



Review of Tobacco Cessation Efforts and Role of Mass Media in Rural Tribal India

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Abstract: Tobacco has been used as a medicinal and consumable substance since its inception. However, its toxic side effects are greater. For a long time, we have been using the dried leaves of this plant at a height of about one meter as an intoxicant. Since it is a plant from primitive times, it has easily become a part of the traditions of the primitive castes. There has been mention that the people of the Red Indian community of America used tobacco medicinally and ceremonially since ancient times. This plant, found in wild form, became so popular that soon people started cultivating it. The intoxication of tobacco has made people develop a strong habit of it. People have started using it in many forms.

Tobacco has achieved a social status in India, and hence tobacco has acquired a kind of social recognition in India. It has become a part of social, religious, and cultural customs, especially in rural and tribal areas. India is among the first countries in the world in terms of both tobacco production and consumption. Unfortunately, most of the effects of tobacco are seen on low-income people, and thus it is also directly linked to poverty, illness, and premature deaths.

An anti-tobacco campaign is also taking place extensively in the country, and the media plays an important role in its strategy. It is believed that the messages presented through the media have a wide impact and motivate people to quit tobacco addiction. The present research paper analyzes the role of the media in tobacco cessation in the context of tribal and tribal areas with the help of secondary data.

Key words: Mass Media, Tobacco Cessation, Tribes, IEC, Alternative communication

Introduction

Tobacco is a natural plant grown much before it came in touch with humans. ‘Some geneticists suggest that the polyploidy of *N. Tabacum* developed a long time before humans came into contact with the plant, perhaps by as much as hundreds of thousands of years’ (Oyuela & Kawa, 2020, P.31). Most people consider it to be in practice since BC (Musk & Klerk, 2003; Evangelista, Doering, & Dracup, 2000; Goodman, 2005). It is also known as Leaf of God (Burns, 2006). Columbus is credited with bringing this plant to Spain.

Tobacco became popular in a very short time after coming to Europe. ‘By the end of the 16th century, tobacco use had become a custom among fashionable people in Europe and tobacco was being exported to India, China, and Japan’ (Hajdu & Vadmal, 2021; Mitchell & Guiry, 1983). Spain was a leader among tobacco-using countries. It spread rapidly in other European countries including Switzerland, England, and Holland, Italy. Tobacco plantation and use gained popularity in Portugal also. ‘In the 15th century, Portuguese sailors were planting tobacco around nearly all of their trading outposts, enough for personal use and gifts. By mid-century they started growing tobacco commercially. In Brazil-it was soon a sought-after commodity and traded across the ports in Europe and the Americas. By the end of the 16th century, tobacco plant and use of tobacco were both introduced to virtually every single country in Europe’ (www.tobaccofreelife.org).

The arrival of tobacco in Asia is believed to be in the 16th century. In the countries of East Asia, especially in China and Japan, tobacco made its entry early. Tobacco came to Japan in the 16th century. By the end of 16th century tobacco rapidly spread across continents including Southeast



Asia, West Africa and other parts of Africa, and the Middle East. 'By the beginning of the 17th century, tobacco was being grown in India, China, Japan, Southeast Asia, the Middle East, and West Africa' (www.britannica.com).

Methodology

For analyzing the research problem under consideration databases including Google Scholar, PubMed, Shodganga, and other institutional databases of ICSSR, ICMR-NIRTH, GATS round 1 & 2 reports, NFHS, WHO reports were explored with the help of search keys like tobacco cessation in India, tobacco and tribes, tobacco control and media in tribal areas and in association with different other words to make searches more effective and concrete. Evidence based findings, empirical study's results, institutional research conclusions and individual researcher's observation based conclusions were used for qualitative analysis of the subject.

