

EFFECT OF CONSUMERS' AWARENESS OF HEALTH RISKS OF TOBACCO ON PERCEPTION OF HEALTH BENEFITS TO QUIT TOBACCO

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ABSTRACT

The study measures the effect of consumers' awareness of health risks of tobacco on perception of health benefits to quit tobacco. The primary data were collected from a sample of 400 tobacco consumers taken from three districts of Haryana. The Consumers' Awareness of Health Risks (CAHAR) of tobacco and Perception of Health Benefits to Quit Tobacco (CPHBQ) were measured on a five point Likert scale. The analysis has been performed using confirmatory factor analysis and structural equation modeling. The consumers' awareness of health risks of tobacco has a positive and significant effect on their perception of health benefits to quit tobacco.

Key Words: Awareness of health risks, Perception of health benefits to quit, Tobacco, Consumers, Structural equation modeling, India

Introduction

Tobacco consumption is a major health problem of the modern age. It is the major cause of preventable premature deaths and diseases across the world. A burgeoning number of deaths and diseases owing to the usage of tobacco have a direct liability on the government to improve health care facilities and the awareness of health risks of tobacco. The tobacco is one of the widely recognized risk factor resulting in several driving reasons of death such as cancer, coronary illness, and stroke. The tobacco epidemic is responsible for killing more than 7 million people world-wide a year, out of which, more than 6 million deaths are attributed to the consumption of tobacco products and, around 9 lakhs deaths occur to the non-smokers being exposed to passive smoking that is expected to grow to more than 8 million a year by 2030 without intensified action. Surprisingly, low and middle income countries are bearing the largest proportion (nearly 80 per cent) of tobacco-related illness and deaths (World Health Organization, 2017). Tobacco users who die pre-maturely affect their families' future income as well as hinder the economic development of a country. Tobacco is considered as a legal killer in our society. Even with the significant level of awareness of health risks of using tobacco people are still consuming tobacco products heavily to symbolize the social status. People think that tobacco consumption helps them in social bonding. To exemplify, India has a unique custom in which people give respect to each other when they offer tobacco. There is a misconception among tobacco consumers that they are

consuming tobacco since many years and nothing had happened to their health and nothing will happen. Undeniably, tobacco consumers waste the productive time and money while consuming tobacco. More than 100 nations across the world are engaged in the production of tobacco. The main tobacco producing countries are China, India, Brazil, the United States, Turkey, Zimbabwe and Malawi, which together account for more than 80 percent of the world tobacco. China alone produces more than 35 per cent of the total world tobacco production. China significantly influences changeability of tobacco production figures at world level (WHO, Global status report on non-communicable diseases, 2010). The revenues from global tobacco sales are estimated close to \$500bn (£316bn). Tobacco use costs the world an estimated more than \$1 trillion each year on health care expenditures, productivity losses, fire damages and other costs (WHO, 2017). India is the third largest tobacco producer with an estimated annual production of 800 million Kilograms and second largest tobacco consumer after China (GATS, 2010). Indian tobacco company (ITC) is the largest tobacco producing company with a market share of 72 per cent (moneycontrol.com). The combined tax revenue collected from tobacco products is more than Rs. 31,000 crores annually. The total economic costs of tobacco consumption from all diseases more than Rs. 1,04,500 crores annually. One-sixth of the total world's tobacco-related deaths have been accounted in India (Ministry of Health And Family Welfare, 2014). India represents around 12 percent of the world's smokers. One million people die in India every year due to tobacco use. According the report of WHO, about 3200 tobacco consumers are found to have their first puff of cigarette before the age 18 years. Seven out of 10 smokers wanted to stop smoking, Five out 10 had made a quit attempt in the past year. Jha et al. (2008) have estimated that around 1 million deaths a year were because smoking by the early 2010s in India. The total central and state excise revenue from all tobacco products amounted only 17 percent of the estimated economic cost of tobacco consumption.

