Communication & Behavior Change Strategies Tobacco Control Case

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ISP Sesi 6
Session objectives

After following this session, students will be able to:

- Understand the concept of health communication
- Analysis of BCC
- Discuss the behavior change strategies
- Identify organizational and community strategy for behavior change
- Construct the determinants of health related to tobacco control
- Appraise the trans-theoretical model of behavior change as basic principle of smoking cessation
HEALTH COMMUNICATION & BCC – BEHAVIOR CHANGE COMMUNICATION
Communication can be defined as the process by which people share ideas, experience, knowledge and feelings through the transmission of symbolic messages.

The means of communication are usually spoken or written words, pictures or symbols.

But we also give information through body language, gestures, and looks, facial expressions can show how we feel and what we think about an issue or another person.

Communication: “How people use messages to generate meanings within and across various contexts, cultures, channels and media” (U.S. Department of Education).
Health Communication

- The art and technique in informing, influencing and motivating individual, institutional, and public audience about important health issues*

- The study and use of communication strategies to inform and influence individual and community decisions that enhance health*

- A multifaceted and multidisciplinary approach to reach different audiences and shared health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt, sustain a behavior, practice or policy that will ultimately improve health outcome**
Flow of communication

**SENDER**
- Formulate objective
- Select medium
- Encode message

**RECEIVER**
- Decode message
- Process information
- Formulate objective
- Select medium
- Prepare response

- Transmit
- Noise
- Transmit
- Noise
Communication – Health Communication
FACT

• Many information $\rightarrow$ virtual world
• Mind is limited and does not like to change $\rightarrow$ absorbed less and does not like complicated information $\rightarrow$ information goes to short term memory $\rightarrow$ brain select them which one that entering to long term memory
• Study in 2000: 83% respondent knew the impact of eating sweet and fat, but only 42% tried to change their diet

...attractive message – $\rightarrow$

...keep it short and simple $\rightarrow$
Steps for developing BCC

Step 1:
Analysis, it involves:
✓ defining the health problem,
✓ the intended audience, and
✓ communication needs.

Step 2
Strategic design
– Establish SMART (specific, measurable, appropriate, realistic, time bound)
– Develop a conceptual framework
– Select indicator
– Choose communication channels
– Develop a creative brief
– Build an implementation plan
Steps for developing BCC

Step 3: Development and pre testing

– Choose type of appeal and tone
– Obtain creative talent
– Pre test messages and materials
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Step 4: Implementation and Monitoring

- During this step the manager of the BCC program makes sure that each program component is developed as planned and that each product reaches the correct destination on time.
- Implementation can typically involve distributing print materials, broadcasting radio and television messages, or conducting community meetings or individual counseling sessions.
- When launching the program, program managers can engage the media to obtain maximum news coverage of the program.
- News coverage often is people’s first source of information. Kickoff events and press conferences are good ways to get the news media’s attention
Steps for developing BCC

Step 5
Evaluation

Evaluation assesses program achievements and how well the program has met its objectives.

It can measure the extent to which observed changes in outcomes can be linked to communication activities: That is, have audience members changed in the ways described by the communication and behavior change objectives?

And is the BCC program responsible for these changes?
Behavioral change strategy
Behavioral change approach

- Information
- Marketing
- Restriction
- Indoctrination
- Regulation

Not forcing

Forcing
**Trans-theoretical theory and the influence of media**

**Stages of Behavioral Change** (Prochaska, 1988):

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Influence of Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre contemplation</td>
<td>Do not willing to change</td>
<td>High</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Already aware or want</td>
<td>High and moderate</td>
</tr>
<tr>
<td>Preparation</td>
<td>Initial step to action</td>
<td>Moderate</td>
</tr>
<tr>
<td>Action</td>
<td>Has changed</td>
<td>Less</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Maintain the new behavior</td>
<td>Less</td>
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Attributes of Effective Health Communication (Fertman & Allensworth. 2010)

- Accuracy
- Availability
- Balance
- Consistency
- Cultural competence
- Evidence based
- Reliability
- Repetition
- Time
- Understandability
<table>
<thead>
<tr>
<th>Influence Variable</th>
<th>Internal process</th>
<th>Result effect</th>
</tr>
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<tbody>
<tr>
<td>Source (who talk)</td>
<td>Attention</td>
<td>Beliefs change</td>
</tr>
<tr>
<td>Message (voice – accuracy)</td>
<td>Comprehension</td>
<td>Attitude Change</td>
</tr>
<tr>
<td>Target (Age? Gender?)</td>
<td>Acceptance</td>
<td>Behavior change</td>
</tr>
<tr>
<td>Channel (Media/method)</td>
<td>Retention</td>
<td>Learning approach message- Petty &amp; Cacioppo (cited in Azwar, 2000)</td>
</tr>
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</table>
Social Marketing

