Tobacco Retailers’ Knowledge Regarding Tobacco Sales and Indian Tobacco Control Legislation in Belgaum City: A Cross Sectional Study

Ankola Anil V¹, Mehta Parth J²

¹,² Department of public health, KLE VK Institute of health sciences, JNMC campus, Nehru Nagar Belgaum.

Correspondence to: Dr. Mehta Parth J, Department of Public Health, KLE VK Institute of Health Sciences, JNMC campus, Nehru Nagar, Belgaum.
Contact Us: www.ijohmr.com

ABSTRACT

Background: The government of India has passed a comprehensive tobacco control legislation to contour the tobacco pandemic titled “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act in 2003. Through this study, an attempt has been made to explore the views of tobacco retailers about the act and to explore retailers’ views on selling tobacco.

Methods: Descriptive cross-sectional study was conducted among the tobacco retailers of Belgaum city Karnataka, India. Belgaum city is comprised of 56 wards. From each ward four pan shops were randomly selected for the study. Data was entered in Microsoft excel and analyzed using SPSS version 16 (Chicago, IL). Descriptive statistics were applied.

Results: The study was conducted amongst 232 tobacco retailers. 59.1% of the participants were of the opinion that pictorial warnings have reduced the sale of the tobacco products. The minimum distance of the tobacco from schools, hospital, etc. should be 100 yards. Surprisingly 80.6% of the participants did not know this fact.

Conclusion: This study showed lack of knowledge regarding tobacco sales and the Indian tobacco control legislation among the tobacco retailers in Belgaum city.

KEYWORDS: Tobacco, Tobacco control legislation, Framework Convention on Tobacco Control (FCTC)

INTRODUCTION

Tobacco and tobacco smoke contain a large variety of chemicals. Nearly 3000 chemical constituents have been identified in smokeless tobacco, while close to 4000 are present in tobacco smoke. Dependency on tobacco use is related to the pharmacological effects of nicotine and related alkaloids present in tobacco leaves and tobacco smoke. There is a relationship between smoking and vascular diseases such as coronary heart disease, stroke and subclinical atherosclerosis, respiratory diseases such as chronic obstructive pulmonary disease and pneumonia, adverse reproductive effects and cancer at ten sites.

WHO predicted that nearly one million Indians will die from smoking alone in 2010 and 70% of these deaths will be premature. It is estimated that if current rate of tobacco usage, by 2030, more than 8 million lives will be lost, every year - 80% of these are expected to occur in low and middle-income countries. India’s tobacco problem is more complex than probably that of any other country in the world, with a large consequential burden of tobacco related disease and death. The prevalence of tobacco use among men has been reported to be high (generally exceeding 50%) from almost all parts of India (more in rural than in urban areas).

The WHO Framework Convention on Tobacco Control (FCTC) was a response to the global tobacco epidemic. It is an all-powerful global instrument that contains binding provisions on member countries. The FCTC provided a comprehensive direction for tobacco control at all levels and had become one of the most widely ratified treaties, covering more than 87.8% of the world’s population with 175 countries as signatories. It focuses on both demand reduction strategies and supply side issues, including regulation of trade and commerce.

To counter the pandemic of tobacco, even before and parallel to the FCTC, the government of India notified a comprehensive tobacco control legislation titled “The Cigarettes and Other Tobacco Products (Prohibition of..."
Advisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act in 2003. Though the national law came into force on May 1, 2004, and the Treaty obligations became effective from February 27, 2005. COPTA like FCTC gives priority to protection of public health and requires effective steps for its implementation to meet different objectives. 9-10

COPTA banned smoking at public places (Section 4: came into effect in May 2004, revised rules in October 2008), sponsorship of any sport/cultural events by cigarette and other tobacco product companies (Section 5: implemented in May 2004), sale of tobacco products to and by minors (Section 6: implemented in December 2004), sale of tobacco products within 100 yards of educational institutions (Section 6b: implemented in December 2004), and provision of specified and mandatory pictorial warnings, including in imported products (Section 7: implemented on 31 May 2009). Pictorial warnings on all tobacco products were made mandatory following the Supreme Court directives. 9-10

