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Has social marketing had a positive impact on smoking cessation among young adults in Finland?

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Abstract: This research subject was selected because it is mundane, societal and affects everyone. The objective of this research was to study the usage of social marketing on smoking cessation among young adults in Finland. Its purpose was to examine whether the social marketing measures had worked or not. This thesis and its theory addressed social marketing's origins and processes, the risks of smoking and social marketing measures on decreasing it as well as behavioral theories backing up this wanted change. The risks of smoking and the benefits from quitting were both looked at from different points of view. Those main aspects were social, health, economic and environmental. This theory will give an insight on the type of social marketing used in Finland on smoking cessation. The data used on the theory was collected from books, articles, websites, blogs as well as newspapers. This thesis was conducted as a quantitative research and the main product was an online survey. The survey targeted young adults aged between 18 and 30. The data collected was on individuals' opinions, experiences as well as smoking habits. The method used to analyze was the reason why the research became quantitative. Overall, this research produces an overlook on how people response to social marketing on behavioral change. The results suggested that people did not find social marketing very effective. Instead, the negative impact on health and social interactions were highlighted throughout the answers. The rising prices of tobacco products were mentioned numerous times as well. Still, none of the measures truly affect availability.		
<u>Key words:</u> social marketing, smoking, tobacco act		

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1 INTRODUCTION

This is a research on the usage of social marketing on smoking cessation among young adults in Finland. The purpose is to develop understanding on different social marketing concepts, the risks of smoking and on Finns' smoking habits. The objective of this thesis is to find out whether social marketing has worked on smoking cessation or not, and to detect the working methods. That works as the research problem for this thesis as well. The main focuses of this thesis are social marketing, smoking and behavioral theories.

At first, we must understand the origins of social marketing and its processes to influence behavior. In this case social marketing considers three different levels. Then we must study the various impacts of smoking. It is considered a wicked problem which means that it is unique, typically changes over time and it involves many parties (Sitra 2020). Those are never easy to solve because there never is just one simple solution. Smoking has become a global problem due to its major impact on societies, economies, the environment as well as human health. In Finland, smoking is the main cause of almost 5000 deaths a year through various diseases and it increases the healthcare industry's expenses. (Patja 2020a) In addition, the entire lifecycle of tobacco products burdens the environment as well as economies.

The main product of this thesis was an online survey. The target group had been limited to smoking and smoke-free young adults aged between 18 and 30. All respondents had to be old enough to buy tobacco products because macro level actions often target buyers. Even though Finland has set a goal to be smoke-free by 2030, its action plan was ranked only as sixth in Europe in 2019. In the end, what do Finns think about social marketing and has it worked in lowering the smoking rates?

2 PROBLEM SETTING AND CONCEPTUAL FRAME OF REFERENCE

2.1 Research problem

The purpose of this thesis is to study the impacts of social marketing on smoking cessation among young adults in Finland. A survey was put in order, to examine the impact of social marketing and to learn from individuals' experiences. The objective is to find out whether social marketing has helped to lower the smoking rates in Finland or not. By writing about social marketing, people gain more knowledge about the subject and that creates better and more positive attitudes towards it.

The main research problem and the question this study is trying to answer is that has social marketing worked on decreasing smoking among young adults in Finland. The sub problems that this study is to answer are:

- Which types of social marketing are used in Finland?
- Do Finns know what social marketing is?
- Could the research findings be correlated with previous measures taken?
- Do young adults encounter social marketing in everyday life?

Some answers to these questions are given in the theory and the rest are answered throughout the survey findings.

2.2 Boundaries of the project

There were a few things excluded from this work. Neither smoking habits among all age groups nor data related to people living in other countries are discussed in this thesis. This study was limited to young adults aged between 18 and 30. The survey targeted both smokers and non-smoking individuals because everyone is affected by smoking and social marketing. This study does not go into details with the history of smoking or upcoming social marketing. If those subjects were to be included, it would have taken the target away from the most important subjects.

2.3 Conceptual framework

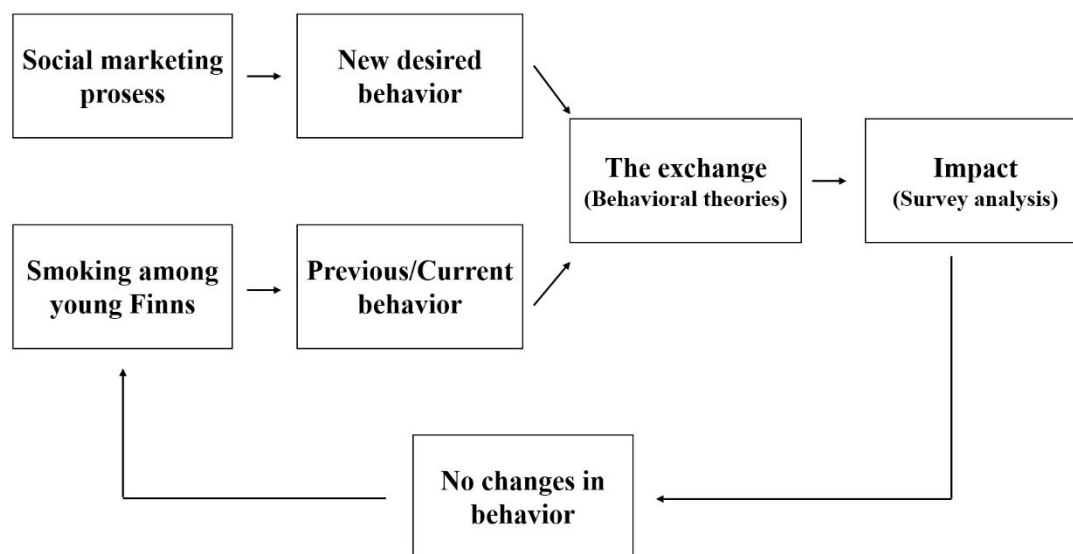


Figure 1. Behavioral exchange. (Thesis author 2020)

Conceptual framework is a base for the study, and it supports all sectors of the work. It describes and analyses the main concepts of the work. The framework links them together and shows the meaning to their readers. (Scribbr 2018) We begin with unwanted behavior and attitudes. To change the current behavior, specialists must come up with an alternative. However, the benefits must be greater than the costs for the individual to make a positive change. In this case that means quitting smoking. Social marketing not only impacts individuals, but the society in general. (Hopwood, Merritt, Tukka, Wilskman, Lähteenmäki & THL 2012, 4) The first theory chapter concerns social marketing's origins, processes as well as the levels in which it operates. The second part of the theory is about smoking. We look at young adults' smoking habits and social marketing measures in Finland. The risks of smoking are observed from four different aspects which are health, social, economy and environment. The third and final part of the theory is about behavioral theories. We familiarize oneself with three basic behavioral theories which are applied when changing human behavior. This is to say that we begin with a habit of smoking. Social marketing and its theories are then applied to make a wanted and planned change. The process and its multiple steps are then applied. Eventually we might see some positive changes in the human behavior.

3 SOCIAL MARKETING

3.1 Origins of social marketing

Even though social marketing might be a new concept for many Finns, it certainly is not. In 1951 Wiebe summed up the concept into a single question. “Why can’t you sell brotherhood like you sell soap?” Kotler and Levy in 1969 as well as Kotler and Zaltman in 1970 became researching this idea and so the concept of social marketing was created. There are many differences between the original commercial marketing and social marketing. Those are listed in the following table. (Andreasen 2002, 3; Dibb 2014, 1159)

Table 1. The differences between commercial and social marketing. (Hopwood et al. 2012, 20-26; Dibb 2014, 1159)

Commercial marketing	Social marketing
Selling goods and services	Influencing behavior change
Other similar products	Current behavior models
Creates a need	Finds individuals needs
Financial gain	Societal and individual gain
Benefits customers and companies	Benefits the society in its entirety
Product oriented approach	Customer oriented approach

Commercial marketing focuses on selling goods and services. Its rivals on the market are similar products. Its goal is financial gain and the marketing itself is targeted to those segments that are most prone to buying the product or service. Instead, social marketing is to influence behavior change and its rivals are other current behavior models which are to be removed. (Andreasen 2002, 3; Hopwood et.al. 2012, 20-26) The audience is being segmented and those segments are then selected according to readiness for change, prevalence of social problems and ability to reach the audience. (Kotler & Lee 2008) In 2002, Andreasen wrote the following on his paper about social marketing. “The barriers are also the result of the absence of a clear understanding of what the field is and what its role should be in relation to other approaches to social change” (Andreasen 2002, 3).

Social marketing targets social gain rather than monetary gain. At first social marketing was a part of academic marketing. After many years, it earned its separate identity because of its importance. (Andreasen 2002, 3; Dubb 2014, 1159) Social marketing focuses on a customer-oriented approach and it aims for long term changes. (Hopwood et al. 2012, 26) Social marketing has mostly been used to tackle issues related to public health. When it comes to health promotion and smoking, it focuses on educating individuals on making healthier choices. (Wymer 2011, 22) In Finland, social marketing is better known as societal marketing and it has been particularly used in smoking cessation. (Apajalahti 2019) Social marketing is bidirectional, and it allows individuals to give feedback and to start conversations with other parties. Instead of working with the audience, commercial marketing normally is just a one-way operation. (Hurmerinta 2015, 110)

3.2 The process of social marketing

As social marketing is customer oriented, the whole process begins and ends with the customer. There are six steps which all add value to the audience and benefits societies. The first step is to recognize a need and make an action plan in which the short-term and long-term goals are defined. After that we must choose the proper methods and collect any information required to change the problematic behavior. The third step is to test the methods chosen. What follows is the actual process and evaluation of pros and cons. Data related to the behavior change is gathered and then analyzed in case some changes need to be done. The sixth and last step is to share the results with all parties involved as well as to make possible follow-up plans. (Hopwood et.al. 2012, 83-95) Some examples about monitoring the behavioral change in Finland are the youth health survey conducted since 1977 and the research of health behavior of the Finnish adult population since 1978. (Broms, Korhonen, Salminen, Pennanen & Kaprio 2012, 27) To conclude this, Hoek and Jones wrote the following. “If high-risk behaviors such as smoking, excessive alcohol consumption and consumption of high fat, salt and sugar foods are to change, social marketers need to recognize, then manage, the environmental determinants of risk behavior” (Hoek & Jones 2011, 41).

Within these six steps there are eight benchmarks which focus on understanding the target audience and their attitudes, motivators, values as well as current behaviors. Each benchmark is required for them to work properly. Those benchmarks are listed below including their purposes. (Hopwood et.al. 2012, 42-82)

1. Behavior change sets the starting level and the behavioral goals.
2. Customer orientation helps understand the target audience.
3. Behavioral theories are selected and modified based on the audience's needs
4. Audience research collects more data which identifies possible barriers and motivators.
5. Before replacing the unwanted behavior, people measure the costs over benefits.
6. Competitions' and external factors' impacts are minimized.
7. Segmentation is done to find similar individuals so we can focus on the group most prone to change.
8. Diverse methods use all four 4P's of the marketing mix to not only increase individuals' knowledge. (Product, price, place and promotion)

As stated above, the audience must be segmented into smaller groups. The first man to use segmentation was Wendell R. Smith in 1956. The same approach does not work for all. Approaches need to be personally tailored and it should understand the segment's needs and qualities. (Hoek & Jones 2011, 34) In addition, organizations do not have resources to only target individuals. (Lotenberg, Schechter & Strand 2011, 125)

In many cases segmentation is merely done by sorting out people by their demographic, geographic and epidemiological characteristics. In addition, social marketing relies on psychographic and behavioral segments. Demographic variables include age, gender, income, religion, nationality etc. This style is widely used due to its easy measuring. Geographic segmentation focuses on dividing people according to location and behavioral variables segment people by their benefits, status, loyalty as well as readiness. Lastly, psychographic segmentation focuses on attitudes, motivation lifestyle and personality. The size of each segment needs to be planned and then put into an order. What needs to be taken into consideration, is which group is most likely to change their behavior. (Hopwood et al. 2012, 68-74; Kotler 1982, 173-178)

3.3 Upstream and downstream social marketing

Social marketing has three target levels, which are called micro, meso and macro. Those can be identified as downstream and upstream social marketing. Downstream refers to micro level in which the focus is on individuals. Upstream on the other hand refers to macro level which focuses on altering environments. (Gordon 2013, 1527; Hoek & Jones 2011, 32) As said micro level consists of individuals, families, neighborhoods etc. and the marketing is personal, targeted and information based. The second level is meso, which refers to communities, private industries, institutions etc. Lastly there is macro level which focuses on cultures, governments, legal systems as well as population structure. Actions on that level affect environments in its entirety such as policy changes which target both individuals and policy makers.

