

# Communication Strategy for Tobacco Control in South-East Asia



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# Communication Strategy for Tobacco Control in South-East Asia

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# 1. Introduction

Tobacco use is a major cause of preventable death around the world. In the developing world tobacco poses a major challenge not only to health but also to socio-economic development and environmental sustainability given that people with a low income are more likely to use tobacco which significantly worsens poverty. The tobacco problem in South-East Asia is more complex as there is high prevalence of tobacco use, a large proportion of population consumes a variety of smoking and smokeless tobacco and tobacco is a part of social culture and a source of national revenue.

However, the irrefutable scientific evidence and increased awareness has motivated national health leaders to initiate measures to reduce tobacco use. The WHO Framework Convention on Tobacco Control (FCTC) adopted at the Fifty-sixth World Health Assembly in 2003 helped to trigger the momentum of tobacco control activities in the Region.

Recently, the WHO Report on the Global Epidemic, 2008, documented the extent of the tobacco epidemic, appraised the status of global tobacco control and developed the MPOWER package which recommends the following six policy measures for effective tobacco control:

- (1) **M**onitoring tobacco use and prevention policies,
- (2) **P**rotecting people from tobacco smoke,
- (3) **O**ffering help to quit tobacco use,
- (4) **W**arning about the dangers of tobacco,
- (5) **E**nforcing bans on tobacco advertising, promotion and sponsorship,
- (6) **R**aising taxes on tobacco.

WHO and global partners are supporting countries to implement the MPOWER policy interventions and to fight the tobacco epidemic. The Bloomberg Initiative which represents a major source of support and resources for tobacco control facilitates the implementation of the six policy interventions. The Sixty-first session of the WHO Regional Committee for South-East Asia held in September 2008 adopted a resolution on tobacco control emphasizing the implementation of the MPOWER policy package for effective implementation of the WHO FCTC.

All the Member States in the Region have recognized tobacco control as a priority in their health development efforts and are implementing comprehensive tobacco control programmes based on the FCTC. WHO/SEARO is actively engaged in supporting Member States to ratify and implement the FCTC, to create strong tobacco control policies and build local networks, increase media cooperation, carry out needed research and produce the evidence and materials to help bring about the necessary change.

The role of communication within comprehensive tobacco control programmes is recognized at a number of levels. The FCTC outlines (article 12) that each party to the Convention shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate.

However, reducing the use of tobacco is a complex issue with enormous economic, socio-cultural and health challenges. It needs a multisectoral and integrated approach for a paradigm shift that includes consistent and continuous communication for behavioural and social change.

This strategy has been developed to support the communication plan and activities of national tobacco control programmes in the Region. It aims to present the strategic framework and guiding principles for communication that will be implemented under the tobacco control programme in the Region.

## **1.1 Purpose**

The purpose of this document is to define the framework, guiding principles and key elements of a Communication Strategy for tobacco control to be used in the Member States of the Region. It should recognize the activities needed for communication in the areas of tobacco control including reduction in tobacco use and protect people from second-hand smoke. The strategy shares the vision of the regional tobacco control programme and tends to present a multi-dimensional platform of communication activities to achieve the goal of the programme.



## **1.2 Objectives**

- Increase the impact of communication activities and initiatives in reducing tobacco use.
- Provide a useful guide to the countries, organizations and groups working on communication for behavioural and social change related to tobacco use.
- Raise the efficacy of social and behavioural change communication efforts for tobacco control.
- Strengthen the advocacy role of communication for introducing and enforcing legal, administrative and policy measures in the Member countries.

## **1.3 Role of communication in tobacco control**

Communication has a major and definite role in implementing the policy interventions as these are related to dissemination of information, raising the awareness and knowledge level of the people, improving the public education on the issue, advocacy for policy development and mobilizing the community for change and compliance.

