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LEVERAGING SOCIAL MARKETING PROMOTION TO MITIGATE SUDDEN DEATH INCIDENTS IN NIGERIA

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Abstract

Sudden death is a major public health challenge in Nigeria, driven by inadequate health information, poor healthcare-seeking attitudes, and the persistent use of unqualified medical practitioners, among others. This study examined the effect of social marketing promotion on health information exposure, attitudes toward professional healthcare services, reduced patronage of medical quacks, and adoption of preventive health behaviours. A descriptive cross-sectional survey was conducted among adult Nigerians exposed to health-related social marketing campaigns. A sample of 369 respondents was determined using Cochran's formula for large populations and selected through a multistage sampling technique combining purposive and simple random sampling. Data were collected via a structured four-point Likert questionnaire, validated through expert review and tested for reliability using Cronbach's alpha. Analyses using Pearson correlation and simple linear regression, after verifying assumptions of linearity, normality, homoscedasticity, and absence of multicollinearity, revealed that social marketing promotion significantly enhanced health information exposure, positively influenced attitudes toward professional healthcare, reduced patronage of medical quacks, and promoted preventive health behaviours. Based on these findings, the study recommends institutionalizing social marketing promotion in national health policies, emphasizing anti-quackery messaging, adopting multi-channel communication strategies, integrating campaigns into primary healthcare and community outreach, and establishing systematic monitoring and evaluation mechanisms to sustain impact.

Keywords: *Social marketing promotion, sudden death, preventive health behaviour, health information exposure.*

Introduction

Sudden deaths, often resulting from poorly managed non-communicable diseases (NCDs) such as hypertension, cardiovascular diseases, and diabetes, have emerged as a critical public health concern in Nigeria. Onwuchekwa et al. (2013) defined sudden death as an unexpected death occurring within one hour of the onset of symptoms. Beyond the immediate shock experienced by bereaved families, sudden death disproportionately affects adults in their productive years, thereby imposing significant social and economic burdens on households and communities. According to the World Health Organization (WHO, 2021), NCDs account for approximately 29% of all deaths in Nigeria, with cardiovascular diseases constituting the leading cause.

Despite the high prevalence of NCDs, awareness, early diagnosis, and preventive health actions remain inadequate. Many Nigerians keep relying on unqualified healthcare providers or traditional remedies due to religious and cultural beliefs, high costs associated with orthodox healthcare, or limited access to credible health information (Ogundele et al.,

2020). These behaviours significantly heighten the risk of sudden death, underscoring the urgent need for effective communication strategies that encourage the voluntary adoption of preventive health behaviours.

Social marketing promotion refers to the strategic use of communication messages disseminated through mass media, social media, and community-based channels to influence health behaviours for societal well-being. Evidence from Nigeria shows that social marketing promotion has been effective in improving health outcomes, including increased uptake of cervical cancer screening and enhanced malaria prevention practices (Adewuyi & Adefemi, 2022). Similarly, during the COVID-19 pandemic, aggressive social marketing promotion played a critical role in disseminating health information and encouraging compliance with preventive measures during nationwide lockdowns. By informing, persuading, and motivating individuals to adopt healthy practices, social marketing promotion holds considerable potential for reducing sudden death incidents. However, empirical studies specifically examining its effectiveness in mitigating sudden death in Nigeria remain limited.

Problem Statement

While cases of sudden deaths associated with non-communicable diseases (NCDs) continue to rise in Nigeria, existing interventions have largely focused on clinical care, regulation of medical practice, and general health education campaigns, with limited success in influencing health-seeking behaviour. Evidence suggests that awareness alone does not necessarily translate into preventive action. For instance, Ogundele et al. found that many adults failed to adopt routine medical check-ups despite awareness of hypertension risks. Similarly, Onwuchekwa et al. reported that public health messages are often generic and poorly targeted, resulting in minimal behavioural change.

