

Perceptions of Text and Pictorial Health Warning Labels for Smokeless Tobacco  
Packages in Navi Mumbai, India, and Dhaka, Bangladesh:  
Findings From an Experimental Study

by  
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## **AUTHOR'S DECLARATION**

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that my thesis may be made electronically available to the public.

## **ABSTRACT**

**Background:** Globally, smokeless tobacco use is disproportionately concentrated in low-and-middle income countries like India and Bangladesh. Despite the growing evidence base linking smokeless tobacco use with adverse health outcomes, knowledge of the health effects of smokeless tobacco remains low. Health warnings are a cost-effective population-level tobacco control strategy, and represent an excellent medium for communicating health information given their reach and frequency of exposure. Pictorial warnings have been shown to promote smoking cessation, and increase health knowledge and perceptions of risk, compared to text-only warnings. Much of this research, however, is largely based in high-income countries and is specific to cigarette health warnings. The current study was among the first to experimentally evaluate text and pictorial health warning labels in India and Bangladesh.

**Objectives:** This study examined: 1) Patterns of use and perceptions of harm for different smokeless tobacco products; 2) Awareness of current health warning labeling on smokeless tobacco, as well as the extent to which respondents supported stronger health warning labeling; 3) Perceived effectiveness of text and pictorial smokeless tobacco health warnings, and a potential mediator (negative affect) and moderator (message credibility) of this association; and lastly 4) The impact of viewing health warnings on attitudes and beliefs about smokeless tobacco.

**Methods:** An experimental study was conducted in India ( $n=1,002$ ) and Bangladesh ( $n=1,081$ ), with adult (19+ years) smokeless tobacco users, and youth (16 to 18 years) users and non-users. Respondents were randomly assigned to view smokeless tobacco health warnings according to one of four experimental conditions: (1) Text-only,

(2) Pictorial warning with symbolic imagery, (3) Pictorial warning with a graphic health effect, or (4) Pictorial warning with a personalized graphic health effect and a personal testimonial. Each respondent viewed five warnings within that condition for the following health effects: (1) Oral cancer, (2) Mouth disease, (3) Heart disease, (4) Addiction, and (5) Death. Warnings within each set were shown to respondents and rated one at a time (in random order) on the following outcomes: perceived effectiveness, attention, believability (credibility), importance, surprise, fright, disgust, and unpleasantness.

**Results:** A majority (88.9%) of smokeless tobacco users reported daily use. Approximately one-fifth (20.4%) of the sample were mixed-users (used both smoked and smokeless tobacco), of which about half (54.4%) reported that they primarily used smokeless over smoked forms like cigarettes or bidis. *Gutkha* was the most commonly used smokeless product in India, and *pan masala* in Bangladesh. The most commonly reported reason for using *pan masala* was the belief that it was “less harmful” than other types. The findings indicate strong support for health warnings in general, and for health warnings that included pictures in India and Bangladesh. In India—the first country in the world to carry pictorial health warnings on smokeless tobacco packages—a majority of respondents still reported that health warnings should have “more health information”. More than one-third of Indian respondents reported that they made an effort to avoid smokeless tobacco packages with health warnings on them, indicating that users are noticing and reacting to warnings.

With respect to the effectiveness of health warnings with different message themes: text-only warnings were perceived as less effective than each of the pictorial styles ( $p < 0.001$  for all). Graphic warnings were given higher effectiveness ratings than symbolic or testimonial warnings ( $p < 0.001$ ). Few country differences were observed in the adult sample. Among youth, Indian respondents tended to give higher effectiveness ratings than their Bangladeshi counterparts. The findings also indicated that negative affect (a composite measure of surprise, fright, disgust, and unpleasantness) mediated the association between viewing health warnings and ratings of perceived effectiveness for adults and youth. Among adults, moderated-mediation analyses indicated that negative affect mediated the association between viewing health warnings and ratings of perceived effectiveness at different levels of the moderator (message credibility). In other words, the association between negative affect and perceived effectiveness varied as a function of message credibility; the association was stronger when message credibility was high, and weaker when it was low. Among youth, message credibility moderated the indirect effect (mediation) only for those who had viewed warnings with graphic health effects versus personal testimonials. No differences were observed across message themes with respect to levels of agreement with negative attitudes and beliefs, or overall ‘bad’ opinions about smokeless tobacco.

**Conclusions:** This set of findings reinforces the need to implement effective tobacco control strategies in low- and middle-income countries like India and Bangladesh. In terms of health warning message content—pictorial warnings depicting graphic health effects may have the greatest efficacy, consistent with research from high-income countries on cigarette warnings.

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On to the next mountain?

## DEDICATION

*In 1979, a 27-year-old petty officer in the Indian Navy, stationed in the Andaman  
Nicobar Islands, left his post to marry the young girl from a nearby village,  
and move away from everything they knew.*

*Mom & dad, for this and everything that followed, I am deeply grateful.*

*This is for you.*

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## 1.0 INTRODUCTION

Globally, tobacco use remains the leading preventable cause of death (World Health Organization, 2008b). As tobacco becomes increasingly regulated in high-income countries, the tobacco industry has increased their attention and allocation of resources to growing consumer markets in low-and-middle income countries (LMIC's) (Lee, Ling, & Glantz, 2012). In fact, about 80% of the world's one billion smokers live in LMIC's like India and Bangladesh (International Institute for Population Sciences (IIPS), 2010; World Health Organization, 2009).