The behavior of an economic system is not understood well enough when using only micro and macro levels. It has been noticed that meso level social marketing has become more and more effective. Behavior change should always be looked at from three different perspectives. (Gordon 2013, 1527; Dopfer, Foster & Potts 2004, 263, 267, 277) In addition, when battling a social problem, it is not enough to act on just one level at a time. Marketing on all three levels simultaneously is called systems-thinking.” (Domegan et al. 2016, 1126) Still, we must begin from the environmental barriers which means removing privation and pathogenic agents, and only then we can move to the individual barriers which are increasing motivation and removing ignorance. Removing privation barriers refers to increasing the number of variables required to live a healthy life. Meanwhile removing pathogenic agent barriers means getting rid of the causes for unhealth conditions. (Wymer 2011, 23-25) “With limited funds and short time frames, single level social marketing interventions can bring about behavioral change for a particular target audience. However, the impact of single-domain social marketing is narrow, its reach limited, and successes are insufficient to produce sustainable social change in the face of complex and wicked problems” (Domegan et al. 2016, 1124). For example, it has been stated that to get the best results from preventing children and teenagers from smoking, all areas in their lives must be involved (Hara, Ollila & Simonen 2010, 18). Still, we must discuss all levels individually.

3.3.1 Social marketing on micro level

As mentioned, micro level focuses on individuals and smaller groups e.g. families. On this level others' attitudes and actions have a major role and influence. For example, parents' actions are vital when it comes to stopping younger generations from smoking. The first step to smoking cessation comes from ones' homes. The example set by parents and possibly even grandparents have a major role on whether the child will start smoking. Genes and environment have an impact on possible nicotine addiction as well. (Rimpelä & Kannas 2017, 58; Kaprio & Korhonen 2017, 76)

It is important to understand that quitting smoking is not easy especially on your own, and it might take up to 3-4 attempts. (Suomen ASH 2020b) Professional help is available for people trying to quit smoking on healthcare centers through motivational peer support and medication. Both tools of intervention are cost-effective because they operate to prevent possible deaths caused by smoking. Quite often people's treatment and behavior are monitored to analyze the changes because that is the only way to examine the results. (Winell, Heloma, Korhonen & Kiiänmaa 2017, 10) E.g. Finnish contraception health centers advice pregnant women to quit smoking. Child health centers in Hämeenlinna had a campaign in 2017 in which they guided families towards smoke-free. This was done by educating them on the benefits of quitting and the mothers were given a chance to test the carbon monoxide levels carried into the fetuses. (City of Hämeenlinna 2017)

Help is available through various services in Finland. E.g. 28 Days Without provides nicotine rehabilitation via meetings face to face and online (28 päivää ilman 2020). When it comes to educating individuals e.g. educational flyers are available in every healthcare center as well as online. You can read about the impacts of smoking and get tips on how to quit for different web sites run by various health organizations. E.g. Stumppi has collected a large educational package for individuals to read online for free. In addition, Stumppi runs a free chatroom and a consulting line which you can call for help and advice (Suomen ASH 2020b).

3.3.2 Social marketing on macro level

Finnish tobacco politics have been developing since 1976. That year the first legislative proposal was given concerning smoking cessation. It contained propositions about a possible marketing ban, a smoking ban on public areas and public transportation as well as prohibition of selling tobacco to anyone under 16 years of age. The proposal was approved in 1977. However, the first steps of smoking cessation in Finland were taken in 1971 when marketing of tobacco was banned on television. Smoking on workplaces excluding restaurants was banned the same year as the age limit was raised from 16 to 18 in 1995. Eventually in 2007 restaurants were ordered to be smoke free. In 2008, Finland adopted an action plan to make the country tobacco and nicotine free, meaning its focus is to have less than 5% of the population using tobacco and nicotine products daily. A network called Savuton Suomi 2030 was established to further the tobacco acts actions. Displaying tobacco products was banned in 2012, and the latest modification for the tobacco act was done earlier this year (2020), when flavored tobacco products were banned as well. Some regulations that affect Finns have been done on an international scale as well. A smoking ban on international flights was taken into action in 1992, tobacco product directive on unified health warnings in 2001 and a directive on packages having both pictorial and literal health warnings in 2014. (Savuton Suomi 2030, 2020)

Five main domains were set on the Finnish tobacco act to advance smoking cessation. Those are healthcare, health education, price policy, restrictions as well as examination and development. To achieve the best results, all five domains should be used simultaneously. (Broms, Korhonen, Salminen, Pennanen & Kaprio 2012, 25) The domains affect all three levels of marketing at the same time. It is very important to acknowledge that Finland was the first country to set smoking cessation as an objective in their legislation in 2017 (Kolstela 2017). During the last decade 136 countries have begun implementing their own tobacco control policies (Branigan 2019). In 2019 Finland ranked sixth on the European tobacco control scale getting only 62 point out of a hundred.

Between the years of 2005 and 2019, Finland has always ranked somewhere between sixth and ninth. The scale consists of e.g. advertisement ban, ban of smoking in public spaces, pricing, budgeting and health warnings. A research shows that Finland only ranked eighth and got 18 points out of 22 on public space bans. The ranking can be explained by the lower bans at bars and restaurants (6/8) as well as workplaces. Finland has solved the problem of smoking in bars by using smoking rooms but the regulations for them are very strict. Each room must have ceiling, flooring and walls, and it must be a certain size as it needs to have ventilation and closure of doors. As mentioned, the other reason for the low ranking was smoking at workplaces. Even though Finland only scored 8/10 on that section, it has been proven that a person is by 92% certainty never or almost never to be exposed to tobacco smoke. (Joossens, Feliu & Fernandez 2020, 9,12,22-34) Nevertheless, there is a major deficiency on the Finnish tobacco act, which is that smoking is not totally banned in apartment buildings. Smoking is not allowed in the common areas, but it is allowed on residents' own balconies unless forbid separately within the condominium. (Suomen ASH 2020c)

Tobacco product packaging in Finland is not on an excellent level. Bigger packages are sold, and plain packaging is not yet implemented. (Joossens, Feliu & Fernandez 2020, 27) Plain packaging refers to each package looking identical and the packages have no promotional features such as branding. The packages are colored plainly featuring health warnings. (British Lung Foundation 2016) Still, Finnish tobacco act already requires each package to have pictorial and literal health warnings. Although Finnish government is trying to decrease smoking rates, it does not provide the necessary treatments. (Joossens, Feliu & Fernandez 2020, 31) It has been proven that external help is very much needed on smoking cessation. Without any help or treatment over 85% of the people trying to quit smoking in Finland, are to fail within a week from the start. (Heloma, Helakorpi, Danielsson, Vartiainen & Puska 2012, 106)

Other measures taken to increase smoking cessation in Finland are e.g. monitoring fee, which can be up to 500€ per retailer, and high sales taxes. Tobacco product manufacturers and importers are required to pay tobacco tax for every product that is either imported or released for consumption. (Valvira 2019, Vero.fi 2020) It has been said that "excise taxes represent the most powerful policy adjustment since demand for tobacco is elastic and thus responsive to price increases" (Hoek & Jones 2011, 40).

3.3.3 Social marketing on meso level

Meso level consists of communities, private industries as well as institutions. And as mentioned, it has become more successful. Finnish action on smoking and health (ASH) was founded in 1989. It is a national public health association and a tobacco act specialist. (Suomen ASH 2020d) Finnish ministry of social affairs and health furthers the tobacco act and Valvira with local councils make sure that the act is being applied properly (Kolstela 2017). Other public authorities that monitor and administrate the tobacco act are e.g. Finnish institute for health and welfare, regional state administrative agencies, the police and Finnish customs. (Tobacco act 549/2016, 2 section 4-9 §) One of the biggest networks in Finland is Savuton Suomi 2030, and as mentioned it focuses on smoking cessation. It was established in 2008 when the target year was set to 2040. Soon it was realized that the goal could be reached a decade earlier, and it was renamed. Some of the networks 26 members are listed in the following picture and when looking closer to these members, most of them are organizations of which main objectives are to better human health.



Picture 1. Savuton Suomi 2030 members. (Hengityслиitto 2020)

Other networks and projects are also been organized to share knowledge and peer support. ASH with Filha ry, Hengitysliitto, Savuton Suomi 2030 and Sydänliitto are currently on social media trying to educate people on the risks of smoking combined with the corona virus. Filha ry has been part of other large operations as well to further smoking cessation. A few worth mentioning are e.g. a development project for smoking cessation among draftees during 2013-2016. It was funded by RAY (The Finnish cash machine association) and its goal was to provide support for every draftee trying to quit smoking. (Filha 2019) The other operation was called smoking cessation by means of peer support. It began in 2016 and operated till 2019. Its actions were in line with the 28 Days Without program in which mentors held group meetings. (Filha 2020) Public organizations such as Sitra which does not focus on smoking cessation alone has had an impact because of its major role on contribution on social marketing. Sitra calls itself a “future house” for the Finnish parliament and it was founded in 1967. (Sitra 2017) As social marketing is a large part of smoking cessation, annual social marketing conference was held in Espoo in 2016 (Kekäläinen 2016). In addition, many cities have stated to become smoke-free, enhanced by a program that was also funded by RAY. (Savuton Kunta 2018) This year the city of Hanko decided to ban smoking on their beaches and the local council of Vehmaa have ruled that they are a completely smoke-free employer (Holmberg 2020; Vehmaa kieltämässä tupakoinnin työaikana 2020)

In addition to these projects, numerous events are hosted each year. European cancer week is an annual event and during that week The Finnish cancer society educates citizens on the risks of smoking, benefits of quitting and provides support for the ones in need. The society alongside Fressis has developed a web site called Tobacco Body from which you can find information about adverse effects on human health caused by smoking. It provides you with 3D pictures on different organs. Smokers and smoke-free human's e.g. lungs can be compared to each other. (Syöpäjärjestöt 2019; Tobacco Body 2019)

4 SMOKING

4.1 General information

Smoking was introduced in Finland in 1637. (Kiviniemi 2014) In 1920 smoking was more popular in Finland than anywhere else. (Savuton Suomi 2030 web site 2020) Smoking rates have dropped in Finland throughout the years. But now smoking cessation has nearly stopped among adults. (Nuorten päivittäinen... 2019) On average, each year around 4000-5000 Finns die of diseases caused by smoking (Patja 2020a). In 2017, out of young adults aged 18-29, every tenth (11%) man and woman smoked daily. But when comparing it to year 2000, a clear change can be seen among young adults. In 2001 around third of men and fifth of women smoked daily. (Jääskeläinen, Koponen, Lundqvist, Borodulin & Koskinen 2018, 4,8) Still, in 2019 17% of the boys and 21% of the girls on university level smoked tobacco. (THL 2020b). Changes in daily smoking habits can be noticed, when comparing young male adults to older generations (Jääskeläinen et al. 2017, 8).

Smoking can be classified as a wicked problem. The term wicked problem refers to an issue that is very difficult to solve. It involves many parties, and the problem's nature changes over time. (Sitra 2020) Every problem is unique and that is the reason why solving a 'wicked problem' requires different actions in all three levels of social marketing. (Andreasen, 2002) Rittel and Webber (1973) stated in their research, that it can be decreased but not removed completely and the measures are usually either good or bad. Most problems are a byproduct of another problem. Wicked problems' causes and solutions must be unique and there cannot be just one single solution. (Rittel & Webber, 1973) Smoking has an impact on various stages. Only four of them are discussed on this paper and those are human health, environment, economy and social stages.

4.2 The impact on environment

The problems of smoking begin from tobacco growing and curing. Those two parts of tobacco production process impacts land as well as agriculture. Also, manufacturing and distribution of tobacco cause harm alongside consumption and post-consumer waste. (Bialous et.al. 2017, 2-3) By looking at these steps more closely, we can understand the problem more broadly.