• The use marketing techniques and principles in introducing idea or certain behaviors

• Marketing steps
  o Market research, to determine marketing strategy and its factors
  o Market segmentation
  o Customer’ benefit
  o Four“P’s” on marketing
    ✓ Product
    ✓ Price
    ✓ Place
    ✓ Promotion
Restriction

• Giving restriction to prevent someone doing certain behaviors

• Examples:
  – The benefit of insurance is less for smoker
  – National insurance will not cover mother who deliver at home assisted by traditional birth attendant
Indoctrination

- To ”force” someone to do certain behavior

Example:

Indonesian Army Force involved on National Family Planning Program → they picked women up to the place where they get family planning methods
Regulation

Local:
• Community agreement → petition on smoke free home

Government:
• Health services should provide services for pregnant women
• Each office and building must provide breastfeeding corner
Fakta

Komunikasi

✓ Media campaign is proven effective to help tobacco control on reducing smoker number (Siegel, 2002).

✓ Message development that customized messages based on the audience belief is increasing the target’ willingness to stop smoking (Netemeyer, Andrews, & Burton, 2005)

Kebijakan

• Albert et al (2008) reported that banning smoking in home increases the anti smoking among adolescents and reduce the likelihood of teenagers trying to smoke or become smokers, because they live with people who do not smoke.

• Albert et al research (2008) conducted over four years (2001-2005) in 3834 adolescents in Massachusetts.
Organizational Change
Organizational Change: What should be considered?

Organizational structure:
- Centralization
- Decentralization
- Combined
- Participation in decision making
- Formalization
- Mission
Organizational Change: What should be considered?

Organizational culture:
- typology of organizations
- shared belief
- cultural expression
- health promotion culture
Organizational Change: Stage and Strategy

• Initial assessment:
  – Problem assessment & selection of change goals
  – Force field analysis of driving & restraining forces
  – Choice of tactics for change

• Pre initiation:
  – Choice of change agent with credibility & legitimacy
  – Increase awareness within the organization of the need for change through evaluations and formal & informal discussion

• Initiation:
  – Selection of “top down” or “bottom up” change strategies
  – Specification of any policies or procedures in the changes
Organizational Change: Stage and Strategy

- **Implementation:**
  - Choice of formal & informal communication channels for the change
  - Development of administrative procedures for the change
  - Analysis of driving & restraining forces for implementation
  - Monitoring of change process

- **Institutionalization:**
  - Inclusion of change in strategic plans and organizational goals & objectives
  - Written job descriptions
  - Hiring permanent staff
  - Stable source of funding
COMMUNITY BEHAVIORAL CHANGE
Community Change: approach for social change

- Social change and conventional health promotion program:
  - Stage 1: community analysis
  - Stage 2: designing & initiation
  - Stage 3: implementation
  - Stage 4: program maintainence & consolidation
  - Stage 5: dissemination & re assessment
Strategy for community: Implementation of Smoke Free House Kampong

Quit Tobacco Indonesia works with Provincial & District Health Office

- Community survey
- Qualitative methods for exploring community perception and opinion (in-depth interview, FGD)
- Training for health provider and local leader

Initial program

Community approach
- Join in existing community meeting
  - Women group (PKK)
  - Men group
  - Wife and husband (separate and couple)
  - Youth
  - Community leader
- Coordination meeting

Local policy development
- Agreement on establishing local regulation
- Issued a petition

Multilevel Intervention
Health Promotion Target: Multi Level

- Individual: knowledge, attitude, behavior
- Organization: policy, practices, programs, facilities, and resources
- Community: policy, practices, programs, facilities, and resources
- Government: policies, programs, facilities, resources, coordination / legislation, regulations and strengthening

ANC

Puskesmas' (Primary Health Care) program on pregnant woman

Agreement to implement the Desa Siaga (Alert village) and social assistance and monitoring of pregnant women regularly

Jampersal (delivery insurance) Policy
**Multilevel Health Promotion Approaches: The Example of Healthy Eating**

