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Effect of Social Marketing Tools Against Smoking: A Demographic Comparison of Rural and Urban Area

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Abstract

Over the years, many social marketing strategies have been used to divert youth from smoking but the efficacy of these measures have yet to be analyzed. The purpose of this study is to determine the perceptions of people living in rural and urban parts of Himachal Pradesh, concerning the influence of social marketing tools against smoking. A descriptive study method is employed to accomplish the goal, and primary data is attained from five hundred respondents using a questionnaire. The frequency distribution and chi-square test are used to examine the data. It was shown that the perceptions of people in rural and urban parts changed significantly depending on their gender, age and family type.

Keywords: Rural, Urban, Smoking, Social Marketing Tools

Introduction

The phrase 'societal marketing' was coined by Philip Kotler in the late 1960s, which he used to refer to 'socially responsible marketing' by corporations. During 1970s, social marketing was widely accepted to have existed as a new marketing strategy that was seen as a means of promoting deliberate social change. Existing marketing ideas were utilised to guide the theory's non-commercial application. As a result, this new notion was rejected since it strayed from established marketing norms and was seen by some as an outlier in the world of marketing (Luck, 1974). According to Lefebvre and Flora, (1988), intangible goods like ideas, techniques, and lifestyle changes characterise social marketing. They said that social marketing aims to influence a certain group of people via a certain medium, making them adhere to a specific stance or concept. In social marketing, the goal is to meet the requirements of target consumers in a manner that serves the greater good of the community as a whole. Many social issues may be linked to it such as health and crime control in order to benefit the customer (Andresen, 1995).

Social marketing aims to use marketing strategies and tools to achieve goals that are more important to society as a whole, such as the well-being of society as a whole rather than individual profit. This includes everything from product development, evaluation, communication, and market research strategies and tools. It is the primary goal of social marketing to change people's behaviour. There are a variety of ways to do this (change). The basic purpose of social marketing is to motivate people to live happier lives. While all marketing tactics and approaches have the potential to impact clients, the most important element is that the strategy or tactic be effective. There is a need for research, which is specifically meant to investigate target audiences before generating social marketing programmes, as a result of the customer-centric approach, which allows researchers to examine target audiences before launching social marketing programmes. Furthermore, social marketers must use effective approaches and strategies while simultaneously monitoring participant behaviour to ensure that the desired outcomes are achieved (McKenzie, 2013).

Traditional marketing strategies are used in order to alter customer behaviour in order to achieve greater social and public benefit. Social marketing efforts, unlike commercial marketing, are not meant to promote sales or profits. Rather, the goal of social marketing is to influence community changes for the greater good,

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such as encouraging people to use only energy-efficient lighting because it can help save money, or encouraging more people to wear seat belts because they can save lives. To run a successful social marketing campaign, you must do the following steps: Create a marketing plan that includes the four Ps of the marketing mix, as well as other factors like laws and partnerships. The goal of the study discussed in this article was to explore how social marketing initiatives effect public behaviour when they are conducted using traditional marketing strategies and approaches. Tobacco control, exercise, and other health-related issues have all been cited as examples of social marketing's ability to change people's behaviour. According to the results of several studies and analyses, health-related behaviour may be influenced by social marketing efforts, which can serve as an implementer, although the impacts are frequently insignificant. Even if the impact may be minor, social marketing initiatives have had a significant impact on the public, researchers say (Evans et al., 2007).

Review of Literature

During the late 1970s in India, a study was undertaken with the goal of decreasing illness and death owing to vaccine-preventable diseases. The immunization programme was initiated with the goal of reducing sickness and mortality due to vaccine avoidable diseases. There was a significant increase in the number of babies and pregnant women who were reporting their vaccinations. It was decided to establish the Expanded Programme on Immunization (EPI) in India to combat six diseases mainly diphtheria, pertussis, tetanus, poliomyelitis, typhoid fever, and paediatric TB. The objective was to cover the majority of all new-borns in the mainstream. As a result, the programme was expanded to include everyone and called the Universal Immunization Program (UIP), 1985. Social marketing has shown to be a successful tool for educating the general public about the illnesses and treatments mentioned above (Shanker, 1991).

