SELECTIVE DEMARKETING STRATEGIES FOR MUSLIM CONSUMERS TO PROMOTE HEALTH LITERACY

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ABSTRACT

Health literacy for self management of health has become a critical issue for the producers of goods, consumers and health service providers in today's world. The health literacy is also affecting life-styles of Muslims around the world that are remarkably growing in numbers and market influence. A demarketing approach towards Muslim consumers is needed to promote the importance of health literacy. This conceptual paper presents strategies to apply demarketing to promote health literacy for self-management of health-care strategies among Muslims. The demarketing of unhealthy practices as part of the health literacy is illustrated here to educate Muslims about living a healthy lifestyle. This lifestyle stresses upon the prevention of obesity, diabetes, high bold pressure, cancer, sexually transmitted diseases (STD) and other preventable diseases. The demarketing strategies for self management of health-care among Muslims are designed on the promotion of a healthy lifestyle based upon a combination of medical and Islamic health perspectives. This unique paper focuses on the critical precautions to be marketed by applying selective demarketing aims to Muslim consumers in the context of the four elements of the marketing mix: product, price, place and promotion. The major objective of this study is to meet Muslim demarketing aims in terms of restricting demand and consumption of products which are harmful for health.

Keywords: *Marketing, Demarketing, Islam, Muslims, Health Literacy, Healthcare Strategies.*

INTRODUCTION

Health literacy for self management of health has become a critical issue for the producers of goods, consumers and health service providers in today's world. The health literacy is also affecting life-styles of Muslims around the world that are remarkably growing in numbers and market influence. A demarketing approach towards Muslim consumers is needed to promote the importance of health literacy. This conceptual paper presents strategies to apply demarketing to promote health literacy for self-management of health-care strategies among Muslims. The demarketing of unhealthy practices as part of the health literacy is illustrated here to educate Muslims about living a healthy lifestyle. This lifestyle stresses upon the prevention of obesity, diabetes, high bold pressure, cancer, sexually transmitted diseases (STD) and other preventable diseases. The demarketing strategies for self management of health-care among Muslims are designed on the promotion of a healthy lifestyle based upon a combination of medical and Islamic health perspectives. This unique paper focuses on the critical precautions to be promoted by demarketing of unhealthy practices for self-management of health-care strategies to Muslim consumers by applying the four elements of the marketing mix: product, price, place and promotion. The major objective of this study is to meet Muslim demarketing aims in terms of restricting demand and consumption of products which are harmful for the health to Muslim consumers.

Muslims are residing in all geographic regions of this planet. According to a demographic study, 80% of the world's Muslims live in countries where Muslims are in the majority and the rest live as religious minorities in their country of birth (PRC 2009). Two of the 10 countries with the largest number of Muslims living as minorities are in Europe: Russia (16 million) and Germany (4 million) (PRC 2009). Moreover, Muslims are the most rapidly growing population segment in today's world (Alserhan 2010; PRC 2009). It has been established that the Muslim market is a niche in itself where specific marketing strategies are required to target them (Alserhan 2010; Haq & Wong 2010). All these Muslims belonging to different social, political and financial classes could manage their health by abstaining from certain products and practices. Such products and practices are highlighted in this paper and are discussed as key factors to be demarketed to Muslims.

This paper elaborates upon a unique perspective on health literacy for Muslims based on the demarketing approach. Critical suggestions from medical science and Islamic perspective have been derived to construct the demarketing strategy to educate Muslims to self-manage their health issues. The focus of our conceptual paper is on a unique aspect of demarketing to be used for the health-care strategies. The Islamic cultural practices supporting self-manageable health-care include halal-food

provision, abstinence from alcohol and illegitimate sex, hand washing, diet according to Islamic way. The main objective of this study is to determine how to market the self-management of heath practices to Muslim population residing in any geographic location and belonging to any social class, so that they lead a healthy lifestyle.

