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The Role of Media in Tobacco Control Campaigns

Ritu S. Sood

Abstract

Mass media campaigns have generally aimed primarily to change knowledge, awareness and attitudes, contributing to the goal of changing behavior, reduce unhealthy attitudes and reinforce factors which may include grassroots activities, law enforcement efforts, and other media messages. An effective public education campaign must use multiple channels to reach the target audience with messages that are based on research regarding what is most effective. Research is needed to evaluate the effects and effectiveness of corporate-image campaigns and tobacco company- sponsored smoking prevention campaigns on smoking- related behaviors and attitudes among the adults in different socioeconomic subgroups.

Key words: Media Campaigns; Mass Media; Tobacco; Smoking Prevention; Health Education.

Introduction

Mass media campaigns have long been a tool for promoting public health (Noar, 2006) being extensively used to create awareness among high proportions of large populations to messages through routine uses of existing media, such as radio, newspapers, and television. Mass media campaigns have generally aimed primarily to change knowledge, awareness and attitudes, contributing to the goal of changing behavior, reduce unhealthy attitudes and reinforce factors which may include grassroots activities, law enforcement efforts, and other media messages.

Till recently there is no evidence of any systematic and concerted effort by either the Central or State Governments to educate the masses on tobacco control awareness education got the least attention as compared to tuberculosis, malaria, alcohol and drug addiction and Immunization which have always been a central concern in the public awareness education programs of the Central or State Governments in India.

Author's Affilation: Associate Professor, Department of Communication Studies, JIMS, GGSIP University, New Delhi, India.

Reprints Requests: Ritu S. Sood, C-9/9381,Vasant Kunj, New Delhi-110070
E-mail: pankajdatta97@gmail.com

The tobacco problem in developing countries like India is more multifaceted and challenging compared to other parts of the world. India is the second largest producer of tobacco worldwide and ranks fourth in total tobacco consumption. It is easily accessible and consumed in rural India in various forms - smoking, chewable and snuff - like cheaper cigarette versions like *beedis,* flavored powder (*pan masala* and *gutka*), hookah, betel leaves, etc. and is closely related with rituals and social status. Families already facing with limited resources are pushed further into extreme poverty due to spending on tobacco products or on treating tobacco-related diseases. In addition to several other chronic diseases, tobacco use is a primary cause of many oral diseases and adverse oral conditions. For example, tobacco is a risk factor for oral cancer, periodontal disease, and congenital defects in children whose mothers smoke during pregnancy [1].

As studies reveal 5,500 adolescents start using tobacco every day in India joining the 4 million young people under the age of 15 who are regular tobacco users. India also sees a steady rise in deaths attributed to tobacco every year. From 1.4% of all deaths in 1990 the number is expected to rise to 13.3% in 2020 (National TC). Till recently tobacco use is one of the foremost preventable causes of death globally. Every year millions of people die due to tobacco use [2].

By 2030 it is expected to kill 10 million people per year, half of them in the age group of 35 to 60 years. According to the World Health Organization (WHO), India is home to 12% of the world's smokers. The

World Health Organization also estimated that tobacco use may account for more than 1.5 million deaths in India by 2020.

Over the period, various administrative actions were taken to prohibit tobacco smoking in public places and control the sale of tobacco products and their advertisements. A serious need was felt for framing a comprehensive national legislation on tobacco control, which would ensure uniform and effective enforcement of measures to accomplish desired results.

Anti-smoking legislations

For any regulation to be fruitful there is a need for suitable preparedness on the part of civil society, globally and locally, with regard to awareness of the prevailing problem and acceptance of the need for such legal measures. After thorough discussions, the Government of India enacted -The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 in May 2003 (3) with an understanding to protect public health by prohibiting smoking in public places, banning sale of tobacco products to minors and near educational institutions, banning advertisements of the tobacco products, prescribing strong health warnings including pictorial depiction on tobacco products and regulation of tar and nicotine contents of tobacco products.

At the international level, India has been a forerunner in the dialogues leading to the Framework Convention on Tobacco Control, which was ratified by India in February 2004. At the national level, the State Governments, which are the main implementing agencies, have been advised to enforce the provisions of the tobacco control legislation strictly.

