A case study of the impact of Health Warning Labels on Cigarettes and tobacco packets on motivation to quit in people of Rohini, New Delhi

Dissertation Submitted to

The IIHMR University, Jaipur, Rajasthan

For the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Priyanka Kohli

Under the Supervision of

Dr Vinod Kumar

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DECLARATION BY STUDENT

I declare this study titled, “A case study of the impact of Health Warning Labels on Cigarettes and tobacco packets on motivation to quit in people of Rohini, New Delhi”, is Bonafede record of original work of mine. I declare it has not been given to any institution for the award of any degree. Information derived from has been duly acknowledged.

Name: Priyanka Kohli

Roll Number: 1163 HHM

Date:

CORTEX SPORTS THERAPY ASSN.

INDIA'S LEADING PHYSIOTHERAPY TRAINNING ACADEMY

REGD NO-HR14202001660

CERTIFICATE FOR INTERNSHIP

Date:19 JUNE , 2022

NIC2, NIC 5 , NIC 6 APPROVE

This is to certify that PRIYANKA KOHLI from IIHMR has successfully worked asa BUSINESS DEVELOPMENT & STRATEGIC PARTNERSHIP INTERN in the internship program at CORTEX SPORTS THERAPY ASSN., handling keyresponsibilities from 21 March, 2022 to 18 June 2022.

During the tenure, PRIYANKA KOHLI showed full dedication towards the start-up and proved to be a valuable key member of the team. Her key responsibilities included gathering insights and thereby making concentrated efforts on the projects for the company.

Her contributions and zealous attitude in the work environment were highlycommendable. We wish her all the best in all her future endeavors and look forward to working with her again in the future.

DR RISHABH ARORA
INSTRUCTOR CSMT

CORTEX SPORTS THERAPY

CORTEX SPORTS THERAPY ASSN.

CERTIFICATE

This to certify that dissertation titled, “A case study of the impact of Health Warning Labels on Cigarettes and tobacco packets on motivation to quit in people of Rohini, New Delhi”, is a research work done by Ms. Priyanka Kohli in fulfilment for the award of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision & her approach to the research study has been scientific and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date:	Date:

Abstract

Introduction- Graphical and Textual Health Warning Labels are the pictorial images and the printed warnings printed on the packets of the tobacco products to make consumers aware of the harmful effects produced by the consumption of the tobacco products. These Graphical and Textual labels are printed from so long in our country but every year, the consumption rate of various tobacco products is increasing resulting in huge number of fatalities and oncological sufferings.

Objectives- To assess the perception of consumers towards usefulness of Health Warning Labels printed on tobacco products

To identify the factors other than presence of graphic and textual health warning labels printed on packets to motivate to quit.

Findings- Maximum number of the respondents belong to the 23.4 to 28.9 years that is the maximum respondent's population is young. 70% of the total respondents are male and the minimum respondents are female. More than 50% of the total respondents are engaged in private jobs. Out of the 100 respondents, eighty one percent consume any kind of tobacco while 19% do not consume any kind of tobacco product. Most of the consumers of tobacco products recently started consuming tobacco product that is from 0-5 years ago. Maximum number of respondents found consuming cigarettes. 57% respondents believed that tobacco products cause adverse effects on health. 25% respondents found Graphical and Textual Health Warning Labels very effective while 34% found. 71% of the total respondents said that tobacco consumption is harmful but only 50% respondents were willing to quit the tobacco consumption.

Conclusions- people have developed resistant immunity against these warning labels and some crucial steps by the government, private and other organizations should e taken in order to make people aware and stop this inclining consumption rate.

Keywords- Graphical and Textual Health Warning Labels, Cessation, Consumption Rates, Financial year, Motivation to quit, willingness to quit.

Acknowledgement

Firstly praises and heartly thanks to the almighty God who has blessed me the blessings throughout the dissertation work to complete it on time and successfully.

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I show greetings to my parents. I am very much thankful to all the participants of the research work who patiently participated and gave their best responses. I am also thankful to all the members who directly or indirectly gave their level best to make this project a huge success.

