



ASSESS THE KNOWLEDGE REGARDING LEGAL BOUNDS IN SELLING TOBACCO AND HEALTH IMPACTS OF TOBACCO AMONG TOBACCO VENDERS

SUBMITTED BY

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ABSTRACT

The present study was conducted to assess the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors at Thalassery Municipality. The objectives of the study were to assess the knowledge regarding legal bounds of selling tobacco among tobacco vendors, assess the knowledge regarding health impacts of tobacco among tobacco vendors, determine the extent of tobacco use among tobacco vendors, find the relationship between the level of knowledge and tobacco use among tobacco vendors. Non Experimental research approach and descriptive design was used for the study. The sample were 60. The tools used in the study were, Performa to assess personal variables, Questionnaire to assess the knowledge regarding the health impacts of tobacco, Legal bounds in selling tobacco. The main study was conducted in the month of August at Thalassery Municipality. The findings of the study concluded that majority ,43 (71.6)% of sample had poor level of knowledge regarding the health impacts of tobacco. Most , 34 (56.6)% of sample had poor level of knowledge regarding the legal bounds in selling tobacco.

There is a negative relationship between the level of knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors.

Keywords: Vendors, Knowledge, health impacts

CHAPTER I

INTRODUCTION

INTRODUCTION

Tobacco smoke is both toxic and addictive. Tobacco smoke contains around 4,000 chemicals. Many of these are poisonous and over 60 are known to be cancer causing (carcinogenic). No wonder so many smokers. About a third of the male adult global population smokes .smoking related – disease kill one in 10 adults globally , or cause four million deaths. By 2030, if current trends continue, smoking will kill one in six people . Every eight seconds, someone dies from tobacco use. Smoking is on the rise in the developing world but falling in developed nations. Among Americans, smoking rates shrunk by nearly half in three decades (from the mid 1960 to mid 1990), falling to 23% of adults by 1997.

In the developing world, tobacco consumption is rising by 3.4% per year. About 15 billion cigarettes are sold daily/10 million every minute. About 12 times more British people have died from smoking than from world war II. Cigarette cause more than 1 in 5 American death. Among WHO region the Western Pacific region- which covers East asia and Pacific- has the highest smoking rate, with nearly 2/3rd of men smoking. About 1 in three cigarettes are consumed in the western pacific region. Research has assumed heightened importance for nurses they provide nurses with an increasingly sound evidence base from which to practice and help to improve the health and quality of the life of nurse's clients.

BACKGROUND OF THE STUDY

In India, tobacco consumption is responsible for half of all the cancers in men and a quarter of all cancers in women, in addition to being a risk factor for cardio vascular diseases and chronic obstructive pulmonary diseases. India also has one of the highest rates of oral cancer in the world , partly attributed to high prevalence of tobacco chewing include pan (piper betel leaf filled with sliced area nut, lime, catechu, and other spices chewed with or without tobacco), pan-masala or guthka (a chewable tobacco containing areca nut), and mishri (a powdered tobacco rubbed on the as tooth paste). People who use tobacco are at risk for several cancers . Smokers are at risk for oral , larynx, and lung cancers and other serious disease, such as heart and lung disease, circulatory disease , and stroke. Those who use chewable tobacco are at risk for oral cancer. Oral cancer is one of the most common cancers in India due to the use of tobacco.

In India, tobacco is used in a wide variety of ways: smoking, chewing, applying, sucking, gargling, etc. For each type of tobacco use, a wide range of tobacco products may be available. Some of these products are industrially manufactured on a large scale, some locally on a small scale, some may be prepared by a vendor and some may be prepared by the user himself or herself. While looking at the prevalence of tobacco use in the population, tobacco use was found to be higher in the lower socio economic groups.

NEED AND SIGNIFICANCE OF THE STUDY:

Many theorists proved that tobacco smoking has a bad effect on individual's health status.

A cross conducted sectional study was conducted to identify the information on tobacco use and socio demographic variables among males at Thiruvananthapuram. Data collected by three sections ; a community - based study of 1,298 individuals aged 15 years and above (mean age 37.4 years , men 630), a school – based study of 1,323 boys (mean age 14.7 years)and college based study of 1,254 male students (mean age 18.2 years). Information on tobacco use and socio demographic variables was collected using pre-tested, structured interview schedules and questionnaires . The results of the community study , 72% of men and 6% of women had ever used tobacco. Compared to men with > 12 years of schooling , those with <5 years of schooling were 7 times more likely to smoke (OR7, CI 3.2-15.6). The age at initiation of smoking was 19years among boys those < 25 years of age compared to 25.5 years among ever smokers > 44 years. In the school study, the age at initiation among boys aged < or = 13 years was 10.7 years compared with 13.2 years among > or = 16 years- old boys. Boys whose fathers and friends used tobacco were 2 times and 2.9 times more likely to use tobacco (OR 2.0, CI 1.3-3.1 and OR 2.9 , CI 1.6-5.1), respectively , compared with their counterparts. In the college study , 29% of the commerce students used tobacco compared with 5.3% of polytechnic students(p <0.001).

A study was conducted on 315 598 individuals 15 years or older from 91 196 households in National family Health survey -2 (1998-1999).Data on tobacco consumption were elicited from household informants . Cross sectional, nationally representative population based household survey was done. Thirty percent of the population 15 years or older -47 % men and 14 % of women – either smoked or chewed tobacco, which translates to almost 195 million people – 154 million men and 41 million women in India. However , the prevalence may be underestimated by almost 11% and 1.5 % for chewing tobacco among men and women , respectively, because of use of household informants. Tobacco consumption was significantly higher in poor, less educated , scheduled castes and scheduled tribe populations. The prevalence of tobacco increased up to the age of 50 years and then leveled or declined . The prevalence of smoking and chewing also varied widely between different states and had a strong association with individual's socio cultural characteristics.

A study conducted in Ontario, Canada on May 31, 2006, Ontario joined a small group of international jurisdictions to implement legislative restrictions on tobacco point of sale promotions. This study compares the presence of point of sale promotions in the retail tobacco environment from these surveys : one prior to and two following implementation of the legislation . Approximately 1,575 tobacco vendors were randomly selected for each survey. Each regionally – stratified sample included equal numbers of tobacco vendors categorized into four trade classes: chain convenience, independent convenience and discount gas stations, and grocery. Data regarding the six restricted point of sale promotions were collected using standardized protocols and inspection forms. Weighted estimates and 95 % confidence intervals were produced at the provincial, regional and vendor trade class level using the boost up method for estimating variance. At baseline, the proportion of tobacco vendors who did not engage in each of the six restricted point of sale promotions ranged from 41% to 88%. Within four months following implementation of the legislation, compliance with each of the six restricted point of sale promotions exceeded to 95% . Similar levels of compliance were observed one year later. Grocery stores had the fewest point of sale promotions displayed at baseline. Compliance rates did not differ across vendor trade classes at either follow up survey. Point of sale promotions did not differ across regions in any of the three surveys . Within a short period of time , high level of compliance with six restricted point of sale promotions was achieved .

The world health organization predicts that tobacco deaths in India may exceed 1.5 million annually by 2020. However , considerable research is required to comprehend the actual trends. Nationally representative and reliable prevalence data on tobacco consumption are scarce , Similarly , the socio-demographic predictors of tobacco use are based on non representative sample surveys or have been conducted in localized mostly urban geographical areas. WHO estimated a prevalence of tobacco

consumption of all forms at 65 % and 33% ,respectively , among men and women, based on small scale studies conducted in the past.

The usage of tobacco is sometimes because of the easy availability. The nook and corners have been accessed with all types of tobaccos. it is essential to know whether the vendors are aware of the consequences of tobacco use and this survey tries to reveal the awareness of vendors regarding the after effects of tobacco.

PURPOSE OF THE STUDY

The Purpose of study is to assess the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors at Thalassery municipality.

STATEMENT OF THE PROBLEM

Assess the knowledge regarding legal bounds in selling tobacco and health impacts of tobacco among tobacco vendors at Thalassery municipality

OBJECTIVES:

The objectives of the study are :

- Assess the knowledge regarding legal bounds of selling tobacco among tobacco vendors
- Assess the knowledge regarding health impacts of tobacco among tobacco vendors
- Determine the extent of tobacco use among tobacco vendors
- Find the relationship between the level of knowledge and tobacco use among tobacco vendors

OPERATIONAL DEFINITIONS

Knowledge: Knowledge refers to the awareness regarding the health impacts tobacco and legal bounds in selling tobacco

Health impacts: Health impacts mean all types of health problems arise with the use of tobacco products

Legal bounds: In this study, legal bounds refers to the legal issues and laws put forward by the government in relation with tobacco selling as well as use

Tobacco vendors: tobacco vendor means people involved in tobacco selling in the Thalassery municipality area

HYPOTHESIS

1. There is a significant relationship between the level of knowledge and tobacco use among tobacco vendors
2. There is a significant association between level of knowledge in tobacco health impacts and selected variables
3. There is a significant association between level of knowledge in legal bounds and selected variables

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a key step in research process. Review of literature refers to an extensive, exhaustive and systematic examination of publications relevant to the research project. Nursing research can

be considered a continuing process in which knowledge gained from earlier studies is an integral part of research in general. The literature reviewed in this study highlights and evaluates the empirical data to understand the various aspects of quality of life which has been previously investigated. It is performed before, during and after the conduct of the study. The researcher reviews the research literature to develop research ideas, to determine the knowledge on topics of interest and to provide context of the study. The investigator wants to gain an insight and collected maximum information for conducting the study carried out an extensive review of the related research and non-research literature with the help of internet sources, books, journals and unpublished dissertations.

The review of literature is defined as a “broad, comprehensive in depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, audio-visual materials and personal communications”.

Reviewed literature is presented under the following headings

- Review related to use of tobacco products
- Review related to health impacts of tobacco and its legal bounds

1. Review related to use of tobacco products

Three cross-sectional studies was conducted by Mr. Pradeep Kumar AS; a community based study of 1,298 individuals aged 15 years and above (mean age 37.4 years, men 630), a school based study of 1,323 boys (mean age 14.7 years), and a college-based study of 1,254 male students (mean age 18.2 years). Information on tobacco use and socio-demographic using variables was collected using pre-tested, structured interview scheduled and questionnaire. The results of the community study, 725 of men and 6% of women had ever used tobacco. Compared to men with >12 years of schooling with < 5years of schooling were 7 times more likely to smoke (OR 7,CL 3.2-15.6). the age at initiation of smoking was 19 years among those <25 years of age compared to 25.5 years among ever smokers > 44 years. In the school study, the age at initiation among boys aged < or =13 years was 10.7 years compared with 13.2 year among > or =16-years-old boys. Boys whose fathers and friends used tobacco were 2 times and 2.9 times more likely to use tobacco (OR 2.0,CI 1.3-3.1) and OR 2.9, CI 1.6-5.1), respectively, compared with their counterparts. In the colleges study, 29% of the commerce students used tobacco compared with 5.3% of polytechnic students ($p<0.001$).²

Mrs. M Rani et al. conducted a study on 315 598 individuals 15 years or old from 91 196 householders in National Family Health Surveys-2 (1998-99). Data on tobacco consumption were elicited from household informants. Cross sectional, nationally representative population based household survey was done. Thirty percentage of the population 15 years or old – 47% men and 14% of women-either smoked or chewed tobacco, which translates to almost 195 million people-154 million men and 41 million women in India. However, the prevalence may be underestimated by almost 11% and 1.5% for chewing tobacco among men and women, respectively, and by 55 and 0.5% for smoking among men and women, respectively, because of use of household informants. Tobacco consumption was significantly higher in

poor, less educated, scheduled castes and tribes populations. The prevalence of tobacco consumption increased up to the age of 50 years and then leveled or declined. The prevalence of smoking and chewing also varied widely between different states and had a strong association with individual's socio-cultural characteristics.³