Effective health communication helps to raise awareness and provides the necessary motivation and the skills needed to quit tobacco. A communication package with a good outreach can help find support from other people in similar situations, and influence attitudes and beliefs. An effective communication strategy may equip an individual in making complex choices such as selecting a treatment modality for tobacco cessation, ways to quit or learn about the consequences of tobacco use. Information through effective communication empowers people to take the right decision, which ultimately helps them make necessary changes in their behaviour concerning health, economy, environment and social development issues.

A well-designed communication strategy can:

- change the image of tobacco use and smoking;
- increase the knowledge and awareness of the intended audiences;

- influence perceptions, beliefs and attitudes that may eventually lead to change in social norms;
- refute myths and misconceptions;
- help smokers quit;
- help non-smokers remain smoke free;
- help advocate for development, enactment, modification and enforcement of legislation;
- help advocate for smoke-free workplaces, warnings on cigarette packets and for ban on sales to minors; and
- help people to make an informed choice.

## **1.4 Communication challenges in tobacco control**

The challenges of reducing tobacco use in the Region are enormous and multifaceted as tobacco use is a complex behaviour influenced by different determinants like individual nicotine sensitivity, personal traits, knowledge, perceptions, peer pressure, parental use and socio-cultural definitions of tobacco-related behaviour. It is a personal choice which is influenced by the broad socio-cultural context that includes social norms and perception of tobacco, availability and accessibility to the products, marketing by the tobacco industry and other socio-economic conditions that influence individual behaviour in relation to tobacco use. The major communication challenges in tobacco control are:

### ***Large number of users***

The Region is among the major producers and consumers of tobacco and tobacco products. Both smoking and smokeless forms of tobacco products are available in the Region. Smoking is common among males in most Member States in the Region and the increase in the use of tobacco products among young girls is one of the most ominous developments of the tobacco epidemic. This has created a very large heterogeneous target audience making the communication process difficult to reach the target audience and becoming effective.

### ***Different use of tobacco***

Patterns of tobacco consumption in this Region are complex as a variety of tobacco and tobacco products are used for smoking, chewing and snuff.

Different types and use of tobacco is associated with different misconceptions, varied level of perceptions, beliefs and practices.

### ***Social image***

The symbolic and cultural context of tobacco use is deeply rooted in the countries of the Region. Tobacco consumption is a symbol of social status and offering tobacco is a social phenomenon seen as a sign of welcome and hospitality.

### ***Economic aspects of tobacco control***

Tobacco farming and processing of tobacco products is considered as economically profitable and a major source of employment and revenue by governments. There are popular misconceptions that tobacco control measures such as an increase in tax and price will lead to smuggling and banning tobacco in restaurants and bars will hurt business.

### ***Misconceptions about tobacco use***

Despite the basic understanding that tobacco use is harmful for health and the economy, several misconceptions about tobacco widely prevail in the Region.

Some of the common misconceptions are:

- Tobacco is good for teeth;
- Tobacco in dentifrice adds extra strength;
- Tobacco chewing relieves toothache;
- Smokeless tobacco is not harmful;
- Chewing tobacco keeps one awake and active;
- Smoking reduces worries and tension;
- Smoking keeps the body warm in cold weather; and
- Tobacco control may lead to revenue loss and job cuts.

### ***Tobacco Industry and its marketing strategy***

The tobacco industry uses its economic and political influence to create an environment that encourages continued consumption. It uses the media in

different ways like surrogate advertising, brand stretching and reinventing itself as a socially responsible entity to promote smoking. It can spend huge amounts of money on communication and marketing whereas the governments' budget on health communication is very limited.

## **2. Approaches to communication for tobacco control**

There are three distinct approaches to communication that can be used for tobacco control:

- 2.1 Behaviour change communication;
- 2.2 Communication for social mobilization; and
- 2.3 Communication for advocacy.