Insights from Social Marketing emphasize that behaviour change is more effective when communication strategies are audience-specific, persuasive, and action-oriented. Empirical studies support this position. For example, Adewuyi & Adefemi showed that targeted promotional campaigns significantly improved participation in malaria prevention and cervical cancer screening in Nigeria. Likewise, other studies on health communication in developing contexts indicate that tailored messaging enhances health information uptake and behavioural compliance.

However, despite these documented successes, the application of social marketing promotion to sudden death prevention in Nigeria remains underexplored. Existing studies have largely concentrated on disease awareness and screening behaviours, with limited empirical attention to how promotional strategies influence critical outcomes such as health information exposure, attitudes toward professional healthcare, avoidance of unqualified practitioners, and sustained preventive health practices linked to sudden death reduction.

This lack of focused empirical evidence constrains the ability of policymakers and health promoters to design targeted, behaviour-oriented interventions in a context marked by low health literacy and reliance on informal healthcare providers. Therefore, this study is essential as it examines the effect of social marketing promotion on reducing sudden death incidents in Nigeria, focusing on measurable health behaviour outcomes and providing evidence-based insights for effective intervention design.

Research Objectives

The major objective of this research was to leverage social marketing promotion to mitigate sudden death in Nigeria. However, the specific objectives were to:

1. determine the effect of social marketing promotion on health information exposure regarding sudden death and its risk factors;

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2. assess the influence of social marketing promotion on attitudes toward professional healthcare services;
3. examine the effect of social marketing promotion on reducing patronage of medical quacks;
4. evaluate the role of social marketing promotion in promoting preventive health behaviours that reduce the risk of sudden death.

Research Questions

The following research questions were framed for this study:

1. What is the effect of social marketing promotion on health information exposure regarding sudden death and its risk factors?
2. How does social marketing promotion influence attitudes toward professional healthcare services?
3. What is the effect of social marketing promotion on reducing the patronage of medical quacks?
4. What role does social marketing promotion play in promoting preventive health behaviours that reduce the risk of sudden death?

Research Hypotheses

The following hypotheses were tested in this study:

I. Social marketing promotion has no significant effect on health information exposure among Nigerian adults.
2. Social marketing promotion has no significant influence on attitudes toward professional healthcare services.
3. Social marketing promotion has no significant effect on reducing patronage of medical quacks.
4. Social marketing promotion does not significantly promote preventive health behaviours associated with reducing sudden death incidents.

Significance of the Study

This study is significant as it provides empirical evidence on the effectiveness of social marketing promotion in reducing sudden death risks among Nigerian adults. By demonstrating that social marketing promotion significantly improves health information exposure, attitudes toward professional healthcare, discourages patronage of medical quacks, and enhances preventive health behaviour, the study validates its role as a strategic public health intervention.

The findings are valuable to policymakers, healthcare practitioners, and public health organizations, as they highlight the need to integrate structured social marketing campaigns into national health promotion and emergency response strategies. Additionally, the study contributes to academic literature by offering a composite approach to measuring sudden death prevention outcomes, thereby providing a more holistic framework for future research.

Review of Related Literature

Conceptual Review

This review conceptualizes the nexus between Social Marketing, specifically Social Marketing Promotion, and the mitigation of Sudden Death in Nigeria. It synthesizes these core concepts, presents relevant statistics and incident narratives, and proposes a conceptual framework to guide intervention design and research.

Social Marketing Promotion

Promotion within social marketing is the strategic use of communication channels and persuasive messaging to spur people to discard bad behaviour and embrace good ones for social wellbeing of the society. It is not simply advertising, rather it is the integration of marketing principles for the purpose of eliciting positive behavioural change among citizens for their common good. Effective promotion uses formative research to craft audience-specific messages, selects appropriate channels (mass media, social media, community networks, religious institutions), employs behavioural theories to address perceptions, utilizes a multi-channel mix to reinforce messages, involves creative strategies that evoke emotion, provide clear calls to action, and build self-efficacy. For sudden death prevention, promotion might involve dramatizing the ease and importance of checking blood pressure, using testimonials from survivors, or normalizing Cardiopulmonary Resucitation (CPR) training through edutainment.