In many countries, tobacco growing has had a negative impact on land and soil due to agrochemical usage. The growing processes have led to e.g. deforestation and land degradation. And deforestation has led to even greater problems. Forests are being cut down for farmland. The first major impact can be seen instantly when the living space is taken away from a range of animals such as koalas. On the long run, deforestation has an impact on the rise of the carbon dioxide levels. Also, the living conditions and health of the farmers may be impacted. Most farmers live in poverty and earn minimum wage. (Bialous et.al. 2017, 4-10)

One of the highest environmental costs are caused by the vast amount of resources used in manufacturing of tobacco. Both manufacturing process and packaging require a lot of water and energy. Manufacturing causes emissions and waste as well. Some of the biggest issues are due to the chemicals and metals involved in the process to e.g. treat the tobacco leaves. (Bialous et.al. 2017, 11-17) First the tobacco leaves and wood are transported to the factory by trucks. Then the finished products are transported from factories to the final destinations. This is mainly done by ships and trucks. All this causes a lot of emissions. (Bialous et.al. 2017, 18)

After all these steps the product finds its way to the consumer. However, the consumption of tobacco products is very dangerous. Tobacco smoke is one of the biggest threats because it does not only affect the environment but peoples' health as well. Tobacco smoke is toxic, and it contains thousands of chemicals. After a cigarette is being smoked, some residues remain on surfaces and dust. This residue is called third-hand smoke and it is not visible to the naked eye. (Bialous et.al. 2017, 20-22)

Smoking has caused many other environmental problems as well. For years it has been the biggest type of litter collected from the seas. On an annual level, it has been estimated that 4.5 trillion cigarette butts are discarded globally. That is a vast percentage of the average 6.5. trillion cigarettes bought each year. (Root 2017) That results in approximately 76% of cigarettes being littered (Benavente et al. 2019, 1). The amount of cigarette butts discarded annually in Finland is over four billion. Most of a cigarette is burned when smoked but the butts or filters are not degradable. Cigarette butts are made of plastic called cellulose acetate. When filters are littered, those slowly turn into micro plastic. Those pieces of toxic micro plastic often end up eaten by various animals such as birds, turtles or fishes. (Koskinen 2018; Root 2019) That way it ends up onto our food as well. Even though most of these environmental factors are not noticeable in the first hand daily in Finland, it does not mean they do not exist.

4.3 The impact on human health and social interactions

The second stage discussed is the impacts on human health. This part has the biggest impact on an individual. It has been proven that smoking is a cause for many diseases, and it lowers the estimated lifespan by eight years. (Patja 2020a) Every other smoker dies prematurely unless they quit smoking (THL 2020a). Still, the person affected by smoking is not always yourself. Passive smoking is a very serious threat to human health. When exposed to tobacco smoke, it can cause the same symptoms as it does to a smoker. Smoking tobacco produces two types of smoke. The first smoke is the one that the smoker has inhaled and exhaled. It is called main smoke. The other smoke is what the smoker has not inhaled. If the space where a person is smoking is not well air-conditioned, the smoke stays in the air, and the non-smoking person could inhale just as much smoke. Every third death caused by cancer is caused by smoking, and the most common is lung cancer. In Finland, approximately 90% of lung cancers are caused by smoking and smoking is the main cause of every fifth heart and circulatory system disease. (THL 2020a; Patja 2020a; Stumppi 2020b) The risks of nicotine addiction and smoking during pregnancy are discussed separately. Other significant health risks are in the following list according to the type of the disease.

Heart and circulatory system diseases:

- Coronary heart disease
- Myocardial infarction
- High blood pressure

Lung diseases:

- Chronic bronchitis
- Pneumonia

Cancers and mouth diseases:

- Lung
- Bladder
- Pancreas
- Liver
- Esophagus
- Oral and throat
- Gingivitis

Other risks:

- Higher risks of getting type 2 diabetes
- Osteoporosis
- fertility problems

(THL 2020a; Patja 2020a; Stumppi 2020b)

4.3.1 Nicotine addiction and the social impact of smoking

Tobacco addiction can be divided into three categories which are social, physical and psychological addiction (Määttänen, Tarnanen, Winell & Pöllänen 2019). Smoking might become a social event and a routine for someone. Children whose parents smoke are seven times more likely to start smoking themselves than it is for someone from a non-smoking family. (Vierola 2010, 19) “Every tenth child in Finland is exposed to tobacco smoke. Smoking at home can double the amount of contagious diseases a child has” (Stumppi 2020c). Psychological aspect could arise as others might use smoking as a coping mechanism and stress reliever. The most dangerous could be the physical aspect.

Nicotine addiction stimulates human's central nervous system, and it causes satisfaction as well as side effects if there is not enough nicotine in the body. (Stumppi 2020b) Nicotine is a natural plant alkaloid and a toxin. (NCBI 2020) Nicotine was used in pesticides in the early 1900's. It was limited due to nicotine poisoning since nicotine can be absorbed directly on contact with skin. A serious case of nicotine poisoning requires hospitalization. (Fressis 2020)

Nicotine does not directly cause cancer. Instead, all other chemicals and toxins in tobacco does. Nicotine merely increases the risk throughout numerous cancer-causing effects such as speeding up cell growth and lowers the effectiveness of cancer treatment (Connor 2018). In its entirety, using other nicotine products e.g. plasters, gum or e-cigarette instead of smoking tobacco is much safer. Nicotine products release nicotine more evenly and those contain lower doses of it. A person trying to quit smoking should use nicotine products for a few months only and try to lower the doses continuously. Still, when quitting smoking and using other nicotine products to help with the withdrawal symptoms, you might get addicted to them instead. Even though the products are healthier, they cost a lot more. On the long run, smoking would be cheaper. (Krautsuk 2014)

In severe cases nicotine compensation treatment and medication are to be considered. Compensation treatment could be used in cases where a person smokes over 10 cigarettes a day. The treatment focuses on lowering body's nicotine level. Medication is the last step on smoking cessation, and it must be consulted with a doctor. (Määttänen, Tarnanen, Winell & Pöllänen 2019) The most common medicines are varenicline and bupropion (Patja 2020b). The nicotine levels rise slowly, and it stays lower compared to smoking. A person aged over 18 does not need a recipe when buying nicotine replacement products. (Fressis) Nicotine replacement therapy can be implemented during pregnancy as well. (Stumppi 2020a) As said nicotine products used in this therapy do not lead to high nicotine levels. It is safer than smoking during breastfeeding as well, but the mother should take a 2 to 3 hours long break before. (THL 2020d)

4.3.2 Smoking during pregnancy

Tobacco usage has been proven to have an impact on pregnancy. Firstly, smoking weakens the ovaries and makes the quality of sperm worse. (Lääkärikeskus Aava 2020) During pregnancy, the tobacco smoke that a woman inhales emanates into the fetus via placenta. It lowers the oxygen levels of the fetus. The most dangerous substances are nicotine and carbon monoxide. Still, secondary smoke is just as bad in the long run. That is the reason why not only the pregnant women should stop smoking, but the fathers as well. Exposure to tobacco smoke could affect e.g. the child's weight, function of intestines, fecundity, asthma, brains as well as psychic involvement. (Ekblad 2017, 173-175; Stumppi 2020a) Smoking during pregnancy increases the risks of e.g. premature birth and sudden infant death syndrome. (Stumppi 2020a). A study was conducted during the years of 1969-1980 in Finland studying sudden infant death syndrome. It is noticeable that smoking was the top risk factor (Rintahaka & Hirvonen 1985). In 2000 there were 18 SIDS cases. The number is lowering and in 2017 there were only 5 cases identified. (SVT 2017) All and all, smoking during pregnancy has been decreasing during the last few years. In 2018, approximately 11% of pregnant women smoked tobacco in Finland, but circa 50,9% of them quit smoking during the first trimester. In 2008 the percentage was only 30. (Kiuru & Gissler 2019, 1)

4.4 The impact on economy

THL has measured the total costs to economy caused by smoking. That number was the same in both 2012 and 2015. During those two years it was measured to be 1,5 million euros. In 2015 it was estimated that the direct costs were around 617-621 million euros and the indirect costs were around 840-930 million euros. Those costs are composed from all the fields of healthcare such as medicine. For example, 2,9-4,4% of all basic healthcare consultations have to do with smoking. (Patja 2020a; THL 2020b) In addition, smoking creates other indirect expenses to the society through fires, prevention and monitoring. Other direct expenses are created via input losses e.g. deaths and unemployment pension caused by smoking. One more big expense for society comes from income redistribution which refers to sick allowance, disablement pension and family pension. (Vähänen 2015, 22-42)

5 BEHAVIORAL THEORIES

5.1 Three relevant theories

When talking about behavior change and social marketing, we must take exchange theory into consideration. This theory should always be taken into consideration. (Hopwood et.al. 2012, 51-54) Exchange theory originates from psychology and economics (Houston and Gassenheimer 1987, 3-18). Still, exchange theory is not an actual theory, but rather a link between other behavioral theories (Emerson 1976, 336). When using the exchange theory, you want to keep a person motivated. The goal is to exchange the old behavior into something better and increase the individual's readiness to change. (Hastings & Saren 2003, 309) It is more likely for an individual to change its behavior if they receive a reward for it. Individuals are more prone to repeat a certain behavior if they benefitted from it the last time. A person will always choose the option that creates more value. (Emerson 1976, 339-340) Exchange theory requires at least two parties and in the end the behavior change will be mutually beneficial (Hastings & Saren 2003, 309).

Human behavior can be predicted by three things that drive their behavior which are behavioral beliefs, normative beliefs and control beliefs (Ajzen 1991, 179) Theory of planned behavior follows the same pattern as shown in the following table.

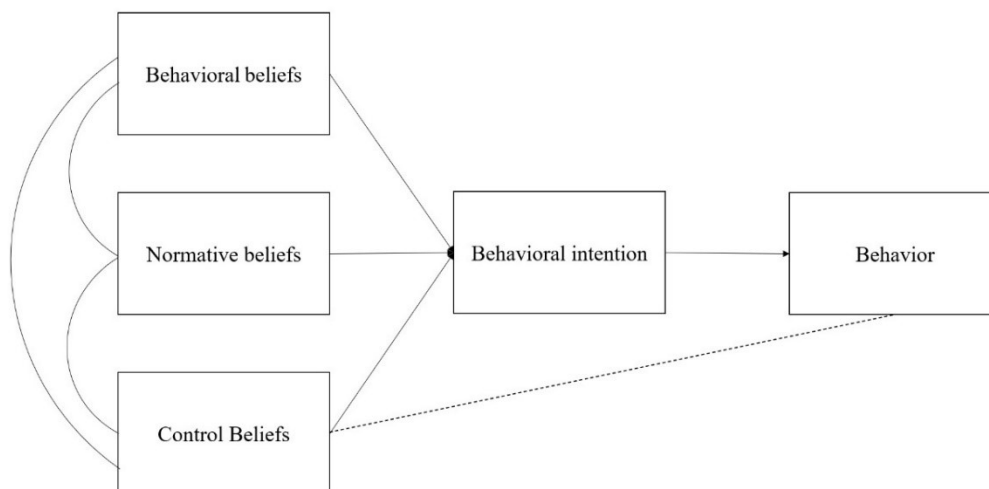


Figure 2. Theory of planned behavior. (Ajzen 1991, 182)

Behavioral beliefs consist of attitudes towards certain behaviors, normative beliefs are personal and societal norms and control beliefs refers to opportunities coming from behavior change and are partially based on past experiences. (Ajzen 1991, 189-197) All three stages are connected, and they lead to behavioral intention. Behavioral intentions are seen to correlate to actual behaviors. (Ajzen 2002, 665)

People act rationally and make logically planned decisions. Before changing behavioral patterns, humans calculate possible costs and benefits. This proactive measure is called rational choice theory. (Scott 2000, 126-128) Benefits from behavior change need to be greater than the costs. If the costs are greater there is no reward. That is because costs are considered negative. Benefits on the other hand are things you gain from the change. (Cherry 2020) If a person decides to quit smoking, they benefit from it instantly as well as over time. Even though smoking cessation causes negative impacts as well, those usually only affect individuals momentarily. The benefits a person gains from quitting smoking can be noticed in the same levels as the negative ones mentioned earlier. Costs on the other hand mainly focus on economy and human health. Because of their complex nature, we need to take a closer look of the costs and benefits and see whether it is reasonable for a person to quit smoking tobacco or not.

5.1.1 Benefits of smoking cessation

The negative impacts can be removed and turned into positive ones. If people would quit smoking, the land would eventually become nourished due to the termination of deforestation, agricultural usage and littering. Emission and waste levels would get smaller e.g. due to the decreased amount of transportations, and we would save multitudes of various resources such as water, energy and materials used in packaging. The air would be cleaner because there would not be as much toxic smoke. This can also be considered as a social benefit since you would no longer expose people around you to second-hand smoke.

