

MARKETING STRATEGIES OF AN IDEA: A STUDY ON TOBACCO CONTROL PROGRAM BY DHAKA AHSANIA MISSION (DAM) IN BANGLADESH

Barota Chakraborty¹
Mashiat Zahin²

Abstract

Marketing of an idea has seen significant interest over the past few years. In Bangladesh, marketing of ideas is still an unusual and untried concept, though many organizations are working with it. As, this study is intended to focus on the marketing strategies of an idea in the country, the Dhaka Ahsania Mission (DAM), a familiar non-profit organization, has been selected and 30 personnel have been selected applying the non-probability convenience sampling technique, Dhaka metropolitan city has been taken for the analysis. Through the use of in-depth interviews, the authors have examined the segmentation, targeting & positioning process, the marketing mix decisions and the product levels offered, that are distinct for the idea. Finally, the implications of these findings are discussed and some recommendations have been made for the chosen entity.

Keywords: *Marketing Strategy, Idea Marketing, Marketing Mix*

2017 GBSE Journal

Introduction

Tobacco use is a widespread phenomenon in the whole world. Deaths attributable to smoking are projected to escalation significantly throughout the 21st century and much of the increase will occur in low- and middle-income countries such as Bangladesh, whose population of 150 million makes it the seventh most populous country in the world. According to the World Health Organization (WHO) report on the Global Tobacco Epidemic 2008, nearly two-thirds of the world's smokers live in 10 countries including Bangladesh. Two in five people aged 15 years or more use tobacco in one way or another. It is well established that the net loss to the economy due to tobacco in Bangladesh is much higher than revenues earned from tobacco. More than half of Bangladeshi men over the age of 25 years smoke cigarettes.

¹ Barota Chakraborty, Assistant Professor, Department of Marketing, Jahangirnagar University, Savar, Dhaka - 1342, Tel: +8801911058527, E-mail: barota10mkt@gmail.com

² Mashiat Zahin, Postgraduate Student, Department of Marketing, Jahangirnagar University, Savar, Dhaka - 1342, Tel: +8801752598749, E-mail: mashiat73@gmail.com

As tobacco smoking causes serious addiction, it is not always easy to quit. Many people want to quit, but they just cannot find a way to control over nicotine. There are strong motivational counselling and drugs that can help quit smoking which is virtually absent in Bangladesh. Establishment of help centres where people will be counselled to quit smoking and get drug therapy to like nicotine patch, chewing gum with proper instruction in order to help difficult to quit cases. For mass population, incorporate awareness programs, smoke quitting counselling and other services in the primary healthcare setting should be provided. One of the main behavioural health risks for a host of chronic illnesses is the use of tobacco and related products. Awareness is the key to fight tobacco. Interventions to reduce or quit smoking should be directed towards the poor, young, and people with lower education, and women should be targeted for prevention of the use of smokeless tobacco products. Along with law in place, it is necessary to ensure that people are prepared to help support full implementation of law and they find it easier to overcome addiction with supportive services available in their place. Addressing these issues, the fight against tobacco has been taken for many years.

The social marketing concept was an offshoot of the marketing concept where an organization believes in giving back to the society by producing better products targeted towards society welfare. In Bangladesh many social marketing organizations are contributing in order to improve our society. Dhaka Ahsania Mission (DAM) is one of them, whose mission is to provide high quality services towards unity, peace and development of social and spiritual life for the human community in general and for the disadvantaged and suffering humanity, in particular. With the idea of quit smoking and tobacco control in Bangladesh, Dhaka Ahsania Mission (DAM) launched a program named “Tobacco Control Program” to involve the entire community with voluntary involvement of youths, students, teachers and other conscious citizens in order to control and lessen the tobacco consumption.

Social marketing is just another term of marketing. The way every products and services need marketing, a social idea also needs marketing to make aware of the idea to the target market. Although the goal of a marketing strategy is same for a product or idea, the marketing strategies of a regular product and a social product need different tactics and approaches. Dhaka Ahsania Mission is continuing their program following effective marketing strategies by making the general people aware of the harmful effects of tobacco on the persons themselves and their families and preparing a group of motivators to motivate the people to refrain from using tobacco.

Objectives of the Study

The main objective of the study is to identify the marketing strategies of Tobacco Control Program launched by Dhaka Ahsania Mission (DAM).

