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IMPACT OF MEDIA ON TOBACCO USE

Saumya Ojha*, Prasanna Kumar YS**, Padma Bhat***, Monalisa*
*Postgraduate Student, Department of Public Health Dentistry, Rajarajeswari Dental College & Hospital, Bengaluru, Karnataka
**Reader, Department of Public Health Dentistry, Rajarajeswari Dental College & Hospital, Bengaluru, Karnataka
*** Professor & Head, Department of Public Health Dentistry, Rajarajeswari Dental College & Hospital, Bengaluru, Karnataka

ABSTRACT

A major public health challenge of this century is finding a way to harness the powerful influence of the media to curtail tobacco use. Human beings have been using tobacco since 600 A.D.It was introduced in India by Portuguese. According to WHO, tobacco is the single largest preventable risk factor for various diseases including premature deaths and disability around the world. India is the second largest tobacco consumer, and third largest tobacco producer, in the world. Tobacco use, though perceived as an individual habit, often acquires a ritualistic character involving group behaviour. Media communications play a key role in shaping tobacco-related knowledge, opinions, attitudes, and behaviors among individuals and within communities Studies reflect that media can play role in both increasing and decreasing the exposure of tobacco among the different at risk group. On one hand, media can shape and reflect social values about smoking can provide new information about smoking directly to audiences, can act as the source of observational learning by providing models which teenagers may seek to emulate; exposure to media messages about smoking also provides direct reinforcement for smoking or not smoking. On the other hand, the media promote interpersonal discussion about smoking, can influence "intervening" behaviors that may make teenage smoking less likely; and antismoking media messages can also set the agenda for other change at the community, state or national level. Evidence from controlled field experiments and population studies shows that mass media campaigns designed to discourage tobacco use can change youth attitudes about tobacco use, curb smoking initiation, and encourage adult cessation. The initiation effect appears greater in controlled field experiments when mass media campaigns are combined with school- and/or community-based programming. Many population studies document reductions in smoking prevalence when mass media campaigns are combined with other strategies in multi-component tobacco control programs.

KEYWORDS: Tobacco, Media, Social Media, Oral cancer

INTRODUCTION

Human beings have been using tobacco since 600 A.D. Columbus who came to know about it from the Caribbeans during his historical journeys introduced it in Europe. The Portuguese introduced it in India. Harmful effects of tobacco have been recognized over the last 1000 years. Historically, three contemporary rulers, King James I of England, Shah Abbas of Persia and the Mughal emperor Jahangir of India in 16th century had noticed the harmful effects of tobacco and tried to ban it.[1] According to WHO, tobacco is the single largest preventable risk factor for various diseases including premature deaths and disability around the world. It kills nearly six million people each year of which more than five million are users and ex-users and more than 600,000 are non smokers exposed to second-hand smoke [2]. India is the second largest tobacco consumer, and third largest tobacco producer, in the world. [3] Tobacco is consumed in a variety of, both smoking and smokeless forms, e.g. bidi, gutkha, khaini, paan

masala, hookah, cigarettes, cigars, chillum, chutta, gul, mawa, misri, etc [4] Tobacco use is a major public health concern due to significant associated health risks, such as cardiovascular disease, respiratory diseases and cancers.[5,6] Smoking is also associated with a range of health-compromising behaviours, including carrying weapons, street fighting, engaging in high-risk sexual activities, and using other drugs Given the current pattern of tobacco use globally it is estimated 250 million who are alive today, would die prematurely because of tobacco and mostly in developing countries.[7]

