Knowledge, Attitude and Practice of Retail Tobacco Vendors and School Personnel on Indian Tobacco Control Laws (COTPA) in Moradabad City, India

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ABSTRACT

Introduction: Tobacco use is a major public health challenge in India. Government of India has taken various initiatives for tobacco control in the country. The "Cigarettes and Other Tobacco Products Act (COTPA)" has been formulated to control this epidemic. School personnel serve as role models for students and have daily interaction with students, while tobacco vendors may influence adolescent tobacco use by making cigarettes easier to procure. Thus, both represent an influential group for tobacco control. So efforts been made to determine the knowledge, attitude and practice of these groups on tobacco control laws in Moradabad city.

Material and Methods: A cross-sectional questionnaire based study carried out on a convenience sample of 250 participants (150 school personnel and 100 shopkeepers) in Moradabad city, U.P. Questionnaire containing 15 items was formulated in local language that included questions related to knowledge, attitude and actions towards tobacco control laws was administered in their work place and duly filled questionnaires were collected.

Results: The awareness of respondents in relation to COTPA ranges between 50-85% whereas, least awareness (51%) was seen in relation to loose cigarettes not to be sold. Statistically significant difference is seen with respect to knowledge, attitude and practice among tobacco vendors and school personnel except presence of shops/schools within 100 yards.

Conclusion: The present study indicates that participants have lesser and inappropriate knowledge and attitude towards COTPA and majority of not taken any step to implement COTPA in their work place

Keywords: Knowledge, Attitude, COTPA, Tobacco

INTRODUCTION

Tobacco has become an ever growing global menace and has emerged as the leading cause of death. Tobacco usage is associated with many of the fatal diseases. Besides its impact on health, usage of tobacco is associated with high social, economic and environmental burden. Nearly two in five (38%) adults in rural areas and one in four (25%) adults in urban areas of India use tobacco in some or the other form.

Awareness about hazardous health effects of tobacco has increased over time owing to widespread campaigns in media, but its role alone towards attainment of tobacco free India remains questionable.³ Adoption of a WHO Framework Convention on Tobacco Control (WHO FCTC) by the World Health Assembly on 24th May 1999 was an important landmark to achieve comprehensive tobacco control worldwide.⁴

World Health Organization (WHO) recommends five policies for controlling tobacco use: smoke-free environments; support programs for tobacco users who wish to stop; health warnings on tobacco packs; bans on the advertising, promotion and sponsorship of tobacco and higher taxation of tobacco (fiscal policies).

India's anti-tobacco legislation first passed at the national level in 1975. India was one of the first few countries that ratified the FCTC. The Government of India formulated "The Cigarettes and Other Tobacco Products COTPA Act (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) on May 18, 2003.²

Motivated by national legislation, the civil society in Chennai organized under the banner of Smoke-free Chennai. Following this, four other jurisdictions Sikkim state, Vilupuram district and Coimbatore city in Tamil Nadu and Shimla city in Himachal Pradesh were declared smoke-free.⁵ A survey of nearly 30,000 persons 10 years and above in both Karnataka and U.P revealed that there was high acceptance of tobacco control measures. Even a higher proportion of tobacco users supported implementation of these measures. Therefore, there is a greater impact on enforcement of tobacco control laws among the people.⁶

As we know that school personnel serve as role models for students, conveyors of tobacco prevention curricula and key opinion-leaders for school tobacco control policies. These individuals have daily interaction with students. They not only strongly support the tobacco control policies but are also ready to work for its successful implementation with proper trainings while tobacco vendors (the one who sells the tobacco) may influence adolescent tobacco use by making cigarettes easier to procure. They are the persons who are directly or indirectly involved in negligence of COTPA Act. Thus, both represent an influential group for tobacco control. Therefore, in the present study, efforts have been made to determine the knowledge, attitude and practice of the school personnel and tobacco vendors on Indian tobacco laws in Moradabad city.