Theoretical Framework

The consumption of tobacco is harmful for health of individuals. The conceptual framework constructed for the study demonstrates significance of Consumers' awareness of health risks of tobacco (CAHAR) on Consumers' perception of health benefits to quit tobacco (CPHBQ). The awareness of harmful effects of consuming tobacco products can help the individuals in lowering the consumption of such products. The perception of health benefits to quit tobacco products is influenced by awareness of health risks of tobacco use. Awareness of the health risks and benefits to quit tobacco products provides the inspiration for targeting this cluster in campaigns to extend quit motivation. High awareness of perceived risks completely with intention to quit, expected success at quitting, confidence in quitting, and motivation to quit tobacco (Weinberger et. al., 2010). Research shows that perceived health risks of smoking and health benefits of not

smoking are related to intentions to quit (Sherry et al., 2004). Hence, in this model, awareness of health risks of tobacco influence the perception of health benefits to quit tobacco which leads to intention to quit tobacco.

Consumers' Awareness of Health Risks of Tobacco

The tobacco products carry the message and pictorial warning written as a statutory warning on the package that consuming the tobacco products is harmful to the health. Such kinds of information of the package are intended to inform the consumers of the tobacco products regarding the harmful effects of these products on the health of the individuals. It is believed that the consumers are aware of the harmful effects and they are making informed choices. It has also been observed that even the people in the medical profession are in the habit of consuming the tobacco products and it is often attributed to addiction, stress, etc. Self esteem related to quit is positively related to the desire, expected success, confidence, and motivation to quit (Weinberger et al., 2010). Dawood et al. (2015) found that the smokers' knowledge and perception regarding smoking health effects are low, especially in terms of second hand smoke. All the smokers overestimate the risks of diseases from the snus use of tobacco. For all diseases except lung cancer, the majority of smokers thought snus users have a higher or equal health risks (Lund & Sceffels, 2013). Smoking increases the risk of end-stage renal failure in men with inflammatory and non-inflammatory renal disease (Orth et al., 1998). The smokers have low health risks perceptions than the non-smokers (Rindfleisch & Crockett, 1999). Cummings et al. (2004) demonstrated that smokers are misinformed about many aspects of the cigarettes they smoke, stop smoking medications and that they want more information about the ways to reduce their health risks. Mondal et al. (2012) reported that majority of the respondents who are using tobacco products are aware of the harmful effects of tobacco and also informed that major diseases caused by tobacco is oral cancer, lung cancer and tuberculosis. Eliasson et al. (2001) revealed that a considerable reduction in daily cigarette smoking has a beneficial effect on cardiovascular risk factors. The use of tobacco causes bad breath (Aryal et al., 2013). A consumer who is more aware of the risk of developing lung cancer is likely to perceive higher of the benefits of quitting tobacco (Krosnick, 2001). Sreedhar et al. (2013) in their study found that the knowledge of tobacco use cause the lung cancer has a positive influence in the behavior. The above review shows that there are numerous harmful effects of tobacco consumption on the health. The awareness of health risks play an instrumental role in eliciting the desired behavioral response from the consumers.

Consumers' Perception of Health Benefits to Quit Tobacco

The perception of any phenomenon is entirely an individual process. A large amount of information is disseminated to the public through different media channels on the benefits of quitting the tobacco products. It is very difficult to understand

