

**ROLE OF MASS MEDIA IN HEALTH COMMUNICATION: A STUDY ON
SUSTAINABLE DEVELOPMENT AND THE USES OF TOBACCO PRODUCTS
AMONG YOUTH IN ASSAM**

Jyotish Dutta

Research Scholar (Ph.D)
Dept. of Mass Communication
Assam University, Silchar

Dr. Paromita Das

Associate Professor
Dept. of Mass Communication
Assam University, Silchar

Abstract

The aim of the Sustainable Development Goals (SDGs) is to change the world, end poverty and inequality, protect the planet, and ensure that all people enjoy health, justice, and prosperity (WHO). A clean environment is essential for human health and well-being. Because health is wealth. A person is considered a good and healthy person when they are physically and mentally fit. The tobacco epidemic is a serious and largest global public health issue in the 21st century. According to the World Health Organization (2008), a report on the global tobacco epidemic states that there are currently 1.3 billion tobacco users worldwide, with a yearly death rate of 5.4 million among children. The number of deaths related to tobacco use is expected to increase from 6.4 million to 8.1 million in 2015 and that is how it will be around 8.3 million by 2030. India is the second-largest consumer of tobacco products in the world. However, in India, tobacco use is estimated to cause 800,000 deaths annually. A study (WHO, 2014) revealed that deaths from cancer cases in India are projected to rise to 13.1 million by the year 2030. Thus, the researcher will try to find out the mass media awareness of tobacco products and how health communication helps in nation building.

Keywords: Sustainable Development, Health, Tobacco, World Health Organization, Deaths and Cancer.

Introduction

In the 21st century, tobacco product use is increasingly a serious public health issue in India. But it has become a serious socio-economic development concern and a health hazard for policy makers, the government, and the common public of the country. According to the National Health Family Survey (2018–21), the data shows that more than six in ten men and one in ten women with no schooling or less than five years of schooling use some form of tobacco. The data also shows that cigarettes are a more popular form of tobacco among the users. Rural areas are more likely to use any form of tobacco than urban areas.

India is the second-largest consuming country in the world and 1st in the World Health Organization's (WHO) South East Asia Region (SEAR) in terms of the number of tobacco users. In 2023, it is estimated that 266 million people are tobacco users in India. However, in India,

tobacco use is estimated to cause 800,000 deaths annually. A study (WHO, 2014) revealed that deaths from cancer cases in India are projected to rise to 13.1 million by the year 2030.

The most prevalent cause of disease, disability, and death worldwide is the use of tobacco. Every six seconds, one person dies from tobacco use and the tally shows that 9 people die in every one minute, 5,60 persons per hour, 13,440 people per day, and 49 lakh people each year. It's estimated that tobacco usage kills 800,000 people in India each year. Tobacco kills 15 times as many people as suicide, murder, or manslaughter.

Prevalence of Tobacco use in India %

Indicators	2003	2006	2009	2019
Current Tobacco users	16.9	13.7	14.6	8.5
Current tobacco users, boys	21.6	16.8	19.0	9.6
Current tobacco users, girls	9.7	9.4	8.3	7.4
Current tobacco smokers	8.1	7.0	8.1	7.3
Current cigarette smokers	4.2	3.8	4.4	2.6
Current bidi smokers	2.2	4.7	5.3	2.1

*Trend in the selected indicators of tobacco use over different rounds of GYATS (%)

In India, the estimated yearly death toll from tobacco usage in the late 1980s was 630,000. The number of deaths linked to tobacco use currently ranges between 800,000 and 900,000 annually. In 1999, it was projected that the tobacco-related burden of just three categories of diseases—lung, heart, and cancer—was Rs 277.611 billion (US\$ 6.5 billion) and the burden was increased to Rs 308.33 billion (US\$ 7.2 billion) in 2002–2003.

Health Communication

Health is one of the most important assets for every human being. No health, No life. The concept of health has different meanings and connotations. World Health Organization (WHO) 1948, defined health in a broad sense as a “state of complete physical, mental, and social well-being and not merely an absence of disease or infirmity”. The term health standardizes the conditions of our lives and our economic status. The World Development Report (1993) points out that “improved health contributes to economic growth in four ways: it reduces production losses caused by worker’s illnesses; it permits the use of natural resources that had been totally or nearly inaccessible because of disease; it increases the enrolment of children in school and makes them better able to learn; and it frees for alternative uses of resources that would otherwise have to be spent on treating illness.”

According to the former president of India, Dr. A. P. J. Abdul Kalam, “Health does not always come from medicine. Most of the time, it comes from peace of mind, peace in the heart, and peace

of soul. It comes from laughter and love." Therefore, we need to keep smiling, keep healthy and keep loving each other. So, we can save our health from any diseases.