Tobacco is referred to as kaddipudi and hogesoppu in Karnataka. Tobacco was first introduced in the kingdom of Adil Shahi, the capital city of Bijapur, presently in Karnataka in south India, along the trading route of the Portuguese. 11 In the Sentinel Survey in three districts of Karnataka of persons 10 years of age and above, 49.2% of males and 16.4% of females in the rural areas were tobacco users. World Health Organization South-East Asia Regional Office (WHO-SEARO) and Indian Council of Medical Research (ICMR) provided detailed population-based tobacco use prevalence data for youth in the age group of 10-14 years in two states Uttar Pradesh (boys 3%; girls 0.6%) and Karnataka (boys 1.3%; girls 0.1%). In the same survey, among students who bought cigarettes in a store in the past 30 days, over 55.1% (average) were not refused purchase by anyone because of their age. This shows the lack of knowledge of the shop-keepers and basic flaw in implementation of government laws.

Belgaum, being placed strategically in tobacco belts of Karnataka, displaces a wide variety and pattern of tobacco use and consumption. The monopoly of the tobacco retailers is inevitable. Startlingly revealing, there is, at least, one, if not more tobacco shops presents within the hundred yards of schools, government offices, and public places. Minors who are legally unfit to buy tobacco products in any form are being given easy, free and unchecked access to these products. Age has never seemed to be playing a reason or factor for which tobacco retailers abstained from selling these products to minors.

So far no studies have been done to know the retailers’ knowledge regarding tobacco sales and Indian tobacco legislation. Through this study an attempt has been made to explore the views of tobacco retailers about the act and to explore retailers’ views on selling tobacco.

METHODOLOGY

Study population, study design and study setting:

Descriptive cross-sectional study was conducted among the tobacco retailers of Belgaum city Karnataka, India

Official Permission and Ethical clearance: The study protocol was reviewed by the Ethical Committee of KLE VK institute of dental sciences and was granted ethical clearance.

Method of data collection: Belgaum city is comprised of 56 wards. From each ward four pan shops were randomly selected for the study.

Inclusion criteria: All the participants who were willing to give consent were selected.

Informed Consent: A written consent was obtained from participants who fulfilled the eligibility criteria and were willing to participate in the survey

Pretesting survey: Assessment of content validity was done which reflects a judgment whether the instrument samples all the relevant or important domains. Mean Content Validity Ratio (CVR) was 0.87 based on the views expressed by a panel of total six academicians. Face validity indicates whether the instrument appears to be assessing the desired qualities. When face validity was assessed, it was observed that 92% of the participants found the questionnaire to be easy.

Prior to finalizing the questionnaire, pilot study was done among a convenience sample of 15 pan shops. Upon completion of the pilot study, each subject was interviewed to gain feedback on the overall acceptability of the questionnaire in terms of length, language clarity, and on the feasibility. Cronbach’s coefficient was found to be 0.81, which showed a high internal reliability of the questionnaire. Based on this analysis, all necessary changes were introduced before the main study.

Proforma details: The first part of proforma consisted of the self-administered questionnaire comprising of:

1. Demographic details including name, age, sex, education.
2. Knowledge and attitude - It consisted of 12 close ended questions and 2 open ended questions.

Statistical analysis: Data was entered in Microsoft excel and analyzed using SPSS version 16 (Chicago, IL). Descriptive statistics were applied.

RESULTS

A descriptive cross sectional study was conducted among the pan shops of Belgaum district to assess the knowledge of tobacco retailers regarding tobacco sales and the Indian tobacco legislation. The study was conducted amongst 232 tobacco retailers. Among 232 tobacco retailers, 224 (96.6%) were male, and only 8 (3.4%) were female.