Sudden Death

Sudden death is medically defined as an unexpected natural death from cardiac or other internal causes, typically occurring within one hour of symptom onset. This could be an outcome of cardiovascular cases. According to WHO (2021), hypertension prevalence is estimated at 30-45% among adults, and it is a leading underlying cause of sudden cardiac death and stroke. CVDs contribute to approximately 11% of total deaths nationally, with many being sudden.

In the same vein, Nigeria accounts for nearly 20% of global maternal deaths, with many occurring suddenly during or after childbirth due to hemorrhage, eclampsia, or sepsis (UNICEF, 2022). Road Traffic Injuries (RTIs) could also cause sudden death. Nigeria has one of the highest RTI fatality rates (21.4 deaths per 100,000 population). The Federal Road Safety Corps (FRSC) reported 5,053 road traffic crashes with 2,716 deaths in the first half of 2023 alone - many occurring suddenly at scenes (FRSC, 2023).

Health Information Exposure

Health information exposure refers to the extent to which individuals encounter, process, and internalize health-related messages disseminated through various communication channels, including social marketing campaigns. Social marketing applies commercial marketing principles to influence health-related knowledge and awareness for societal benefit (Kotler & Lee, 2008). Prior studies suggest that repeated exposure to targeted health messages significantly improves individuals' understanding of disease causes, risk factors, and preventive measures (Wakefield, Loken, & Hornik, 2010). In the context of sudden death, exposure to credible social marketing messages enhances awareness of lifestyle-related risk factors such as poor diet, physical inactivity, and unmanaged stress, thereby motivating individuals to seek further health information (McGuire, 1989). Increased health information exposure has been shown to stimulate proactive information-seeking behaviour, which is critical for early detection and prevention of life-threatening conditions (Viswanath & Finnegan, 1996).

Attitude toward Professional Healthcare Services

Attitude toward professional healthcare services reflects individuals' beliefs, trust, and predisposition to utilize licensed medical practitioners and formal health institutions. According to the Theory of Planned Behaviour, attitudes significantly influence health-related decision-making and service utilization (Ajzen, 1991). Social marketing campaigns play a vital role in shaping positive perceptions of professional healthcare by emphasizing competence, safety, and evidence-based medical practices (Andreasen, 2004). Empirical

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studies indicate that exposure to authoritative health messages increases trust in qualified medical practitioners and strengthens confidence in following medical advice (Berry & Bendapudi, 2007). In environments where misinformation is prevalent, social marketing serves as a corrective mechanism that repositions hospitals and clinics as reliable sources of care, thereby encouraging timely healthcare-seeking behaviour.

Reduction in Patronage of Medical Quacks

Reduction in the patronage of medical quacks refers to decreased reliance on unlicensed, unregulated, or informal healthcare providers. Medical quackery thrives largely due to misinformation, cultural beliefs, and limited awareness of associated health risks (Ernst, 2001). Social marketing campaigns counteract these influences by educating the public on the dangers of unqualified medical practices and highlighting the benefits of professional healthcare services (Kotler, Roberto, & Lee, 2002). Research shows that increased awareness through public health campaigns leads to more cautious health decisions and discourages dependence on unsafe traditional or unregulated remedies (World Health Organization [WHO], 2010). Moreover, informed individuals often act as change agents by encouraging family and peers to avoid quack practitioners, amplifying the impact of social marketing interventions.

Preventive Health Behaviour

Preventive health behaviour encompasses actions undertaken by individuals to reduce health risks and prevent diseases, such as regular medical check-ups, lifestyle modification, and adherence to medical advice. Social marketing campaigns have been widely recognized as effective tools for promoting preventive health behaviours by simplifying complex medical information and reinforcing positive habits (Glanz, Rimer, & Viswanath, 2015). Evidence indicates that exposure to health promotion messages encourages routine health monitoring, adoption of healthy lifestyles, and compliance with preventive medical guidelines, all of which are essential in reducing sudden death incidents.