MATERIAL AND METHODS

A cross-sectional questionnaire based study was conducted in Moradabad, to assess the knowledge, attitude and practice of retail tobacco vendors and school personnel on tobacco control laws in India. Prior to conduct of study, ethical approval was

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obtained from the Institutional Ethics and Review Board Kothiwal Dental College and Research Centre, Moradabad.

A questionnaire containing 12 items was formulated in local language that included questions related to knowledge of tobacco control laws in India; attitude and the retail tobacco vendors and school personnel actions towards tobacco control laws in India. The length of the questionnaire was restricted to 15 items only, so that it is convenient for the respondents to answer the questions in 15-20 minutes which would otherwise influence the response.

Pre-testing of the questionnaire was done on small sample of 10 respondents to detect any problem with design like ambiguity of words, inability to understand the questions and many other problems associated with questionnaire. Based on the feedback from the pre-test, the questionnaire was further refined by additions and deletions to make it more appropriate and specific to the aim of the study and hence a valid questionnaire was designed. A convenience sample of 250 participants aged 25-60 years were randomly selected; out of which 150 were school personnel and remaining 100 were shopkeepers. The study comprises of 50 schools and 100 retail shops present within the municipal jurisdiction of Moradabad.

From each school 3 school personnel were selected which includes head master, senior administrator and one instructor of physical training; as it is assumed that these individuals are responsible for implementation of tobacco policies in school. Similarly from each shop, 1 shopkeeper was selected to complete the questionnaire.

Informed consent was taken from participants. The self-administered questionnaires were hand delivered to the participants at their work place and they were instructed to attempt all the questions. The duly filled questionnaires were collected next day or within few days from the respondents.

STATISTICAL ANALYSIS

Statistical Analysis was done using SPSS Version 20. For

comparison of variables, the responses were dichotomized and analyzed using Chi Square test. For all the tests, P value of < 0.05 was considered for statistical significance.

RESULTS

All the 250 participants submitted the duly filled questionnaires. The responses of the school personnel and tobacco vendors regarding knowledge, attitude and practice are represented in Tables 1-3. The awareness of respondents in relation to COTPA ranges between 50-85% whereas, least awareness (51%) were seen in relation to loose cigarettes not to be sold. Statistically significant difference was seen with respect to knowledge, attitude and practice among tobacco vendors and school personnel except presence of shops/schools within 100 yards.

DISCUSSION

Tobacco control Laws are intended to protect and improve public health encompasses various measures to reduce tobacco consumption. Less awareness and negative attitude and practice towards these laws may lead to non-implementation /poor-implementation of the act.

The present study reveals that 75.83% of the participants were aware of ban on smoking in public places which is similar to the findings from Kalaivani et al.⁴ and Bhuputra Panda et al.⁷ where it was found to be 96.2% in Tamilnadu and 80.8% in Odisha. The actual reason for the ban of smoking in public places is to eliminate dangers from secondhand, or "side-stream smoke," to reduce the environmental impact of cigarette butts and to keep young children from picking up on bad habits. By disallowing smoking at public places, it is possible to reduce this habit of smoking among smokers. This in turn will benefit the smokers who have been trying to quit smoking.⁸ 74.66% of the study participants strongly believed that it is right to stop tobacco consumption among public places. In this study tobacco vendors are more aware because they are the ones who sell tobacco products at public places. There is a vigilance of