Tobacco in India

Portuguese traders have introduced tobacco in our country during 1600. 'Tobacco cultivation in India was introduced by Portuguese in 1605. Initially, tobacco was grown in Kaira and Mehsana districts of Gujarat and later spread to other areas of country' (www.ctri.icar.gov.in). The arrival of tobacco in India is believed to be during the time of the Mughal emperor Akbar. Jahangir became the Mughal emperor in 1605. Although, he himself was addicted to other intoxicants but was totally against tobacco. Tobacco came into common practice during the later Mughal emperors like Shah Jahan and Aurangzeb. Restrictions on it were also removed in courts and it was accepted in banquets, social ceremonies etc.

Tobacco cultivation started in Bengal, Orissa, Andhra Pradesh, Gujarat, Maharashtra etc. and especially in coastal areas. After 1757, the power of the British was established in India. Tobacco cultivation in India was in vogue like other cash crops during the time of the British. Tobacco was mainly consumed in the domestic markets for bidi and chewing. Apart from this, it has also been established as a major export product. Its commercial production for cigarettes, in addition to bidis and khaini, began in the early 20th century.

Cigarette manufacturing started somewhere in the second half of the 19th century, and first machine made cigarette was produced in USA in the year 1880. In the beginning of the 20th century cigarette production at industrial level started in India. Imperial Tobacco Company (ITC) was the first cigarette company of the country. Besides, Godfrey Phillips India, Hyderabad Deccan Cigarette Company and VST industries are some other big companies operating in the business of cigarette. Three-fourth of the cigarette market is captured by ITC only and rest is shared by others.

Bidi is also called cigarette of the poor in India. Some big companies are involved in bidi manufacturing but most of its work is done in the unorganized sector. As a cottage industry, bidis are made in many cities. The rural population works from collecting tendu leaves to make bidis and this is an additional income for them. In the smoking tobacco Bidi is the most sold product which has sales figures more than 8 times to cigarettes.

Tobacco and Human Health-

Tobacco consumption rate is very high in India. According to the data of Global Adult Tobacco Survey 2016-17, about 11 percent people in the country smoke while about 21 percent people use smokeless tobacco. If you look in numbers, it is almost above 40 crores. That is, such a large population is spending their money to buy health related problems and death (www.who.int).

Due to tobacco consumption vulnerability of cancer, cardiovascular and pulmonary diseases such as pulmonary TB are increased. Nicotine found in tobacco is highly addictive and develops chronic dependence among users. Use of tobacco by pregnant women develops adverse health effects in



unborn child. Tobacco causes millions of deaths every year and a large population suffers from it. It is harmful to the teeth, breath, lungs, heart and even the throat. Tobacco affects our health adversely in many ways. Tobacco can cause respiratory diseases, heart disease, stroke, ulcers and death due to rapid heartbeat. Tobacco is also a cause of tooth loss, increased bone loss, decreased fertility, birth defects in newborns, cataracts and premature ageing. Children exposed to second-hand smoke at home are more likely to suffer coughs, colds, sore throats, ear infections and possibly cardiovascular disorders and cancer as adults.

Tobacco products contain certain high-risk chemicals and metals that are dangerous to human health. 'Smokeless tobacco contains about 3095 chemicals; among them 28 are cancer causing substances (carcinogen). Studies have also demonstrated presence of high levels of high metals (lead, cadmium, chromium, arsenic, and nickel) in tobacco products. Tobacco use by pregnant women leads to lone birth weight of babies, premature deliveries, still births and birth defects.' (Operational guidelines, NTCP, 2012, page 3).

Economic Impact of Tobacco

Tobacco causes serious illness which leads to poverty. When a person suffers from the serious diseases such as cancer developed due to use of tobacco thousands of thousands rupees are spent on his or her treatment. Most of sufferers belong to lower or lower middle class, or middle class families and this huge expenditure on the treatment create a situation of poverty form them. Families unwantedly indulged in this situation for years which further blur their prospects of getting quality education, and secure facilities to other members necessary for their progress and development. 'Over 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco' (www.who.int).