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Abbreviations

Catas.	Catastrophic
GHWLs	Graphic Health Warning Labels
GHW	Graphic Health Warning
HIV	Human Immuno-Deficiency Virus
HTPs	Heated Tobacco Products
N-HTPs	Non Heated Tobacco Products
Organs.	Organisation
p.c	Packets
WHO	World Health Organisation

Chapter 1

Background

Graphics Health Warning Labels are the printed material in the form of any positive or negative pictures while Textual Health Warning Labels are the printed text materials on Tobacco Products to make aware people about the catastrophic health effects caused due after consumption. Currently it is mandatory in India for tobacco packages to withhold a visual graphical and textual warnings to aware the consumers and his/her family about the catastrophic health problems caused due to direct or indirect exposure to such products. The warnings must occupy 85% of the total surface area of the packaging, out of which 60% must be graphical including pictures (can be both positive or negative) & 25% left contains texts in bilingual languages. Delay in implementation of placing health warnings on tobacco products occur. Till 2008, the total number of Heated tobacco product's packets like Cigarette, Bidi, Vape etc marketed nationally to hold a scripted cautionary statement at the face of packaging having textual heading " SMOKING IS INJURIOUS TO HEALTH". Pan, Gutkha, Khaini & other Non-Heated tobacco products' packets carried the caution "TOBACCO IS INJURIOUS TO HEALTH" in bilingual language. The rule amended afterwards, in line with the newly introduced law, packets of cigarette to hold image caution of a skull/scorpion which are meant to be the signs of carcinogenic cells together with the textual content "SMOKING KILLS AND TOBACCO REASONS MOUTH CANCER" in bilingual languages. In India GHWLs leased in 2008 and were applied on all cigarette packages on May 31, 2009.

The law of Packaging and Labelling rule 2008 mandates graphic and textual warnings to cover at-least the 40% of the total surface area provided in the packaging, then in October former Health Minister Harsh Vardhan wanted this to raise to 85% with sixty percent graphic images and 25% textual. Warnings were circled on cigarette applications and a separate warming became rotated on all smokeless tobacco merchandise/ Non-Heated tobacco products (N-HTPs).

In 2011. India's Ministry of fitness and circle of relatives Welfare initiated a change to the guidelines that protected 4 new pictorial cautions to be used on tobacco & bidi programs and 4 new pictorial warnings for smokeless programs. Implementation of regulations started out 1/12/2011 & permitted tobacco groups to choose any individual photo out of each set of 4 images for smoked and smokeless tobacco merchandise.

On September 27, 2012, India proposed a brand-new round of picture warnings that were to be required as of April 1, 2013, even though implementation of those verified warnings varied, a hard and fast of 3 new pictorial warnings had been developed for smoked tobacco merchandise & separate set of 3 new warnings have been advanced for smokeless tobacco products. Health warnings were required to cowl 40% of the at least front of all the cigarette packages.

On October 15, 2014, the authorities proposed large warnings that cover 85% of the front and back of the p.c. The larger warnings had been scheduled to come into effect April ,but closing date became prolonged until April 1, 2016.

Figure 1.1 depicting- Textual and Graphical Health Warning Labels on a cigarette packet

Source- Internet

Introduction

At the global platform, according to the report of "Our world in data", approximately 8 million fatalities are associated with tobacco every 12 months and greater than eighty

percent of the arena's tobacco users that is around 1.3 billion are from the growing and developing International locations. Tobacco associated deaths had been more than folks that died of different infectious diseases together with TB, malaria & bought immune-deficiency syndrome like HIV. Use of tobacco without a doubt is single preventable purpose of untimely deaths. It is one of the main risk factors for no communicable illnesses, inclusive of most lung cancers, oesophageal cancer, cardiovascular diseases, and persistent obstructive pulmonary sicknesses among Nations of Southeast Asia. People who smoke buy a few proportion of their income on tobacco, and get smoking related ailments growth out of pocket free for healthcare. This will lead to good sized monetary burden on households, furthermore tobacco use becomes a prime public health trouble and brings extreme negative effects at the country level due to extended health care expenditures, premature deaths and misplaced productiveness.

Taking Indian data and statistics into consideration, nearly 1.35 million fatalities are associated per 12 months due to tobacco consumption. According to the Global Adult Tobacco Survey India (2016-2017), 26.7crores adults (above 15 years of age) that constitute around 29% of the total available adults in India are the frequent users of tobacco. The whole economic expenses attributed to the consumption of tobacco in any form use from all sicknesses in India within the year 2017-2018 for people elderly 35 years and above amounted to USD 27.5 billion.. Tripura has the maximum share of respondents around 64.5% of tobacco consumers and smokers, Mizoram is at second position with 58.7% then Manipur with fifty five percent approximately. Though Bihar and Gujarat are Liquor free states and more attention by respective states government on less consumption of drugs is given but share 25.9% & twenty-five percent share of respondents in India. Goa has least number of smokers and tobacco consumers which is around 9.7%. One-fifth of total Indian Men aging 15-24 years smoke and 30% of total chew "Gutka" while only 0.2% of total women aging 15-24 years of age smoke & 0.3% chew. Taking group of earnings and financial independent people ranging 25-49 years of age, forty-one percent male population smoke & 40.2% males chew while 2.3% women smoke and 11.3% chew.