When it comes to economy, it would have an impact on e.g. the poverty among farmers. Individual consumers would gain financially as well. A package of 20 cigarettes costs 8 euros on average in Finland. This means that one cigarette costs 0,4€. If a person were to smoke a pack of cigarettes per day, it would mean that they smoke 7300 cigarettes annually. In the end a person would use up to 56€ per week and 2920€ per year on tobacco products. By using this formula, a pack a day smoker would spend up to 14600€ in five years. This number used to be much lower. During 2008-2015 the tobacco tax was raised by 47% (Ahonen 2017).

The biggest impact on an individual might be the benefits on their own health. The latest discovery shows that smoking cessation has a positive impact on immunity system and lowers the risks of Covid-19 (Suomen ASH 2020a). Some positive impacts can be noticed within a few days. Blood's carbon monoxide and nicotine levels turn back to normal. In two weeks, it should be easier to breath and blood circulation and pressure gets better. Your senses and quality of sleep improve eventually. The risk of death caused by coronary heart disease halves after a year and lastly in fifteen years the risk of getting a stroke gets to the same level with a person that does not smoke. Generally smoking cessation improves your physical and oral health. Quitting smoking lowers the risk of getting cancer and it is the only way to prevent chronic obstructive pulmonary disease from spreading. (Syöpäviikko 2020; THL 2020c)

5.1.2 Costs of smoking cessation

When thinking about economy and human health, we should ask ourselves a question. What would happen if everybody quit smoking? When it comes to economy for instance, countries would not be able to collect tobacco taxes. The businesses would no longer gain any income and those would go bankrupt. E.g. companies that produce tobacco products have gained more than 8000 euros of each person that dies due to smoking (Nilsson 2018). Total smoking cessation would not only affect the whole industry but individuals as well. Many employees would lose their jobs due to factories closing as well.

In addition, smoking cessation causes physical and behavioral adverse effects due to craving a smoke. The effects usually start after 2-12 hours after the last use and the worst effects come after 1-3 days. These effects could last up to a month and they originate from the lowering nicotine levels in a person's body. Other effects are merely psychic and are linked to e.g. habits. On a survey conducted on Finnish population, it was discovered that not everyone notices any adverse effects. The effects are unique and not general. 16 out of a hundred answered that they did not experience any. 41 answered that they had had mild adverse effects, 29 answered moderate and only 15 said to have experienced them intensively. (Winell 2018)

Tobacco craving is caused by lowering amount of nicotine in a person's body. These cravings could be caused by situations in which the individual would have smoked before quitting. Consuming alcohol for instance makes a person want to smoke even more. The most common behavioral effects are hostility and lack of concentration. A person could become annoyed, depressed or anxious. Restlessness and having trouble sleeping are other common adverse effects. Physiological effects can be e.g. shivering, weight gain, increase in cravings for sweets as well as lower secretion of adrenaline and thyroid hormone. (Winell 2018)

6 METHODOLOGY

6.1 Research design and method

Research design is a definition of the research. It explains the purpose and wanted outcomes. This research is descriptive, and it is trying to map and describe the operability of social marketing on smoking cessation. Theory and current data are compared to the data collected from the survey. "Descriptive research is aimed at simply describing phenomena and is not particularly concerned with understanding why behavior is the way it is" (Adams, Khan & Raeside 2014).

A research can be carried out by using either qualitative or quantitative method. You must understand the nature of the research before choosing any methods. Both methods use different techniques and instruments. Qualitative method has an internal perspective, and it is descriptive, personal, continuous as well as inductive. It uses small sampling, but analyzing the collected data is very time consuming because the material is extensive, and every answer is different. Qualitative research focuses on understanding the information and describing phenomena. Quantitative method focuses on numbers and information that is quantifiable and precise. It uses large sampling, and it has external perspective. Quantitative method is statistical, empirical and its repeatability is important. Its goal is to state facts and to forecast. (Soininen 1995, 34-37)

The survey on this thesis was conducted as a quantitative research. The information needed had to be personal and descriptive. In this case that meant individuals' experiences and opinions on social marketing and smoking. Numbers about how many young adults smoke were not as important as knowing why they smoke or why respondents had decided to quit. Individuals' smoking habits and current knowledge about social marketing were crucial information. Still, what makes this research quantitative is the way the collected data is analyzed. The information is converted into numbers and percentages. Those numbers are then examined among each other.

6.2 Population and sample

Research population refers to the target group that the research wants to examine. (Vilkka 2007, 51) The population in this research is young adults aged between 18-30, and it was geographically limited to individuals living in Finland. Smoking was not a requirement because people that do not smoke and those that have quit smoking had to be included as well. The population is larger because not many limitations were implemented in total. This research uses convenience sampling which is a type of nonprobability sampling. It is a random selection of individuals and it targets people that are convenient sources of data. (Lavrakas 2008) All replies received were taken into account in the analysis of the data.

6.3 Data collection and analysis

This research was performed as an online survey. This method makes it possible to reach larger groups and it makes the time required for answering shorter. This survey wanted to reach multitudes of individuals from different age groups, genders and people with different smoking habits. Still, as mentioned it was limited to only young adults aged between 18 and 30 living in Finland. The age limit was used to make the target group a little smaller and it made sure that everyone answering is able to legally purchase tobacco products, since many measures that social marketing takes, have something to do with buying tobacco products. The survey was open for two weeks and it was conducted via Google Forms. The link to this survey was shared on the researcher's Instagram profile. To share the survey on social media meant that it did not require any permits. By using Google Forms, it was made easier to answer the survey. The program has become popular and it is simple to use. The survey was conducted in Finnish due to possible language barriers. Translating the questions might have taken the respondents' interest away because it is time consuming. In the beginning of the survey there was a short cover letter which included information about the survey e.g. purpose, target group, amount of questions, estimated duration and a reminder that it is anonymous.

The survey was structured in a way that everyone answered the same questions in the same order. The questions were limited to only 12 to make the answering time shorter and to keep up the respondent's interest. Various types of questions were used to make the survey diverse. The question types used were multiple choice, demographic, yes/no and open questions. Some questions required the respondent to evaluate the impact of some statements on their behavior on a scale from 1-5. The appendix 1 is a translated version of the questionnaire used in this research. All other questions were mandatory, except for the question numbers 6-8. The survey was opened on the 18th of May 2020 at 12:00 and it was kept open for two weeks, until it was closed from the public in 31st of May at 22:00. The target number of replies was at least 50. The data collected from this survey merely included individuals' opinions on social marketing, personal experiences as well as information regarding their smoking habits. The information was moved from Google Forms to Excel for easier examination.

6.4 Validity and reliability

To make evaluating of the trustworthiness of a research possible, validity and reliability must be specified. Because qualitative and quantitative research are not similar, the analysis of the trustworthiness should not be similar either. Validity measures whether the research is capable to examine what it is supposed to or not. Reliability is about the repeatability. If there are multiple examinations, it measures its ability to produce similar results. (Soininen 1995, 119-127) Validity and reliability were affected by a few things in this research.

The biggest negative impact to the reliability is through repeatability because the research was performed as a convenience sampling when the people answering the survey are random. This affects the ability to produce similar results every time, since the respondents are usually different. The survey only managed to get 65 replies. Even to the minimum goal was reached, the number of responses might affect the reliability negatively. Other matter that lowers the reliability is that the survey was shared on thesis writer's social media. That narrows the sample, and in this case, it could have affected gender, nationality, hometown as well as age distribution. The researchers age might have had a noticeable role and that will also affect the reliability of this research.

The validity of this research might be affected negatively by e.g. focusing on the wrong aspects. The negative impacts to health were discussed widely throughout this study. As this thesis is to be looked from the perspective of marketing, there was a risk that the theory and the survey could have focused too much on healthcare. Still, taking health into consideration was necessary in this thesis.

7 RESEARCH FINDINGS

7.1 Respondent profiles

The survey got 65 replies and it exceeded the minimum target of 50. The questions are divided under four headlines to make it easier to examine the bigger picture. Those topics are respondent profiles, everyday social marketing, the effectiveness of social marketing and respondent's own experiences. The first survey questions were about smoking habits and personal data including age and gender. To make the survey more exact the age groups were divided into three larger segments 18-21, 22-25 and 26-30.

Table 2. Age distribution. (Appendix 2, 11)

Age group	Frequency	Percentage	Female	Male
18-21	30	46%	26	4
22-25	25	39%	17	8
26-30	10	15%	4	6
	N = 65	= 100%	= 46	= 19

70% of the respondents were women and only 29% were men. The options 'other' and 'prefer not to say' were not selected by anyone. A multitude of female respondents affect the reliability of this research as well. Quantitatively the age group 22-25 was the largest among men and 18-21 among women. (Appendix 3)

The third question asked about individuals' smoking habits. As the appendix 4 shows, 65% of all respondents do not smoke and 9% smoke less than once a week. 8% smoke a few times a week and daily smokers share was 18,5% of the total amount. This means that notable portion of the respondents do not smoke regularly. Only 35% smoke cigarettes on any quantity. When comparing smoking habits to age groups and gender, we may notice that smoking was most popular among young female respondents. This might be affected by the fact that women aged between 18 and 21 were the biggest age group. Still, nationally there is not a noticeable difference in smoking habits among men and women. As mentioned earlier e.g. in 2017 approximately every tenth of both men and women aged between 18-29 smoked daily.

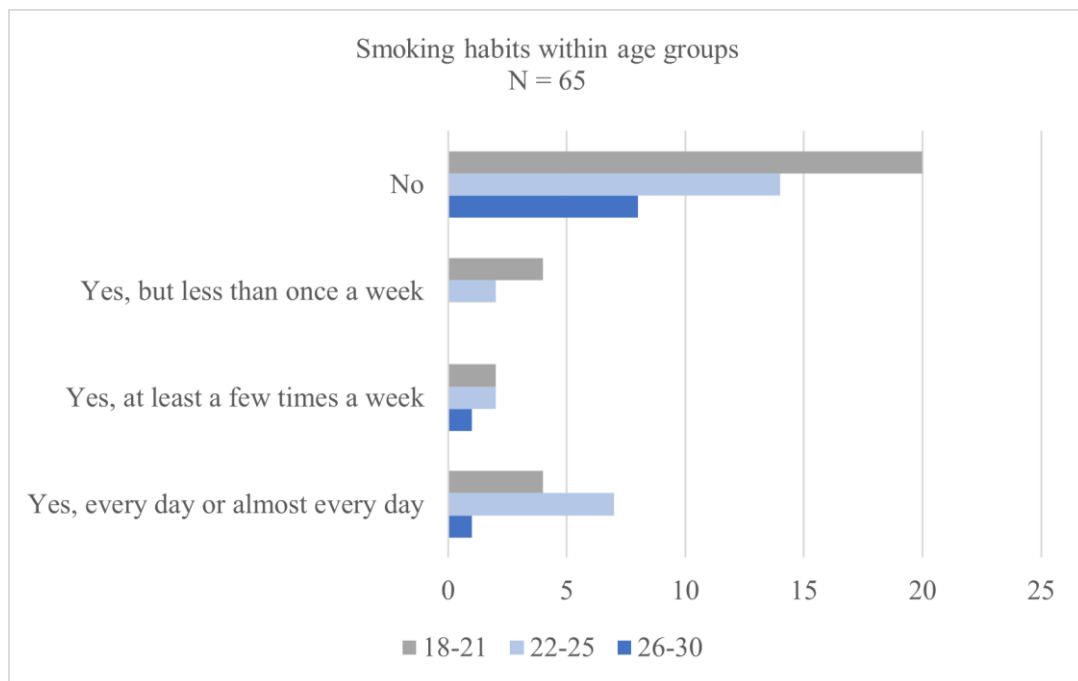


Figure 3. Smoking habits within age groups.

Table 3. Smoking habits within gender groups. (Appendix 12)

Smoking habits	Female	Male
Yes, every day or almost everyday	8	4
Yes, at least a few times a week	2	3
Yes, but less than once a week	4	2
No, I do not smoke	32	10

7.2 Everyday social marketing

On question four the respondents were to rate statements on a scale from 1 to 5. The scale used was the following. 1 = totally disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree and 5 = totally agree. As seen from appendix 5, the average answer on statements one and two was '4=somewhat agree', and on statements four to eight it was '5=totally agree'. Majority of the respondents have not noticed any negative impacts on their own health caused by smoking which can be noticed from the answers on statement number three. Still, people are aware of the

health risks. On statement seven the option ‘3=neither agree nor disagree’ was widely selected which might be caused by people that do not smoke or have never even tried smoking cigarettes. Also, the statement six was highly rated as a four or a five even though smoking cessation rates have now nearly stopped. Still, in conclusion, respondents felt strongly about these statements. Instead, question number five’s goal was to examine the social marketing measures faced by individuals’ in their daily life. Majority of respondents had faced multiple social marketing measures in their daily life.