### **2.1 Behaviour change communication (BCC)**

Behaviour change communication (BCC) is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviour change. This approach of communication includes information, education and communication (IEC) and social marketing interventions and focuses on individual behaviour and tries to encourage people to make an informed choice. It attempts to bridge the gap between information and a person's knowledge, attitudes, practice and subsequent behaviour. This approach addresses the knowledge, attitudes, behaviour and skills of individuals, families and communities as they relate to specific programme goals. Within a participatory communication framework, individuals and communities gain knowledge, appreciation and skills that motivate them to develop positive and healthy behaviour and practices.

BCC requires a sound understanding of the audience and the use of appropriate mix of communication channels – interpersonal, group, community and mass media. BCC employs a systematic process beginning with formative research and behaviour analysis, followed by communication planning, implementation, and monitoring and evaluation. Audiences are carefully segmented, messages and materials are pre-tested, and both mass

media and interpersonal channels are used to achieve defined behavioural objectives. It recasts the role of the communicator as 'facilitator' rather than 'expert'. BCC is proven more effective when complemented by well planned advocacy and social mobilization approaches.

Interpersonal communication and counseling, defined as person-to-person or small group interaction and exchange, is a critical skill for BCC. It is specially important for health care providers, hotline call respondents, and others who have direct contact with those we are trying to reach – the target audience – in order to influence their decisions and help improve their knowledge and skills. It encompasses both verbal and non-verbal communication, negotiation, and classic counseling techniques.

## **2.2 Communication for social mobilization**

This approach moves beyond the individual behaviour change communication to a more comprehensive model of communication. It provides an opportunity for greater levels of community participation in social change. It involves planned actions to reach, influence, enable, and involve key segments of the community in order to collectively create an environment that will effect positive behaviour and bring about desired social change. Segments include influential groups or individuals as well as formal and informal leaders among those who will directly benefit from the desired social change. This approach involves strategies to shift societal norms and other environmental factors to bring about large-scale behaviour change. The process therefore is grounded in local concerns and empowers and ensures local ownership, leading to greater sustainability and impact.

This communication approach focuses on people and communities as agents of their own change, emphasizes community empowerment, and creates an enabling environment of change. It provides a voice for communities. The purpose of social mobilization is to bring together relevant inter-sectoral partners to determine needs and raise awareness for a particular objective. It involves the identification of organizations, institutions, groups and communities who can contribute their efforts and resources and facilitate their participation to realize the goals. Social mobilization helps build the capacity of the groups in the process, so that they are able to mobilize resources, plan, implement and monitor activities with the community.

## 2.3 Communication for advocacy

It is an organized attempt to influence the political climate, policy and programme decisions, public perceptions of social norms, funding decisions, and strengthen the voices of communities and societies for social and policy change. Advocacy is directed at different levels of decision makers- people who have the power to create policies, programmes and structures and to allocate resources. By persuading decision makers to decide in favour of a cause, advocacy seeks to develop, change or modify an existing law, policy and administrative practice that would enhance achievement of the goal. It is a continuous process of gathering, organizing and transforming information into arguments. These arguments are then communicated to decision makers to influence their choices on health and social policies.

Advocacy and policy change include a range of strategies designed to involve people in influencing decision making at the organizational, local, national, and international levels, usually involving strategic planning, community mobilization, capacity development, coalition building, and the promotion of changed policies and environments. Effective advocacy should create an environment for cumulative change beyond the level of the individual, and should have a community-defined objective.

These three approaches are interrelated and interactive and using them in a well- planned programme produces a synergistic effect. Simple preventive actions by the individual, family, and community, stimulated by BCC or social marketing programmes, are the most immediate means for reducing tobacco use and giving up unhealthy practices. Likewise, advocacy strategies may be called for to enact a new law or change a policy that is hampering change. Multi-level approaches help shift community and institutional norms to guarantee behaviour changes are sustained over time.

