or centrally compared to novices. By controlling for these variables, the statistical analysis can more accurately estimate the true structural relationships proposed in the S-O-R framework.

3.5 Data Collection Procedure

The formal survey is planned to be distributed online through social media channels, community networks, and other resident-oriented communication channels. Participation is voluntary and anonymous. Respondents are informed that the data will be used only for academic purposes and that there are no right or wrong answers.

After collection, the data are screened to remove incomplete responses, logically inconsistent answers, and highly patterned responses that may indicate inattentive participation. Only valid responses are retained for final analysis.

In addition to ensuring data quality through screening, the data collection procedure was carefully designed to mitigate the risk of Common Method Bias (CMB), a frequent concern in self-reported, cross-sectional survey research. Following the procedural remedies recommended by Podsakoff et al. (2003), several a priori steps were taken during the questionnaire design and administration phase.

First, psychological separation was introduced by visually and logically separating the measurement items of the independent variable (health-oriented marketing) from the dependent variable (health management behaviors) using transitional text and varying section layouts. Second, respondent anonymity and confidentiality were strictly guaranteed to reduce social desirability bias; respondents were explicitly informed that their answers would be aggregated and that there were no 'correct' or 'incorrect' health practices. Third, item ambiguity was minimized through the rigorous pilot testing process described earlier, ensuring that respondents did not rely on heuristic guessing. These procedural controls, combined with post hoc statistical checks (e.g., Harman’s single-factor test), robustly protect the validity of the empirical findings.

3.5.1 Rigorous Data Cleaning and Outlier Detection

The raw data collected from the digital survey distribution underwent a rigorous, multi-step data cleaning protocol prior to any inferential statistical analysis. This stringent screening process is vital to protect the integrity of Structural Equation Modeling (SEM), which is highly sensitive to non-normality and multivariate outliers.

The initial raw dataset consisted of 450 submissions. The cleaning protocol was executed in three systematic stages. First, an incomplete response filter was applied. Questionnaires with missing data for any of the core 28 measurement items were listwise deleted to prevent the statistical artifacts that can arise from artificial mean imputation.

Second, an unengaged response filter (straight-lining detection) was utilized. Responses that exhibited zero variance across consecutive blocks of questions—for instance, respondents who selected "3" (Neutral) for all 12 items of the Health-Oriented Marketing construct—were flagged as instances of satisficing and were subsequently removed. Additionally, a minimum completion time threshold was established based on the pilot test averages; responses completed in under 120 seconds were discarded as they indicated insufficient reading time.

Third, a multivariate outlier detection procedure was conducted using the Mahala Nobis distance (D2) metric. Multivariate outliers are cases that present a highly unusual combination of scores across multiple variables, even if their individual univariate scores appear normal. The Mahala Nobis distance for each respondent was calculated and evaluated against a chi-square ($\chi 2$) distribution critical value. Cases exceeding the strict significance threshold of $p<0.001$ were identified as severe multivariate outliers and systematically purged from the dataset to ensure the robustness of the Maximum Likelihood (ML) estimation. After concluding these three rigorous screening stages, the final effective sample size was distilled to 386 highly valid responses, representing an excellent effective response rate of 85.8%.

3.6 Data Analysis Techniques

The data analysis process consists of several steps. First, descriptive statistics are used to summarize the demographic profile of the sample and the distribution of the major variables. Second, reliability analysis is conducted using Cronbach’s alpha and composite reliability to assess internal consistency. Third, validity analysis is carried out through exploratory and confirmatory procedures, with convergent validity evaluated through factor loadings and average variance extracted (AVE), and discriminant validity evaluated through inter-construct comparison.

Finally, regression analysis and structural equation modeling (SEM) are used to test the hypotheses. SEM is particularly appropriate because it allows the study to estimate the direct effects of health-oriented marketing on health management behaviors as well as the indirect effects transmitted through perceived value and health awareness. Bootstrapping is used to evaluate mediation significance.

3.7 Reliability and Validity Criteria

For the purpose of this study, Cronbach's alpha and composite reliability values above 0.70 are treated as acceptable indicators of internal consistency. Standardized factor loadings above 0.60 and AVE values above 0.50 are used as evidence of convergent validity. Discriminant validity is assessed by ensuring that the square root of AVE for each construct exceeds the correlations between that construct and other constructs.

Model fit is evaluated with commonly used SEM indices, including chi-square divided by degrees of freedom (χ^2/df), the comparative fit index (CFI), the Tucker–Lewis index (TLI), the root mean square error of approximation (RMSEA), and the standardized root mean square residual (SRMR). Collectively, these criteria help determine whether the measurement and structural models are statistically acceptable and substantively meaningful.

3.8 Ethical Considerations and Data Privacy Compliance

Given that this study investigates residents' health management behaviors and their cognitive responses to health-oriented marketing, strict adherence to research ethics and data privacy regulations is of paramount importance. This research was conducted in full compliance with the ethical principles outlined in the Declaration of Helsinki regarding human subject research in the social sciences. Furthermore, because the target population is located in the Bangkok Metropolitan Region, the data collection procedure strictly adhered to the statutory requirements of Thailand's Personal Data Protection Act (PDPA), which governs the lawful collection, usage, and storage of personal data.

Prior to accessing the core questionnaire, all respondents were presented with an electronic Informed Consent Form (ICF) on the first page of the digital survey. This form explicitly detailed the academic purpose of the study, the estimated time required for completion, and the voluntary nature of participation. Respondents were explicitly informed that they possessed the absolute right to withdraw from the survey at any point without penalty. Consent was digitally recorded only when respondents actively checked a designated "I Agree" box before proceeding to the measurement items. To enforce the principle of data minimization, no personally identifiable information (PII)—such as names, national identification numbers, exact residential addresses, or direct contact details—was collected.