*“We should not be depressed simply because the total free world market appears to be declining. Within the total market, there are areas of strong growth, particularly in Asia and Africa...It is an exciting prospect.”*

*British American Tobacco Chairman, 1990  
(Bates no. 502619006/9029)*

Compounding the issue even further is the disproportionate concentration of smokeless tobacco use in India and Bangladesh. Of the approximately 300 million smokeless tobacco users worldwide, India and Bangladesh account for approximately 80%—well over 200 million smokeless tobacco users (International Institute for Population Sciences (IIPS), 2010; World Health Organization, 2009). There are many varieties of smokeless tobacco available in India and Bangladesh. Popular packaged forms of smokeless tobacco include *pan masala*, *gutkha* and *khaini*, all of which contain a mixture of ingredients such as slaked lime and spices, in addition to tobacco. Another popular form of smokeless

tobacco is *paan*, which is typically hand-made using fresh, green betel leaf to wrap tobacco and other ingredients.

Prevalence estimates vary regionally, but overall, 32.9% of males and 18.4% of females use smokeless tobacco in India; among female users, over 85.0% use smokeless tobacco exclusively (International Institute for Population Sciences (IIPS), 2010). In Bangladesh, the prevalence of smokeless tobacco use among females is comparable to that of males, at 27.9% and 25.4%, respectively (World Health Organization, 2009). The prevalence of smokeless tobacco use reflects high levels of social acceptability within these countries (Gupta & Ray, 2003; Kakde, Bhopal, & Jones, 2012).

In addition to its widespread use, another unique concern is that Indian and Bangladeshi smokeless tobacco products contain markedly higher levels of carcinogens compared to smokeless products popular in the US and Sweden (Stepanov, Hecht, Ramakrishnan, & Gupta, 2005). This difference may be due to the addition of other ingredients used in the preparation of smokeless tobacco, such as *areca* nut, which is carcinogenic in itself (Nair, Bartsch, & Nair, 2004). Indeed, India has one of the highest incidences of oral cancer in the world (Khan, 2012). Despite this, knowledge of the health risks of smokeless tobacco remains so low that it continues to be used for medicinal purposes in many communities (Gupta & Ray, 2003; Kakde et al., 2012; Khawaja et al., 2006; Rahman et al., 2012).

Communicating the health risks of tobacco use remains a priority for tobacco control, particularly in LMICs that are often characterized by limited access to health information,

less exposure to mass media campaigns, and lower literacy levels (World Health Organization, 2008b). Health warnings on cigarette packages are one example of a cost-effective population-wide tobacco control strategy (Hammond, 2011). The World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) established international standards for packaging and health warnings: Article 11 mandates that warnings cover at least 30% of tobacco packages and recommends pictorial warnings that cover 50% or more of the pack (World Health Organization, 2008a). India and Bangladesh are both signatory countries to the WHO FCTC.

In 2009, India became the first country in the world to require pictorial health warnings for smokeless tobacco packages. Despite this precedent, the initial Indian warning depicting a symbolic image of a scorpion was considered ineffective and "diluted" (Arora, Tewari, Nazar, Gupta & Shrivastav, 2012; Oswal, Raute, Pednekar, & Gupta, 2011). Due to criticism from the public health community, the Indian Ministry of Health announced a subsequent set of warnings to be implemented in June 2010, this time with graphic images of oral cancer. Due to industry interference, implementation was delayed and warnings did not appear on packages until May 2011 (Oswal, Pednekar, & Gupta, 2010; Sankaran, Heikki, & Glantz, 2014). In contrast, smokeless tobacco packages in Bangladesh will only begin to include pictorial health warnings starting March 2016 (as per amendments made to the Tobacco Control Act in May 2014).

When compared to text-only warnings, pictorial health warnings on cigarette packages have been shown to promote smoking cessation, and to increase health knowledge and

perceptions of risk (Hammond, 2011). Further, in a recent meta-analysis of experimental studies, Noar and colleagues (2015) found that pictorial warnings outperformed text-only warnings on a number of different outcomes, including: greater negative attitudes towards smoking, greater negative affect, and lower smoker cravings. This research, however, is largely based in high-income countries (HICs) and is entirely based on cigarette package warnings. The limited studies examining LMICs including Mauritius, China, Malaysia, Thailand, and Mexico (Fathelrahman et al., 2010; Fong et al., 2010; Green et al., 2014; Thrasher, Hammond, Fong, & Arillo-Santillán, 2007; Yong et al., 2013), are consistent with evidence from HICs—pictorial health warnings are more effective in increasing health knowledge and motivation to quit than text-only warnings.