2. Health impacts of tobacco and its legal bounds

A systematic review was conducted in UK to find Health effects associated with smokeless tobacco. Analytical observational studies of ST use (cohorts, case-control, cross sectional studies) with a sample size of ≥ 500 were included if they reported on one or more of the following outcomes (all-cause mortality, oral and pharyngeal cancers, other cancers, cardiovascular diseases, dental diseases, pregnancy outcomes, surgical outcomes). And findings of the studies shows that in India there is substantial risk of oral or oropharyngeal cancers associated with chewing betel quid and tobacco. And the study concluded that Chewing betel quid and tobacco is associated with a substantial risk of oral cancers in India.⁴

A hospital-based case-control study of matched pairs was conducted to explore (a) the relationship between the use of betel quid chewing, cigarette smoking, alcohol drinking and oral cancer and (b) synergism between these factors. The case group consisted of 104 male and 3 female oral cancer patients and these were compared with 194 male and 6 female matched controls. We found by univariate analysis that alcohol consumption, smoking, betel quid chewing, educational level and occupation were associated with oral cancer. The adjusted odds ratios were to be found elevated in patients who were smoking and betel quid chewing. After adjusting for education and occupation covariates, the incidence of oral cancer was computed to be 123-fold higher in patients who smoked, drank alcohol and chewed betel quid than in abstainers. The synergistic effects of alcohol, tobacco smoke and betel quid in oral cancer were clearly demonstrated, but there was a statistically significant association between oral cancer and betel quid chewing alone. Swallowing betel quid juice (saliva extract of betel quid produced by chewing) or including unripened betel fruit in the quid both seemed to enhance the risks of contracting oral cancer.⁵

A Cross sectional survey was in USA to find the Effect of seeing tobacco use in films on trying smoking among adolescents. Cross sectional survey of 4919 schoolchildren aged 9–15 years, and assessment of occurrence of smoking in 601 films was done. And the study results showed adolescents had strong, direct, and independent association between seeing tobacco use in films and trying cigarettes. The study concluded that smoking in films has a role in the initiation of smoking in adolescents.⁶

A cohort study was conducted to Tobacco use and risk of myocardial infarction in 52 countries in the INTERHEART study. The study aimed to assess the risks associated with tobacco use (both smoking and non-smoking) and second hand tobacco smoke (SHS) worldwide. A standardised case-control study of acute myocardial infarction (AMI) with 27 089 participants in 52 countries (12 461 cases, 14 637 controls). And relation between risk of AMI and current or former smoking, type of tobacco, amount smoked, effect of smokeless tobacco, and exposure to SHS was assessed. And the study results showed that current smoking was associated with a greater risk of non-fatal AMI compared with never smoking; and risk

increased by 5.6% for every additional cigarette smoked. And the study concluded that Tobacco use is one of the most important causes of AMI globally, especially in men. All forms of tobacco use, including different types of smoking and chewing tobacco and inhalation of SHS, should be discouraged to prevent cardiovascular diseases.⁷

A study was conducted to find the association between dose-related and potentially reversible impairment of endothelium-dependent dilation in healthy young adults and cigarette smoking. 200 subjects aged 15 to 57 years, all normotensive, nondiabetic with cholesterol level $<$ or $=$ 240 mg/dL and no family history of premature vascular disease: 80 control subjects aged 16 to 56 years (mean, 35), 80 current smokers aged 15 to 55 years (mean, 33), and 40 former smokers aged 25 to 57 years (mean, 38) were selected. High-resolution ultrasound, vessel diameter was measured at rest, during reactive hyperemia (with flow increase causing endothelium-dependent dilation), and after sublingual glyceryltrinitrate (GTN, an endothelium-independent vasodilator). And the study results show that vessel diameter, baseline flow, and degree of reactive hyperemia (Doppler estimated) were similar in all groups. The study concluded that Cigarette smoking is associated with dose-related and potentially reversible impairment of endothelium-dependent arterial dilation in asymptomatic young adults, consistent with endothelial dysfunction.⁸

A cross sectional survey was conducted in Australia to find the effect of Teaching about tobacco in medical schools. The study aimed to estimate the extent of teaching about tobacco and smoking cessation techniques in medical schools worldwide and compare with results reported 10 years ago. 665 medical schools from 109 countries completed the full questionnaire, with a response rate of 31.8% from medical schools and 64% of countries and consisting of 39% of medical schools in developed and 28% in less developed countries. And the study findings show that there is encouraging increase in the extent of teaching on tobacco in medical schools over 10 years.⁹

A two-year controlled study was conducted in England to find the Effect of Enforcing Tobacco-Sales Laws on Adolescents' Access to Tobacco and Smoking Behavior. Sales of tobacco to minors and young people's access to and use of tobacco in six Massachusetts communities were assessed. Three communities (the intervention group) enforced tobacco-sales laws, whereas three matched communities (the control group) did not. To assess compliance with the law, minors working for the study investigators attempted to purchase tobacco from all retail vendors in each community every six months. And the study results showed that 68 percent of 487 vendors sold tobacco to minors. Compliance with the law improved significantly faster in the intervention communities than in the controls ($P < 0.001$). By the study's end, 82 percent of the merchants in the intervention communities complied with the law, as compared with 45 percent in the control communities. And the study concluded that enforcing tobacco-sales laws improved merchants' compliance and reduced illegal sales to minors but did not alter adolescents' perceived access to tobacco or their smoking.¹⁰

A longitudinal study was conducted in Washington to assess the effect of the Master Settlement Agreement (MSA) on the amount of cigarette advertisements visible from outside of over-the-counter

tobacco retailers, for five specific premium brands and an “all other” category, for five types of establishments, and in three areas (windows/doors, building/other detached areas, and sidewalks); to assess the relation of total exterior retail cigarette advertising to illegal sales to youth. Observations were conducted on the number of cigarette advertisements visible from outside tobacco retail establishments in a paired convenience sample ($n = 556$) in Massachusetts before and after the MSA. And the resulted Significant post-ban increases were observed in the prevalence of exterior cigarette advertising on gas (petrol) stations and gas mini/marts (gasoline retailers) buildings, windows, and doors. Significant declines were observed on windows of liquor stores. And the pre- to post-MSA increases suggest that the tobacco industry may be shifting expenditures selectively from billboard advertising to retailer exteriors more favoured by youth. Greater amount of cigarette advertising visible from outside over-the-counter tobacco retailers is associated with greater cigarette sales to minors.¹¹

A cross sectional survey was conducted in Poland to assess tobacco marketing and its susceptibility to smoking. The aim of the study was to investigate whether receptivity to tobacco marketing, for which a link to adolescent smoking already could be showing the past, was also associated with susceptibility to smoking. A sample of 1,478 Polish students who reported having never smoked was selected. Mean age was 10.1 years and about 53.3% were female. And the study concluded that receptivity to tobacco marketing increases susceptibility to smoking.¹²

A cross-sectional study was conducted in Lebanon to assess the Effectiveness of pictorial health warnings on cigarette packs among Lebanese school and university students. School students ($n=1412$) aged 13–18 years recruited from 28 schools and university students ($n=1217$) aged 18–25 years recruited from 7 universities were included in the study. And the study results shows that All pictorial warnings were considered more effective than the current text warning on message-related and impact-related variables, including intentions to quit or not to start smoking among school and university students.¹³

A study was conducted by Researchers from Stanford University, University of California San Francisco, Harvard Medical School and Imperial College London to find whether Smoke free laws and higher tobacco taxes in India could prevent nine million heart disease and stroke deaths over the next decade. They used a mathematical model to investigate which tobacco control measures could best reduce the burden of CVD in low- and middle-income countries. Their model estimated the effects of various tobacco control measures and pharmacological therapies on deaths from heart attack and stroke in India between 2013 and 2022. And the study concluded that based on the model, smoke-free legislation and tobacco taxation are expected to be the most effective strategies for reducing heart attack and stroke deaths over the next decade. These two measures alone could prevent about nine million deaths from heart attack and stroke in India by 2022, and a combination of tobacco control policies and pharmacological interventions could prevent even more deaths.¹⁴

A cross sectional study was conducted in USA to find the effect of restrictions on smoking at home, at school, and in public places on teenage smoking. The objective of the study was to determine the relation

between extent of restrictions on smoking at home, at school, and in public places and smoking uptake and smoking prevalence among school students. Sample of 7,287 high school students were included in the study. And study findings shows that restrictions on smoking at home, more extensive bans on smoking in public places, and enforced bans on smoking at school may reduce teenage smoking.¹⁵



CHAPTER III METHODOLOGY

“Research methodology is the techniques use to structure a study and to gather and analyze information relevant to the research question”.¹

The steps undertaken to conduct the study are described in this chapter. These steps include research design, development and description of tool employed, pilot study, sampling technique, setting of the study, the practice and technique of collection of data and plan of data analysis.

RESEARCH APPROACH

A quantitative approach using non experimental approach was chosen for the study

RESEARCH DESIGN

“Research design is referred to as the blue print for conducting the study that maximizes the control over factors that could interfere with the validity of the findings”.¹

The research design selected for the study was written survey design.

Clients will be selected using convenience sampling and informed consent will be taken. After getting informed consent from the subject's knowledge questionnaire will be administered.

VARIABLES

Research variables in the study are knowledge regarding legal bounds in selling tobacco and health impacts of tobacco among tobacco vendors

SETTING OF THE STUDY

“Settings are more specific places where data collection will occur”¹

The study was conducted in Naarangapuram, Illathuthazhe, Mooliyilnada, and Venus corner that come under Tellichery municipality.

POPULATION

“Population is the entire aggregation of cases that meet a designated set of criterias”¹

The population selected for this study was tobacco vendors

SAMPLE AND SAMPLING TECHNIQUE

“A sample is a subset of population that is selected for a particular study”¹

“Sampling is a process of selecting the group of people, events, behaviour or other elements with which to conduct the study”¹

SAMPLE

In this study the sample was tobacco vendors of Telicherry municipality

SAMPLE SIZE:60

SAMPLING TECHNIQUE

The sampling technique used in this study is convenience sampling. Convenience sampling is non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher⁶.

SAMPLING CRITERIA

Inclusion criteria

“The criteria that specify population characteristics are referred to as eligibility criteria or inclusion criteria”⁶. In this study inclusion criterion are:

- Subjects who are willing to participate

- Subjects who are available at the time of collection and subjects who can follow instruction will be included in the study.

TOOL/INSTRUMENT

DEVELOPMENT/SELECTION OF THE TOOL

An extensive review of literature was done and questionnaire was prepared.

DESCRIPTION OF THE TOOL

The investigator used the following tool to collect data for the study.

Tool

- Section-A- Performa to assess personal variables
- Section-B- Questionnaire to assess the knowledge regarding the health impacts of tobacco
- Section-C- - Legal bounds in selling tobacco

Structured interview schedule to collect personal variables and questionnaire to assess the knowledge health impacts of tobacco and its legal bounds among vendors

The structured interview schedule for assessing the personal & knowledge regarding the health impacts and legal bounds consists of 7 items to collect base line information, which includes Age, gender, educational status, income per month, income per month by tobacco sales, habits and history of respiratory disease.

Questionnaire to assess the knowledge among vendors regarding health impacts of tobacco and its legal bounds

The tool is questionnaire to assess the knowledge regarding the health impacts of tobacco and its legal bounds among tobacco vendors. The tool consists of three sections. Section A is a Performa to assess the personal variables.

Section B is a questionnaire to assess the knowledge regarding the health impacts of tobacco and it consist of 9 questions.

The grading of questionnaire is,

1-3-poor

4-6-average

7-9-good

Section C is a questionnaire to assess the knowledge regarding the legal bounds of tobacco and consist of 12 questions.