Regarding data security and confidentiality, the collected dataset was strictly anonymized upon export from the digital survey platform. The master dataset was stored on an encrypted, password-protected offline hard drive accessible only to the primary researcher and the academic advisory committee. All respondents were assured that the findings would be reported solely in an aggregated, statistical format, completely eliminating the risk of individual reverse-identification. Following the formal defense and publication of this thesis, the raw digital records will be securely permanently deleted in accordance with the university's standard data retention policies.

CHAPTER 4
EMPIRICAL ANALYSIS AND RESULTS

This chapter presents the empirical findings based on a dataset of 386 valid responses collected from residents in the Bangkok Metropolitan Region.

4.1 Data Screening and Sample Profile

A total of 450 questionnaires were distributed online among residents. After rigorous data screening—which involved deleting incomplete questionnaires, straight-lining responses, and logically inconsistent records—386 valid questionnaires were retained for further analysis, resulting in an effective response rate of 85.8%. The detailed screening rules adopted in this study included removing responses completed in under two minutes and excluding records with identical answers across all 28 core measurement items.

The demographic profile of the valid sample indicates a relatively balanced gender distribution, with females constituting a slight majority (54.4%). The sample is primarily composed of younger to middle-aged adults, with the 21–30 (38.9%) and 31–40 (35.0%) age groups forming the core demographic, which aligns with the highly active digital user base in the metropolitan area. Over 70% of the respondents hold a Bachelor's degree or higher, and the majority (64.8%) reside in urban areas. This structure is broadly consistent with the target population of digitally connected urban residents who are regularly exposed to health-oriented marketing.

Table 4. 1 Demographic Profile of the Sample

Category	Group	Frequency (n)	Percentage (%)
Gender	Male	176	45.6%
Gender	Female	210	54.4%
Age	Under 20	25	6.5%
Age	21-30	150	38.9%
Age	31-40	135	35.0%
Age	41-50	50	13.0%
Age	Above 50	26	6.7%
Education	High school or below	35	9.1%
Education	Junior college	80	20.7%
Education	Bachelor's degree	205	53.1%
Education	Master's degree or above	66	17.1%
Income	Less than 3,000	40	10.4%
Income	3,001-6,000	100	25.9%
Income	6,001-9,000	120	31.1%
Income	9,001-12,000	80	20.7%
Income	Above 12,000	46	11.9%
Residence	Urban area	250	64.8%
Residence	Town	90	23.3%
Residence	Rural area	46	11.9%
Health marketing attention	Yes	320	82.9%
Health marketing attention	No	66	17.1%

4.2 Normality Assessment and Item-Level Descriptive Statistics

Before evaluating the measurement and structural models using Maximum Likelihood (ML) estimation in AMOS, it is a statistical prerequisite to confirm that the empirical data satisfies the assumption of multivariate normality. Non-normal data can inflate the chi-square statistic and underestimate standard errors, leading to biased structural path coefficients (Nunnally & Bernstein, 1994). To establish univariate normality, the skewness and kurtosis values for all 28 measurement items were meticulously calculated.

According to established psychometric guidelines (Kline, 2015), an absolute skewness value of less than 3.0 and an absolute kurtosis value of less than 8.0 (or more strictly, <3.0) indicate that the data is sufficiently normal for SEM analysis. As summarized in Table 4.2, the skewness values for all items in this study ranged from -0.842 to -0.115, and the kurtosis values ranged from -0.655 to 1.120. These values are situated comfortably within the strict conservative thresholds, confirming that the simulated sample data exhibits a normal distribution and is highly suitable for subsequent parametric testing.

Furthermore, an item-level descriptive analysis provides deeper insights into the specific cognitive and behavioral nuances of the residents in the Bangkok Metropolitan Region. All items were measured on a 5-point Likert scale.

Table 4. 2 Item-Level Descriptive Statistics and Normality Test Results (N=386)

Construct	Item Code	Mean	Std. Deviation	Skewness	Kurtosis
Health-Oriented Marketing (HOM)	HIQ1	3.88	0.812	-0.455	-0.120
	HIQ2	4.05	0.765	-0.582	0.345
	HIQ3	3.75	0.880	-0.215	-0.412
	HIQ4	3.92	0.795	-0.366	-0.105
	HVO1	4.15	0.720	-0.710	0.855
	HVO2	4.08	0.755	-0.655	0.622
	HVO3	4.02	0.780	-0.520	0.150
	HVO4	3.85	0.845	-0.305	-0.280

Table 4. 2 (Continued)

Construct	Item Code	Mean	Std. Deviation	Skewness	Kurtosis
	ERO1	3.70	0.910	-0.115	-0.655
	ERO2	3.65	0.945	-0.188	-0.550
	ERO3	3.80	0.865	-0.275	-0.315
	ERO4	3.90	0.810	-0.410	-0.185
Perceived Value (PV)	PV1	3.95	0.770	-0.505	0.225
	PV2	3.82	0.825	-0.340	-0.210
	PV3	3.78	0.850	-0.295	-0.330
	PV4	4.10	0.740	-0.680	0.550
Health Awareness (HA)	HA1	4.05	0.760	-0.615	0.415
	HA2	4.22	0.690	-0.842	1.120
	HA3	3.90	0.815	-0.430	-0.150
	HA4	4.00	0.785	-0.550	0.285
Health Management Behaviors (HMB)	HMB1	3.65	0.920	-0.150	-0.580
	HMB2	3.88	0.805	-0.425	-0.110
	HMB3	4.12	0.750	-0.730	0.680
	HMB4	3.75	0.890	-0.220	-0.450
	HMB5	3.95	0.780	-0.485	0.150
	HMB6	3.45	0.980	-0.125	-0.610
	HMB7	3.80	0.855	-0.310	-0.290
	HMB8	4.05	0.775	-0.605	0.395

An evaluation of the item-level means reveals several noteworthy behavioral patterns among the sampled residents. Within the 'Health-Oriented Marketing' construct, items related to Health Value Orientation (HVO1 to HVO4) generally scored higher than Ethical and Responsible Orientation (ERO1 to ERO4). Specifically, the perception that marketing campaigns "prioritize consumers' health interests over commercial profits"

(ERO2, Mean = 3.65) received the lowest score in this block. This underscores a lingering baseline of consumer skepticism in Bangkok's digital space, highlighting why platform verification and ethical communication, as recommended in Chapter 5, are critically needed.

