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An Impact of Social Marketing on Smoking and Tobacco Consumption

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Abstract: The paper discusses the role of social marketing in preventing health-related harmful habits such as tobacco consumption and smoking. These habits are the causes of deadly diseases such as lung cancer, tuberculosis, and other chronic infections which are detrimental to life of the people. Children fall prey to the wrong habits in the wrong company and become tobacco addicts. So many cases of teen drug addicts are reported in a large number. They have a lack of conscience at a tender age and negligence of their counselling and awareness increases the number of smokers, drunkards, and drug addicts. Once they are afflicted with the diseases they must run for medicines and treatment. Therefore, it should be prevented before suffering as the saying goes, "Prevention is better than cure ". They are unaware that they are prevented not only by clinical treatment and medicines but also by social awareness and education. Social mobilization of the people through awareness programs, education, camps, campaigns, etc. is known as social marketing. The significance of social marketing is its effects on the prevention of physically detrimental habits in the youth which contributed a lot to the reduction of cases of diseases. The role of government programs, educational and medical institutions, social workers, and NGOs is worth applauding in India which undertake and complete projects, organize awareness camps, and educate parents and youths to save themselves from the consumption of harmful substances. It has also produced good output in India that the cases of smoking and drug addiction have reduced to support the country's development as India is advancing towards becoming the third largest economy and a developed country by 2030 and 2047 respectively.

Keywords: detrimental habits, disease prevention, health awareness, smoking, social marketing, social mobilization.

1 INTRODUCTION

India is the second largest population country in the world comprising sixty-five percent of youths. It is a big challenge to address their issues, provide them with employment, and education, and save them from deviating from the right path. Their fragile minds are easily involved in the wrong habits [1]. Habits of tobacco, drug, and liquor consumption prevail throughout India irrespective of villages and cities owing to poverty and unemployment and as a fashion and trend in schools and colleges. People see smoking branded cigarettes and cigars as a status symbol and strength in society [2].

In marriages, a hubble-bubble is also placed for fun entertainment, and a show-off. The youths enjoy it as a hobby which is soon turned into a habit ultimately as same as the company of smokers and drug addicts in school and colleges. Drug addiction and smoking are also influenced by movies on the youth. In metros and cities, there are bars where they enjoy drinks and cigarettes.

The poor and unemployed people are indulged in drinking [3]. The children like rag pickers and child labourers in poor homes and slums develop the habits of drugs, drinking, and smoking. All these factors give rise to tobacco consumption, drug addiction, and drinking habits at a large scale throughout India. Therefore, it is necessary to control it and seek remedies to save them from tuberculosis and cancer before they are afflicted because health is an important indicator of development that India visualizes to become by 2030-2047. The people need to be made socially aware and educated about the cons of these bad habits by organizing programs, camps, and campaigns [4]. They should be made to convince everywhere only then the objective of social marketing can be fulfilled besides improving the condition of poverty and unemployment especially among the poor and unemployed youth, child labourers and rag pickers, etc.

1.1. Objectives

The objectives of the research are given below.

1. To know the role of social marketing
2. To explore the impact of social marketing on smoking
3. To find the causes of smoking and drug addiction
4. To define the remedies to tackle the problems.
5. To establish the relationship between health and the country's development

1.2. Research Method

The paper is based on a study of secondary sources such as journals, literature reviews, news reports, WHO, World Bank, government organizations, NGOs, health and educational institutions, and descriptive research has been made.

1.3. Research Gap

It leaves scope for identifying the possibility of research in the existing tobacco cessation intervention to evade possible future diseases.

2 LITERATURE REVIEW

In 2012, Mishra GA, Pimple SA, and Shastri SS discussed the tobacco problem in India where the school college youths, slum dwellers, rag pickers, the poor unemployed, and child labourers abundantly indulge in tobacco consumption [2]. They discuss the causes and remedies to control the issue.