Communication approach	Salient features	Target audience
Behaviour change communication	<ul style="list-style-type: none"><li>– Focuses on individual behaviour.</li><li>– Addresses individual's knowledge, attitudes, behaviours and skills.</li><li>– Communicator acts as facilitator.</li><li>– interpersonal communication and interactions are critical.</li></ul>	Individuals, small groups

Communication approach	Salient features	Target audience
Communication for social mobilization	<ul style="list-style-type: none"> <li>– Focuses on community</li> <li>– Emphasizes on community empowerment.</li> <li>– Creates an enabling environment for social change.</li> </ul>	Community, leaders and key segments of the community.
Communication for advocacy	<ul style="list-style-type: none"> <li>– Focuses on the policy environment and seeks to develop / change law, policies and administrative practices.</li> <li>– Influences the political and programme decisions.</li> <li>– Works through coalition building, community mobilization and transforming information into arguments.</li> </ul>	Planners, policy makers, implementers.

### 3. Guiding principles of the strategy

- (1) The overriding principle of the strategy is that every person has the right to essential health information, including the harmful effects of tobacco use. It is the responsibility of the government at all levels to ensure that the information is made available to all people.
- (2) Communication is a support function and a process, it is not an end output in itself. Thus, the strategy is not communication-driven, rather driven by the tobacco control programme and the organizations implementing the programme. So, it should be aligned with programme / organizational objectives.
- (3) Detailed planning, choice of communication channels and monitoring should be decentralized as far as possible at national and sub-national levels to ensure local relevance, cultural sensitivity and wide reach.
- (4) The strategy propagates the involvement and multi-level partnership of a broad range of people to support the communication activities to bring about behavioural and social change.

## **4. Strategic framework of communication**

Communication is a strategic process to influence individual and group behaviour that needs systematic planning and implementation. The framework has six components – communication objectives; target groups; messages; channels; communication tools/ activities; and monitoring and evaluation. This strategic framework may be used for a clear and strategic direction for communication throughout the tobacco control programme.

### **4.1 Communication objectives**

Whether the target audience is a particular group or the general public, it is important to define the communication objectives and the behavioural goals – what changes the communication programme intends to achieve. Identifying clear, realistic and an achievable set of communication objectives is the beginning of any communication programme.

In achieving the goals of the tobacco control programme, the communication component of the programme has three major objectives:

- (1) Awareness raising for behaviour change
  - General awareness against tobacco use
  - Awareness of smokers about harmful effects of tobacco
  - Awareness on second-hand smoking
  - Awareness on smokeless tobacco
- (2) Advocacy for developing, formulating and implementing legal and administrative measures to control tobacco use
  - Formulation and enforcement of comprehensive tobacco control law that among others, includes:
    - (i) smoke-free environment;
    - (ii) tobacco health warnings;
    - (iii) ban on all types of advertisements, promotion and sponsorship;
    - (iv) tax measures; and
    - (v) tobacco cessation services.



- (3) Improve patient-provider communication and counseling to help tobacco users to quit through:
  - Cessation services in the health settings; and
  - Cessation services in the community.

## **4.2 Target groups**

Planning for any communication programme begins with identifying and analyzing the target audience whose behaviour needs to be changed to achieve the programme objectives. It is recognized that behaviour change is equally a societal process as it is an individual decision making process that needs the communication to reach multiple audience groups. For any programme, the target audience may be primary and secondary. For example, if the primary target audience is young smokers, the secondary audience might be families, communities, teachers etc. The success of any communication programme depends on the right analysis of the target audience, their knowledge and attitude about tobacco and smoking, what they already know and their existing pattern of behaviour, their belief and perception with regard to tobacco use. At the same time finding out the secondary target audience – who are the people in the community having an influence on the behaviour of the young smokers – is also important to design the communication activities.

So, before planning any communication programme an assessment and analysis may identify who are the primary and secondary audiences and what evidence and knowledge they need to make the changes. Through analysis, the audience can be divided into different segments according to their communication and information needs. Audience segmentation is necessary to deliver more specific and appropriate messages to the group. Where a broader range of message receivers is involved, development of more generic messages may be considered to avoid prejudicing any group among the broader population.

