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INFLUENCE OF MASS MEDIA ON TOBACCO USAGE AND PERCEPTIONS – A CROSS SECTIONAL STUDY AMONG TOBACCO USERS IN PALLIKARANAI

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INTRODUCTION

Tobacco abuse is a major preventable cause of premature death and disease, including various cancers. Its effects are known medical, dental, and social concerns of global significance. Smoked and smokeless forms of tobacco have been steady companions of today youth in India.

India is the second largest producer and third largest consumer of tobacco globally ⁽¹⁾. According to the recent survey about tobacco consumption in India, 34.6% of adults are smokers, 14% of adults use smoking tobacco and 25.9% adults use smokeless tobacco ⁽²⁾.

Tobacco use is a pandemic that kills 8 million people annually ⁽³⁾. Smokeless tobacco consumption in India is a significant source of mortality

Mass media exposure could probably be strong determinant of tobacco use. Mass media campaign to promote quitting are important investments as part of comprehensive tobacco control programs to educate about harms of smoking, set agenda for discussion, change smoking attitudes and beliefs, increase quitting intensions and reduce tobacco use prevalence ⁽⁴⁾

Anti-tobacco mass media campaigns can help reduce the prevalence of smoking by discouraging young persons from initiating smoking and by encouraging current smokers to quit. According to study conducted by CDC (Center for disease control and disease) states that anti-smoking information in mass media channels may help reduce tobacco consumption by encouraging smokers to contemplate quitting and might be more effective when presented in multiple channels. ⁽⁵⁾

Despite increasing tobacco use among Indian men, women, and children, there are few studies assessing the reach of mass media among the Indian population who use them ⁽⁶⁾.

Hence the aim of the study is to determine the influence of mass media on tobacco usage and perceptions, since we found a dearth of information in this regard.

AIM

To determine the influence of mass media on tobacco usage and perceptions.

MATERIALS AND METHODS:

- **STUDY DESIGN**

This is a cross sectional descriptive study.

- **STUDY AREA**

This study was conducted in pallikaranai, Chennai

- **STUDY POPULATION**

This study was conducted among tobacco users of Pallikaranai accessed from the outpatient wing of Sree Balaji dental college and Hospital.

- **INCLUSION CRITERIA**

Subjects who were using tobacco in any form.

- **EXCLUSION CRITERIA**

Those who are not willing to participate

- **INFORMED CONSENT**

Written Informed consent was obtained from all participant and minors were included only after obtaining consent from parents or guardians

- **ETHICS**

Ethical issues were given primary importance. Anonymity was maintained.

- **SAMPLING METHOD**

Convenience sampling

- **SCHEDULING**

Data collection was a period of one year from March 2019 to March 2020

- **SURVEY INSTRUMENT**

An operated administered pre tested questionnaire specially designed for this purpose was used. Demographic information, information about beginning of the smoking habit, current frequency of smoking and any knowledge and information known to the patient regarding the ill effects of smoking, role of mass media in influencing their tobacco habit was obtained. Only completely filled forms were considered for analysis.

- **STATISTICAL ANALYSIS**

Data was entered in Microsoft excel spread sheet and analyzed using SPSS (version 22 software)

RESULTS

GENDERWISE DISTRIBUTION OF STUDY PARTICIPANTS

GENDER	NUMBER(n)	PERCENTAGE (%)
MALE	271	45.7%
FEMALE	323	54.3%
TOTAL	593	100

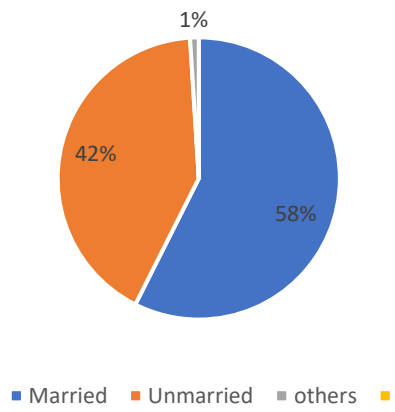
AGE RANGE OF STUDY PARTICIPANTS;17 TO 68 YEARS

AGE OF ONSET OF TOBACCO HABIT(MEAN)	23 YEARS
NUMBER OF CIGARETTES/BIDIS PER DAY(MEAN)	3/DAY
NUMBER OF SACHETES OF SMOKELESS TOBACCO CONSUMED PER DAY(MEAN)	1/DAY
DURATION OF REGULAR TOBACCO USE(MEAN)	3 YEARS
EXPENSE IN RUPEES ON TOBACCO USAGE IN A MONTH(RANGE)	Rs600 to Rs11000

