

Communication through Advocacy Advertising for Public Health Promotion

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This research work is an investigation into the reception of anti-smoking advertisements that make use of “fear appeals”. The objective of the research is to bring audience perceptions, interpretations and making sense processes of such advertising campaigns to the limelight. Instead of measuring effects or effectiveness of anti-smoking messages using shocking images, this project has at its basis the assumption of an active audience that interprets, makes sense and decodes media texts in various ways. Research methods used in this study are qualitative by nature. Research findings show that the prospective audience champion the use of anti-smoking advertisements and see the use of fear appeals as a one-way road to drawing the audience’s attention, they nevertheless perceive these communication efforts in a highly individualized manner, resisting to advertising techniques of persuasion and showing signs of desensitization towards fear appeals. Findings show that advocacy advertising using fear appeals are always decoded within the wider media context and the identity of smokers themselves often nourished by media representations of smoking, which plays an role in the way the audience gives different interpretations and relates to these messages.

Keywords: Advocacy advertising, advertising campaign, anti-smoking, fear appeal

Indian People in particular and the countries all around the world in general walk everyday next to posters in the streets, watch television advertisements and hear jingles or radio announcements about practicing safer sex, planning their family life, saving the planet, reducing their alcohol or cigarette consumption and so on. Public service communication campaigns are very commonly used to reach the mass audience about important social issues. Cigarette smoking traditionally has been considered to be a serious threat to public health and therefore, there always has been great interest in developing and implementing effective anti-smoking campaigns for reducing the prevalence of smoking. “One approach is to enact laws and regulations which restrict opportunities for smoking or raise its costs.

Communication campaigns in India and also in countries all over the world communicate the message that people cease from using tobacco products, via anti - smoking television advertisements (public service announcements) supported by printed advertisements in magazines, the daily newspapers and posters in busy city streets . Various studies have

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explored the efficacy of such anti-smoking Public Service Announcements (some of them arguing for and some of them against their potential to lead to healthier behaviour, namely smoking cessation) and others have focused more on their content, although their internal components remain relatively under-explored (Beaudoin, 2002).

More aggressive advertising strategies appear to be more effective for reducing tobacco consumption. Emotional appeals, and especially appeals to fear, widely used in health promotion campaigns and anti-smoking advertising in particular (which is the basis of this research report), are another ‘useful social construct’ for examining anti-smoking Public Service Announcements (Beaudoin, 2002) and their effectiveness has been widely researched as well. Fear appeals are described as: “a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protection action (e.g. stop smoking). Fear arousal is an unpleasant emotional state triggered by the perception of threatening stimuli.”

This piece of research aims at investigating the way in which one specific part of the audience, namely young adult smokers, make sense of this somewhat unique kind of advertising (anti-smoking advertising using appeals to fear) in their everyday lives and within the broader media environment. This is not a study of effects or a measurement of the advertisements’ effectiveness in getting people to quit smoking; it is a qualitative study that seeks for an in-depth exploration of the active involvement and diverse interpretations of the audience, with a deep understanding of how these intersect and can be influenced by the audience’s personal characteristics, their involvement with wider media representations and discourses around smoking and health in general, and finally, by the interaction of the audience with anti-smoking advertisements as texts open for interpretation.

Therefore, this paper tries to shed light on an area that remains under-explored in media and health promotion research moving away from effects and quantitative measurement of the ‘success’ or ‘failure’ of public communication campaigns promoting healthy behaviors, it tries to put the audience into the spotlight for a deeper understanding of the audience’s point of view when receiving and making sense of these texts, proposing for a more qualitative approach when trying to understand how best to communicate health to the public via advertising.

Theoretical Framework

This research is mainly framed by the reception approach of the audience; in investigating the reception of shocking anti-smoking advertisements, the audience is put into the spotlight and, rather than searching or measuring (quantitatively) for ‘effects’, the audience’s engagement with hard-hitting anti-smoking advertising material will be investigated. Instead of using one single theory or relying on the work of one key theorist, this research tries to make use of several key concepts stemming from the work of many scholars.

Hypotheses

H1: This research has at its basis the assumption or the hypothesis of an ‘active audience’ that interprets, makes sense and decodes media texts in various ways.

H2: It also assumes that shocking anti-smoking advertisements are never received and decoded in isolation from the wider media environment, recognizing therefore the importance of the viewing context and the social and personal characteristics of their audiences.