Conceptual Framework

The diagram below tries to capture the variables involved in operationalizing the constructs used for this study.

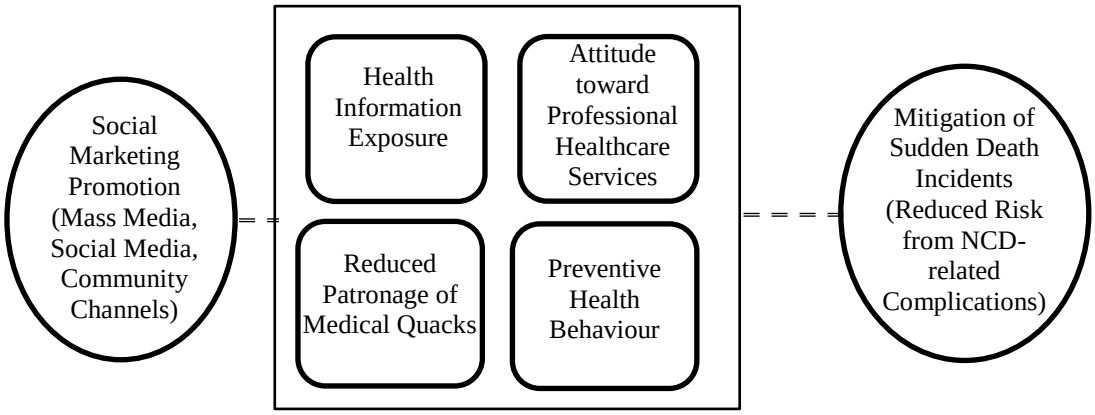

Fig 1. Conceptual Framework. **Source:** Researchers (2026)

This study is anchored on the assumption that sudden death incidents in Nigeria - largely driven by un-managed non-communicable diseases (NCDs) - can be mitigated through effective social marketing promotion. The framework posits that social marketing promotion

does not reduce sudden death directly; rather, it operates through key cognitive, attitudinal, and behavioural mechanisms that collectively lower sudden death risk.

Social marketing promotion, disseminated through mass media, social media, and community-based communication channels, is expected to enhance health information exposure, improve attitudes toward professional healthcare services, discourage patronage of medical quacks, and promote preventive health behaviours such as regular health screening, adherence to medical advice, and healthy lifestyle practices.

Independent Variable

Social Marketing Promotion represents the deliberate use of mass media, social media, and community-based communication strategies to inform, persuade, and motivate individuals to adopt healthier behaviours. In this study, it serves as the primary driving force expected to influence how individuals receive health information, perceive professional healthcare services, and engage in preventive health practices.

Dependent(Proximal)Variables/Mediators

The dependent variables as captured by the conceptual framework above are: Health Information Exposure; Attitude toward Professional Healthcare Services; Reduced Patronage of Medical Quacks; and Preventive Health Behaviours. These outcomes serve as proximal (mediating) variables through which the broader goal of sudden death mitigation is achieved. Because they are measurable and are indirectly used to mitigate sudden death, they served as dependent variables. Thus, sudden death, which ordinarily would have been looked at as a dependent variable, is conceptualized in this study as a distal health outcome, operationalized through measurable behavioural and attitudinal indicators, given that it cannot be measured directly in social sciences.

Theoretical Review

This review situates the proposed research within two pivotal theoretical frameworks that explain and predict how social marketing promotion influences the cognitive and behavioural pathways leading to sudden death prevention. The integration of the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB) provides a robust, multi-layered foundation for understanding and designing effective interventions.

1. Health Belief Model (HBM)

Health Belief Model, developed by social psychologists in the U.S. Public Health Service (Rosenstock, 1974; Becker, 1974), posits that an individual's health-related behaviour is determined by their perception of six key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. This model is exceptionally relevant for addressing sudden death, a threat often perceived as abstract until a catastrophic event occurs. The Health Belief Model posits that individuals are more likely to engage in preventive behaviours when they perceive susceptibility to health threats and believe in the effectiveness of recommended actions (Rosenstock, Strecher, & Becker, 1988).