how can a doctor smoke? The bigger issue is how an individual perceives his own life, life of the family members; health, disease, etc. determine the adoption and consumption of tobacco products. The awareness and perception of health damages of tobacco use inspire to quit smoking. The nation's public health efforts lead to reduction in smoking-related mortality (Krosnick, 2001). Etter (2010) reported positive effects of e-cigarettes on the respiratory system (breathing better, coughing less) which leads to quit smoking. Diamond (2015) also found that smokers show a strong preference for electronic cigarettes over other cessation tools. The majority (77.3 per cent) of the current smokers were interested in cutting down the consumption of tobacco products and concerned about personal health (Parascandola, 2008). Despite the presence of many health and nutritional programmes, perception of adolescents and young people do not have a positive attitude towards tobacco usage (Davey, 2015). Grassi et al. (2014) revealed that undergraduate medical students have a higher knowledge of smoking-related diseases and, the methods to achieve cessation than the students of non-medical schools. The nursing students' personal smoking behavior affects their beliefs about smoking and their view about the professional role in helping smokers to quit (Brenda & Lenz, 2008). Sherry et al. (2004) reported that the perceived risks of smoking and the benefits of not smoking are related with the intentions to quit and actual treatment response. Harris (2011) suggested that the smokers have a shorter life span. The current smokers who were more aware of the health consequences of smoking were more likely to intend to quit smoking (Yang, 2010). The passive smoking and indirect smoking is causal factor of lung cancer and heart disease (Hirayama, 1981). The perception of health benefits of not smoking or quitting the consumption of tobacco products can motivate the consumers to bring desired behavioral changes. It is felt that the consumers find it difficult to perceive the health benefits of not using the tobacco products. The relationship among consumers' awareness of using tobacco product and perception of health benefits to quit tobacco has not been studied. The study aims to find the effect of the consumers' awareness of health risks of using tobacco products on their perception of health benefits to quit tobacco.

Objective of the Study

It is well known that consumption of tobacco is harmful to the health of the consumers. The statutory warning labels on the package of tobacco products serve the purpose of informing the consumers regarding the harmful effects on the health. On the other side, there are a lot of health benefits of not consuming the tobacco products. The promotional campaigns create the awareness of the harmful effects of using the tobacco products on health of the individuals and also inform about the benefits of not consuming such products to health. It is a matter of investigation to know the outcomes of such promotional campaigns. To what extent the awareness of health risks of tobacco affects the perception of health benefits

to quit tobacco, needs investigation. The study is designed to find the effect of consumers' awareness of health risks of tobacco on perception of health benefits to quit tobacco. To examine this effect, following hypothesis has been formulated:

H_a: Consumers' awareness of health risks of tobacco has a positive significant effect on perception of health benefits to quit tobacco.

Research Methodology

The study conducted during 1 January to 30 June 2017 in three districts of state Haryana (India) Hisar, Panipat and Rewari. All respondents of the study were active tobacco consumers. A total of 400 respondents participated in this study, out of which, 140 from the Hisar, 130 from the Panipat and 130 from the Rewari. The sample consisted of 367 males and 33 females' tobacco consumers. All respondents included in study were adult. The respondents were selected randomly who participated voluntarily in the study. Personal interviews were conducted with 500 tobacco consumers to explore the health risks of tobacco use and perception of health benefits to quit tobacco. Data of 400 tobacco consumers were found fit for the analysis.

Data Analysis

The validation of the study's twin constructs CAHAR and CPHBQ is discussed here.

Validation of Consumers' Awareness of Health Associated Risks of Using Tobacco Products (CAHAR)

To measure the consumers' awareness of health associated risks (CAHAR) of using tobacco products, the original questionnaire contained ten items (Table 1). The original model's fit indices (Table 2) were having a very poor fit (Table 2). The modifications were done according to the modification indices and the factor loadings of the items. The items A2, A3, and A9 were having factor loadings below 0.5. Each factor loading must be more than 0.5 (Byrne, 2010 and Hair 2010). The three items were removed from the further analysis. The modified model's fit indices were found satisfactory (Table 2). The chi-square value is 38.257 with a probability level 0.00. RMSEA (.070) is below 0.10 shows a better goodness of fit (Browne & Cudek, 1993). The other indices such as GFI (.975), AGFI (.946), CFI (.981), TLI (.970) and NFI (.946) were found above the threshold value (Yong Jae Ko, 2008) of 0.9. All the fit indices meet the criteria of goodness of fit. The factor loadings of the items ranged from 0.58 to 0.83 (Figure 1 and 2). All the seven items were found significantly representing the CAHAR.

