

FINAL REPORT

Knowledge, attitudes, and perceived barriers regarding implementation of FCTC provisions and tobacco control measures in general among representatives of local self-government bodies in, Kerala, India

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This study was carried out with the aid of a grant from Research for International Tobacco Control (RITC) of the International Development Research Centre (IDRC) and the financial support of the Canadian Tobacco Control Research Initiative, the American Cancer Society, and Cancer Research-UK.

Project's Overall Purpose:

The overall purpose was to examine the knowledge about tobacco control, FCTC provisions, and how Local Self Government Bodies (LSGB's) could contribute to implementation and enforcement of FCTC provisions, among representatives of LSGB in Kerala, India. Specific objectives were:

1. To examine the knowledge, attitudes and perceived barriers regarding implementation of FCTC provisions among representatives of LSGB in Kerala, India.
2. To examine the knowledge, attitudes and perceived barriers regarding implementation of tobacco control measures other than FCTC provisions among representatives of LSGB in Kerala, India.

Achievement of Objectives:

To achieve the abovementioned objectives, we surveyed 956 LSGB representatives, 496 in Trivandrum and 460 in Kannur district. Their mean age was 44 (SD \pm 10.8) years. The sample characteristics are shown in tables 1-2 in the annexure. Women comprised 40% of the sample.

Results:

Knowledge and attitudes about tobacco related harm: The knowledge about harm caused by smoking was very high with nearly 70% LSGB representatives reporting that smoking is harmful to health. However, 23% perceived smoking between 1-4 cigarettes or *bidis* to be not harmful to their health. *Khani*, a smokeless tobacco product was reported to be the most harmful among all tobacco products by 44%. Over 80% were aware of the fact that tobacco use could cause cancer or lung disease. Although 48% reported that it could cause heart disease, only 6% thought tobacco use causes stroke and much lesser 4% diabetes.

Knowledge and attitudes about tobacco control policies: Nearly 94% LSGB representatives were aware of the existing smoking ban in public places in Kerala and all of them supported the ban. With regard to knowledge about specific provisions of existing tobacco control law, 84% reported that sale of tobacco products to minors was prohibited, while 45% knew that tobacco advertisements in print and electronic media were banned. However, only 21% knew about the existing ban on sale of tobacco products within 100 metres of educational institutions. While 34% reported that graphic health warnings will not make them or others think about tobacco related health hazards, 43% and 19% stated that it would to a little or a great extent respectively. With regard to relative effectiveness of various policies, over 80% reported that smoke bans, ban on sale of tobacco products to and by minors, advertisement bans and sale of tobacco products within 100 metres of educational institutions were most effective. However, only 59% and 57% respectively perceived graphic health warnings and tax/price increases to be effective.

Knowledge about WHO-FCTC: Up to 82% LSGB representatives were unaware of the WHO FCTC. Among those who were aware, 72% reported that FCTC aims at reducing tobacco use. However, the knowledge about specific FCTC provisions was very low. Between 44 - 47% reported current implementation in their area of smoke bans in public and work places, ban on sale of tobacco products to and by minors, and sale of tobacco products within 100 metres of educational institutions. But implementation of media and outdoor advertisement bans was reported by only 14%. When asked about desirable tobacco control policies that LSGB representatives would like to implement in their area, 76% wanted to ban sale of tobacco products to and by minors, 73% wanted to ban sale of tobacco products within 100 metres of educational institutions, while 72% wanted to implement smoke bans in public places. Nearly 61% desired to implement media and outdoor advertisement bans.

Perceived barriers in implementing tobacco control and FCTC provisions: The principal barriers reported by LSGB representatives in implementing tobacco control policies including FCTC provisions were lack of administrative support (31%), lack of political will (28%), lack of financial and human resources (25%) and the fear of public opposition (25%). Most representatives suggested involving community members (74%), non-governmental organisations (73%), levying penalties (66%) and involving LSGB representatives (64%) to effectively enforce tobacco control policies.

Importance of tobacco control: An overwhelming 95% reported effective tobacco control to be a very important or important strategy to improve people's health, while a similar proportion opined that improvement in public health is essential to achieve overall development in their area. When specifically asked about the five most important measures to improve public health of their population, 88% rated the provision of safe drinking water and sanitation as the top most measure, followed by 79% and 74% who reported tobacco control and alcohol control respectively as the other key measures.

Tobacco use: Overall, 33% (55% men and 1% women) had ever used some form of tobacco and 14.4% were current tobacco users (24% men and 0.8% women). Smoking was the predominant form of current tobacco use by men (87%), while all the women used smokeless tobacco. The mean age of initiation to tobacco use among men and women was 21 and 27 years respectively.

Cessation practises: Among current male tobacco users, 82% had tried multiple times to quit within the past year. During their quit attempts, some could reduce up to half and some could quit completely, however all of them restarted. The main reasons for making a quit attempt were awareness of tobacco related health hazards, personal health problems, family pressure, perception that LSGB representatives are not supposed to use tobacco and knowledge of smoke bans in public places.