Figure 4. Have the respondents faced any of the said ways of social marketing in their everyday life?

There were no noticeable differences between smokers and smoke-free individuals’ respondents. The measures that were chosen the most were warning texts and pictures on the cigarette packs, age limit for buying tobacco products, advertisement on smoking cessation, rising prices of tobacco products as well as the bans of smoking on most public places. All of them were selected by over 70 percent of the respondents. Out of the most popular measures, the ban of capsule and flavored cigarettes is the most recently added to the tobacco act. At the same time, the ban display has been functioning since 2012 in Finland. Even though the products need to be covered, it does not affect the availability. As mentioned in the theory, selling tobacco products

does not have similar limitations as selling alcohol. Lastly, the least selected measure was the ban of online ordering of tobacco products which was selected by only 5 people which equals only 8%. It is illegal for a private person to purchase tobacco products from foreign online stores e.g. via mail. Still, it is legal to import tobacco products as a passenger if it for your own use. However, there are a few limits considering quantities, time spent on the trip, travel method and the country you are coming from (EU or non-EU). (Tulli 2020) In total, only 14 respondents chose 1-4 of the measures, 18 chose 5-7 and as much as 33 selected 8-11. (Appendix 10)

Sixth question on the other hand examined the respondents outlook on how the given factors impact young adults' actions related to smoking cessation in general. The given scale was 1=Very little or not at all, 2=Slightly, 3=Some impact, 4=A lot and 5=Very much. 64 individuals answered to this question. (Appendix 6)

Table 4. The average value of the answers given on question six. (Appendix 6)

Factors N=64	Average value	Most popular
1. Warning texts and pictures on the cigarette packs	1,9	1
2. The ban of capsule and flavored cigarettes	2,5	3
3. Advertisement on smoking cessation	2,2	1
4. Higher pricing	3,2	4
5. Availability of tobacco products and the ban of display	2,4	1
6. The ban of smoking on most public places	2,2	1
7. Health risks	3,4	5
8. The negative impact on the environment	2,5	2
9. The behavior of the people closest to you	3,2	4
10. Addition to the family	3,1	1
11. Smoke free flights	2,3	1
12. Smoke free working environments	2,5	1
13. Education on the risks of smoking and/or ways of quitting	2,9	3

Question number six included a 14th factor labeled as ‘other’ and it was answered on a separate section. The follow-up question only got five answers, and those were bad taste of tobacco, opinions of the people close to you as well as the example given by social media influencers. Those factors were not related to social marketing but more so to social pressure. People tend to take example of people online and of their friends and family. As mentioned on the section on social impact, smoking could become a social event or a routine. Vice versa individuals might quit smoking because their friends do not smoke tobacco, and you might have to go out for a smoke by yourself. In that case it does not become a social event. A reason for this could be e.g. avoiding passive smoking and the bad smell of tobacco smoke.

7.3 The effectiveness of social marketing

Question seven focused on the factors given previously. “If any of the previous factors have impacted on you perhaps quitting smoking for it, could you tell which one? If you have not reduced/quit smoking you may skip this question.” 14 out of 65 answered to this question, and most of their answers were like one another. The following list contains all the answers to question seven.

- I quit smoking for health reasons. If I had not gotten sick the most probable reason might have eventually been addition to the family.
- The end of menthol cigarette sale, increasing prices and after all I got bored of going out for a smoke all the time.
- Increase in prices and availability are key factors
- Taking care of my health has impacted my choices on decreasing smoking.
- Increasing prices have decreased the “unnecessary” purchases”
- Smoke-free workplace as well as increase in prices
- Health risks, pricing and people close to me
- The ban of flavored cigarettes and own health
- Health risks and ban of menthol cigarettes
- Smoke-free friends
- Decreased smoking due to covid-19
- Health risks
- Health and people close to me

In addition, these factors came up the strongest in the answers to question six. Summarily, eight respondents mentioned health risks and six mentioned higher pricing. Non-smoking friends and family, and the ban of flavored cigarettes were mentioned by three individuals and smoke-free workplace as well as availability were both mentioned once. Health risks are being noticed more nowadays mainly due to highly given health education. Still, education on the risks of smoking and/or ways of quitting was not mentioned on the question seven's answers and the average was only 2,9 on question six. However, health risks got the average of 3,4. Fundamentally, these two factors are critically tied together. Other factors that received the most recognition by the respondents on question seven were higher pricing and the ban of flavored cigarettes. These two are very basic macro level social marketing methods. The tobacco prices are getting higher all the time but banning flavored cigarettes was only added to the Finnish tobacco act in 2020. Question eight examined the respondents' opinions on whether they would have been able to reduce or quit smoking without social marketing's help or not. If the individual answering did not smoke cigarettes, they were able to skip this question.

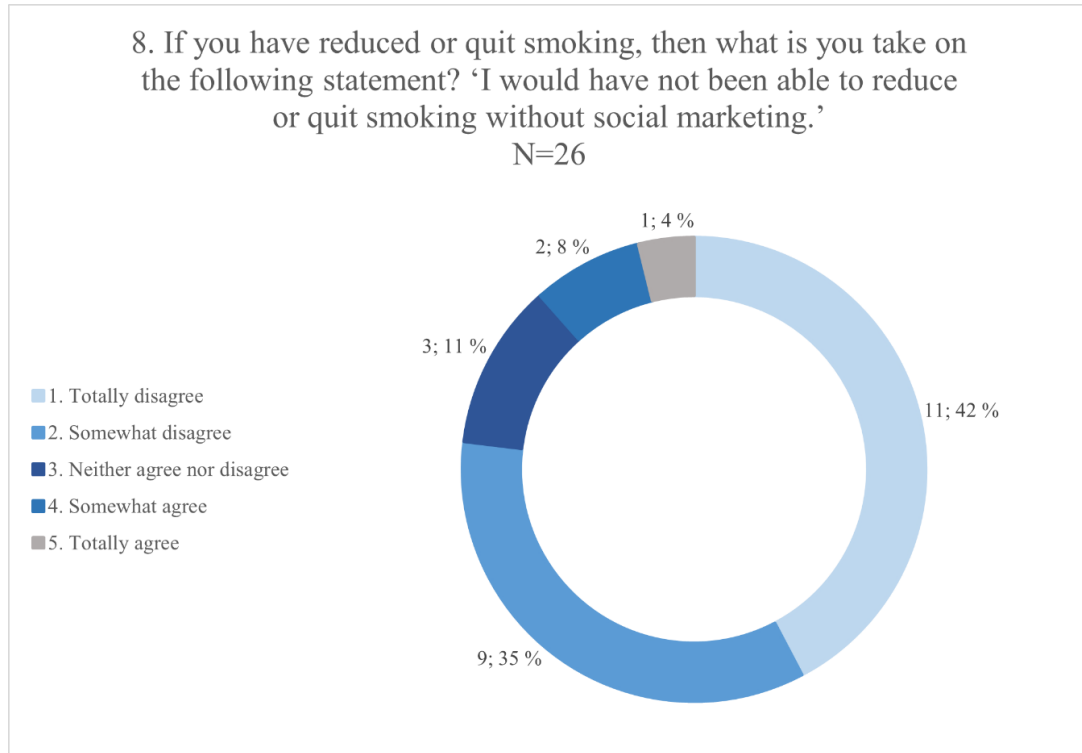


Figure 5. Respondents opinion on social marketing's effectiveness on their own smoking cessation.

The question got 26 answers which equals 40% of the total amount. On question seven, 14 individuals answered that they had reduced or quit smoking and question eight got 23 answers which means that those respondents had either reduced or quit smoking. This would mean that people answering question seven had also answered to question eight. Still, most people disagreed to the statement ‘I would have not been able to reduce or quit smoking without social marketing’. Possibly those six individuals not answering health risks on question seven gave a higher score to the statement given on question eight. Because when comparing the numbers, only six respondents mentioned something other than health risks on question seven, and 6 individuals selected either ‘3= Neither agree nor disagree’, ‘4= Somewhat agree’ or ‘5= Totally agree’ on question eight.

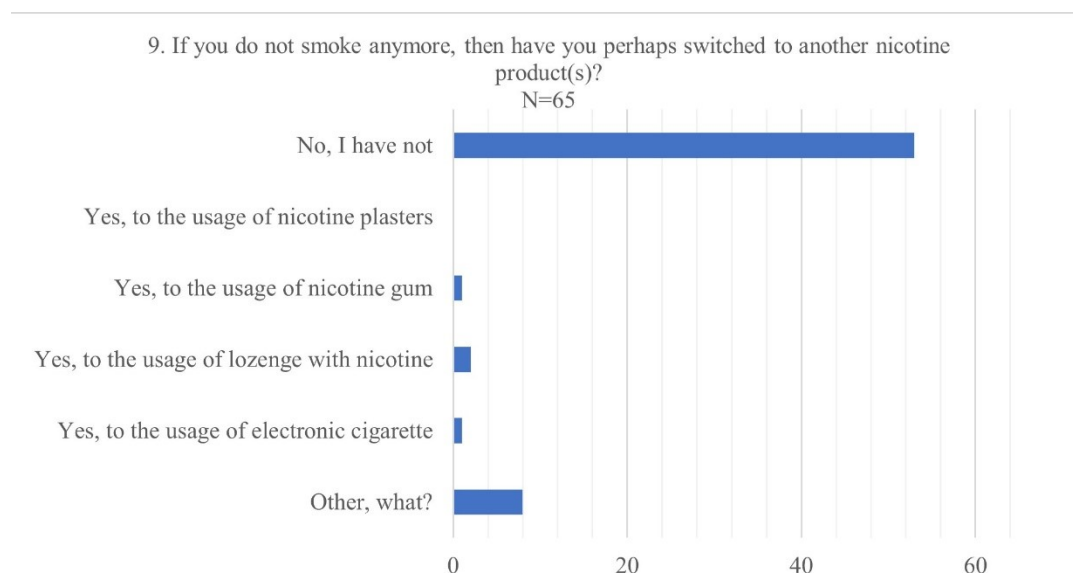


Figure 6. Have the respondents switched to another nicotine products after quitting?

The ninth question asked the individuals whether they had switched to other nicotine products after quitting or not. 53 respondents had not switched to other products. One had switched to nicotine gum, two to nicotine lozenges, one to e-cigarettes and eight to snus. Snus was not given as an option, but it was mentioned by eight individuals as an open answer. The reason why snus was excluded from the options was that it is illegal to sell it in Finland. When you compare the data from questions eight and nine, we notice that using other nicotine products has not been very popular. This might be because nicotine replacement products are even pricier than tobacco products.

7.4 Respondents' own experiences

Question ten focused on individuals' education on social marketing in school or other ways. 38 equaling 41,5% of respondents selected 'yes' and 58,5% selected 'no'. Finnish curriculum does not officially include social marketing, which raises a question on the reliability of these answers. People might mix social marketing with social media marketing. The difference between these two ways of marketing maybe should have been mentioned in the survey's cover letter. As explained earlier social marketing is a marketing concept focusing on behavior change unlike social media marketing which is defined as using of social media platforms and social networks to market products and services (Kenton 2018). Still, 53 individuals answered either '4=somewhat agree' or '5=totally agree' to 'I know what social marketing is'. (Appendix 7)

This led to the question where individuals were asked which type of social marketing works best for them. 63% said that personal and individually targeted social marketing works better, whereas 37% answered that social marketing that targets communities in its entirety. Finnish government, and its tobacco act operates strongly on macro level through laws and regulations, and micro level focuses and relies more on peers and health education. Over half of the individuals that smoke at all rather chose social marketing that targets communities and smoke-free individuals chose personal. Since everyone is different, governments should strongly focus on using systems-thinking which targets from all directions simultaneously. (Appendix 8)

The last question concentrated on monitoring behavior change through various surveys related to tobacco usage. 26 respondents said that they have answered to a questionnaire about smoking, 25 answered no and 14 of them were not sure. Questionnaires are the most effective way of monitoring tobacco usage and sale rates as social marketing is bidirectional. Still, these studies are not conducted annually. (Appendix 9)

8 SUMMARY AND CONCLUSIONS

Social marketing is a marketing concept used to alter behaviors. Problematic behavior is changed to something that creates value for individuals and societies. Social marketing operates on three different levels and it is always customer oriented. Finland has taken over an action plan to end smoking by 2030. This must be the biggest operation on smoking cessation currently. Many actions are taken to make smoking less appealing. Even though the action plan's roots are governmental aka on macro level, some parts are on conducted on individual micro level. Smoking is a wicked problem. It means that it does not have only one simple solution. It considers many and it changes constantly. Smoking rates have been dropping and until now. Today, the rates have nearly stopped to the current state.

