

# 6.6

## Health Education and Mass Media Efforts

The primary tool for tobacco control is comprehensive and active awareness of the population about the ill effects of tobacco use, with special emphasis on all aspects of this impact, i.e. social, physical, financial and environmental. In the 1960s, when the word ‘prevention’ was added to the health discourse, the concept referred to a multipronged approach to disseminate warnings about products and practices that health professionals considered potential health hazards along with educating the youth through school curricula.<sup>52</sup>

Efforts made by the government and non-governmental organizations (NGOs) for educating the community on issues related to tobacco control have intensified in the past few years. Well-conducted research globally has established that it is necessary to reduce demand through such education married with changes at the policy level, which also serves to countervail the industry’s efforts to promote tobacco. These mass education efforts along with policy changes are targeted at reinforcing and changing the social norms towards no tobacco use. The Centers for Disease Control’s (CDC) best practice guidelines suggest that public education is an integral part of the efforts to both prevent initiation of tobacco use and to encourage tobacco cessation.<sup>53</sup>

### Effectiveness of health education in India

Research studies evaluating the effectiveness of health education in India have shown successful results among the youth and adults. Intervention research on awareness related to

tobacco avoidance and control have shown to positively alter tobacco use practices among the youth in India.<sup>54</sup> Health education intervention at the school level has also shown positive results in India. In a group randomized trial conducted with seventh grade students in 30 elementary schools of Delhi, intervention provided at the school and home level had a significant positive impact on tobacco use. This intervention lowered the offers, experimentation and intentions to use tobacco in the intervention group as compared to control schools. The intervention was provided in the form of classroom curricula, posters, booklets and debate at the school level, and informative and engaging materials for families at the home level.<sup>54</sup>

An intervention study in 3 places—Ernakulam, Kerala; Bhavnagar, Gujarat; and Srikakulam, Andhra Pradesh—reported the decline of tobacco use by 2%, 1% and 5%, respectively, after 1 year. Additionally, 1%–6% of people had reduced their tobacco use. The intervention was a mix of one on one discussion along with the use of IEC materials, individual discussions with a social scientist, film shows and exhibition of posters.<sup>55</sup>

In an intervention study among 36,471 tobacco users, substantially more people stopped the habit and reduced the frequency of tobacco use in the intervention cohort than in the control cohort in Ernakulam (Kerala) and Srikakulam (Andhra) whereas in Bhavnagar (Gujarat) the intervention group showed a lesser proportion of people stopping their tobacco use and there was no difference in the proportion reducing them after 5 years. The interventions were in the form of health education from dentists at the point of health care delivery. Information was also disseminated via films, posters, radio broadcasts and newspaper articles.<sup>56</sup>

A cohort study was undertaken in Ernakulam. It showed (on follow up after 8 years) a greater reduction of tobacco use among intervention cohort compared to control cohort. Among men, the decrease was more in smokers and those with mixed habits compared to chewers. The intervention cohort was subjected to a concen-

trated programme of health education which included personal as well as mass media communication concerning tobacco use in various forms.<sup>57</sup>

Communication inputs designed for these interventions were personal communication, films, folk dramas, radio programmes, cessation camps, etc. and the population was exposed to them in measured doses. These approaches brought about cessation in 14% of the tobacco users. Personal communication that included one-to-one interaction was the most preferred input by the population.<sup>58</sup>

Another study was done in Kolar (Karnataka) to assess the efficacy of anti-tobacco community education programmes. Here, health education including screening of films, exhibition and a display of photographs on the harmful effects of tobacco were used. The decline rates in tobacco use were 10.2% in males and 16.3% in females, and the quit rates were 26.5% in males and 36.7% in females compared to the baseline in the intervention cohort.<sup>59</sup>

Health education efforts in India have been few but effective. These efforts have been effective mainly due to the paucity of information among the population on the impact of tobacco use. However, efforts at the national level are required to counteract this menace which can be largely curtailed through prevention and successful quitting as a result of health education.