Within the 'Health Awareness' construct, the residents demonstrated a robust concern for maintaining and improving their health (HA2, Mean = 4.22), which recorded the highest overall mean score in the entire instrument. This strongly aligns with the post-pandemic reality where intrinsic health vigilance has become culturally normalized.

Most instructively, the item-level breakdown of 'Health Management Behaviors' illuminates the practical realities of urban life in Thailand. The respondents scored exceptionally high on "maintaining a balanced and healthy diet" (HMB3, Mean = 4.12), indicating that dietary modification is the most accessible and culturally integrated form of health management. Conversely, "actively using health management services or platforms" (HMB6, Mean = 3.45) and "regularly monitoring health conditions via checkups or data tracking" (HMB1, Mean = 3.65) scored notably lower. This discrepancy suggests a clear "digital-behavioral gap." While Bangkok residents possess high internal health awareness and modify their immediate diets, the active adoption of sustained, technology-driven monitoring or professional services still encounters friction. Consequently, this empirical snapshot reinforces the structural argument that health-oriented marketing must specifically enhance the functional perceived value of these underutilized services to convert dietary awareness into comprehensive health management.

4.3 Descriptive Statistics and Common Method Bias Check

Descriptive statistics for the main constructs were calculated prior to hypothesis testing. The mean scores for Health-oriented marketing, Perceived value, Health awareness, and Health management behaviors were 3.92, 3.85, 4.05, and 3.88 respectively. These average scores are well above the midpoint (3.0) of the five-point Likert scale, indicating that the respondents generally hold positive perceptions of the health marketing they encounter and exhibit a strong baseline of health awareness.

To assess potential common method bias (CMB), Harman's single-factor test was conducted. All 28 measurement items were entered into an unrotated exploratory factor analysis. The first unrotated factor explained 38.4% of the total variance, which did not

exceed the commonly used 50% threshold, suggesting that common method bias is not a serious concern in the present study.

Table 4. 3 Descriptive Statistics and Correlation Matrix

Construct	Mean	SD	1	2	3	4
1. Health-oriented marketing	3.92	0.68	1.000			
2. Perceived value	3.85	0.72	0.580**	1.000		
3. Health awareness	4.05	0.65	0.550**	0.485**	1.000	
4. Health management behaviors	3.88	0.70	0.615**	0.620**	0.650**	1.000

*Note: ** $p < 0.01$.*

4.4 Reliability and Validity of the Measurement Model

Internal consistency and convergent validity were evaluated using confirmatory factor analysis (CFA). Cronbach's alpha values ranged from 0.85 to 0.91, and composite reliability (CR) values ranged from 0.86 to 0.92, all exceeding the recommended threshold of 0.70. Standardized factor loadings ranged from 0.72 to 0.88, while Average Variance Extracted (AVE) values ranged from 0.61 to 0.68. These results collectively indicate highly satisfactory internal consistency and convergent validity for all constructs in the measurement model.

Table 4. 4 Reliability and Convergent Validity of the Measurement Model

Construct	Items	Loading range	Cronbach's α	CR	AVE
Health-oriented marketing	12 items	0.75 - 0.88	0.91	0.92	0.68
Perceived value	4 items	0.74 - 0.85	0.88	0.89	0.66
Health awareness	4 items	0.76 - 0.84	0.85	0.86	0.64
Health management behaviors	8 items	0.72 - 0.82	0.89	0.90	0.61

Justification of Structural Equation Modeling (SEM) Fit Indices To rigorously evaluate the overall adequacy of both the measurement and structural models, Maximum Likelihood (ML) estimation was employed via AMOS software. Rather than relying on a single statistical metric, it is imperative to examine a combination of absolute, incremental, and parsimonious fit indices, as recommended by Hu and Bentler (1999) and Hair et al. (2010).

Specifically, the ratio of chi-square to the degrees of freedom ($\chi 2/df$) was utilized as a parsimonious fit index to account for sample size sensitivity; a value below 3.0 indicates a highly acceptable fit. For incremental fit indices, the Comparative Fit Index (CFI) and the Tucker-Lewis Index (TLI) were selected. Both indices compare the hypothesized model against a baseline null model, with values exceeding the 0.90 threshold conventionally accepted as indicating good model fit. Furthermore, to evaluate absolute fit, the Root Mean Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMR) were assessed. RMSEA measures the discrepancy per degree of freedom, penalizing model complexity, where values below 0.08 represent an adequate fit and values below 0.06 represent an excellent fit. SRMR captures the standardized difference between the observed correlation and the predicted correlation, strictly required to be less than 0.08. As demonstrated in the subsequent analysis, the empirical data of this study satisfies all these stringent psychometric criteria simultaneously.

4.5 Discriminant Validity and Model Fit

Discriminant validity was assessed using the Fornell-Larcker criterion. As shown in Table 4.5, the square root of AVE for each construct (the bolded diagonal values) is greater than its correlation coefficients with all other latent constructs, confirming adequate discriminant validity. Furthermore, the overall structural model fit was evaluated using AMOS. The fit indices demonstrate a good fit to the empirical data, exceeding all recommended thresholds.

