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Full Length Article

Discouraging cigarette smoking through de-marketing strategies

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Abstract

Developing countries report high prevalence of smoking habits among youngsters. The transition from school to college is a critical phase where young people are more likely to adopt such unhealthy habits and life-style. It is necessary to understand the factors that lead youngsters to smoking and analyze the relationship of these factors with other socio-economic and demographic variables. The present study is a cross sectional empirical research based on multi-stage sampling process. Data analysis reveals some important relationships among the variables under study which have been suitably utilized in the formulation of de-marketing strategies for vulnerable age groups. These de-marketing strategies are based on the notion that consumption behavior among college students varies significantly which is also evident from factor analysis of data.
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Keywords: De-marketing; Factor analysis; Multi-stage sampling; Psychological value

1. Introduction

There are about 1.3 billion smokers in the world, and tobacco and tobacco related products are major contributors towards deaths from chronic diseases worldwide (Inness, Barling, Rogers, & Turner, 2008). In US, cigarette smoking and tobacco exposure account for nearly 20% of all deaths every year (Parrinello et al., 2015). In fact, 18.8% of the people with mobility impairments in US were found to smoke (Borrelli, Busch, & Dunsiger, 2014). Another fact that draws attention is that smoking rate is much higher among people living in poverty (Lee, Cutler, & Burns, 2005; Bourdeau, Brady, & Cronin, 2006). Approximately 80 percent of all smokers live in developing economies. Tobacco and liquor organizations face increasing pressure to lessen smoking and drinking among consumers (Yang, Schaninger, & Laroche, 2013). Governments across the world are trying to discourage cigarette smoking through DE marketing strategies. *DE marketing* is "that aspect of marketing that deals with discouraging customers in general or a certain class of customers in particular on either a temporary or permanent basis," (Moore, 2005). Most of the ongoing DE marketing campaigns focus on the development of social norms reinforcing the view that smoking is injurious to health, and an undesirable and irresponsible behavior (Kim & Shanahan, 2003). Various governments

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across the world are trying to increase taxes on tobacco products to discourage their consumption (Cebula, Foley, & Houmes, 2014).

India accounts for 16.6 percent of the world's smokers and Indians consume approximately 102 billion cigarettes per year. Research indicates that middle and upper socioeconomic segments of India are primarily consumers of cigarettes. Besides cigarettes, alternative forms of tobacco like biddies, hookahs, chewing or powdered tobacco are prominent in lower socioeconomic segments residing mainly in rural and semi-urban areas. Tobacco use, especially cigarette smoking is a major public health issue in most of the Indian cities. The problem is quite severe in towns and cities where there is a high concentration of educational institutions as students from smaller towns and villages go to these cities for education. Apart from the major metropolitan cities, such cities that attract young students for education include Varanasi, Kanpur, Meerut, Ghaziabad, Noida, Gr. Noida, Rohtak, Nagpur and Pune.

A number of studies from developing countries have reported high prevalence of tobacco use among young adults. A study conducted in Karnataka (India) revealed that 45 per cent students have used tobacco in one way or another. A similar study conducted in Kerala also reported that 20 percent adolescents smoked.

The smoking habit is strongly associated with age. The student community at the 'adolescent and young' age is highly likely to catch the smoking habit. Other variables that play a critical role in young adults developing smoking habits include degree of social tolerance to smoking and social and educational environment of students.

This study is an attempt to understand the factors contributing to the development of smoking habit among college students and analyze their socioeconomic profile for effective designing of de-marketing strategies to discourage smoking habits among them. It is a public health priority to educate this 'vulnerable age group' about the evils and hazards of smoking. The present study is an endeavor to motivate students to reduce tobacco consumption and suggest certain de-marketing strategies to save the student community from the grip of this dangerous epidemic. The study seeks to achieve the following objectives: (1) identify factors that encourage college students to take up smoking; (2) analyze the relationship between smoking and certain demographic and socio- economic variables; and (3) formulate suitable de-marketing strategies to discourage the smoking habit among students.

2. Literature review

Governments attempt to address social issues through public policies that advocate one conduct over another. One such social issue is smoking. Consumption of tobacco ought to be of great worry to consumers, governments and societies everywhere, and calls for effective anti-consumption strategies. In recent years, various DE marketing strategies have been applied to discourage tobacco consumption.