Good health is the foundation of every human being. In the context of good health former prime minister of India, Jawaharlal Nehru stated that, "health is a basic problem which forms the foundation of nations and if the foundation is weak, it is likely to collapse." Thus, the well-being of an individual and society are closely intertwined. Society and health are seen as two sides of the same coin.

Health and Sustainable Development

Sustainable development, as defined by the World Commission on Environment and Development is "development that meets the needs of the present without compromising the ability of future generations to meet their own needs."

The Sustainable Development Goals serve as a roadmap for achieving the current demands while overcoming obstacles and putting social inclusion, shared prosperity, and environmental stewardship at the centre. Comprehending the essential function of health in development, centred around Goal 3 (promote well-being and guarantee healthy lifestyles for all individuals across all age groups) and interconnected with all other objectives, it's a necessary condition for accomplishing collective action on the social, economic, and environmental factors influencing health.

Sustainable Development Goal 3 (SDG3) relates to health: "Ensure healthy lives and promote well-being for all at all ages." The goal encompasses a wide range of topics, including: control of tobacco use; research and development of vaccines and medications; the health workforce; infectious and non-communicable diseases; substance abuse; traffic accidents; sexual and reproductive health; access to health care services; health hazards resulting from environmental pollution; tobacco control; and risk reduction through early warning systems (UN 2015).

The document is divided into three sections that discuss the various ways that tobacco use impacts sustainable development, both directly and indirectly, how these effects connect to the Sustainable Development Goals, and how tobacco control can support the achievement of the SDGs.

- Section 1 discussed use of tobacco, SDG 3 and its target specific to health issues.
- Section 2 discussed SDG goals which are more directly related to health.
- Section 3 discussed other SDGs that are indirectly related to health.

Objectives of the Study

- **To find out media coverage of health communication;**
- **To find out media awareness about health among youth in study areas;**
- **To find out whether respondents stopped chewing tobacco products after viewing the statutory warning on tobacco products.**

Methodologies of the Study

Research Design: The study was conducted into two parts; content analysis and survey. The first part was content analysis and the second part was survey. For the content analysis, the researcher has selected two daily bilingual newspapers. Namely Assam Tribune (English) and Dainik Jugasankha (Bengali). According to the objectives of the study the researcher has carried out the study for the period of Six (6) months from 1st March to 31st August 2023.

Survey: A survey was conducted amongst the respondents through administering questionnaire.

Study Area: The study was conducted in three districts of Assam. Namely, Cachar, Hailakandi and Karimganj districts.

Universe of the Study: All the college students of Assam, irrespective of caste, gender and streams.

Sample sizes and Sample procedures of the study: The researcher has selected randomly 240 (Two hundred forty) students from different colleges in the study areas. From each district, 2 colleges and 40 students from each college were selected by the researcher. The researcher has tried to maintain an equal balance between the proportions and all the directions (East, West, North and South) of the geographical area.

$$3 \text{ Districts} \times 2 \text{ Colleges} = 6 \text{ Colleges}$$

$$6 \text{ colleges} \times 40 \text{ Students} = 240 \text{ Students}$$

Tools and Techniques of Data Collection: The data was collected through primary and secondary data. For the primary data, the researcher has used a questionnaire. And secondary data were collected from government websites, journals, books, newspapers, magazines, census reports publications, etc.

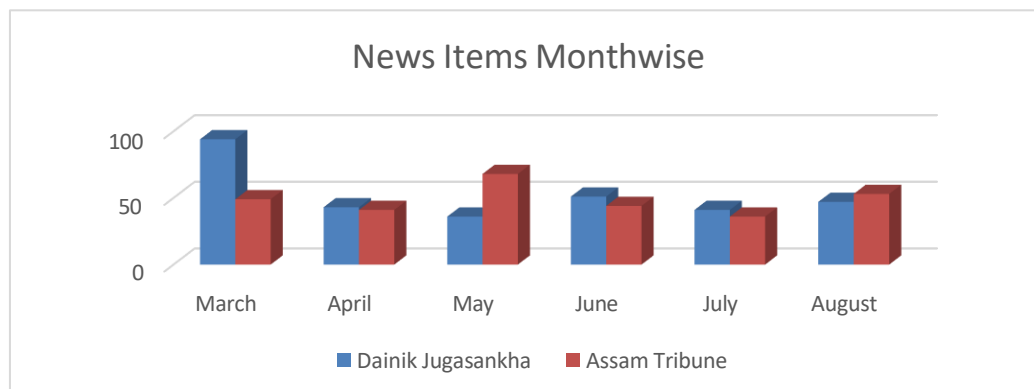
Data Analysis: Part I (Content Analysis)

1. Media coverage of health communication

**Month wise Health News Items
Table No. - 1.01**

Month (2023)	Dainik Jugasankha	Assam Tribune
March	94	49
April	43	41
May	36	68
June	51	44
July	41	36
August	47	53
Grand Total	312 nos.	291 nos.