However, it does not stop there because passive smoking could be just as bad. Human health is not the only aspect affected by smoking, but social interaction, economy and environment as well. Smoking creates different types of addiction and it creates financial costs worth millions each year. People need to be kept motivated and they must benefit from the behavioral change. The addiction and adverse effects make it harder to quit, and on average it could take up to three attempts to quit completely. The benefits must be greater than the costs.

It seems that individuals answering the survey found the impact on their own health to be the biggest motivator for quitting smoking. Perhaps some actions are not seen as social marketing because they are quite mundane and too well-known. Many limitations e.g. ban of display and ban of advertisement of tobacco products have been in use for many years now. People might not see them as affective because there has not been a day without them. The data collected from the survey shows that increasing prices and peer pressure might have a bigger impact than e.g. smoke-free workplaces or ban of smoking in restaurants and bars does. Questions about the conspicuousness of social marketing raised some questions. Do people really know social marketing as well as they think they do, and have they studied it? People could have mixed social marketing to social media marketing etc. All and all, respondents did not really think that social marketing has done much to influence their decisions. The answers mainly showed that the individuals pay attention to their own health and that social marketing

has succeeded through health education. People understand the risks of smoking but have not yet seen much change on their own health. We must remember that individuals would not know the health risks if it was not for health education.

Snus has become quite popular in Finland even though it is not legal to sell it here. It was mentioned more than any other product when asked about changing to alternative nicotine products. Even though there is a ban of display in stores, it has not affected the availability of tobacco products. Perhaps the next step in smoking cessation should be to limit the availability of cigarettes. Current social marketing actions do have an effect and the benefits are greater than the costs.

9 FINAL WORDS

The main objective of this research was to examine the effectiveness of social marketing on smoking cessation among young adults in Finland and the main product was an online survey which goal was to obtain the minimum of 50 responses. The research met its goals other than the ones considering timespan. It took longer than expected to finish the work. If I were to do something differently, I would have used less time on finding references and spent more time on analyzing the survey data. I would have made the survey longer and used more follow-up questions as well. I conducted the survey before the theory part was written completely. This resulted in somewhat unbalanced theory and empirical parts. I would have specified the difference of social marketing and social media marketing to the respondents as well as included more options to questions 5 and 6. Still, the integrity was comprehensive, appropriately defined as well as successful. Writing this thesis was educational and interesting.

Not having an employer had both positive and negative impacts. It might have had a negative impact on the scheduling and the survey itself. Still, I think it had more positive impacts. I was able to select all materials and methods myself and I did not have to consult a third party which would have possibly impacted the amount of information shared to public as well as the topic itself. Since social marketing is not

widely used by smaller companies and it is not very well-known, I might have had to change the topic to something else which a company in question would have found more essential to their operations. On my opinion, social marketing should be more widely spoken about and taught in Finland. If individuals were more familiar with it, I think it would make them more prone for change. Hence, I chose this topic to create more interest towards it within younger population and others as well. Still, the person who learned and benefitted from this work the most is me. I learned more than I expected about the social marketing used in Finland to decrease and put on end to smoking. All and all this thesis included the topics needed to understand social marketing, smoking and behavioral theories generally. This thesis answered the given research problem and sub problems. This type of research could also be repeated in the future. Social marketing can be used to influence various types of behavior. It can be used to e.g. increase recycling or lower obesity rates. People's behavior towards Coronavirus could also be studied and changed by using social marketing.

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APPENDIX 1

The survey questions:

1) Age?

1. 18-21
2. 22-25
3. 26-30

2) Gender?

1. Female
2. Male
3. Other
4. Wish not to say

3) Do you smoke tobacco?

1. Yes, every day or almost every day
2. Yes, at least a few times a week
3. Yes, but less than once a week
4. No

4) On a scale of 1-5, how do you feel about the following statements.

The scale: 1 = totally disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree and 5 = totally agree.

1. My parents' smoking / not smoking has impacted my behavior.
2. Social pressure and friends have influenced my smoking habits.
3. Mine/others' smoking has impacted my health.
4. Smoking cigarettes affects the environment and its cleanliness.
5. I know what social marketing is.
6. The rate of young adult smokers will continually drop before 2030.
7. Quitting smoking would benefit me.
8. I am aware of the health risks of smoking cigarettes.

5) Have you faced any of the following ways of social marketing in your everyday life? (You may choose more than one option.)

1. Warning texts and pictures on the cigarette packs
2. Age limit for buying tobacco products
3. The ban of capsule and flavored cigarettes
4. Advertisement on smoking cessation
5. Rising prices of tobacco products
6. Availability of tobacco products and the ban of display
7. The ban of smoking on most public places
8. Education on the harms of smoking
9. Advertisement ban of tobacco products
10. The ban of online orders of tobacco products
11. The limits of importing tobacco products

6) Rate on a scale of 1 – 5 how much you think the following factors impact young adults' decision making, regarding smoking cessation.

The scale: 1 = very little or not at all, 2 = slightly, 3 = some impact, 4 = a lot and 5 = very much.

1. Warning texts and pictures on the cigarette packs
2. The ban of capsule and flavored cigarettes
3. Advertisement on smoking cessation
4. Higher pricing
5. Availability of tobacco products and the ban of display
6. The ban of smoking on most public places
7. Health risks
8. The negative impact on the environment
9. The behavior of the people closest to you
10. Addition to the family
11. Smoke free flights
12. Smoke free working environments
13. Education on the risks of smoking and/or ways of quitting
14. Other, what?

7) If any of the previous factors have led you to quitting smoking, answer to this question. If you have not reduced/quit smoking you may move on to question eight.

Open answer:

8) If you have reduced or quit smoking, then what is your take on the following statement? 'I would have not been able to reduce or quit smoking if it was not for social marketing.' If you have not reduced or quit smoking, you may skip this question.

1. Totally disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Totally agree

9) If you do not smoke anymore, then perhaps you switched to another nicotine product(s)?

1. No, I have not
2. Yes, to the usage of nicotine plasters
3. Yes, to the usage of nicotine gum
4. Yes, to the usage of lozenge with nicotine
5. Yes, to the usage of electronic cigarette
6. Other, what?

10) Have you read up on social marketing for example enclosed to your studies or otherwise?