Objectives

- (i) To highlight the ways in which the audience, as well as trained consumers, understand and find useful, if at all, public communication efforts and social marketing techniques and test the belief of several scholars that these propose mainly individual solutions to a social problem like smoking, linked with deeper rooted social problems.
- (ii) To investigate and highlight the ways that the audience not only decodes but also emotionally relates and copes with hard-hitting images used in antismoking campaigns.
- (iii) To find out if the audience finds these really 'shocking' or 'hard-hitting' or if claims about desensitization towards powerful images can be justified.
- (iv) Using the concept of identity in combination with theories of social representations the researcher also investigate the way that media representations of smoking (whether positive or negative) influence the perceptions of the audience about smoking, how this interferes with the formation of their own identity as smokers and how that, in turn, lays a role in receiving and understanding hard-hitting anti-smoking advertisements.

Research Questions

- (i) How do young smokers make sense of anti-smoking advertisements using fear appeals?
- (ii) How do young smokers understand these communication efforts within the wider media environment?
- (iii) How do they process emotionally fear appeals? Are these advertisements really shocking?
- (iv) What other feelings or emotions are involved in the process of decoding such messages?
- (v) How is their identity as smokers influenced, if at all, by media constructions and representations of smoking?
- (vi) How does the way they see themselves as smokers and the way others see them-in turn, influence the way they make sense of antismoking advertisements?

Research Design and Methodology

Going beyond the quantitative measurement of 'effects' of shocking anti-smoking campaigns, to the understanding of how audiences make-sense of these in their everyday lives and within the broader media environment, requires more qualitative approaches where audience views and interpretations are well documented and analysed. This piece of research does not include an analysis of the advertisements themselves as texts (be it in image or film form) nor does it include any form of quantitative measurement of their content. However,

carrying out this piece of research meant taking up a wide research and detailed reading of many existing studies on anti-smoking advertisements' content and textual characteristics.

The main method used in this research is that of qualitative interviewing chosen as the best suited method for the reasons explained in the section that follows. Fifty individual interviews were carried out with twenty five male and the rest female respondents from B.B. Ambedkar Central University, the city of Lucknow, Uttar Pradesh. After these, the respondents had already taken part in the individual interviews, were asked to participate in one more individual follow-up interview, where they were shown two clips of a recent anti-smoking campaign as stimuli to liven up the discussion and bring to light viewpoints and perceptions that might have remained uncovered during the first series of interviews.

Public Health Communication Campaigns

Public health communication campaigns are communication efforts to improve the lives of individuals and the fabric of our society very commonly used to reach and inform the 'mass' audience about important social issues, they are called public in the sense of excluding no one from their messages and also in the sense of addressing the audience as citizens, as an 'active public' who have to choose to be persuaded to take action on a social problem (Roser & Thompson, 1995). Communication that aims at influencing complex and persistent behaviour of the audience must perform three functions: inform audiences about these behaviour and their consequences, persuade audiences to cease or avoid those behavior and finally, train audiences in skills necessary to translate intention into action. The media offer economy and uniformity in mass distribution that make them highly attractive options for communicators wishing to influence widespread behaviour change.

Table 1. Health communication process

One to One Communication	One to many communication	Backdrop Communication	Key message using mass media
Dialogue	Small media	Particular approach	Foreground communication

Social Advertising: A Tool for Health Promotion

Public communication campaigns have been used broadly for the promotion of healthy attitudes and behaviours. The majority of the Indian population are familiar with public health communication efforts, communicated mainly via television advertisements - known as Public Service Announcements or PSA's. Myriad of studies have explored the efficacy of such public service announcements that have often caused controversies and public discussion about their appropriateness and efficacy. Public Service Advertising is a highly visible communications strategy used to promote health and other issues of public interest and concern; "the pervasiveness of advertising makes it seem powerful and useful for health promotion" (Dorfman & Wallack, 1993). Health promoters turn to a number of disciplines (communication theory, social psychology and so on) in order to make best use of the media (Hastings & Haywood, 1991) and thus, promote health to a mass audience more effectively; recently, much has been written about commercial marketing as yet another source of insight for more effective campaigns for social issues and especially public health

promotion (Hastings & Haywood, 1991: 135). Often the term social advertising is used synonymously with mass media campaigns for health promotion or for shaping attitudes on other social issues (Hastings & McDermott, 2006; Chapman et al, 1993). The first formal definition of social marketing was that of Kotler and Zaltman (1971):

“Social advertising is the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research.”