LITERATURE REVIEW

Marketing Health Products

The marketing of health literacy is not an extensively researched area, however recent studies on food for health reflect upon the growing concerns over health literacy (Raghunathan, Walker & Hoyer 2006; Menrad 2003). Menrad (2003, p.185) suggested through the research conducted on functional or health-conscious food that "future market development is influenced by the degree of familiarity and acceptance of functional food". The familiarity and acceptance indicates the importance of the marketing and promotion of the aim of good health. It is important that Muslims need to be assured of the impact of unhealthy food compared to stressing only upon the religious dogma. Religion can influence the attitude towards advertising and consumption of certain goods known as controversial products, unmentionable or socially sensitive such as alcohol, tobacco, pork, non-halal meat, type of clothing & contraception (Fam, Waller & Erdogen 2004; Waller & Fam 2000; Michell & Al-Mossawi 1999; Anand & Kumar 1982). According to Fam, Waller and Erdogen (2004) understanding of religious beliefs and their influence on controversial advertising is of great importance to international advertising agents, "in their efforts to improve advertising effectiveness without offending or alienating their target audience" (p. 538).

The marketing mix strategies for advocating healthy food and demarketing of unhealthy food will only be successful by recognizing the importance for distribution of information and communication of the health awareness. Grier and Bryant (2005) studied health as a product for social marketing and illustrated the adoption of the marketing mix in their research. The studies from Raghunathan, Walker and Hoyer (2006), Grier and Bryant (2005), and Menrad (2003) had a similar conclusion, agreeing that for effectively marketing a health product, the distribution channels and the mode of promotion are the most significant activities. Raghunathan, Walker and Hoyer (2006) further stressed from findings of their study that if the volume of unhealthy food could not be controlled, the threat to health from such food could not be minimized, then the only solution is to re-educate consumers about the meanings of healthy and unhealthy food. To communicate the similar message to Muslims, remarkable support is presented by their faith, Islam, which pinpoints the choice between healthy and unhealthy food detailed in their Holy Book, the Quran.

The selection of the communication channels is important; the health conscious customers can be better attracted by using non-traditional methods that indicate less commercialism (Menrad 2003). Grier and Bryant (2005, p.324) further specify the communication priorities, 'in public health, policy changes, professional training, community-based activities, and skill building usually are combined with communication activities to bring about the desired changes'. The use of emotional appeals for marketing healthy products and adoption of fear appeals for demarketing unhealthy products is needed. As an example from Grier and Bryant (2005), a health campaign marketing the emotional benefits of breastfeeding would use an emotional appeal, on the other hand, a fear appeal could be used for demarketing the usage of substitutes for breastfeeding. Raghunathan, Walker and Hoyer (2006) indicate in their research that the basic hurdle in marketing healthy food is the notion that healthy food is not tasty and unhealthy food is tasty, and consumers generally prefer tastiness over healthiness. This view of taste preferred over health constitutes a critical aspect of this paper for suggesting demarketing strategies for self-management of health literacy. This study attempts to promote health literacy to Muslims regardless of the taste, but based on well being as Islamic teachings.

Demarketing

De-marketing concept was originally proposed by Kotler and Levy (1971), and primarily it was applied to provision of demand health service. It means to discourage the consumption of a certain good or a service which can be targeted selectively to a group of consumers (promote consumer awareness) to benefit not only the individual but also small and large social groups. The demarketing aspect of marketing can be applied to healthcare strategies in term of health literacy for self-management of one's health problems. In marketing a product the idea is to increase demand. However after some time it may decrease or in excess, then desired tool for controlling this excess demand is needed (Shiu, Hassan & Walsh 2009; Lawther, Hastings & Lowry 1997; Gerstner, Hess & Chu 1993). Kotler and Levy (1971, p.75) have defined demarketing as "that aspect of marketing that deals with discouraging customers in general or a certain class of customer in particular on either temporary or permanent basis".

The literature on demarketing has been limited and lacks attention in the mainstream marketing discipline (Shiu et al. 2009; Gerstner et al. 1993). Traditional marketing tools are used to dampen demand and demarket the product. Gerstner et al.