Kotler and Levy (1971) recommend that organizations need to specifically demarket their items to manage transitory deficiencies and overabundance requests, and also lessen requests from "undesirable sections". Their emphasis was on how firms pick the ideal marketing mix (product, price, place, and promotion) to manage their association with customers. Cullwick (1975) focused on the vital role of the marketing mix elements in demarketing (Lawther, Hastings, & Lowry, 1997). Demarketing intends to decrease demand by discouraging purchasing and utilization of items such as liquor and cigarettes that pose dangers to wellbeing (Comm, 1998). Governments use different demarketing systems and instruments to check smoking, including tobacco publicizing bans (Saffer and Chaloupka, 2000), increase prices (Andrews and Franke, 1991), and smoking bans (Wall, 2005).

Most of the literature on smoking can be divided into two broad categories. While majority of literature focuses on clinical and medical aspects of smoking and its impact on health, few studies talk about the segmentation, target market and marketing aspects of cigarette smokers. However, both these categories lay some emphasis on the demographic and socioeconomic variables also. Little attention has so far been paid to identify the reasons behind smoking and subsequently formulate de-marketing strategies which form the prime focus of this case.

According to W.H.O. estimates, approximately 47% of all men and 12% of all women smoke worldwide. In developing countries, 48% of men and 7% of women smoke. The global youth tobacco survey conducted in 131 countries with a sample size of 7,50,000 students of ages 13–15 years found that approximately 9% students were current smokers while 11% used tobacco products other than cigarettes. It has also been observed that the majority of smokers have a strong desire to quit. However, the addictive nature of tobacco acts as a powerful deterrent to sustained quitting attempts. Statistics show that 78% of smokers try to give up smoking and 83% regret adopting the habit, but only a marginal number (3–5%) manage to abstain for a minimum of 12 months (Hyland et al., 2004).

The survey estimates that cigarette is a major global contributor to deaths from chronic disease. Globally, there are 5 million deaths per year from tobacco use, which is projected to increase to 10 million by the end of 2025. A significant percentage of it is due to cigarette smoking (Rozi, Butt, & Akhtar, 2007). In India, a study was conducted on college students for designing an anti-smoking policy in Vishakhapatnam district (Gavarasana, Doddi, Prasad, Allam, and Murthy, 1991). The study found that 12.4% male students were smokers. On the other hand, and a very insignificant percentage of females were smokers. Further, peer influence was found weaker over females as compared to males who inculcated the smoking habit among them. Of the 1.1 billion smokers worldwide, 182 million (16.6%) live in India (Bansal, John, & Ling, 2005). These smokers account for the consumption of 102 billion cigarettes every year. The study focused on 'Promotional' dimensions of cigarette advertisement in India and found that cigarette marketers had developed sophisticated campaigns targeting men, women and children in different socioeconomic groups. Many of these strategies circumvent the Indian tobacco advertising ban. However, understanding these marketing strategies is critical to minimize the exploitation of loopholes in tobacco control legislation. Pricing is another vital element; in India, cigarette is mostly sold in loose form which makes it affordable even to the poor.

3. Methodology

The present study follows a cross-sectional descriptive research design. The basic advantage of this research design is ease of data collection and easy application of rigorous statistical tools for data interpretation. For better coverage of the area under study, the data were collected at two levels. At the first stage, a sample of ten "pan-biri" shops was selected on the basis of judgmental sampling. The selection of these shops was purely on the basis of better representation of the area under study. Since "paan-biri" shops are exclusive outlets for cigarette distribution, they were considered an important and decisive point from where the final unit of study (students in this case) could be identified.

Table: 1
Selected demographic and socioeconomic profile of respondents.

Variables	Characteristics	*N*	Percent
Age	Below 18	05	05
	19–25	66	66
	Above 25	29	29
Marital status	Married	09	09
	Unmarried	91	91
Education	Below 12th standard[a]	36	36
	Graduation[a]	41	41
	Post graduation[a]	04	04
	Professionals[a] i.e. CA, B-Tech, LLB etc	10	10
	Others[a]	09	09
Monthly household income (MHI)	Below 15,000	03	03
	15,001–35,000	14	14
	35,001–60,000	32	32
	Above 60,001	51	51
No. of members in the family	<4	21	21
	>5	47	47
	More than 6	32	32

[a]Pursuing.

Table 2
KMO and Bartlett's test result.

