

**CONCLUSION**

## Chapter- 09

### CONCLUSION

*'Winners don't do different things, they do things differently'.*

- Shiv Kher

Health is a consequence of an individual's lifestyle as well as a factor in determining it. Every one of us, have our own beliefs and practices concerning health and disease irrespective of the area of residence (whether residing in urban or rural areas). Not all cultural practices are harmful. Some of these practices like adequate nutrition, good sleep, regular physical exercise etc are based on centuries of trial and error and have positive values. We have to identify the cultural factors that are deleterious and beneficial. The primary health workers and school teachers can play a vital role in creating the awareness on the adverse effects of deleterious cultural practices among the general population and students. The mass media in the form of radio, television, newspapers, health exhibitions, role plays etc. go a long way in changing the attitude and behaviour of the people and this demands more patience as well as persistence from the health care workers, as the cultural practices are deep rooted and requires a very long time to change or modify.

**Tobacco and Arecanut use in Gujarat is almost at the same level as rest of India but significantly higher among the poor. Smoking is comparatively low among women compared to men. The commercial products of Tobacco and Arecanut chewing is increasing among men, children and adolescents possibly due to the smoking ban in public places and also tobacco industry strategies to shift their focus to smokeless tobacco products which is not affected by current tobacco control policies. Tobacco use leads to many chronic non-communicable diseases, treatment of which puts economic burden on the people pulling them below the poverty line. Tobacco control therefore should be a top priority not only as a health issue but as a poverty reduction issue. Any poverty alleviation programme cannot ignore the potential impoverishment associated with tobacco use. Gujarat with a very strong decentralized government has a very good opportunity to address tobacco control as a priority at the grass root level.**

**In conclusion, the observations of the present survey indicate a downward shift in the age at uptake of tobacco and arecanut habit by children and a rising prevalence among females. More such research surveys need to be carried out in other large cities and states of the country in order to build a comprehensive database for future policy decisions on anti-tobacco arecanut campaigns.**

**To tackle these problems, few recommendations are suggested:**

1. Oral health education programmes in regional /vernacular languages should be organized & must be projected in the electric & pint Media.
2. People at large should be educated about adverse effects of Tobacco and its consequences on oral health as well as general health of an individual.
3. Educational institutions should be advised to implement Tobacco & Arecanut related education in schools and colleges.
4. Documentary films on Tobacco and Arecanut and their harmful effects should be telecasted frequently. The projection of this films should be made at public places such as railway stations, bus stands etc.
5. Government should impose ban on advertisement of promotion of Tobacco and Areca nut products in media and in cinema theatre.
6. Heavy taxes should be imposed on sales of Tobacco and Areca nut related products.
7. Tobacco cultivation should be reduced. The farmers should be encouraged to go for other alternative crops.
8. The subjects who sell Tobacco products should be provided with viable alternatives to earn their livelihood.
9. Use of Tobacco and Arecanut related products should be banned in public places.

**10. Slogan like “Say No to Tobacco and Arecanut” - should be used / implemented for awareness.**