Another effort, integrated child development scheme (ICDS), was launched in Gujarat and Maharashtra during the early 1980s. With the International Child Development Study, the purpose was to enhance the nourishment and health of children between the ages of 0-6 as well as to create the groundwork for the child's appropriate psychological, physical, and social growth. Manoff International Inc., a specialised social marketing business, was brought on board to work with MODE, a marketing research firm, for this project (market operations design enquiry services). Most importantly, the research team worked tirelessly to define the areas in which awareness was required to be established and to discover how this would benefit the general public. They were successful. The whole campaign was built on a successful media strategy for communicating a variety of themes (Querashi, 1996).

In research done in Iowa, the United States, social marketing was shown to be an effective technique for teaching people about public health concerns. According to a WIC Program effort, a campaign known as Loving Support was launched with the goal of increasing breastfeeding among WIC applicants. The evaluation of the programme discovered that as a result of social marketing efforts with WIC participants, breastfeeding rates increased among those who participated in the programme. In addition, women participating in the programme reported that they were receiving more nourishment from their loved ones or family members, as well as from prenatal health care practitioners. The whole campaign was centred on active media activities that culminated in a broad-based achievement for everyone (Gordon et al., 2006).

In Tallinn, Estonia, in 2005, "Noortekohvik," a social marketing innovation, was launched (alcohol and tobacco free cafe initiative). Estonian Temperance Union and the Estonian Union for Child Well-being came up with the idea for the campaign. It included distributing press releases and standardising a variety of measures, including youth-only gatherings free of cigarettes and alcohol at a number of well-known cafés. Video clips promoting the harmful effects of alcohol and cigarette use were also included as part of the campaign. Tobacco and alcohol use among young people was significantly reduced thanks to creative thinking, which also educated them about the dangers of these vices (DGHC, 2009). As one of the foremost countries in the advancement of social marketing initiatives, the United Kingdom has recognized an internationally documented academic research centre, which has led to amplified capacity for research, funding, and a practitioner skills base, more broadly recognised definitions of philosophies and practise, and the growth of professional standards in social marketing (Gordon & Moodie, 2009).

It was founded by the Health Sponsorship Council in 2007 with the slogan "Smoking Is Not Our Future." The target

audience consisted of New Zealand youngsters between the ages of 12 and 24. The campaign's purpose was de-normalize tobacco usage among young people by building a snowball effect of unfavourable perceptions about the social effects of smoking among them. Over the course of three stages, the campaign consistently included celebrities who were geared at young people speaking about smoking, becoming smoke free, and quitting smoking. A number of media platforms were used, including television commercials, radio adverts, periodicals, and bus shelters. Three stages of the campaign were launched, with the third building on the previous two by combining de-normalisation and social condemnation communications with messages promoting termination and the acquisition of role models (Thorney & Marsh, 2010).

Similarly, the significance of universal preventive tactics geared at the general population to stop child abuse was emphasised in social marketing campaign titled "Florida Winds of Change." In the United States, the campaign was launched as part of National Abuse Prevention Month, which takes place every October. In this case, the campaign was linked to the normal community-based day care programmes. Children's development and associated issues were the focus of the messages selected for the campaign, which were aimed at raising awareness among the general public. As part of the campaign, a marketing approach was used, in which events and action actions addressing the deterrent of child abuse and desertion were assessed in conjunction with public service messages broadcasted on radio and television. Furthermore, this movement included community-led initiatives such as discourse on different public forums, which were carried out by members of the community (Falconer et al., 2012).

Research Gap

Social marketing is a process that classifies with promoting ways of insight and strategies to create, interact, and provide an incentive in order to persuade a target set of audience to engage in behaviours that benefit society and the target population. It is the exact use of advertising in conjunction with other ideas and methods to achieve specific behavioural goals in the interest of societal welfare (National Social Marketing Center, 2006). Kotler and Lee (2008) define social marketing as the process of using marketing ideas and tactics to create and communicate motivational measures with the objective of influencing a target audience.

Although there is a lot of research on social marketing and how it may be used to influence behaviour change but there isn't much research on the influence or effect of social marketing tools against smoking behaviour and perception of individuals on the basis of demographic variables, specifically in rural and urban areas of Himachal Pradesh. Therefore, it provided a gap which needed to be analysed.