Figure No. - 1.1.1



Analysis :- A total number of 312 health news items were published in Dainik Jugasankha followed by Assam Tribune with 291 numbers, respectively under the study. The data also found that the highest number of health news items were published by Dainik Jugasankha with 94 numbers in the month of March and Assam Tribune with 68 numbers in the month of May.

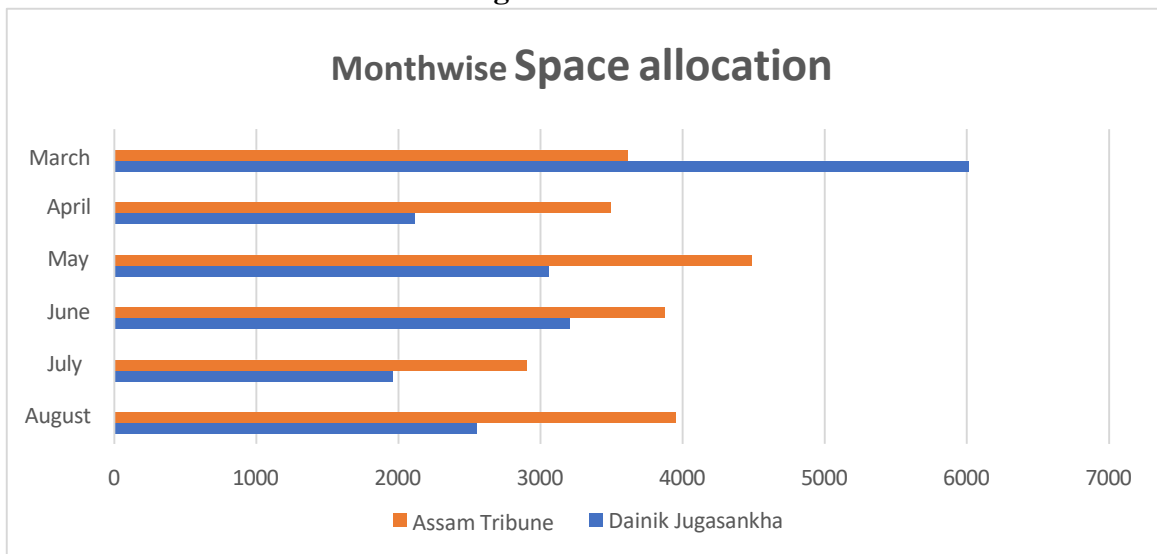
On the other hand, the data also shows that the least number of health news items were published in the month of May in Dainik Jugasankha with 36 numbers and in Assam Tribune in the month of July with 36 numbers.

Month wise Space allocation of Health News

Table No. - 1.02

Month (2023)	Dainik Jugasankha (col.cm.)	Assam Tribune (col.cm.)
March	6014.75	3609.80
April	2112.50	3490.75
May	3053	4488.75
June	3205.50	3874.65
July	1959	2900.50
August	2548	3950.25
Grand Total	13687.25 col.cm.	223147.70 col.cm.

Figure No. – 1.2.2



Analysis :- A total number of 13687.25 column centimetres were allocated to health-related news in Dainik Jugasankha and 223147.70 of column centimetres were allocated in Assam tribune. Here again, the space allocated was the least in Dainik Jugasankha with 1959 column centimetres while maximum space was allocated to Dainik Jugasankha with 6014.75 column centimetres.

Here, it is found in the above diagram, Dainik Jugasankha contributes 6014.75 column centimeters in March from the total space of the newspapers. In April, 2112.50 column centimeter’s space is captured by the newspapers and regarding the topic in the month of May with 30 column centimeters and the least number is given by July with 1959 column centimetres. And 3205.50 and 2548 column centimeters space revealed in the month of June and August respectively on health issue.

On the other hand, Assam Tribune gives 3609.80 column centimetres space to health-related news in the month of March, 3490.75 column centimetres space in the month of April, 4488.75 column centimetres space is occupied in the month of June which is the highest among the all others and 3874.65 column centimetres, 2900.50 column centimetres and 3950.25 column centimetres space contributed in the month of June, July and August respectively.

Data Analysis: Part II (Survey)

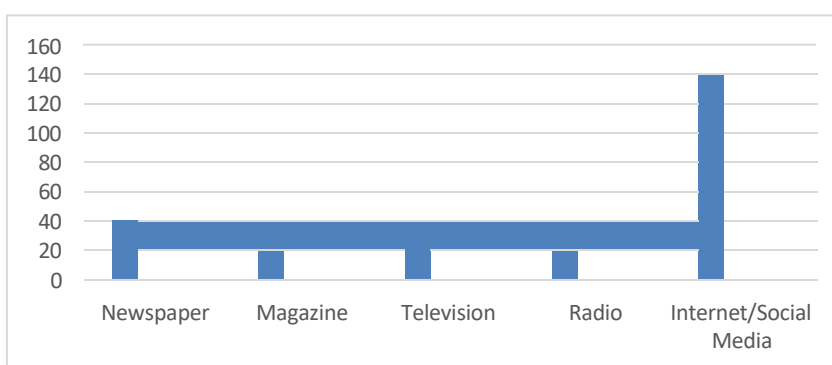
2. Media awareness about health among youth