Kaiser–Meyer–Olkin measure of sampling adequacy		.715
Bartlett's Test of Sphericity	Approx. Chi-square	1254.205
	Df	32.000
	Sig.	.000

In the second phase, a sample of 100 students (cigarette smokers) was selected on the basis of convenient sampling across the "paan-biri" outlets selected during the first phase of data collection. To ensure a fair selection of the sample, every fifth student customer who asked for a 'cigarette' from these shops was selected as a unit of study. An equal number of respondents were selected from the "pan-biri" shops selected in the first phase. A structured questionnaire was then developed to collect information from the respondents. Prior to that, a pilot study was conducted to identify the variables that inculcated or influenced smoking habits among the respondents.

Largely on the basis of content analysis, thirteen constructs were developed to identify the factors that influence smoking habits among students. Some of these variables have been specifically developed for the present study. A close-ended structured questionnaire was administered to collect information from respondents. Likert's five point scale was used to convert qualitative data into quantitative data. Originally, 19 constraints were identified which have been contained into 13 due to multi – co – linearity observed during a confirmatory factor analysis run.

4. Data interpretation

Table 1 explains the selected demographic and socioeconomic profile of respondents. It can be observed from the table that there were no female respondents among the 100 samples selected for the study during the data collection period. This proves a greater prevalence of the smoking habit among male students. A small percentage of respondents (5 percent) falling below the age of 18 years was found indulged in this habit. This, despite the fact that selling cigarette and other tobacco based products to this age group is a punishable offense under Indian Law. A significant percentage of respondents falling in the 18–25 year age group were found to have developed this habit. Most of these students were pursuing post-graduate or professional courses (Table 2).

A look at the income wise distribution clearly indicates the direct relationship between income and smoking habit among students. Almost half of the respondents reported their average family monthly income in the top category (above 60,001) as devised in the study. The researcher did not find any relationship between smoking habit and family size. However, 47 per cent of respondents were found to have a family size of 5 or more members.

4.1. Age of getting into smoking habit

The data analysis shows a strong association between age and starting of the smoking habit among students. As shown in Fig. 1 below, 37 per cent respondents picked this habit when they were below the age of 18 years (which is largely during the schooling years). Private and convent school students showed low social tolerance and caught this habit more than students in government run schools. Almost 42 per cent respondents developed this habit between 19–25 years of age. A majority of the respondents in this category were found pursuing technical and professional programs in various institutions of the area under study.

Only 21 percent respondents got into the habit of smoking at the ages 25 and above. It is therefore important for policy makers and others to understand the social and educational variables which push students towards smoking in the early years of their life. Such understanding is critical while formulating de-marketing strategies to reduce cigarette consumption among the student community.

4.2. Frequency of smoking

Respondents were asked about their frequency of smoking on the following basis: daily, weekly, monthly and occasionally. It is shown in Fig. 2 below. The frequency of smoking is significantly influenced by availability of

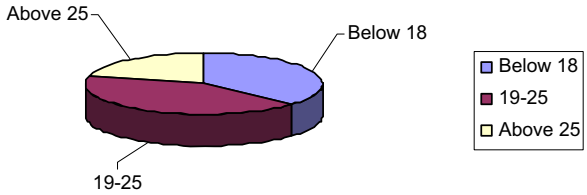

Fig. 1. Vulnerable age of getting into smoking habit.

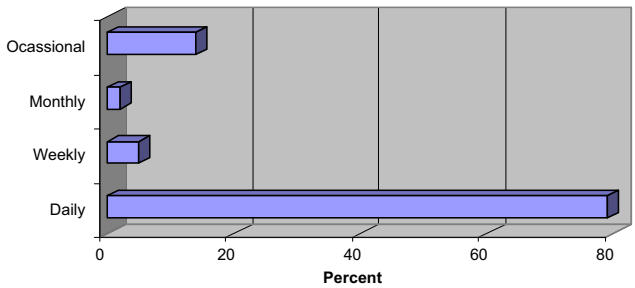

Fig. 2. Frequency of cigarette smoking.

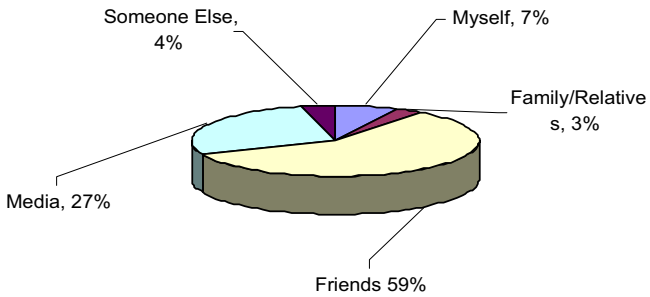

Fig. 3. Acquisition of smoking habit.

pocket money, leisure time, loneliness and living away from family due to education, working/non-working status of mother, the location of the institute etc. As can be observed from Fig. 1 above, a little less than 80 per cent respondents were daily smokers followed by occasional smokers (14 percent). However, the difference between these categories happens to be more than 66 percent (Fig. 3).