Anderson (1994: 110) proposes a revised definition that seems better suited for the application of social advertising to public communication campaigns: “Social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are part.” Marketing technologies - used heavily by the tobacco industry itself to ‘sell’ smoking as fun, stylish, cool- are this time being used to ‘sell’ healthy behavior and good health or self empowerment becomes the product advertised and promoted” (Hastings & Haywood, 1991: 140). Perhaps the most useful perspective social marketing gives to public health communication campaigns is the focus on the audience; as Hastings and Haywood (1991: 144) say: “To communicate successfully we have to understand our audience’s point of view, we have to climb into their skins and walk around in them. The consumer orientation that underpins social advertising is a good starting point for doing this.”

Social advertising proponents argue that their programs include the development of skills, consumer participation and activism (Chapman et al., 1993: 117) and that all such programs are oriented toward “empowering people to change threats to their health and well-being (including economic and social deprivation, objectionable advertising of health-compromising products, and environmental degradation)” (Chapman et al., 1993). However, not all scholars share the same enthusiasm about the potential of social advertising for more effective and audience/public-centered public communication campaigns. Contrary to the opinion of many scholars advocates of the application of social advertising to health promotion are very skeptical about the ability and power of a practice like advertising used for many years in the service of consumerism and individualism to address the audience as a public for a social issue of paramount importance like public health and are also concerned about its ethical dimensions.

Health promotion expert Lawrence Wallack identifies several limitations of the application of social advertising to health communication and promotion efforts: first of all, its close correspondence to more general advertising and marketing practices makes it an approach open to criticism as being manipulative and ethically suspect. Many see social advertising efforts as a form of social control and stress the importance of social responsibility even when it is for people’s ‘own good’. Moreover, social marketing faces the difficult task of reducing the psychological, social, economic and practical distance between the consumer and the behavior (here smoking cessation) and as Wallack argues the limited success of previous health promotion campaigns does not leave room for much optimism (Wallack, 1990b: 158). More importantly, Wallack argues that marketing in any form reflects commercial

values and interests and promotes consumption as a way of life (Chapman 1993); social advertising is promoting single solutions to complex health problems, downplaying or completely ignoring the social conditions that give rise to these problems in the first place.

Literature on Fear Appeal

Fear is a negatively valued emotion (Witte & Allen, 2000); various models and theories have been developed to explain and or describe the factors involved in the processing and making sense of messages using hard-hitting images and appeals to fear; most of them stress the role of not only cognitive but also emotional responses involved in this process. Some of the most important theories about fear appeals are reviewed below. The curvilinear model or drive model (McGuire, 1983; Janis, 1967) suggests that fear acts as a drive to motivate actions up to a certain level of fear arousal beyond which it becomes counter-productive. In simple words, these theories suggest that there is an inverted U -shaped relationship between fear and attitude and therefore moderate levels of fear produce the most attitude change. The parallel response model, proposed by Leventhal (1970), suggests that emotional and cognitive processes are produced separately by fear appeals; emotional factors control the process of controlling the fear of the threat while cognitive factors control the efforts to control the threat itself (whether the proposed behavior change -e.g. smoking cessation-will be enacted).

Roger's (1983) protection motivation theory suggests that the effectiveness of fear-arousing communications is the result of four interacting variables: perceived severity of the threat, the perceived probability of its occurrence, perceived efficacy of the recommended response and perceived self-efficacy (one's beliefs about his/her ability to actually perform the recommended response/action). In this model, the role played by the emotion of fear is restricted to an indirect magnification of the perceived severity of the threat (Hastings et al, 2004). Rogers' model suggests that the four aforementioned variables produce in the individual a 'protection motivation' that determines the degree of behavior change.

Witte's (1998) recent fear appeal theory, extended parallel process model, uses Levanthan's theory as its basis and uses a combination of all above theories to provide a new model that as Witte and Allen (2000) summarize suggests that fear arousal works as follows: first, individuals evaluate their susceptibility to a threat: if a threat is perceived as relevant to them or significant, then they become scared and this fear gives them the motive to take action in order to reduce or control the danger and thus lessen the perceived threat. Therefore, individuals think about the recommended responses advocated in the persuasive message and adopt these as a means to control the danger. Public Service Announcements using fear appeals and health promotion campaigns in general, are only a tiny part of the media messages the audience receives on a daily basis. For this reason, in what follows, the researcher wish to turn the discussion to the wider media context in which they are produced and more importantly received, and focus on the audience itself.