In 2012, Hiscock R, Bauld L, Amos A, Fidler JA, and Munafò M. highlighted the socioeconomic factors of smoking [4]. They discuss that poverty and unemployment lead to drug addiction, drinking, and smoking habits as an empty mind is the devil's worship. Social unawareness, lack of education, illiteracy, fashion, status symbols, power and strength in society, false show-offs, wrong company, and the influence of movies are the social factors responsible for habits like smoking.

In 2005, D. Lee, B.D. Cutler and J. Burns touch upon the de-marketing of tobacco products which is important to control the habits as the less supply, the less consumption of tobacco products [5]. It is seen that countries tend to export SLT to the poor countries in Africa and the youths of India are indulged in it. To increase income, the lives of people should not be destroyed. They should stop this type of excessive marketing. The tobacco companies should be controlled by the government.

In 2021, John RM, Sinha P, Munish VG, et al. share the survey of types of life-taking diseases caused by tobacco consumption [6]. Millions of people lose their lives to lung cancer, tuberculosis, and heart disease caused by blood pressure and sugar affected by smoking. The poor health of the country is detrimental to development. Productivity and efficiency are inversely affected.

In 2022, Ismail I, et al. observed in the paper that the issue should be nipped in the bud [7]. The youth especially school college students are more prone to smoking and drugs. Therefore, awareness campaigns, moral counseling sessions, and ethical programs should be organized in schools, colleges, and other educational institutions from time to time to mold their mind and attitudes to stop them from getting into the wrong habits.

3 DISCUSSION

Tobacco is a huge threat to health. It is the cause of cancer, tuberculosis, heart ailments, chronic cough, and infections which results in the death of people in India in a large number. About ninety percent of males die of cancer whereas eighty percent of females lose their lives to tuberculosis and lung infections [8]. The consumption of tobacco in various forms such as cigarettes, cigars, bidi, chewing gums, tobacco pouches, tobacco leaves opium, etc. is responsible for these types of diseases. In India, it is affected by social factors as it has become a trend and tradition in celebrating festivals and marriages like hukka, cigars, and opium. Poverty, unemployment, and lack of awareness of health in India also lead to tobacco consumption on a large scale [9].

3.1. Composition of Smoking in Rural and Urban Areas

Around six percent of population in India smoke cigarettes while ten percent smoke bidi every day. The urban areas have more smokers than those in rural areas [10].

Table 1. Cigarette and Bidi Consumption

Source of smoking	Total smokers in percentage	Overall percent per day	Rural smokers per day percentage	Urban smokers per day percentage
Cigarette	63	6	3	5
Bidi	81	10	9	5

Source: Ministry of Health, Government of India [3]

Table 2. SLT Consumption

Adult per day percentage	Adult Occasionally Percentage	Men Percentage	Women percentage	Rural Percentage	Urban percentage
21	5	33	18	29	18

Source: Ministry of Health, Government of India [3]

On average twenty-six percent of adults consume SLT out of twenty-one percent every day while 5 percent consume it occasionally. The percentage of male SLT smokers is more than women. People in rural areas consume SLT more than those in urban areas. However, a good thing is that a little more than two percent of them have stopped chewing, tooth gums, and sniffing SLT completely every day or occasionally [11].

3.2. Conditions of tobacco consumption

A literature review survey found that more people are indulging in smoking and tobacco consumption whose economic conditions are poor and who are socially backward by education and awareness. They are hardly convinced to quit smoking. Smoking cessation intervention doesn't work on them [12]. There is inequality of income and social conditions. Some of them are marginalized.

It was also noticed that well-off people with better economic conditions, education, and social status smoke cigarettes while the poor, uneducated, and marginalized people smoke bidis. There is a tendency for dual tobacco use. This type of issue was ignored; therefore, they need to be treated equally for the smoking cessation intervention strategy to be implemented properly to influence them as a part of social marketing. It needs psychological and behavioral transformation [13]-[15]. There is a parity in the use of tobacco based on types of tobacco products quality of products, tobacco marketing, and composition of the population such as poor, disadvantaged, tribal, and adolescents. The tobacco cessation strategy is a challenging task here. However, it is possible by education, social norms, and cultural practices.