94.4% of the participants had their license whereas only 5.6% of the participants did not have license of their shop. When the participants were asked if they used tobacco products themselves majority of the participant (60.8%) reported to be using some or the other kind of
tobacco product. When their knowledge was assessed regarding harmful effects of the tobacco products, 95.3% of the participants seemed to be aware of the harmful effects of tobacco. (Table I)

When the participants were questioned about the pictorial warnings on tobacco products, 59.1% of the participants were of the opinion that pictorial warnings have reduced the sale of the tobacco products. 53.4% participants told that they always check tobacco products for pictorial warnings before buying and selling them to the consumers. (Table I)

When participants were asked about the minimum age to which the products can be sold, 69.9% of the participant assumed incorrectly, 96.6% of the tobacco retailers never requested for identity proof to check the age of the consumer who is buying the tobacco product. (Table I)

83.6% of the retailers did not display any health warning inside or outside the shop. 16.4% of the retailers had the health warning in placed inside the shop, 80% of these warnings were in English language, and only 20% of them were in the regional language. (Table I)

When the participants were asked about the minimum age to whom the tobacco products can be sold, and none of the tobacco retailers had any board displayed as such. Similarly, only 3.4% of the tobacco retailers were in favor of pictorial warnings before buying and selling them to the consumers. (Table I)

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When the educational level of tobacco retailers was assessed, 19.8% were found to be illiterates, 29.3% and 37.9% were educated till primary and middle school respectively. The lack of knowledge of the retailers regarding the COTPA guidelines could be due their low educational background or mere negligence towards Indian legislative system.

Pictorial health warnings on tobacco products are an important source of conveying information on adverse health effects of tobacco consumption. In the present study, 52% of the tobacco retailers agreed that the tobacco products sold by them have the specified pictorial warnings. Regardless of which 59% of the tobacco retailers stated that there is no decrease in tobacco sales due to pictorial warnings on tobacco products. On the contrary, a study conducted among Canadian youths, more than 90% of the participants agreed that picture warnings on Canadian packages had provided them with important information about the health effects of smoking cigarettes. It was also reported that these pictorial health warnings were accurate and made smoking less attractive. The reason for this difference may be because pictorial warnings are not comprehensible for the buyers. The major cause of concern is the fact that in India, majority of sale of cigarettes is in the form of lose units or entities, this may very well be the reason for which the pictorial warnings illustrated or stressed upon only on the packet of the cigarette is remain conspicuous by its absence for the users. A study conducted by Ruate et al. showed that public perception of pictorial warnings failed to communicate the message. A study conducted by Monika et al. in five states of India found that the current health warnings were ineffective. Reducing young people’s access to tobacco has become a cornerstone of public policy regarding tobacco control in this decade. A number of laws and regulations are intended to accomplish this goal. According to COTPA guidelines 2003, section 6(a), the seller should ensure that the person buying the tobacco product is not a minor, and a display board is mandatorily needed to put up at the point of sale declaring that “sale of tobacco products to minors is a punishable offence.” In this present study, we found that 70% of the tobacco retailers did not know the minimum age to whom tobacco products can be sold, and none of the tobacco retailers had any board displayed as such. Similarly, only 3.4% of the tobacco retailers asked for proof of age before selling tobacco products. This is because of the fact that poor education background of the tobacco retailers in this study. Due to various barriers in addressing and communicating with them, they may be oblivious of the

**Table I** - Distribution of study subjects according to tobacco sales

<table>
<thead>
<tr>
<th>Serial no</th>
<th>Questions</th>
<th>Response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Licence to open a shop</td>
<td>94.4</td>
</tr>
<tr>
<td>2.</td>
<td>Use of any tobacco products themselves</td>
<td>60.8</td>
</tr>
<tr>
<td>3.</td>
<td>Knowledge of the harmful effects of tobacco</td>
<td>93.5</td>
</tr>
<tr>
<td>4.</td>
<td>Tobacco sales have come down by</td>
<td>59.1</td>
</tr>
<tr>
<td>5.</td>
<td>Sale of tobacco products with specified warning labels</td>
<td>53.4</td>
</tr>
<tr>
<td>6.</td>
<td>Board stating “Sale of tobacco products to a person below 18 years of age is a punishable offence” displayed or not</td>
<td>100</td>
</tr>
<tr>
<td>7.</td>
<td>Age proof from your customer before selling tobacco products</td>
<td>3.4</td>
</tr>
<tr>
<td>8.</td>
<td>Completely Tobacco products banned in India</td>
<td>94.0</td>
</tr>
<tr>
<td>9.</td>
<td>Health warnings displayed in your shop</td>
<td>16.4</td>
</tr>
</tbody>
</table>