Objectives of the Study

The purpose of this research paper is to find out the 'moderating' effect of demographic (age, gender and family type) on people's perception about effect of social marketing tools against smoking in rural and urban parts of Himachal Pradesh.

Research Hypothesis

Following hypotheses have been verified in this research paper:

H1: There would be a significant difference in urban & rural people perception about effect of social marketing tools related to smoking on the basis of gender.

H2: There would be a significant difference in urban & rural people perception about effect of social marketing tools related to smoking on the basis of age.

H3: There would be a significant difference in urban & rural people perception about effect of social marketing tools related to smoking on the basis of type of family.

Research Methodology

To have a better understanding about the issue descriptive research design was used. Five hundred people (250 each from urban and rural area) among different age groups were selected & interviewed for the completion of study. The data has been composed with the help of pre-tested self-administrated questionnaire, which were divided into three dimensions, social marketing tools at public places, social marketing tools of media and effect of social marketing Tools**.** All of these were assessed by ten items each and these were based on dichotomous scale having option of yes and no. The data collected was examined with the help of chi-square test.

Analysis and Interpretations

Demographic Profile of Respondents

The (Table 1) is presenting the demographic profile of respondents i.e., gender, age and type of family.

Table 1: Demographic Profile of Respondents

Particulars	Classification	Urban		Rural	
		N	Percentage	N	Percentage
Gender	Male	183	73.2	201	80.4
	Female	67	26.8	49	19.6
Age	21 to 50 Years	139	55.6	105	42
	51 to 90 Years	111	44.4	145	58
Type of Family	Nuclear	192	76.8	143	57.2
	Joint	58	23.2	107	42.8

Comparison of urban and rural people perception about effect of social marketing tools against smoking

On the Basis of Gender

The Chi-square test (Table 2, indicating 0.05 level of Significance and tabulated Value as 3.84) showed that there was no significant difference in the perception of males & female for effect of social marketing tools. Thus, hypothesis H1, for significant difference in the urban & rural people perception about effect of social marketing tools related to smoking on the basis of gender is not accepted.

On the Basis of Age

The Chi-square test (Table 3, indicating 0.05 level of Significance and tabulated Value as 3.84) showed that there was significant difference in the perception about effect of social marketing tools of urban & rural teenagers for both the age groups except for Social Marketing Tools of Media. Thus, hypothesis H2, for significant difference in urban & rural people perception about effect of social marketing tools related to smoking on the basis of age was partially accepted.

Table 2: Chi-Square Test Comparing the Urban and Rural People Perception about Effect of Social Marketing Tools on the Basis of Gender

Social Marketing Tool	Response	Male		Chi-Square	Response	Female		Chi-Square
		Urban	Rural			Urban	Rural	
Social Marketing Tools at Public Places	Yes	319	371	0.005	Yes	75	25	3.85
	No	79	93		No	33	20	
Social Marketing Tools of Media	Yes	635	766	1.91	Yes	191	69	3.07
	No	359	385		No	55	31	
Effects of Social Marketing Tools	Yes	391	469	0.008	Yes	101	40	0.05
	No	189	215		No	48	22	

Table 3: Chi-Square Test Comparing the Urban and Rural Area Perception about Effect of Social Marketing Tools Against Smoking on the Basis of Age

Social Marketing Tool	Response	21 to 50		Chi-Square	Response	51 to 90		Chi-Square
		Urban	Rural			Urban	Rural	
Social Marketing Tools at Public Places	Yes	101	161	25.29	Yes	291	233	31.03
	No	90	51		No	21	65	
Social Marketing Tools of Media	Yes	364	391	0.73	Yes	473	435	0.71
	No	133	129		No	294	295	
Effects of Social Marketing Tools	Yes	121	209	33.85	Yes	388	308	29.93
	No	171	105		No	72	133	

Difference in Urban and Rural People Perception about Effect of Social Marketing Tools Related to Smoking on the Basis of Type of Family

On assessment of the nuclear & joint family groups of urban & rural teenagers the Chi-square test (Table 4, indicating 0.05 level of Significance and tabulated Value as 3.84) indicated significant difference in perception about effect of social marketing tools for each family type except for Social Marketing Tools at Public Places. Thus, hypothesis H3 for significant difference in urban & rural people perception about effect of social marketing tools related to smoking on the basis of type of family is partially accepted.