Fear Appeal in Public Health Campaigns

Appeals are widely used in public health communication campaigns and are "a useful social construct for examining anti-smoking television advertisements" (Beaudoin, 2002); emotional

appeals in particular are prevailing in public communication campaigns (DeJong & Atkin, 2008). Recent campaigns aimed at smoking cessation as well as smoking prevention in India and other countries all around the world have used fear-arousing, hard-hitting images, as have campaigns for road safety, prevention of HIV/AIDS, breast self-examinations, exercise promotion and so on.

A large body of research has tried to provide answers as to whether and in what way, if any, threat or fear appeals can persuade the audience to change their health behaviors (Hastings et al, 2004). Some studies recommend against their use (Austin, 2005), while others suggest that fear arousal is integral to persuasive health messages (Witte, 2006). Other studies have investigated the amount of fear evoked in parallel with the resulting amount of attitude or behavior change (Hastings et al, 2008) and have reached different conclusions: some argue that the more fear the more the ‘desired’ effect is achieved while others argue that moderate rather than high levels of fear can actually be more effective.

Apart from the diversity of views regarding their effectiveness, fear appeals, used almost always along with an underlying health campaigns’ emphasis on personal responsibility, have also raised concerns about the ethical dimensions of their use. Fear appeals are rejected by many who according to deontological or duty theory believe that causing anxiety and distress in order to persuade is fundamentally wrong regardless of the cause you are trying to serve or the ultimate societal consequences (Hastings et al, 2009). According to this view, fear appeals should be used to the extent that they allow for personal choice and autonomy. Others, express their ethical concerns regarding the design of health messages that make use of fear appeals in parallel with direct reference to personal responsibility and an implication of culpability if one does not follow the recommended practice; they point out their concerns about the potential of such messages to elicit a negative self-image and identity and also the danger they engender of labeling, blaming or stigmatizing (Guttman & Ressler, 2001). Other scholars express their concerns for what they call the ‘unintended effects’ of health communication campaigns using fear appeals and point out that desensitization might be one of the most common and important of these.

Table 2. Advertisements contain fear appeal components

Threat Component	Number of Ads	Percent of Ads
Threat Severity	33	100
Vulnerability/Susceptibility (print)	7	21
Vulnerability/Susceptibility (Electronic)	33	100
Personal Efficacy	16 (excluding telephone)	49

Media in Health Promotion

The media are deeply embedded in our everyday lives and our lives in turn, are punctuated with mediated experiences (Silverstone, 1999). Within the debate about media power, one can wonder what the role of the mass media could be in promoting the health of the public. Viewpoints on this issue are highly divergent and are supported by a wide spectrum of arguments (Wallack, 1990). At the one end of the spectrum is the argument of those who believe that the media are a “valuable and willing partner” (Wallack, 1990) of health promoters.

From this point of view, the power of the media and positive media representations can be used to inform, activate and ultimately empower audiences regarding public health issues. At the other end, are those who believe that the media can never be an effective channel for communicating and promoting public health; instead they consider them to be a great barrier in this procedure as the media are, as they argue, always driven by profit and the need to sell the greatest number of consumers to advertisers within the culture of consumerism and individualism supported and circulated by the media, any form of public service is a very low priority (Wallack, 1998).

Dorfman and Wallack (1993) argue that often public health communication campaigns in the media themselves are simply a reflection or a consequence of the individualization and commercial culture promoted by the mass media in general. In public health communication campaigns, the deep, complicated roots of problems are virtually ignored in favor of messages that hold the individual person responsible. This is true in the mass media as well. News, entertainment programming, and advertising all tend to hold people responsible when they depict health problems. This may be a reflection of the strong underlying ethic of individualism or it may be a consequence of storytelling conventions that give preference to the “personal angle” over the more complex and less emotion-inducing institutional forces that contribute to health problems. The mass media routinely omit social causal factors for problems.

In relation to understanding health relevant attitudes and behaviors this has led to a focus on a neo-liberal sense of agency, where people themselves are responsible for constructing their identities and biographies and where consumption is recognized as having symbolic significance in this ‘construction’ process (Pavis et al., 1998). “Casting members as individuals is the trademark of modern society” writes Zygmunt Bauman (2002) and continues: “individualization consists in transforming human identity from a given into a task and charging the actors with the responsibility for performing that task and for the consequences (also the side-effects) of their performance”.