**Table II** - Distribution of study subjects according to knowledge of legislation

<table>
<thead>
<tr>
<th>Serial no</th>
<th>Questions</th>
<th>Response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Minimum distance to open a tobacco shop from hospitals, schools</td>
<td>19.4</td>
</tr>
<tr>
<td>2.</td>
<td>Minimum age to whom the tobacco products can be sold</td>
<td>30.2</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The present study is the first one to explore tobacco retailers’ awareness regarding tobacco sales and Indian tobacco control legislation in Belgaum city. This study also involves the assessment of the compliance of various tobacco retailers to the COTPA guidelines.

The study comprised of a total of 232 tobacco retailers in Belgaum city, Karnataka. The male (96%) tobacco retailers were in much greater proportion as compared to females (4%).

When the educational level of tobacco retailers was assessed, 19.8% were found to be illiterates, 29.3% and 37.9% were educated till primary and middle school respectively. The lack of knowledge of the retailers regarding the COTPA guidelines could be due their low educational background or mere negligence towards Indian legislative system.

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minimum legal age. Also the fact remains untold yet seemingly clear that minors may constitute substantially to their sale of tobacco products.

Guidelines prescribed by COTPA section 6(b) call for prohibition of sale of tobacco products near educational institutes in order to restrict access of youth for tobacco products, i.e. within radius of 100 yards of any educational institutions. A display board has to be put up outside the educational institution declaring the same. In the present study, 79.9% of tobacco retailers did not know minimum distance to open tobacco shop from hospitals schools etc. This may be indicative to an impending need for propagation of directives by public health officials.

In order to discourage increased consumption of tobacco products, Government of India has increased taxes on tobacco products. Tobacco taxation, passed onto the consumers in the form of higher cigarette prices as a population based strategy for decreasing smoking and its adverse health consequences seems to be the need of the hour. In this study, 75.4% of tobacco retailers have stated that regardless of increased prices, the sale of tobacco products have not decreased significantly. However, when it came to increase in the price of the tobacco products, it did not impact on a very large scale. In India, the quantity of the sale of tobacco products might have decreased, but the ultimate goal is yet to be achieved, i.e. making the people quit tobacco. However, a study conducted by Virender Singh et al. showed that reduction in consumption is associated with increased price of tobacco products. These findings were also similar to study conducted in Canada by Pearl Bader et al. which concluded that increase in price of cigarettes is a very effective policy tool for reducing smoking participation and consumption among youth, young adults and persons of low socioeconomic status.

Tobacco is one of the most lethal products which are legally marketed to consumers around the world that has no safe limit of consumption, is easily accessible and readily available. From a dental public health point of view, these retailers serve to constitute an integral component for tobacco cessation initiatives by dental professionals, utilizing existing infrastructure to combat the oral cancer epidemic.

**RECOMMENDATION**

1. Separate licence should be made compulsory for the pan shops, and they should be explained, and an undertaking should be taken about the rules and regulations during the licensing process.
2. The sale of cigarettes should be in the form of packs and sale as lose units should be banned.
3. The tobacco retailers near all schools and colleges should be banned from selling tobacco products.
4. The rise in prices and the taxes seems to be unable to solve the tobacco consumption trends according to the retailers so price hike may not be enough to decrease consumption of tobacco products.
5. The Government of India should enable strict measures on pictorial health warning and other laws as evidence based measure to inform and teach the tobacco users and preserve the right of an individual to maintain a healthy life.
6. Dental health education camps should be conducted for the retailers for better understanding of the ill effects of the tobacco product and information on the tobacco legislation.

**CONCLUSION**

This study showed lack of knowledge regarding tobacco sales and the Indian tobacco control legislation among the tobacco retailers in Belgaum city. It also gave an insight that tobacco sales are not dependent upon the price of the tobacco product or the pictorial warnings on them. Dental healthcare professionals should take a step forward and fight against tobacco addiction. The government should focus on review and strict implementation of COTPA guidelines for manufacturers, distributors & retailers of tobacco products to fulfill the basic intention.

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Conflict of Interest: Nil