



JAIPURIA INSTITUTE OF MANAGEMENT, NOIDA  
PGDM / PGDM (M) / PGDM (SM)  
FOURTHTRIMESTER (Batch 2017-19)  
MID TERM EXAMINATIONS, AUGUST 2018

Course Name	Marketing Innovation for Social Change	Course Code	MKT417
Max. Time	1 hour	Max. Marks	20 MM

INSTRUCTIONS:

- a) All questions are compulsory.
- b) Answer your questions with examples.

Q1. In India diarrhea deaths are a common occurrence in the marginalized families. The main reason for this is non maintenance of hygiene.

It is now established fact that washing hands before eating food could really control this to a large extent.

How would you promote the concept of washing your hands with soap before eating with the target audience? Explain. (7)

CASELET

**Tobacco consumption: Why bidi, not cigarette, is bigger challenge for India**

India suffers from some unique disparities in its tobacco industry which leaves immense scope for improvement on the consumption front. Unlike other countries where cigarette smoking accounts for a bulk of the tobacco consumption, the market share for cigarettes in India stands merely at 14 per cent. On the other hand, bidis account for 48 per cent of the market share and smokeless tobacco (SLT) for 38 per cent. This is mainly due to the sharp contrasts in pricing of cigarettes and bidis. The average per stick price of a cigarette is Rs 5.92, which is approximately 10 times the average per unit cost of bidi or SLT.

The fact that low income segments are the primary consumers of such cheaper form of tobacco points to the importance of the price factor in this trend. And since 70 per cent of the population falls in the low-income segment, commensurate taxation of these products to bring them at par with cigarettes can be an effective strategy to curb tobacco consumption across the country.

The economic healthcare cost burden was more than five times the excise tax revenue collection done by the government from tobacco in the same year. This implies that for every 20 paise collection in excise tax on tobacco, the Indian government has to spend more than Rs 1 for tobacco-linked health issues.

Therefore, any move to disincentivise consumption of tobacco seems like a win-win from every aspect. One only wonders why such a recourse has not been pursued sooner in public policy. May be it has been the utter lack of discourse on the matter.

In context of the case answer the following questions:

- Q2. Why do you think that the government has not taken steps to curb bidi smoking ? (6)
- Q3. Develop a campaign for creating an awareness amongst the rural population where the bidi smoking is more prevalent than cigarette smoking. (7)
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