From this point of view, socio-cultural research can be used for the development of communication activities which are culturally appropriate to the situation.

### **4.3 Identifying barriers for target behaviour**

Having defined the target groups and the communication objectives, the next step is to use the available knowledge and information to identify the potential barriers to achieve the communication and behavioural objectives. This might be done through different methods of participatory learning like Participatory Rapid Appraisal (PRA), focus group discussions and other methods of appraisal for understanding the knowledge, experience and skill.

### **4.4 Identifying approaches to address the barriers**

After recognizing the barriers to be addressed, the next step is to identify the relevant communication approaches. It might be a specific approach or a mix of three approaches of communication (BCC, social mobilization and advocacy) that may be used depending on the needs of the target audience.

### **4.5 Designing and developing messages**

After collecting information on the target audience and potential barriers to change, the best communication materials to be used need to be determined. The outcome of the audience analysis and the communication objective will guide the whole process of message / material development. However, for message / material development, the following steps should be followed as far as possible:

- Drafting the message keeping the objectives and the potential obstacles for its acceptance;
- Defining the tone of the message; and
- Pre-testing the message/ materials.

Pre-testing the draft message and materials can help determine whether the materials and messages are acceptable to the target audience and the individuals who will be disseminating and distributing them. Pre-testing draft ensures that the messages or materials are appropriate.

The main purpose of this process is to develop simple, accurate and consistent messages to ensure their appropriateness to the cultural, spiritual, linguistic and demographic orientation of the intended audience. Integration

of creative and persuasive appeals in messages may help stimulate interest and intellectual and emotional involvement of the audience.

The most effective messages will:

- (1) promote benefits that people really want;
- (2) persuade people that they have the ability to change;
- (3) convince people that the change is socially acceptable and even popular; and
- (4) come from a source which is credible for the target group.

#### **4.6 Selecting suitable channels and tools**

Communication channels are used to access the target groups with the intended messages. While the profiles of the target groups are indicative of how they can be reached, it is important to understand the mechanisms to be adopted for reaching each target group. Message delivery mechanisms should be appropriate for the intended audience and ideally, messages should be delivered on a range of interpersonal and mass media as far as possible to stimulate interest and ensure message retention. Delivering messages at optimum times, with appropriate frequency is crucial to maintain 'top of mind' association.

The most effective approaches are multimedia. Communication is not simply a question of using the organized (mass) media, however powerful they may be. Communication makes use of other formal and informal channels including interpersonal channels.

#### **4.7 Evaluate the communication programme**

The design of the communication programme needs to include monitoring and evaluation activities to measure progress, identify problems and to determine the achievement of the communication objectives. Evaluation may look at processes and outcomes. Process evaluation will often be qualitative in nature and analyze managerial, technical and organizational aspects of a communication activity or programme. Outcome evaluation may often use qualitative and quantitative methods and will assess whether the objectives of the communication activity or programme were achieved.