| Questions | Responses | | Comparison Between 2 Groups | | |
|--|--------------------|--------------------|-----------------------------|--------------|-------|
| | | Total (n=250) | School author- | Tobacco ven- | р |
| | | | ities (n=150) | dors (n=100) | value |
| Where is smoking banned in India? | Public places | 182 (75.83%) | 91(60.67%) | 91(91%) | .000 |
| | Home | 1(50%) | 0(0%) | 1(1%) | |
| | All places | 67(47.33%) | 59(39.33%) | 8(8%) | |
| What is the amount one has to pay if he/she violates | Upto 200 INR | 145(62.5%) | 60(40%) | 85(85%) | .000 |
| the law? | 500 INR | 49(18.16%) | 38(25.33%) | 11(11%) | |
| | 1000 INR | 30(10.5%) | 27(18%) | 3(3%) | |
| | Don't know | 26(8.83%) | 25(16.67%) | 1(1%) | |
| What is the minimum age limit of buying tobacco | Less than 18 yrs | 22(9%) | 12(8%) | 10(10%) | .001 |
| products in India? | 18 years and above | 204(82.83%) | 115(76.67%) | 89(89%) | |
| | 21 years and above | 24(8.16%) | 23(15.33%) | 1(1%) | |
| Are you aware that tobacco products should not be | Yes | 205(78.66%) | 143(95.33%) | 62(62%) | .000 |
| sold within the radius of 100 yards of educational | No | 36(17.5%) | 3(2%) | 33(33%) | |
| institution? | Don't know | 9(3.83%) | 4(2.67%) | 5(5%) | |
| Are you aware that loose cigarette are not to be sold? | Yes | 134(51.83%) | 91(60.67%) | 43(43%) | 0.014 |
| | No | 56(22.66%) | 32(21.33%) | 24(24%) | |
| | Don't know | 60(25.5%) | 27(18%) | 33(33%) | |
| Do you think that tobacco consumption will cause | Yes | 221(85.83%) | 148(98.67%) | 73(73%) | 0.000 |
| adverse health effects? | No | 129(51%) | 81(54%) | 48(48%) | |
| | Don't know | 10(7.83%) | 1(6.67%) | 9(9.0%) | |
| Table-1: Knowledge of | COTPA among Schoo | l personnel and To | bacco Vendors | | |

| | | | Comparison Between Two groups | | | | |
|--|---------------------|-------------|-------------------------------|-----------------|-------|--|--|
| Questions | Responses | Total | School authorities | Tobacco vendors | P | | |
| | | (n=250) | (n=150) | (n=100) | value | | |
| Should govt. impose a ban on the advertisements of tobacco products? | Strongly believe | 217(84.83%) | 142(94.67%) | 75(75%) | 0.000 | | |
| | Strongly disbelieve | 29(13.16%) | 8(5.33%) | 21(21%) | | | |
| | Don't know | 4(2%) | 0(0%) | 4(4%) | | | |
| Do you think warning boards banning sale of tobacco products to minors, placed at the point of sale in shops is effective? | Strongly believe | 82(33.16%) | 47(31.33%) | 35(35%) | 0.017 | | |
| | Strongly disbelieve | 148(59.83%) | 85(56.67%) | 63(63%) | | | |
| | Don't know | 20(7%) | 18(12%) | 2(2%) | | | |
| Do you think it is right to stop tobacco consumption among public places? | Strongly believe | 198(74.66%) | 146(97.33%) | 52(52%) | 0.000 | | |
| | Strongly disbelieve | 38(19%) | 0(0.0%) | 38(38%) | | | |
| | Don't know | 14(6.33%) | 4(2.67%) | 10(10%) | | | |
| Table-2: Attitude of COTPA among School personnel and Tobacco Vendors (n=250) | | | | | | | |

| | | | Comparison Between Two Groups | | | | |
|---|------------|---------------|-------------------------------|-------------------------|---------|--|--|
| Questions | Responses | Total (n=250) | School authorities (n=150) | Tobacco vendors (n=100) | P value | | |
| Have you ever taken any step to | Yes | 101(38.33%) | 73(48.67%) | 28(28%) | 0.022 | | |
| stop tobacco products being sold to | No | 122(51%) | 60(40%) | 62(62%) | | | |
| minors? | Don't know | 27(10.66%) | 17(11.33%) | 10(10%) | | | |
| Have school authorities taken any | Yes | 105(70%) | 105(70.0%) | - | 0.000 | | |
| steps to stop tobacco consumption | No | 38(25%) | 38(25.0%) | - | | | |
| among students? | Don't know | 7(5%) | 7(5.0%) | - | | | |
| Is there any school/ shop selling | Yes | 106(42.83%) | 61(40.67%) | 45(45%) | 0.618 | | |
| tobacco within 100 yards from | No | 129(51%) | 81(54%) | 48(48%) | | | |
| school? | Don't know | 15(6.16%) | 8(5.33%) | 7(7%) | | | |
| Table-3: Practice of COTPA among School personnel and Tobacco Vendors (n=250) | | | | | | | |

police near public places who warns the people, especially nearby shops selling tobacco products.