Preference for health-related information to Health Communication

Table No. - 2.01

Serial No.	Response	Total Response	Percentage
1	Newspaper	41	17.08
2	Magazines	18	7.5
3	Television	27	11.25
4	/ Radio	16	6.66
5	Internet/Social Media	138	57.5

Figure No. - 2.01.01



Analysis : The study shows that social media (57.5 percent) is one of the most conscious media tools for health communication, followed by 17.08 percent of newspaper, 11.25 percent of television, 7.5 percent of magazines and 6.66 percent of radio.

Extent of coverage of Health Issues in the Media

Table No. – 2.02

Serial No.	Response	Total Response	Percentage
1	Much Less Focus	34	14.16
2	Less Focus	41	17.08
3	Maintain	101	42.08
4	More Focus	31	12.91
5	Much More Focus	33	13.75

Figure No. – 2.02.02



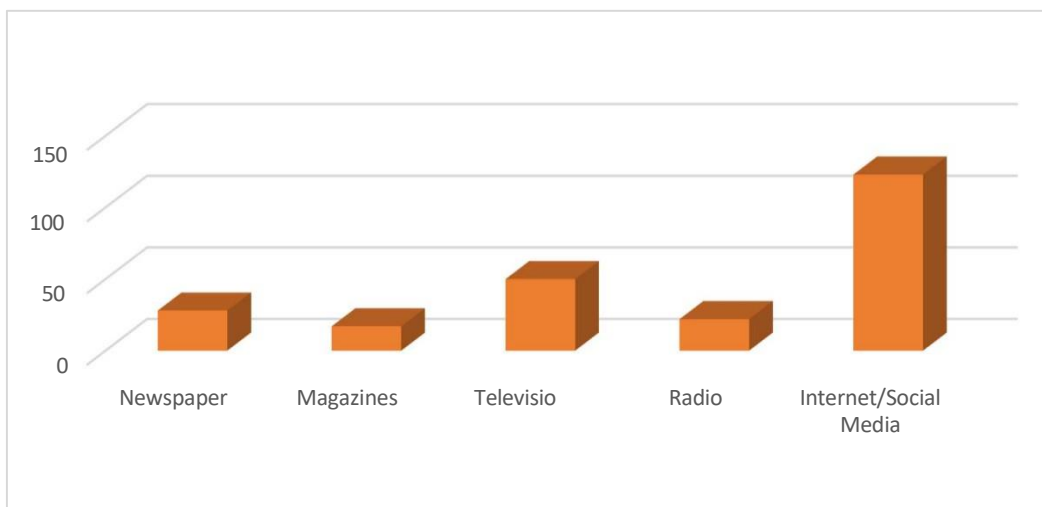
Analysis :- The researcher has found that majority of the respondent said that extent of media coverage of health issues in media is maintained (42.08 percent), followed by much less focus (14.16 percent) less focus (17.08 percent), much more focus (13.75 percent) and more focus (12.91 percent) respectively.

Fastest media for Health Communication

Table No. – 2.03

Serial No.	Response	Total Response	Percentage
1	Newspaper	28	11.66
2	Magazines	17	7.08
3	Television	50	20.83
4	Radio	22	9.16
5	Internet/Social Media	123	51.25

Figure No. – 2.03.03



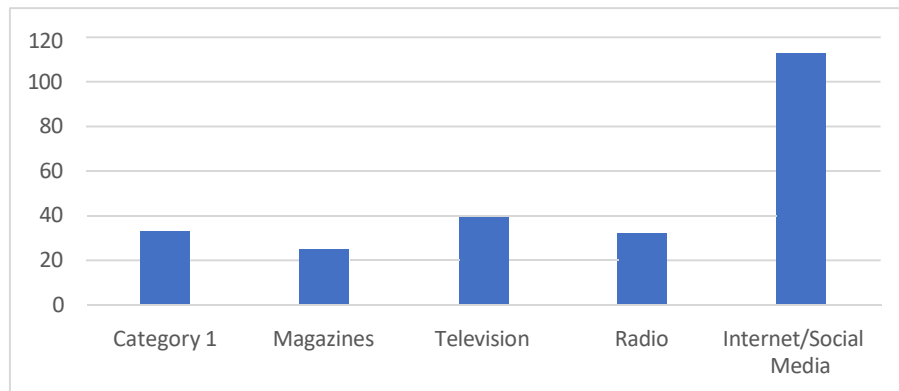
Analysis :- The diagram shows that majority of the respondents said that Internet/Social Media (51.25 percent) is the fastest communication tools for health communication, followed by Television (20.83 percent), Newspaper (11.66 percent), Radio (9.16 percent) and magazines (7.08 percent).