1-4-poor

5-8-average

9-12-good

TRANSLATION OF THE TOOL

The tool was translated into Malayalam, with the help of language experts and was retranslated into English to revalidate the language. It was found that all tools were valid regarding the language.

CONTENT VALIDITY

Validity is the most important concern for evaluating any measuring instrument. Validity refers to “the degree to which any measures or procedure succeeds in what it purposes to do”¹.

The prepared tool section A, B and C along with the objectives and criterion check list for validation sent to 6 experts in the field of nursing and medicine to ensure the content validity. The experts were requested to give their opinion regarding the items in the tools. Modifications were made based on the suggestions of the experts.

RELIABILITY OF THE TOOL

Reliability refers to “the degree of consistency or dependability with which an instrument measures an attribute.”¹

The reliability of “**Questionnaire to assess the knowledge among vendors regarding health impacts of tobacco and its legal bounds**” was calculated by split-half method and the tool was found to be reliable.

PILOT STUDY

“A pilot study is as small-scale version, or trial run, done in preparation for a major study”¹

Pilot study was conducted among 5 tobacco vendors of Dharmadam. The study was found to be feasible.

DATA COLLECTION PROCESS

“Data collection is the process of acquiring subjects and collecting the information needed for the study”¹

After getting administrative sanction from Principal, College of Nursing, Thalassery, Malabar Cancer Centre Kodyeri and approval of the institutional ethical committee, permission was obtained from Merchant Association Thalassery. The data was collected from 01/08/13 to 31/08’13. Sample were selected

based on the sampling criteria, using convenience sampling method. Data was collected using questionnaire to assess knowledge regarding health impacts of tobacco and its legal bounds among vendors

PLAN FOR DATA ANALYSIS

The data will be analyzed using descriptive and inferential statistics. Descriptive statistics like mean, frequency, percentage and standard deviation will be used in the study analysis. Significance of the study will be analyzed using co-relation. Association between selected variables and will be calculated using chi-square.

ETHICAL CONCERNS

- Institution ethical committee clearance will be obtained
- Permission will be obtained from Merchant association
- Written informed consent will be obtained from the sample

SUMMARY

The chapter dealt with research approach and design, variables, setting, population and sample of the study, description and development of the tool, pilot study, data collection procedure and plan for data analysis.



ANALYSIS AND INTERPRETATION

The present study is intended to assess the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors at Thalassery municipality

Data collected from 60 samples were tabulated and analyzed and interpreted using descriptive and inferential statistics. The findings of study are presented under the following sections. Section I : Sample characteristics.

Section II : Relationship between the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

Section III: Association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables.

Section IV: Association between the knowledge regarding health impacts of tobacco and selected variables

Section I : Sample characteristics

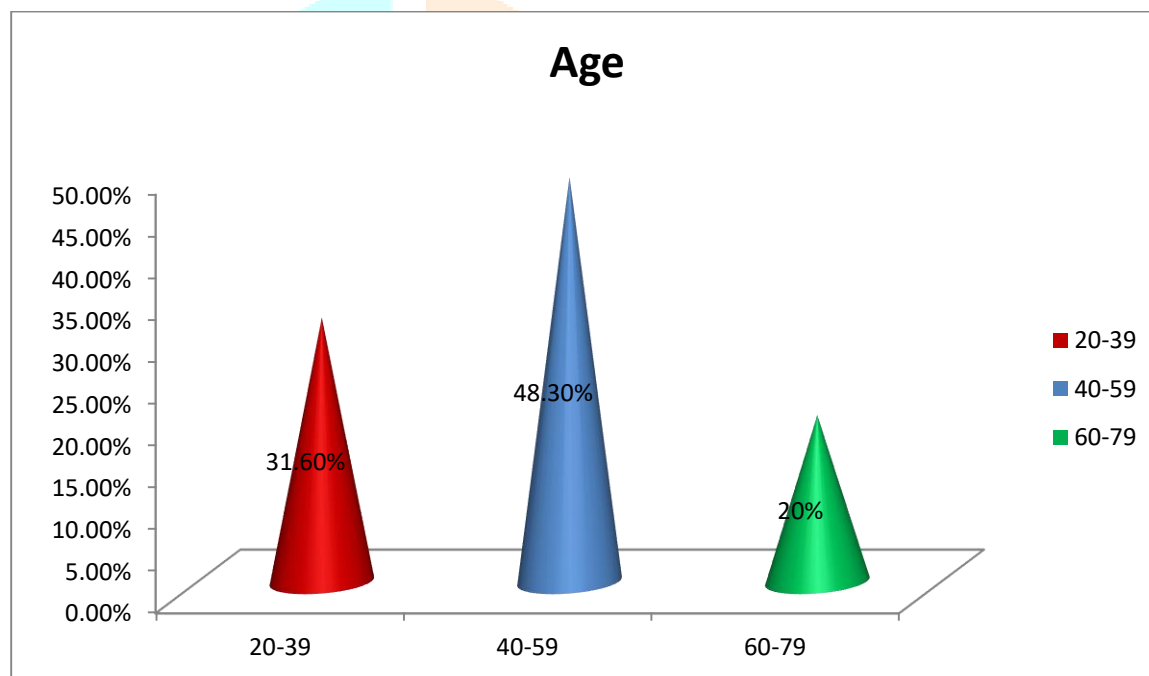


Figure 2: Con diagram showing distribution of sample based on age .

Data presented in figure 3 shows that majority , (48.3%) of the sample were between 20-39.

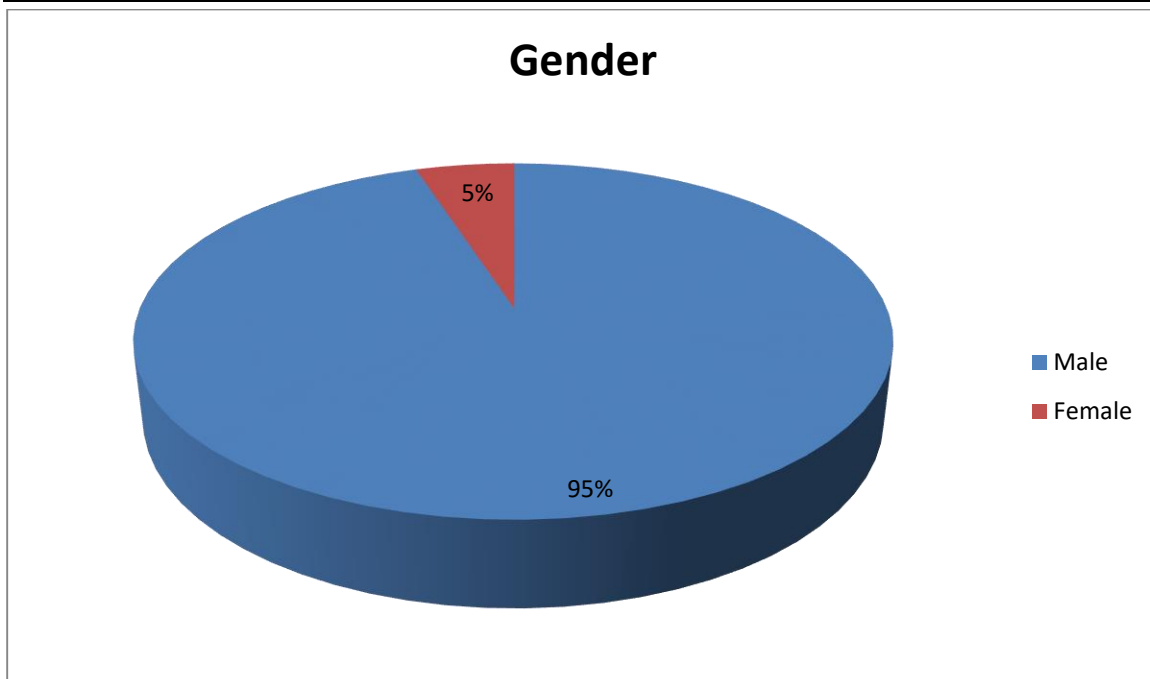


Figure 3: Pie diagram showing distribution of sample based on gender.
Data presented in figure 3 shows that majority, 57 (95 %) of the sample were males.

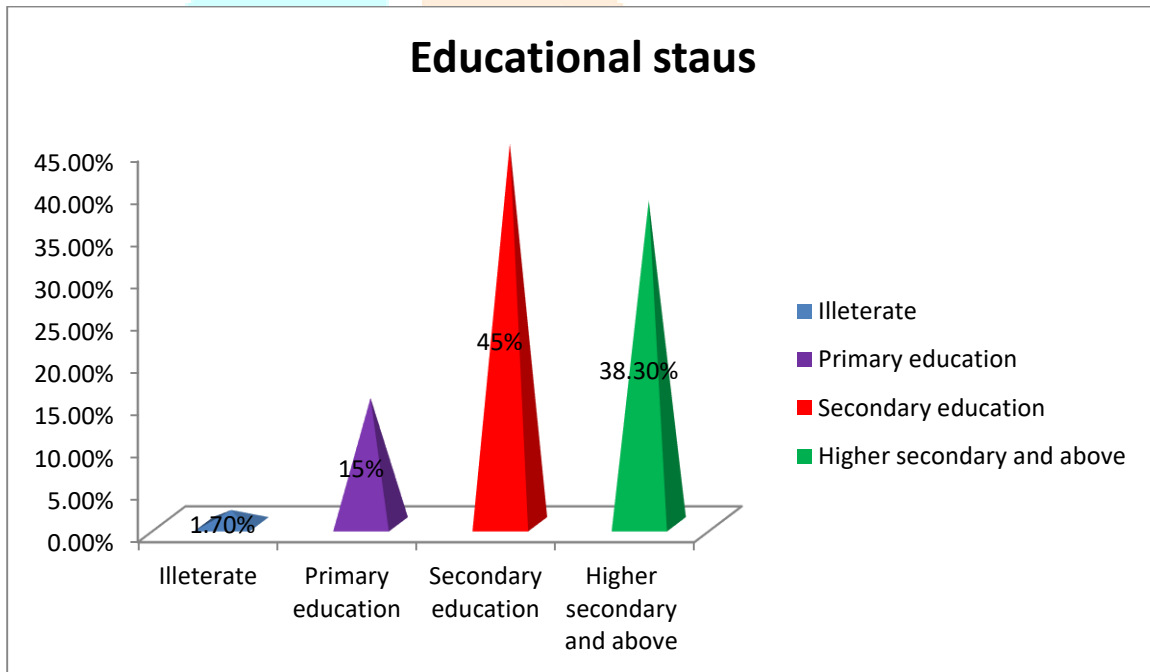


Figure 4: Con diagram showing distribution of sample based on education.
Data presented in figure 4 shows that majority, 27 (45 %) of the sample were males

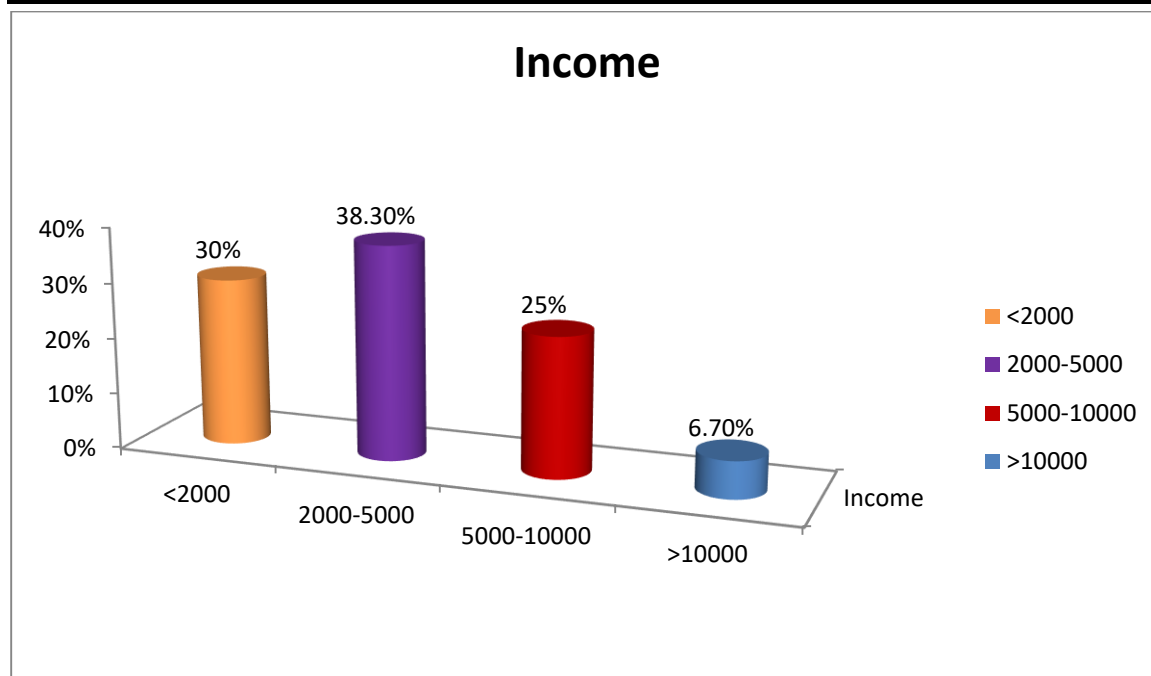


Figure 5: Cylindrical diagram showing distribution of sample based on monthly income .