Table 1 : Items of the Construct CAHAR

Items	Description of the items	Source of items	Remark
A1	Use of tobacco products damages health.	Yang et.al (2010)	<i>Retained</i>
A2	Use of tobacco products by pregnant women cause low weight of babies at birth.	Murukutla et. al (2011)	Deleted
A3	Smoking causes permanent wrinkles.	Seigel et. al (2000), Aryal et. al (2013)	Deleted
A4	Tobacco use causes bad breath.	Self developed	<i>Retained</i>
A5	Tobacco consumers have high risk of developing lung cancer.	Yang et.al (2010), Aryal et. al (2013), Harris et. al (2011)	<i>Retained</i>
A6	Use of tobacco products shortens life span of users.	Harris et. al (2011)	<i>Retained</i>
A7	Tobacco use increases risk of death from communicable diseases.	Murray and Lopez (1997)	<i>Retained</i>
A8	Passive smoking affects health of non smokers.	Yang et.al (2010)	<i>Retained</i>
A9	Smokers are more likely to die from heart disease than the people who don't smoke.	Harris et. al (2011)	Deleted
A10	Use of tobacco products affects health of the family members.	Reddy et. al (1996)	<i>Retained</i>

Table 2 : Model Fit Summary of CAHAR

Original Model (CAHAR)								
Model	CMIN	DF	CMIN/DF	GFI	CFI	IFI	TLI	RMSEA
Default	396.730	35	11.335	.833	.815	.816	.762	.161
Modified model								
Default	38.257	13	2.943	.975	.981	.981	.970	.070

Validation of Consumers' Perception of Health Benefits to Quit Tobacco (CPHBQ)

Table 3 shows that the thirteen items of original model of consumers' perception of health benefit to quit (CPHBQ) tobacco. The original model indicated poor fit (Table 4) indices. The modification was done in the original model on the basis of modification indices and factor loading. The six items i.e. B1, B2, B3, B5, B6, and B7 were having loadings below 0.5 and therefore were removed from further analysis. The modified model was found to have better fit indices (Table 4). The chi-square value of the modified model (51.6) is smaller than the original model (746) with a probability level

equal to 0.00 and degree of freedom 12. The smaller chi-square value shows the better goodness of fit (Paswan, 2014). All the measures in the modified model of CPHBQ observed a better fit indices GFI (.970), CFI(.977), IFI (.977), and TLI (.960). All the fit indices are higher than threshold value of 0.90 (Abdullah, 2015). The factor loading for all items lies in the range of 0.72 to 0.86 (Figure 1 and 2) which shows a better goodness of fit. The factor loadings must be more than 0.5 (Hong, 2002). The RMSEA of the model is .091 which also indicates a better fit of the model it is less than the suggested value of 1.0. The retained 07 items of the modified model significantly represent the construct CPHBQ.

Table 3 : Items of the construct CPHBQ

Items	Description of the items	Source of the items	Remark
B1	My teeth would not get yellow.	Yang et.al (2010)	Deleted
B2	I will not have to face regular cough problem.	Aryal et. al (2013)	Deleted
B3	It will improve my hunger.	Harris et. al (2011)	Deleted
B4	My lungs will remain healthy.	Weinberger et. al (2010)	<i>Retained</i>
B5	I will not smell bad.	Aryal et. al (2013)	Deleted
B6	It will improve my sleep.	Aryal et. al (2013)	Deleted
B7	Memory or concentration will be improved.	Self devolped	Deleted
B8	It will lower the chances of developing health associated risks.	Weinberger et. al (2010)	<i>Retained</i>
B9	My life span will become longer.	Harris et. al (2011)	<i>Retained</i>
B10	Family health will improve.	Aryal et. al (2013)	<i>Retained</i>
B11	I will physically feel better.	Weinberger et. al (2010)	<i>Retained</i>
B12	It will improve my immune system.	Self devolped	<i>Retained</i>
B13	I can perceive health benefits of quitting tobacco products.	Yang et.al (2010)	<i>Retained</i>