Control of Tobacco in any form consumed is a multi-sectorial approach and remains always on the top of the priority of the public health program because these habits not only increase the out-of-pocket expenditure of the consumer but also leads harmful effects on the health of the consumer as well as non-consumers too, for instance- A person standing and smoking a cigarette right in front of a non-smoker will result in the

passive smoking done by the non-smoker. In order to make aware people about the catastrophic health effects caused by Tobacco, Graphic Health Warning Labels (GHWL's) on packets on cigarettes and tobacco have seemed to be one of the endorsed public fitness measures for eliminating harms of tobacco merchandise to public, mainly to people who smoke so as to steer them to reduce or stop intake. Furthermore, GHWLs also discourage from experimentation and initiation of tobacco merchandise. GHWLs on cigarette, gutkha, khaini etc could offer excessive frequency of exposure to fitness messages and p.c. a day people who smoke are in all likelihood uncovered to GHWLs approximately 7,000 instances in a tenure of 12 months. Effective warning labels must be clean, visible, readable and rotating and probably protected at the least 50% of the front and back of packages with shocking pictures. Further, GHWLs with larger distinguished snapshots are superior in comparison to smaller ones and text-most effective messages and often converting images ought to maintain effectiveness of GHWLs.

Figure 1.2 depicting- Types of Textual warnings printed on any tobacco product

Source- Internet

Required warnings for Cigarette Packages and Advertisements are-

1) Smoking causes cancer of head & neck.

2) Tobacco smoke can be the reason of fatal lung disease in non-smokers along with smokers.

3) Smoking can be the reason for eye problems which can result to blindness.

4) Smoking decreases flow of blood resulting the erectile dysfunction too.

5) Tobacco smoke can harm children.

6) Smoking results cancer of Bladder which can result to micro-haematuria & macrohematuria.

Rationale

Graphic health warnings labels are meant to be printed on the packets of tobacco products for the purpose to aware people about the hazardous health effects caused due to the consumption of such products using the images whereas textual health warnings labels are also meant to be printed on the packets of tobacco products consisting statements only to make people aware of the harmful effects caused after consumption but whether these warning labels are doing their jobs to motivate people to quit or government is wasting its monetary funding on printing such warning labels on tobacco products.

"According to the Global Adult Tobacco Survey (GATS) conducted in 2016–17, the overall prevalence of smoking tobacco use is eleven percent and smokeless tobacco use is 21.38% in India and till date it has increased to many folds". Of all adults, **28.6%** currently consume tobacco either in smoke or smokeless form, including 42.4% of men and 14.2% of women

"According to the Toll of Tobacco in India done by Campaign for Tobacco free kids done in September 2021, the total costs of tobacco equate to 1.04% of India's GDP whereas direct medical costs equate to 5.3% of total health expenditure". A huge amount of 0.2% of Indian GDP is spent every year to print graphical and textual health warnings on the packets and still the consumptions rate is increasing year on year basis.

After a huge expenditure, consumers are not decreasing, instead they are enormously increasing thus, in order to access the perceptions of people towards these warning labels consisting both textual and graphical health warning labels printed on any kind of tobacco material and to find out whether these warnings motivate people to quit, this research is done. This research will help to find out the whether expenditures done on printing these health warnings on tobacco product is justified or not.

Chapter 2

Literature Review

Authors (Years)	Study Location	Sample Size	Sampling Techniques	Salient Features
Elliott & Shanahan (2007-2008)	Australia	review of existing research	Review of existing research	Provided an extensive and explained evaluation of the GHWL systems as per the norms of the Trade Practices Consumer Product Information
Suci Puspita Raith & Dewi Susanna	Countries of ASIA	14 original articles reviewed	12 quantitative and 2 studies	Provided the details in the variation of perceived effectiveness of images warnings on changes in behaviour of smoking in Asia
Rebecca J, Haines-Saah, Kirsten Bell & Simone Denis	United States	500 smokers	Stratified random sampling	Provided range of behavioural changes amongst

(2015)			technique	people of different nationalities across the globe like Australia, Canada, US & UK due to the presence of health warnings labels on packets
Sandeirs-Jacckson AN, Sonng AV, Hiiliamo H, Gllanttz (2013)	United States	Transition probability	Transition probability	Result was that there are effects of the framework convention on Tobacco Control and voluntary industry health warning labels on passage of mandated cigarette warning labels from 1965 to 2012.
Shibu P Sahha, Deeppak K Bhailla, Thommas F Whayyne Jr., CG Gairoilia (2007)	United States	Literature Review of 7000 research papers	Literature Analysis	"Cigarette smoke and adverse health effects: An overview of research trends and future needs reviewing 7000 research papers

				and concluding tobacco abuse is the major health problem causing issue and secondly the smoke exposure". There is a medical necessity in US for immediate step for control of tobacco consumption.
Mod Sharriful Isslam, K.A.M. Saiif-Uar-Rahhman, Mod. Mofijiul Isslam Bullbul & Deeppak Sinngh	India	28586 primary sampling units	Cross-sectional survey conducted in 29 states & 7 union territories in India	The study covered 29 states & 7 territories of India and 28586 primary sampling units to analyse the consumption differences of people when designed with urban and rural stratification.
Mod. Tubhin Miaa, Mohhammad Mahhbub Alaam Talukkder, Mod. Mohhshead Alli &	Bangladesh	384 participants	Cross-sectional survey	The study found a favourable attitude amongst the