In the context of this study, the HBM explains the initial stages of behavioural change targeted by social marketing promotion. For instance, a campaign aiming to increase blood pressure screening must first elevate the target audience's perceived susceptibility (e.g., "1 in 3 Nigerian adults has hypertension, it could be you") and perceived severity (e.g., "Hypertension silently leads to stroke and sudden death"). The promotion then emphasizes

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the perceived benefits of the recommended action (e.g., "Regular checks can save your life") while strategically reducing perceived barriers (e.g., "Free, 10-minute checks available at your local pharmacy"). Finally, the promotional materials themselves act as powerful cues to action, triggering the decision to act. Thus, the HBM directly informs the research hypotheses concerning health information exposure (H_o1) and preventive health behaviours (H_o4). It predicts that effective social marketing will successfully alter these core perceptions, thereby increasing the likelihood of behavioural adoption.

2. Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour, an extension of the Theory of Reasoned Action by Ajzen (1991), provides a more socially and cognitively nuanced framework. It asserts that the proximal determinant of behaviour is behavioural intention, which is itself influenced by three factors: attitude toward the behaviour, subjective norms, and perceived behavioural control.

This theory is paramount for understanding the social and systemic dimensions of sudden death prevention in Nigeria. First, attitude - the individual's positive or negative evaluation of performing the behaviour - aligns with the study's focus on attitudes toward professional healthcare services (H_o2). Social marketing promotion can reshape attitudes by associating professional care with positive outcomes (trust, efficacy) rather than negative experiences (cost, inconvenience). Second, subjective norms - the perceived social pressure to perform or not perform the behaviour are crucial for combating medical quackery (H_o3). If an individual's reference network (family, peers) normalizes consulting traditional healers or roadside chemists, change is difficult. Social marketing can alter these norms by using influencers, community leaders, and mass media to model and endorse professional care-seeking. Finally, perceived behavioural control (PBC) - akin to self-efficacy, but including control over external factors -addresses the practical obstacles to behaviour.

The TPB, therefore, offers a comprehensive pathway from promotional exposure to behavioural intention. It clarifies how social marketing can ochestrate shifts in social norms (reducing quack patronage) and cultivate empowering attitudes and a sense of control, ultimately leading to the adoption of preventive behaviours.

Empirical Review

Wanyama et al. (2021) conducted an empirical study to test the effect of a "Know Your Numbers" social marketing campaign on hypertension awareness and control in Kenya. The objective was to evaluate changes in screening and treatment adherence using a quasi-experimental design with surveys and clinical data from 1,200 adults. Analysis using Difference-in-Differences and logistic regression revealed the campaign significantly increased awareness (78%), screening (65%), and reduced systolic BP, confirming social marketing's role in improving health information exposure and preventive behaviour.

Adebayo and Eze (2020) conducted empirical research to assess whether a social marketing intervention could reduce reliance on unqualified healthcare providers in rural Nigeria. The objective was to shift care-seeking from drug vendors and traditional birth attendants to formal facilities using mixed-methods participatory action research, including household surveys done wiith a sample size of eight hundred (800) and focus groups. McNemar's test and thematic analysis showed patronage of drug vendors fell from 58% to 34% and TBA use dropped from 41% to 28%, demonstrating social marketing's capacity to change attitudes toward professional services and reduce medical quackery.

Bello and Nwachukwu (2022) empirically evaluated a targeted social media campaign promoting road safety among young commercial drivers in Lagos. The objective was to measure changes in seatbelt and speeding intentions using a randomized controlled trial of sample size of four hundred (400) with a 4-week Facebook/Instagram intervention. Analysis with repeated-measures ANOVA and Structural Equation Modeling found significant increases in seatbelt intention and self-reported use (47% vs. 29%), mediated by improved attitudes and subjective norms, supporting digital promotion as a tool for behavioural influence.