To our knowledge, only two published studies (Adkison, Bansal-Travers, Smith, O'Connor, & Hyland, 2014; Callery, Hammond, O'Connor, & Fong, 2011)—one from the US and one from Canada—have experimentally tested attributes of smokeless tobacco health warnings. Although these two studies show promise for smokeless tobacco pictorial health warnings, the relevance of these findings to LMICs is unclear, given their different context of smokeless tobacco use. The limited existing evidence from an LMIC context includes five studies (observational and focus group) from India that all demonstrate the ineffectiveness of the 2009 smokeless tobacco health warning (Arora et al., 2012; Karinagannanavar & Raghavendra, 2011; Oswal et al., 2010, 2011; Rekha & Anjum, 2012), which has since been updated (Appendix A).

Thus, there is little evidence to guide regulators on selecting content for smokeless tobacco health warnings in the two countries that bear the greatest burden of smokeless tobacco use. The current study provides observational data on smokeless tobacco users, including perceptions of health warnings implemented in India, and is among the first to experimentally test the perceived effectiveness of novel health warnings in India and Bangladesh.

## **2.0 BACKGROUND**

### **2.1 Prevalence and patterns of use**

According to the Global Adult Tobacco Survey (International Institute for Population Sciences (IIPS), 2010; World Health Organization, 2009), approximately 34.6% of adults in India and 43.3% in Bangladesh use tobacco. Of these tobacco users, about 14.0% of adults in India, and 23.0% in Bangladesh smoke tobacco in either cigarette or bidi form. As is the case in many LMIC's, the prevalence of smoked tobacco is disproportionately greater among males than females (24.3% vs. 2.9% in India; 44.7% vs. 1.5% in Bangladesh). Smokeless tobacco use has also been found to be higher among those with lower education, lower income, and those from rural areas (Bhawna, 2013; Hossain et al., 2014).

Unlike other LMICs, cigarettes make up a smaller proportion of overall tobacco use— with only 5.7% of adults in India and 14.2% of adults in Bangladesh who reported smoking cigarettes. In contrast, approximately one-third of tobacco users in India (25.9%) and Bangladesh (27.2%) use smokeless tobacco. Also unique to the Indian and Bangladeshi context is that the gender gap for smokeless tobacco is narrower compared to smoked forms of tobacco. Prevalence estimates vary regionally, but overall, 32.9% of males and 18.4% of females use smokeless tobacco in India. In Bangladesh, the prevalence of smokeless tobacco use among females actually exceeds that of males, at 27.9% and 25.4%, respectively (International Institute for Population Sciences (IIPS), 2010, World Health Organization, 2009).

This narrowing gender gap is also emerging in youth smoking trends for cigarettes. The Global Youth Tobacco Survey (GYTS) indicated that in Bangladesh 2.9% of boys and 1.1% of girls smoked cigarettes. Similarly, in India, 5.8% of boys and 2.4% of girls reported smoking cigarettes. According to GATS data, these figures represent gender-based differences of only 2% to 3% among youth, compared to adult differences of about 10% (India) and 28% (Bangladesh).

The high prevalence of smokeless tobacco use may be attributed largely to the cultural and social norms surrounding tobacco use within these countries. The norms surrounding smokeless tobacco use in these countries are inextricably connected to the history of betel quid and *areca nut*. A discussion of social norms surrounding smokeless tobacco in the present context would be incomplete without first, a historical overview of betel quid.

## **2.2 History of betel quid and *areca catechu* nut**

Long before the introduction of tobacco in India, the use of betel quid<sup>i</sup>, a two millennia old custom, was a common cultural practice. Betel quid is made up of the leaf of a piper betel (commonly referred to as betel leaf), *areca catechu* nut, and slaked lime (calcium oxide and calcium hydroxide). It is chewed and then spit out. Other ingredients and spices are commonly added including cinnamon, cardamom, ginger, cloves, and sugar.

The use of *areca catechu* nut, also known as betel nut, was also woven into social customs and cultural rituals (Strickland, 2002). In fact, *areca* nut is still used in ayurvedic

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<sup>i</sup>Betel nut and betel quid use were also widely prevalent in other regions of Southeast Asia, the Pacific Islands, and parts of the former Soviet Union. Rudolph Virchow collected skulls from different regions of the world, including South and Southeast Asia, that show brown and black stains on the remaining teeth of the maxilla from betel quid/nut chewing (Reichart, Creutz, & Scheifele, 2006).

medicine—it is believed to be a curative agent for many health conditions including fever, diabetes, ulcers, and abdominal pain to name but a few (Strickland, 2002). In terms of its social meaning, *areca nut* and betel quid chewing would be akin to sharing a cup of coffee with a friend in many Western societies. It was customary to offer betel quid at significant milestones, including birth, death, and marriage. The Sanskritic tradition describes the exchange of *areca* nut and betel quid as a token of love. During marriage ceremonies in India, an *areca* nut would be split and shared between the bride and groom (Gode, 1961). The red-stained lips from chewing betel quid were much desired and often alluded to in poetry from this era.

*“Soft as a bud her betel-scarlet lips,  
Skin stained with sandal-paste, and brimming  
eyes  
Running eye-shadow as the fountain sprays;  
Damp hair, flower-scented, dripping dress  
that grips  
And shows her body all. What charms arise  
From Beauty bathing late on summer days!”*

*From Brough, 1968  
Poems from the Sankskrit, verse 191*

After the introduction of tobacco in the 1600’s, it soon became a valuable commodity in trade and it was not long before the collective use of betel quid with tobacco became engrained in social and cultural traditions.