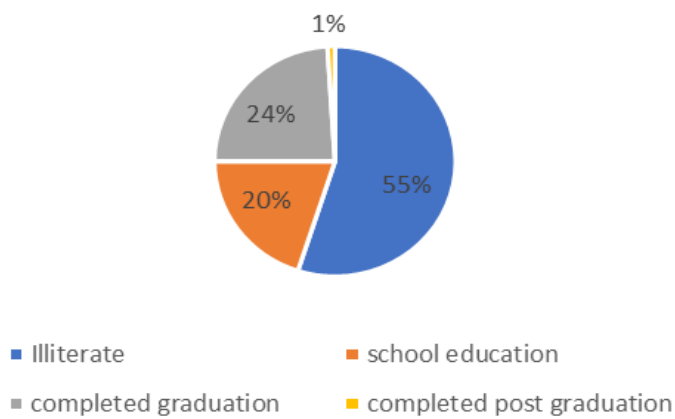
35% OF PARTICIPANTS FELT THAT TOBACCO WAS THE REASON FOR THEIR CHIEF COMPLAINT

64% FELT IT IS NOT

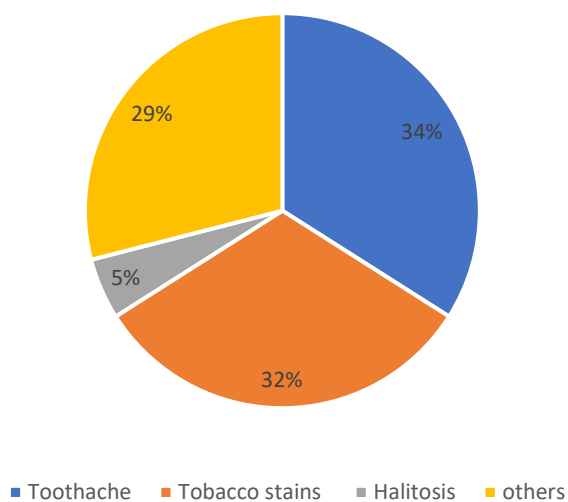
MARITAL STATUS OF STUDY PARTICIPANTS



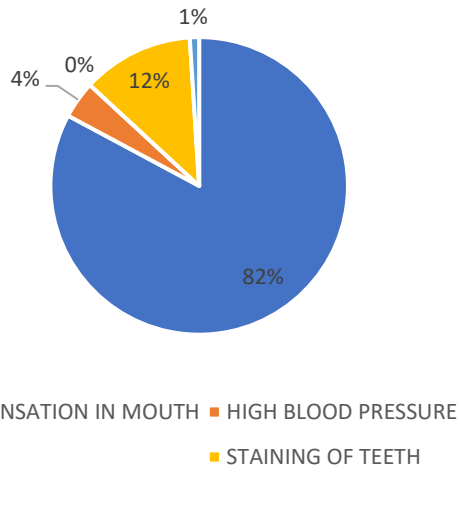
EDUCATION STATUS OF STUDY PARTICIPANTS



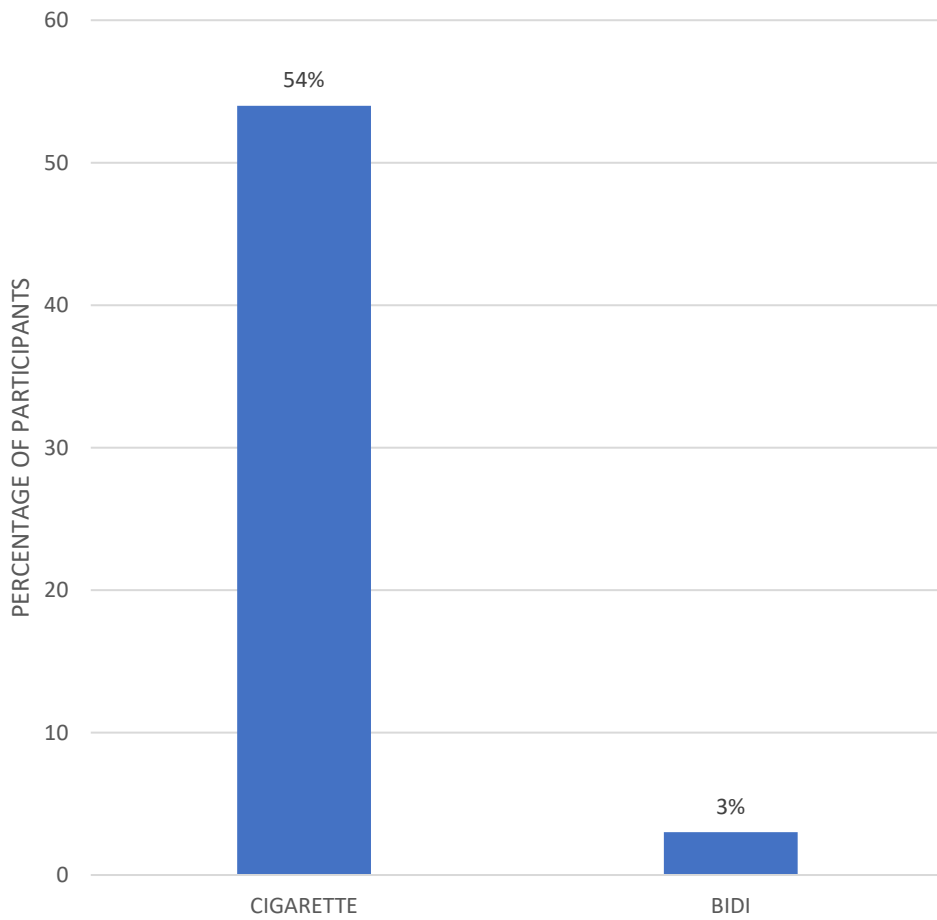
PRESENTING CHIEF COMPLAINT OF STUDY PARTICIPANTS