Table 4 : Model fit summary of CPHBQ

Original Model CPHBQ								
Model	CMIN	DF	CMIN/DF	GFI	CFI	IFI	TLI	RMSEA
Default	746.146	65	11.480	.757	.811	.812	.773	.162
Modified model								
Default	51.613	12	4.301	.970	.977	.977	.960	.091

Confirmatory Factor Analysis of CAHAR and CPHBQ

Table 5 shows that the overall fit indices of the confirmatory model of CAHAR and CPHBQ the chi-square value of the measurement model is 273.673 with a probability level equal to 0.00 and degree of freedom 73 greater than suggested threshold (i.e. ≤ 3.0 , Kline, 1998). RMSEA for this model is .083 which is lower than the upper threshold. The root mean square error of approximation (RMSEA) must be in the acceptable range of 0.05 to 1.00 (Browne and Cudek, 1993). The other fit indices i.e. Goodness of Fit Index (GFI, .914), Comparative Fit Index (CFI, .938), Incremental Fit Index (IFI, .938), Tucker Lewis Index (TLI, .923) and, Normed Fit Index (NFI, .918) are greater than the recommended. 90 threshold

suggested by Jarekog and Stirborn (1984). The factor loading for all the items lies in the range of 0.59 to 0.86 (Figure 1 and 2) which shows a better goodness of fit. The factor loading must be more than 0.5 (Homburg and Baumgartner, 1995). The standardized correlation coefficients between the consumers' awareness of health associated risks (CAHAR) of using tobacco products and perception of health benefits to quit (CPHBQ) tobacco is positive (0.25). The positive correlation between CAHAR and CPHBQ signifies that both the constructs move in the same direction and therefore an increase in consumers' awareness of health associated risks will lead to the corresponding increase in the perception of health benefits to quit tobacco.

Table 5 : CFA model fit summary for CAHAR and CPHBQ

Model fit summary (CFA)								
Model	CMIN	DF	CMIN/DF	GFI	CFI	IFI	TLI	RMSEA
Default	273.673	73	3.749	.914	.938	.938	.923	.0918

Reliability and validity of CAHAR and CPHBQ

The constructs reliability has been assessed by Cronbach's (α). The values of Cronbach alpha for both the constructs are greater than the threshold of 0.60 (Table 6), which shows that the scales have acceptable reliability. The composite reliability (CR) and average variance extracted (AVE) have been calculated from the model estimates through the formulas given by Fornell and Larcker, 1981. The model CR is above the cut-off of 0.70 for both the constructs. It is concluded that all the measures have acceptable levels supporting the reliability of constructs. The construct validation includes content, convergent and discriminate validities. Content validity is measured on the basis of literature review. Convergent validity is evaluated by the examining the factor loadings and average variance extracted. The estimated standardized loadings are higher than 0.70 and, AVE values for both the constructs are above the recommended level of 0.50 (Fornell and Larcker, 1981). Both the measures of the study have a high level of convergent validity. As per Fornell and Larcker's criteria, the discriminate validity is the square root of the AVE for each construct and should be greater than the correlation coefficient between the constructs. Another condition for discriminant validity is that the correlation between constructs should be less than 0.85 (Mohamad et.al, 2014). The constructs were found to be reliable and valid.