Tobacco Uses Controlling Efforts in India

Tobacco has been identified as an epidemic in India. To curb the habits of tobacco uses number of interventions have been introduced at different levels. Implementation of anti-tobacco laws, increased taxation on tobacco products, control over the cultivation, ban on tobacco advertising, promotion, and sponsorships, placing warning labels on tobacco products offering assistance to cessation attempts, creation of smoke-free places and creating public awareness through information and education are some important measures which have been implemented in recent years. Ministry of Health and Family Welfare efforts such as 'Quit Smoking Artery' campaign and anti-tobacco public service announcements before and during the screening of films are unique and noteworthy. National Tobacco Control Programme (NTCP) is the national programme to combat against tobacco which works under the Ministry of Health and Family Welfare and as component of National Health Mission. 'Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08 during the 11th Five-Year-Plan, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA) (iv) help the people quite tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control...currently the programme is being implemented in all 36 States/Union Territories covering around 612 districts across the country' (www.nhm.gov.in). NTSC works with three tire system of national, state and district level. At national level National Tobacco Control Cell (NTCC) is nodal unit for planning, implementation, monitoring and evaluation of



different activities of NTCP. Cell's functional area spread from establishing laboratories for testing to research, publicity, research and coordination. Outstandingly, State level State Tobacco Control Cell (STSC) works for training, awareness, tobacco cessation activities and law enforcing and sensitization programmes. District Tobacco Cells (DTCC) work at district level and they have different responsibilities ranging from training to cessation facilities, coordination, monitoring etc. from city to panchayats.

Production and sell of a very harmful tobacco product Gutkha banned in the country because of the regulation under Food Safety and Standards Act, 2006 only. Juvenile Justice (Care and Protection of Children) Act, 2015 bans on giving any children or juvenile below the age of 18 years any tobacco product without advice of a medical practitioner. India is part of UNO Framework Convention on Tobacco Control (WHO FCTC). FCTC is international treaty signed by 182 countries. It works for developing and supporting expert groups, develops guidelines for tobacco control, evaluate progress and share information and knowledge, and raise awareness, promoting protocol to illicit trade in tobacco protocol. The Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019 prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement in the greater interest of public health (www.ntcp.nhp.gov.in).

Mass Media and Tobacco Use Control

The mass media has been an important factor in both promotion and reduction of tobacco uses. Mass media has been used at multi-level to curb the tobacco consumption among users and keep away non-users. From consumer level advertising to marketing element mass media channels have been extensively used to promote products through direct and indirect persuasion, product placement, branding, developing chain of distributors and retailers and to win public support through indirect marketing strategies such as sponsorship, event management and other community activities.

Importance of media in tobacco cessation is pointed out in GTS-2016-17 also. The said survey revealed that more than 76% adults noticed some or other anti-smoking information on one or another media and 66.9% same on the Television. Based on the figures it can be assumed that media has access to the audience thus can be effective change agent in curbing habits of tobacco consumption.

Many scholars agree that there is a complex relationship between the media and tobacco. Traditionally, media images can either increase or decrease tobacco consumption. Tobacco is also associated with masculinity, and tobacco acts as a stimulus in the display of hegemonic masculinity. Often such an image comes to the public in media such as cinema, where cigarettes, cigars or other forms of tobacco are used to demonstrate the masculinity, intelligence and centrality of the main character. Images of cinema especially have a deep impact on the psyche of the youth and the tobacco use scenes inspire them to use it. According to Charlesworth and Glantz (2005), the habit of smoking cigarettes in adolescents develops rapidly after watching smoking scenes in the cinema.

Fulmer et al. (2009) have clarified that watching their peers in cinema generates a desire to smoke even among young people. Johnson et. al. (2008) underscores that the media and legal environment have been used in their favor by tobacco traders in the last century to expand their heavily profitable business by continually changing their strategy. Viswanath et al. (2010) have recognized that frequency of use and media content significantly influence tobacco consumption. They believe that the habit of tobacco consumption can be controlled by controlling the messages that promote tobacco. Kaur et. al. (2012) consider the role of mass media to be effective in getting rid of tobacco addiction and preventing the spread of tobacco.