3.3. Influence of Family and Culture on Smoking

Indian families in ancient times had moral and ethical values and respect for elders in the society [16]. The village culture was a family bond. There was hesitation about smoking in the family and front of the elders and familiar people lest they should think badly. There was a fear of complaint, disdain, dislike, stigma, insult, taboo, and loss of value. That bond had saved the people from smoking [17].

Women chewed paan as SLT for cosmetic reasons and also it was a symbol of the royal family. Smoking in women is a taboo, still, 70 million women do it above fifteen years of age. It is very harmful especially during pregnancy as a problem of hemoglobin. The risk of oral cancer is eight times higher than in men while cardiovascular disease is four times greater and overall disease brisk the highest among them. However, in this modern time, the relationship bond is distanced, and the youth are free in the nuclear family system which is on the rise. Consequently, the people have lost value. They have become urban and seldom visit the villages, relatives, and elders. Moreover, the new generation has failed to recognize the relationship. They have lost moral values and respect and smoke openly [18]-[19]. Therefore, moral and value education are very necessary to mold their attitude and behaviour to avert them from smoking habits, and tobacco consumption and to inculcate values in them.

3.4. Impact of Social Marketing on Smoking

More than twenty-nine percent of women and more than thirty percent of men quit the habit in one year. According to NFHS-4 – forty-five percent of men and seven percent of women – is lower than that of 2005-06. Tobacco consumption decreased in India over a decade twelve percent for men and four percent for women. In 2011, expenditure on tobacco-related diseases in India's 35-69 age group was 1.05 million rupees ($22.4 billion), according to a study by the Ministry of Health and Family Welfare in 2014. This is 1.16% of gross domestic product and 12% more than the combined state and central government spending on health in 2011. The survey also shows that 29.3% of female and 30.6% of male tobacco users in the 15-49 age group had tried to quit tobacco in the 12 months before the survey. In Mizoram, tobacco use has declined by 1.6 percentage points for women and three percentage points for men since 2005-06 [20]-[21].

Punjab and Puducherry recorded the lowest male tobacco use at 19.2% and 14.4% respectively. Less than 1% of women in the 15-49 age group use any type of tobacco in Himachal Pradesh, Daman & Diu, Kerala, Chandigarh, and Puducherry. More rural Indians use tobacco. Both men and women (aged 15 to 49) consume more tobacco in rural India than in urban areas. Among urban women, 4.4% use it compared to 8.1% of rural women. It is 48% for men in villages and 38.9% in cities. Even when it comes to trying to quit smoking, more urban women (33%) try than rural women (28.2%). However, the trend is the opposite for men: 31.2% of male tobacco users in villages and 29.6% in cities have tried to quit tobacco. No state has more than 50% of male and female tobacco users (aged 15-49) who have attempted to quit any form of tobacco in the 12 months before the survey [22]-[23].

All the decline in the number of tobacco clients over the past 7 long time is basically within the 15-24 age group. Concurring to the overview subtle elements, 61.9% of grown-ups considered stopping cigarettes, 53.8% considered stopping bidi, and 46.2% of grown-ups considered stopping SLT basically because of the caution names on tobacco packs. There has been a decay In tobacco clients from around 34.6% in GATS-I in 2009-2010 to 28.6% in GATS-II in 2016-2017 and interest, in tobacco utilization among the 15-24-year ancient populace diminished by 18% from GATS-I to GATS-II. Tobacco anticipation and control approaches in India have generally centered on mindfulness and behavior alter campaigns. The Indian government's "Say No Tobacco" Campaign could be a case of how publicizing and community exercises can work together to advance behavior alteration among individuals who smoke.