The specific objectives of this study are given below:

- To identify the segmentation, targeting & positioning (STP) analysis of the tobacco control program by Dhaka Ahsania Mission (DAM).
- To determine the marketing mix framework of the tobacco control program by DAM.
- To find out the product levels of the tobacco control program and
- To recommend further marketing policy regarding the marketing strategies of the tobacco control program by DAM.

Methodology

This research is mainly exploratory and descriptive in type. The research design includes literature review and secondary data analysis, followed by undertaking surveys to have an effect on the descriptive research. Apart from the literature so far consulted and discussed, the initial phase of the research design has begun with further review of relevant literature and analyses of relevant data available in the secondary sources on the issue. Various articles, journals, empirical research works have been reviewed for the literature.

A qualitative (exploratory) study has been conducted to understand the relevant issues following certain in-depth interviews and surveys of experts (knowledgeable persons) who are associated with the marketing of ideas. This has been followed by a descriptive study based on primary data using personal interviews. Both, secondary and primary data have been necessary, for the fulfilment of the research objectives. Secondary data has been collected from various published documents from related books, journals, newspapers, magazines and website of the selected organization. For getting primary data, marketing manager and some other employees who are affiliated with the marketing strategies of Dhaka Ahsania Mission, have been interviewed personally through the depth interview method using both closed ended and open-ended structured questionnaire. The non-probability Convenience sampling technique has been used for choosing the sample, including 30 people from Dhaka Ahsania Mission (DAM). To pursue the study, personal interviews have been conducted to collect data. Collected data or information has been analyzed on the basis of the specific objectives.

Literature Review

As the concept of idea marketing is an accepted but, unique one, only a few studies have been conducted on these issues. Idea marketing is marketing activities that seek to gain market share for a concept, philosophy, belief, or issue by using elements of the marketing mix to create or change a target market's attitude or behaviour (marketing binder, 2015).

According to Donovan & Henley (2010), acknowledging that different people may respond differently to different products and services and to the way information is presented to them, is a core principle in marketing. In fact, commercial marketers spend a great deal of resources identifying and determining which segments will be most profitable for them. Not surprisingly, then, market segmentation and target marketing have been emphasized from the start in the early literature defining or describing *social* marketing and its application to public health campaigns (Lancaster, McIlwain and Lancaster 1983 ; Manoff 1985 ; Novelli 1984). In today's social marketing literature, the need to target programs at different segments of the population is taken for granted.

According to Donovan & Henley (2010), market segments can be described or profiled in many ways with market researchers continually seeking better ways to delineate segments that respond differentially to different elements of the marketing mix. Most segmentation begins with a primary initial segmentation base (e.g., users versus non-users of brand A, outgoing young males, retirees, etc.), and then these may be further sub-segmented by attitudes to the desired behaviour change, media habits, geographic location and so on. That is, regardless of the base(s) chosen for the initial segmentation (e.g., age and sex), the segments are also usually described or profiled on as many other variables as necessary to better understand the chosen segment(s). The following table represents the bases for market segmentation, identified by Donovan & Henley (2010):

Attitudinal	Positive, neutral, negative
Behavioural	Frequency, intensity, regularity
Demographic	Age, sex, income, education, religion, ethnicity, occupation, family life cycle
Epidemiological	Risk factor status
Geographic	State, region, city size, density (urban, suburban, rural, remote), climate, local government area, postcode, census collectors' district
Motives and benefits sought	Varies by issue (e.g., avoid disease, sensory enjoyment; peace of mind, etc.)
Psychographic	Values, lifestyle, personality
Readiness stage	Stages of change
Socio-demographic	Social class

Table 1: Common bases for Market Segmentation
 Source: Donovan & Henley (2010)

Psychographic or lifestyle approach has been one prominent approach to divide the market. In this procedure, respondents answer a number of usually general values, attitude, belief and behaviour questions (usually between fifty to a hundred). Cluster analysis or some proprietary algorithm is then used to group respondents who respond similarly to the items, and discriminant analysis is used to determine which items best differentiate the resulting clusters (Donovan & Henley, 2010). Perhaps the best known psychographic approach was VALS™. The original VALS consisted of a large number of items based on Maslow's hierarchy of needs and Reisman's inner-outer directedness (Donovan & Henley, 2010).

According to Donovan & Henley (2010), an alternative is to cluster on relevant behaviours rather than beliefs and attitudes. A UK sample of more than 1,200 Devon householders was cluster analyzed on a range of behaviours such as purchasing energy efficient and recycled items, reuse of glass and paper, composting, using own bags when shopping, looking for less packaging, etc. The analysis revealed four clusters that the researchers labeled 'committed beliefs, issue involvement, policy preferences and climate change relevant behaviours (i.e., items such as such as perceived seriousness of effects on various populations, extent of worry, perceptions of scientists' beliefs about global warming, perceived efficacy of actions to reduce global warming, etc.) (Donovan & Henley, 2010).