Figure 1 : Confirmatory Factor Model of CAHAR and CPHBQ

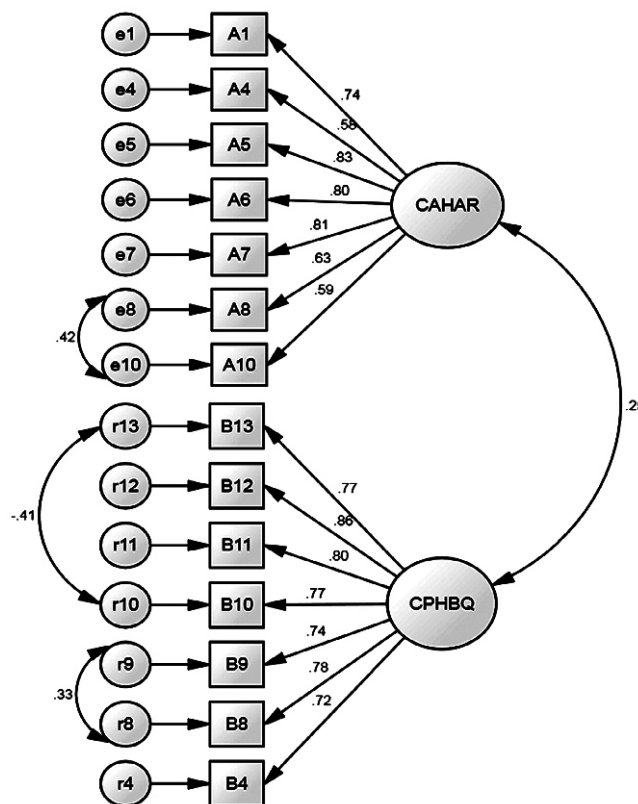


Table 6 : Reliability and Validity CAHAR and CPHBQ

Construct	Items	Factor loading	AVE	CR	Cronbach's α	SQRT of AVE	Correlation coefficient
CAHAR	A1	.734	0.517	0.880	.883	0.719	.25
	A4	.583					
	A5	.829					
	A6	.807					
	A7	.809					
	A8	.631					
	A10	.592					
CPHBQ	B4	.721	0.602	0.913	.912	0.776	
	B8	.778					
	B9	.738					
	B10	.770					
	B11	.796					
	B12	.857					
	B13	.766					

Source: Survey Data

Effect of Consumers' Awareness of Health Associated Risks (CAHAR) of Using Tobacco Products on Perception of Health Benefits to Quit(CPHBQ) Tobacco

The effect of consumers' awareness of health risk of tobacco

on perception of health benefit to quit tobacco is found to be significant ($> \pm 1.96, p < 0.05$) and positive by critical ratio test (Table 7 attached as Appendix VII). CAHAR has a positive significant effect on CPHBQ. The standardized regression estimate of CAHAR is 0.254 (Table 7 and Figure 1).

Table 7 : Fit Indices of the structural model of CAHAR and CPHBQ

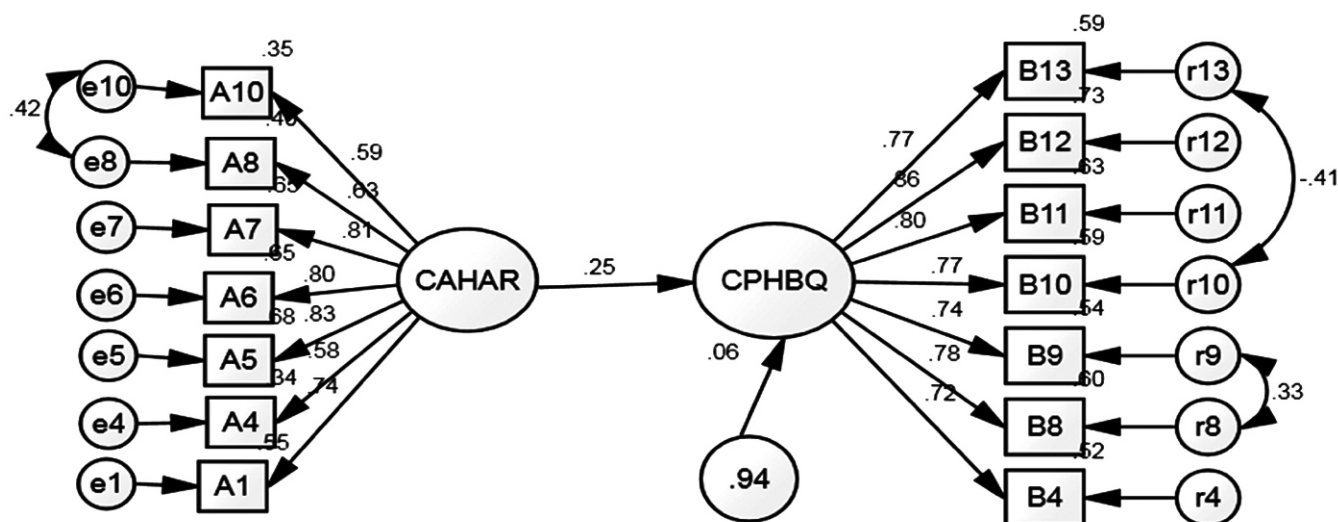
Model fit summary								
Model	CMIN	DF	CMIN/DF	GFI	CFI	IFI	TLI	RMSEA
Default	273.673	73	3.749	.914	.938	.938	.923	.083