(1993) have studied and analyzed demarketing as a competitive strategy that emphasizes on being different and better than the competitors. An examination of four competitive demarketing strategies: price discrimination, bait and switch, stock outage and crowding costs, concluded that differentiation demarketing was the best approach to be better than the competitors (Gerstner et al. 1993). In a social marketing scenario, as in this paper, demarketing is used to deflate demand by dissuading consumption of anti-social products (Shiu et al. 2008). Kotler and Levy (1971) identified 3 types of demarketing i) general ii) selective and iii) ostensible demarketing; depending on the demand for a particular product which needs to be reduced. The selective demarketing suggests strategies to drop the demand for a specific product for a specific customer group.

After a review of the demarketing strategies, we selected selective demarketing for this paper, where by demand for certain goods such as alcohol, tobaccos is reduced (Inness, Barling, Rogers & Turner 2007), it is also referred as to 'encourage deconsuming' (Kotler & Levy 1971, p. 76). The adoption of the selective demarketing strategy in this paper will illustrate how to persuade the usage of halal food and dissuade the consumption of unhealthy food and practices. The interest in Muslim consumers and Islam is growing significantly, not only for businesses but for research as well (Haq & Wong 2010). Demarketing for Muslims can be linked to the basic Islamic concepts of halal and haram. The earlier means what is permitted and the later signifies what is prohibited, Islam judges what is allowed or disallowed based on what is good or bad for the humanity (Alserhan 2010).

A study by Grinstein and Nisan (2009) on protection of public goods related to environment in societies with influential minorities such as Israeli Arabs, ultra-Orthodox Jews, and Jewish Russian immigrants concluded that minority groups used consumption or deconsumtion to manifest their social identity, beliefs, religion, ethnicity and immigration status. Public or private sectors demarketing strategy is not effective with minority groups as those with lower national attachment respond negatively. However, this study is concerned about Muslims as both majority and minority groups where higher education levels irrespective of minority or majority consumers respond more positively to demarketing strategy. Comm (1997) applied the concept of demarketing to the tobacco industry and suggested that application of demarketing concept can be made to other industries which sales unsafe products to the consumers and while poses health related risks. He recommends that consumer needs to be educated about the unsafe products and public policy should be framed in aiming to reduce the consumption of unsafe products which has an effect on the health cost to the society and the economy.

Marshall, Skiba and Paul (2009) propose the idea of social marketing program for practitioners and consumers not only for reducing health cost, but also promoting health awareness among consumers. The key aim of social marketing is to change attitude and the behavior of the consumers in ways that would be beneficial to the individuals and the society as a whole. For our paper we have defined the term demarketing as all efforts made to discourage the demand for a product and thus consumption of the product which are (1) harmful to consumers' health (2) not culturally, religiously and socially accepted product for consumption. Common demarketing strategies include higher prices, scaled-down advertising, and product redesign (e.g. terms of being injurious to health, moderate consumption, raising awareness of health risk: sugar and saturated fat content in food and drinks causing obesity, cholesterol and diabetes). At the same time focus is on increasing access to healthy food and drink in school, public places, restaurants and exercise by promoting health literacy.

Lefebvre (2010), has defined demarketing as having the key aim to reduce demand by discouraging consumption of harmful products that incur health risk such as such as alcohol and cigarettes. Like wise this concept can be applied to demand and consumption of all the goods that pose health risk to the consumer such as fatty and oily foods, sugar, sweets and drinks, wine, meat with high fat and so on. Lefebvre (2010), applied Structural Equation Model (SEM) to empirically test the relationships aimed at each of the 4Ps and concluded that "promotion and price were the only demarketing mix elements which influence three outcome variables such as i) attitude toward the tobacco industry ii) attitude toward smoking, and iii) intention to quit smoking". The results demonstrated that the two attitudinal variables only partially mediated the effects of each of the four elements of marketing mix, on intention to quit smoking. At the same time, the empirical evidence from the study shows that the demarketing mix element product, in terms of product replacement and displacement through the promotion of NRT [nicotine replacement therapies] and behavioural support programs, is less effective in terms of changing smokers' attitude toward smoking and intention to quit smoking. However, smoking restrictions at public places and work do not influence attitude but do have a small direct effect on intention to quit smoking.