Spread rumor regarding Health Communication

Table No. – 2.04

Serial No.	Response	Total Response	Percentage
1	Newspaper	33	13.75
2	Magazines	25	10.41
3	Television	37	15.41
4	Radio	32	13.33
5	Internet/Social Media	113	47.08

Figure No. 2.04.04



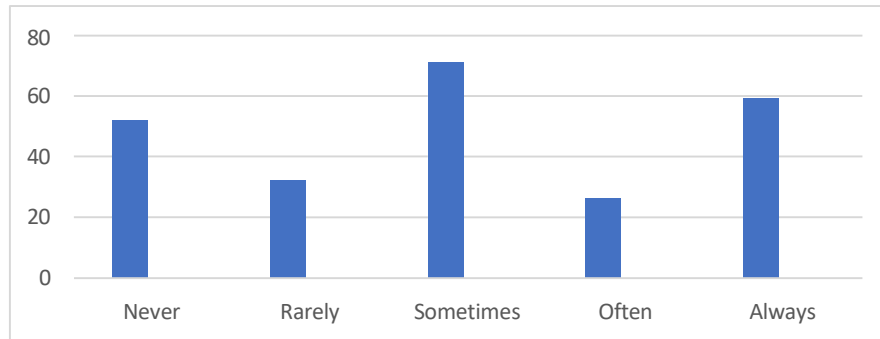
Analysis :- The study shows that majority of the respondents said that Internet/Social media (47.08 percent) spreads the rumor regarding the health communication, followed by television (15.41 percent), newspaper (13.75), radio (13.33 percent) and magazines (10.41 percent) respectively.

Followed health related episodes or articles

Table No. – 2.05

Serial No.	Response	Total Response	Percentage
1	Never	52	21.66
2	Rarely	32	13.33
3	Sometimes	71	29.58
4	Often	26	10.83
5	Always	59	24.58

Figure No. - 2.05.05



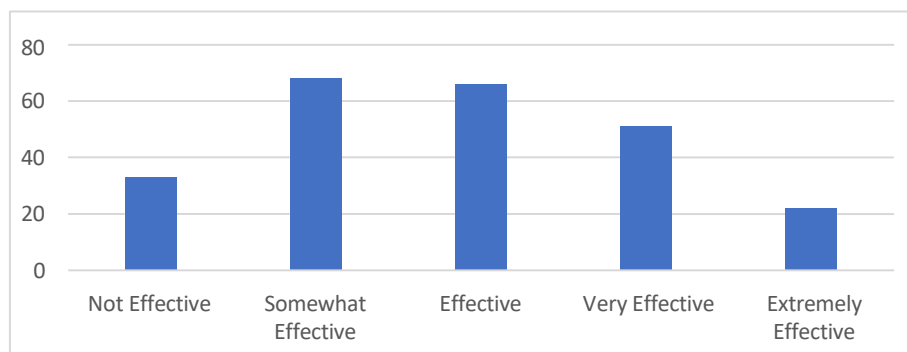
Analysis : – The data reveals that health related episodes or articles followed sometimes (29.58 percent), always (24.58 percent), never (21.66 percent), rarely (13.33 percent) and often followed by (10.83 percent).

Media in giving information about health

Table No. - 2.06

Serial No.	Response	Total Response	Percentage
1	Not Effective	33	13.75
2	Somewhat Effective	68	28.33
3	Effective	66	27.5
4	Very Effective	51	21.25
5	Extremely Effective	22	9.16

Figure No. - 2.06.06



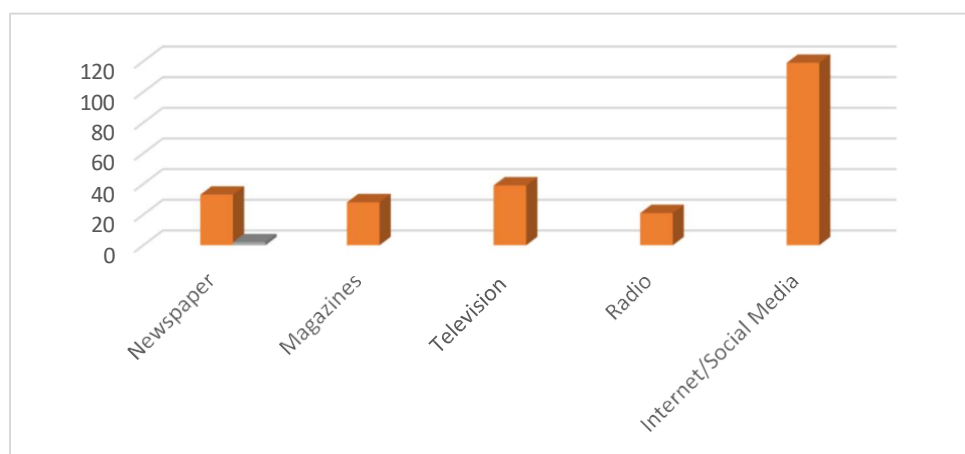
Analysis :- The researcher has found that majority of the respondents agreed that media in giving information is somewhat effective (28.33 percent), effective (27.5 percent), very effective (21.25 percent), not effective (13.75 percent) and extremely effective (9.16 percent).