*(Naido and Wills, 1994)*

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<th>Aims</th>
<th>Methods</th>
<th>Worker/client relationship</th>
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<td>Medical</td>
<td>To identify those at risk from disease</td>
<td>Primary health care consultation, e.g. measurement of BMI</td>
<td>Expert led. Passive, conforming client</td>
</tr>
<tr>
<td>Behaviour change</td>
<td>To encourage individuals to take responsibility for their own health and choose healthier lifestyle</td>
<td>Persuasion through one-to-one advice information, mass campaigns, e.g. “Look after your heart’, dietary message</td>
<td>Expert led. Dependent client. Victim blaming ideology</td>
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<td>Educational</td>
<td>To increase knowledge and skills about healthy life styles</td>
<td>Information, Exploration of attitudes through small group work, Development of skills, e.g. women’s health group</td>
<td>May be expert led. May also involve client in negotiation of issues for discussion</td>
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<td>Empowerment</td>
<td>To work with clients or communities to meet their perceived needs</td>
<td>Advocacy, Negotiation, Networking, Facilitation, e.g. food co-op, fat women’s group</td>
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<td>Social change</td>
<td>To address inequalities in health based on class, race, gender and geography</td>
<td>Development of organizational policy, e.g. hospital catering policy. Public health legislation, e.g. food labeling. Lobbying fiscal controls, e.g. subsidy to farmers to produce lean meat</td>
<td>Entails social regulation and is top-down</td>
</tr>
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TOBACCO CONTROL CASE
Tobacco Toll: Tale Of Two Centuries

- 20th Century: 100 Million Deaths (Estimated)
- 21st Century: One Billion Deaths (Projected)

Can We End This Threat By 2050?
UN/WHO Targets For 2025

- Reduce NCD Mortality By 25%
- Reduce Tobacco Consumption In Adults By 30%

Is This Unrealistic? Is This Too Modest?
History of Tobacco in Indonesia

Tempat ditemukannya cengkeh → bahan rokok Kretek → Halmahera

> 1000 industri rokok
Indonesia Business Update

- PMI shipments up 5.6% in first quarter
- A Volution slims line extension for A Mild
- Marlboro market share up 0.6pp in Q1 to 4.6% helped by launch of kretek variant

![Pie chart showing market shares: PMI 28%, Gudang Garam 23%, Djarum 19%, Others 30%]

**Source:** PMI financials, GIMS and AC Nielsen

<table>
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<th>HM Sampoerna</th>
<th>Gudang Garam</th>
<th>Bentoel</th>
</tr>
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<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>H1 2011: Rp24.68t</td>
<td>H1 2012: Rp32.87t</td>
<td>H1 2011: Rp19.85t</td>
</tr>
<tr>
<td><strong>Operating Profit</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Net Profit/Loss</strong></td>
<td>Rp3.79t</td>
<td>Rp4.88t</td>
<td>Rp2.29t</td>
</tr>
</tbody>
</table>
Smoker prevalence in Indonesia

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995*</td>
<td>53.9</td>
<td>1.7</td>
<td>27.2</td>
</tr>
<tr>
<td>2001*</td>
<td>62.9</td>
<td>1.4</td>
<td>31.8</td>
</tr>
<tr>
<td>2004*</td>
<td>63.0</td>
<td>5.0</td>
<td>35.0</td>
</tr>
<tr>
<td>2007**</td>
<td>65.3</td>
<td>5.6</td>
<td>35.4</td>
</tr>
<tr>
<td>2010^</td>
<td>65.9</td>
<td>4.2</td>
<td>34.7</td>
</tr>
<tr>
<td>2011#</td>
<td>67.0</td>
<td>2.7</td>
<td>34.8</td>
</tr>
<tr>
<td>2013(+)</td>
<td>64.9</td>
<td>2.1</td>
<td>29.3</td>
</tr>
</tbody>
</table>

Indonesia is the big five of smoker populous country in the world

146.860.000 population is smoker

* Kosen, Aryastami, Usman, Karyana, Konas Presentation IAKMI XI, 2010
** Ministry of Health, Basic Health Research, 2007 (prevalence of > 10 years old)
*** Ministry of Health, Basic Health Research, 2010 (prevalence of > 15 years old)
Type of tobacco use

Burned

Cigarette

Rokok kretek/Clove cigarette

Bidis

Pipe

Smokeless

chewed

Cigar

Wet inhaled

Shisha

Dry inhaled

Cached/Dikulum
New nicotine products

NRT

Nicotine candy

Nicotine water

E cigarette

Product of Cig Industry

Close monitored

Minimal regulation
Electric Cigarette

This product works as vaporizer, and produces steam from a liquid substance (liquid nicotine).

Exposed to user:
- Liquid extract of nicotine
- Metal
- Cartridge
New era: Vapor

Systematic review:
- Vapor consisted of tobacco (extract) → nicotine (some of them)
- Made by tobacco industry
- The impact of vapor on health is less than original cigarette due to the less chemical substance in the vapor → study still limited and some of them used animal
- The “steam” (what the vapor said) contain chemical, but less then second hand smoke → there has not known the longer effect since the vapor is sill new thing
- In English and Australia vapor is being used for bridging from regular cigarette to quit smoking, but not all countries applied and more than 50 countries ban electronic cigarette/vapor
Indonesia spoiled by tobacco industries

- Money → government, media, politic parties
- Sponsorships → support for political campaign, music, sports (?)
- Facilities