Another approach for targeting in commercial marketing is benefits segmentation. Understanding people's motives for or benefits sought, in continuing undesired behaviours and, conversely, what might motivate cessation of undesired behaviours and adoption of desired alternatives should be at the core of all social marketing programs anyway (Donovan & Henley, 2010). This simple segmentation basis is often overlooked as people become seduced by seemingly fancy and sophisticated clustering methods that produce segments with intuitively appealing names such as 'determined smokers', 'resistant smokers' or 'status seeking social smokers'. Such segments are fine to extend the understanding of smokers, but they should not be the basis on which to develop campaigns; smokers' motivations to quit

(along with perceived barriers etc.) must remain the primary focus because these determine the underlying messages and interventions (Donovan & Henley, 2010).

Marketing Mix for an Idea: The term ‘marketing mix’ was first used by Borden in 1953 to compare marketing to the process of baking, in which appropriate ingredients in the correct proportions are blended (Sargeant, 2009). The total value to the customer of a product such as a particular perfume is determined not only by its fragrance, but – and arguably more so – by its packaging, brand name, brand positioning (i.e., brand image), price and the image of the outlet from where it is purchased (Donovan & Henley, 2010).

Product is anything that can satisfy a desire or need which can be offered for an exchange. Products include ‘a physical good, a service, an experience, an event, a person, a place, a property, an organization, information, or an idea’ (Kotler and Keller, 2005). According to Donovan & Henley (2010), persons can be seen as products in political campaigns, and destinations – even countries – are products in tourism or campaigns to attract industry and commerce. Concepts of design, branding, product variation and packaging all relate to product.

Place (otherwise called ‘distribution’) is the process of making the product available to the consumer, including the network or channel of organizations that may be involved, as well as the activities they perform. Concepts of logistics, retailing and wholesaling relate to place. Place also includes access factors such as opening hours, availability of public transport, availability and ease of parking, wheelchair access, ambience and store atmosphere, etc (Donovan & Henley, 2010).

Price is the total of monetary and non-monetary costs exchanged when purchasing a product or service, or adopting a practice or idea (Donovan & Henley, 2010). This involves financial concepts such as availability of credit terms, discounts and automated teller machines, and psychological costs such as embarrassment (in a gym setting), withdrawal symptoms (smoking cessation), or peer derision (choosing a low alcohol beer). Time and effort costs are also included (which can be reduced by other elements of the mix, such as making the product easily obtainable and trialable).

Promotion is the mix of activities undertaken to create awareness of the product and its benefits, and to persuade the consumer to purchase (Donovan & Henley, 2010). Promotion includes advertising, direct marketing, personal selling, sponsorship, sales promotion and public relations. According to Donovan & Henley (2010), the people involved in the delivery of services who interact with the customers are termed as people. Interpersonal skills are important in any area where staff interacts with customers, including supermarket checkouts. However, along with relevant knowledge and expertise, interpersonal skills are arguably far more important in the sorts of sensitive areas involved in much social marketing.

Partnership refers to alliances with organizations that share an interest in a social marketing area. They may also have access to distribution channels, resources and audiences that can deliver the social marketing message more effectively (Donovan & Henley, 2010). Policy refers to introducing into government, non-government organizations and businesses, small and large, policies that will help change the environment in ways that facilitate individual change. According to Donovan & Henley (2010), policies may be enshrined in legislation, regulation or there may be voluntary compliance with the policies (e.g., government policy

might lead to banning of tobacco advertising, a sporting club policy may lead to serving only mid-strength beer during major events, school canteens may adopt a policy of not stocking sugared carbonated beverages).

Levels of Product for an Idea: A framework that ties these two concepts (customer benefits and product or service attributes) together is Kotler's (1988) concept of the core product, the augmented product and the actual tangible product. According to Donovan & Henley (2010), the core product is the underlying benefit (or benefits) that the consumer is obtaining by buying a product or service, or adopting a practice. For computers, the core product might be better management decision making; for the practice of leaving a certain number of trees in a paddock (the actual product), the core product might be continued crop productivity through avoiding salinity; for a facial and manicure, the core product might be feeling better about oneself; for using condoms, the core product is peace of mind by avoiding pregnancy or a sexually transmitted infection (STI). The 'tangible' or 'observable' products' are the computer, the condom, the behavioral practices (using a condom; leaving trees), and the facial and manicure in the above examples (Donovan & Henley, 2010).