Mod. Issmael (13 December 2013)				majority respondents regarding the recent introduction of the approx. warnings in Bangladesh, which had to be enlarged. GHWs are more comprehensible than other warnings on tobacco packets, and health warnings on tobacco packets greatly influence the awareness of smoking's health effects. Thus, graphic health warnings aid in the reduction of tobacco use in the nation, which in turn contributes to the long-term reduction of

				tobacco-related illness and death, thus enhancing Bangladesh's public health.
Adriaan W. Bruijnzee, published in Nicotine & Tobacco Research, Volume 19 Issue 6, (5 May 2017): Reward Processing and Smoking	UK	500 smokers who wish to quit	Pre and Post study to analyse the effects of rewards on smoking cessation	The researcher found that there is a negative "correlation between craving and concerns about the personal health. Thus during the tobacco withdrawal, people are less concerned about their health and are therefore, more likely to resume smoking".

Research Question

RQ 1What is the role of Graphic and Textual Health Warning Labels printed on tobacco products in motivating the people of Rohini, New Delhi to quit the consumption?

RQ 2: Are there any factors other than the warning labels which motivate people to quit tobacco consumption?

Objectives

To assess the perception of consumers towards the usefulness of Health Warning Labels printed on tobacco products

To identify the factors other than presence of graphic and textual health warning labels printed on packets that motivate to quit.

Chapter 3

Methodology

Study design- Descriptive study is the study design chosen for the research

Setting- The study was undertaken in Rohini, New Delhi.

Study Population Inclusion criteria- person who are above 18 years and smoke or chew tobacco or not. People met at Metro Station of the Rohini West

Exclusion criteria- people who consume drinks

Study tools- semi structured questionnaire

Duration of Study- from 10 May to 10 June

Sample Size- 100 persons were taken as the sample size.

Sampling Technique- Convenience sampling is the sampling technique chosen

Data Collection Procedure- direct interviews of participants

Data Analysis Plan- MS Excel

Ethical Consideration- written consent form.

Implications of Research-if HWL's are effective in motivating to quit, then use of HWL's validate. Other-wise some strict actions to be taken by authorities to use certain methods to increase motivation to quit.

Chapter 4

Findings and Analysis

Age Group of the Respondents	Number of the Respondents
<25 years	27
25-30 years	59
30-35 years	6
35-40 years	0
40-45 years	1
45-50 years	1
50-55 years	3
55-60 years	0
60-65 years	0
65< years	1

Figure 4.1 Age group of the respondents

Interpretations-1) Maximum participants were in the age group of 25-30 years that is 59 participants while only 1 participant was in 40-45 years, 45-50 years and 65< years of age.

2) Youngest participant was of 17 years while the eldest was of 75 years of age.

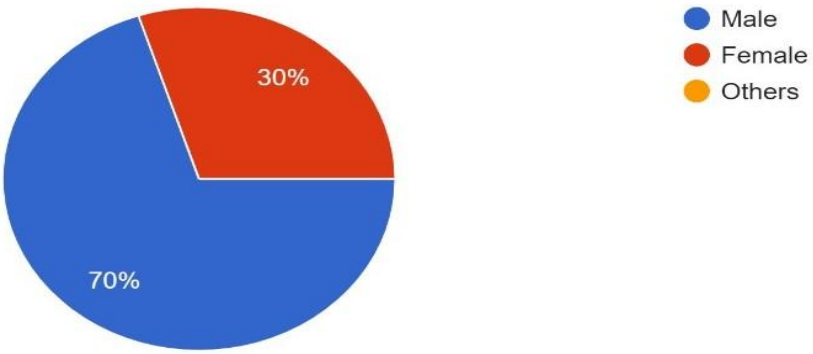

Figure 4.2 Sex ratio of the respondents

Interpretations- 70% of the respondents were males while 30% were females.