Table 8 : Standardized Regression Weights

	Variables	Estimate	C.R	p
Perception of health benefits	← Awareness of health associated risks	.254	4.390	***
Lungs will remain healthy (B4).	← Perception of health benefits	.721	-	-
It will lower the chances of developing health associated risks (B8).	← Perception of health benefits	.778	15.130	***
Life span will become longer (B9).	← Perception of health benefits	.738	14.332	***
Family health will improve (B10).	← Perception of health benefits	.770	14.800	***
Physically feel better (B11).	← Perception of health benefits	.796	15.513	***
Improve my immune system (B12).	← Perception of health benefits	.857	16.713	***
I can perceive health benefits of quitting tobacco products (B13).	← Perception of health benefits	.766	14.738	***
Use of tobacco products affects health of the family members (A10).	← Awareness of health associated risks	.594	-	-

Passive smoking affects health of non smokers (A8).	←	Awareness of health associated risks	.633	13.438	***
Tobacco use increases risk of death from communicable diseases (A7)	←	Awareness of health associated risks	.809	12.088	***
Use of tobacco products shortens life span of users (A6).	←	Awareness of health associated risks	.804	12.047	***
Tobacco consumers have high risk of developing lung cancer (5).	←	Awareness of health associated risks	.826	12.237	***
Tobacco use causes bad breath (A4).	←	Awareness of health associated risks	.583	9.641	***
Use of tobacco products damages health (A1).	←	Awareness of health associated risks	.739	11.419	***

Figure 2 : Structural model of CAHAR and CPHBQ



CMIN/DF = 3.749; GFI = .914; CFI =.938; IFI = .938; TLI=.923; RMSEA=.083

H_a: Consumers' awareness of health risks of tobacco (CAHAR) has a positive significant effect on perception of health benefits to quit tobacco (CPHBQ).

The increase in the awareness of health risks of using tobacco products will have a positive significant effect on the perception of health benefits to quit tobacco. The standardized regression weights of the items of awareness of health risks (CAHAR) of using tobacco products ranged from 0.583 to 0.826 and, were found significant ($p < 0.05$). The seven observed items are significantly represented by the main factor CAHAR. The standardized regression weights of the items of perception of health benefits to quit (CPHBQ) tobacco were found to vary from 0.721 to 0.857 and, were found significant ($p < 0.05$). All the seven observed items are significantly represented by the main construct CPHBQ (Table 7 attached as Appendix VII and Figure 1 attached as Appendix A). The squared multiple correlations (SMCs) show the explanatory power of the regression model. SMCs indicate the amount of variance in endogenous variables (dependent variable) explained exogenous variable (independent variable). The squared multiple correlations (SMC) for the model is 0.06 which shows that 6 percent variance in CPHBQ

is explained by CAHAR. The consumers' awareness of health risk of using tobacco products has a positive and significant effect on their perception of health benefit to quit tobacco. The SMCs of the observed items (Figure 1 attached as Appendix A) of CAHAR range from 0.340 (A4) to 0.683 (A5). The SMCs of the observed items of CPHBQ range from 0.519 (B4) to 0.734 (B12). It has been observed that if consumers have awareness of tobacco affects health of family members, affects health of non smokers, tobacco use increase the risk death from communicable diseases, shortens the life span, tobacco consumers have high risk of developing cancer, cause bad breath and tobacco products damage health it will has positive effects of consumers' perception of health benefits to quit tobacco products regarding I can perceive health benefits to quit tobacco, improve my immune system, physically feel better, family health will improve, life span will become longer, it will lower the chances of developing health risks and lungs will remain healthy.