During Mughal rule in India, tobacco became even more popular as the royals increasingly used it in various forms, like hookah. It is believed that Queen Noor Jahan (mother of the fifth emperor, Shah Jahan) made the tradition of chewing tobacco popular (Eraly, 2007). Tobacco gained even greater popularity during British rule. These early historical accounts provide context for the social and cultural norms surrounding current use of smokeless tobacco in India and Bangladesh. Today, the practice of chewing smokeless tobacco remains embedded in the cultural fabric of both of these countries (Choudhury, 2007; Kakde et al., 2012).

While cigarette and bidi smoking are regarded as a typically “masculine” and “grown up” practice (Gupta & Ray, 2003), no such characterization exists for the use of smokeless tobacco, perhaps due to its association with betel quid, a two millennia old practice. Additionally, the discreet nature of smokeless tobacco use (i.e., no combustion), may lend itself particularly well in a patriarchal society where deviation from well-defined gender roles is discouraged. Widespread normalization of betel quid, coupled with its addictive nature, has led to misperceptions of harm that encourage the use of smokeless tobacco, even among children.

This is in stark contrast to the way smokeless tobacco is used and regarded in other countries with large smokeless tobacco markets. In the US and Sweden, for example, smokeless tobacco is generally marketed as a harm reduction method, although, this is not yet a unified argument and much contention still remains (Hatsukami, Lemmonds, &

Tomar, 2004; Zeller & Hatsukami, 2009). Also in contrast to these western markets, the Indian and Bangladeshi smokeless tobacco market is unregulated and characterized by a plethora of smokeless tobacco products.

### **2.3 Forms of smokeless tobacco**

Smokeless tobacco is available in a multitude of forms in India and Bangladesh. Among the more popular varieties in both countries are *paan*, *paan masala*, and *zarda*. Other products largely popular in India include, *gutkha*, nasal snuff, *mishri*, and *gudhaku*. In Bangladesh, popular local products include *gul*, *sadapata*, and *nasshi*. Table 1 lists popular forms of smokeless tobacco and a brief description of each. It is also important to note regional diversity with respect to the use of smokeless tobacco products in India. For example, *mishri* is used commonly among women in the states of Maharashtra and Goa. *Khaini* is commonly used by men and popular in Maharashtra, Gujarat, Bihar, and Uttar Pradesh (Sivaramakrishnan, 2001).

**Table 1.** Types of smokeless tobacco in India and Bangladesh

Type of smokeless product	Description
<b>Chewing tobacco</b>	
<i>Khaini</i> ( <i>Khoinee</i> in Bangladesh)	Sun dried tobacco and slaked lime. The tobacco and slaked lime are mixed between the thumb and palm and typically placed in the lower premolar area.
<i>Gutkha</i>	Betel nut mixed with slaked lime, <i>areca catechu</i> nut and tobacco in granulated form.
<i>Paan</i>	Betel leaf with <i>areca catechu</i> nut, slaked lime, condiments, and sweetening agents
<i>Paan masala</i>	Dehydrated preparation of <i>areca catechu</i> nut, slaked lime, condiments and tobacco. Similar to paan but non-perishable.
<i>Mawa</i>	Thin shavings of <i>areca catechu</i> nut, tobacco, and slaked lime.
<i>Zarda</i>	A mixture of tobacco, slaked lime, spices, and tobacco.
<i>Sadapata</i>	Plain tobacco flakes.
<i>Nasshi</i>	A mixture of tobacco, slaked lime, spices, and tobacco.
<b>Pastes used as dentifrice</b>	
<i>Gudhaku</i> or <i>gul</i>	A paste made of powdered tobacco and molasses. It is applied to the teeth and gums.
<i>Mishri</i>	Made at home by roasting tobacco flakes until it turns into a brown paste. It is applied to the teeth and gums.
<b>Products that are inhaled</b>	
<i>Nasal snuff</i>	Finely ground flavoured tobacco that is sniffed through the nostrils.