4.3. Acquisition of the smoking habit

About fifty nine percent students cited friends and classmates as the main reason behind their taking up smoking. Approximately 27 per cent students held advertisements and enjoyment responsible for motivating them to pick up the smoking habit. Almost 7 per cent respondents did not hold anyone responsible for their smoking habit and took responsibility for it.

4.4. Student attitude towards smoking

To understand students' attitude towards smoking, 19 attitudinal statements were developed which were reduced to 13 factors due to strong multi co-linearity observed among 6 factors during confirmatory factor analysis.

Before applying factor analysis, the interdependence of the attitudinal statements was checked. For this purpose, two hypotheses were formed:

Null Hypothesis (H_o): the statements are independent.

Alternate hypothesis (H_1): the statements are interdependent.

Table 3
Rotated component matrix.

		1	2	3
1.	Cigarette smoking reduces anxiety	.235	.765	.413
2.	Cigarette smoking always reduces fatigue	−.325	.003	.323
3.	Cigarette smoking improves the social-status	.686	.411	.208
4.	Cigarette smoking is the best method of socializing	.523	.202	.322
5.	Smoking cigarette is necessary to be in the friend circle	.619	.127	.410
6.	Cigarette smoking improves the taste of mouth	.495	−.356	.260
7.	Smoking cigarette is the best method of making concentration	.351	.489	.519
8.	Cigarette smoking keeps me fresh	.038	.497	.528
9.	Cigarette smoking helps to recover from stress	.487	.653	.409
10.	Those who smoke cigarette are more fashion conscious	−.454	.201	.009
11.	Smoking cigarette is the best method to postpone sleep	.363	.430	.544
12.	Cigarette smoking helps me in digestion	.041	.252	.017
13.	Cigarette smoking helps to get rid of boredom	.392	.419	.026

Extraction method: Principal Component Analysis
Rotation method: Varimax with Kaiser Normalization

Hypotheses were checked using Bartlett's test. KMO sample adequacy test for sufficiency of the data was also applied. Results in the table show that the Chi-square statistic is significant at 5% level of significance. Thus, we reject the null hypothesis and accept the alternate hypothesis-the attitudinal statements are interdependent and hence can be factor analyzed. The value of KMO sampling adequacy (0.715) is greater than 0.5 which implies that the sample is also adequate for factor analysis.

4.5. Rotated factor matrix

Table 3 contains the rotated factor loadings, which are the correlations between the variable and the factor. Because these are correlations, possible values range from −1 to +1. The study did not consider correlations equal to or less than .5. This makes the output easier to read by removing the clutter of low correlations that are probably not meaningful anyway. On applying factor analysis using the principal component method of extraction and varimax method of rotation, three factors were generated, preserving 61.4% variability of the original data. The factors generated their constituents and their respective factor loadings have been shown in Table 3 below.

Factor I: *Perceived Social Value*- The factor includes constructs like, "cigarette smoking leads to improvement in the social status"; "it is the best method of socializing"; and "considering cigarette smoking is necessary to be in the company of friends". All these constructs can be put under the social – value enhancement factor.

Factor II: *Perceived Psychological Value*- The factor incorporates constructs like, "cigarette smoking reduces anxiety"; and "it helps to recover from stress". Collectively, these are perceived psychological benefits/values associated with cigarette smoking.

Factor III: *Perceived Concentration Value*: The third factor considers cigarette as the best method of making concentration in studies, it helps people to make them feel fresh and is perceived as a good method of postponing sleep. All these three perceived benefits can be categorized under the concentration value of cigarette smoking. The increasing number of students getting into the smoking habit is one of the great challenges for our policy makers. Unfortunately, a majority of the students are unaware of the health-hazards of smoking.

In fact, it is considered a great source that enhances their social value, gives them psychological benefits and helps them concentrate on academics more effectively. It is therefore, necessary to develop an anti-smoking and de-marketing strategy to save our young community from this habit.