TRENDS IN BIDI AND CIGARETTE SMOKING IN INDIA FROM 1998 TO 2015, BY AGE, GENDER AND EDUCATION

The age-standardised prevalence of any smoking in men at ages15–69 years fell from about 27% in1998 to 24% in 2010, but rose at ages 15–29years. During this period, cigarette smoking in men became about two fold more prevalent at ages15–69 years and four fold more prevalent at ages15–29years.By contrast, bidi smoking among men at ages15–69years fell modestly. The age-standardised prevalence of any smoking in women at these ages was 2.7% in2010.The smoking prevalence in women born after 1960 was about half of the prevalence in women born before 1950.By contrast, the intergenerational changes in smoking prevalence in men were much smaller. The absolute numbers of men mocking any type of tobacco at ages 15–69 years rose by about 29 million or 36% in relative terms from 79 million in 1998 to108 millionin2015. This represents an average increase of about 1.7million male smokers every year. By 2015, there were roughly equal numbers of men mocking cigarettes or bidis. About 11 million women aged 15–69 smoked in 2015.Among illiterate men, the prevalence of smoking rose (most sharply for cigarettes) but fell modestly among men with grade10 or more education. The ex-smoking prevalence in men at ages 45–59 years rose modestly but was low: only 5% nationally with about 4 current smokers for every former smoker.[8] Tobacco use, though perceived as an individual habit, often acquires a ritualistic character involving group behaviour. This is true of India, in both rural and urban settings. An emphatic example of the ritual aspect of tobacco consumption would be the use of the hookah. The habit of rural north Indian men, usually assembled in caste-based or social class based groups, sharing a hookah in daily gatherings, is a common example of fellowship, solidarity and the consultative process. In some areas, this extends to the women too. In the Nindana village in Haryana, for example, women go out in groups to fetch water late in the afternoon. During this time, away from the men and the immediacy of household responsibilities, they settle down for gossip, rest and the commensality and community of the hookah.[5,7] In urban cultures, young professionals are often characterized by specific rituals of bonding and sharing. These include visiting pubs, meeting particular groups of friends, sharing a few drinks and smokes, and generally unwinding. Such rituals, for example, have become part of the group identity of young professionals from the information technology industry which is burgeoning in India. Similarly, a prohibition of certain caste groups from sharing a hookah, or a proscription of women from tobacco use in traditional Indian contexts further illustrates the establishment of ritual or social superiority through the manipulation and control of objects of material culture. The consumption of tobacco and thereby construction of a certain kind of community identity can be found in the consumption behaviour of the Muria Gonds of the north-central part of Bastar district in Madhya Pradesh. For them, consumption is basically a demonstration of the ability to come up to the collective mark, be it in case of fashion, jewellery, or display on social occasions. In this case, therefore, the construction of identity through consumption is not to be different, but to be same. Hence, both men and women consume tobacco and alcohol, not as a mark of distinction, or indulgence, but as a part of the Muria tradition of commensality. Furthermore, borrowing from Douglas and Isherwood's notion of code, it becomes evident that the Muria only accept those goods to which they can relate and thereby assign certain values that form a part of Muria Weltanschauung. Therefore, while they consider tobacco leaf as a precious item, they reject cigarettes, which are more popular among the local Hindus and project a modern image. The above example implies that as the process of consumption is a social phenomenon, the consumption of tobacco is not devoid of it. The idea of smoking a cigarette or chewing tobacco,

to project a certain kind of identity, however depends upon the culture to which one belongs. Hence, in one situation it may be an act of rebellion against the traditional notions of morality, while in another situation, it is an act of conformity. The diversity of Indian society and the complexity of its social evolution have seen the use of tobacco symbolizing both of these, in different social and temporal settings.[4] Studies have shown that India has the highest rate of oral cancer in the world. Annually almost 7% of all cancer deaths in males and 4% in females are due to tobacco-related oral cancers.Moreover, it is estimated that 56,000 new cases of tobacco-related oral cancers occur every year, which would lead to more than 100,000 individuals suffering from the disease in the population in any given year. Nearly 95–100% of tobacco users develop periodontal diseases which have a diminishing effect on oral health. As a result, tobacco-related oral manifestations have a negative impact on oral health and quality of life.[9]

TOBACCO AND ORAL DISEASE

Aesthetics Smoking causes discoloration of teeth, dental restorations and dentures. The effect of smoking is more severe than that of the consumption of coffee and tea. Saliva in the short term smoking increases the flow rate of the parotid gland. However, the data on long-term effects on salivary flow rates show no difference between smokers and non-smokers. The pH of saliva rises during smoking. Over longer time periods smokers have a lower pH in stimulated whole saliva. Buffer capacity was found to be lower in smokers. The concentration of thiocyanate, a product present in tobacco smoke and in normal saliva, is increased in the saliva of smokers. Smell and taste,Periodontal diseases,Micro flora and host response ,Gingivitis ,Acute necrotizing ulcerative gingivitis (ANUG) ,Periodontitis ,Oral mucosal diseases ,Oral cancer, Smoker's melanosis ,Oral candidiasis.[9]