Data presented in figure 5 shows that most, 23 (38.3%) of the sample had monthly income between 2000-5000

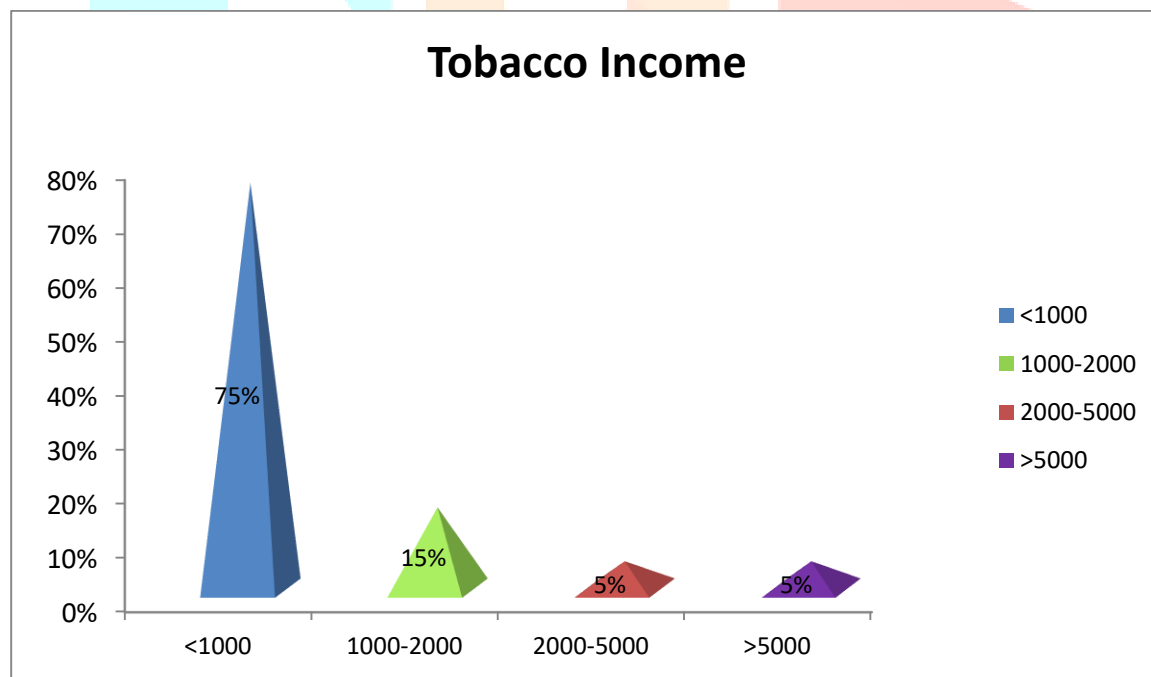


Figure 6: Con diagram showing distribution of sample based on monthly income by tobacco sales .

Data presented in figure 6 shows that most, 45 (75%) of the sample had monthly income between 2000-5000

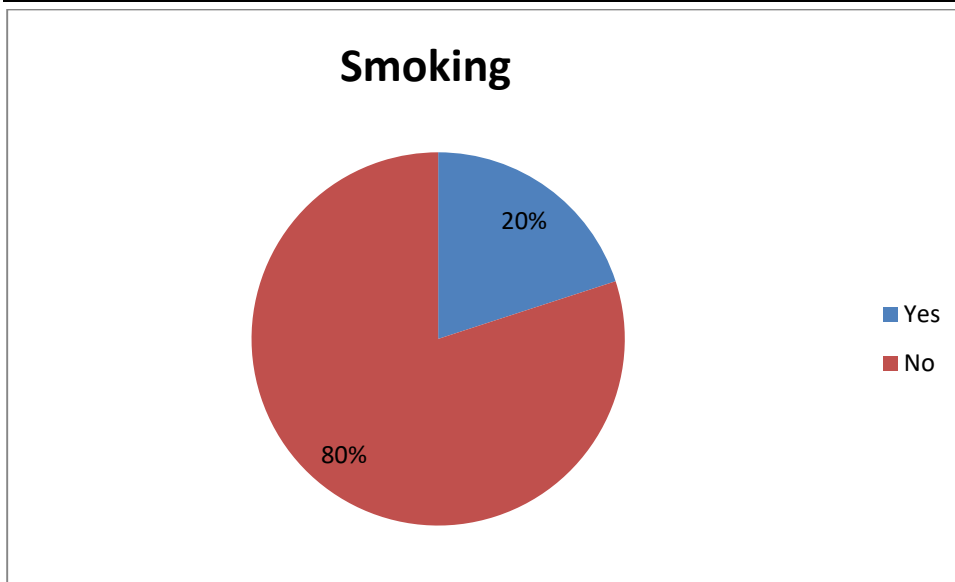


Figure 7: Pie diagram showing distribution of sample based on habits of smoking .

Data presented in figure 7 shows that majority, 48 (80%) had smoking habits.

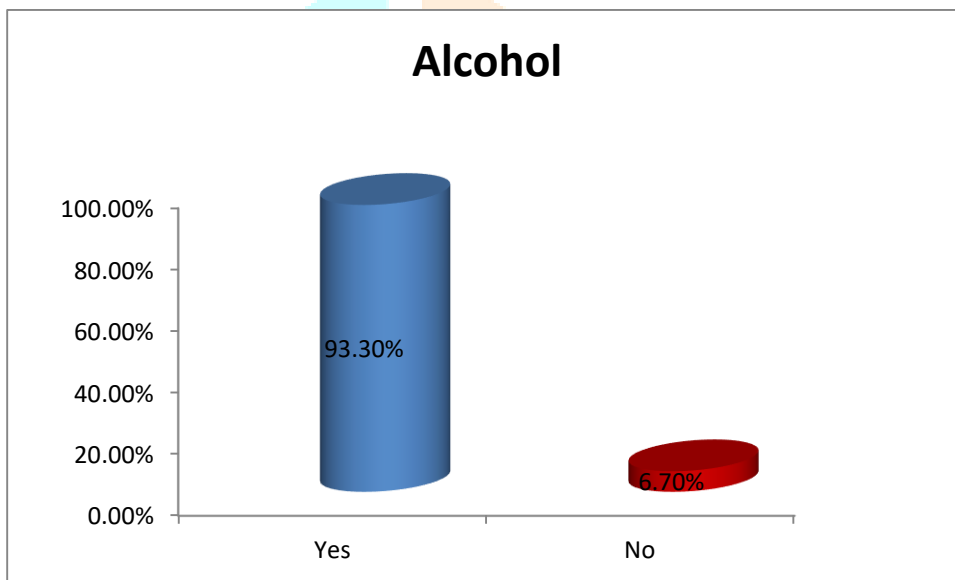


Figure 8: Cylindrical diagram showing distribution of sample based on habits of alcoholism.

Data presented in figure 8 shows that majority, 56 (93.30%) had the habits of alcoholism.

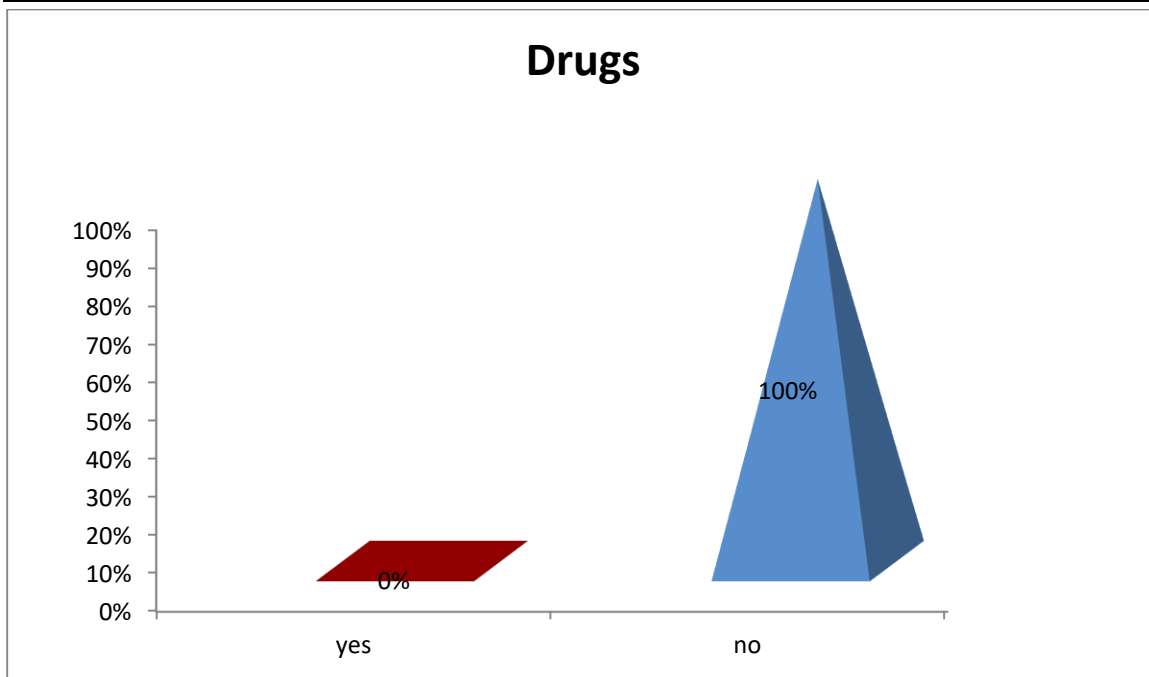


Figure 9: Con diagram showing distribution of sample based on habits of drug use.