Tobacco and dentistry

Since, there is substantial indication that tobacco abuse has a significant impact on oral health ranging from harmless staining of teeth/prosthesis/ restorations to serious life threatening diseases such as oral cancer. Dentists have a clear interest and vital role in preventing the damaging effects of tobacco abuse on human tissues in general and oral tissues in particular. Among the various health professionals, the dentist can easily recognize patient's tobacco status. Evidence shows that clinical interventions during dental care are as effective as in other healthcare settings (World Health Organization, 2010).

Dental and Dental hygiene students have shown positive perception and attitudes towards professional intervention. Working together of Dental and Dental hygiene students can play an important role in preventing adverse health effects and also reduce their public health impact (Walsh and Ellison, 2005). Tobacco use cessation and prevention is associated with many oral diseases and affects treatment outcomes. Consequently, helping tobacco users to quit has become a part of both the responsibility of oral health professionals and the general practice of dentistry (Ramseier et al, 2010) [4].

Dental Professionals can be effective in treating tobacco use and dependence, the identification; documentation and treatment of tobacco users needs to become a routine practice in every dental institutions and clinics (Christen 2001; Tomar, 2001; Riebel, 2003; Rikard-Bell et al., 2003; Chaly, 2007; Davis, 2010). But evidence has shown that only few dentists advocated tobacco cessation practices and further fewer maintain records and pursue with follow ups (Sahoo et al, 2010) [5].

Currently in India around 800 Dental hygienists from 60 dental institutions across India enter annually into clinical practice after a two year training program. But there is still an acute shortage of dental auxiliaries as most of them remain attached to clinical practice under supervision and few remain affiliated to institutions (Tandon, 2004). There lay a tremendous scope to revise the curriculum and reorient the services in a more empathic and systematic manner, which is the need of the hour in the recent past there have been many tobacco cessation clinics established in dental institutions in various departments, but none have been either recognized or accredited. Moreover there are guidelines established by the Dental Council of India for initiating tobacco cessation clinics.

Role of Mass Media

Mass media, particularly television, influences the perceptions of youth towards the real world, social behavior, and helps to mould cultural norms and convey important and believable messages about the behaviors it depicts. The mass media (television, radio, newspapers, billboards, and similar media) have increasingly been used as a way of delivering preventive health messages, including tobacco cessation. They have the potential to modify the knowledge or attitudes of a large section of the community simultaneously. They also have an added

advantage of reinforcement by means of repetition. Media had been used to promote smoking cessation and smoke-free spaces, to raise awareness of health effects and unethical tobacco industry behavior, and to create support for various policy measures.

Understanding the role of mass communications in tobacco control and tobacco promotion requires a multilevel approach. At the individual level, one must examine how individual-level factors, such as knowledge, beliefs, and attitudes influence and are influenced by tobacco-related media messages and the channels in which the messages are telecast. At the organizational level, attention needs to be focused on the structure, practices, and tactics employed by various mass media organizations, attempts to influence the news and entertainment media, and the role of regulation and public policy in influencing tobacco.

Media channels commonly used for tobacco control advertising include television, radio, print and billboards. Themes that are commonly used in this advertising include health consequences of smoking, tobacco industry manipulation, dangers of secondhand smoke (SHS) and the declining social acceptability of smoking. As the frequency of exposures over time is critical to effectiveness, paid television advertisements tend to be the most costly component of a comprehensive tobacco control program.

The National Tobacco Control (NTC) cell under MOHFW, through the media such as print and television has begun that conscious education in a strategic manner. In 1984, the Union Ministry of Health launched the National Cancer Control Program, which included a component for educating the public about the dangers of tobacco to eliminate Battle for Tobacco Control–The Indian Experience 221 tobacco-related cancers. The National Cancer Institute's report on the role of media in tobacco use concluded that there is a consensus that advertising that arouses a strong negative emotion is more likely to be associated with changes in youth attitudes about tobacco (social norms) and lower smoking initiation compared to other advertising messages. However, the largest effects are present when anti-smoking media campaigns are combined with school and/or community-based programs within comprehensive tobacco control programs [6].