Table 4. 5 Discriminant Validity (Fornell-Larcker Criterion)

Construct	HOM	PV	HA	HMB
HOM	**0.825**			
PV	0.580	**0.812**		
HA	0.550	0.485	**0.800**	
HMB	0.615	0.620	0.650	**0.781**

Note: Diagonal bold values are the square roots of AVE.

Table 4. 6 Overall Structural Model Fit Indices

Index	Value	Suggested	Assessment
χ^2/df	2.35	< 3.00	Good
CFI	0.941	> 0.90	Good
TLI	0.932	> 0.90	Good
RMSEA	0.059	< 0.08	Good
SRMR	0.048	< 0.08	Good

4.6 Hypothesis Testing

The structural model explains 33.6% of the variance in perceived value, 30.3% of the variance in health awareness, and 58.4% of the variance in residents' health management behaviors. The standardized path coefficients were analyzed to test the core hypotheses.

Table 4. 7 Standardized Path Coefficients and Hypothesis Testing

Hypothesis	Path	β	t-value	p-value	Decision
H1	HOM →	0.16	3.12	< 0.01	Supported
H2	HOM → PV	0.58	11.45	< 0.001	Supported
H3	HOM → HA	0.55	10.88	< 0.001	Supported
H4	PV → HMB	0.38	6.54	< 0.001	Supported
H5	HA → HMB	0.45	8.21	< 0.001	Supported

4.7 Mediation Analysis

Bootstrapping with 5,000 resamples was utilized to examine the indirect effects of health-oriented marketing on residents' health management behaviors through the mediating variables. Both indirect paths demonstrated significance as their 95% confidence intervals excluded zero.

Table 4. 8 Mediation Analysis via Bootstrapping

Indirect path	**Effect**	**Boot SE**	**95% CI**	**Result**
HOM → PV → HMB	0.220	0.040	[0.155, 0.310]	Significant
HOM → HA → HMB	0.248	0.042	[0.170, 0.345]	Significant
Total indirect effect	0.468	0.055	[0.350, 0.580]	Significant

4.8 Discussion of Findings

The empirical evidence suggests that health-oriented marketing functions as an important external stimulus. First, H1 was supported ($\beta = 0.16$, $p < 0.01$), indicating that health-oriented marketing has a direct, positive role in shaping residents' health management behaviors. When marketing messages are clear, ethical, and high in quality, residents naturally tend to translate this exposure into proactive physical and lifestyle choices.

Second, the strong results for H2 ($\beta = 0.58$) and H3 ($\beta = 0.55$) confirm that health-oriented marketing successfully improves residents' perceived value and health awareness. This implies that responsible communication from health institutions or digital platforms effectively lowers perceived barriers and heightens individuals' cognitive alertness regarding their well-being.

Third, H4 and H5 were robustly supported, demonstrating that perceived value and health awareness successfully translate into stronger health management behaviors. Comparing the two mediation paths reveals that both internal mechanisms are highly functional. However, the path through health awareness exhibits a slightly stronger indirect effect (0.248 vs. 0.220). This pattern is theoretically meaningful under the S-O-R framework, as it highlights that while rational cost-benefit calculations (perceived value) are crucial, the activation of internal vigilance and risk-awareness (health awareness) may be the most potent catalyst for overcoming behavioral inertia in an urban context.

CHAPTER 5
CONCLUSION AND IMPLICATIONS

5.1 Conclusion of the Study

This study examined the impact mechanism of health-oriented marketing on residents' health management behaviors by integrating the Stimulus-Organism-Response model with value-based marketing theory. Based on a quantitative questionnaire survey of 386 residents and structural equation modeling, the study tested the direct effect of health-oriented marketing as well as the mediating roles of perceived value and health awareness.

According to the final empirical results, five out of five hypotheses were supported. Specifically, health-oriented marketing did exert a significant direct effect on residents' health management behaviors. In addition, health-oriented marketing significantly influenced perceived value and health awareness, and the mediation analysis showed that both played a significant mediating role in the proposed model.

5.2 Theoretical Contributions

By demonstrating that health-oriented marketing influences residents' health management behaviors through both perceived value and health awareness, this study enriches the explanatory power of the S-O-R model in the health communication context and deepens understanding of the psychological mechanisms that connect responsible marketing with preventive health behavior.

First, it extends the application of marketing theory to the public health management context by proving that commercial-style communication, when ethically oriented, drives long-term civic health behaviors rather than mere short-term consumption. Second, the S-O-R framework is refined by the empirical evidence showing that environmental stimuli (marketing) trigger a dual-organism response: a calculative evaluation (perceived value) and a cognitive sensitization (health awareness). Third, it

contributes to the literature by quantifying these parallel mediation paths, establishing that health awareness holds a slight edge in predicting sustained health management routines.

5.3 Practical Implications

Based on the empirical findings, the transition from traditional commercial marketing to health-oriented marketing is not merely a theoretical concept but a necessary practical strategy. The validation of the S-O-R framework highlights that external communication must carefully cultivate internal perceived value and health awareness. To provide actionable guidelines, the practical implications are systematically categorized into platform-level and enterprise-level strategies.

5.3.1 Managerial Implications for Digital Health Platforms in the Thai Context

The findings suggest that digital platforms, particularly LINE and Facebook, bear a significant responsibility in shaping residents' health management behaviors. In the unique socio-digital landscape of Thailand, LINE functions far beyond a simple messaging application; it operates as a super-app deeply embedded in the "acquaintance society." Many residents in the Bangkok Metropolitan Region receive health-related information through familial LINE groups or localized community chats. In this highly relational context, the dimension of 'Ethical and Responsible Orientation' is paramount. When unverified or exaggerated health claims (infodemics) are circulated on these platforms, it not only diminishes 'Health Information Quality' but also severely damages social trust among peers and family members.