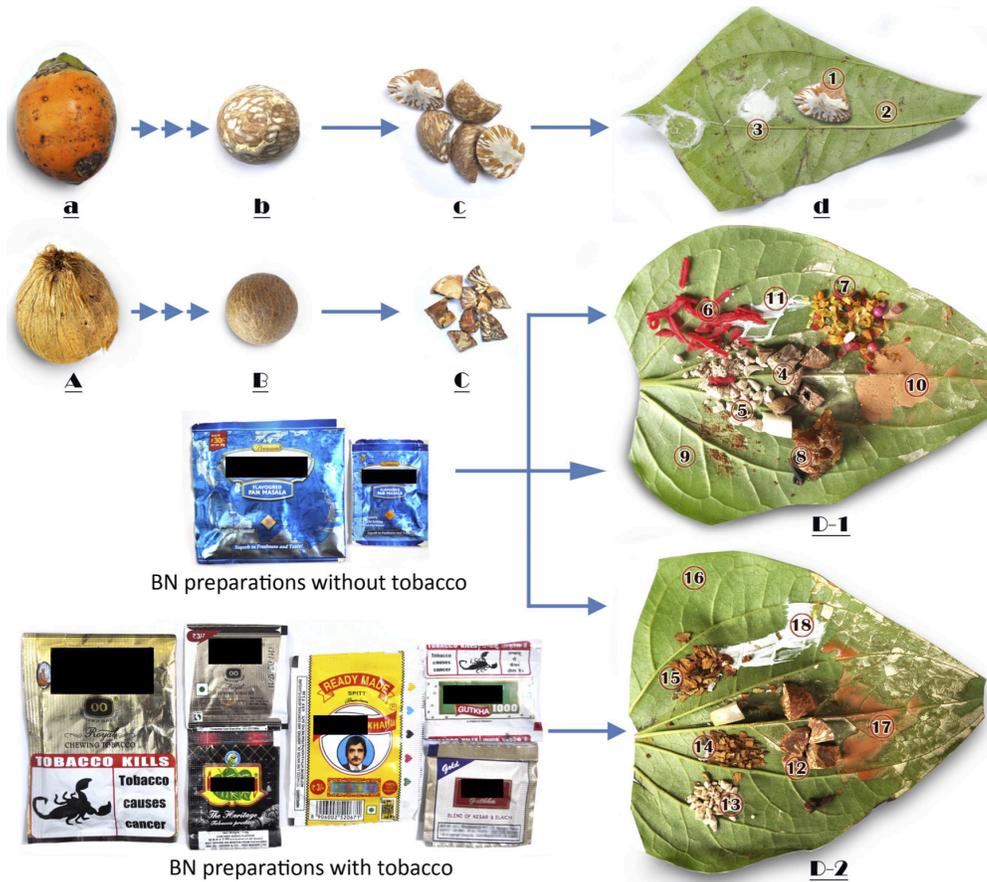
According to GATS India data, the prevalence of use was highest for *khaini* (11.6%), *gutkha* (8.2%), betel quid with tobacco (6.2%), and oral snuff (4.7%) (International

Institute for Population Sciences (IIPS), 2010). Based on data from Euromonitor International (Campaign for Tobacco Free Kids, 2010), *gutkha* was the most popular form of chewing tobacco sold in India and estimated to account for approximately 80% of chewing tobacco total volume sales in 2010. This difference may be due to the fact that *gutkha* companies, compared to *khaini*-producing companies, are larger and able to more accurately report sales volume. In Bangladesh, the highest prevalence of use was seen for betel quid with tobacco (24.3%), *gul* (oral snuff) (5.3%), *sadapatta* (1.8%), *khoinee* (1.5%) (World Health Organization, 2009).

In addition to the array of commercial products, handmade varieties of smokeless tobacco remain quite popular. Vendors often line the streets in market areas in both India and Bangladesh. No sales data exists for these handmade variants, making it a challenge to track, much less to regulate. Both handmade and commercial smokeless tobacco variants are typically composed of the same ingredients.

Sharan and colleagues (2012) described the different preparations of betel quid (BQ) and betel nut (BN) and their commercial variants (Figure 1).

**Figure 1<sup>ii</sup>.** Betel quid preparation and commercial variants



<sup>ii</sup> Note. From: Sharan, R. N., Mehrotra, R., Choudhury, Y., & Asotra, K. (2012). Association of betel Nut with carcinogenesis: Revisit with a clinical perspective. *PLoS ONE*, 7(8), e42759. doi: 10.1371/journal.pone.0042759

The unripe *Areca* fruit (a), either directly or after short curing is shelled to get wet and soft BN (b) (*tambul* or *kwai*), which after cutting into 4–5 pieces (c & 1) is normally consumed with a piece of betel leaf (2) and slaked lime (3) making a simple BQ (d). The ripe *Areca* fruit (A), after drying and curing is shelled to get dry and hard nut (B), which is cut into smaller pieces (C) (*supari*) for mastication. The dry pieces of BN (4 & 12) are usually masticated with a variety of additives (5–8), all of which usually contain BN, on a betel leaf (9) supplemented with catechu (10) and slaked lime (11) in a complex BQ (D-1). A variant of the complex BQ (D-2) may include all of the above plus a variety of chewing tobacco additives (13–15). Commercialization of this widespread practice of BQ mastication has led to mushrooming production of convenient and inexpensive alternate forms of BN preparations without (*paan masala*) or with tobacco (*gutkha*). Few of these products, packages in sachets (shown) or containers of various sizes (not shown), which are widely available in markets in India are shown here. All these products have no standardized production frame or declaration of nutritional components.

The heterogeneity and diversity of products within India and Bangladesh may pose the greatest challenge to regulation within these countries. Further compounding the issue of regulation, is the structure of the tobacco market in these countries.