Findings

The respondents are of the opinion that they find public health communication campaigns in general useful and necessary; they all agreed when asked that they fully understand and appreciate their reason of existence for the ‘common good’ and understand them as a sign of ‘concern’. Interestingly enough though, all respondents were eager to note that these campaigns would have no impact on them personally and also to demonstrate a ‘knowingness’ toward marketing and advertising practices, that would not allow them to “fall for advertising tricks.

Although anti-smoking campaigns in particular, were also characterised as indispensable for reminding people of the dangers of smoking, at a personal level all respondents believed that these campaigns could not make them, personally, quit smoking for two main reasons: the first one was a decision that only they could make for themselves and secondly, because, as they said, they could see through advertising techniques and that made advertisements less persuasive in their eyes. Closely linked to the ethical concerns about the use of social marketing as a mild form of social control, all interviewees showed

a resistance, at the individual level, of ‘being told what to do’, declaring that their self-determination and a sense of personal autonomy was crucial to them.

Table 3. Confidence intervals for smokers vs. anti-smokers

Variables	Boys	Girls
Anti-smoking media messages	0.89 (0.81-0.98)	0.89 (0.81-0.98)
Actors smoking	1.20 (1.00-1.44)	0.82 (0.65-1.04)
Cigarette brand names	1.75 (1.54-1.99)	1.92 (1.60-2.30)
Newspapers/magazines	1.37 (1.26-1.48)	1.37 (1.26-1.48)
Free cigarettes	2.62 (2.37-2.89)	3.83 (3.32-4.41)
Free bidis	2.37 (2.13-2.63)	2.85 (2.43-3.34)
Cigarette brand name	2.62 (2.39-2.86)	2.62 (2.30-2.99)
Bidi brand name	2.58 (2.35-2.82)	2.76 (2.42-3.16)

Limitations

This research provides findings that have to be considered in light of the limitations involved. First of all, respondents of this study were all young adults that lived or studied in the area of Lucknow, Uttar Pradesh and therefore results may or may not be representative of the general perceptions of the target audience of anti-smoking advertisements.

Also, I believe it is crucial to note that apart from gender, other social and cultural characteristics of the respondents like class, nationality and race were not taken into consideration in this study, however it would be very interesting, if not necessary, to be considered in similar future research. Moreover, qualitative interviewing has proved more difficult than thought at first and this, combined with my own inexperience as a researcher and the fact that many of the respondents were personal acquaintances of mine and at times put too much effort in giving me the data they thought I wanted, could have influenced more or less the above findings. Finally, due to the restrictions placed upon this research, most importantly time, this study did not include an analysis of the media text themselves which would be worthy of analyzing in future studies, with a combination of qualitative and quantitative methods so that both media material and audience reception are investigated.

Another suggestion for future research that could provide interesting findings could be a comparative research between different age groups for an understanding of the different way these might make sense of antismoking, shocking advertising and also a transnational study, using both quantitative and qualitative methods, for the study of texts used and audience perceptions, across countries.

Summary

This piece of research has tried to investigate a widely researched issue and a media and social phenomenon such as shocking and anti-smoking advertising, adapting a more qualitative approach and focusing on the audience’s interpretations, readings and perceptions rather than searching for effects or measuring changes in behaviour. The purpose of the qualitative methods used was to understand how a certain type of audience, young adult smokers, engages with and makes sense of these controversial media texts. Data were rich and the findings were many, however, they can be summed up in the following: the audience engages

actively with anti-smoking advertising using fear appeals as the basic part of public health communication campaigns and diverse interpretations and readings are produced; most of them are emotional rather than cognitive responses and the audience find different ways to produce different and resisting meanings of these messages often facilitated by a positive self-image as smokers nourished by positive media representations of smoking - and to cope with the feelings and emotions these provoke. It would be necessary to confirm these findings by conducting more individual interviews and also group discussions, among the same target audience or using more age groups in order to investigate age differences or similarities. Advertisements themselves as texts, using threat or fear appeals should also be analyzed and useful comparisons could be made between campaigns and audience perceptions from different countries to give an insight of the cultural implications involved in the meaning-making process.

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