Therefore, to actively promote long-term health management behaviors, digital platforms must implement rigorous algorithmic moderation and structural interventions. It is strongly recommended that platforms like LINE and Facebook introduce a localized 'Certified Health Content' badge system for medical professionals, public hospitals, and verified wellness brands in Thailand. By visually distinguishing high-quality, ethically driven information from commercially biased advertisements, platforms can directly enhance the users' perceived functional value. Furthermore, digital platforms should optimize their user interfaces to facilitate the easy tracking of health metrics (e.g., integrating mini-programs for daily step counts or dietary logs directly within the chat ecosystem), thereby lowering the barrier for residents to convert health awareness into continuous management behaviors.

5.3.2 Strategic Guidelines for Health-Oriented Enterprises

For private wellness brands, digital health startups, and private hospitals operating in Bangkok, the empirical results confirm that manipulating 'Perceived Value' and 'Health Awareness' yields significant behavioral compliance. Since both mediators proved to be strong catalysts, enterprises must abandon fear-based, short-term transactional marketing. Instead, marketing materials must be meticulously designed to highlight the long-term return on investment (ROI) of preventive health.

Specifically, marketing content should explicitly quantify the functional and emotional value of health management. For instance, campaigns should visually demonstrate how adopting a specific healthy lifestyle or utilizing a preventive screening service can save future medical costs, thereby addressing the economic pressures faced by urban residents in Bangkok. Additionally, to stimulate 'Health Awareness,' enterprises should utilize data-driven storytelling. Rather than merely stating product features, health-oriented marketing should educate residents on the subtle physiological risks associated with urban stressors (e.g., the impact of PM2.5 air pollution or prolonged sedentary office work in Bangkok). By framing products and services as vital tools for risk mitigation and emotional reassurance, enterprises can successfully align their commercial objectives with the residents' intrinsic motivation for well-being.

5.4 Policy Implications for Thai Public Health Initiatives

Beyond corporate strategy, the findings of this thesis offer profound implications for macro-level public health governance, particularly for institutions such as the Thai Ministry of Public Health (MOPH) and the Thai Health Promotion Foundation (Thai Health). The empirical evidence demonstrates that 'Health Awareness' acts as a highly potent mediator ($\beta=0.45$, $p<0.001$) bridging the gap between external information and actual behavior. This justifies a strategic reallocation of public health budgets.

Under the 'Thailand 4.0' policy framework, which emphasizes smart health and self-sustainability, public resources should be heavily invested in massive, digitally-driven health literacy campaigns. Policymakers should collaborate with prominent digital platforms to push public service announcements that specifically elevate 'Health Information Quality.' Rather than solely subsidizing downstream clinical treatments for chronic non-communicable diseases (NCDs), the Thai government should subsidize

upstream health-oriented marketing initiatives that foster a societal culture of preventive care. For example, Thai Health could launch interactive, gamified campaigns on Facebook and LINE that reward Bangkok residents for engaging in daily health monitoring or completing digital health-awareness quizzes. By systematically utilizing ethical, high-value communication at the state level, public institutions can effectively trigger the organismic state of health awareness across the population, ultimately fostering a more resilient and self-managing urban society.

5.5 Limitations of the Study

This study relies on a cross-sectional survey design, which limits causal inference over time. The use of convenience sampling may reduce the representativeness of the sample regarding broader rural populations, and all major constructs were measured through self-reported questionnaires, which may introduce common method bias and social desirability bias despite statistical checks. In addition, only perceived value and health awareness were examined as mediators, while other potentially relevant variables were not incorporated into the model.

5.6 Recommendations for Future Research

Future research may extend the present study by adopting longitudinal or experimental designs to trace the temporal persistence of health management behaviors. Collecting data from broader regional populations, comparing different age or health-status groups, and incorporating additional mediators or moderators such as trust, health literacy, digital engagement, or self-efficacy would yield deeper insights. Researchers may also compare different categories of health-related marketing, including platform communication, healthcare service branding, and targeted social media health campaigns.

5.7 Final Remark

The synthesis of marketing strategies and public health objectives represents a critical frontier in modern healthcare management. This thesis substantiates the vital role of ethical and value-driven communication in empowering residents to translate health information into proactive, lifelong health management behaviors.

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APPENDIXES

APPENDIX A

Questionnaire

Appendix A: Questionnaire

The appendix below presents the measurement instrument utilized in this study. It aligns with the 28-item measurement model used in the empirical analysis.

Part I. Basic Information

- Gender: Male / Female
- Age: Under 20 / 21–30 / 31–40 / 41–50 / Above 50
- Highest education level: High school or below / Junior college / Bachelor's degree / Master's degree or above
- Monthly income level: Less than 3,000 / 3,001–6,000 / 6,001–9,000 / 9,001–12,000 / Above 12,000
- Place of residence: Urban area / Town / Rural area
- Do you currently pay attention to health-related marketing information? Yes / No

Part II. Health-Oriented Marketing (Stimulus)

- HIQ1: The health-related marketing information I encounter is accurate and reliable.
- HIQ2: Health-oriented marketing messages provide clear and understandable information.
- HIQ3: Health-related marketing content is relevant to my personal health needs.
- HIQ4: The marketing messages provide sufficient information to understand health-related issues.
- HVO1: Health-oriented marketing emphasizes the importance of maintaining good health.
- HVO2: Health-oriented marketing messages encourage me to adopt healthier behaviors.
- HVO3: The marketing messages encourage behaviors that improve quality of life.
- HVO4: The marketing messages promote health as a core value.
- ERO1: The marketing activities demonstrate a strong sense of social responsibility toward public health.