ROLE OF MEDIA IN TOBACCO USE

The role of mass media in promoting and reducing tobacco use in the United States is now well-documented. Mass media marketing of tobacco products through direct advertising, as well as through product placement in cultural and entertainment events, has been linked to increased tobacco use. For example, evidence from the United States indicates that higher exposure to smoking in entertainment programming leads to greater initiation among youth possibly through social modeling and by reducing resistance to counter-arguments. At the same time, research has shown that mass media can be successful in discouraging all forms of tobacco use.[10] Exposure to newspaper coverage of tobacco issues has been shown to be related to reduce smoking rates and higher levels of disapproval of smoking behaviours.[11]Anti-tobacco mass media campaigns have also been shown to be effective at reducing smoking rates and increasing the perceived harm from smoking.[10,11] In the study conducted in England to find the effect of marketing on tobacco use among youth it was found that among the 784 adolescents who had tried smoking, 450 (57.4%) were puffers, 150 (19.1%) had smoked one to 19 cigarettes, 76 (9.7%) 20 to 100, and 108 (13.8%) more than 100. 91 (11.6%) of experimental smokers were moderately receptive and 381 (48.6%) were highly receptive to tobacco marketing; thus, the majority of experimental smokers were receptive to tobacco marketing. There were more smokers represented in the higher exposure quartiles for movie smoking (exposure quartiles were determined using the entire cross-sectional sample). Among experimental smokers, receptivity to tobacco marketing was associated with a higher level of lifetime smoking; the adjusted proportional odds ratios were 3.54 and 2.47 for moderate and high receptivity, respectively. There was no association between seeing smoking in movies and higher levels of lifetime smoking. Other variables associated with higher levels of lifetime smoking included higher age, family smoking, friend smoking, and higher levels of sensation seeking.[12]

INFLUENCE AND USE OF ENTERTAINMENT AND ONLINE SOCIAL MEDIA

In the study done by McCoo etal regarding influence of social and media on tobacco use among Samoan youth it was found that pro-smoking imagery in entertainment and online social media was not universally seen as important or influential. Parental regulation of media use was still common among the high school student with some referring to families

practicing Christianity as the reason for restriction. One participant commented on the profound impact of the church and family on media use "Well, I grew up in a Christian family, so I am not interested in those kinds of things, because I am not allowed…Plus technology nowadays is very fast, it is another reason my dad does not allow us on the Internet". Exposure to inappropriate or amoral content in media was one of main reasons parents' restricted use. Cost of accessing the internet, which is less accessible and more costly than cell phones, was also cited as a reason for restriction. Some students agreed that seeing their favourite celebrities smoking could influence very young children to smoke. Other students were sceptical that this type of smoking imagery had any effect, "I don't really think [the] Internet can really affect the kids." Another perspective suggested that that direct advertising in media was likely to be less influential than "ads and background of people – that's when I see, I saw Simon [from American Idol) smoking". Students did generally agree that smoking imagery in movies and online was common. Again, this type of imagery was not described as a form of advertising and no student suggested that the tobacco industry could be using entertainment or online social media to promote its products. A few students said that they had seen actual tobacco advertisements online, but were unable to give specific examples. Several students said that they had seen photos of their peers smoking being shared on social media sites, like Facebook: "Some kid, when you go through their photos smoking… [are] holding cigarettes, drinks, alcohol, so it's really common. You can tell who smokes when you see their photos…". Facebook was considered a more authentic representation of actual smoking; "Well, movies, people are making it up, people are acting out so it is not really happening. Somehow, but then Facebook is what's really happening daily". Social media use was relatively common among the students interviewed. Facebook was the most popular online platform used by students, with one student suggesting that the "whole school" had accounts on the site. Many students had their own mobile phones and were able to access Facebook on their phones. In this respect, media use was not as easily regulated by parents. Although, this was not a universal experience with some students banned by their parents from opening a Facebook account and were not permitted to access their account from their phone. Again, the tension between familial values and morality and media use, especially new media, was evident.[13]

EFFECTS OF MASS MEDIA AND TOBACCO PROMOTION ON SMOKING AMONG ADOLESCENTS IN GHANA

On exposure to smoking were reported for the sample as a whole because analysis did not show any significant gender and age differences. About 29.0% of the questionnaire respondents reported seeing a lot of actors smoke on TV and videos, while 28.2% reported that they sometimes see actors smoke on TV and Video. In effect, a 57.2% of respondents reported seeing actors smoke on TV and Video. Additionally, 24.1% of the respondents reported that they often see a lot of cigarette brand names when they watch programmes on TV, with another 24.5% reporting that they sometimes see brand names. Furthermore, 16.7% report that they sometimes see advertisements for cigarettes when they go to sports events, fairs, concerts and community events, while 17% reported seeing a lot. About 28.5% of respondents also reported seeing a lot of advertisements/promotions for cigarettes in newspapers or magazines during the last 30 days before the research. These figures suggest that Ghanaian adolescents were highly exposed to tobacco promotions. As a new tobacco bill is before parliament and the activities of tobacco companies in Ghana are declining, it is likely that exposure of adolescents to tobacco promotions may be declining. However, adolescents are still highly exposed to smoking of cigarettes when they watch movies and TV.[6]