The augmented product includes any additional services or tangible offerings or benefits that supplement the actual product (Donovan & Henley, 2010). For computers this involves after sales service, training, warranties, associated software, a widespread consumer user network and so on. In nutrition promotion this could mean a journal for recording food consumption or a coupon for buying fresh vegetables at a discount.

Result and Discussion

Segmentation, Targeting & Positioning Analysis of the Tobacco Control Program of Dhaka Ahsania Mission (DAM): Segmentation, Targeting and Positioning of The Tobacco Control Program are given below.

For segmentation purpose, DAM divides their target market on the *demographic, psychographic and behavioral* basis. Through *demographic segmentation strategy*, DAM divides the larger market into groups based on *age, income and occupation*. The tobacco control program is designed to involve the entire community with voluntary involvement of students and teachers, based on occupation. From the age group they tend to work with youths both for motivating others and to motivate themselves as the representative of the whole generation. They also segment the market through the income base, as most of the low income people are not aware of dangers of smoking and tobacco use.

Through *behavioral segmentation*, the tobacco control program by DAM divides the total market based on *frequency of smoking*. Smokers and non-smokers both are included in this segment. The market is also segmented through *motives or benefits sought* as this program tend to avoid dangers of tobacco use for both personal and social benefit. *Psychographically*, DAM divides its total market based on *lifestyles*. They aim to create awareness among the conscious citizens of our country, who are the target market of this segment. Conscious citizens of our country are always enthusiastic about the social welfare.

For targeting their markets, DAM applies the *concentrated marketing strategy*, as they mainly focus on youth group from different educational levels.

As a non-government organization, DAM set out its own position by using the tagline “*Divine and Humanitarian Service*” in its logo. Through this tagline they want to position themselves as a provider of humanity, spirituality, humility and equality to the society of our country.

Marketing Mix Decisions for the Tobacco Control Program of Dhaka Ahsania Mission (DAM): For the marketing mix decisions for The Tobacco Control Program by DAM focuses on its *product, price, place promotion, public and partnership & policies*.

As the main product of the Tobacco Control Program of Dhaka Ahsania Mission (DAM) is the *idea of Protection of Individuals and Environment*, it is intangible in nature. To tangibilize the offering to the target audience, DAM uses *banners, posters, stickers, leaflets, signboards* etc.

In social marketing, price refers to what the consumer must do or pay in order to obtain the social marketing product or service. This cost may be financial, or it may instead require the consumer to give up intangible sources of value, such as time, effort, or to risk embarrassment and social ostracism.

Being a social initiative, this program does not require any *monetary cost* unless one is taking training, technical support or financial grants to assist the spread of anti-tobacco and anti-drug message. The Tobacco Control Program by DAM require the consumer to give up their bad habit of smoking or any other form of tobacco inhaling by paying *Psychic Cost*. Moreover, it aims to influence smokers’ peer groups, non-smokers and mass people to motivate the people refrain from using tobacco, which requires *Energy Cost* and *Time Cost*.

As the product of The Tobacco Control is awareness creation, DAM reaches its target market through its central and 402 network committees throughout the country to highlight the dangers of tobacco and drug use since 1990.

To promote the offering of The Tobacco Control Program, DAM takes several methods of advertising and public relation media to grasp the attention of the target audience and influence them to refrain from any form of tobacco use to live a healthier life. The promotional activities of this program are given below:

Month-long Campaign: DAM has implemented a two month-long programs against the use of tobacco and the abuse of drugs through its central and branch committees. In Dhaka, the central committee organized seminars, discussion meetings, round table meetings, rallies, award giving ceremonies and developed posters, stickers and leaflets. It also assisted the government agencies in organizing other programs and advocated for a comprehensive tobacco control law to be established.

School Programs: To create awareness about the dangers of tobacco among the students, discussions and meetings were organized in around 200 schools. Furthermore, the schools where the programs were undertaken were declared as No Smoking Zones and signboards were displayed for the occasion. Around 50,000 students were involved in the activities.

