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#### “NATIONAL TOBACCO CONTROL PROGRAM (NTCP): USE OF KAP STUDY”

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#### ABSTRACT

*Tobacco use is a global epidemic that kills 5.4 million people annually; tragically, more than 80% of those deaths occur in the developing world (WHO MPOWER, 2008). India is the second largest tobacco consumer, and third largest tobacco producer, in the world (The Tobacco Atlas 2014). The Government of India, in compliance with the FCTC (Framework Convention on Tobacco Control) and the COTPA (Cigarettes and other tobacco products Act)-2003, has launched the National Tobacco Control Program (NTCP), under the 11th Five Year plan in the year 2007-08, to build capacity of the states to effectively implement the tobacco control laws, and also to bring about greater awareness about the ill effects of tobacco. All these efforts have been initiated and carried out with full zeal and enthusiasm with the aim to control the consumption of tobacco products and handle the ill effects of its consumption. To study the effectiveness of such programs KAP (Knowledge, Attitude and Practice) studies are pursued in field with or without intervention program. Such studies try to evaluate the Knowledge level, Attitude and Practice style of the stakeholders to see if there is any relationship between Knowledge, Attitude and Practice. This paper discussed about the KAP survey, its uses and benefits. Lastly it has been found suitable to conduct a KAP survey to analyse the benefits and drawbacks of NTCP.*

**Key Words:** Tobacco, COPTA, NTCP, KAP, KAP survey.

#### I. INTRODUCTION

Tobacco use is a global epidemic that kills 5.4 million people annually; tragically, more than 80% of those deaths occur in the developing world (WHO MPOWER, 2008). India is the second largest tobacco consumer, and third largest tobacco producer, in the world (The Tobacco Atlas 2014).

Mortality due to tobacco in India is estimated at upwards of 1.3 million. Out of these, one million are attributed to tobacco smoking and the rest to smokeless tobacco use. One feature of tobacco related mortality in India is the high incidence of oral cancer, exceeding even that of lung cancer and accounting for almost half of all oral cancers in the world. India has the highest burden of both tuberculosis (TB) and Multi-Drug Resistant (MDR) TB based on estimates reported in Global TB Report 2016. Smoking increases the risk of TB by more than two-and-a-half times. Smoking is also contributing in a major way to India's increasing burden of non-communicable diseases. The problem is worsening, and by current trends, tobacco use will cause 13% of deaths in India by 2020 (WHO report on the global tobacco epidemic, 2011).

## II. NATIONAL TOBACCO CONTROL PROGRAM (NTCP)

The Government of India, in compliance with the FCTC (Framework Convention on Tobacco Control) and the COTPA (Cigarettes and other tobacco products Act)-2003, has launched the National Tobacco Control Program (NTCP), under the 11th Five Year plan, to build capacity of the states to effectively implement the tobacco control laws, and also to bring about greater awareness about the ill effects of tobacco.

The Government of India has responded to this epidemic due to tobacco by initiating several measures to contain the same. Regulatory action of Government of India towards tobacco control began in 2003 with the enactment of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA). India has been one of the earliest nations to ratify the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in 2004.

The National Tobacco Control Program (NTCP) was launched by the Ministry of Health and Family Welfare (MoHFW), Government of India in 2007- 08, during the 11th five-year plan, with two key objectives i.e. i) To bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws, and ii) To facilitate effective implementation of the Tobacco Control Laws. By legal provision smoking is completely banned in most public places and work places. All forms of tobacco advertising, promotion and sponsorship are prohibited. It is mandatory to have pictorial and text health warning labels on the tobacco product packages. On October 15, 2014, the government notified new larger warnings that increased the warning size from 40 percent of one side of tobacco product packaging to 85 percent of both front and back panels of tobacco packaging.

NTCP is implemented through a three-tier structure, i.e.

(i) National Tobacco Control Cell (NTCC) at Central level

(ii) State Tobacco Control Cell (STCC) at State level &

(iii) District Tobacco Control Cell (DTCC) at District level. There is also a provision of setting up Tobacco Cessation Services at District level.

All these efforts have been initiated and carried out with full zeal and enthusiasm with the aim to control the consumption of tobacco products and handle the ill effects of its consumption. To study the effectiveness of such programs KAP (Knowledge, Attitude and Practice) studies are pursued in field with or without intervention program. Such studies try to evaluate the Knowledge level, Attitude and Practice style of the stakeholders to see if there is any relationship between Knowledge, Attitude and Practice.

## III. KAP (KNOWLEDGE, ATTITUDE AND PRACTICE) SURVEY

Knowledge, attitude, and practice (KAP) surveys are popular in the health sciences. In the field of mental health, for example, such surveys may assess health-related beliefs and behaviors in the context of specific illnesses or specific treatments.

KAP surveys originated in the 1950s in the fields of family planning and population research. Also known as knowledge, attitude, behavior, and practice surveys, these are now widely accepted for the investigation of health-related behaviors and health-seeking practices. A KAP survey is meant to be a representative survey of a target population; it aims to elicit what is known (knowledge), believed (attitude), and done (practiced) in the context of the topic of interest. Information is collected using semi-structured or (more usually) structured questionnaires that are self-administered or administered by interviewers; both qualitative and quantitative data may be collected.