ROLE OF MEDIA IN PROVOKING CIGARETTE SMOKING AMONG ADOLESCENTS IN URBAN NEPAL

A study was undertaken to show the relationship between Smoking and Media which showed that Media Exposure and Cigarette Smoking around 22% of respondents saw cigarette advertisement frequently, 24.8% attended musical programs and 27.7% saw games sponsored by cigarette companies. Football (55.5%), cricket (23.1%) and

golf (16.6%) were among major games as sponsored by cigarette companies seen by respondents. According to most of the respondents, this type of sponsorship are done to promote the cigarette consumption and they succeed in doing so by creating interest and enthusiasm among adolescents about what cigarette is and how it tastes. Around 21% of respondents mostly watched movies in cinema halls and around 17% liked to smoke if favourite artist smokes. One fourth of respondents watched television for more than 2 hours a day and around 14% of respondents were highly receptive to cigarette advertisement. Table 2 shows the relationship between media exposure and cigarette smoking. Independent variables that were found statistically significant with cigarette smoking status at 99% CI ($p < 0.01$) were: attend musical program sponsored by cigarette companies, watch movie in cinema hall, like to smoke if favourite artist smokes, time spent a day in watching TV, liking heavy metal or hard rock music and receptivity to cigarette advertisement.[2]

TOBACCO CONTROL PROGRAMS AND POLICIES

National Tobacco Control Programme

As the implementation of various provisions under COTPA lies mainly with the State Governments, effective enforcement of tobacco control law remains a big challenge. To strengthen implementation of the tobacco control provisions under COTPA and policies of tobacco control mandated under the WHO FCTC, the Government of the India piloted National Tobacco Control Programme (NTCP) in 2007–2008.18 The programme is under implementation in 21 out of 35 States/Union territories in the country. In total, 42 districts are covered by NTCP at present. This was a major leap forward for the tobacco control initiatives in the country as for the fi rst time dedicated funds were made available to implement tobacco control strategies at the central state and substate levels.

The main components of the NTCP were: National level

1. Public awareness/mass media campaigns for awareness building and behavior change.
2. Establishment of tobacco product testing laboratories, to build regulatory capacity, as mandated under COTPA, 2003.
3. Mainstreaming the program components as part of the health care delivery mechanism under the National Rural Health Mission framework.
4. Mainstream Research and Training on alternate crops and livelihoods in collaboration with other nodal Ministries.
5. Monitoring and Evaluation including surveillance e.g. Global Adult Tobacco Survey (GATS) India.

A well designed public education campaign that is integrated with community and school based programmes, strong enforcement efforts, and help for tobacco users who want to quit, can successfully counter the tobacco industry. Such integrated programmes have been demonstrated to lower smoking among young people by as much as 40%.24 An intensive national level mass media campaign for awareness generation on harmful health effects of tobacco and provisions under COTPA has been a major initiative under NTCP for the last three years. The anti tobacco TV/radio messages were translated into 18 languages for the national campaign. The World Lung Foundation provided technical support for development of well tested and good quality TV/radio spots.[13]

Policy recommendations for tobacco control in Nigeria

The adoption and implementation of the law must be a collaborative effort between Federal, state and local governments. While the Federal government should assume oversight of the adoption and implementation of the ban, state and local law enforcement agencies have to work collaboratively to ensure that institutions, business (e.g. hospitality venues), and individuals within their jurisdictions are fully compliant with the policy.

Enforcement of the smoking ban

- Smoking in public spaces including public buildings (such as hospitals, schools); vehicles (such as trains, buses);

childcare facilities or within 20 feet of such designated spaces carries a prohibitive fine of up to N5000 ($30).

- Failure on the part of owners of hospitality venues to control smoking within their premises carries a fine of up to N20, 000 ($120) for the owner, and up to N5000 ($30) for the primary offender.
- All hospitality venues should be required to put up signage at conspicuous sites such as doors and well-lit areas inside and outside of their venues prohibiting smoking. No ashtrays or ashtray equivalents such as cups or candleholders shall be allowed within hospitality venues. Disruption of acts of violation or attempts at violation of the smoking ban at public places
- Sting operations by members of the Law enforcement agencies at the Local, State and Federal level, particularly at nightclubs, to ensure full compliance with the law. Third-time offending proprietors may risk losing their license to operate a hospitality venue as well as a fine of up to N50, 000 ($300).
- Toll-free numbers for calls and or text messages should be provided, and conspicuously displayed at all public spaces. Ideal numbers should be easy to remember (e.g. 0803 SMOKER). Members of the public should be able to call or send text messages to law