### Initiatives taken by the Central and State Government

Under the Ministry of Health and Family Welfare (MOHFW), the Government of India has set up the Central Health Education Bureau (CHEB) and its state chapters called the State Health Education Bureaus. Every year, the CHEB conducts an activity of 4–6 weeks around the World No Tobacco Day on 31 May. Similarly, the Directorate of Advertising and Visual Publicity (DAVP) and the Song and Drama

Division, under the Ministry of Information and Broadcasting (I&B) are creating awareness among the masses on various public and social health issues.

Traditionally, tobacco never had a prominent place in the public awareness education programmes of the Central or State Governments in India. Immunization, tuberculosis and malaria, alcohol and drug addiction took pride of place. Tobacco control awareness education got the least attention, and there is no evidence of any systematic and concerted effort by either the Central or State Governments to educate the masses on tobacco. It is only recently, after the setting up of the National Tobacco Control (NTC) cell under MOHFW, that awareness education through the media such as print and television has begun in a strategic manner. However, a sustained visible media awareness programme or campaign is yet to begin. Allocation of dedicated funds for tobacco control education is a major deterrent in achieving this goal of mass awareness.

Before the establishment of the NTC cell, merely symbolic tobacco control efforts were made by the Central and State Governments during the World No Tobacco Day. On that day, the print and electronic media carried anti-tobacco messages issued by the government and the World Health Organization (WHO), as well as news of seminars and conferences organized by government agencies to commemorate the day. The government also conducted a few sporadic activities against tobacco that appeared on the national channel (Delhi Doordarshan [DD]) through the DAVP. However, due to non-sustained and disjointed efforts, no tangible results were gained at the national level.

### Efforts undertaken by the Ministry of Health

In 1984, the Union Ministry of Health launched the National Cancer Control Programme, which included a component for educating the public about the dangers of tobacco to eliminate

tobacco-related cancers.<sup>60</sup> This was, however, a relatively small component of the programme, which mainly focused on providing clinical care, establishment of cancer registries and screening for some cancers.

### Collaboration between the Ministry of Health and WHO

In addition to a few events on the World No Tobacco Day, the Ministry of Health has reached out to the rural audience through programmes such as those listed below.

- (i) The South-East Asia Anti-tobacco Flame rally covered a large number of states in India during 2000–2001 and later, in its second phase, in the year 2002. This campaign was coordinated by the Nehru Yuva Kendra. Anti-tobacco messages were disseminated using street plays performed in the local language, targeting the tobacco products used locally. This led to greater penetration of the programme, even in the remotest parts of the country. All aspects of tobacco use were targeted. Apart from the health impact, concomitant social and economic burdens of tobacco use were also highlighted in this anti-tobacco campaign.
- (ii) Awareness dissemination was carried out through 268 field units of the Directorate of Field Publicity (DFP), which are located at grassroots levels in villages throughout the country.
- (iii) The World Health Organization–South-East Asia Region (WHO–SEARO) initiated a year-long campaign in January 2000 to curb tobacco consumption in South-East Asia. This campaign included educational programmes on television in these countries, including India.

### National Tobacco Control cell

The NTC cell is supported by WHO's India Office and is physically located in the MOHFW at New

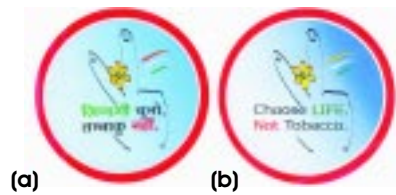
Delhi. This cell has streamlined and intensified the health education and mass media efforts related to tobacco control in India in the past few years. This cell was set up as a result of collaborative efforts by the Ministry of Health and WHO in February 2001 to provide impetus to the tobacco control efforts and to coordinate these activities at the national level. It also facilitated the development of a strategic media plan to provide health education among the masses. The media plan of the NTC cell focused specifically on protecting vulnerable segments such as the youth and passive smokers. There is no analogous cell in any other ministry. The Tobacco Free Initiative (TFI) in WHO's India Office is one of the largest programmes worldwide, clearly highlighting tobacco control to be a high priority for the country and WHO in India. The focus areas of work in the TFI are:

- (i) Planning and executing a comprehensive information, education and communication plan;
- (ii) Capacity-building among NGOs working in the field of tobacco control;
- (iii) Establishment and strengthening of tobacco cessation clinics; and
- (iv) Undertaking research on policy issues related to tobacco.