Drama, Folk Songs and Musical Concerts: Several dramas were staged by the *Ganokendras (Community Learning Centers)* in some districts, that emphasized on the adverse effects of tobacco use in a very convincing manner. In some districts, a special type of folk song known

as *JariGan* was organized by the Ganokendra of DAM. Through *JariGan*, the artists publicized various aspects and adverse effects of tobacco use and it drew the attention of the common people. Concerts at different historical places in Dhaka are organized, aimed towards awareness rising about the hazards of secondary smoking among the city dwellers.

Bus Murals with Smoke Free Message: DAM has conducted print advertising campaigns, by using bus murals for creating mass awareness about injurious effects of smoking and keeping public places and public transport smoke free. This program is a first of its kind in Bangladesh.

Human Chain: To create awareness on tobacco, and to demonstrate a peaceful procession for enacting tobacco control law, DAM has organized several human chains, forming in different places of the country at different times. On 9th June 2001, a Human Chain was formed in front of the National Press Club demanding a full-fledged law against tobacco. Members of senior management of Dhaka Ahsania Mission along with the officers and employees, members of the central committee of DAM comprising of university teachers, doctors, lawyers and other members of the civil society, elites of the city, the leaders of the community and students participated in this human chain. On 2nd June 2012 a human chain also was formed at Bijoy Sharani, near Prime Minister's office, demanding 100% smoke free public places & public transport and amendment of tobacco control law 2005.

Initiatives for Smoke free Environment: Dhaka Ahsania Mission started its tobacco control activities starting from its own premises and hence DAM announced all its premises as a non-smoking zone. All institutions (college, university, hospitals, vocational institutes, primary and higher secondary schools and teachers training colleges) of DAM are tobacco free and volunteers are dedicated to continue its tobacco free status. “**Create a Smoke Free Area**” was a campaign run by DAM and was successful in declaring 758 institutes as smoke free zones through voluntary participation.

Despite being prohibited by the tobacco control law, smoking on water vessels continues to occur due to the lack of awareness of officials and passengers as well as lack of enforcement of the law. Water vessels are often overcrowded and many women and children on board are subjected to secondary smoking. In collaboration with WHO, DAM initiated a “*Smoke Free Public Transport*” campaign in 2007 which aimed to sensitize the Bangladesh Inland Waterways Transport Corporation (BIWTC) officials and vessel owners about the law. The vessels were also provided with large no-smoking labels to ensure passengers are aware of the law.

Development of IEC/BCC Materials: Once there was a significant shortage of appropriate IEC and BCC materials on tobacco control program in Bangladesh. To fill up the gap DAM has developed and distributed numerous IEC/BCC and other materials related on tobacco control.

To strengthen the tobacco control movement, DAM *develops and distributes two types of calendars, two types of posters, seven types of stickers, four types of leaflets and a booklet* all over the country. In addition, *a monthly wall magazine and quarterly news bulletins* are also published as information dissemination and awareness creation materials. Moreover, materials development by other organizations are also collected and distributed among respective stakeholders.

DAM has different audiences that their tobacco control program has to address in order to accelerate adoption of the idea of living a healthier life through quit smoking. The public of this program consist of *both external and internal groups*. *External group* is comprised of the *target audience, relevant department of Government, different international anti-tobacco organizations and several local NGOs*.

DAM acquired several partnership policies to trigger up its tobacco control project. In 2012, Bangladesh Restaurant Owners Association (BROA) built a partnership with DAM to develop a smoke free guideline for the restaurants. DAM also worked with Dhaka South and North City corporations to ensure smoke free public places and transport.

In August 2012, a Memorandum of Understanding (MOU) was signed between Dhaka North City Corporation (DNCC) and Dhaka Ahsania Mission (DAM) for tobacco control to decrease the harm of secondary smoking. In the signing ceremony, the administrator of DNCC has declared Dhaka North City Corporation Office smoke free. DAM has been playing a very significant role in result based advocacy and lobbying with policy makers and influential stakeholder, as a member of the Framework Convention Alliance (FCA), to incite tobacco control law and to control the use of tobacco.

As a result, the government of Bangladesh enacted the tobacco control law in 2005. Dhaka Ahsania Mission believes that a combined effort can bring about the desired result for tobacco control programs in Bangladesh. DAM has been maintaining close liaison with relevant pressure groups such as policy makers, politicians, development organizations and institutions, to implement the activities for combating illicit trade of tobacco. DAM organized several press conferences and media briefing in association with Corporate Accountability International and Network for Accountability of Tobacco Transnational (NATT) for the interference of the tobacco companies in the control of tobacco usage.