Data presented in figure 9 shows that majority, 60 (100%) had no habits of drug use

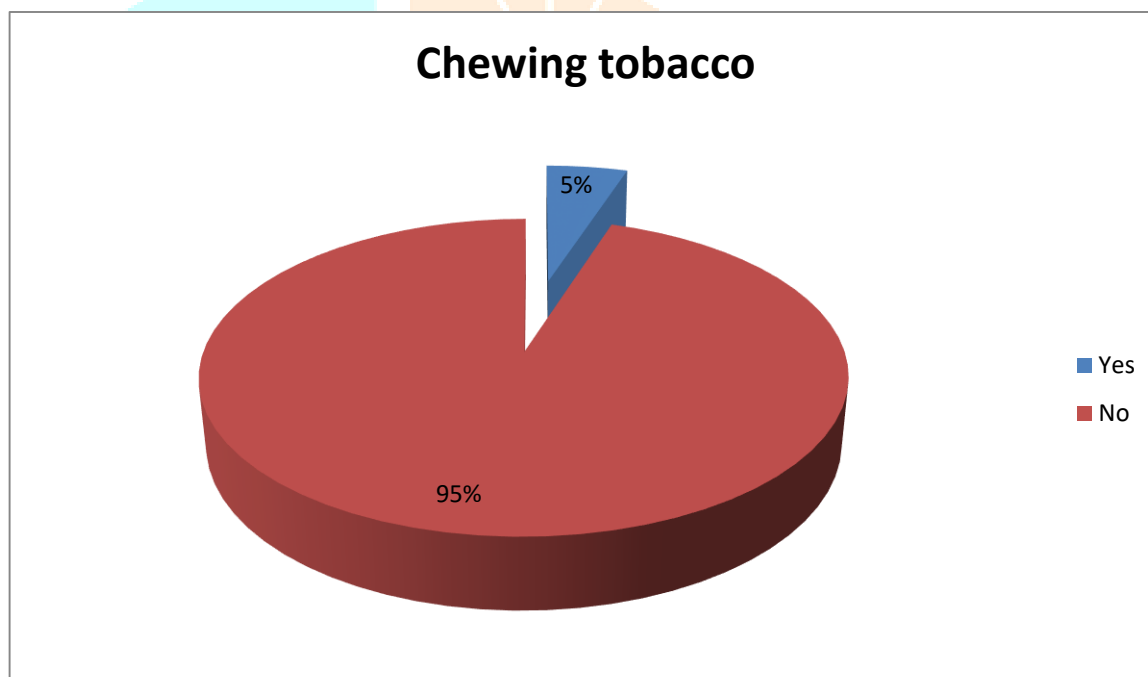


Figure 10: Pie diagram showing distribution of sample based on habits of chewing tobacco.

Data presented in figure 10 shows that majority, 57 (95%) had no habits of tobacco chewing

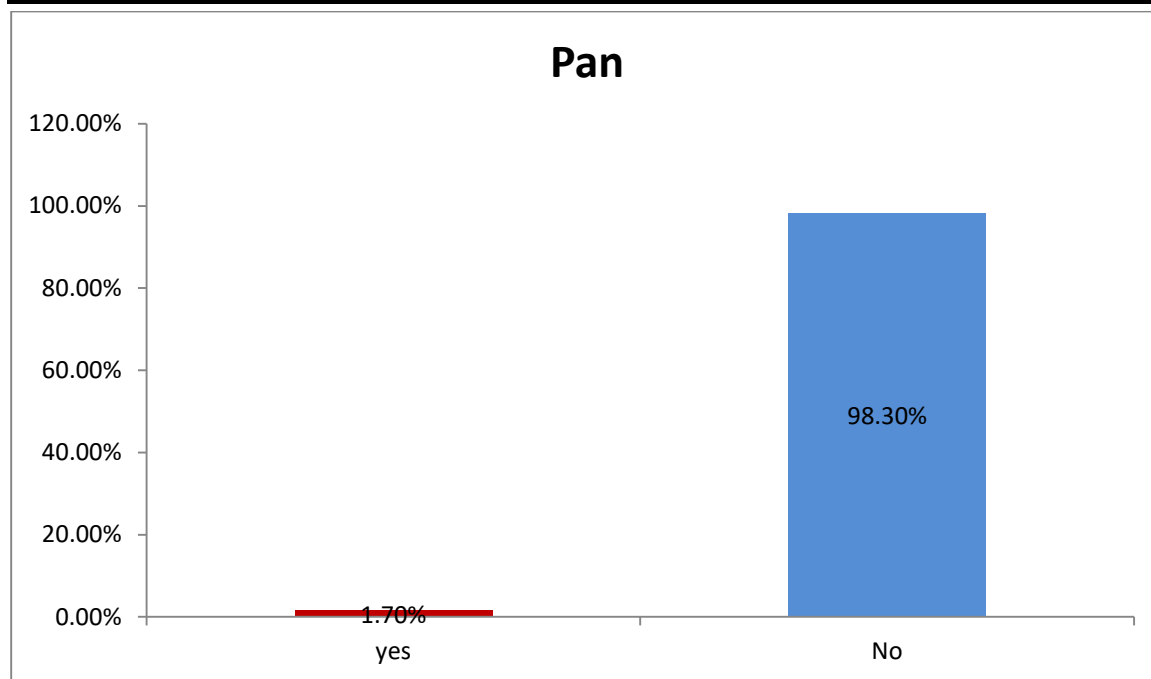


Figure 11: Bar diagram showing distribution of sample based on habits of pan masala use.

Data presented in figure 11 shows that majority, 59 (98.3%) had no habits of pan masala use.

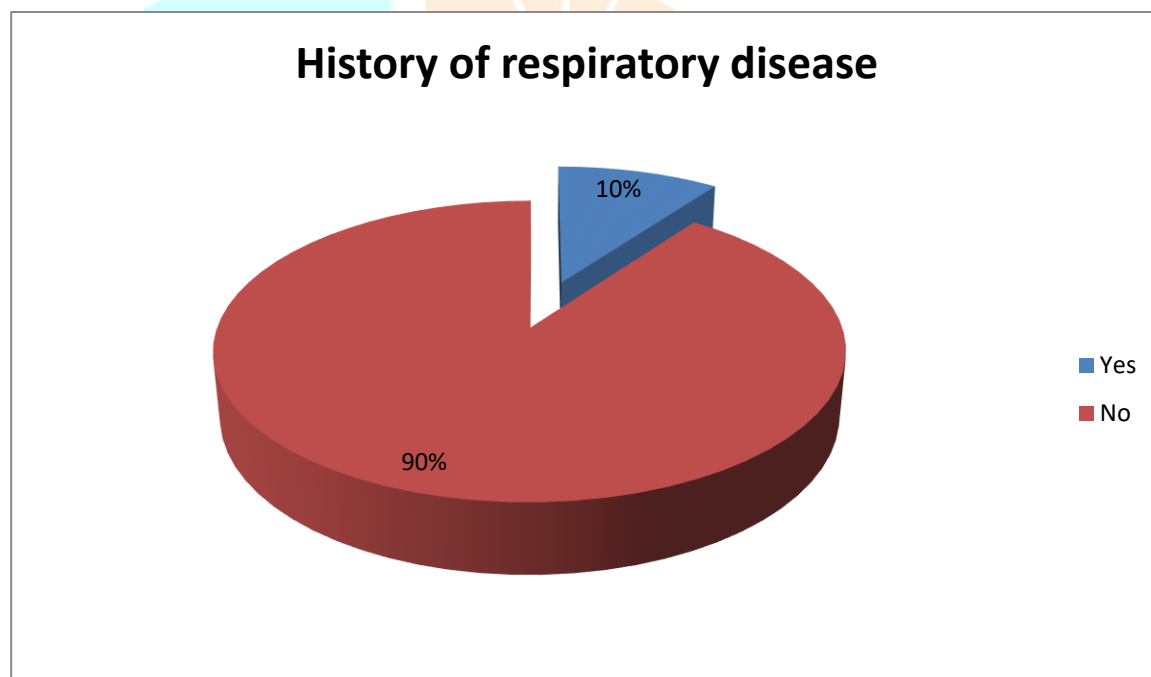


Figure 12: Pie diagram showing distribution of sample based on the history of respiratory disease

Data presented in figure 12 shows that majority, 54 (90%) had no history of respiratory disease.

Table 1: Frequency and percentage distribution of sample based on level of knowledge regarding the health impacts of tobacco

N= 60

Level of knowledge regarding health impacts of tobacco	Frequency	Percent
--	-----------	---------

Poor	12	20.0
Average	40	66.7
Good	8	13.3

Data presented in table 1 shows that most ,66.7 % of sample had average level of knowledge regarding the health impacts of tobacco.

Table 2: Frequency and percentage distribution of sample based on level of knowledge regarding the legal bounds in selling tobacco

Level of knowledge regarding the legal bounds in selling tobacco

	Frequency	Percent
Poor	11	18.3
Average	34	56.7
Good	15	25.0

Data presented in table 2 shows that most ,56.7 % of sample had average level of knowledge regarding the legal bounds in selling tobacco

Section II : Relationship between the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

Table 3: Relationship between the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

N=60

Variables	r	df
Knowledge regarding legal bounds in selling tobacco among tobacco vendors	0.149	58
Knowledge regarding health impacts of tobacco among tobacco vendors		

Data presented in table 3 shows that there is a positive relationship between the level of knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

Section III: Association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

Table 4: Association between the knowledge regarding legal bounds in selling tobacco venders and selected variables

Personal variable	Poor	Average	Good	df	χ^2
1. Age					
• 20-39					
• 40-59					
• 60-79					
2. Gender				2	.416
• Male	11	39	7		
• Female	1	1	1		
3. Educational status					
• Illiterate	1	0	0	3	.226
• Primary education	1	5	3		
• Secondary education	6	19	2		
Higher secondary and above	4	16	3		
4. Income per month					
• <2000	4	11	3	3	.365
• 2000-5000	7	14	2		
• 5000-10000	0	12	3		
• >10000	1	3	0		
5. Income per month by tobacco sale					
• <Rs1000	10	29	6	3	.216
• Rs1000-2000	0	7	2		
• Rs2000-5000	0	3	0		
• >Rs5000	2	1	0		
6. History of respiratory diseases					
• Yes	2	4	0	1	.47
• No	10	36	8		
7. Habits					
Smoking					
• Yes	2	7	3	1	.413
• No	10	33	5		
Alcoholism					
• Yes					
• No	12	40	8	1	.389
Drugs					
• Yes					
• No	11	34	15	1	.0
Chewing tobacco					
• Yes	2	1	0		

• No	9	33	15	1	.07
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Data presented in table 4 shows that no association between the knowledge regarding legal bounds in selling tobacco venders and selected variables

Section IV: Association between the knowledge regarding health impacts of tobacco and selected variables

Table5 :Association between the knowledge regarding health impacts of tobacco and selected variables

Personal variable	Poor	Average	Good	df	χ^2
1. Age					
• 20-39					
• 40-59					
• 60-79					
2. Gender					
• Male	11	31	15	2	.29
• Female	0	3	0		
3. Educational status					
• Illiterate	1	0	0	3	.312
• Primary education	3	5	1		
• Secondary education	4	16	7		
• Higher secondary and above	3	13	7		
4. Income per month					
• <2000	5	10	3	3	.365
• 2000-5000	5	11	7		
• 5000-10000	0	12	3		
• >10000	1	1	2		
5. Income per month by tobacco sale					
• <Rs1000	9	27	9	3	.53
• Rs1000-2000	0	5	4		
• Rs2000-5000	1	1	1		
• >Rs5000	1	1	1		
6. History of respiratory diseases					
• Yes	2	4	0	1	.47
• No	10	36	8		
7. Habits					

Smoking					
• Yes	1	8	3	1	.58
• No	10	26	12		
Alcoholism					
• Yes	0	2	2		
• No	11	32	13	1	.389
Drugs					
• Yes	0	0	0		
• No	11	34	15	1	.0
Chewing tobacco					
• Yes	2	1	0		
• No	9	33	15	1	.07
Pan					
• Yes	0	1	0		.678
• No	11	33	15		

Data presented in table 5 shows that no association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

CHAPTER V

Section I : Sample characteristics

Majority, 57 (95 %) of the sample were males, majority , (48.3%) of the sample were between 20-39. most, 23 (38.3%) of the sample had monthly income between 2000-5000 most, 45 (75%) of the sample had monthly income between 2000-5000 majority, 48 (80%) had smoking habits majority, 56 (93.30%) had the habits of alcoholism, majority, 60 (100%) had no habits of drug use, majority, 57 (95%) had no habits of tobacco chewing , majority, 54 (90%) had no history of respiratory disease.

most ,66.7 % of sample had average level of knowledge regarding the health impacts of tobacco most ,56.7 % of sample had average level of knowledge regarding the legal bounds in selling tobacco

Section II : Relationship between the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

There is a positive relationship between the level of knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

Section III: association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

There is no association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

TOOL TO ASSESS KNOWLEDGE REGARDING HEALTH IMPACTS OF TOBACCO AND ITS LEGAL BOUNDS AMONG VENDORS

SECTION-A-PROFORMA TO ASSESS PERSONAL VARIABLES

Instructions

Please read the following questions carefully and put a tick mark against the selected option.