Discussion of the Results

The study explains that there is a positive effect of the consumers' awareness of health risks of tobacco (CAHAR) on the consumers' perception of health benefits to quit tobacco (CPHBQ). In relation to the awareness of health risks of tobacco, the observed items, tobacco causes bad breath (A4)

explained the minimum variances in CAHAR, while tobacco consumers have a high risk of developing lung cancer (A5) maximum variances in CAHAR. All the observed items measuring the CAHAR were found significantly and positively representing the latent construct of CAHAR. The observed items of lungs will remain healthy (B4) explained the minimum, while improve my immune system (B12 explained maximum variance in CPHBQ. Consumers' perception of health benefits to quit tobacco (CPHBQ) 25.4 percent explained by consumers' awareness of health risks of tobacco (CAHAR). The results of the current study are consistent with some previous studies. Krosnick (2001) found that a consumer who is more aware of the risk of developing lung cancer (A5) is likely to perceive higher of the benefits of quitting tobacco. Yang, (2010) reported that smokers who were more aware of the health consequences of smoking were more likely to intend to quit smoking. Sherry et al. (2004) found that perceived risks of smoking and benefits of not smoking are associated with intentions to quit. Thus, the current study validates the findings of previous studies. The latent construct CPHBQ is significantly and positively represented by the observed items measuring the perception of the health benefits to quit tobacco.

Conclusion

Despite the high level of awareness of health risks of tobacco still large numbers of people consume tobacco products. It has been observed that people shrug off health risks of tobacco until something happen to their health. During the survey it was revealed that there is misconception among people that they are consuming tobacco products for many years without any tobacco related health problems. Tobacco consumption is considered as a part of culture in rural areas. People who offer tobacco products to their guests considered as a gesture of good hospitality.

The results of the study indicate that the awareness of health risks of tobacco (CAHAR) has a positive significant influence on the consumers' perception of health benefits of quitting the tobacco (CPHBQ). All the observed items measuring the awareness and perception of the tobacco consumers significantly and positively represent the latent constructs of CAHAR and CPHBQ. The study signifies that an increase in the awareness level of the consumers regarding the harmful effects of consuming tobacco products will lead to a corresponding increase in the perception of health benefits of quitting the tobacco products. The awareness of harmful effects of passive smoking and tobacco use on the health of smokers as well as non-smokers will help in enhancing the perception of the health benefits of not using and discontinuing/quitting the tobacco products.

Implications, Limitations and Future Directions

The findings of the current study have implications for social marketers, government policies and regulations. Tobacco consumers must have a strong determination to quit the tobacco product because of addictive nature of tobacco. Awareness of health risks of tobacco should be enhance among tobacco consumers with heavily accessible media

channels by giving the real life examples of the people who suffers from tobacco related health issues. Social groups, family, legal environment, religious faith and health issues can increase the intention to quit, expected success at quitting, confidence in quitting, and motivation to quit. Social marketers and government should also explore the health benefits to quit tobacco in campaigns of tobacco de-marketing.

The current study investigated the opinions of only tobacco consumers regarding effects awareness of health risks of tobacco on perception of health benefits to quit tobacco. Opinions of non consumers of tobacco on measured constructs should be included. The current study was conducted three districts of Haryana only. Thus, sample size and area was not so big to generalize the findings of the study. A large portion of the tobacco consumers did not uncover that they are consuming tobacco so opinions of some real respondents could not recorded. Respondents which are not consuming tobacco can be covered with large sample size and area. Demographic groups can be included so that more focused and reliable results can be obtained. Other aspects of tobacco consumption related losses to individual and nation can be included for further study.

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