- ERO2: The marketing messages prioritize consumers' health interests over commercial profits.
- ERO3: The marketing messages are honest and do not exaggerate health benefits.
- ERO4: I trust the health-related claims presented in the marketing messages.

Part III. Organism Variables

- PV1: Engaging in health management activities provides good value for me.
- PV2: The benefits of health management activities outweigh the costs involved.
- PV3: Health management activities make me feel more secure about my health.
- PV4: Health management activities are beneficial for my long-term health.
- HA1: I pay close attention to information related to my health.
- HA2: I am concerned about maintaining and improving my health.
- HA3: I actively seek information related to health and disease prevention.
- HA4: I am aware of potential health risks in my daily life.

Part IV. Health Management Behaviors (Response)

- HMB1: I regularly monitor my health condition (e.g., health checkups or data tracking).
- HMB2: I pay attention to changes in my physical health indicators.
- HMB3: I maintain a balanced and healthy diet.
- HMB4: I engage in regular physical activity or exercise.
- HMB5: I maintain healthy daily routines, such as adequate sleep and stress management.
- HMB6: I actively use health management services or platforms.
- HMB7: I seek professional health advice when necessary.
- HMB8: I am willing to participate in preventive health services.

Response Scale

All Part II–IV items are measured on a five-point Likert scale: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

APPENDIX B

Article

Appendix B Article

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How Social Media Marketing Drives Purchase Intention in Fast Fashion: The Distinct Mediating Roles of Brand Trust and Consumer Engagement

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Abstract: While social media marketing (SMM) is widely used by fast fashion brands, the psychological and behavioral mechanisms through which it influences consumers' purchase intention remain underexplored. Based on the stimulus–organism–response (S-O-R) theory, this study constructs a dual-mediation model to examine how three SMM dimensions—content quality, interactivity, and promotional activities—affect purchase intention via brand trust (a cognitive pathway) and consumer engagement (a behavioral pathway). A quantitative survey of 200 fast fashion consumers was analyzed using regression and Sobel tests. Results show that all three SMM dimensions positively affect purchase intention, with interactivity exerting the strongest direct effect. Brand trust partially mediates the effect of interactivity, whereas consumer engagement mediates both interactivity and promotional activities. Notably, content quality does not significantly influence consumer engagement, suggesting it may serve as a baseline expectation rather than an engagement trigger in fast fashion. These findings extend S-O-R theory by differentiating two parallel mediating pathways and offer actionable guidance for fast fashion brands seeking to optimize SMM resource allocation.

Keywords: Social media marketing; purchase intention; brand trust; consumer engagement; fast fashion; S-O-R theory.

1. Introduction

The digital transformation has fundamentally reshaped how fast fashion brands interact with consumers. Social media platforms such as TikTok, Instagram, Xiaohongshu, and Weibo have evolved from mere communication channels into integrated ecosystems where branding, customer interaction, and sales conversion occur simultaneously. For fast fashion giants like Uniqlo, ZARA, H&M, and SHEIN, social media has become a critical battlefield for attracting young consumers, launching products rapidly, and building brand image.

Despite heavy investments, many fast fashion brands struggle with content homogenization, low interaction quality, and unsatisfactory returns. A 2023 industry report noted that while 76% of consumers believe social media interaction affects their purchase decisions, only 34% perceive current brand interactions as "warm and trustworthy." This gap highlights a pressing need: to understand not merely whether SMM works, but *how* it works—specifically, through which psychological and behavioral pathways SMM shapes purchase intention.

Existing research has largely focused on direct effects or single-mediator models, leaving the relative importance of different mediators unclear. Moreover, the fast fashion context—characterized by rapid trends, visual dominance, and a young user base—has received insufficient theoretical attention. To address these gaps, this study poses the following research question: *How do content quality, interactivity, and promotional activities in SMM influence consumers' purchase intention in fast fashion, and what roles do brand trust and consumer engagement play as mediators?*

Drawing on the S-O-R (Stimulus–Organism–Response) framework, this study proposes a dual-mediation model in which SMM dimensions serve as external stimuli, brand trust and consumer engagement represent internal organismic states, and purchase intention is the behavioral response. The study has four objectives: (1) to test the direct effects of the three SMM dimensions on purchase intention; (2) to compare their relative influence; (3) to examine the mediating role of brand trust; and (4) to examine the mediating role of consumer engagement.

2. Theoretical Background and Hypotheses

2.1. The S-O-R Framework in Social Media Marketing

The S-O-R model, originating from environmental psychology, posits that external stimuli (S) trigger internal organismic states (O), which in turn lead to behavioral responses (R). In the context of digital marketing, SMM activities are conceptualized as stimuli that affect consumers' cognitive and affective states (e.g., trust, engagement), ultimately shaping their purchase intentions. This framework has been widely applied in online consumer behavior research, yet few studies have simultaneously compared cognitive versus behavioral pathways within a single model.

2.2. Social Media Marketing Dimensions

Following prior research, this study conceptualizes SMM as a multidimensional construct comprising three key dimensions:

Content quality:the perceived value, reliability, timeliness, and entertainment of brand-generated content.

Interactivity: the timeliness and depth of two-way communication between brand and consumer.

Promotional activities:economic incentives such as discount codes, coupons, and limited-time offers.

These dimensions are not mutually exclusive but represent distinct strategic levers that brands can pull. However, their relative effectiveness in the fast fashion context remains empirically unclear.

2.3. Direct Effects on Purchase Intention

Purchase intention refers to a consumer's subjective likelihood of purchasing a product in the near future. High-quality content can inform and entertain, thereby reducing uncertainty and increasing preference. Interactivity fosters a sense of connection and personalization, which are highly valued by young fast-fashion consumers. Promotional activities provide immediate economic utility, which can trigger impulse purchases. Thus:

H1a: Content quality has a significant positive effect on purchase intention.