Media promoting the health awareness

Table No. - 2.07

Serial No.	Response	Total Response	Percentage
1	Newspaper	33	13.75
2	Magazines	28	11.66
3	Television	39	16.25
4	Radio	21	8.75
5	Internet/Social Media	119	49.58

Figure No. - 2.07.07



Analysis :- The data shows that social media (49.58 percent) is one of the prominent source of promoting the health awareness followed by Television (16.25 percent), newspaper (13.75 percent), magazines (11.66 percent) and radio (8.75 percent).

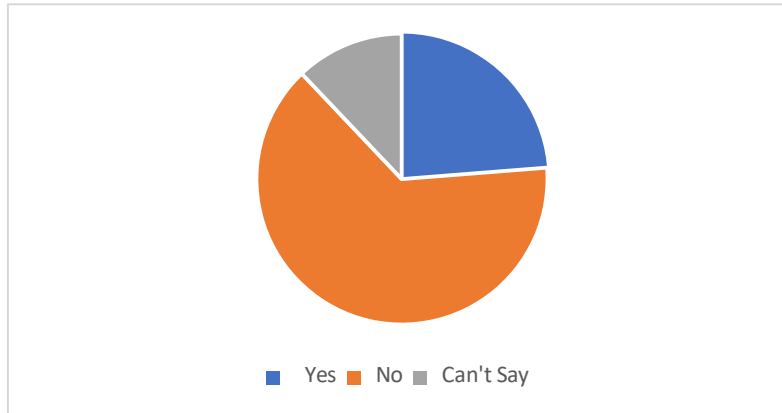
3. Respondents stopped chewing tobacco products after viewing the statutory warning on tobacco products.

Consumption of Tobacco products

Table No. - 3.01

Serial No.	Response	Total Response	Percentage
1	Yes	57	23.75
2	No	154	64.16
3	Can't Say	29	12.08

Figure No. - 3.01.01



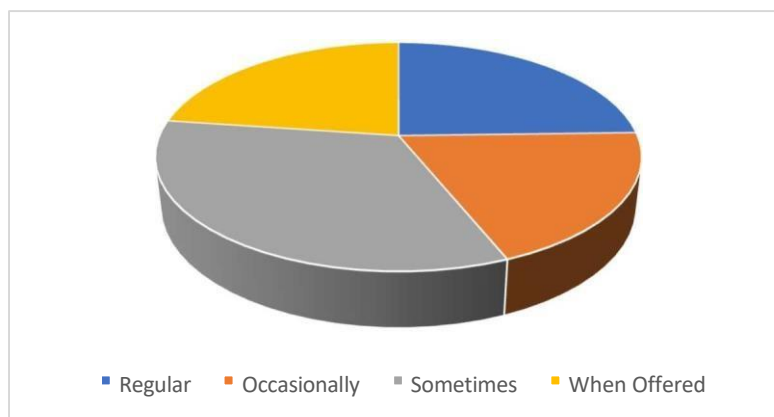
Analysis :- The data shows that among the 240 of the respondents, 23.75 percent of the respondents having an addiction of tobacco products. On the other hand, majority of the respondents said that they did not have any kind of addiction of tobacco products and 12.08 percent respondents said can't say anything about addiction of tobacco products.

Frequency of Consumption of Tobacco Products

Table No. - 3.02

Serial No.	Response	Total Response	Percentage
1	Regularly	14	24.57
2	Occasionally	11	19.29
3	Sometimes	19	33.33
4	When offered	13	22.81

Figure No. - 3.02.02

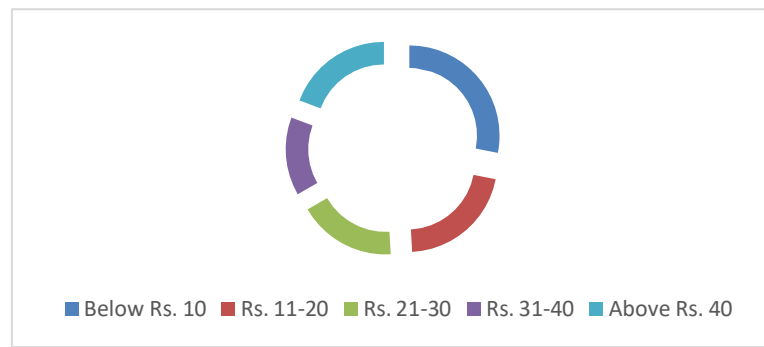


Analysis :- The researcher has found that 33.33 percent of respondents frequently chew tobacco on sometimes, followed by 24.57 percent on a regular basis, 22.81 percent when offered and 19.29 percent occasionally.