## Strategic Framework of communication for tobacco control

Communication objectives	Target groups	Key barriers	Communication approach	Key Message	Media/Channels/Activities
Awareness raising	<p><b>Primary</b></p> <ul style="list-style-type: none"> <li>-Smokers</li> <li>-Users of other tobacco products</li> <li>-Youth and vulnerable groups</li> </ul> <p><b>Secondary</b></p> <ul style="list-style-type: none"> <li>-Parents/families</li> <li>-Teachers</li> <li>-Employers/managers</li> <li>-Community leaders</li> <li>-Media</li> </ul>	<ul style="list-style-type: none"> <li>- Low risk perception</li> <li>- Misconceptions about tobacco use</li> <li>- Following social customs</li> <li>- Perceived values and glamour associated with smoking</li> </ul>	<ul style="list-style-type: none"> <li>- BCC</li> <li>- Social mobilization</li> <li>- Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>- Harmful effects of (diseases caused by) tobacco and tobacco smoke on health (on users, family members, children, peer groups, co-workers and others).</li> <li>- Economic and social cost of tobacco use.</li> <li>- Demystification and de-glamourization of tobacco use.</li> <li>- Dispelling the misconceptions</li> <li>- Quitting tobacco is not difficult.</li> </ul>	<ul style="list-style-type: none"> <li>- Mass media</li> <li>- Folk media</li> <li>- Inter personal communication (IPC)</li> <li>- Community media (community-based organizations, youth clubs, networks, religious institutions, community gatherings i.e. fairs, hatts)</li> <li>- Outdoor media (billboard, banners, stickers etc.).</li> <li>- Celebrities, goodwill ambassadors, previous tobacco users.</li> <li>- Partnership with other development communication programmes (child health, reproductive health, TB and cancer control programme etc).</li> </ul>
Advocacy	<p><b>Primary</b></p> <ul style="list-style-type: none"> <li>- Policy makers</li> <li>- Community leaders</li> <li>- Local leaders and opinion leaders</li> </ul> <p><b>Secondary</b></p> <ul style="list-style-type: none"> <li>- Civil society organizations</li> <li>- NGOs</li> <li>- Media</li> </ul>	<ul style="list-style-type: none"> <li>- Competing priorities</li> <li>- Lack of relevant information</li> <li>- Misinformation on tobacco tax revenue and employment</li> <li>- Lack of initiative for social change</li> </ul>	<ul style="list-style-type: none"> <li>- Advocacy</li> <li>- Social Mobilization</li> </ul>	<ul style="list-style-type: none"> <li>- Socio-economic and health cost of tobacco farming, processing, and use.</li> <li>- Comparative account of cost and benefits (revenues, employment).</li> <li>- Prospects for crop diversification and alternative employment</li> <li>- International initiatives on tobacco control</li> <li>- Best practices and public instruments around the Region/world</li> </ul>	<ul style="list-style-type: none"> <li>- Mass media</li> <li>- Research reports, fact sheets</li> <li>- Workshops, press conferences</li> <li>- Intersectoral partnership with civil society, NGOs, advocacy groups, (human rights, environmental groups) media, political parties.</li> </ul>
Cessation services	<p><b>Primary</b></p> <ul style="list-style-type: none"> <li>- Tobacco users</li> <li>- Patients</li> <li>- Providers of counseling and other services</li> <li>- Health professionals</li> </ul> <p><b>Secondary</b></p> <ul style="list-style-type: none"> <li>- Families of tobacco users and patients</li> <li>- Health managers</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of information about the services</li> <li>- Previous bad experience with health services</li> <li>- Poor communication skills</li> </ul>	<ul style="list-style-type: none"> <li>- BCC</li> <li>- Social mobilization</li> </ul>	<ul style="list-style-type: none"> <li>- Availability of cessation services in community and in clinics</li> <li>- Importance of quitting tobacco use</li> <li>- Proper counseling techniques</li> </ul>	<ul style="list-style-type: none"> <li>- Mass media,</li> <li>- Display and print media, role models, Intersectoral partnership with NGOs, community based organizations (CBOs), religious institutions.</li> </ul>

## **5. Key elements of successful communication for tobacco control**

### **5.1 Channels and tools for communication programmes**

Media planning and research is required to ensure the message reaches the target audience with optimum impact and frequency. However, review of the communication plan and activities targeted to behavioural and social change suggests that communication activities are more successful when consistent messages are conveyed through a mix of channels and tools, specially combining the community media (interpersonal communication) with mass media programmes.

### **5.2 Community-based communication**

A range of communication activities can be carried out using participatory and interpersonal communication tools and community media like folk media, theatre, folk songs and festivals. The success of this communication requires the active involvement of the participants in the communication development process.

Class rooms provide a great opportunity for education and behaviour development in relation to tobacco use. School-based learning may be linked with extracurricular activities of the students, teachers and parents. This needs the capacity development of the teachers and instructors.