Levels of Product for the Tobacco Control Program of Dhaka Ahsania Mission (DAM): Considering The Tobacco Control program by DAM as a social idea, three levels of this idea can also be constructed. The core product, actual product and augmented product of this idea is explained below.

The *core product* of The Tobacco Control Program is “*Healthier Lungs; Healthier Life*”. DAM is offering a tobacco free life style by restraining from smoking and any kind of tobacco taking. All detailed activities of this program is designed and implemented in order to meet up this benefit. Thus, the target audiences are being influenced through different promotional undertakings.

The *actual product* of this Tobacco Control Program is “*Quit Smoking and Don’t Start Smoking*”. DAM aimed to construct a tobacco free society through this program by sending messages of harmful side effects of smoking and benefits of smoking free life. This program not only tends to stop the use of tobacco but also maintain it strictly furthermore, so that, the society can remain tobacco free.

The *augmented product* of this social idea is “*Workshops and Campaigns to Help Quit Smoking and to build a Conscious Active Membership in the Community*”. DAM’s approach in this tobacco control program is to make the general people aware of the harmful effects of tobacco

on the persons themselves and the families and to prepare a group of motivators to motivate the people to refrain from using tobacco.

Recommendations

By analyzing the various marketing strategies of Dhaka Ahsania Mission (DAM), some recommendations can be made. These are described below:

- In this age of digitalization, DAM needs to strongly involve with social media to create more buzz about the necessity of stop using tobacco, as nowadays social media are the most famous and quickest mode of communication.
- Geographical coverage must be extended to reach more local areas, as less the coverage will be, there is less possibility that people will be motivated regarding the idea quit smoking which is deadly habit.
- Moreover, more institution based campaigning must be done to reach the educated citizens, because the tendency of smoking in college and university is increasing tremendously day by day.
- People are not easily ready to sacrifice their habit of smoking without an immediate and visible incentive. For this reason, visual and practical presentations either through print ad or video ad need to be constructed. Real life stories with visual presentation can be an effective form of promotion.
- They also need to be motivated through passive ways, such as, the idea of physical loss of smoker's near and dear ones needs to put in the mind of a smoker. So, at least not for thyself, but for family and friends they might quit smoking.

Conclusion

Finally, it can be concluded that, Dhaka Ahsania Mission is one of the largest non-government organizations in Bangladesh which is running this project of the Tobacco Control Program with the aim to create awareness on the bad effects of tobacco use and influence people to quit smoking. In spite of conducting this awareness program, number of smokers and diseases caused by smoking are increasing tremendously day by day. This threatening situation should immediately be stopped to save our society. More detailed and effective marketing strategies are needed to construct to fulfill the objective of building smoke free society. Continuous quality activities are required to motivate general citizens. The initiative of Dhaka Ahsania Mission is very praiseworthy, as they are on the track of constructing our society disease free.

Limitations & Future Scope of the Study

The present study is limited by the fact that, the sample of the selected organization studied is unlikely to be representative of the national population in Bangladesh. For this study, only Dhaka city has been selected as the sampling arena. All of this information will provide a very narrow, but, basic scenario of marketing strategies for the Tobacco Control Program by Dhaka Ahsania Mission in Bangladesh. To have an intricate picture of the whole system, other relevant studies must be conducted.

References

Donovan, R. J., Watson, N. Henley. (2010). *Principles and Practices of Social Marketing: An International Perspective*. Cambridge University Press, The Edinburgh Building, Cambridge CB2 8RU, UK.

Kotler, P. (1988). *Marketing Management: Analysis, Planning, Implementation and Control*. Englewood Cliffs, NJ: Prentice-Hall .

Kotler, P., and Keller, K. (2005). *Marketing Management*. Englewood Cliffs, NJ: Prentice Hall.

Lancaster, W., McIlwain, T. and Lancaster, J. (1983). *Health Marketing: Implications for Health Promotion, Family and Community Health*, 5: 41 –51.

Manoff, R. K. (1985). *Social Marketing*. New York: Praeger.

Marketingbinder. (2015, January 16). Retrieved from <http://www.marketingbinder.com/glossary/idea-marketing/>

Novelli, W. D. (1984). Developing Marketing Programs, in L. W. Frederickson, L. J. Solomon and K. A. Brehony (eds.), *Marketing Health Behavior: Principles, Techniques and Applications*. New York: Plenum .

Sargeant, A. (2009). *Marketing Management for Nonprofit Organizations*. Oxford University Press.

World Health Organization (WHO)'s Report on the Global Tobacco Epidemic. 2008.