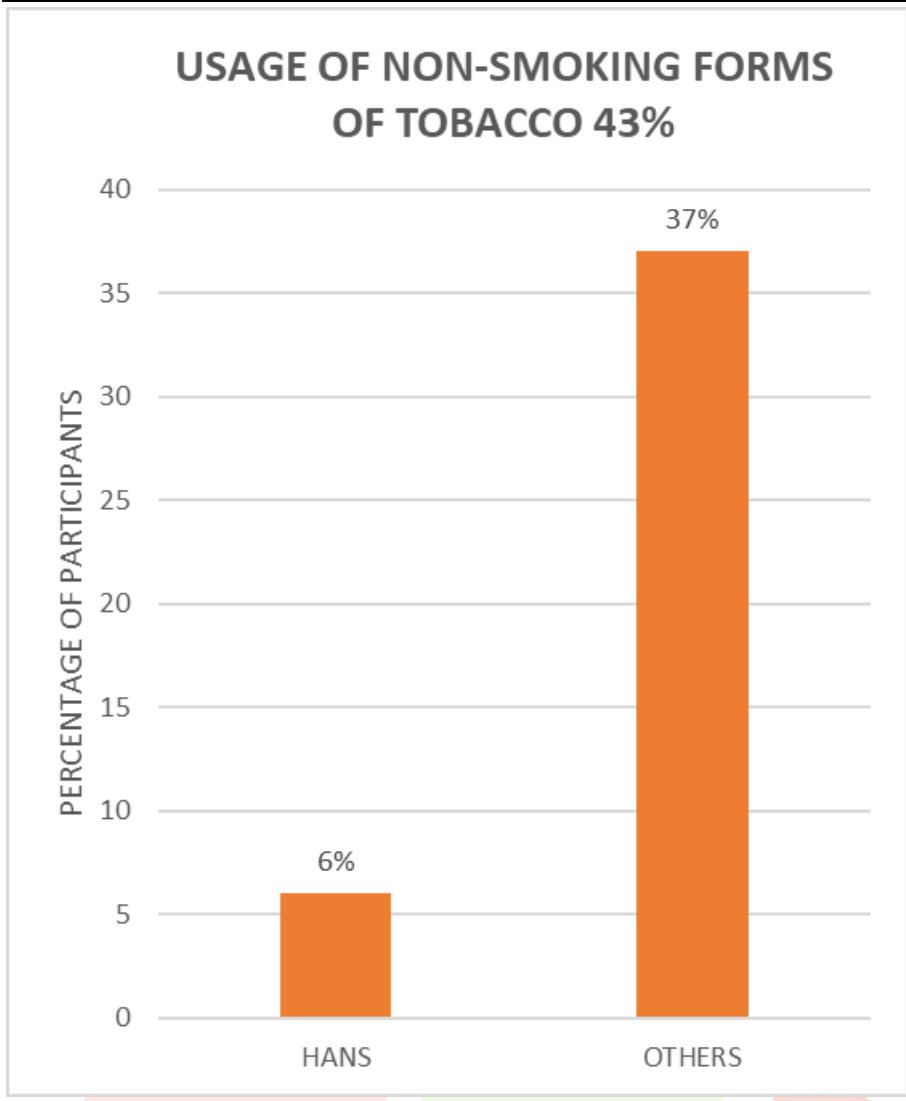


DISTRIBUTION OF STUDY PARTICIPANTS BASED ON ONE OR MORE GENERAL HEALTH SYMPTOMS

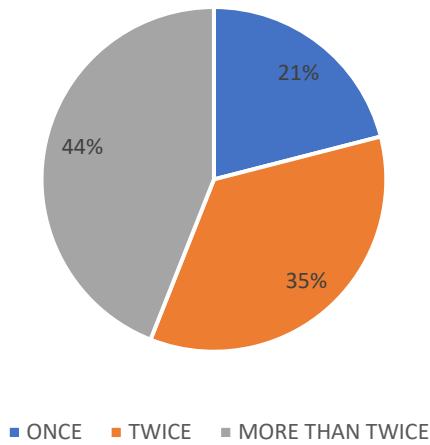


USAGE OF SMOKING FORMS OF TOBACCO 57%

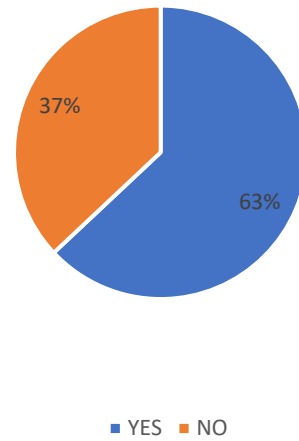