Jonah et al. (2019) conducted a cluster-randomized trial to evaluate a community-based social marketing program for maternal emergency preparedness in Nigeria. The objective was to increase birth preparedness and facility delivery rates across 20 rural communities using trained "Mother Champions" and branded kits. Generalized Estimating Equations analysis showed women in intervention communities were 3.1 times more likely to have a birth plan and 2.4 times more likely to deliver in a facility, proving community-embedded promotion effectively drives preventive health behaviours.

The Nigerian Heart Foundation (2023) empirically assessed the national “Be a Hero, Save a Life” CPR awareness campaign’s impact on public emergency readiness. The objective was to measure changes in CPR training uptake and attitudes using repeated cross-sectional national surveys (N=2,000 each) before and after the integrated media campaign. Propensity score matching and multivariate regression revealed high campaign recall increased positive emergency attitudes by 22 points and CPR training intention 15-fold, with training enrolments rising from 4,500 to over 68,000, demonstrating large-scale promotion’s effect on life-saving behavioural intentions.

Methodology

The study adopted a descriptive cross-sectional survey design targeting adult Nigerian residents exposed to health-related social marketing campaigns, as it enables the collection of data from large population at a single point in time to describe and examine the relationships among variables without manipulation. The study targeted adult Nigerian residents exposed to health-related social marketing campaigns, a population that is large and indeterminate. Consequently, Cochran’s (1977) formula for large (infinite) populations was adopted to ensure a statistically representative sample size. Based on this, a sample size of 369 respondents was determined.

A multistage sampling technique was employed. Respondents were initially purposively selected based on exposure to social marketing messages. Subsequently, simple random sampling was used to select participants for questionnaire administration. Data collection was carried out using a structured questionnaire measured on a four-point Likert scale, capturing main constructs: social marketing promotion, health information exposure, attitude toward professional healthcare services, reduction in patronage of medical quacks, and preventive health behaviour. Validity and reliability of the instrument were ensured. Content validity was established through expert review, while reliability was assessed using Cronbach’s alpha, with all constructs exceeding the 0.70 threshold recommended by Nunnally and Bernstein (1994), indicating satisfactory internal consistency.

- Data analysis was performed with Pearson correlation analysis, and Simple linear regression analysis, using SPSS due to its robustness, accuracy, and wide acceptance in social and health science research for handling quantitative data. Ethical considerations were strictly observed. Respondents provided informed consent, and their anonymity and confidentiality were maintained throughout the study.

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Test of Hypotheses

Table 1: Pearson Correlation Matrix (n=369)

Variables	Health Information Exposure	Attitude toward professional Healthcare	Reduction in Patronage of Medical Quacks	Preventive Health Behaviour
Health Information Exposure	1.000	0.833	0.879	0.940
Attitude toward professional Healthcare	0.833	1.000	0.850	0.912
Reduction in Patronage of Medical Quacks	0.879	0.850	1.000	0.904
Preventive Health Behaviour	0.940	0.912	0.904	1.000

Source: SPSS Output *(All correlations significant at $p < 0.01$)*

The correlation analysis provides preliminary evidence of strong interrelationships among the components of sudden death prevention outcomes, thereby justifying their aggregation into a composite index (SDPO) for subsequent regression analysis.

The correlation analysis reveals strong and positive relationships among all the study variables. Health information exposure is strongly correlated with preventive health behaviour (r = 0.940), indicating that increased exposure to social marketing health messages is closely associated with the adoption of preventive practices linked to reducing sudden death incidents. Attitudes toward professional healthcare services also exhibit a strong positive relationship with preventive health behaviour (r = 0.912) and a substantial correlation with reduced patronage of medical quacks (r = 0.850). Furthermore, reduction in the patronage of medical quacks is strongly associated with preventive health behaviour (r = 0.904). These findings suggest that social marketing promotion plays an interconnected and reinforcing role in shaping health knowledge, attitudes, and behaviours among Nigerian adults.