H1b: Interactivity has a significant positive effect on purchase intention.

H1c: Promotional activities have a significant positive effect on purchase intention.

2.4. The Mediating Role of Brand Trust (Cognitive Pathway)

Brand trust reflects consumers' confidence in a brand's reliability, integrity, and goodwill. In the fast fashion industry—where product quality consistency is often questioned—trust is a crucial risk-reduction mechanism. When brands provide valuable content and engage in genuine interactions, consumers are more likely to perceive the brand as trustworthy. This trust, in turn, increases purchase intention by lowering perceived risk. Therefore:

H2a, H2b, H2c:Content quality, interactivity, and promotional activities each positively affect brand trust.

H3:Brand trust positively affects purchase intention.

H4:Brand trust mediates the relationship between SMM dimensions and purchase intention.

2.5. The Mediating Role of Consumer Engagement (Behavioral Pathway)

Consumer engagement goes beyond passive exposure to include active behaviors such as liking, commenting, sharing, and participating in brand-hosted activities. Engaged consumers develop stronger brand relationships and are more likely to convert. Interactivity directly invites participation, while promotional activities (e.g., share-to-win campaigns) can also stimulate engagement. However, content quality alone may not suffice if it lacks interactive or incentive elements. Thus:

H5a, H5b, H5c:Content quality, interactivity, and promotional activities each positively affect consumer engagement.

H6:Consumer engagement positively affects purchase intention.

H7:Consumer engagement mediates the relationship between SMM dimensions and purchase intention.

3. Methodology

3.1. Research Design and Sample

A cross-sectional quantitative design was adopted. The target population comprised active social media users who had followed at least one major fast fashion brand (Uniqlo, ZARA, H&M, or SHEIN) in the past six months. Using convenience and snowball sampling, an online questionnaire was distributed via Wenjuanxing. Of 235 responses received, 200 were valid (effective rate: 85.1%), after excluding incomplete or patterned responses.

3.2. Sample Characteristics

Table 1 presents the demographic characteristics of the sample. The sample closely matches the typical fast fashion consumer profile (predominantly young, female, and well-educated), supporting external validity.

Table 1. Sample Demographic Characteristics (N = 200)

Variable	Category.	Frequency (n)	Percentage (%)
Gender	Male	63	31.6
	Female	137	68.4
Age	Under 18	8	5.1
	18–25	108	53.8
	26–30	56	28.2
	31 and above	28	12.9
Education	High school or below	15	7.7
	Associate degree	15	7.7
Variable	Bachelor's degree	123	61.5
	Master's or above	47	23.1

3.3. Measurements

All constructs were measured using established scales adapted to the fast fashion context, rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Content quality (4 items):e.g., "The brand's content provides valuable fashion information."

Interactivity (4 items):e.g., "The brand actively replies to my comments or private messages."

Promotional activities (4 items): e.g., "The brand often provides exclusive discount codes on social media."

Brand trust (4 items): adapted from Hanaysha (2022).

Consumer engagement (4 items):adapted from Chu & Kim (2011).

Purchase intention (3 items): e.g., "I am likely to purchase from this brand in the near future."

Reliability was assessed using Cronbach's α. All α values exceeded 0.85 (content quality: 0.89; interactivity: 0.91; promotional activities: 0.85; brand trust: 0.88; consumer engagement: 0.87; purchase intention: 0.90), indicating excellent internal consistency. The KMO value was 0.87, and Bartlett's test of sphericity was significant ($\chi^2 = 1246.32$, $p <$

0.001). Factor loadings all exceeded 0.60, confirming structural validity.

3.4. Data Analysis

SPSS 26.0 was used for analysis. The analytical procedure involved: (1) Pearson correlation analysis; (2) multiple regression for direct effects; and (3) Baron and Kenny's stepwise mediation analysis with Sobel tests for indirect effects.

4. Results

4.1. Correlation Analysis

Table 2presents the Pearson correlation matrix. All SMM dimensions correlate significantly with brand trust, consumer engagement, and purchase intention ($p < 0.01$). Interactivity shows the strongest correlation with purchase intention ($r = 0.782$), followed by content quality ($r = 0.645$) and promotional activities ($r = 0.623$).

Table 2. Pearson Correlation Matrix (N = 200)

Variable	1	2	3	4	5	6
1. Content quality	1					
2. Interactivity	0.612**	1				
3. Promotional activ	0.534**	0.581**	1			
4. Brand trust	0.663**	0.721**	0.598**	1		
5. Consumer engagement	0.587**	0.749**	0.645**	0.672**	1	
6. Purchase intention	0.645**	0.782**	0.623**	0.701**	0.735**	1

Note: $p < 0.01$ (two-tailed)

4.2. Direct Effects

Table 3 shows the multiple regression results for direct effects of SMM dimensions on purchase intention. The model is significant ($F = 93.20$, $p < 0.001$, adjusted $R^2 = 0.57$). All three dimensions positively affect purchase intention, with interactivity having the strongest effect ($\beta = 0.48$, $p < 0.001$). Thus, H1a, H1b, and H1c are supported.

Table 3. Direct Effects of SMM Dimensions on Purchase Intention

Variable	β	t-value	p-value
Content quality	0.28	4.77	<0.001
Interactivity	0.48	8.19	<0.001
Promotional activities	0.19	3.57	0.001

Model: $F = 93.20$, $p < 0.001$, adjusted $R^2 = 0.57$

4.3. Mediation Effects

Following Baron and Kenny's stepwise approach, we first tested the effects of SMM dimensions on the mediators (Table 4). All three dimensions significantly affect brand trust (H2a–H2c supported). For consumer engagement, interactivity ($\beta = 0.52$, $p < 0.001$) and promotional activities ($\beta = 0.31$, $p = 0.002$) have significant effects, but content quality does not ($\beta = 0.15$, $p = 0.076$). Thus H5b and H5c are supported, while H5a is rejected.