Research Methodology:

Development of Survey Instrument: We initiated the study by reviewing the literature, using electronic databases (Medline, Embase) for relevant published studies. In addition, reports from the World Health Organization and other international tobacco organizations, and tobacco related websites, were systematically searched. However, we didn't find any similar

published studies and as the literature found was not directly relevant to our study, ten in-depth interviews (two each from each category) with representatives of the five categories of LSGB in Trivandrum district were conducted to obtain the initial information to facilitate questionnaire development. The questionnaire was developed in the local language “*Malayalam*” and pre-tested among 25 (five each from each category) representatives of the five categories of LSGB in an adjoining district, Kollam. Based on feedback obtained it was appropriately revised before the final survey. For example, a question on alcohol use was there in the initial questionnaire. During piloting many representatives reported that it will be difficult to report truthfully the use of alcohol since this was not permitted by certain political parties. Besides they reported that inclusion of this question was likely to reduce the overall response rate of the survey. Therefore, this question was finally removed from the questionnaire. A cross sectional survey using this pre-tested, anonymous questionnaire to examine the knowledge, attitudes and perceived barriers regarding implementation of FCTC provisions and tobacco control measures other than FCTC provisions was conducted among a representative sample of representatives of LSGB in Kerala, India. In addition, demographic details, personal tobacco use and other related information were collected.

Sampling Strategy: From the 14 districts in Kerala, two districts: Trivandrum located in the South and Kannur in the North were selected for the study. The total number of LSGB in Kerala is shown in Fig.1. We took clusters of the various categories of LSGB as sampling units. For the corporation in Trivandrum as well as the block and district *panchayats* in both the districts, a complete enumeration of all the representatives was done. Since the number of clusters was fairly large in grama *panchayats* (in both districts) and also due to feasibility reasons, we restricted it to a sample.

Fig.1.Total number (N) of clusters and representatives of various LSGB in Kerala and in the two selected districts.

In Kerala State	Corporations N =5	Municipalities N =53	District <i>panchayats</i> N =14	Block <i>panchayats</i> N =152	<i>Grama panchayats</i> N =991
	⇓	⇓	⇓	⇓	⇓
In Trivandrum District	N =1 Rep =81	N =4 Rep =120	N =1 Rep =25	N =12 Rep =129	N =78 Rep =1096
	⇓	⇓	⇓	⇓	⇓
In Kannur District	N =0 Rep =0	N =6 Rep =211	N =1 Rep =23	N =9 Rep =109	N =81 Rep =1049

Note: “Rep” indicates the total number of representatives.

We initially aimed to survey about 200 respondents in each category of LSGB, but over sampled in grama *panchayats* and municipalities to compensate for a lower response rate in district and block *panchayats*. Between 16-18 *grama panchayats* were randomly selected in

both the districts so as to capture around 200 respondents. As corporation and municipality are predominantly urban in character, we selected 200 respondents by combining them. A trained research assistant undertook all study assessments. He explained the purpose of the study to the participants. The voluntary nature of participation and the anonymous and confidential nature of the questionnaire were strongly emphasized to minimize underreporting. Written individual informed consent was obtained from all participants. In addition, ethical clearance for the study was obtained from the Institutional Review Board (IRB) of SCTIMST. Data was primarily collected during the office hours, when all the representatives were at work. An attempt was made to increase the response rate by repeat visits (up to three visits) and phone calls.

Annexure

Table 1. Study sample characteristics

Variables	Men (%)	Women (%)	Total (%)
<i>Age</i>			
20-29	20 (2.1)	38 (4.0)	58 (6.1)
30-39	152 (15.9)	161(16.8)	313 (32.7)
40-49	185 (19.4)	114 (11.9)	299 (31.3)
50-59	135 (14.1)	53 (5.5)	188 (19.7)
60-69	65 (6.8)	17 (1.8)	82 (8.6)
70-79	15 (1.6)	1 (0.1)	16 (1.7)
<i>Type of LSGB</i>			
<i>Grama Panchayat</i>	299 (31.3)	182 (19.0)	481 (50.3)
<i>Block Panchayat</i>	81 (8.5)	48 (5.0)	129 (13.5)
<i>District Panchayat</i>	22 (2.3)	15 (1.6)	37 (3.9)
<i>Municipality</i>	135 (14.1)	109 (11.4)	244 (25.5)
<i>Corporation</i>	35 (3.7)	30 (3.1)	65 (6.8)
<i>Marital status</i>			
Single	79 (8.3)	43 (4.5)	122 (12.8)
Currently Married	490 (51.5)	311 (32.7)	801 (84.1)
Divorced	2 (0.2)	4 (0.4)	5 (0.6)
Separated	0 (0)	2 (0.2)	2 (0.2)
Widower	0 (0)	21 (2.2)	21 (2.2)
<i>Religion</i>			
Hindu	438 (46.6)	284 (30.2)	722 (76.8)
Christian	68 (7.2)	42 (4.5)	110 (11.7)
Muslim	48 (5.1)	54 (5.7)	102 (10.9)
Others	4 (0.4)	2 (0.2)	6 (0.6)
<i>Education</i>			
≤10 years of schooling	318 (33.7)	200 (21.2)	518 (54.8)
>10 years of schooling	245 (25.9)	182 (19.3)	427 (45.2)

Table 2. Study participants by type of LSGB and district

	Trivandrum District N (%)	Kannur District N (%)	N (%)
<i>Grama Panchayat</i>	260 (27.2)	221 (23.1)	481 (50.3)
<i>Block Panchayat</i>	72 (7.5)	57 (6.0)	129 (13.5)
<i>District Panchayat</i>	17 (1.8)	20 (2.1)	37 (3.9)
<i>Municipality</i>	82 (8.6)	162 (16.9)	244 (25.5)
<i>Corporation</i>	65 (6.8)	0 (0)	65 (6.8)
Total	496 (51.9)	460 (48.1)	956 (100)