1. Age in years.....
2. Gender
 - a. Male
 - b. Female
3. Educational status
 - a. Illiterate
 - b. Primary education
 - c. Secondary education
 - d. Higher secondary and above
4. Income per month
 - a. <2000
 - b. 2000-5000
 - c. 5000-10000
 - d. >10000
5. Income per month by tobacco sales
 - a. <Rs2000
 - b. Rs1000-2000
 - c. Rs2000-5000
 - d. >Rs5000
6. Habits

	If yes specify				
	Yes	No	Name	Quantity/day	duration
Smoking					
Alcoholism					
Use of Drugs					
Chewing tobacco					
Use of pan masala products					

7. History of respiratory diseases
 - a. Yes
 - b. No
 If yes, specify.....

SECTION-B-QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING THE HEALTH IMPACTS OF TOBACCO

Instructions:

Please read the following questions carefully and put a tick mark against the selected option.

1. What is tobacco?
 - a) Food
 - b) Drug
 - c) pesticide
 - d) Nicotine rich leaf
2. Which of the following is the commonest use of tobacco?
 - a) Smoking and chewing
 - b) Pesticide

- c) Food
- d) Drug
3. Which is the poisonous substance present in the tobacco?
 - a) Morphine
 - b) Tar
 - c) Cocaine
 - d) Ethanol
4. Which of the following is the action of tobacco?
 - a) Slow poison
 - b) Anesthetic
 - c) Analgesic
 - d) Sedative
5. Which among the following causes addiction to tobacco products?
 - a) Tar
 - b) Nicotine
 - c) Cadmium
 - d) Nickel
6. What is the impact of tobacco on health?
 - a) Cardio vascular diseases and cancer
 - b) Blindness and respiratory diseases
 - c) Infertility and impotence
 - d) All of the above
7. Which of the following cancers can occur among tobacco smokers?
 - a) Stomach cancer
 - b) Lung cancer
 - c) Oral cancer
 - d) Bladder cancer
8. Which of the following cancers can occur among tobacco chewers?
 - a) Stomach cancer
 - b) Lung cancer
 - c) Oral cancer
 - d) Liver cancer
9. Why does tobacco products cause cancer?
 - a) Presence of carcinogens
 - b) Presence of tar
 - c) Presence of chemicals
 - d) All of the above
10. What is passive smoking?
 - a) Direct inhalation of tobacco smoke by smoker
 - b) Same cigarette shared by more than one person
 - c) Involuntary inhalation of tobacco smoke by a nonsmoker
 - d) All of the above
11. Which of the following smoking is more dangerous?
 - a) Passive smoking
 - b) Active smoking
 - c) Both a and b
 - d) Reverse smoking
12. What are the changes nicotine produce in our body?
 - a) Hardening of arteries
 - b) Indigestion
 - c) Persistent Cough
 - d) All the above
13. What is reverse smoking?
 - a) Direct inhalation of tobacco smoke by smoker
 - b) Smoking a cigarette or cigar from the lit end
 - c) Sharing the cigarette by more than one person
 - d) Indirect inhalation of smoke

14. Who among these are more prone to the harmful effects of passive smoking?
- Pregnant women
 - Children
 - Both a and b
 - Younger age
15. Which among the following product can cause peripheral vascular disease?
- Tobacco
 - Drugs
 - Alcohol
 - Fast food

SECTION-C- QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING THE LEGAL BOUNDS IN SELLING TOBACCO

Instructions: Please read the following questions carefully and put a tick mark against the selected option.

- What is the minimum age required to get license for retail tobacco sale?
 - 18yrs
 - 21yrs
 - 15yrs
 - 25yrs
- What is the minimum age required to buy tobacco products?
 - 18yrs
 - 21yrs
 - 15yrs
 - 27yrs
- What is the basic criterion for selling tobacco products?
 - Licensure from the authority
 - Capital fund
 - Approval from Panchayat
 - Physical facilities
- What is the punishment for selling tobacco products without product license number?
 - 1yr imprisonment
 - Penalty of Rs5000/
 - Penalty not exceeding Rs 3500and not less than Rs1400
 - Cancelling of license
- What type of advertisements are mandatory to display on the tobacco products?
 - Advertisements regarding ill effects of tobacco
 - Tobacco promoting advertisements
 - Compounds of tobacco products
 - Advertisement regarding benefits of tobacco
- What is the punishment for violating the rules regarding the advertisement of tobacco products?
 - Penalty >Rs7000
 - Penalty<Rs5000
 - No penalty
 - Cancellation of license
- Which among the following products is banned by the Govt Of India?
 - Gutka
 - Tobacco betel leaf

- c) Cigarette
d) Beedi
8. Which of the following day is observed as World no tobacco day?
a) May 31
b) July 21
c) April 13
d) April 7
9. Which are the places where smoking is prohibited by law?
a) Public places
b) Educational and governmental institutions
c) Health care institutions
d) All of the above
10. What is the punishment if someone found smoking in the prohibited area?
a) Penalty of Rs.200
b) Penalty of Rs.500
c) Imprisonment for 1 day
d) No penalty
11. What is the minimum distance for selling tobacco products near to an educational institution?
a) 100M
b) 50M
c) 1KM
d) No distance
12. What is the punishment for selling tobacco products in areas prohibited near to the educational institutions?
a) Penalty of Rs.200
b) Penalty of Rs.500
c) Imprisonment for 1 day
d) No penalty
13. What type of display method is mandatory for health warning labels?
a) Picture
b) Graphics
c) Sign
d) Text
14. Which among the following should be avoided while labeling tobacco products according to the guidelines?
a) Lights, ultra lights and low tar labeling of ill effects
b) Graphics
c) Pictorial presentation of ill effects
d) All of the above
15. Which among the following is essential to control the health impacts of tobacco?
a) Tobacco act and law should be made strict
b) Increasing the Tax of selling and making of tobacco products
c) Restrict the sponsorship from tobacco companies
d) Awareness program in public and educational institution
e) All of the above

പുകയില ഉൽപ്പന്നങ്ങളുടെ ആരോഗ്യപരമായ റിസ്കുകളെയും,

നിയമങ്ങൾക്കും കുറിപുള്പുകയില വില്പനകൾക്കും അറിവുപരിശോധിക്കുന്നതിനുള്ള
അളവുകൾ

നിർദ്ദേശങ്ങൾ :- വ്യക്തിഗത വിവരങ്ങളെ അറിയുന്നതിന് വേണ്ടിയുള്ള ചോദ്യാവലിയാണ് താഴെ കൊടുത്തിരിക്കുന്നത്. ഇവയിൽ ഏറ്റവും അനുയോജ്യമായ ഉത്തരത്തിനു നരേ 'ശരി'(V)എന്ന് അടയാളപ്പെടുത്തുക

1. വയസ്സ്:-----

2. ലിംഗം

എ) പുരുഷൻ

ബി) സ്ത്രീ

3. വിദ്യാഭ്യാസം

എ) നിരക്ഷരൻ

ബി) പ്ലാമിക് വിദ്യാഭ്യാസം

സി) പത്താംതരം

ഡി) പന്തരണ്ടാം തരമോ അതിനു *aplntem*

4. മാസ-വരുമാനം

എ) 2000 രൂപയ്ക്കു താഴെ

ബി) 2000 മുതൽ 5000 രൂപ വരെ

സി) 5000 മുതൽ 10000 രൂപ വരെ

ഡി) 10000 രൂപയ്ക്കു മുകളിൽ

5. പുകയില വില്പനയിൽനിന്നും ഉള്ള മാസവരുമാനം

എ) 1000 രൂപയ്ക്കു താഴെ

ബി) 1000രൂപമുതൽ 2000രൂപവരെ

സി) 2000രൂപമുതൽ 5000രൂപ വരെ

ഡി) 5000രൂപയ്ക്കു മുകളിൽ

6. ശീലങ്ങളെ

	ഉണ്ടാക്കിയിട്ടുള്ള വ്യക്തമാക്കുക				
	ഉണ്ട്	ഇല്ല	പരേ	ദിവസനേയുള്ള അളവ്	കാലയളവ്
പുകവലി					
മദ്യപാനം					
മയക്കുമരുന്നുകളുടെ ഉപയോഗം					
പുകയില മുറുക്ക്					
പാൻ മസാല ഉല്പന്നങ്ങളുടെ ഉപയോഗം					

7.

ശ്
വാസകോശ
സംബന്ധമാ
യ
രോഗങ്ങളെ

എ)

ഉണ്ട്

ബി) ഇല്ല്

ഉണ്ണെങ്കില് വയക്തമാക്കുക.....

ഭാഗം ബി

പുകയിലയുടെ ദുഷ്ഘടലങ്ങളെ കുറിച്ച് പഠിച്ച് അറിവ് പരിശോധിക്കുന്നതിനുള്ള ചോദ്യാവലി

നിർദ്ദേശങ്ങൾ:- താഴെ തന്നിരിക്കുന്നത് ചോദ്യങ്ങൾ ശ്രദ്ധാപൂർവ്വം വായിച്ച് അനുയോജ്യമായ ഉത്തരത്തിന് നരേ ശരി(V) അടയാളപ്പെടുത്തുക.

1. എന്താണ് പുകയില?

എ) ഭക്ഷണം

ബി) മരുന്ന്

സി) കീടനാശിനി

ഡി) നിക്കോട്സിന് അടങ്ങിയ ഇല

2. താഴെ പറയുന്നവയിൽ ഏതുരീതിയിലാണ് പുകയില സാധാരണയായി ഉപയോഗിക്കുന്നത്?

എ) പുകവലിയും മുറുക്കും

ബി) കീടനാശിനി

സി) ഭക്ഷണം

ഡി) മരുന്ന്

3. പുകയിലയിൽ അടങ്ങിയിരിക്കുന്നത് വിഷപദാർത്ഥം എന്ത്?

എ) മോർഫിൻ

ബി) ടാർ

സി) ക്വെക്കനെൻ

ഡി) എൽതനോള

4. താഴെ പറയുന്നവയിൽ ഏതാണ് പുകയിലയുടെ പരവർത്തനം?

എ) പതകക പരവർത്തികുന്നത് വിഷപദാർത്ഥം

ബി) മയക്കം ഉണ്ടാക്കുക

സി) വദന കുറക്കുക

ഡി) ഉറക്കം ഉണ്ടാക്കുക

5. പുകയിലയിൽ അടങ്ങിയിരിക്കുന്നത് ഏതുപദാർത്ഥമാണ് ലഹരിക് അടിമപ്പെടുത്തുന്നത്?

എ) ടാർ

ബി)നിക്കോട്സിന്

സി) കാഡ്മിയം

ഡി) നിക്കല്

6. പുകയിലമൂലമുള്ള ആരോഗ്യ പ്രശ്നങ്ങളെ എവ?