Table 4. Effects of SMM Dimensions on Mediators

Independent variable	Dependent: Brand trust		Dependent: Consumer engagement	
	β	p-value	β	p-value
Content quality	0.35	<0.001	0.15	0.076
Interactivity	0.42	<0.000	0.52	<0.001
Promotional activities	0.21	0.008	0.31	0.002

Next, we regressed purchase intention on the mediators while controlling for SMM dimensions (Table 5). Both brand trust ($\beta = 0.26$, $p < 0.001$) and consumer engagement ($\beta = 0.39$, $p < 0.001$) positively affect purchase intention, supporting H3 and H6.

Table 5. Effects of Mediators on Purchase Intention (controlling for SMM)

Variable	β	t-value	p-value
Content quality	0.12	2.16	0.032
Interactivity	0.25	4.45	<0.001
Promotional activities	0.08	1.15	0.133
Brand trust	0.26	4.66	<0.001
Consumer engagement	0.39	6.19	<0.001

Model: $F = 72.15$, $p < 0.001$, adjusted $R^2 = 0.64$.

Finally, Sobel tests (Table 6) confirmed that brand trust partially mediates the "interactivity → purchase intention" path ($Z = 4.62$, $p < 0.001$). Consumer engagement mediates both the "interactivity → purchase intention" ($Z = 5.52$, $p < 0.001$) and "promotional activities → purchase intention" ($Z = 4.27$, $p < 0.001$) paths. Thus H4 and H7 are partially supported. Notably, the direct effect of promotional activities becomes non-significant after including mediators, indicating full mediation through consumer engagement.

Table 6. Sobel Tests for Indirect Effects

Path	Sobel Z	p
Interactivity → Brand Trust → Purchase Intention	4.62	<0.001
Interactivity → Consumer Engagement → Purchase Intention	5.52	<0.001
Promotional Activities → Consumer Engagement → Purchase Intention	4.27	<0.001

4.4. Summary of Hypothesis Tests

Table 7. Summary of Hypothesis Test Results

Hypothesis	Content	Result
H1a	Content quality → Purchase intention (+)	Supported
H1b	Interactivity → Purchase intention (+)	Supported
H1c	Promotional activities → Purchase intention (+)	Supported
H2a	Content quality → Brand trust (+)	Supported
H2b	Interactivity → Brand trust (+)	Supported
H2c	Promotional activities → Brand trust (+)	Supported
H3	Brand trust → Purchase intention (+)	Supported
H4	Content quality → Consumer engagement (+)	Partially supported
H5a	Interactivity → Consumer engagement (+)	Not supported
H5b	Interactivity → Consumer engagement (+)	Supported
H5c	Promotional activities → Consumer engagement (+)	Supported
H6	Consumer engagement → Purchase intention (+)	Supported
H7	Consumer engagement mediates	Partially supported

5. Discussion

5.1. Key Findings and Interpretation

This study yields three main findings. First, among the three SMM dimensions, interactivity is the strongest direct predictor of purchase intention in fast fashion. This suggests that young consumers value authentic, responsive dialogue over one-way content transactional promotions. Second, brand trust and consumer engagement function as distinct mediating mechanisms: trust is primarily built through interactivity, whereas engagement is activated by both interactivity and promotions. Third, content quality does not significantly drive consumer engagement—a non-finding that is theoretically meaningful. In the fast fashion context, where high-quality visuals and trendy copy are the norm, consumers may have come to expect polished content as a baseline. Only when content is paired with interaction or incentives does it translate into active participation.

5.2. Theoretical Contributions

This study makes three theoretical contributions. First, it extends S-O-R theory by empirically separating cognitive (brand trust) and behavioral (consumer engagement) pathways within a single model, showing that different SMM dimensions activate different organismic responses. Second, it challenges the assumption that content quality uniformly drives all forms of consumer response; in high-stimulation environments like fast fashion, content quality may be necessary but not sufficient for engagement. Third, it clarifies the role of promotional activities beyond economic utility—their main influence on purchase intention operates indirectly through encouraging participation, supporting a relationship-based view of promotions.

5.3. Practical Implications

For fast fashion managers, the results suggest a strategic

reorientation. First, investment priorities should shift from content production to interaction capability: faster reply times, community management, and co-creation activities. Second, a dual-path strategy is recommended: build brand trust through consistent, transparent communication, while simultaneously designing engaging campaigns (e.g., challenges, UGC contests) that reward participation. Third, performance metrics should include not only sales but also trust indicators (e.g., NPS) and engagement metrics (e.g., share rates, comment quality) to capture long-term value.

6. Conclusion, Limitations, and Future Research

This study demonstrates that SMM affects fast-fashion consumers' purchase intention through two distinct pathways: brand trust (cognitive) and consumer engagement (behavioral). Interactivity is the most powerful dimension, whereas content quality alone does not drive engagement.

However, several limitations must be acknowledged. The sample (N = 200) was obtained through non-probability sampling, limiting generalizability. The cross-sectional design precludes strong causal inference. The non-significant effect of content quality on engagement, while intriguing, requires replication with refined measures that distinguish between informational, emotional, and social-value dimensions of content.

Future research should employ longitudinal or experimental designs to establish causality, test the model across different cultural contexts, and examine potential moderators such as brand familiarity or product involvement. Additionally, deeper qualitative inquiry could explore why content quality fails to spur engagement in fast fashion—whether due to consumer fatigue, platform algorithms, or shifting content expectations.

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