In this study, around 62.5% of the participants were much aware of penalty for violating the act. The findings of this study is much different from the findings of study observed by A.R. Rao et al.³ and Pushparaja Shetty et al.⁹ where it was only 37.9% in A.P and 45% in Manglore city respectively. Defying the ban by smoking in public places such as streets, parks or government complexes will be fined up to 200 rupees and increased up to 1000. The same fine applies to vendors who sell tobacco to minors (under–18–year–olds). This is the reason that tobacco vendors are more aware because they have the first hand information from seeing the public being punished for smoking in public places.

82.83% of the participants were aware of the legal age of buying tobacco products which is similar (88%) to findings from Kalaivani etal.⁴ Tobacco use often begins before adulthood. The global youth tobacco survey shows that a disturbingly high number of school children between the age of 13 and 15 years are currently using or have tried tobacco. Recent research suggests that some adolescents begin to experience loss of control over their smoking within weeks of smoking the first cigarette.¹¹ Many use tobacco products to treat toothache, headache and stomach ache. This false impression promotes tobacco use among youths.¹² Delaying the age of using the first cigarette by youngsters can reduce the risk of becoming the daily users of tobacco and increase their chances of successfully quitting, if they do become regular users.¹³

Greater awareness was seen in tobacco vendors because they are the one who sell tobacco, so they should know the tobacco control laws which states that "Sale of tobacco products to person under the age of 18 years is prohibited" if sold then they

will be punished with fine up to Rs.500 and can be extended upto Rs 1000 and imprisonment upto 2 years.¹⁴ So this can be the main reason that makes them more aware.

About 78.66% of participants were aware of tobacco products not to be sold within the radius of 100 yards of educational institutions. The findings of this study were contradictory to the findings from A.R. Rao et al² and Rakesh Kumar et al¹⁵ where it was found to be 18.9% in Andhra Pradesh and 18.6% in Haryana city respectively."In order to restrict access of youth for tobacco products, the sale of the tobacco is prohibited in an area within radius of 100 yards of any educational institution.¹⁶ Curiosity and peer pressure are the main reasons for experimenting with tobacco during adolescence.¹⁴ If a shop selling tobacco products will be close to any institution, the students of that institution will have immediate and easy access to tobacco products so there will be more chances of experimenting tobacco consumption.¹⁷ 51.83% of participants were aware that loose cigarettes should not to be sold. There is a lack of information in this regard among the study sample as the law is implemented recently in India in the year 2015. Selling of single cigarettes, also known loosies is of potentially great concern to the field of tobacco control. Loosies allow for those with fewer resources, especially who are under-age to buy cigarettes without having to purchase a whole pack. So India's ministry of health banned the sale of loose cigarettes, which is a big blow to tobacco companies because an overwhelming (70%) of the cigarettes sold in India are loose. 18 The awareness in this regard was seen more in school authorities because this law of imposing ban on loose cigarettes was recently enforced and school authorities being well educated, get the latest knowledge and news from the various media like newspapers and televisions making them well versed with the latest laws imposed by the government.

Around 85.83% of participants were aware of some adverse health problems associated due to tobacco consumption which is in accordance to findings from Rao A.R et al.³, Sharma et al.¹⁹, Suraj et al.²⁰; but contrast to the study done by Shetty et al⁹. School authorities are more aware because they are more literate than shopkeepers. They get the information by reading newspapers, magazines etc. The school curriculum also includes physical education or health education programs to prevent and protect adolescents from experimenting with tobacco which makes them more aware.