Table 1 below, developed for this study illustrates the traditional four elements of marketing mix and demarketing approaches which can be applied to Muslim consumers in terms of demarketing aims. Product is framed as product replacement and displacement. In case of price by increasing taxes and therefore reduce sale or discourage demand. Place interventions are restricting tobacco sale and consumption opportunities through such instruments as ban on smoking, alcohol and non-halal foods which are not allowed for Muslim consumers. Promotion and advertising through implementing counter-advertising campaigns, mandatory package warning labels and ban on tobacco, alcohol, non-halal-haram products advertising and

promotion to Muslim consumers or in the Muslim market. Thus the 4ps of marketing mix and demarketing are applied and linked with Muslim demarketing aims to restrict or reduce demand and ban consumption of harmful and halal-haram products by educating the consumer in terms of health literacy, as well as impose tax or restrictions on firms that promote and sell such harmful products that impose a health cost on the individuals and the society in the long run.

Table 1: *Marketing mix elements and selective demarketing aims to promote health literacy for Muslim.*

Marketing mix elements	Marketing Aims	Demarketing Aims	Muslim Demarketing Aims
Product	New product, quality, value, encourage use of product, product availability.	Restrict availability of harmful products, highlight products harm to health, increase availability of substitute products good or health.	Discourage use of product, restrict availability and sale of alcohol & by-products, harmful drugs, other non-halal food products & pig by-products which are against the religion and also harmful for health.
Price	Increase sales, target pricing, availability of credit for purchase, extensive service.	Increase prices and increase taxes to discourage purchase and consumption of the product.	Impose taxes and high prices on harmful products to discourage production, sale & consumption. Stress on damage to health as a price for using these products.
Place/distribution	Customer satisfaction of the good and service, mass distribution through many retail outlets.	Decrease consumption & distribution space, restrict distribution to retail outlets, restrictions on sale of harmful products to all, including minors & promote anti-smoking & anti-alcohol themes.	Restrict distribution space for Muslim consumers, constrain distribution to retail outlets, limit the sale volume of harmful products to all and legally ban access for Muslims.
Promotion	Advertising & promotion of consumption themes, sales oriented promotion, role of sales man, and promotion/ advertising budgets.	Decrease advertising space for harmful products, mandatory warning labels for harmful products.	Limit and ban advertising of harmful products, mandatory warning labels for Muslim consumers, and awareness in context of Islamic way of healthy living (ingredients' details) & allowable consumption.

Source: Developed for this research

Health Literacy

Health literacy has become an interesting research topic inciting discussion and debate among health professionals, policy and health policy makers. Health Literacy (HL) means different things to different people. Individuals are becoming more and more aware of having a healthy lifestyle to improve overall health and wellbeing. The World Health Organization (1998) has defined HL as 'the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health.' However, in most multicultural nations such as the USA, UK, Australia and Canada the field of health literacy has tended to treat literacy as a skill set, as a person's ability to read and understand medical information and, assumed western socio-cultural context which is apart from socio-cultural realities (Williams & Cooper 2006) particularly for the migrants from eastern culture and different religious backgrounds.

In their report, Institute of Medicine (2004), views *health knowledge* as part of *health literacy*. Their expert panel divided the domain of "health literacy" into (i) cultural and conceptual knowledge, (ii) oral literacy, including speaking and listening skills, (iii) print literacy, including writing and reading skills, and (iv) numeracy. US Department of Health and Human Services (2010) also defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. This definition acknowledges the fact that health literacy operates within the 'complex group of reading, listening, analytical and decision making skills' and is dependent upon 'the ability to apply these skills to health situations' (National Network of Libraries Medicine 2007).These are the skills that people need to, for instance, find their way to the right place in a hospital, fill out medical and insurance forms, communicate with healthcare providers". This definition outlines that people should have set of individual capacities to access, understand and use the information for the betterment of ones health and wellbeing. The capacities have to be developed through health literacy.