Table 2: Model Summary

Model	**R**	**R Square**	**Adjusted R^2**	**Std. Error**
1	0.968	0.937	0.937	0.100

Source: SPSS Output

The Model Summary in Table 2 shows a strong positive relationship between social marketing promotion and sudden death prevention outcomes (R = 0.968). The R^2 value of 0.937 indicates that approximately 93.7% of the variation in sudden death prevention outcomes is explained by social marketing promotion. The high adjusted R^2 further confirms the robustness and explanatory power of the regression model.

Table 3: ANOVA

Model	**Sum of Squares**	**DF**	**Mean Square**	**F**	**Sig.**
Regression	52.487	1	52.487	211.36	0.0000
Residual	3.578	367	0.010		
Total	56.065	368			

Source: SPSS Output

From Table 3, the ANOVA result indicates that the regression model is statistically significant, $F(1, 367) = 211.36$, $p < 0.05$. This confirms that social marketing promotion significantly predicts sudden death prevention outcomes among Nigerian adults. The model is, therefore, suitable for explaining variations in SDPO.

Table 4: Regression Coefficients and Model Equation

Model	Unstandardized B	Std. Error	Beta	t	Sig.
(Constant)	0.412	0.091	-	4.53	0.0000
SMP	1.157	0.079	0.968	14.54	0.0000

Source: SPSS Output

Simple linear regression analysis was conducted to examine the effect of social marketing promotion on sudden death prevention outcomes (SDPO). As mentioned earlier, the four dependent variables - health information exposure, attitude toward professional healthcare services, reduction in patronage of medical quacks, and preventive health behavior - were aggregated to form a composite variable termed Sudden Death Prevention Outcome (SDPO), as explained, to make this analysis possible**.** This composite index represents the overall effectiveness of social marketing promotion in mitigating sudden death incidents among Nigerian adults.

The model equation is expressed as:
$SDPO = 0.412 + 1.157(SMP) + \varepsilon$
The model equation reveals that a unit increase in social marketing promotion leads to a 1.157 unit increase in sudden death prevention outcomes.

Test of Hypotheses
The results of the hypothesis testing indicate that social marketing promotion has a statistically significant effect on sudden death prevention outcomes (SDPO) ($\beta = 0.968$, $p < 0.05$). Since SDPO is a composite index derived from health information exposure, attitudes toward professional healthcare services, reduction in the patronage of medical quacks, and preventive health behaviour, the significant regression result implies that social marketing promotion exerts a strong collective influence on these dimensions.

Discussion of Findings
This study investigated how social marketing promotion can be leveraged to mitigate sudden death incidents in Nigeria by influencing health information exposure, attitudes toward professional healthcare, risk perception and message quality, and preventive health behaviour. The regression results demonstrate that social marketing promotion has a statistically significant and positive effect on overall sudden death prevention outcomes, encompassing health information exposure, attitudes toward professional healthcare, reduction in reliance on medical quacks, and preventive health behaviour.

The findings reveal that social marketing promotion significantly improves health information exposure related to sudden death risks, warning signs, and preventive practices. This implies that individuals exposed to consistent and well-structured promotional messages are more likely to understand early symptoms of life-threatening conditions, including chest pain, sudden collapse, breathing difficulty, and hypertension-related emergencies. This result is consistent with Wanyama et al. (2021), who reported that targeted social marketing campaigns substantially increased awareness and screening for hypertension, a leading risk factor for sudden death. In the Nigerian context, the present findings underscore the critical

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role of social marketing promotion in closing information gaps that often delay emergency response and contribute to avoidable mortality.

The study further establishes that social marketing promotion significantly influences attitudes toward professional healthcare in the prevention of sudden death. Positive exposure to promotional health messages increases trust in qualified medical personnel and formal healthcare institutions, thereby reducing reliance on quacks or self-medication, informal drug vendors, and traditional remedies during medical emergencies. This finding aligns with Adebayo and Eze (2020)**,** who demonstrated that social marketing interventions effectively redirected healthcare-seeking behaviour from unqualified providers to formal health facilities in rural Nigeria. By improving attitudes toward professional care, social marketing promotion directly addresses one of the major contributors to sudden death - late or inappropriate medical intervention.