## **2.4 The tobacco industry in India and Bangladesh**

### *Structure of the tobacco industry in India*

Compared to more developed countries, cigarettes make up the smallest proportion of the tobacco market in India, at approximately 14%. The Indian market is dominated by three domestic companies, which all have ties to international companies. British American Tobacco owns about one-third of the Indian Tobacco Company Limited (ITC), the leading tobacco manufacturer in India, as well as Vazir Sultan Industries (VST) Industries. Phillip Morris International owns about one-quarter of Godfrey Phillips India, the second largest manufacturer in India. Overall, ITC holds about 80% of the Indian market, followed by Godfrey Phillips India (12%), and finally VST Industries (8%) (Campaign for Tobacco Free Kids, 2010; Sankaran et al., 2014)

Despite being the most popular form of smoked tobacco in the country, the bidi market is not controlled by large transnational manufacturing companies, but is instead dominated by household producers, or the “cottage industry”. Bidi manufacturing companies hold no more than 5% of the Indian market. Similarly, local companies and smaller manufacturers dominate the Indian smokeless tobacco market. Five larger domestic companies account for about one-third of smokeless tobacco sales: Dhariwal Industries Ltd., Dharampal Satyapal Ltd., and Som Sungandh Industries Ltd., Shree Meeankshi

Food Products Pvt Ltd., and Kothari Products Ltd. (Campaign for Tobacco Free Kids, 2010).

### *Structure of the tobacco industry in Bangladesh*

British American Tobacco Bangladesh and Dhaka Tobacco Industries, a domestic company, account for most of the cigarette market in Bangladesh (approximately 46% and 40%, respectively). The remainder of the market is made up of smaller domestic companies, which account for about 10% to 15% of the market. These smaller companies include Abul Khair Tobacco Company, Alpha Tobacco Manufacturing Company, Azizuddin Industries Ltd., Sonali Tobacco Company Ltd., National Tobacco, and Nasir Tobacco (Barkat et al., 2012).

Similar to India's cottage industry, bidi production in Bangladesh is dominated by household producers. With respect to smokeless tobacco, local companies dominate this market. In their examination of the South Asian smokeless tobacco supply chain, Siddiqui and colleagues (2015) found that a majority (88%) of smokeless tobacco products sold by smokeless tobacco vendors in their study, were produced locally, but only about 13% of these included the manufacturer's address, which raises questions about illicit trade in these markets as well.

In summary, the tobacco markets and supply chain in India and Bangladesh are complex and fragmented. Compounding the issue further is the fact that worldwide, it is estimated that about 91% of smokeless tobacco products are sold through informal distribution channels, and are custom-made (National Cancer Institute, 2014). The tobacco industry,

and specifically the smokeless tobacco industry in India and Bangladesh represent a significant challenge to regulation. This lack of regulation surrounding production raises additional concerns with respect to the toxicity of products and the level of tobacco-specific nitrosamines (TSNA's) contained within them.

## **2.5 Toxicity and health effects of smokeless tobacco**

In general, smokeless tobacco contains 28 known carcinogens (National Cancer Institute (U.S.), 1992), including tobacco-specific-nitrosamines, or TSNA's (Stepanov, Jensen, Hatsukami, & Hecht, 2006). TSNA's contain four chemical compounds, two of which, NNN (N-nitrosornicotine) and NNK (N-nitrosornicotine and 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone), are classified as Group 1 carcinogens. TSNA's are produced during the curing and fermenting process and have been found to cause oral, oesophageal, liver, pancreatic, and lung cancer (Hecht, 1998; Hecht & Hoffmann, 1988).

Due to the different types and classes of smokeless tobacco products worldwide, high levels of variability have been found in levels of TSNA's (Hoffmann, Brunnemann, Prokopczyk, & Djordjevic, 1994). In North America and Western countries, smokeless tobacco products, such as Swedish snus have been shown to be less harmful than cigarettes (Hatsukami, Ebbert, Feuer, Stepanov, & Hecht, 2007; Levy et al., 2004). Products in Sweden have been shown to contain lower levels of TSNA's overall (Österdahl, Jansson, & Paccou, 2004). In fact, in Sweden, the use of snus has been associated with a decrease in lung cancer and myocardial infarction and a decrease in smoking (Foulds, Ramstrom, Burke, & Fagerström, 2003). Due to its less-harmful nature,

there is some support for the use of smokeless tobacco as a harm reduction tool to reduce population harm from smoking—however, there is much contention surrounding this issue (Hatsukami et al., 2004; Kozlowski, 2007; Tomar, 2007). In contrast, smokeless tobacco products in India and Bangladesh do not lend themselves as easily to the harm reduction debate.

Indian and Bangladeshi smokeless tobacco products contain markedly higher levels of carcinogenic agents—like TSNA’s—compared to popular smokeless products in the US and Sweden. The levels of NNN and NNK in Indian smokeless tobacco products have been found to vary greatly—from 1.74 to 76.9 and 0.08 to 28.4  $\mu\text{g/g}$ , respectively, compared to average levels of TSNA’s in Swedish snus, which have been found to be about 0.15 to 3.0  $\mu\text{g/g}$  (Österdahl et al., 2004; Stepanov et al., 2005). More recently, a new Indian product—‘Chaini Khani’—labelled as snus and advertised as a “safer” alternative to smoked and smokeless tobacco, was found to contain average levels of NNN, NNK, and NNAL of 22.9, 2.6, and 3.1  $\mu\text{g/g}$  respectively (Stepanov et al., 2014).