Further, Baker (2006) in his paper has discussed and examined the relationship between limited health literacy knowledge among patients and the outcomes in terms of healthy behavior and medical costs and come up with a conceptual model of domains of health literacy to provide a clear definition and measurement of health literacy. Baker's model focuses on relationship between individual capacities, health related oral and print literacy and healthy outcomes, which depends upon an individual's health-related reading fluency, health-related vocabulary, and familiarity with health concepts presented in the print materials or orally discussed, in the healthcare environment. Kickbusch (2001) also has expressed that people learn about health literacy from oral (listening) and visual (watching) culture rather than reading and writing and the new information technology along with media has helped in dissemination of health literacy among those who are literate and are concerned about their health in both, developed and developing countries.

To sum up according to Baker (2006) health literacy is determined by characteristics of both the individual people and the health care environment which includes public health information and health care settings as a whole. Health literacy is one of many factors besides cultural characteristics, social norms and access to health care facilities that lead to the acquisition of new knowledge, more positive attitudes, greater self-efficacy, positive health behaviors, and finally better health outcomes for the individual and the society as a whole. Baker concludes that, more comprehensive tests are needed to understand the gap between capacities and current demands to help guide efforts to educate children and adults about health issues and to develop health-related information that more of the general public can understand. For research, new instruments are needed that will measure individuals' reading fluency more precisely without posing an undue response burden, for understanding health literacy in terms of individuals reading and understanding of health related concepts for self –management of one's health and well-being.

The impact of general literacy and health literary in particular and its positive multiplier effects on population as a whole and in particular women's is well researched. Thus health literacy is important from cultural, social and economic development perspective. Having a healthy population, and reducing maternal and infant mortality along with other health related problems of the 21st centaury such as AIDS epidemic, obesity, diabetes, and heart disease related to high cholesterol diet and lack of mobility all has an impact on the health budget. According to Kickbusch (2001), "While general literacy is an important determinant of health, it is not sufficient to address the major health challenges facing developing and developed societies" (p. 289). Kickbusch further suggests that there are many strategic challenges to solve health literacy issues, and propose a health literacy index as a composite measure of the outcome of health promotion and prevention activities to become an important index to document the health competence and capabilities of the population of a given group, community and country, and relate it to a set of health, socio- economic outcomes of the country as a whole. Kickbusch has identified three key challenges faced by the societies and the economies around the world in context of health literacy: "a) develop reliable measures of the health literacy of societies and population groups; b) quantify scientifically its impact on health and quality of life outcomes; and c) propose public health interventions that significantly increase health literacy along its various dimensions" (p.291).

It is essential that health care providers facilitate actions designed to improve personal capacity to exert control over factors that determine health and improve health outcomes. It is for these reasons that promoting health literacy (HL) through marketing and demarketing strategies should be a central strategy for improving self-management in health. Three levels of HL have been described by Levin-Zamir (2001): functional (FHL) is the basic level of reading and writing skills that let someone function effectively in everyday situation. Interactive (IHL) is the development of interpersonal and social skills that encourage people to change their health behavior and critical health literacy (CHL) is the ability of a person and a community to address the systematic factors that affect health. Critical literacy is the more advanced skill for critically analyzing information and using information to exert greater control over life events and situations. Studies indicated that health literacy was independently related to disease knowledge. There are many opportunities to improve patients' knowledge of their chronic disease(s); however, one needs to consider their health literacy skills (Williams & Baker 2003). To develop effective health education and improve patients' condition and to reduce further complications, educational strategies need to consider a person's health literacy levels and self-care skills. According to Millan-Ferro and Caballero (2009) self awareness of social and cultural factors may also impact in self- healthcare management and educating people from culturally diverse population.