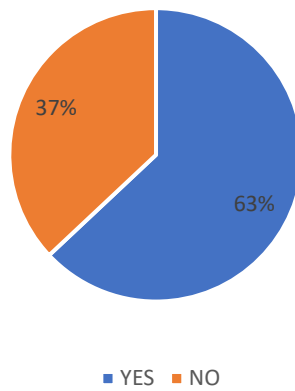
DISTRIBUTION OF PARTICIPANTS BASED ON NUMBER OF QUIT ATTEMPTS



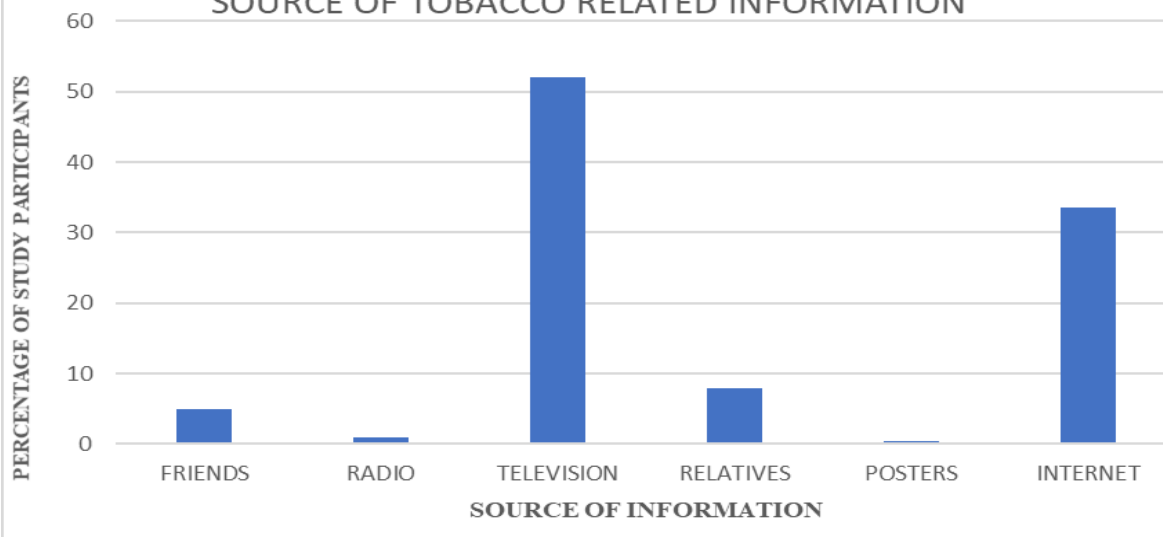
IS CHEWING TOBACCO HARMFUL?



IS CHEWING TOBACCO HARMFUL?