These differences may be due to the fact that in India and Bangladesh, tobacco processing is unregulated and produced in home-based operations and smaller domestic companies without standards for fermentation and curing—processes which increase the production of TSNA’s (Brunnemann, Genoble, & Hoffmann, 1985). Also contributing to the difference in toxicity is the addition of other ingredients used in the preparation of smokeless tobacco, such as betel nut, which is itself carcinogenic (Garg, Chaturvedi, &

Gupta, 2014; International Agency for Research on Cancer, 2004; Nair et al., 2004; Sharan et al., 2012; Warnakulasuriya, Trivedy, & Peters, 2002).

### **2.5.1 Toxicity and health effects of betel nut (*Areca catechu* nut)**

Betel nut is classified as a Group 1 carcinogen. Appendix B outlines the impact of betel nut and its different constituents on metabolic and cellular level changes—modifications that prove carcinogenic in multiple organ systems.

Its highly addictive nature is also cause for concern. After nicotine, alcohol, and caffeine, betel nut is the fourth most widely used substance in the world (Norton, 1998). *Arecoline*, one of the psychoactive alkaloids found in betel nut, works by stimulating the central and autonomic nervous system. This stimulation increases alertness, relaxation, and also works to satiate appetite (International Agency for Research on Cancer, 2004).

There is evidence suggesting a link between betel nut chewing and the development of oral submucous fibrosis (OSMF)—a pre-cancerous condition involving an inflammatory response which causes thickening of the mucosal lining, and eventual epithelial atrophy leading to a restricted oral opening (Rajendran, 1994). Prevalence estimates of OSMF vary regionally in India, but range between 0.2% to 1.2% and can be up to 0.4% in rural areas (Pindborg, 1972; Pindborg, Mehta, Gupta, & Daftary, 1968). The relative risk of oral cancer development for tobacco users with precancerous conditions has been estimated to be 397.3, compared to tobacco users without any precancerous conditions (Gupta, 1989). It has also been found that commercial variants like *gutkha* and *paan*

*masala* contain greater amounts of betel nut compared to handmade varieties (Pandya, Chaudhary, Singh, Singh, & Mehrotra, 2009; Tilakaratne, Klinikowski, Saku, Peters, & Warnakulasuriya, 2006).

Given the marked differences in toxicity levels, it comes as no surprise that rates of oropharyngeal cancer are highest among smokeless tobacco users in developing countries, compared to those in developed countries (Stewart & Kleihues, 2003). Indeed, India has one of the highest incidences of oral cancer in the world (Khan, 2012). Smokeless tobacco use in this context has also been linked with cardiovascular disease and addiction (Gupta, Pednekar, Parkin, & Sankaranarayanan, 2005; Gupta, Gupta, & Khedar, 2013; International Agency for Research on Cancer, 2004). There is also a growing body of evidence supporting the link between smokeless tobacco use and negative reproductive health effects.

### **2.5.2 Women and smokeless tobacco**

Studies have demonstrated a threefold increase in stillbirths among women who chewed tobacco during pregnancy compared to those who did not (Krisshna, 1978; Verma, Chansoriya, & Kaul, 1983). More recent studies have found that mothers who used smokeless tobacco products had two to three times greater odds of having low birth weight babies and stillbirths (Deshmukh, Motghare, Zodpey, & Wadhva, 1998; Gupta & Subramoney, 2006; Gupta & Sreevidya, 2004; Krishnamurthy & Joshi, 1993; Mehta & Shukla, 1990). Pratinidhi and colleagues (2010) examined the effects of *mishri* (tobacco tooth cleaning powder) use on fetal health during pregnancy and perinatal outcomes. The

findings indicated that current *mishri* users (compared to non-users and those who had stopped/reduced use) had more stillbirths, lower birth weight babies (169.9 grams less), and experienced greater complications during and after pregnancy. Overall, *mishri* users were more likely to have an operative delivery—with a relative risk of 2.7 (Pratinidhi et al., 2010).

Despite the well-documented health effects caused by smokeless tobacco use, knowledge of the health effects remains low—to the extent that it continues to be used for medicinal purposes in many communities in the Indian subcontinent (Gupta & Ray, 2003; Kakde et al., 2012; Khawaja et al., 2006; Rahman et al., 2012), as well as migrant South Asian communities worldwide (Kakde et al., 2012; Messina et al., 2013).

## **2.6 Health knowledge and smokeless tobacco**

While national estimates based on GATS data indicate that Indians and Bangladeshis report high levels of awareness that smoked and smokeless tobacco are harmful (levels of awareness range between 89% and 97%)—knowledge of the specific health effects of smoking is typically lower. Indians and Bangladeshis report the greatest levels of knowledge for lung cancer (84.9% and 91.5%, respectively), however levels of awareness are lower for other health effects, like heart attack (63.9% India; 85.9% Bangladesh) and stroke (49.4% India; 81.6% Bangladesh) (International Institute for Population Sciences (IIPS), 2010; World Health Organization, 2009).

Previous research from Western countries suggests that greater levels of health knowledge lead to greater intentions to quit, and more successful quit attempts (Borland et al., 2009; Hammond, Fong, McDonald, Brown, & Cameron, 2004; O’Hegarty et al., 2006; Romer & Jamieson, 2001). Similarly, one study from India (Raute et al., 2011) indicated that smokeless tobacco users with greater levels of health knowledge (for mouth cancer, gum disease, and difficulty with opening the mouth) reported greater intentions to quit. In this study, 94% of users who had intentions to quit, believed smokeless tobacco caused mouth cancer, versus 75% of users with no intentions to quit. Another study based on data from the Tobacco Control Policy (TCP) India Pilot Survey conducted in the states of Maharashtra and Bihar (Sansone et al., 2012), indicated that respondents with greater levels of health knowledge reported greater intentions to quit. Thus, communicating the health risks of tobacco use remains a priority for tobacco control policy.