Table 4: Chi-Square Test Comparing the Urban and Rural Teenagers' Perception about Effect of Social Marketing Tools on the Basis of Type of Family

Social Marketing Tool	*Response*	*Nuclear*		*Chi-Square*	*Response*	*Joint*		*Chi-Square*
		Urban	*Rural*			*Urban*	*Rural*	
Social Marketing Tools at Public Places	Yes	290	205	0.80	Yes	105	190	1.31
	No	75	65		No	35	50	
Social Marketing Tools of Media	Yes	571	508	39.19	Yes	259	321	46.41
	No	339	149		No	85	265	
Effects of Social Marketing Tools	Yes	341	265	4.75	Yes	170	245	11.11
	No	207	133		No	37	110	

Conclusions and Findings

Smoking leads to a variety of addictions as well as millions of dollars in yearly expenses due to the fact that it is so costly habit and a life-threatening one. Smoking results in over a million deaths each year in the world and India accounts for a considerable share in these smoking related deaths. The addiction and negative consequences make it difficult to quit, and on average, it takes a lot of effort to permanently stop smoking. The health-related consequences of smoking, appear to be the most significant factor in people's decision to stop.

Tobacco control efforts have traditionally been classified broadly as either prevention or cessation-focused, whereas some programmes highlighting the harmful health consequences of smoking emerged in 1980s and tobacco industry de-normalization campaigns appeared after the release of internal corporate documents from litigation. Content and tone have been used in many ways, including terror appeals and the enhancement of social norms. Although there is a lot of disagreement regarding which methods are most effective, it is important to examine the target audience and the specific social and cultural environment in which social marketing initiatives are taking place.

To influence behaviour, marketers employ the strategy of social marketing. Behaviour that causes harm is transformed into something that benefits both people and society. There are certain levels of social marketing, and each level is constantly focused on the client. Finland has assumed responsibility for a strategy aimed at putting an end to smoking in the country by the year 2030. This has to be the largest smoking cessation programme in existence right now. Various measures are taken to discourage people from smoking. At times, actions are taken on an individual micro level, even if they have their roots in government and are thus considered macro level.

From this research majorly it can be concluded that the perception of urban & rural area people in Himachal Pradesh about the effect of social marketing tools against smoking suggestively differs with respect to the age & gender but no significant difference has been recognized according to the type of family. It was found that the perception of urban & rural people about effect of social marketing tools related to smoking were almost the same as the people from both the regions were of the same opinion on the basis of gender, on the other hand perception of people from urban & rural area about effect of social marketing tools related to smoking on the basis of age was partially accepted and lastly it was found that

the perception of people from urban & rural area about effect of social marketing tools related to smoking on the basis of type of family was partially accepted.

As per the research it can be stated that social marketing measures in form of messages or appeals through various mediums has less considerable impact in rural and urban area as the people in both these areas were more inclined towards smoking irrespective of gender. Secondly, other hand, in both rural and urban area the younger age group was more inclined towards smoking and were less effected by social marketing through various mediums. Lastly, people from both urban and rural area living in nuclear families were more inclined towards smoking and social marketing through various mediums had less effect on their perception related to smoking.

It was noticed that people were aware about the dangers of smoking in both rural and urban, but majority of the people were not willing to give up. Even though there is a restriction on tobacco goods being displayed anywhere, they are nonetheless readily available with warnings, which also had insignificant effect on smoking behaviour.

As per the data available it can be stated that the present social marketing efforts through various mediums against smoking is not having a considerable impact on changing smoking behaviour of people irrespective of location. The government and the industries have to realize the health risk smoking is causing directly and indirectly to millions of people. In this regard various laws and policies have to be changed or modified bringing more influence of social marketing through various mediums along with tax and smoking laws. The children have to be educated through various social marketing programmes in schools, colleges and institutions of higher learning about the hazards associated with smoking from the very early stage. If this can be done, it would certainly stop the entry of new smokers (who generally are teenagers) into the snare of this death taking habit.

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