### Efforts undertaken by the National Tobacco Control cell

#### Developing an India-specific anti-tobacco logo

In 2001, the NTC cell developed an India-specific logo and slogan to highlight India's tobacco control efforts. The logo is a red circle surrounding a hand in the gesture of a victory sign and holding a flower. On the blue background there are three brushstrokes, of the three colours in the Indian national flag (saffron, white and green). This logo has a slogan 'Choose Life, Not Tobacco'. The slogan has been translated into Hindi and other regional languages as well (Fig. 6.13a and b).



**Fig. 6.13** The logo of the National Tobacco Control programme

### 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.

### 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 (Fig. 6.14), brochures



**Fig. 6.14** A flip chart having an anti-tobacco message created and distributed by the National Tobacco Control Cell



**Fig. 6.15** Sample of a brochure on the ill-effects of tobacco

(Fig. 6.15; in 16 regional languages), bus panels (Fig. 6.16), mobile exhibition kits, and stickers with the logo of the Indian Tobacco Control Programme. These materials were produced in 2002 and distributed to stakeholders through DAVP. These are also disseminated across the country through various health institutions, NGOs, etc.

### Outdoor publicity

Display of anti-tobacco slogans and visuals through bus panels was coordinated by the NTC cell in collaboration with the outdoor publicity unit of the DAVP.

### Development of an anti-tobacco mass media plan

The NTC cell assisted the Ministry of Health in devising a seamless mass media plan to reach the rural, semi-urban masses and vulnerable audience—passive smokers and urban youth.

- (i) Doordarshan: Anti-*beedi* and anti-*gutka* TV commercials are aired on the national TV channels to reach the semi-urban, rural and marginal populations.



**Fig. 6.16** Anti-tobacco message on a bus



**Fig. 6.17** Sample of an inland letter bearing an anti-tobacco message

- (ii) Media post: The Department of Posts has launched an innovative means of taking 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 (Fig. 6.17), aeogrammes, 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.
- (iii) Kalyani Programme: In 2001–2002, the Ministry of Health, in collaboration with Prasar Bharti, decided to launch a weekly health show to be telecast on various regional Doordarshan *kendras*. Kalyani is a health programme aired on the regional channels of Doordarshan between 7.00 pm and 7.30 pm for half an hour once a week. Each of the eight states covered makes its own programme in the local dialect revolving around a common theme. It covers issues related to six diseases including those related to tobacco use. The NTC cell contributed to the discussions on the communication strategy and also coordinated for inputs in the various regional workshops. The programme was launched on the eve of World No Tobacco Day, 2002. Several anti-tobacco commercials are aired during the show and detailed discussions on the ill-effects of tobacco use are shown. This programme is largely for rural audiences in the Hindi-speaking belt, where tobacco prevalence is high.

## Organizing health melas

The Ministry of Health conducts health *melas* (fairs) in 543 parliamentary constituencies of the country. In these *melas*, information is disseminated about various diseases including non-communicable diseases (NCD) and those caused due to use of tobacco. These *melas* include mobile exhibitions on tobacco, displaying posters, handouts, audiovisual aids, projectors, movies, etc.

## Counter-advertisements in the print media

Other than the regular yearly feature of a half page advertisement released on the World No Tobacco Day in all major newspapers, the print media has been selectively utilized for specific campaigns, e.g. campaign against passive smoking. Full page colour advertisements were released in magazines such as *India Today*, *Outlook*, *Femina*, etc. The intent of this campaign was to create public awareness against passive smoking and empowerment of non-smokers. This intervention was successfully implemented and evaluation revealed that the recall level of both smokers and non-smokers for the campaign was high (Fig. 6.18).