84.83% of the participants were having a positive attitude towards ban on advertisements of tobacco products which was greater observed in 94.67% of the school authorities than 75% of tobacco vendors. The finding of this study is in contrast to the findings from Sharma et al.¹⁹ where it was found to be 61.0%. Advertisements of various tobacco products are very common in all forms of media. They encourage children or young adults to experiment with tobacco products and initiate regular use and reduce current tobacco users' motivation to quit.²¹ In India, since 2004 direct sponsorship and promotion of tobacco products are banned so less seen nowadays. So tobacco companies opting new methods to advertise their products. Therefore, there is need to ban all these advertisements which would lead to initiation and continuation of tobacco use of children.²²

In the current study, total 59.83% of the participants had never seen warning boards banning sale of tobacco products to minors; these results were similar to the findings of the study done by Bhuputra Panda et al.7 and Apala et al.17 where it was 66.6% in Odisha and 50% in NCR of India. This is because they feel that warning boards may not be displayed at proper places as well as size of the board might not be proper which makes the visibility and clarity of these boards difficult. New law is introduced that all educational institutions should have anti-tobacco warning boards "No Smoking Zone" on their boundary wall or at the entrance of their premises with warning labels, so that people especially students become aware of the tobacco laws which will in turn be effective in preventing tobacco consumption.¹⁴ In the current study, 51% of the participants did not take any steps and measures to stop tobacco products being sold to minors. This is because if they take such steps there will be a loss in sale of tobacco products. Another reason may be due to lack of awareness to whom to complaint if anyone violates the law. Administrative authorities of city responsible for taking actions usually neglect, due to casualness and overlook violation of tobacco laws. Police officers not below the rank of sub-inspector or any officer of an equivalent rank from the Food and Drug Administration or any other officer of an equivalent rank or persons who have been so authorized by the Central Government or by the State Government are competent to take action under COTPA.23

Majority of the (70.0%) school authorities took steps to stop tobacco consumption among students. This is because school authorities are more educated and are highly respected in their communities as they influence the evolution for each aspect of life. ²⁴ They are more concerned about children as they know that adolescence is the period for experimenting with tobacco use so they will never promote such things which will endanger the lives of children. So it is their obligation to show the right path to their students by encouraging the children not to adopt

the use of tobacco and assist the tobacco using children to quit this deleterious habit.

About 51% of respondents reported that there is shop/school within 100 yards which is contradictory to the findings of a studies done by Vidhubala E et al.²⁵ and Bhutia²⁶ where it was 85.4% in Chennai and 82.4% in Mumbai respectively. It may be due to their profit of products where maximum of the customers are students. It might be due to the fact that most of the shopkeepers are from lower socioeconomic background so they sell their products for their livelihood. This is why there is much leniency in action by judiciary against shopkeepers.²⁷ Another reason might be the difference in the situation of the schools chosen for the survey. In the present study the school which was randomly selected was at the outskirts of the city whereas studies done in Chennai are a highly populated and situated in the centre of city. That is why there were more shops selling tobacco in Chennai than seen in current study.

CONCLUSION

The present study indicates that participants have lesser and inappropriate knowledge and attitude towards COTPA and majority had not taken any step to implement COTPA in their work place. Hence an effort has to be made to increase the awareness amongst these influential groups and involve them effectively in Tobacco Control Programmes.

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REFERENCES

- Binnal A, Rajesh GR, Ahmed J, Denny C, Nayak SU. Insights into Smoking and its Cessation among Current Smokers in India. Asian Pac J Cancer Prev. 2013;14:2811-2818
- Kaur J and Jain DC. Tobacco Control Policies in India. Implementation and Challenges. Indian J Public Health. 2011:55:220-227.
- 3. Rao AR, Dudala SR, Bolla CR, Kumar BP. Knowledge attitude and practices regarding (COTPA) in Khammam, Andhra Pradesh. International Journal of Research in Health Sciences. 2013;1:96-102.
- Annadurai K, Danasekaran R, Mani G, Knowledge, attitude and practices on anti-tobacco measures imposed under the COTPA among adult males in rural areas of Tamil Nadu, India. Healthcare in Low-resource Settings. 2014;2:16-18
- Arul R, Angelis S, Ansari SA. Towards breathing clean air in Chennai – a smoke-free city case study: W.H.O. 2011:3-16
- Sharma R, Pednekar MS, Rehman AU, Gupta R. Tobacco use among school personnel in Rajasthan, India. Indian J Cancer. 2004;41:162-1667.
- Panda B, Rout A, Pati S. Tobacco Control Law Enforcement and Compliance in Odisha, India - Implications for Tobacco Control Policy and Practice. Asian Pac J Cancer Prev. 2012;13:4631-4637.
- Raute LJ, Gupta PC, Pednekar MS. Smoking Air Ban and Indoor air Quality in Restaurants in Mumbai. Indian J Occup Environ Med. 2011;15:68-72.
- Shetty P, Singh H, Manohar V, Veetil SS, Panakaje MS. Tobacco Control Regulations - Knowledge, Attitude and