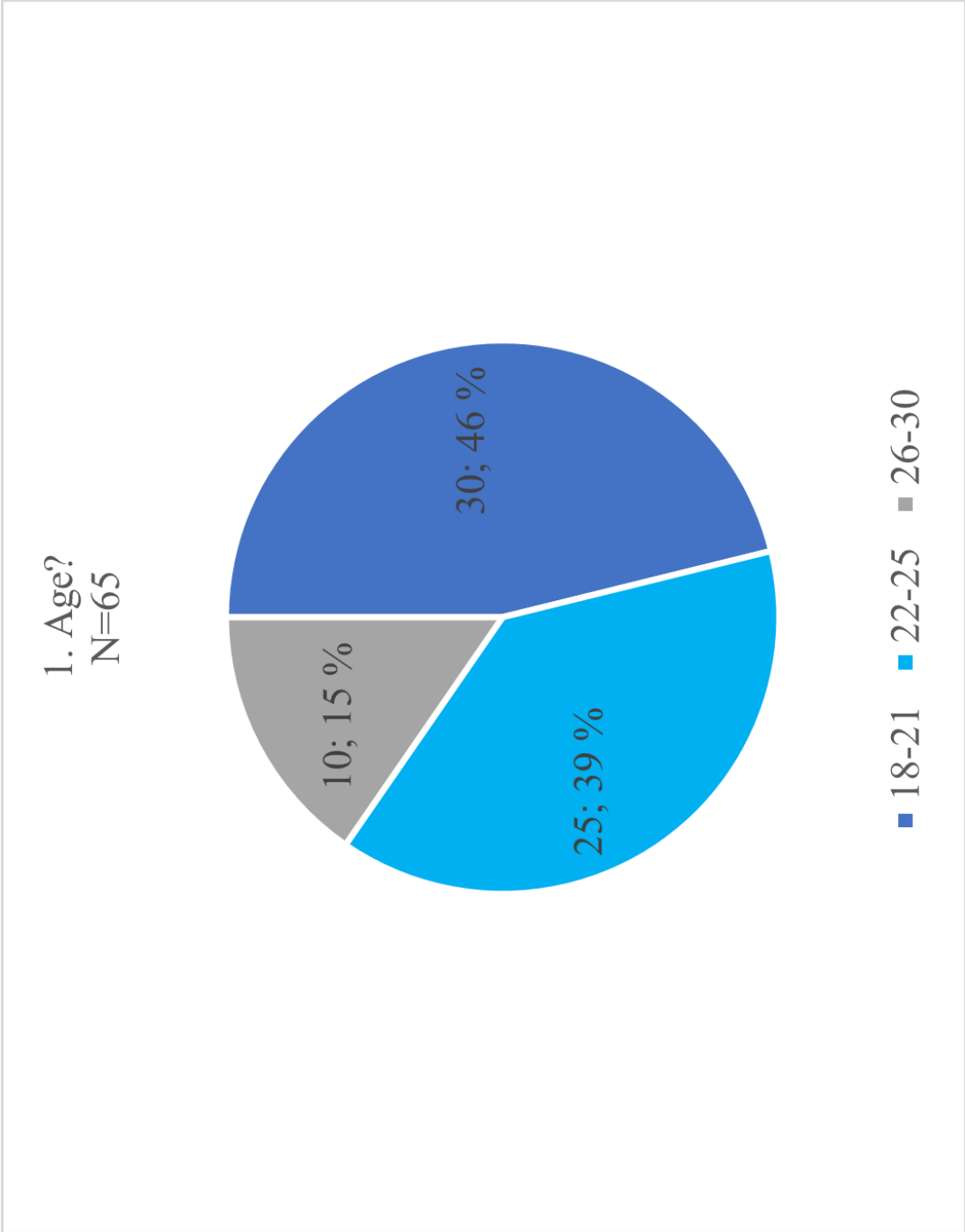
1. Yes
2. No

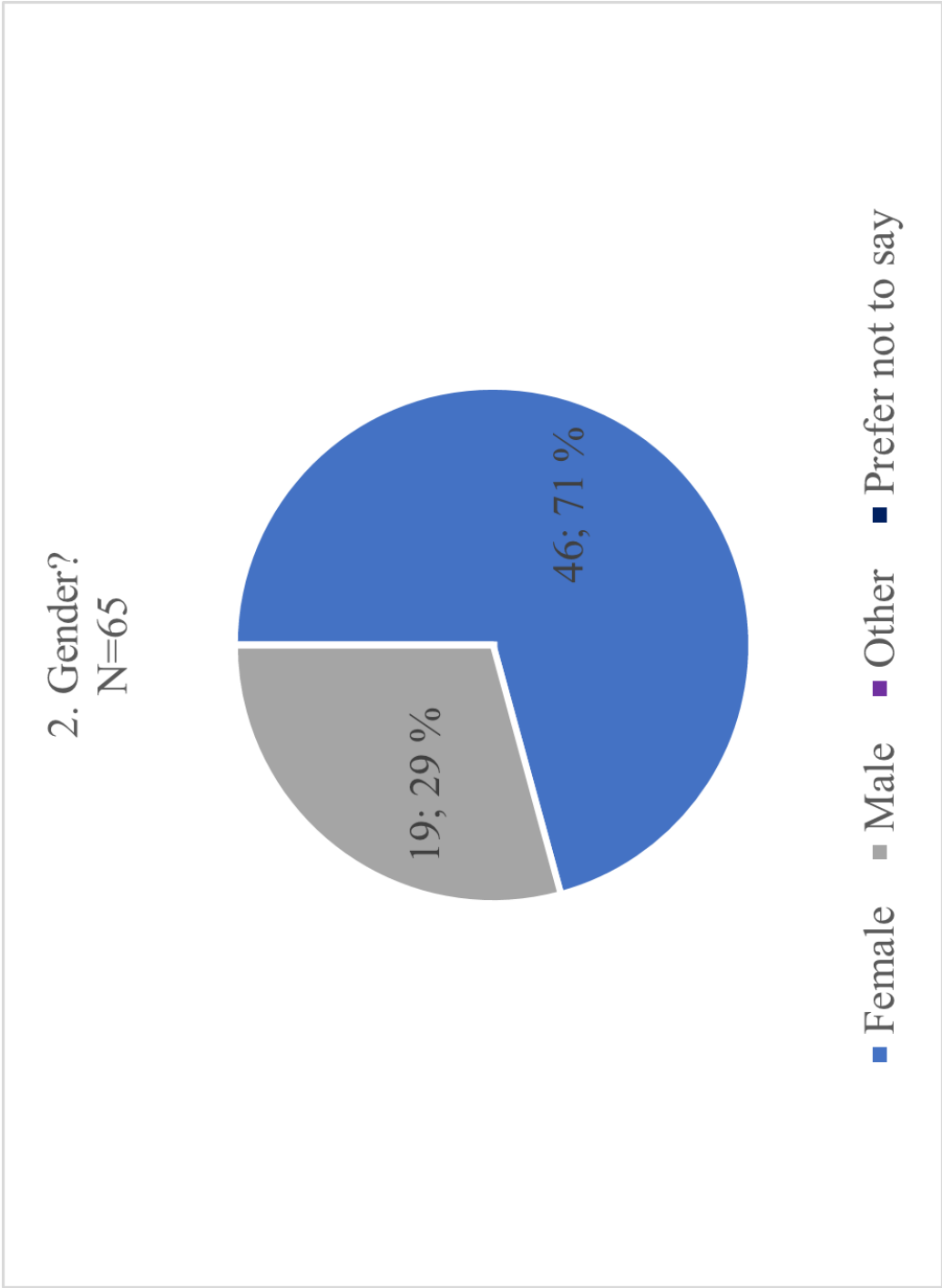
11) Which type of social marketing would you say works better for you?

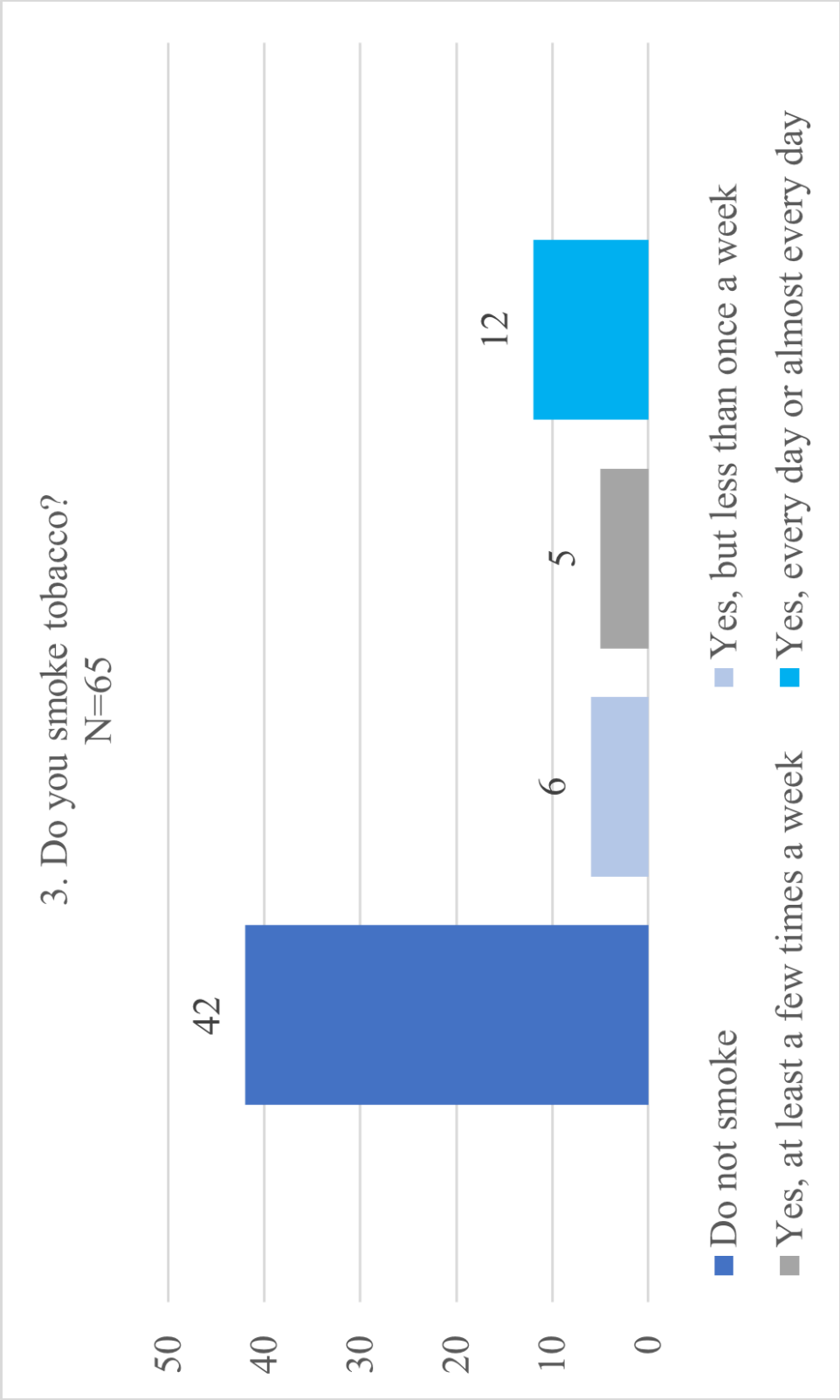
1. Personal and individually targeted
2. Social marketing that targets communities as a whole

12) Have you previously answered to a survey in which they inquire information about your usage of tobacco products? (For example, youth health survey or any other survey conducted by e.g. THL or STM)