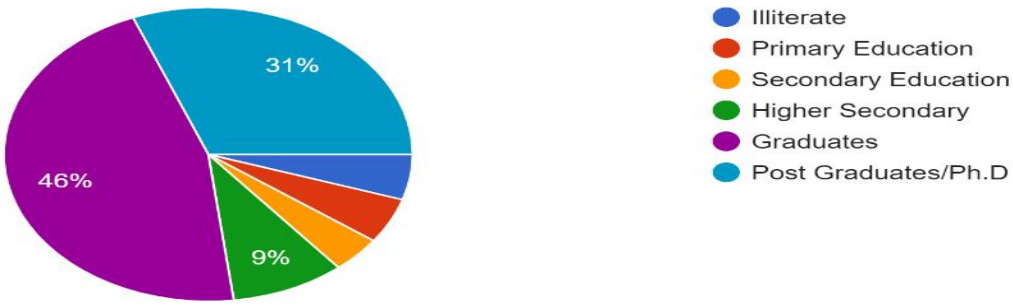

Figure 4.3 Highest qualification of the respondents

Interpretations- Highest proportions of the respondents that was 46% were graduates while 31% were post graduates and 9% were higher secondary qualified. Very less proportion was illiterate.

Figure 4.4 Occupations of the Respondents

Interpretations- Maximum respondents were in private job that is 54%, while 17% ran their businesses and minimum percentage of respondents that is only 5% were in the government job.

Figure 4.5 Tobacco Products- Consume or not

Interpretations- Maximum number of respondents that is 81% consumed tobacco in any form while only 19% respondents did not consume any kind of tobacco.

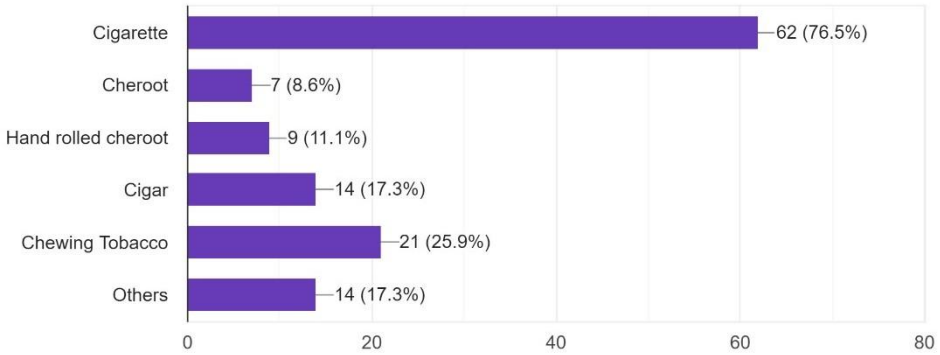

Figure 4.6 Types of tobacco respondents consume.

Interpretations- Maximum tobacco consumers that is 76.5% consumed cigarettes while the least consumed tobacco product was cheroot with only 7 consumers forming 8.6% of the total consumers 81%.

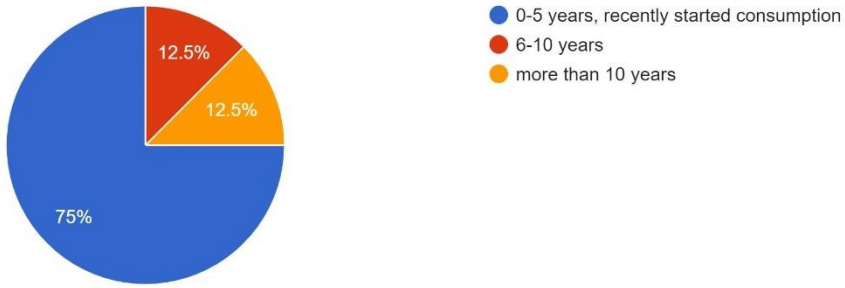

Figure 4.7 Duration of Consumption.

Interpretations- 75% of the total consumers had started consuming from 0-5 years, recently started the consumption of any kind of tobacco product whereas 12.5% respondents were consuming any kind of tobacco product from more than 10 years.

Figure 4.8 Perceptions of the respondents towards tobacco causing any adverse effect on health

Interpretations- 57% of the total respondents that is 100 had common view that tobacco caused adverse effects on health while 22% people stated that no adverse effects on health was caused due to the consumption of any kind of tobacco product.

Figure 4.9 Types of Adverse Health Effects

Interpretations- maximum respondents said that Tobacco causes cancer and minimum said stomach problems.

Figure 4.10 Ever seen the warnings on packets of tobacco products.

Interpretations- 73% of the total 100 respondents had seen the warnings on the packets of tobacco while 17% had not seen the warnings and 10% responded as can't say.

Figure 4.11The type of product on which seen the warning labels.

Interpretations- maximum that is 59 responses stated that respondents had seen the warnings on the cigarette packets whole 10% saw it on others packets.