എ) ഹൃദയസംബന്ധമായ അസുഖങ്ങളും, അർബുദവും

ബി) അന്ധതയും, ശ്വാസകോശ സംബന്ധമായ അസുഖങ്ങളും

സി) വന്ധ്യതയും, ലംഗിക ശേഷികുറവും

ഡി) മുകളില് പറഞ്ഞവ എല്ലാം

7. താഴെ പറയുന്നവയില് ഏത് അർബുദമാണ് പുകവലിക്കാരിത സാധാരണയായി കാണപ്പെടുന്നത്?

എ) ആമാശയ അർബുദം

ബി) ശ്വാസകോശത്തില് ഉണ്ടാകുന്ന അർബുദം

സി) വായില് ഉണ്ടാകുന്ന അർബുദം

ഡി) മുതരാശയത്തില് ഉണ്ടാകുന്ന അർബുദം

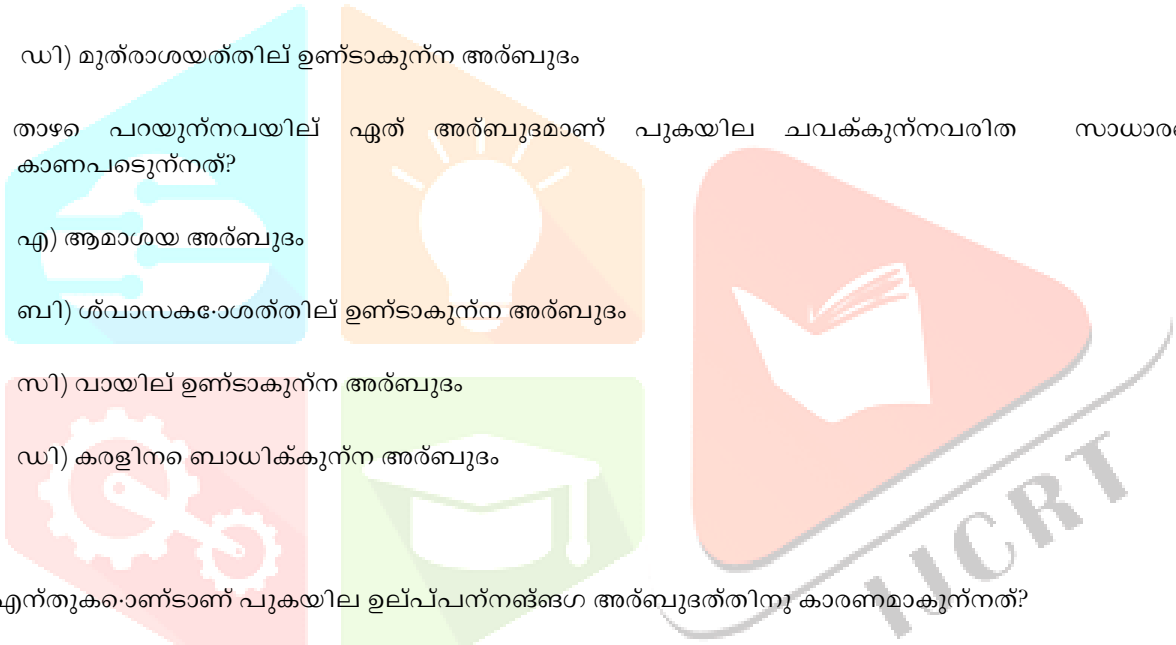
8. താഴെ പറയുന്നവയില് ഏത് അർബുദമാണ് പുകയില ചവക്കുന്നവരിത സാധാരണയായി കാണപ്പെടുന്നത്?

എ) ആമാശയ അർബുദം

ബി) ശ്വാസകോശത്തില് ഉണ്ടാകുന്ന അർബുദം

സി) വായില് ഉണ്ടാകുന്ന അർബുദം

ഡി) കരളിനെ ബാധിക്കുന്ന അർബുദം



9. എന്തുകൊണ്ടാണ് പുകയില ഉല്പന്നങ്ങളുടെ അർബുദത്തിനു കാരണമാകുന്നത്?

എ) അർബുദകാരികളുടെ സാന്നിദ്ധ്യം

ബി) ടാർ അടങ്ങിയിരിക്കുന്നതുകൊണ്ട്

സി) രാസപദാർത്ഥങ്ങളുടെ സാന്നിദ്ധ്യം

ഡി) മുകളില് പറഞ്ഞവയെല്ലാം

10. എന്താണ് നിഷ്കരിയ പുകവലി?

എ) പുകവലിക്കുമ്പോള് നരീട് ശ്വസിക്കുന്ന പുക

ബി) ഒന്നില് കൂടുതല് ആളുകൾ ഒരു സിഗരറ്റ് പുകിടുക

സി) മറ്റെൊരാള് പുറത്തേക്കു വിടുന്നപുക അനിയന്ത്രിതമായി ശ്വസിക്കുക

ഡി) മുകളില് പറഞ്ഞവയെല്ലാം

11. താഴെ പറയുന്നവയില് ഏറ്റവും മാരകമായ പുകവലി ഏത്?

എ) നരീട്സുള്ള പുകവലി

ബി) നിഷ്കരിയ പുകവലി

സി) “എ” യും “ബി” യും

ഡി) കത്തുന്ന ഭാഗം ഉള്ളിലേക്ക് വലിച്ചുട്ട് പുകവലി

12. നമ്മുടെ ശരീരത്തിൽ നികോട്സിന ഉണ്ടാകുന്ന മാറ്റങ്ങൾ ഏവ?

എ) ധമനീഭിത്തികളിൽ കട്സിയാവുക

ബി) ദഹനകേട്

സി) നിരന്തരമായ ചുമ

ഡി) മുകളിൽ പറഞ്ഞവയെല്ലാം

13. എന്താണ് റിവേഴ്സ് പുകവലി?

എ) നരോട്കുള്ള പുകവലി

ബി) കത്തുന്ന ഭാഗം ഉള്ളിലേക്ക് വലിച്ചുട്ട് പുകവലി

സി) ഒരേ സിഗരറ്റ് ഒന്നിലകൂടുതൽ ആളുകൾ പങ്കിടുക

ഡി) പരോക്ഷമായി പുകശ്വസിക്കുക.

14. താഴെ പറയുന്നവയിൽ ആർക്കാണ് നിഷ്കരിയ പുകവലിയുടെ ഹാനികരമായ പ്ലോവം കൂടുതൽ ഉണ്ടാകാനു സാധ്യത ഉള്ളത്?

എ) ഗർഭിണികളിൽ

ബി) കുട്ടികളിൽ

സി) “എ” യും “ബി” യും

ഡി) മുതിർന്നവരിൽ

15. താഴെ പറയുന്ന ഉല്പന്നങ്ങളിൽ ഏതാണ് രക്തകുഴലുകളുടെ പ്ലോവം കൂടുതൽ ഉണ്ടാകാനു സാധ്യത ഉള്ളത്?

എ) പുകയില

ബി) മരുന്നുകളിൽ

സി) മദ്യപാനം

ഡി) ഫാസറ്റ് ഫുഡ്

ഭാഗം-സി

പുകയില വിലപ്പനയിലുള്ള നിയമവശങ്ങളെക്കുറിച്ച്

അറിവ് രിശോധിക്കുന്നതിനുള്ള ചോദ്യാവലി

നിർദ്ദേശങ്ങൾ :- താഴെ കൊടുത്തിരിക്കുന്ന ചോദ്യങ്ങൾ ശ്രദ്ധാപൂർവ്വം വായിച്ച് ഏറ്റവും അനുയോജ്യമായ ഉത്തരത്തിനു നരേ ശരി (V) എന്ന് നടയാളപടുത്തുക

1.പുകയില ഉല്പന്നങ്ങളെ വിലകുന്നതിനുള്ള ലസൈൻ ലഭിക്കുന്നതിനുവണ്െ ഏറ്റവും കുറഞ്ഞ പരായം ഏത്?

എ) 18 വയസ്സ്

ബി) 21 വയസ്സ്

സി) 15 വയസ്സ്

ഡി) 25 വയസ്സ്

2. പുകയില വാങ്ങുന്നതിനുള്ള ഏറ്റവും കുറഞ്ഞ പരായ പരിധി ഏത്?

എ) 15 വയസ്സ്

ബി) 18 വയസ്സ്

സി) 21 വയസ്സ്

ഡി) 25 വയസ്സ്

3. എന്തൊക്കെയാണ് പുകയില ഉല്പന്നങ്ങളെ വിലകുന്നതിനുള്ള അടിസ്ഥാന ഘടകങ്ങളെ?

എ) മലേധികാരികളില് നിന്നുള്ള ലസൈൻ

ബി) മൂലധനം

സി) പഞ്ചായത്തില് നിന്നും ഉള്ള അംഗീകാരം

ഡി) ഭൗതിക സൗകര്യങ്ങൾ

4. പുകയില ഉല്പന്നങ്ങളെ ലസൈൻ നമ്പരിലാതെ വിറ്റാലുള്ള ശിക്ഷയെന്ത്?

എ) 1 വർഷം ജയില് ശിക്ഷ

ബി) 5000 രൂപ പിഴ

സി) 1400 മുതല് 3500 രൂപവരെ കിടാവുന്ന പിഴ

ഡി) ലസൈൻ റദ്ദാക്കല്

5. ഏതു തരത്തിലുള്ള പരസ്യങ്ങളാണ് പുകയില ഉല്പന്നങ്ങളില് പതികണെടത്?

എ) പുകവലിയുടെ ദുഷ്ഘലങ്ങളെ കുറിച്ച്ചുള്ള പരസ്യങ്ങളെ

ബി) പുകയില ഉല്പന്നങ്ങളെ പരോത്സാഹിച്പിക്കുന്ന പരസ്യങ്ങളെ

സി) പുകയില ഉല്പന്നങ്ങളുടെ ഘടകങ്ങളെ വ്യക്തമാകുന്നപരസ്യങ്ങളെ

ഡി) പുകയിലയുടെ മനേജ്മെന്റിനുള്ള പരസ്യങ്ങളെ

6. പുകയിലഉല്പന്നങ്ങളുടെ പരസ്യസംബന്ധമായ നിയമങ്ങളെ തെറ്റിപ്പാലാല് കിടാവുന്ന ശിക്ഷ ഏതു?

എ) 7000 രൂപ പിഴ

ബി) 5000 രൂപ പിഴ

സി) ശിക്ഷയില്ല

ഡി) ലൈസൻസ് ദ്ദാകൃത

7. താഴെ പറയുന്നവയില് ഏതുല്പന്നമാണ് ഇന്ത്യ ഗവണ്മെന്റ് നിർത്തലാക്കിയത്?

എ) ഗുഡ്ഘ

ബി) പുകയില

സി) സിഗരറ്റ്

ഡി) ബീഡി

8. താഴെ കൊടുത്തിരിക്കുന്നവയിൽ ഏതാണ് 'പുകയില വിരുദ്ധ ദിനമായി' ആചരിക്കുന്നത്?

എ) മെയ് 31

ബി) ജൂലൈ 27

സി) ഏപ്രില് 13

ഡി) ഏപ്രില് 7

9. ഏതൊക്കെ സ്ഥലങ്ങളിലാണ് നിയമപരമായി പുകവലി നിരോധിച്ചിരിക്കുന്നത്?

എ) പൊതുസ്ഥലങ്ങളെ

ബി) സർക്കാർ സ്ഥാപനങ്ങളും. വിദ്യാഭ്യാസ സ്ഥാപനങ്ങളും

സി) ആരോഗ്യ സ്ഥാപനങ്ങളെ

ഡി) മുകളില് പറഞ്ഞവയെല്ലാം

10. പുകയില നിരോധിത മേഖലയില് പുകവലിപ്പാലാല് എന്താണ് ശിക്ഷ?

