Dear Editor

Dr Bhat raises an important and pertinent point of health education regarding stopping smoking, especially among those in rural areas\(^1\). However, some issues should be considered before embarking on such an exercise.

The rural scenario is different from the urban. Although many Indian rural people may be poor and illiterate, they are still receptive to new ideas that are presented in the right way. Regarding their illiteracy or low level of education\(^2\), pictorial warnings would be more effective than using written text. Further, legislation could assist passive smokers by preventing their exposure to second-hand smoke, providing bans on smoking in ‘No smoking’ zones were strictly enforced.

Another issue to consider is the preparedness of our health professionals to counsel smokers about quitting the habit, or even to deliver the health education message? Published reports suggest that few doctors are capable of this\(^3\). Attention should be given to the training of medical students, with health education built into the curriculum, before we deputise them to teach the public.

Most important is the example of those who are educated and the informed. In rural India, people hold their doctors in high esteem, offering an opportunity for those doctors to lead by example. However, sadly, there is evidence that doctors and future physicians are tobacco smokers themselves, and that they find it difficult to quit\(^4,7\). We need to kick the butt before we ask others to do so. Unless we do so, any amount of education, warning and pictorial depiction will fail miserably. Before we start to preach, some introspection might reveal whether we are prepared to answer the questions: ‘Doc, why do you ask me to stop/ not
to take up smoking when you yourself smoke?’ or ‘Why are you not able to quit?’

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References