Figure 4.12 Tendency to notice Graphical and Textual Health Warning Labels

Interpretations- Maximum respondents that was 52% had noticed always while only 6% never noticed those warning labels

Figure 4.13 Sites frequently observed

Interpretations- 56% that is maximum number of the respondents said that they had noticed/seen /observed these health warning labels on the front side of the tobacco products while the lowest percentage that is only 1% respondents responded that they can't say. This interpretation states that whether the respondent is tobacco consumer or not but the front side of tobacco products is somewhat visible to him/her in his/her life and thus he/she has observed these Graphic and Textual Health Warning Labels the most

Figure 4.14 Coverage of packets by warning labels

Interpretations- The maximum number of respondents that is 29% mentioned that these Graphic and Textual Warning Labels cover half the packet while 6% population believed it covered the full packet.

Figure 4.15 Awareness of the warning messages printed on the packets stating adverse ill health effects caused by tobacco products

Interpretations- 78% that is maximum number of respondents responded that they were aware of the warning messages printed on the packets stating adverse ill health effects caused by tobacco products while only 22% responded no they are not aware.

Figure 4.16 Perceptions of the respondents towards the warning labels improving health knowledge

Interpretations- 32% that is Maximum responses were Yes, a lot while the minimum number of responses that is don't know/can't say was only seven percent.

Figure 4.17 Perceptions of the respondents towards health risk due to the consumption of tobacco

Interpretations- 34% respondents mentioned after seeing these labels they think about the health risk of consumption of tobacco while nine percent of the population said they don't know/can't say.

Figure 4.18 Perceptions of Respondents for arousal fear of consumption

Interpretations- 28% Respondents responded that yes after seeing the labels, there is lot of arousal fear of consumption but 24% mentioned no, not at all.

Figure 4.19 Arousal desire to reduce the consumption

Interpretations- 26% respondents developed a desire to reduce the consumption while 21% did not have any desire to reduce the consumption after seeing the labels.

Figure 4.20 Effectiveness of the Graphical and Textual Health Warning Labels

Interpretations- 28% respondents believed that these Graphic and Textual labels were not effective and just procedural requirement while only 25% find it very effective and 34% find it somewhat effective in some sense.

Figure 4.21 Effectiveness of Government initiative to fund the printing cost on products to make consumer aware

Interpretations- 59% respondents believed that government initiative to fund the printing cost on products to make consumers aware, proves to be working while 41% respondents believed that the government initiative did not prove to be working.

Figure 4.22 Willingness of respondents to quit consumption of tobacco

Interpretations- 19% of total population of the respondents did not consume tobacco so their willingness is not considered. Out of remaining 81, fifty individuals said yes that they were willing to quit the consumption of tobacco whereas 31 respondents are still saying no to quit the consumption.

Figure 4.23 After seeing the labels-motivation to quit

Interpretations- 19% of the respondents did not consume hence there is no kind of motivation generation inside them after seeing the labels, while out of remaining 81 tobacco consumers, 18 respondents said yes little, and yes, a lot in each case. On the contrary 29% of the total respondents mentioned that they were not feeling any kind of motivation inside them to quit after seeing the labels.

Figure 4.24 Compared effectiveness of printed V/s pictorial images in motivating

Interpretations- 36% respondents in the previous question said yes out of 100 individuals. These 36 individuals were asked to give response to the question which message has more effect in motivating them- Printed Warnings or Pictorial Images. Then 26 individuals said Pictorial Images are more motivating them than Printed Warnings.

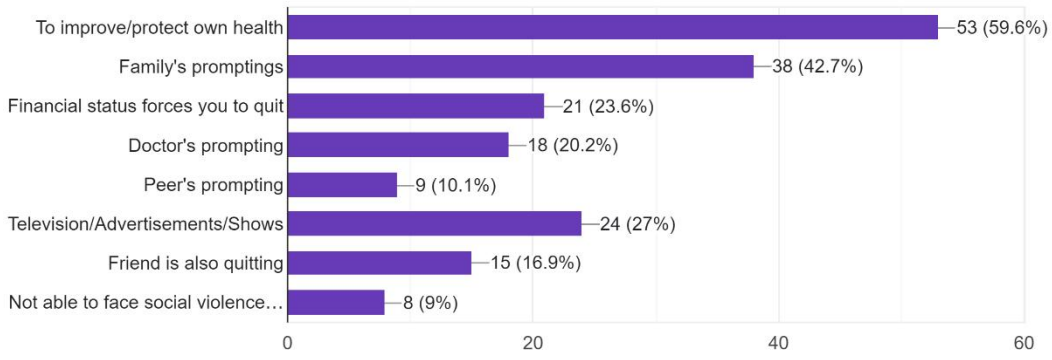

Figure 4.25 The factors other than Graphical & Textual Health Warning Labels motivate to quit.

Interpretations- only 89 respondents out of 100 responded to this question. So, respondent ratio of this question is 0.89. 53 individuals that is max population think to improve/protect own health is the prime factor to motivate them or others to quit while 38 individuals think family's promptings and 24 individuals think television/advertisement/shows are the prime factors.