The results also indicate a significant relationship between social marketing promotion and risk perception as well as perceived message quality. This suggests that effective promotional messages heighten individuals' perception of the seriousness and susceptibility associated with sudden death while ensuring that preventive messages are clear, credible, and actionable. This finding is consistent with Bello and Nwachukwu (2022), who found that targeted digital social marketing campaigns influenced behavioural intentions by shaping attitudes and subjective norms. The present study extends this evidence by demonstrating that improved risk perception serves as a critical psychological mechanism through which social marketing promotion encourages early recognition of danger signs and prompt emergency response, both of which are essential for reducing sudden death fatalities.

Furthermore, the study confirms that social marketing promotion significantly predicts preventive health behaviour aimed at reducing sudden death incidents. Preventive behaviours influenced by promotional exposure include regular blood pressure checks, adherence to medical advice, avoidance of harmful lifestyle practices, and willingness to seek immediate professional care during emergencies. This finding supports the conclusions of Jonah et al. (2019), whose community-based social marketing intervention significantly improved maternal emergency preparedness and facility-based delivery in Nigeria. Similarly, the present study demonstrates that social marketing promotion encourages proactive health behaviours that are crucial for mitigating sudden death risks.

Conclusion

This study examined how social marketing promotion can be leveraged to mitigate sudden death incidents in Nigeria by influencing health information exposure, attitudes toward professional healthcare, risk perception and message quality, and preventive health behaviour. The findings provide strong empirical evidence that social marketing promotion is a significant predictor of all examined behavioural and cognitive outcomes associated with sudden death prevention.

The results demonstrate that sustained and well-designed social marketing campaigns enhance public awareness of sudden death risks, improve trust in professional healthcare services, heighten risk perception, and promote preventive health behaviours such as early screening, prompt healthcare seeking, and emergency preparedness. By integrating these behavioural pathways within a single empirical model, the study confirms that social marketing promotion functions as a multidimensional intervention capable of addressing both informational and behavioural determinants of sudden death.

Overall, the study concludes that social marketing promotion represents a viable, scalable, and cost-effective strategy for reducing preventable sudden death incidents in Nigeria, particularly those linked to cardiovascular emergencies, delayed response, and poor health-seeking behaviour.

Recommendations

Based on the findings of this study, the following integrated policy and practice recommendations are proposed to support sudden death prevention efforts in Nigeria:

1. Government agencies, public health institutions, and relevant non-governmental organizations should formally integrate social marketing promotion into national policies on non-communicable disease (NCD) control, sudden death prevention, and emergency response. Sustained funding and inter-agency coordination are essential to ensure consistent, long-term implementation rather than ad hoc awareness campaigns.
2. Health promotion initiatives should emphasize the importance of timely engagement with licensed healthcare professionals and explicitly address the dangers associated with medical quackery. Policy guidelines should support the dissemination of clear, credible, and evidence-based messages that correct misinformation and strengthen public trust in formal healthcare systems.
3. Social marketing interventions should employ an integrated mix of mass media, digital platforms, and community-based communication channels. While digital media can enhance reach and engagement, especially among younger populations, community-based approaches remain critical for ensuring cultural relevance, trust, and inclusion of rural and underserved groups.
4. Health authorities should mainstream social marketing strategies into primary healthcare delivery, community outreach, and emergency preparedness initiatives. Collaboration with professional health bodies, media organizations, and community opinion leaders can further amplify message reach and reinforce positive health behaviours.
5. Routine monitoring and evaluation should be institutionalized to assess the effectiveness of social marketing interventions. Key indicators should include health information exposure, attitudes toward professional healthcare services, reduced patronage of medical quacks, and adoption of preventive health behaviours. Findings from these evaluations should inform continuous policy refinement and programme improvement.

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Link to Questionnaire on Leveraging Social Marketing Promotion to Mitigate Sudden Death Incidents in Nigeria: https://forms.gle/6Z3z5oUfd9NVZtdy7