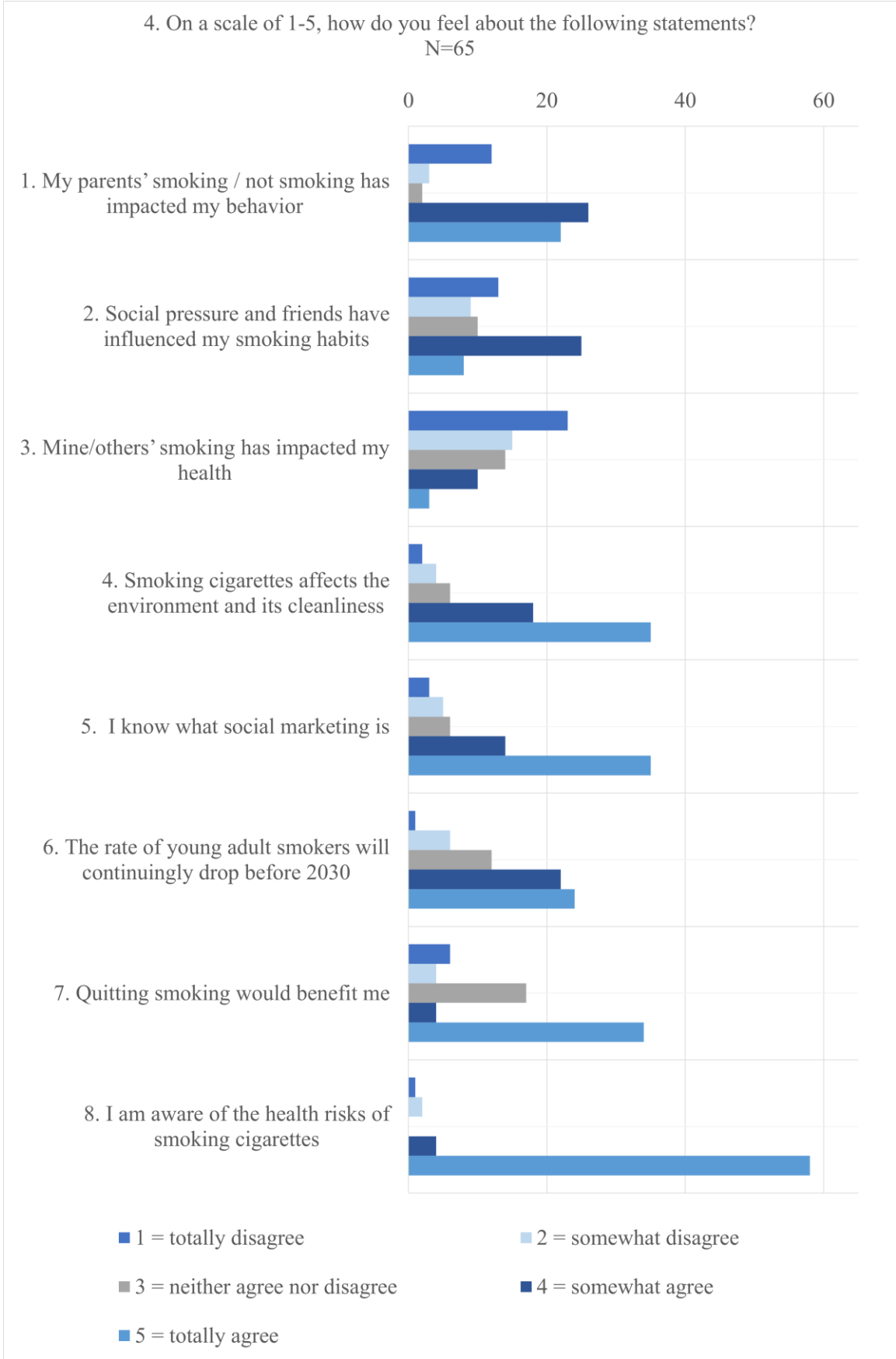
1. Yes
2. No
3. Not sure

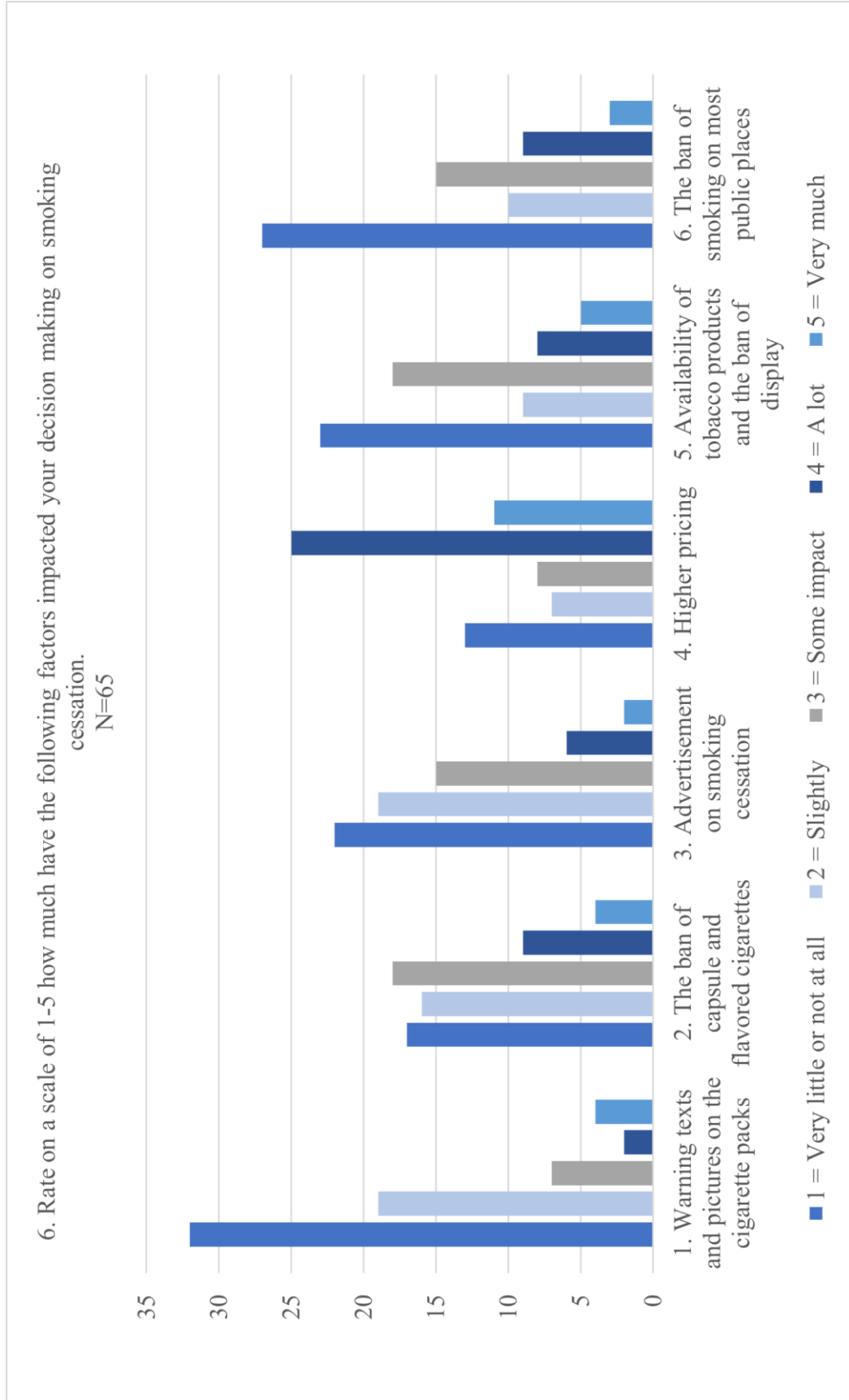




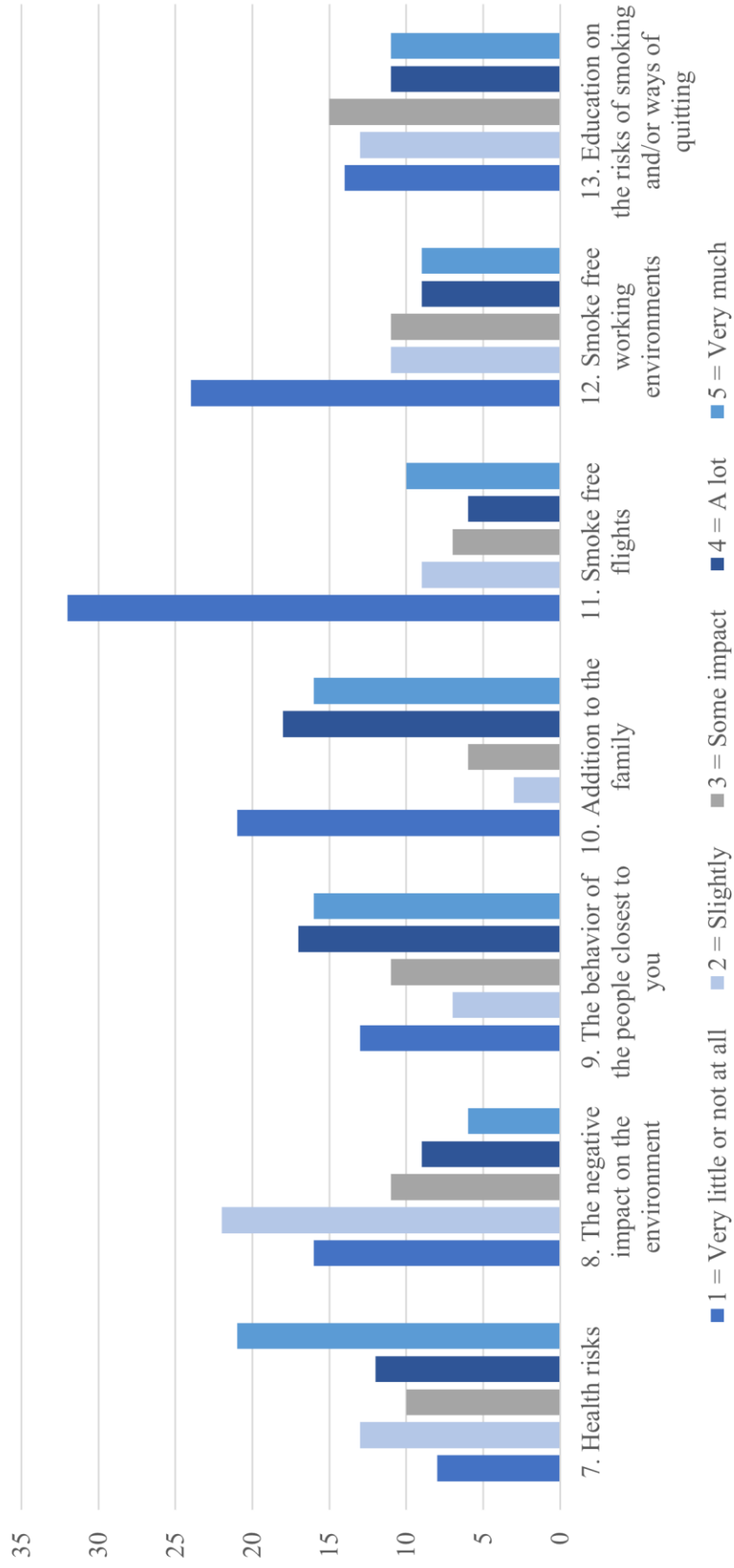


APPENDIX 5



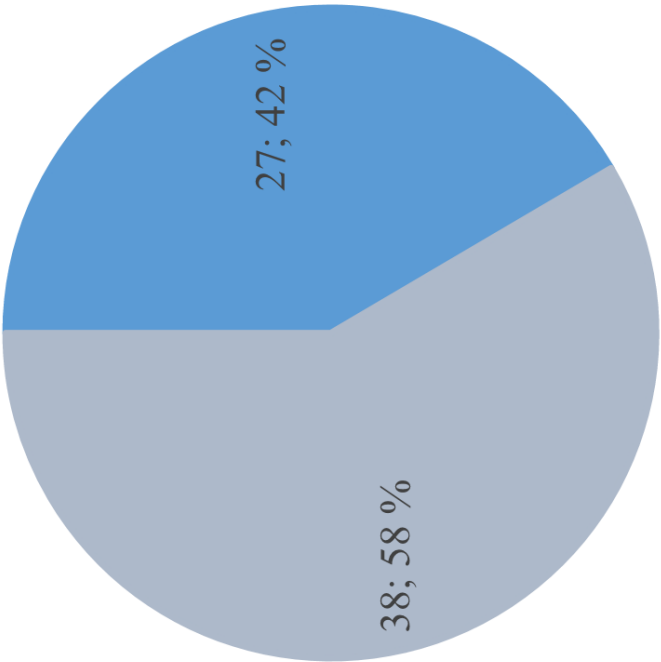


6. Rate on a scale of 1-5 how much have the following factors impacted your decision making on smoking cessation.
N=65



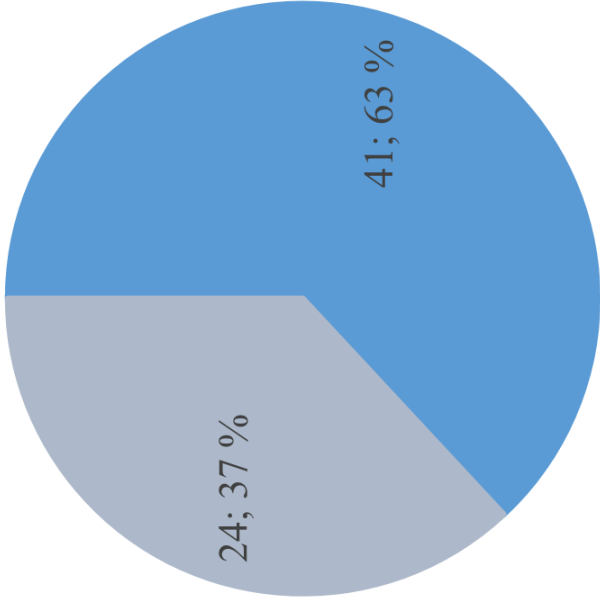
10. Have you read up on social marketing for example enclosed to your studies or otherwise?

N=65



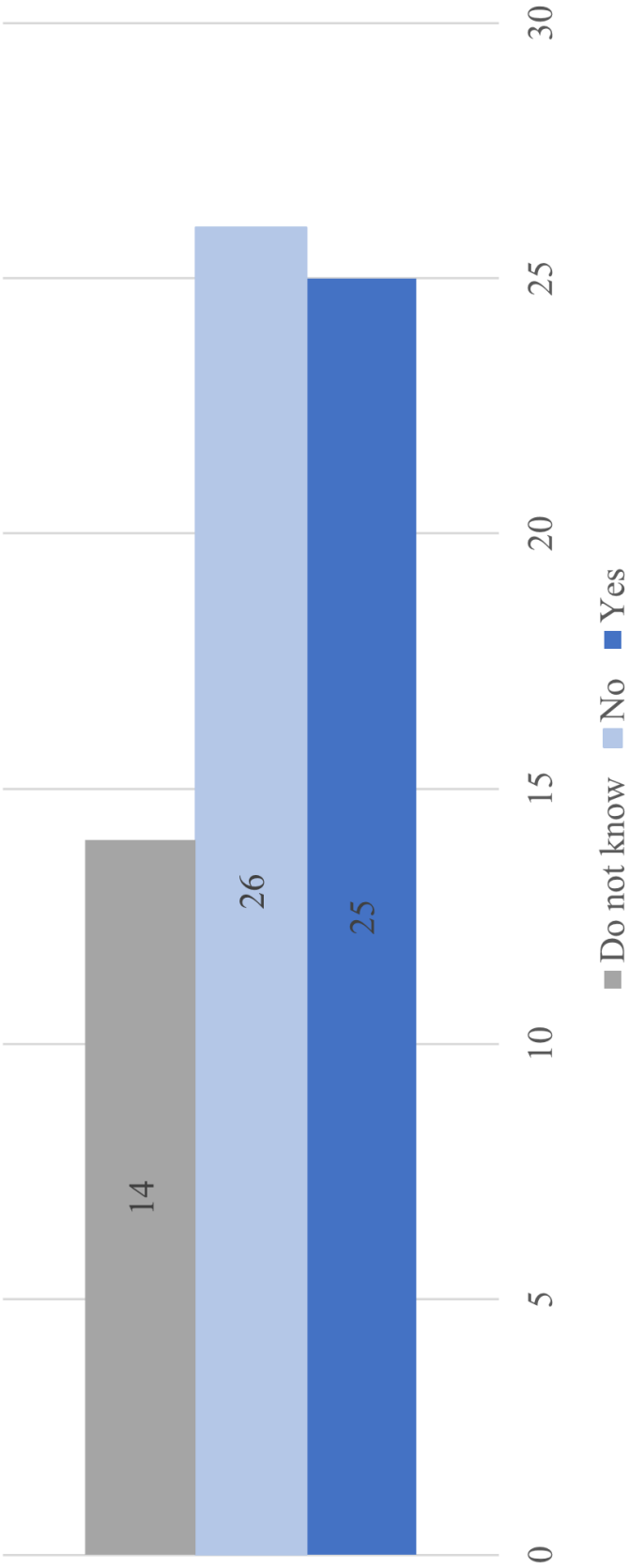
■ Yes ■ No

11. Which type of social marketing would you say works better for you?
N=65



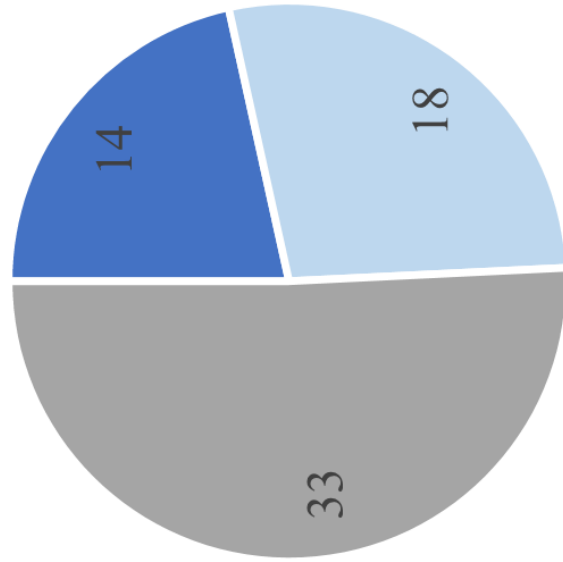
- Personal and individually targeted
- Social marketing that targets communities as a whole

12. Have you previously answered to a survey in which they inquire information about your usage of tobacco products? (For example, youth health survey or any other survey conducted by e.g. THL or STM)
N=65



How many social marketing measures did individuals choose from the given options on question 5?

N=65



■ 1 to 4 ■ 5 to 7 ■ 8 to 11