Figure 4.26 Perception of respondents towards tobacco consumption.

Interpretations- Seventy one percent of the total respondents believe that tobacco consumption is harmful while 29% still believe that it is not harmful.

Result

Maximum number of the respondents belong to the 23.4 to 28.9 years that is the maximum respondent's population is young. 70% of the total respondents are male and the minimum respondents are female. More than 50% of the total respondents are engaged in private jobs. Out of the 100 respondents, eighty one percent consume any kind of tobacco while 19% do not consume any kind of tobacco product. Most of the consumers of tobacco products recently started consuming tobacco product that is from 0-5 years ago. Maximum number of respondents found consuming cigarettes. 57% respondents believed that tobacco products cause adverse effects on health. 25% respondents found Graphical and Textual Health Warning Labels very effective while 34% found. 71% of the total respondents said that tobacco consumption is harmful but only 50% respondents were willing to quit the tobacco consumption.

Conclusion

Out of the total respondent eighty-one percent people, consumed tobacco products while 19% did not consume any kind of tobacco product. The most of the population were males, average aged 24-29 years old and having a private job and undergraduates.

Most of the participants consumed cigarette, that showed cigarette was most favored tobacco product in today's era. The most of the respondents who consumed tobacco in the research of our recently started consuming tobacco products that was 0-5 years. Half of the population believed that Tobacco causes Cancer.

2/3rd of the total participants had already seen these Graphical and textual Health Warnings on the tobacco products and around 60% participants had observed these warning labels on the cigarette packets. Fifty-two percent individuals had always seen these warning labels and around 56% participants believed that front site of the tobacco products is the most observed site for these labels while only 30% approximate population believed that half of the tobacco packaging was covered with these labels.

Eighty percent of the total participants were aware of the health messages given by these warning labels but only 1/4th of the total population believed that these warning labels improve the health knowledge of people. Around 40% people had arousal of fear of any catastrophic health ill effect before consumption of tobacco products due to these warning labels.

Approximately 70% population thought that consumption of tobacco is harmful and 30% which is a huge share did not even think tobacco consumption is harmful, this shows the lack of knowledge amongst the people or people are so neglecting for the ill health effects caused by tobacco consumption. Around sixty percent respondents had opinions that these warning labels are effective but only 50% people are willing to quit consumption.

To conclude these labels were seemed to be effective by the population covered but these do not create willingness to quit at that level. Due to this only number of tobacco consumers were increasing every financial year. This may be due to the reason that people had developed a resistant immunity and these labels do not attract or excite them to quit.

So, government and other private organizations must take crucial steps in increasing awareness of the harmful effects caused by these tobacco products and to decrease the consumption rate and increase the number of non-tobacco consumers to make a fit environment.

Recommendations

1) More Percentage of the packets should be covered with such textual and Graphical Warnings.

2) Pictorial Images are proved to be better to draw attention of people and make aware all variety of individuals whether they are illiterate or literate, rich or poor so more pictorial images should be printed on the packets and less textual warnings.

3) Government must raise the luxurious taxes on the tobacco products so that it would be financial burden on the consumer to consume and he/she will think twice before purchasing it.

4) More attention should be given on substitutes of tobacco so that people should quit.

5) Products like Nicotex should be given more attention in the Indian Consumer market.

6) Parental support, teachers and acquaintance's guidance should be given timely to help people not diverge towards the hazardous products.

7) Proper banned should be done on the manufacturing units only.

8) Nukkad Nataks, street plays and various types of dramas should be organized in order to reach to all types of geographies and demography.

9) Public Private Partnership should work in increasing the awareness amongst society.

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Annexure-1

Questionnaire Consent Form

Good-Day Sir/Madam,

This is Priyanka Kohli, student of IIHMR University Jaipur pursuing "Master of Business Administration- Hospital and Health Management degree currently working on a research topic for dissertation purpose. The title of the study is

"A case study of the impact of Health Warning Labels on Cigarettes and tobacco packets on motivation to quit in people of Rohini, New Delhi".

The research is completely for the academic purposes. You are randomly chosen for the study to participate in and your response is needed for the study. Complete privacy and anonymity of the interviewee will be maintained. There is no compulsion during the whole procedure to answer each and every question, participant can skip the questionnaire or leave whenever he/she feels uncomfortable.

There will be no Monetary benefit to the participant, and there is no perceived harm to the participant from the interview.

Do you wish to be the part of the study-Yes/No.