## Felicitation of role models

The World Health Organization recently awarded Vivek Oberoi, a well-known film star



**Fig. 6.18** A counter-advertisement on passive smoking that appeared in *India Today*, 2 June 2003



**Fig. 6.19** Felicitation of Bollywood actor Vivek Oberoi with the World No Tobacco Award 2004

in India, with the 'World No Tobacco Award' for the year 2004 (Fig. 6.19). Vivek Oberoi is a role model for the Indian youth and has been felicitated with this award for his efforts in and commitment to fighting the tobacco menace. He was also instrumental in the production of an anti-tobacco advertisement featuring other film stars, which was developed by the Cancer Patients Aid Association (CPAA) in collaboration with WHO on World No Tobacco Day 2003.<sup>61</sup>

### Evaluation of these programmes

Evaluation of all these activities is undertaken on a regular basis to assess the reach it has on the masses. The print medium, in that context, loses to the audiovisual channels such as television and radio, due to its usage being limited to the literate population only. Television has a greater reach, even to the rural people of the country who form the majority of the Indian population. For them, the impact of such messages is greater when it can be easily comprehended through visual aids. Therefore, television and radio have to be the primary media for carrying out such activities.

### Other efforts in collaboration with the Ministry of Information and Broadcasting

#### Radio-DATE

In 1990, the Indian Council of Medical Research (ICMR) and All India Radio (AIR) embarked on

an innovative and ambitious project called Radio-DATE (DATE standing for Drugs, Alcohol and Tobacco Education). The idea was to produce a series of episodes on drugs, alcohol and tobacco, intended to reach out to youth across the country and involve them in interactive and educational programmes. The ICMR with assistance from the Voluntary Health Association of India (VHAI) and several technical experts developed IEC materials for the programme, which were mailed to all registered radio listeners. VHAI designed posters and informative leaflets on the hazards of using tobacco. In all, 84 radio stations of AIR broadcast 30 weekly episodes of the programme. Regional stations also translated the episodes into their respective regional languages as per the guidelines of AIR and ICMR. Listeners were requested to participate in poster painting competitions and VHAI was invited to judge the entries.

Two community-based surveys in rural areas with no organized anti-tobacco programmes showed that about 4% of tobacco users in rural Goa and about 6% of users in rural Karnataka quit their habit after hearing the programme. Of the potential listeners, about 32% in Karnataka and about 27% in Goa had heard at least one episode on tobacco.

### Commemoration of the World No Tobacco Day

The Ministry of Health and WHO collaborate with various agencies to commemorate the World No Tobacco Day on a large scale each year for wider dissemination of the theme for that year. The Union Health Ministers as well as several State Ministers and Governors have been involved in the events organized in Delhi and other states of India on this day.

Health institutions and NGOs in almost every state of India organize events around the theme of the World No Tobacco Day every year. The array of activities ranges from awareness through rallies, street plays, seminars to advocacy events, such as submission of anti-tobacco signature

campaigns to government officials and policy-makers.

### Efforts undertaken by State Governments

The Public Health Department of Maharashtra initiated its tobacco control drive in the year 1986 with a campaign against smoking.

The Public Health Department adopted a slogan and displayed posters on the impact of passive smoking. The slogan, 'Your smoking is injurious to our health' was effectively used by non-smokers to counter the indifference of smokers.

### Statewide cancer control programmes

The two-day workshop on cancer, conducted in Bombay (now Mumbai) by the Tata Memorial Hospital in 1987, in collaboration with the UICC (The International Union against Cancer), led to the formation of statewide cancer control programmes. One of the strategies developed under this programme was to initiate aggressive anti-smoking campaigns in every state of India.

### Efforts made by NGOs in education

Interventions made by NGOs in different states have had different outcomes. Considerable publicity gets generated locally when there is press coverage, and serves as the cheapest medium for generating awareness about tobacco. Some NGOs also use the local cable network for making people aware about the tobacco menace.

#### Box 6.13 Preferring education over legislation

The Director of Health Services, Government of Maharashtra stated that the reason for laying emphasis on public education rather than advocating for strong legislation is that 'It has been our experience that legislation without proper public awareness and commitment will not be successful.'