Rahman, Islam and Mahalanabis (1995), also in their study concluded that delays and non-immunization was related with illiteracy (lack of mother's knowledge) besides low socio-economic status. Usually illiteracy or low literacy is accompanied by feeling of shame which may reduce a person's capacity to raise the concern about their health to highly educated and literate health care service providers (Parikh, Parker & Nurss et al. 1996). Researchers also suggested that low health literacy has been associated with poor self-management activities to manage chronic disease (Williams, Baker & Honig et al. 1998 and Kalichman, Ramachandran & Caltz 1999). Moreover, Rudd, Moeykens & Colton (1999) claimed that the literacy demand of materials that provided in health care settings in the United States exceed the literacy abilities of most adult reader. Thus educating mothers regarding vaccines for preventable diseases will be very effective in increasing the immunization coverage.

Further, Watters (2003) in her study focused on people from one language literacy and culture generalizing the multi disciplinary review of literature which concluded that there is relationship amongst these three variables literacy, health and culture which influences people's behavior. Furthermore, the improved collaboration between service providers and consumer groups, whose goals are to promote rights and self-management capabilities and advocate improved health services, can be very beneficial. Section below now explains as to why health education sensitivities are essential for marketing to Muslim consumers.

HEALTH EDUCATION SENSITIVITIES FOR MARKETING TO MUSLIM CONSUMERS

Chronic diseases like coronary heart disease, hypertension, diabetes, peptic ulcer, obesity have a common man-made etiology that is rich food, large portions of food, salty and oily food, too much sugar, smoking, stress, alcoholism and sedentary lifestyle (Williams & Baker 2003). It is possible to be remain healthy if along with exercise, excessive salt, sugar and cholesterol can be given up and avoiding drinking and smoking through self awareness and self management of one's healthcare needs and goals via health literacy. Following discussion will show how Islam through the Quran (The holy book for Muslims) and Hadith (Prophet Mohammad's {peace be upon him} explanation and advice) provided health literacy in the context of health promotion and disease prevention. These two Islamic sources present enormous numbers of verses and examples from basic cleanliness to ideal food and hygiene habits for enjoying a healthy life, as discussed below. This information can be used for demarketing of products targeting Muslim consumers.

a) For Muslims 'Wudu' or ablution is the essential part of performing five times prayer. Washing all the exposed areas of the body, hand, feet, face, mouth, nostrils etc. 5 times a day is a healthy preventive procedure. Hand washing is being emphasized more and more in hospitals now in order to prevent the spread of germs. However, personal hygiene has been emphasised in Quran (Ali 2005, The Holy Quran 4:43[31], 5:6) and suggested by the Prophet (peace be upon him) as the cornerstone of a Muslim's daily practice (Siddiqi 2008, Muslim Shareef 002:1[32]).

b) Not only Quran and Hadith guided about physical health but also about maintaining healthy mental status. There are many aspects like happiness through prayer, manifesting proper manner, forgiveness and seeking refuge from God have been mentioned in the Quran and Hadith. Among these a significant one is to prioritize spirituality over materialistic wealth. As suggested by Najaty (2008) that Islam educated people to maintain equilibrium between material and spiritual components of health, hence focusing on two aspects, (i) to empower the spirituality by believing and depending upon One God; (ii) practicing restraint by controlling the physical and emotional desires.

c) Obesity is a major global concern, which is a form of malnutrition, affecting million of people, of all age. Ninety-nine percent of obesity is due to overeating. Quran advises to be moderate in consumption (Ali 2005, The Holy Quran 20: 81). According to one Hadith it was advised to leave one third of the stomach empty after finishing the meal (Khan 2008, Bukhari Shareef 7: 65[33]).

d) The blood and meat of the dead is full of germs and other harmful elements like antibodies. Pork meat is high in cholesterol and salt and may have worms. Therefore, dead meat, blood and flesh of swine are forbidden to Muslims (Ali 2005, The Holy Quran 5:3).

e) Alcohol and any other intoxicating drugs are prohibited in Islam (Ali 2005, The Holy Quran 5: 3, 5:91, 5:92) as these cloud peoples' mental state, inhibition and interfere with a person's normal capacity of judging between good and bad. For example, "O mankind: Eat of what is lawful and good on earth" (Ali 2005, The Holy Quran 2: 168).