Signature: **Date:** 25 May 2022

Contact of Researcher

Priyanka Kohli (priyankakohli.j20@iihmr.in, kohlipriyanka52@gmail.com)

9953006674, 8368862745

Questionnaires for people's perceptions towards Graphic and Textual Health Warning Labels

1. What is your age? ……

2. Gender of the participant: Male/Female/Others

3. What is your Mobile Number? …….

4. What is your highest Qualification?

1) Illiterate 2) Primary Education 3) Secondary Education 4) Higher secondary 5) Graduate 6) Post Graduate/PhD.

5. What is your occupation?

1) Unskilled labour 2) Skilled labour 3) Business 4) Government Job 5) Private job

6. Do you consume any form of tobacco?

1) Yes 2) No

7. What type of Tobacco you consume?

a) Cigarette b) Cheroot c) Hand rolled cheroot d) Cigar e) Chewing Tobacco f) Others

8. 1.Since How long have you been consuming option (____) [in case of multiple options above]

1) 0-5 years, recently started consumption 2) 6-10 years 3) more than 10 years

8. 2.Since How long have you been consuming option (____) [in case of multiple options above]

1) 0-5 years, recently started consumption 2) 6-10 years 3) more than 10 years

8. 3.Since How long have you been consuming option (____) [in case of multiple options above]

1) 0-5 years, recently started consumption 2) 6-10 years 3) more than 10 years

9. In your opinion, Does tobacco cause any adverse effect on health?

1) Yes 2) No 3) Can't say

10. If yes, then what is the major health ill effect on health in your perspective that tobacco causes? It causes

a) Heart diseases b) Cancer c) sterility d) joints degradation e) respiratory diseases f) stomach problems e) Others (Specify) …….

11. Have you seen the warnings on packets of tobacco products?

1) Yes 2) No 3) Can't say

12. On what product have you seen the warning labels?

a) Cigarette b) Cheroot c) Hand rolled cheroot d) Cigar e) Chewing Tobacco f) Others

13. How often have you noticed these Graphic and Textual Health Warning labels?

1) Always 2) Usually 3) Sometimes

14. Can you tell us which site on the package made you observe these Graphic and Textual Health Warning Labels the most ?

1) Front 2) Side 3) Back 4) Top 5) Anywhere , site not specific 9) Can't say/Don't Know

15. According to you, what percentage of the packet does Graphic and Textual Health Warning Labels cover?

1) One-fourth of the packet 2) Half the packet 3) Three-fourth of the packet 4) Full packet 5) Variable 9) Don't know / Can't say

16. Are you aware of the warning messages printed on the packets stating adverse ill health effects caused by tobacco products? 1) Yes 2) No

17. In your opinion, do these Graphic and Textual Health Warning Labels improve health knowledge of people?

1) Yes , a lot 2) Yes, little bit 3) May be/ sometimes 4) No , not at all 5) Don't Know / Can't Say

18. After seeing the labels, do you think about the health risk of consumption of tobacco?

1) Yes , a lot 2) Yes, little bit 3) May be/ sometimes 4) No , not at all 5) Don't Know / Can't Say

19. After seeing the labels, if there is any kind of arousal fear of consumption?

1) Yes , a lot 2) Yes, little bit 3) May be/ sometimes 4) No , not at all 5) Don't Know / Can't Say

20. After seeing the labels, is there any kind of desire of yours to reduce the consumption?

1) Yes , a lot 2) Yes, little bit 3) May be/ sometimes 4) No , not at all 5) Don't Know / Can't Say

21. What is your opinion on the effectiveness of the Graphic and Textual Health Warning Labels?

1) Yes, they are very Effective 2) Yes, somewhat effective 3) No they are just procedural requirement and are Ineffective 3) Don't know / Can't say

22. Is government initiative to fund the printing cost on products to make consumers aware, proves to be working? 1) Yes 2) No

23. Are you willing to quit consumption of tobacco? 1) Yes 2) No 3) Does not consume

24. After seeing the labels, is there any kind of motivation inside you to quit?

1) Yes , a lot 2) Yes, little bit 3) May be 4) No , not at all 5) Don't Know

25. If yes, which type of message do you thing has had more effect in motivating you to quit ?

1) Printed Warnings 2) Pictorial Images

27. What factors other than Graphic and textual Health Warning Labels motivate you/others to quit?

1) To improve/Protect Own Health

2) Family's Promptings

3) Financial Status forces you to quit

4) Doctor's prompting

5) Peer's prompting

6) Television/ Advertisements/Shows

7) Friend is also quitting

8) not able to face social avoidance by non-consumer of tobacco

27 . Do you agree that tobacco consumption is harmful ?

1) Yes 2) No 9) Don’t know / Can’t say (If response is 2 or 9, end the interview and thank for the response)

28. What more in your view should be done to convey the message that tobacco consumption if harmful ?

_____

_____

_____

End of the Interview and Heartly Thanks to the participants for their precious time and response.