In India, under the COTPA and other provisions, any TV channel or other medium, cinema etc., while displaying tobacco scenes, will also have to give a statutory warning that the consumption of



tobacco is fatal. Under the purview of this rule, from TV to cinema, the restrictions have to be followed. But unfortunately this is not the case with the online entertainment platform OTT. It is certainly a matter of concern. It also shows that people associated with the media, especially those in the entertainment industry, follow the rules of tobacco control under compulsion and not on their own.

Traditional mass media, especially in tribal areas, may prove to be more effective relative to socio-cultural factors. Traditional media in tribal societies are considered equivalent to external modern mass media and are the drivers of change and development in these communities by transmitting socio-economic changes (Mishra & Newme, 2015, p. 2). Major part of the tribal society still resides in geographically difficult areas. Apart from this, this society is still more close to its traditions and old beliefs. In such a situation, traditional media which are a product of the society and developed in the society itself can be more effective in establishing messages related to tobacco control.

Advertising and Promotion Strategy

After the COTPA Act and other legal provisions, the avenues of product advertising, event sponsorship, bill boards, hoardings, newspaper advertisements, TV advertisements have been closed for tobacco products in India. In such a situation, tobacco manufacturers have adopted many new ways of advertising their products. The most popular of these methods are product placement and product packaging. Tobacco is sold from street to street, village to village across the country. Most of the shops are small dumps or vendors selling on the sidewalks.

These small shops keep pan masala and khaini, zarda sachets hanging at the front. In this way, these products automatically work as a hanging advertisement and at the same time they also get the most important place in product placement i.e. shop front. It is the sales strategy of the shopkeeper which also acts as a free effective promotion for the tobacco grower. Brand extension, and symbolic association of tobacco product's color schemes, designs with other product of the company, challenging legislations are some of the tools which have been used by tobacco companies to promote their tobacco products and challenge the integrity of the tobacco restriction efforts.

Cyberspace is becoming the new hub for the promotion of tobacco. At present, very effective laws have not been made to stop the promotion of tobacco products in the context of the Internet. Apart from this, any law is bound by its jurisdiction. In such a situation, if no work is being done from his land, then it is not possible for any country to stop it. A great example of this is OTT where programs don't even display a statutory warning on the tobacco or alcohol scene. Nowadays, organizations engaged in the promotion of tobacco and tobacco companies are also vigorously engaged in the work of lobbying through the Internet. For this, tobacco prohibition is opposed through statistics, articles, features and tweets and the justification of the restrictions is also raised. Simultaneously, through user generated content, appreciative content for tobacco products is generated. This content reaches a large number of youth populations and is very harmful to tobacco cessation efforts. For example Tobacco Institute of India (TII) publishes a newsletter, a public relations weapon, which is available online.

Cyber space and social media platforms have become a new and favorite destination for tobacco promotion, propaganda, advocacy and advertising. Various companies, advocacy organizations; pressure groups are using social media for product placement, promotion to mobilizing support for tobacco. The main agenda of the advocacy groups is to question the appropriateness of tobacco control programs of the United Nations and other countries for which social media is an effective platform. 'Widespread tobacco promotion and sales were found at variance with the company's policies governing advertising, commerce, page content and under age access' (Jackler et. Al., 2019). You tube, a video SNS has also emerged as the one of the leading tobacco promotion site as availability and accessibility to eroticized tobacco using videos are frequently available here. Kim



(2010) analyzed more than 200 smoking fetish videos and ‘revealed that the smoking fetish videos are prevalent and accessible to adolescents on the website. They featured explicit smoking image on youth according to social cognitive theory, and implications for tobacco control’.