### **5.3 Mass media campaign**

The mass media can be a strong source of information for raising awareness, building knowledge and influencing public opinion. The following devices can be used for tobacco control communication:

Electronic media - Radio, television, video, film, internet.

Print media - Newspapers, newsletters, fact sheets, handouts, posters, research findings and reports.

- Outdoor media - Bill boards, stickers, buttons and promotional items, messages placed inside vehicles and buildings.

## **5.4 Partnerships in communication**

Successful implementation of the communication strategy, among other things, relies heavily on mobilizing the strengths of other sectors through a partnership approach. Partners may include the public and private sector including workplaces, the media, celebrities, civil society, police and enforcement services, educational institutions, religious societies, youth clubs and faith-based organizations etc.

Partnership with the media is very important and requires building capacity of the media through information sharing, training and advocacy.

## **5.5 Research in communication process**

Research has an essential role to play at each critical step of the process of planning, implementation and evaluation of a communication programme. During planning, research can provide necessary strategic information. During implementation, it can be used for developing messages and materials appropriate to the target audience (knowledge of the audience, pre-testing) and eventually for resolving unexpected problems. Research is also essential in monitoring and evaluating the activity.

## **5.6 Capacity building and resources**

Implementation of the communication strategy for tobacco control programme is very challenging and requires continuous development of the capacity for communication planning and execution team. Communication programmes need to be provided with necessary resources to be able to contribute significantly to tobacco control through building awareness, advocating for continuous support for policies and resources among the partners and decision makers.

## 6. Conclusion

Communication is central to the effective functioning of any programme related to behaviour change and development. It is increasingly being used as a strategic tool rather than simply a means of conveying information. Moreover, rapid change in ideas and technology offer new and effective ways to communicate with the target audience.

A communication strategy is very important for designing and implementing effective communication activities for the tobacco control programme as it maximizes the potential of communication for achieving programme goals. Since communication activities are not an end in itself, the strategy should be aligned with the main programme. The strategy should serve as a dynamic document that is expected to support the Member States to develop their own communication plan for tobacco control and to recognize the changing context of the programme. It should also help to further integrate the communication aspect with programme objectives and raise the impact of this important element of the programme.

## References

1. Institute of Development Studies, *AIDS Communication Approaches* - <http://www.eldis.org/index.cfm?objectId=0AFB67F0-0968-F6B3-F3C256364D594D3D> searched on 24 May 2009.
2. Exchange (Health Communication), *Approaches to HIV and AIDS communication strategies* <http://www.healthcomms.org/comms/hiv-aids/hiv02.html>- searched on 25 May 2009.
3. Overseas Development Institute (ODI) - *Successful Communication Strategy - How to write a Communication Strategy* C:\Documents and Settings\islamas\Desktop\Successful Communication Tool - How to Write a Communications Strategy.mht-searched on 25 May 2009.
4. Johns Hopkins Bloomberg School of Public Health - The Info project - for *Tools Behaviour Change Communication*-<http://www.infoforhealth.org/inforeports/index.shtml> searched on 26 May 2009.
5. UNICEF, Regional Office for South-East Asia (2005) - *Strategic Communication for Behaviour and Social Change*, New Delhi.
6. Piotrow, P.T. et al (1997) – *Health Communication – Lessons from Family Planning and Reproductive Health*, PRAEGER, London.

Reducing the use of tobacco is a complex task as it involves enormous socio-cultural and health dimensions. It requires a multi-sectoral and integrated approach that includes consistent and continuous communication for behavioural and social change. Communication as such, is a strategic process to influence individual and group behaviour that needs systematic planning and implementation.

This document tends to define the framework and the key elements of communication for tobacco control to be used in the Member States of the South-East Asia Region. It focuses on the major approaches of communication and guiding principles for planning and using the communication components for designing the effective communication for tobacco control programme. It suggests a model for communication planning based on communication objectives, target groups and potential barriers which determines the communication approach, message development and selection of media. It emphasizes on the importance of using media mix, partnership, capacity building and regular evaluation of communication activities.



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