Evidence of the impact of tobacco/cigarette smoking on health and economic has not yet campaign widely → cigarette ads in television and electronic media has not yet banned

The industry marketing “pseudo” evidence to against the scientific evidence → marketing image → Indonesian heritage
Cigarette Marketing and Selling
Tobacco Advertisement
FCTC/Framework convention on tobacco control
Indonesia is the only country in the Asia Pacific Region that has not ratified

- Easy access to buy cigarette → cheap, everywhere and limited regulation
- Everybody can buy cigarette (no age limitation)
- Cigarette advertisements everywhere (include electronic media)
- Tobacco control and regulation are limited
- Smoking is a symbol of hospitality, friendship
- Less regulation on tobacco industries and farming
- There is a rumor that tobacco control activities are funded by pharmacies company
Framework Convention on Tobacco Control (FCTC)

Reduction of demand:
- price and tax measures
- regulation on tobacco contents
- labeling of tobacco product
- tobacco advertisement
- protection from exposure

Reduction of supply:
- illicit trade
- sales to and by minors
- viable alternative activities
Australian Tobacco Control
Multilevel strategy

Increased levels of tobacco dependency

- Specialist clinics

- GPs

- Allied health

- Media campaign

- Legislation

Support quit lines

Intensive interventions

- Pharmacotherapies
  - prescribed
  - non-prescribed

Brief intervention

- Pharmacotherapies
  - non-prescribed

TV campaigns

Taxation, workplace bans, restricted access, health warnings

Pharmacotherapies
Best practice for tobacco control (Seatca, 2007)

- Increasing tax (65%)
- Total ban of cigarette advertisement
- Implementation of smoke free areas
- Increasing the size of pictorial warning package
Policy

Indonesia has not yet ratified FCTC

Tobacco control more decentralized and carried out locally + MPOWER (WHO)

National Regulation on SMOKE FREE AREA (2009) – follow by local regulation (Example: Yogyakarta Governor regulation no 39 2009)

Ministry of Education instruction no 4 1997: Smoke Free School

Governor Yogyakarta regulation no 39 → 7 SMOKE FREE setting

Campaign and dissemination of Smoke free area

Indonesian Gov Reg on Tobacco Control (GRTS) Number 109 2012 about substance protection that contain addictive substance, tobacco effect for health

Regulation cannot be applied in the house hold → private area → SMOKE FREE HOUSE KAMPONG
Perubahan perilaku berdasarkan teori
# TTM in Tobacco Cessation

<table>
<thead>
<tr>
<th>Stage</th>
<th>A tobacco user in this stage…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Gives no thought to quitting use, and has no intention to quit in the near future (i.e., within next 6 months)</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Has begun to examine their tobacco use and desire to quit; Is weighing the pros and cons of quitting tobacco</td>
</tr>
<tr>
<td>Preparation</td>
<td>Has made a commitment to quit (usually within next 30 days), and has begun developing a plan for quitting</td>
</tr>
<tr>
<td>Action</td>
<td>Has put their plan for quitting tobacco into action (&lt; 6 months)</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Has successfully sustained abstinence for at least 6 months</td>
</tr>
</tbody>
</table>
## Tobacco Cessation: A HBM Approach

<table>
<thead>
<tr>
<th>Construct</th>
<th>Definition (for Tobacco Users)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>Tobacco user’s perceived chances of developing smoking-related conditions (i.e., lung cancer, CVD, gum disease, infertility, etc.)</td>
</tr>
<tr>
<td>Perceived Severity</td>
<td>Tobacco user’s beliefs regarding seriousness of various smoking-related conditions and the consequences of these conditions</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>Tobacco user’s belief in the efficacy of the advised action for smoking cessation in reducing various health risks</td>
</tr>
<tr>
<td>Perceived Barriers</td>
<td>Tobacco user’s opinion of the tangible and psychological costs of the advised action for quitting smoking</td>
</tr>
<tr>
<td>Cues to Action</td>
<td>Strategies to activate &quot;readiness&quot; to quit within tobacco user</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>Tobacco user’s confidence in their ability to terminate use of tobacco</td>
</tr>
</tbody>
</table>
Terima kasih atas perhatiannya

Telusuri website berikut untuk mendapatkan bahan presentasi dan sosialisasi tentang dampak rokok terhadap kesehatan, serta pengendalian tembakau secara umum:

www.quittobaccointernational.org

Referensi:

• Fertman, Cl., & Allensworth, DD. 2010 *Health Promotion Program*. San Fransisco, US: A Wiley Imprint
• Fichtenberg, CM & Stanton A Glantz. 2002 Effect of smoke-free workplaces on smoking behavior: a systematic review. *BMJ* 2002;325;188-194
• Keleher, H., MacDougall, C., & Murphy, B. 2007 *Understanding Health Promotion*. Victoria, Australia: Oxford University Press