Money spent on Tobacco products
Table No. - 3.03

Serial No.	Response	Total Response	Percentage
1	Below Rs. 10	16	28.07
2	Rs. 11-20	12	21.05
3	Rs. 21-30	10	17.54
4	Rs. 31-40	8	14.03
5	Above Rs. 40	11	19.29

Figure No. - 3.03.03



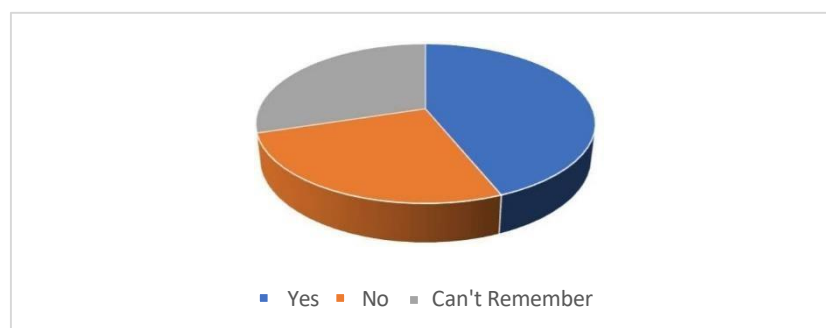
Analysis :- The study shows that the respondents spending daily on tobacco products was 28.07 percent below Rs. 10, followed by 21.05 percent of Rs. 11–20, 19.29 percent above Rs.40, 17.54 percent of Rs. 21–30 and 14.03 percent of Rs. 31–40 respectively.

Pictorial/Warning messages on Tobacco products

Table No. - 3.04

Serial No.	Response	Total Response	Percentage
1	Yes	25	43.85
2	No	15	26.31
3	Can't Remember	17	29.82

Figure No. - 3.04.04



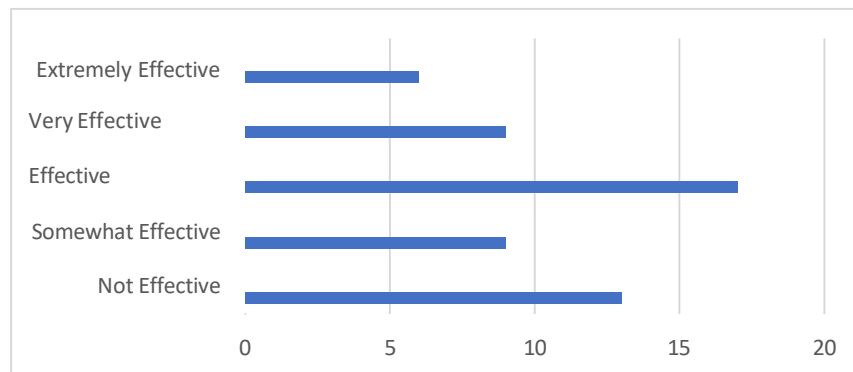
Analysis :- The researcher has found that out of the 57 respondents, majority of the respondents (43.85 Percent) has seen and noticed the pictorial warning message “Tobacco Kills” or “Tobacco Causes Cancer” on tobacco packets whereas only 29.82 percent can’t remember and 26.31 respondents has not noticed any kind of pictorial warning message on tobacco packets.

Effectiveness of Pictorial/Warning messages

Table No. - 3.05

Serial No.	Response	Total Response	Percentage
1	Not Effective	13	22.80
2	Somewhat Effective	9	15.78
3	Effective	17	29.82
4	Very Effective	9	15.78
5	Extremely Effective	6	10.53

Figure No. - 3.05.05



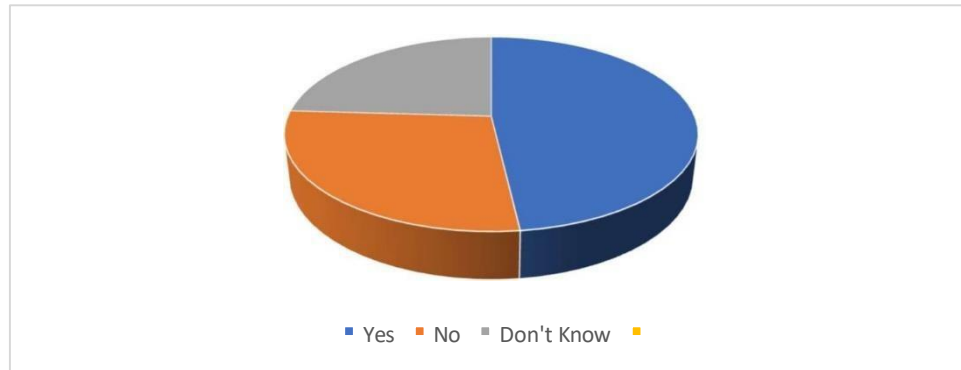
Analysis :- The researcher has found that the majority of the respondents said that the warning messages of tobacco products is effective (29.82 percent), not effective (22.80 percent), somewhat and very effective said 15.78 respectively and extremely effective (10.53 percent).