Table 3. Status of Smoking

Year	Percentage	Percentage Decline
2015	32.2	>5.9 (2010)
2018	28.1	>4.1(2015)
2019	28.1	0(2018)
2020	27.2	>0.9 (2019)

Source: Ministry of Health, Government of India [3]

3.5. Global Tobacco Control

Worldwide Tobacco Control Universally, smoking predominance has fallen from 22.8% in 2007 to 17% in 2021, coming about 300 million fewer smokers today. WHO measures MPOWER has played an imperative part in tobacco control over the past 15 a long time, securing 5.6 billion individuals (71% of the worldwide populace) with at slightest one measure.

The number of nations executing at the slightest one MPOWER degree expanded from 44 in 2008 to 151 in 2022, and four nations – Brazil, Turkey, the Netherlands, and Mauritius – effectively actualized all measures.

3.6. Tackling Challenges

The report also highlights issues that ought to be tended to for more viable tobacco control. At least 44 nations still don't have any MPOWER measures input, and 53 nations don't have a total boycott on smoking in healthcare facilities. In expansion, as it were half of the nations implement smoke-free working environments and restaurants. WHO highlights the threats of e-cigarettes, noticing that the tobacco industry's aggressive advancement of e-cigarettes as a more secure elective is undermining progress. E-cigarettes pose a chance to both clients and their environment, particularly within the indoor environment.

3.7. Detached Smoking

- Of the assessed 8.7 million tobacco-related passing yearly, 1.3 million non-smokers are uncovered to use smoke.
- Used smoke is connected to about 400,000 passing from heart malady. In expansion, second-hand smoke antagonistically influences children, leading to serious asthma, respiratory tract contaminations, and sudden newborn child passing syndrome.
- Roughly 51,000 passing among children and youths under the age of 20 are credited to the introduction of used smoke.
- India's advance in tobacco control: o India exceeds expectations in presenting well-being caution names on tobacco items and giving tobacco enslavement treatment.
- Approximately 85% of cigarette packs in India have well-being notices on both the front and back, putting the country within the beat 10 in terms of caution name size.
- India moreover prohibited a lot of e-cigarettes and presented a smoking boycott in well-being offices and instructive institutions.
- Bengaluru has seen critical advances in tobacco control with hundreds of authorization measures, a show of 'No Smoking' signs, and broad mindfulness campaigns on the dangers of smoking and second-hand smoke.
- The city's endeavors have brought about a commendable 27% diminishment in smoking in open places. What is the status of tobacco utilization in India?
- Related Government Initiatives: National Tobacco Control Program o Declaration of the Direction on the Disallowance of Electronic Cigarettes, 2019.
- National Tobacco Quit Line Administrations (NTQLS) of India's Union Back Serve has declared a 16% increment in National Unexpected Traditions Obligation (NCCD) on cigarettes within the 2023-24 budget.

4 FINDINGS

The research finds that there has been a comprehensive decline in the number of smokers in India in the last decade. It has been possible by improving economic and social conditions and removing disparity by bringing disadvantaged people to the mainstream. Tobacco cessation intervention programs are underway and NGOs, governments, and institutions are endeavouring to educate the people and make them aware of the side effects of tobacco consumption and smoking by convincing them through social marketing.

5 CONCLUSIONS

Smoking, tobacco consumption in the form of SLT, chewing gums sniffing, etc. are pressing problems in Indian society. The issue is detrimental to the health and development of the country. This habit becomes the cause of many diseases such as oral and lung cancer, asthma, and cardiovascular diseases. The habit is developed under the influence of poor economic and social conditions, fashion, cultural trends, and tradition. It becomes a very challenging task to implement a tobacco cessation intervention strategy, especially among the poor and it is also difficult to educate and make them aware easily without improving their economic conditions. Therefore, it requires a balance between the improvement of economic and social conditions. The government and other organizations have been successful in that effort since the last decade and a remarkable decline in the rate of smokers who quit and stopped smoking and tobacco consumption has been noticed in the last few years. This is the outcome of social mobilization through awareness camps, campaigns and programs by social organizations and the government and the endeavor continues to fulfil India's vision of becoming the third-largest economy by 2030 and a developed nation by 2047.

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