Around the World No Tobacco Day, celebrities from different walks of life, such as cricketers and film stars come together to conduct awareness campaigns. The World No Tobacco Day celebrations begin almost one month in advance. Different themes are selected by WHO every year, around which programmes are conducted in India.

The CPAA developed three TV advertisements using popular film stars as messengers for anti-tobacco messages. These commercials were done free of charge by these film stars and the technical charges were supplemented by WHO. The Indian Cancer Society also took the initiative of adapting internationally acclaimed tobacco control campaigns to the Indian scenario with the help of WHO/Ministry of Health. All these advertisements are being widely used not only through the mass media but also through dissemination of the same through school- and community-based interventions.

### Initiatives taken by State Voluntary Health Associations

Many civil society organizations have, on their own or with support from WHO and the Ministry of Health, taken up tobacco education in their constituencies. Many State Voluntary Health Associations (SVHAs), which are federal units of the VHAI, have integrated tobacco as part of their ongoing training programmes, are implementing and monitoring Health Ministry- and WHO-supported projects, have conducted surveys, brought out IEC materials, approached legislatures and have taken up tobacco awareness education programmes.

### Education to aid enforcement

Though many states have anti-tobacco laws, their implementation is hardly visible. Political compulsions overtake public health concerns. In most states from which information was sought (Himachal Pradesh, Madhya Pradesh, Bihar, Gujarat, Sikkim, Kerala, Karnataka, West

Bengal, Orissa, Punjab and Rajasthan), the law-enforcing agency officials were not aware of all the provisions of the State Act, while most of the officers were not aware of any such Act. After the notification of the Tobacco Control Act in May 2004, the Ministry of Health has initiated a nationwide public awareness campaign during August 2004 through television and radio to educate the public on the provisions of the Indian Tobacco Control Act, 2003. The IEC Bureau of MoHFW, Government of Rajasthan issued posters giving information about the Act, its provisions and the officers empowered to take action, to all the ministries and put them up at public places. It is also interesting to note here that the Government of Rajasthan has in place an Act dating back to 1950, called the Prevention of Juvenile Smoking Act. An effort is required by the Union Ministry of Health to sensitize the health ministries of all State Governments to ensure effective implementation of the Act. Efforts need to be made to involve law-enforcing agencies and related departments of other Central Government ministries as well.

To promulgate the provisions of the Indian Tobacco Control Act, civil society groups have launched efforts to educate the public about the provisions of the State and Central legislations. In Delhi, for example, Student Health Action Network (SHAN), the advocacy wing of Health

Related Information Dissemination Amongst Youth (HRIDAY), distributed information brochures detailing the provisions related to the ban on smoking in public places, to hotels and restaurants in Delhi and nine other cities of India, and conducted public awareness campaigns on the rights of non-smokers.

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. A well-designed public education campaign that is integrated with community- and school-based programmes, has been demonstrated to lower smoking among young people. Such effects also last for a longer time.<sup>62</sup>

The Massachusetts tobacco control campaign, which has a sizeable public education component, has been effective in increasing public perception of the harms of cigarette smoking and was associated with a substantial decline in cigarette consumption.<sup>63,64</sup>

Considering these best practices, a concerted effort between the government and civil society groups needs to be planned to ensure development and implementation of a comprehensive health education programme on tobacco avoidance and tobacco control in India.

## 6.6 HEALTH EDUCATION AND MASS MEDIA EFFORTS

### KEY MESSAGES

- The primary tool for tobacco control is to impart comprehensive information to the population about the ill-effects of tobacco use.
- Public education is an integral part of the efforts to both prevent initiation of tobacco use and encourage tobacco cessation.
- Efforts made by the government and NGOs for educating the community on issues related to tobacco control, although few, have intensified in the past few years.
- NGOs have played a major role in organizing educational activities on the ill-effects of tobacco.
- Evaluation of some of the educational intervention studies has shown a positive impact on the reduction of tobacco use.
- Various governmental and non-governmental organizations should come together to ensure the development and implementation of a comprehensive health education programme on tobacco avoidance and tobacco control in India.