5. Managerial implications and formulation of de-marketing strategies

The de-marketing strategies being practiced by the government to discourage the student community from smoking so far include interventions like increasing taxes, bans on sales of tobacco related products within a specific

periphery of educational institutions, declaring public places as smoke free zones and banning the advertisement of cigarette and other tobacco products. The impact of all these upstream marketing interventions is a debatable issue. For example, the government imposes excise duties and other levies every time in the general budget in order to make these products dearer. However, the people attribute any price increase as a marketing strategy by the company which develops a direct relationship between demand and supply. Tobacco companies have resorted to using surrogate advertising to counter the government ban on cigarette advertising. The "Red & White Bahaduri Puruskar" and "Wills-Lifestyle" promotional campaign circumvent any ban on cigarette advertising. Also, selling tobacco within the specified zone of educational institutions requires a holistic approach in its implementation on the part of all concerned. We feel that government interventions and anti-smoking policies developed so far will not bring any significant change in the attitude and behavior of the student community. Rather, a comprehensive de-marketing mix aimed at decreasing the attractiveness of tobacco and impeding the availability and consumption of cigarette is needed to bring measurable change. *Ad hoc* and *on-off* de-marketing interventions equipped with insufficient and un-sustained resources are unlikely to have the desired effect. Based on the findings of the study, the government should promote a reverse marketing mix (4ps) to prevent smoking. An action plan may incorporate the following changes in the marketing mix (4ps):

5.1. Product

Government and NGOs should promote the use of substitution items such as nicotine substitution items (NRT) and also initiate various behavioral projects which discourage smoking and considerably enhance long term discontinuance (Lancaster, Stead, Silagy, & Sowden, 2000). Further, manufacture of substitute products could be encouraged in order to help consumers reduce their anxiety levels. Smokers' elaboration on product options and support programs may result in a stronger intention to quit. Given the past anti consumption attempts and lament, such elaboration to create thoughts about the undesirable addictive nature of tobacco ought to bring about negative dispositions both toward smoking and suppliers of such items.

5.2. Price

As suggested by previous studies, price increases have a negative impact on demand. Extensive price increments can bring about a decrease in the smoking habit. If consumers perceive prices to be unreasonably high, they are likely to form negative attitudes toward the product and a low intention to purchase. The price of tobacco products can be increased by increasing tax on smoking products. Further selling of single piece of cigarettes should be discouraged, so smokers will be forced to shell out more money to purchase the entire packet.

5.3. Place

One of the effective demarketing strategies is to ban smoking in the public. In India, certain states have prohibited smoking at open spots. Further, smoking should be prohibited at the work place also. These demarketing efforts to ban smoking in open places will promote a negative view about smoking and smokers, encouraging negative stereotyping of smokers (Pechmann and Knight, 2002). These restrictions on smoking might directly affect intentions to smoke as investing more time, energy and efforts on cigarettes may not seem worthwhile to customers and they might try to avoid the inconvenience which may ultimately lead to reduced smoking frequency.

5.4. Promotion

Tobacco manufacturing companies invest a lot on advertising and they attach smoking to lifestyle. There should be a ban on cigarette advertising. Further, demarketing measures such as anti-smoking promotions should be carried out as they can be an effective form of counter advertising against the endorsement and appealing symbolisms advanced through tobacco advertising. Previous research also shows that campaigns against smoking decrease positive perceptions towards smoking leading to an increased negative effect on consumers' attitude towards the habit (Roets, Bevan-Dye, & Viljoen, 2013).

Further these campaigns and anti-smoking advertising will display a negative image of smokers in the society. Since the disbelief that cigarette smoking improves social status found to be one of the main influencer in this study. The negative image of smokers as portrayed by media will break this disbelief and help in quitting the smoking. For achieving it Special informative messages can be made to inform residents about the negative health effect of smoking. These messages may be communicated through outdoor signs, Posters.

Apart from the above suggested strategies, following interventions are recommended to prevent youngsters from smoking:

1. Positioning of cigarette smoking as a major social – evil using traditional and conventional mass media with government support.
2. Blanket ban on cigarette advertising including surrogate advertising.
3. Restraining celebrities smoking in movies and public places.
4. Making self-help groups in educational institutions with the support of teachers and parents.
5. Developing anti-smoking support services like nicotine replacement therapy centers, telephone quit lines and other information centers.
6. Public health care assistance program may link health care coverage to reduced tobacco consumption. Further, private insurance agencies may offer lower insurance protection rates to non-smokers.

Hence, the government, NGOs and educational institutions need to come forward for the effective implementation of various anti-smoking interventions that do not seek to bring change by force, but by change of heart.

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