- Practice among Tobacco Vendors of Mangalore. Journal of Oral Health and Research. 2012;3:3-6.
- Shimkhada R and Peabody JW. Tobacco control in India. Bulletin of the World Health Organization. 2003;81:48-52.
- 11. The Global Youth Tobacco Survey Collaborating Group. Tobacco use among youth: A cross-country comparison. Tob Control. 2002;11:252-70.
- 12. TL Ravishankar and Nagarajappa R. Factors Attributing to Initiation of Tobacco use in adolescent Students of Moradabad U.P. Indian J Dent Res. 2009;20;(3):346-349
- Schmidt L. Campaign for Tobacco-Free Kids; 2014.
- 14. Jiloha RC. National Tobacco Control Programme. Delhi Psychiatry Journal. 2010;13:211-228.
- 15. Kumar R, Salve H, Misra P. Determinants of tobacco use and perception, attitude about an anti-tobacco act in rural Haryana, North India. Int J Med Public Health. 2014;4:367-
- 16. Mahajan V. Guidelines for Implementation of Smoke Free Policies and Tobacco free Educational Institutions of COTPA: Tobacco Control Cell; 2003.
- 17. Apala SKS, Sinha SK, Kataria DK. Implementation of Tobacco Control Laws around Educational Institutions in National Capital Region. Indian J Soc Psych. 2014;30:126-130.
- 18. Latkin C, Murray L, Clegg KM. The prevalence and correlates of single cigarette selling among urban disadvantaged drug users in Baltimore, Maryland. Drug Alcohol Depend. 2013;132:466-470.
- Sharma I, Sarma PS, Thankappan KR. Awareness, attitude and perceived barriers regarding implementation of the COTPA in Assam, India. Indian J Cancer. 2010;47(Suppl1):63-66.
- 20. Multani S, Reddy J, Bhat N. Assessment of Knowledge, Attitude, Behaviour and Interpersonal Factors Related to the Use of Tobacco among Youth of Udaipur City, Rajasthan, India: A Cross-Sectional Study. Addict Health. 2012;4:142-150.
- 21. Goldberg ME, Davis RM, Keefe AM. The role of tobacco advertising and promotion: themes employed in litigation by tobacco industry witnesses. Tobacco Control. 2006;15(Suppl IV):54-67.
- 22. Arora M, Nazar GP, Prohibiting tobacco advertising, promotions and sponsorships: Tobacco control best buy. Indian J Med Res. 2013;137:867-870.
- Star Communications, Tobacco control laws: A Resource Manual: Annexure II:48-55.
- 24. Ghouth SB and Bahaj AA. Prevalence and attitudes of smoking among secondary school teachers in Hadramout coastal districts, Yemen. Online J Health Allied Scs. 2006:5:1-5.
- 25. Vidhubala GS, Vijayalakshmi S, Bharathi P. Prevalence of tobacco use among school children, exposure to passive smoking and their knowledge level about tobacco control in Chennai city, Tamil Nadu -A School Based Survey. J. Indian Assoc Child Adolesc. Ment. Health. 2014;10:110-
- 26. Bhutia TD, Engaging Children for Tobacco Free Schools: Salaam Bombay Foundation. APACT; 2013.
- 27. Devanand Gupta, Priya Nagar, Bhushra karim, et al. tobacco abuse amongst the school going students of 15-18 years of Almoda District, Uttarakhand: Cross sectional study. OHDM. 2014:13:680-6.

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