SOURCE OF TOBACCO RELATED INFORMATION



DISCUSSION

The mass media (television, radio, newspapers, billboards, and similar media) had increasingly been used as a way of delivering preventive health messages, including tobacco cessation.

Effective advertising and promotion through various channels of media had created new categories of products whose use extended beyond the basic survival, which, in turn, have fuelled the economic growth of media, including newspapers, magazines, radio, and television. It had been reported that the mass media is appropriate for delivering antitobacco messages to young people because they are exposed to and often greatly interested in the media ⁽⁶⁾.

The use of mass media for advocacy of tobacco control increased in developed countries in the 1990s, particularly in the United States, Canada, Australia, and the United Kingdom. The emergence of significant funding sources, particularly legal statements with tobacco companies and earmarked tobacco taxes, has allowed the implementation of sustained, mass media campaigns with sufficient audience reach to be effective. ⁽⁷⁾

A well-designed public education campaign that is integrated with community- and school-based program, strong enforcement efforts, and help for tobacco users who want to quit, can successfully counter market the tobacco industry ⁽⁸⁾. Such integrated programs have been demonstrated to lower smoking among young people by as much as 40%. A study conducted in 1997 found that, in terms of cost per years of life gained, education campaigns through the mass media were the most cost-effective methods to reduce tobacco use ⁽⁶⁾.

This cross-sectional descriptive study was conducted among tobacco using out patients who visited Sree Balaji Dental college.

In the present study there were 45.7% Males and 54.3% females. This finding was similar to the studies conducted by T. Rooban ⁽⁶⁾ *et al*, where there were 47.4% and 52.6% females and GAT (Global Adult Tobacco survey) survey by WHO 2016-2017 there were 42.4% of males and 57.6 females.

In the present study bidi smokers were 5.2%, whereas in T. Rooban ⁽⁶⁾ *et al* study there was 13.4% of bidi smokers and in GAT survey there was 7.7% of bidi smokers. This was probably due to higher economic status of urban population and popularity of availability of other branded tobacco products.

In the present study a high percentage (55%) of tobacco users were found to be illiterate. This finding was similar to the study conducted by Gavarasana *et al* who found smoking rate among them was high. A community health worker, trained in the use of mass media coupled with a person-to-person approach, may help the smoker to quit smoking.

In GAT survey the average percentage of people who attempted to quit tobacco was 45.5% whereas in our study it is 44%. This difference is negligible.

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 communications. ⁽⁹⁾

In our study the percentage of people who felt smoking was harmful is 78% and the percentage of participants who felt that smokeless tobacco was harmful was 37% whereas in GAT survey the percentage of people who felt smoking was harmful is 92.4% and the percentage of participants who felt that smokeless tobacco was harmful was 95.6%. In the both the above-mentioned studies people perceived smoking form of tobacco being more harmful than smokeless form. This may be due to culturally and traditionally ingrained beliefs of the people. In fact, they believe that tobacco has a therapeutic value.

In our study the percentage of participants who noticed anti-tobacco related information through radio, television, and internet is 39%, whereas in GAT survey the percentage was 25.6%. This may be due to the fact that the study was conducted in an urban city and exposure of the participants to media is too high.

Television (52%) has been widely used for disseminating tobacco-related information and its success as an effective mass media in our study. This finding was similar to the study conducted by T. Rooban *et al* where there was 50% of the participants who used Television for tobacco related information but in GAT survey it was 28%. This difference is due to greater accessibility of media resources and also the influence on the population due to the same.

The growing socioeconomic disparity in tobacco use is another important aspect that needs to be considered along with implications for study of tobacco-related media communications ⁽¹⁰⁾.

Research is needed to assess the effects and efficacy of corporate-image campaigns and tobacco company-sponsored smoking prevention campaigns on smoking-related attitudes and behaviours among adults in different socioeconomic subgroups. ⁽¹¹⁾

CONCLUSION

Television is the most commonly used mass media among tobacco users. There is a significant correlation between advertisements and tobacco use ⁽¹²⁾. Mass media are a potentially cost-effective approach to reduce smoking problem. More camps and community awareness activities need to be conducted for tobacco users to help them stop the habit.

RECOMMENDATIONS

- Government should ban introduction of new tobacco products.
- Teenagers should be given counselling not to use tobacco in any form and educate about the harmful effects of tobacco ⁽¹³⁾
- Mass media should implement more advertisements to create more awareness about tobacco use.
- Promotional activities should be conducted by schools, colleges, hospitals to reduce tobacco usage.

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