Dissemination of Tobacco awareness campaign through National Tobacco Control Cell

Television and audio advertisements

During 2001–2002, the NTC cell developed 13 anti-tobacco television advertisements (30 seconds and 15 seconds, duration) targeting the entire spectrum of tobacco products used in India–cigarettes, beedis and chewable forms. Anti-tobacco radio advertisements have also been developed under the auspices of this cell and aired on various popular radio channels. The Ministry of Health regularly releases anti-tobacco advertisements on Prasar Bharti (the independent broadcast corporation that has replaced the state television and radio services). The frequency of airing of these advertisements is sparse, due to the paucity of funds. It usually is a month-long campaign carried out mostly around the World No Tobacco Day through the CHEB. The TV advertisements and infomercials aired during 2002 aimed extensively at popular youth channels on cable and satellite and on the national channel to ensure a wider reach of these health messages [7].

Production of information, education and communication (IEC) materials

The DAVP, Ministry of I&B, in coordination with the NTC cell designed and produced IEC materials related to tobacco control in all Indian languages. The IEC materials designed include posters, flip charts, brochures bus panels, mobile exhibition kits, and stickers.

Development of an anti-tobacco mass media plan

The Ministry of Health along with the NTC cell helped in planning smooth mass media plan to influence the semi-urban, rural masses, and susceptible audiences.

Department of Posts as carrier of messages

The Department of Posts launched an innovative means of attractive messages to the masses called the Media Post. This media vehicle offers the option of printing health messages on postal stationery, i.e. postcards, inland letters, aerogrammes, etc. Each postal stationery item reaches at least 6–7 persons all over the country and therefore the impact of the messages is manifold. Since 2003, inland letters bearing anti-tobacco messages have been used by the postal department.

Films

According to a WHO study, tobacco is portrayed in 76% by Bollywood films. Chewing tobacco and beedis account for the majority of tobacco use in India, cigarettes do make up 20% of the market. Proposed by the Ministry of Health and

Family Welfare in May 2005, a smoking ban that prohibited films and television shows from displaying actors or actresses smoking went into effect on October 2, 2005. The Indian government felt that films were glamorizing cigarettes, and with nearly 15 million people going to see Bollywood films on a daily basis, then Health Minister Anubumani Ramadoss claimed that the ban would "protect the lives of millions of people who could become addicted to smoking under the influence of movies"[8]. Under the smoking ban, smoking scenes in any movie was prohibited, including any old or historical movies where, some argued, smoking was necessary to make the depiction accurate. If producers wished to show a character smoking, the scene would have to be accompanied by a note saying that smoking is injurious to health, along with disclaimers at the beginning and end of films.

Anti-smoking ads must be screened at the beginning of the movie and during the interval. In addition, a disclaimer must be displayed on-screen during each scene where smoking is present.

Conclusion

An effective public education campaign must use multiple channels to reach the target audience with messages that are based on research regarding what is most effective. Since these best practices, an intensive effort between the government and civil society groups needs to be planned to guarantee development and implementation of a comprehensive anti-tobacco campaign on tobacco avoidance and tobacco control in India.

The dangers posed to oral health from chewing tobacco are well acknowledged within the dental literature but the public's lack of knowledge of the risks is a concern. Dentists should be encouraged to spread information on the subject as widely as possible and improve existing screening programs to ensure that the public is made aware of these risks. The effects of many oral diseases are reversible, and more specifically that the survival rates for early diagnosed oral cancers are high, gives much ground for future optimism. However it is vital that more is done to ensure that public awareness of tobacco-related oral diseases continues to improve and more people are regularly screened. The blend of opportunistic advice, together with regular screening will reduce the overall mortality and morbidity from oral cancer and other mouth disorders, and will radically increase the quality of life of those people who are at greatest risk.

The growing socio-economic disparity in tobacco use is another important aspect that needs to be considered along with implications for study of tobacco-related media communications. A more vigorous, systematic, and empirical research agenda can further enable the understanding of how mass media communications contribute to tobacco use (9). Research is needed to evaluate the effects and effectiveness of corporate–image campaigns and tobacco company sponsored smoking prevention campaigns on smoking-related behaviors and attitudes among adults in different socioeconomic subgroups.

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