Restriction of sales, advertisement and illegal trade

- No sale of tobacco products to or by minors under 18. Sale of cigarettes or smokeless tobacco products shall be restricted to adults possessing valid government issued identification such as a driver's license, National ID card, or voter's license card.
- Prohibit sale of cigarette in single sticks. We further propose increasing the retail price of a standard cigarette pack from N50 ($0.3) to N280 ($1.72).
- All point of sale advertisements should be removed. Sponsorship of events by tobacco industry at government owned premises or institutions such as Federal and state universities, Hospitals, and related establishments shall be disallowed.
- Enforcement of Pictorial warning labels on cigarette packs, occupying at least 50% of the front and back of the packs.
- Smuggling of smokeless and cigarette tobacco products into the Country should be checked. Tighter security measures should be enforced at the border to prevent the massive influx of illegal tobacco products into the country. Offenders who are caught should be punished to the fullest extent of the law.[14,15]

Countries and banning tobacco advertising

WHO's report on the global tobacco epidemic 2011 shows that only 19 countries (representing just 6% of the world's population) have reached the highest level of achievement in banning tobacco advertising, promotion and sponsorship. More than one third of countries have minimal or no restrictions at all. Countries that are making strong progress in banning the last remaining forms of advertising include Albania, Brazil, Colombia, Ghana, Iran, Mauritius, Panama and Vietnam. WHO supports countries to meet their obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), which requires Parties to introduce a comprehensive ban of all forms of tobacco advertising, promotion and sponsorship within five years of the entry into force of the WHO FCTC for that Party. According to the "2012 Global Progress Report on Implementation of the WHO FCTC", 83 countries have already reported that they have introduced a comprehensive ban of all tobacco advertising, promotion and sponsorship. Countries that have banned displays of tobacco products at points of sale include Australia, Canada, Finland, Ireland, Nepal, New Zealand, Norway, Palau and Panama, with Australia also introducing plain packaging of tobacco products. A survey on tobacco use in Turkey shows the ban on advertising, promotion and sponsorship, combined with other tobacco-control

measures, has contributed to cutting tobacco use by more than 13% – translating to 1.2 million fewer tobacco users – since 2008.[16]

Bans on tobacco advertising are effective

Bans on advertising, promotion and sponsorship are one of the most effective ways to reduce tobacco consumption, with countries that have already introduced bans showing an average of 7% reduction in tobacco consumption. Research shows about one third of youth experimentation with tobacco occurs as a result of exposure to tobacco advertising, promotion and sponsorship. Worldwide, 78% of young people aged 13-15 years report regular exposure to some form of tobacco advertising, promotion and sponsorship. "Tobacco use ranks right at the very top of the list of universal threats to health yet is entirely preventable," says WHO Director-General Dr Margaret Chan. "Governments must make it their top priority to stop the tobacco industry's shameless manipulation of young people and women, in particular, to recruit the next generation of nicotine addicts." "Most tobacco users start their deadly drug dependence before the age 20", says Dr Douglas Bettcher, Director of WHO's Prevention of Noncommunicable Diseases department. "Banning tobacco advertising, promotion and sponsorship is one of the best ways to protect young people from starting smoking as well as reducing tobacco consumption across the entire population." [16]

CONCLUSION

In view of tobacco control being a major public health challenge in India, the Government has enacted and implemented various tobacco control policies at national and sub national level. The states have implemented the tobacco control policies and programmes with various levels of success.As media plays important role in tobacco use so it is important that multi-media campaign strategy be used to :

1. Educate the public about the harmful effects of tobacco ,across the world specially in countries like Thailand ,Canada and California very effective campaigns have been run .A great example of the kind of initiative one can take comes out of Thialand where some of the major harmful effects of cigarettes are mentioned on the cigarette packs themselves .
2. Educate the policy makers about the deception behind the tobacco industries arguments
3. Involve the medical community and the entertainment industry to appeal to the youth to support the cause of the anti-tobacco campaign
4. Run an aggressive media advocacy campaign not just to counter the arguments of thetobacco industry but to pre-empt them .The press and television can be motivated to run programme content and editorial that raises the awareness of the issues related to tobacco .A print version of the tobacco death clock can be run in newspapers in every country to remind people on aregular basis ,in television a programme on the lines of South Africa's Soulcity can be introduced to take on the health argument .
5. Mobilise support of NGO'S to activate ground level support for the campaign in the manner that ASH of UK does .

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