

CHAPTER - 19

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

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INTRODUCTION

On a global scale, the data presented in the "Our World in Data" report highlights that approximately 8 million deaths are linked to tobacco consumption annually, with over 80% of the world's 1.3 billion tobacco users residing in developing countries. The mortality rate associated with tobacco surpasses that of other infectious diseases, including tuberculosis, malaria, and HIV/AIDS. Tobacco use stands out as the primary preventable cause of premature deaths. It constitutes a major risk factor for non-communicable diseases, such as lung cancer, esophageal cancer, cardiovascular diseases, and chronic obstructive pulmonary diseases, particularly prevalent in Southeast Asian nations. Smokers allocate a significant portion of their income to tobacco, leading to out-of-pocket expenses for healthcare related to smoking-induced illnesses. This places a substantial financial

burden on households and elevates tobacco use to a critical public health concern, contributing to adverse effects at both individual and national levels, including heightened healthcare costs, premature mortality, and diminished productivity [1] [2].

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 [3].

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 [4].

RESEARCH QUESTION

1. What was 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?
2. Were there any factors, aside from the warning labels, that motivated people to quit tobacco consumption?

RESEARCH OBJECTIVES

1. To evaluate consumers' perceptions regarding the effectiveness of Health Warning Labels printed on tobacco products.
2. To recognize factors, beyond the presence of graphic and textual health warning labels on packets, that serve as motivation to quit.

RESEARCH METHODOLOGY

The research methodology chosen for this study was a descriptive design, with the aim of providing a comprehensive understanding of the topic. The research was conducted in Rohini, New Delhi, focusing on individuals aged 18 and above who either smoked or chewed tobacco. The study specifically targeted people encountered at the Rohini West Metro Station. Exclusion criteria involved individuals who consumed alcoholic beverages. A semi-structured questionnaire served as the primary study tool for data collection. The study duration spanned from May 10 to June 10, during which direct interviews with participants took place. The sample size was determined as 100 persons, selected through convenience sampling. Data analysis was carried out using MS Excel, ensuring a systematic approach to handling information. Ethical considerations were prioritized, with participants required to provide written consent before participating in the study. The implications of the research were significant, as the effectiveness of Health Warning Labels (HWLs) in motivating individuals to quit tobacco consumption was assessed. If found effective, it validated the use of HWLs; otherwise, it might have prompted authorities to consider alternative methods to enhance motivation for quitting.

RESULTS AND DISCUSSION

The analysis of the gathered data reveals several key trends and patterns among the respondents in terms of age, gender, education, occupation, and tobacco consumption habits. Among the age groups, most participants, accounting for 59 individuals, fall within the 25-30 years range, with minimal representation in older age categories. The survey predominantly attracted male participants, constituting 70% of the total respondents. In terms of educational background, 46% of the participants were graduates, 31% were post-graduates, while a smaller proportion had completed higher secondary education. The occupational distribution indicated that 54% of respondents were employed in private jobs, 17% were business owners, and only 5% were engaged in government jobs.

A significant finding is the prevalence of tobacco consumption, with 81% of respondents admitting to using tobacco in various forms. Cigarettes emerged as the most consumed tobacco product, with 76.5% of users preferring them, while cheroots had the lowest consumption rate at 8.6%. The duration of tobacco consumption revealed that 75% of users had started within the last 0-5 years. Regarding health perceptions, 57% of respondents acknowledged that tobacco products cause adverse health effects, with cancer being the most associated ailment. Approximately 73% reported having seen warning labels on tobacco product packets, primarily on cigarettes.

The study explored the effectiveness of health warning labels, with 52% of respondents claiming to always notice them. Front sides of tobacco products were identified as the most frequently observed sites, with 56% of respondents confirming this. However, opinions on label coverage varied, with 29%

believing labels covered half the packet. While 78% of respondents claimed awareness of the health messages on tobacco packets, only 25% believed these messages significantly improved health knowledge. Despite this awareness, only 50% expressed a willingness to quit tobacco consumption.

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