The preceding discussion has outlined the fact that Islam provides guidelines to its followers to live a healthy lifestyle and encourages mankind to be literate about health education by following the instructions regarding healthy behavior from the Quran and Hadith. The abstinence from non-healthy products and practices, referred as halal and haram in Islam, reflects the demarketing strategies presented in the Quran and Hadith, which needs to be properly promoted among the Muslims.

DISCUSSION AND CONCLUSIONS

This paper explains the selective demarketing to the Muslim consumers of the market by recognizing the importance of health literacy in self-management of health care strategies. Demarketing helps the Muslim consumers to understand the danger of

[31] Chapter 4, Verse 43
[32] Book 002, Chapter1
[33] Vol 7, Book 65

consuming tobacco, alcohol or excessive sweet products which may cause health problems like diabetes, high cholesterol or high blood pressure. Moreover, the adoption of a self-management strategy will result in mutually beneficial outcomes for the Muslim customer as well as reduced health cost to the society. Marketing tool needs to be sensitive to various cultures in terms of reducing demand for goods prohibited as well as helping Muslims to increase demand for certain goods which are allowed to be consumed.

This paper also identifies Muslim population as a niche segment that could be targeted for demarketing strategy for self-management of health-care since they have distinct religious preferences in relation to food, diet and personal hygiene practices. Key contribution of this paper is that the four elements of marketing mix and demarketing are applied and linked with Muslim demarketing aims to restrict or reduce demand and ban consumption of harmful and halal-haram products by educating the consumer in terms of health literacy, as well as impose tax or restrictions on firms that promote and sell such harmful products that impose a health cost on the individual, groups, society and the economy in the long run.

Following the demarketing strategies proposed by Shiu et al. (2008) two key suggestions are derived from this study. Firstly, to control the availability of unhealthy and non-halal products, secondly, shrink the advertising space for such products and promote their negative effects. To effectively communicate with the Muslim market, these demarketing strategies shall be strengthened by embedding them with the message of not only for living a healthy lifestyle but also from culturally and religious perspective. To effectively communicate the message this study further suggests following the strategy from Raghunathan, Walker and Hoyer (2006), and stresses upon the re-education of Muslims regarding the difference between healthy and unhealthy, from medical as well as Islamic perspectives.

Health literacy has positive effect from the cultural, socio-economic perspective having a positive impact on the individual, group, society and the economy as a whole. Majority of the world's population lives in developing countries are used to oral and visual culture. Information and communication technologies such as visual media, radio, television and internet can be exploited to promote health literacy for the self management of one's health related issues, as they are reshaping and influencing particularly the cultures of developing countries of Asia, Middle-East and Muslim dominated countries besides developed countries.

The demarketing strategies highlighted in this paper stress upon restricting the access to unhealthy products, communicating the related unhealthy outcomes and positioning self-management of health-care as an important aspect of Islamic faith and daily practice. A sequential mixed method study is in progress to conduct among Muslim consumers where in the qualitative component of the study the respondents are asked to discuss their daily health practices and their health literacy in respect to healthy lifestyle. Findings from this qualitative data will guide to design the questionnaire for the quantitative part of the study. The final result will be used to empirically test the relationships of the four elements of marketing mix in context of demarketing aims which influence three outcome variables such as: (i) attitude toward the tobacco, alcohol, high fat and sugar content food and drinks, non-halal products and services industry (ii) behaviour towards smoking, tobacco, alcohol, high fat and excessive sugar content food and drinks non-halal products and services industry and (iii) intention to quit smoking, drinking alcohol, restrict intake of high fat and sugar content food, avoid non-halal food. In the light of the outcome of this research, Quran and Hadith, as well as universal principles of healthy lifestyle and behaviour may provide basis for effective demarketing strategies targeting Muslim consumers. Muslim consumer's awareness, health literacy and self-management strategy by applying selective 'Muslim Demarketing Aims', will lead to a change in attitude and behavior of the targeted consumers for a healthy living in an Islamic way and benefit the individual, group, society and economy as a whole by reducing the health related cost.

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