Tobacco Consumption among Tribes

Tobacco addiction spreads rapidly due to its need as well as the socio-cultural acceptance it has received. The economic and socially backward and isolated people have to bear the big loss of tobacco consumption. ‘The consumption of tobacco, whether inhaled, sniffed, sucked, or chewed, has evident harmful effects on health, and is addictive too. Scientists unequivocally evidenced that tobacco consumers suffer from three Ds: death, disease, and disability’ (Gupta, 1990). Despite the distinct cultural identity in India, the tribal community is deprived, backward and cut off from the mainstream, development and prosperity. Their backwardness is visible in the form of their income, low level of education, lack of awareness and deprivation of facilities and affluence.

Tobacco used in the rituals, ceremonies as well as festivals of the tribal communities. It is part of the myth, folk tales, folk lore and other customs as well. Santhal people celebrate hunting festival as part of their ancestor’s tradition. In the Ayodhya hills of the West Bengal disuasendra (hunting festival) is celebrated every year. Members of Santhal community from West Bengal, Jharkhand and Orissa gather here. ‘On the particular day or one day before of this hunting Santhal participants gather at the foot of Ayodhya hill carrying with their traditional hunting implements viz. aak (bow), sar (arrow), Kapi/tabbla (battle axe), budia (axe), barlaam (spear); some musical instruments like tamak (cattle drum), dhak, charchari, regra, sakwa (made up of bison horn), banam, tiriya, and rice, tobacco and mahua/haria liquor’ (Duary, 2003, pp. 49).

All these myths, symbols and stories suggest that tobacco has not been a foreign plant to the tribes and has been given a prominent place in tribal ethos, traditions, and cultural, auspicious functions. Due to such acceptance, on the one hand tobacco becomes a part of their life, on the other hand, the voices of resistance against it are not raised.

Reasons of Tobacco Prevalence

The prevalence of tobacco among tribal population is extremely high in rural areas and comparatively high in urban area also. It is high in most of the tribal groups in the state of the Madhya Pradesh. ‘The prevalence was very high among Gond tribe, a marginalized population living in central India’ (Kumar et. Al. 2015). Though reliable big data is not available with specific explanations related to tobacco consumption in urban areas but micro level studies have shown this trend in their findings. ‘Consumption significantly associated with gender, age, education, occupation, type of family and occupation status. Prevalence of tobacco consumption high in urban tribal population’ (Gupta et. Al., 2018). The rural-urban gap exist in tobacco consumption among tribes also and the same pattern has been noted in the Xaxa committee report. Report approves that ‘The rural-urban gap exists between the two groups, where more rural men consumed tobacco than urban men. Around 73 percent rural Scheduled Tribe men consumed tobacco as compared to 60 percent among urban counterparts’ (Xaxa, 2014, pp. 215).

Tobacco use is generally influenced by factors such as age and gender, and adults, and male consume more. In tribal areas, this gap is also very small and in the absence of social acceptance and social resistance to tobacco, there is a tendency to use tobacco even among adolescents. A study conducted on tribes of central India by Gaikwad (2019) revealed that most of family members of adolescents with tobacco consumption habit are also consuming tobacco. Researcher also revealed that out of surveyed adolescents in the tribal areas of Hamalkasa, Gadhchiroli, Maharashtra 29.1% male and 16.7% female tribal adolescents were using tobacco. The study concluded higher rate of tobacco consumption among tribal adolescent.