എ) 200 രൂപ പിഴ

ബി) 500 രൂപ പിഴ

സി) ഒരു ദിവസത്തെ തടവ്ശിക്ഷ

ഡി) ശിക്ഷയില്ല



11. പുകയില ഉല്പന്നങ്ങളെ വിദ്യാഭ്യാസ സ്ഥാപനങ്ങളിൽ നിന്നും കുറഞ്ഞത് എത്ര അകലെയായിരിക്കണം വിലകുറയ്ക്കേണ്ടത്?

എ) 100മീറ്റർ

ബി) 50മീറ്റർ

സി) 1 കിലോമീറ്റർ

ഡി) ദൂരമില്ല

12. വിദ്യാഭ്യാസ സ്ഥാപനങ്ങളെക്കുറിച്ചായി പുകയില ഉല്പന്നങ്ങളെവിടാലുള്ള ശിക്ഷ എന്താണ്?

എ) 200 രൂപ പിഴ

ബി) 500 രൂപ പിഴ

സി) ഒരു ദിവസത്തെ തടവുശിക്ഷ

ഡി) പിഴയില്ല

13. ആരോഗ്യ സംബന്ധമായ മനനറിയിപ്പുകൾക്ക് ഏതു രീതിയിലാണ് പരദർശിപ്പിക്കേണ്ടത്?

എ) ചിത്രങ്ങളായി

ബി) ചിത്രീകരണങ്ങളായി

സി) പരതികളായി

ഡി) വാചകങ്ങളായി

14. താഴെ കൊടുത്തിരിക്കുന്നവയിൽ ഏതാണ് നിയമപരകാരം പുകയില ഉല്പന്നങ്ങളിൽ ലബേൽ പതിക്കുമ്പോൾ ഒഴിവാക്കേണ്ടത്?

എ)

15. താഴെ പറയുന്നവയിൽ ഏതാണ് പുകയില ഉല്പന്നങ്ങളുടെ ആരോഗ്യപരഗ്നങ്ങളെ നിയന്ത്രിക്കാൻ അത്യന്താപേക്ഷിതമായത്?

എ) പുകയില സംബന്ധമായ നിയമങ്ങളെ കണിശമാക്കുക

ബി) പുകയില ഉല്പന്നങ്ങളുടെ ഉത്പാദനത്തിലും, വിലപനയിലും ഉള്ള നികുതി വർദ്ധിപ്പിക്കുക

സി) പൊതുസ്ഥലങ്ങളിലും വിദ്യാഭ്യാസ സ്ഥാപനങ്ങളിലും ബോധവൽക്കരണ പരിപാടികൾ നടപ്പിലാക്കുക

ഡി) മുകളിൽ പറഞ്ഞവയെല്ലാം

CHAPTER VI

DISCUSSION, SUMMARY AND CONCLUSION

DISCUSSION

The study was conducted to Assess the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco venders at Thalassery municipality

The findings of the study was organised and presented under the following headings.

Sample characteristics

Majority, 57 (95 %) of the sample were males, majority , (48.3%) of the sample were between 20-39. most, 23 (38.3%) of the sample had monthly income between 2000-5000 most, 45 (75%) of the sample had monthly income between 2000-5000 majority, 48 (80%) had smoking habits majority, 56 (93.30%) had the habits of alcoholism, majority, 60 (100%) had no habits of drug use, majority, 57 (95%) had no habits of tobacco chewing , majority, 54 (90%) had no history of respiratory disease.

A two-year controlled study was conducted in England to find the Effect of Enforcing Tobacco-Sales Laws on Adolescents' Access to Tobacco and Smoking Behavior. Sales of tobacco to minors and young people's access to and use of tobacco in six Massachusetts communities were assessed. Three communities (the intervention group) enforced tobacco-sales laws, whereas three matched communities (the control group) did not. To assess compliance with the law, minors working for the study investigators attempted to purchase tobacco from all retail vendors in each community every six months. And the study results showed that 68 percent of 487 vendors sold tobacco to minors. Compliance with the law improved significantly faster in the intervention communities than in the controls ($P < 0.001$). By the study's end, 82 percent of the merchants in the intervention communities complied with the law, as compared with 45 percent in the control communities. And the study concluded that enforcing tobacco-sales laws improved merchants' compliance and reduced illegal sales to minors but did not alter adolescents' perceived access to tobacco or their smoking.¹⁰

A cross sectional survey was conducted in Poland to assess tobacco marketing and its susceptibility to smoking. The aim of the study was to investigate whether receptivity to tobacco marketing, for which a link to adolescent smoking already could be showing the past, was also associated with susceptibility to smoking. A sample of 1,478 Polish students who reported having never smoked was selected. Mean age was 10.1 years and about 53.3% were female. And the study concluded that receptivity to tobacco marketing increases susceptibility to smoking.¹²

Knowledge regarding and legal bounds of selling tobacco and among tobacco vendors

Most ,66.7 % of sample had average level of knowledge regarding the health impacts of tobacco

Knowledge regarding health impacts of tobacco among tobacco vendors

Most ,56.7 % of sample had average level of knowledge regarding the legal bounds in selling tobacco

Relationship between the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

There is a positive relationship between the level of knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

Association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

There is no association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

Association between the knowledge regarding health impacts of tobacco and selected variables

There is no association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

Three cross-sectional studies was conducted by Mr. Pradeep Kumar AS; a community based study of 1,298 individuals aged 15 years and above (mean age 37.4 years, men 630), a school based study of 1,323 boys (mean age 14.7 years), and a college-based study Of 1,254 male students (mean age 18.2 years). Information on tobacco use and socio-demographic using variables was collected using pre-tested, structured interview scheduled and questionnaire. The results of the community study, 725 of men and 6% of women had ever used tobacco. Compared to men with >12 years of schooling, those with < 5years of schooling were 7 times more likely to smoke (OR 7,CL 3.2-15.6). the age at initiation of smoking was 19 years among those <25 years of age compared to 25.5 years among ever smokers > 44 years. In the school study, the age at initiation among boys aged < or =13 years was 10.7 years compared with 13.2 year among > or =16-years-old boys. Boys whose fathers and friends used tobacco were 2 times and 2.9 times more likely to use tobacco (OR 2.0,CI 1.3-3.1) and OR 2.9, CI 1.6-5.1), respectively, compared with their counterparts. In the colleges study, 29% of the commerce students used tobacco compared with 5.3% of polytechnic students ($p<0.001$).²

SUMMARY

The present study is non- experimental and was undertaken to assess the knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors at Thalassery municipality

The study is aimed at accomplishing the following objectives.

- Assess the knowledge regarding legal bounds of selling tobacco among tobacco vendors
- Assess the knowledge regarding health impacts of tobacco among tobacco vendors
- Determine the extent of tobacco use among tobacco vendors
- Find the relationship between the level of knowledge and tobacco use among tobacco vendors

HYPOTHESIS

1. There is a significant relationship between the level of knowledge and tobacco use among tobacco vendors
2. There is a significant relationship between the level of knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors
3. There is a significant association between level of knowledge in tobacco health impacts and selected demographic variables
4. There is a significant association between level of knowledge in legal bounds and selected variables

The researcher reviews the research literature to develop research ideas, to determine the knowledge on topic of interest and to provide context of the study. For the present study, the literature review is focused on the following aspects. Use of tobacco products, Health impacts of tobacco and its legal bounds

In the present study non experimental approach was used and the design was descriptive. The population selected for this study was tobacco vendors. The data were collected by using tool Tool I

- Section-A- Performa to assess personal variables
- Section-B- Questionnaire to assess the knowledge regarding the health impacts of tobacco
- Section-C- - Legal bounds in selling tobacco

Self reporting was used to collect personal data

The tool along with statement of the problem, and objectives send to experts from various fields like department of oncosurgens, nursing, community health nursing and medical surgical nursing. To ensure reliability, the tool were administered to 5 tobacco vendors. The reliability of the tool was assessed by split half method and it was found to be reliable

Pilot study was conducted among 5 tobacco vendors of meethalapeedika junction. The study was found to be feasible . Data collection for the main study in the month of July 2013. Non experimental study was conducted among 60 tobacco vendors. Samples were selected based on the sampling criteria, using convenience sampling method. Data was collected using questionnaire to assess knowledge regarding health impacts of tobacco and its legal bounds among vendors The analysis of the obtained data were planned based on the objectives of the study. Both descriptive and inferential were used for the analysis and interpretations. Descriptive statistics were used for calculating frequency and percentage. Karl pearson's correlation coefficient was used to find the relationship between knowledge regarding legal bounds in selling tobacco and health impacts of tobacco among tobacco vendors . Chi square test was used to find the association between level of knowledge and selected variables

CONCLUSION

Majority, 66.7 % of sample had average level of knowledge regarding the health impacts of tobacco

Majority, 56.7 % of sample had average level of knowledge regarding the legal bounds in selling tobacco

There is no association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

There is no significant association between no association between the knowledge regarding legal bounds in selling tobacco vendors and selected variables

Also concluded that there is a positive relationship between the level of knowledge regarding legal bounds in selling and health impacts of tobacco among tobacco vendors

Nursing Implications

According to Polit and Hungler, the implications of the research studies are improving nursing practice, nursing education, nursing administration and nursing research. The implications made in the study are vital concern to the nursing practice, nursing education, nursing administration and nursing research.

Implications in Nursing Practice

Several implications can be drawn from the present study for nursing practice. Nurses can assume a pivotal role in health educating the people regarding the health impacts of tobacco. Nurses are legally and ethically obligated to advocate for patients within the health care system to ensure that the most effective strategies are utilized in promoting patient comfort and the relief of disease. Continuing nursing education programs can be conducted in public regarding the importance of legal bounds of selling tobacco and health impacts of tobacco among tobacco vendors.

Implications in Nursing Education

Education is a key component to update and improve the knowledge of an individual. The importance of legal bounds in selling tobacco and health impacts of tobacco among people can be taught to nursing students so that they can utilize the knowledge in their daily professional practice.

Implications in Nursing Administration

Continuing education is a life time process. It enables the learner to keep abreast with the changes and development in his or her specialty. Nursing administrators are the key persons to plan, organize and conduct in-service educational programmes to the nursing personnel. Continuing nursing education programmes can be conducted to the nursing staff regarding the importance of legal bounds in selling tobacco and health impacts of tobacco among people can be taught to nursing students so that they can utilize the knowledge in their daily professional practice.

Implications in Nursing Research

Professional organizations in nursing are convinced of the importance of nursing research as a major contribution to meeting the health and welfare needs of the people. One of the aims of nursing research is to expand and broaden the scope of nursing. The expanded role of a professional nurse emphasizes those activities which promote health maintenance behavior among the people. This topic has great relevance to the present day complexities of the health care system as the incidence of cancer are increasing now a days so that number of surgeries increases day by day in this specialty. So ongoing research have to be conducted with different strategies of counseling, and thus reducing incidence rate of cancer among tobacco smokers.

Limitations

- Generalization of the findings is limited due to small sample size and convenient sampling technique.
- Sample included people available at the time of data collection only, based on inclusion criteria; therefore the findings cannot be generalized.
- The study was confined to tobacco vendors among Thalassery municipality.
- Duration of study period was too short.

Recommendations

Keeping in view the findings of the present study, the following recommendations were made. Since this study was carried out on a small sample, the results can be used only as a guide for further studies.

- A large scale study can be conducted to generalize the findings.
- A similar study may be conducted by experimental approach.
- A longitudinal study to determine the long term effectiveness of teaching program to reduce the use of tobacco among tobacco vendors .
- A comparative study can be done on samples of different age groups.
- A study can be conducted by using long periods of time with control group and experimental group.
- A similar study may be conducted among tobacco users

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