Tobacco products can lead to cancer/other health issues

Table No. - 3.06

Serial No.	Response	Total Response	Percentage
1	Yes	28	49.12
2	No	16	28.07
3	Don't Know	13	22.80

Figure No. - 3.06.06



Analysis :- On being asked to the respondents are they aware tobacco products can lead oral cancer, majority of the respondents said yes (49.12 percent), no (28.07 percent) and don't know (22.80 percent)

Findings of the study

- The diagram shows that Dainik Jugasankha has been covered 312 numbers of news and Assam Tribune covered 291 numbers of items as health news under the study.
- A total number of 13687.25 column centimetres were allocated to health-related news in Dainik Jugasankha and 223147.70 of column centimetres were allocated in Assam tribune.
- The study shows that social media (57.5 percent) is one of the most conscious media tools for health communication. In the 21st century, social media is one of the fastest communication tools worldwide. The respondents also believe that social media (51.25percent) is used for health communication and the message spreads rapidly across the world within seconds. Besides that, the respondents said that social media (47.08 percent) also spread fake/rumors news about health communication among the masses.
- The data shows that 23.75 percent of the respondents having an addiction of tobacco products.
- The researcher found that 33.33 percent of respondents frequently chew tobacco on sometimes, followed by 24.57 percent on a regular basic, 22.81 percent when offered and 19.29 percent occasionally. Among the respondents spending daily on tobacco products was 28.07 percent below Rs. 10, followed by 21.05 percent of Rs. 11–20, 19.29 percent above Rs. 40, 17.54 percent of Rs. 21–30 and 14.03 percent of Rs. 31–40 respectively
- Majority of the respondents (43.85 Percent) has seen and noticed the pictorial warning message “Tobacco Kills” or “Tobacco Causes Cancer” on tobacco packets whereas only 29.82 percent can't remember and 26.31 respondents has not noticed anykind of pictorial warning message on tobacco packets. And the data also shows that the warning messages of tobacco products is effective (29.82 percent), not effective (22.80 percent), somewhat and very effective said 15.78 respectively and extremely effective (10.53 percent).
- Majority of the respondents said yes (49.12 percent), no (28.07 percent) and don't know 22.80 percent) are aware the tobacco products can lead oral cancer,

Conclusion

If India becomes a Vishwa Guru by 2047, tobacco production and chewing tobacco products should be banned. Because today's child is the future resource person of the country, their growth has to be looked at in all sections of the community, especially by the government and policy makers. If they spend their quality time in chewing tobacco and become addicted to tobacco products, how would we expect a good human being as a future resource person? As we know, the consequences of tobacco products, if we cannot stop chewing tobacco products today, it will be a major epidemic of health across the country. Therefore, a nation cannot produce good leaders who can lead the world.

Moreover, sustainable development cannot be achieved without their healthy mental and physical state. We have to focus on overall development and especially the health of our next generation.

References

- World Health Organization. Regional Office for South-East Asia. (2017). Tobacco control for sustainable development. World Health Organization, Regional Office for South-East Asia. <https://iris.who.int/handle/10665/255509>
- Kashwani, R., & Sawhney, H. (2023). Assessing the Sensitivity and Specificity of Toluidine Blue Staining in Oral Cancer Screening Among Inmates: A Prison-Based Study. *Journal of Advanced Zoology*, 44.
- Duxbury, T., Rath, S., Maraj, P., Bosman, S. J., & Srinivas, S. (2016). Controlling the use of tobacco for sustainable development: A focus on India and South Africa. *Indian Journal of Pharmacy Practice*, 9(2).
- Matthes, B., & Zatoński, M. (2019). Tobacco control and sustainable development: shared challenges and future opportunities. *Journal of Health Inequalities*, 5(1), 71-79.
- Goel, S., Kaur, J., Arora, M., Bhatt, G., Singh, R. J., Jones, A., ... & Gupta, P. C. (2022). Tobacco endgame in India. *International Journal of Noncommunicable Diseases*, 7(2), 55-62.
- Mishra, G. A., Pimple, S. A., & Shastri, S. S. (2012). An overview of the tobacco problem in India. *Indian Journal of Medical and Paediatric Oncology*, 33(03), 139-145.
- Reddy, K. S., & Gupta, P. C. (2004). Tobacco control in India. *New delhi: ministry of health and family welfare, Government of India*, 43-47.