Mass Media Intervention in Tribal Areas

Nghiem et. al. (2019) revealed in their study based on New Zealand, usefulness of smartphone apps in smoking cessation. Researchers found usefulness of these apps in generating health gains, saving health system cost, and reducing ethnic inequalities. Sadeque & Ahmed (2017) found strong role of mass media in supporting tobacco laws and their implementation on Bangladesh. Gould et. al. (2013) have conducted review study on empirical researches and found culturally targeted messages are liked by indigenous people even if generic anti-tobacco messages are in circulation. Researchers suggested use of culturally targeted message as these are better than generic fear campaigns. These messages with indigenous cultural contents are as useful on the internet and social media as on conventional mass media. They indicated lack of comparative research focused on comparison between culturally targeted messages and generic messages and their impact on indigenous people. Farrelly, M. C., et al. (2003) have come with the finding that the mass media prevention campaigns are successful in tobacco campaign and are more effective when complemented with school or community-based services to spread awareness against tobacco consumption. Verma et. al. (2018) found high tobacco consumption across gender in tribal areas of Madhya Pradesh. Researchers further suggested strengthening of IEC and behavior change communication activities focusing on the hazardous effects of tobacco. Researchers have done cross-sectional study and applied multistage random sampling method. Zahiruddin and others (2011) traced out that tobacco use is very high among tribal adolescent. The participation of addicted adolescent is very low in prevention programmes, first due to socio-cultural factors and second, due to limitations of communication efforts. Researchers mentioned one-way communication as limitation of mass media and suggested implementation of behavior change communication programme through group and interpersonal communication.

Conclusion

Preparing an effective media strategy for tobacco cessation is extremely affected by the nature, patterns, and intensity of tobacco consumption as well as socio-cultural and economic factors surrounding the user. Alone, dissemination of messages may not work effectively or will generate moderate to no results. Besides creating multimedia messages and circulating them through mass media channels, we need to understand how people consume tobacco, the time and situation of tobacco use, the frequency and reasons of fondness for tobacco products and media companionship. Situational analysis is frequently overlooked in the current three-tire model of anti-tobacco programs. We need to revisit our strategies and, after creating more intense, specific, customized clusters, a new, small-cluster-centric strategy can be implemented.

Marketing communication is now the most effective channel, which helps producers add more and more sellers to their network. There is little to no restriction found to check or balance promotion and incentive messages at the seller's level. Such restrictions are not possible if a product is sold legally. An indirect advertising strategy is used by tobacco companies for product promotion. The study found availability of Pan Masala along with tobacco supplements in the rural tribal areas. Since such products are prominently displayed in the betel shops and general stores along with other items like toffees, chocolates, and snack and namkeen packets, the risk of addiction for young people increases. The blended use of Pan Masala and tobacco is increasing the habit of tobacco consumption and a positive correlation is observed in the increase in sales of Pan Masala and tobacco (Adhikari et al., 2015; Benegal et al., 2008; Saikia et al., 2021).

Traditional Folk Media is found to be ubiquitous, vibrant, and liked by everyone. Interpersonal communication channels such as experts and opinion leaders are also found to be very effective in matters of tobacco cessation. Low penetration of anti-tobacco messages through mobile



communication and the unexplored potential of social media were also observed in the observation. It also reveals the limitations of existing communication channels for tobacco cessation and finds scope for the inclusion of traditional folk media, social media, mobile communication, and interpersonal and group communication through opinion leaders for the rural tribal population.

Suggestions

Tribal communities are more dependent and find themselves comfortable and gregarious in traditional folk presentations and are more inclined towards messages coming from their traditional system of communication. This power of traditional folk media is still unexploited and has very little presence in tobacco cessation communication strategies. Such presentations and practices have not been incorporated into the national level or even state level strategy, and most of the inclusion of traditional folk media for anti-tobacco communication is left to the local level, i.e., district level implementation mechanism. Among opinion leaders, only school teachers, panchayat representatives, NGOs, and health employees are trained, motivated, and engaged in anti-tobacco communication strategy. Other opinion leaders, such as community leaders, spiritual and religious leaders, private medical professionals, and other social activists, are not utilized to act as tobacco cessation ambassadors. Tobacco is an integral part of the tribal myths and they believe it to be indigenous in origin. Stories and folk lore have depicted tobacco as the gift of the gods, providing for fun, luxury, and ritualistic and social use. Behavioral change through communication, thus, seems more suitable to change the mind-set of people. Here, personal and group communication through informal opinion leadership can play a more effective role. Traditional communication, group communication, and social communication play a big role in their opinion formation and behavior change. In such a situation, it is important to keep these things in mind when creating an effective anti-tobacco communication strategy.

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