A Knowledge, Attitude and Practices (KAP) survey is a quantitative method (predefined questions formatted in standardized questionnaires) that provides access to quantitative and qualitative information. KAP surveys reveal misconceptions or misunderstandings that may represent obstacles to the activities that we would like to implement and potential barriers to behavior change. Note that a KAP survey essentially records an “opinion” and is based on the

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“declarative” (i.e., statements). In other words, the KAP survey reveals what was said, but there may be considerable gaps between what is said and what is done.

**Uses:** A KAP survey can:

- Measure the extent of a knowledge, Attitude and Practice
- analyse situation; confirm or disprove a hypothesis; provide new tangents of a situation’s reality.
- Enhance the knowledge, attitude, and practices of specific themes; identify what is known and done about various health-related subjects.
- Establish the baseline (reference value) for use in future assessments and help measure the effectiveness of health education activities ability to change health-related behaviors.
- Suggest an intervention strategy that reflects specific local circumstances and the cultural factors that influence them; plan activities that are suited to the respective population involved.

In the present context it is necessary that people must have **K**nowledge about this NTCP program this knowledge can build their **A**ttitude to avoid the use of tobacco and only then this **P**ractice of avoiding use of tobacco be strengthen. This KAP is very important for the success of any program.

A KAP means Knowledge, Attitude and Practices. It is important to establish a basic premise and provide definitions for each word.

**K:** Knowledge is a set of understandings, knowledge and of “science.” It is also one’s capacity for imagining, one’s way of perceiving. Knowledge of a health behaviour considered to be beneficial, however, does not automatically mean that this behaviour will be followed. The degree of knowledge assessed by the survey helps to locate areas where information and education efforts remain to be exerted.

**A:** Attitude is a way of being, a position. These are leanings or “tendencies to...”. This is an intermediate variable between the situation and the response to this situation. It helps explain that among the possible practices for a subject submitted to a stimulus, that subject adopts one practice and not another. Attitudes are not directly observable as are practices, thus it is a good idea to assess them. It is interesting to note that numerous studies have often shown a low and sometimes no connection between attitude and practices.

**P:** Practices or behaviours are the observable actions of an individual in response to a stimulus. This is something that deals with the concrete, with actions. For practices related to health, one collects information on consumption of tobacco or alcohol, the practice of screening, vaccination practices, sporting activities, sexuality etc.

KAP surveys are reasonably easy to design, conduct, analyze, and interpret. KAP surveys have therefore become popular, especially in the field of public health, where they help provide valuable information for resource allocation in, planning of, and implementation of public health programs. Important reasons for conducting KAP surveys are listed many.

A KAP survey should ideally precede an awareness program or an intervention program. The results of the survey will provide the inputs needed for the design of an effective program, as well as the baseline data for the future evaluation of the success of the program. Thus, KAP surveys can be used to assess the baseline levels of awareness about mental health and mental-healthcare-seeking practices before designing and implementing educational or interventional programs in the population of interest. These surveys may then be repeated post-intervention to gauge the impact of the intervention. Interim KAP assessments may also be scheduled, if considered necessary, to determine whether the program is performing in accordance with expectations and to introduce midcourse corrections as appropriate. Such

interim assessments can rescue those programs the failure of which would otherwise be discovered only after program completion.

#### IV. CONDUCTING A KAP STUDY

The first step in conducting a KAP study is the selection of the sample to which the survey will be given. The sample should be sufficiently large so as to represent the population without being so large that the data collection and analysis is prohibitively difficult. In choosing a sample size be careful to take into account that some of those selected may be difficult or impossible to contact, or unwilling to participate in the study. A sample size of approximately 200 individuals from each group will suffice as long as care is taken to ensure that the response rate is reasonably high. As mentioned previously, division of the population into smaller categories is typically desirable as differing groups in the community have different educational, cultural, and socioeconomic backgrounds and therefore will likely have differing levels of KAP. In practice, this distinction can be made based on geographical characteristics of the group in either Rural or Urban settings.

The characteristics of the overall population should be considered when selecting the proportion of individuals from these categories so as to ensure that the population sampled will reflect the population at large. The survey should then be conducted and the data collected. A standard method for conducting the survey should be decided upon in advance, and should be consistent for each category surveyed so as to ensure that differences in the result are independent of the sampling method and depend solely on the characteristics of the population in question

Thus KAP survey is an important tool to gather information from the stakeholders which can then be used for better implementation of any program related to community health. Number of studies can be found, done in the field of health sciences and community health using the KAP survey method. These surveys provided very crucial information regarding the success level of the programs related to the field of health sciences and community health in the terms of Knowledge level of the stakeholders regarding a particular program, what is their attitude regarding the acceptance of that program and the effect on their practice after knowing about the program.

In a nutshell it can be said that KAP survey is important tool if used judiciously to analyze National Tobacco Control Program and its effectiveness on the concerned ones. This survey will surely provide an insight of the drawbacks and achievements of this program on the selling and consumption of Tobacco products.

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