## **2.7 Policy environment in India**

Khan and colleagues (2014) reviewed tobacco control policies in India, Bangladesh, Nepal and Pakistan. The findings indicate that smokeless tobacco policy remains a neglected area in all four countries. Further, the authors noted that where there is legislation that includes smokeless tobacco, it is either inadequate or poorly implemented.

### **2.7.1 Ban on the use of plastic sachets for tobacco products**

In March 2011, the Supreme Court of India banned plastic sachets for tobacco products, as a way to reduce the amount of plastic litter and toxic environmental waste. In Jaipur, Rajasthan, the switch from plastic to paper packaging increased per unit costs (a tax

increase also occurred at the same time) of cigarettes, bidi, and smokeless tobacco, and as a result were found to decrease sales and consumption (Singh, Mangal, Saxena, Sharma, & Meena, 2012).

The ban on plastic packaging also proved to be a catalyst for initiating the ban on smokeless tobacco. Shortly after the ban on plastic packaging was implemented, the Supreme Court requested that the Government of India review the health effects of smokeless tobacco. The Ministry of Health and Family Welfare (MoHFW) was commissioned to develop a report on the health effects of smokeless tobacco and *areca* nut. In April 2011, a national panel on smokeless tobacco (created by the MoHFW and WHO) recommended the ban on smokeless tobacco.

### **2.7.2 Smokeless tobacco ban**

In 2011, the production and distribution of *gutkha* was banned based on the regulations outlined by the Food Safety and Standards Authority (FSSA): "...food products will not contain any substance which may be injurious to health: Tobacco and nicotine shall not be used as ingredients in any food products". Under the Food Safety and Regulation (Prohibition) Act 2011, *gutkha* is completely banned. However, *paan masala* and *zarda* for example, are still a legal product under the Act.

To date, all 29 Indian states and six of seven union territories have banned the sale, manufacture, distribution, and storage of *gutkha*, by invoking Regulation 2.3.4 of the FSSA Regulations, 2011 (Prohibition and Restrictions on sales). Although this represents great strides in India's fight against tobacco, the spirit of the law is not adhered to in all

jurisdictions. *Gutkha* continues to be sold in separate pouches as a way to circumvent the ban (tobacco sold separately from the flavouring and spices). Further, it has been observed that despite the ban, shopkeepers will still sell *gutkha*, albeit only to select customers (Nair et al., 2012). Few states have also extended the ban to cover other smokeless tobacco products, like *khaini* and *zarda*.

Although limited, there are two published studies based in low-income communities in Mumbai (state of Maharashtra), which have examined the impact of the ban. One study conducted two months after the *gutkha* and *paan masala* ban, found that these products were available even after the ban (Nair et al., 2012). Another study conducted four to six months after the ban, found that non-availability of *gutkha* led to over one-fifth (23.5%) of *gutkha* users quitting and over half (55.8%) reducing their consumption (Mishra et al., 2014).

### **2.7.3 Advertising and promotion**

In 2003, the Indian Parliament passed the Cigarettes and Other Tobacco Products Act (COTPA). According to the COTPA, any direct or indirect tobacco advertising or promotion is prohibited (with the exception of point of sale displays). However, the industry is able to circumvent this ban by using surrogate advertising—smokeless tobacco companies produce identical products without tobacco, but with the same brand name. COTPA prohibitions do not apply to non-tobacco products, thereby allowing smokeless tobacco manufacturers to continue advertising their brands.

‘Chaini Khaini’—marketed as snus, and as a “safer” alternative to smoking or chewing tobacco, is one example of this. The ‘Chaini’ brand also produces ‘Chaini Chaini’—which is essentially the same product, but without the tobacco. ‘Chaini Chaini’ advertisements run rampant in India, and typically feature well-known Indian actors and actresses.

#### **2.7.4 Mass media campaigns**

In 2009, the Government of India, along with the World Lung Foundation, created India’s first smokeless tobacco campaign. The thirty-second TV ad shows Dr. Chaturvedi, a head and neck surgeon at the Tata Memorial Hospital in Mumbai, presenting some of his patients at different stages of oral cancer (caused by smokeless tobacco use). An evaluation of this campaign indicated that the TV ad made a majority of smokeless tobacco users “stop and think”, and made them feel concerned about their habit (Murukutla et al., 2012).

#### **2.7.5 Health warning labels**

In addition to advertising prohibitions, The COTPA also required the implementation of pictorial health warnings on tobacco packages.

In 2007, the Group of Ministers (GOM) appealed to the Shimla High Court on the basis that the original set of images proposed in 2006 were “too gory” and “unacceptable”, and that the ‘skull and cross bone’ hurt religious sentiments (Oswal et al., 2010) (Appendix A). A subsequent round of warnings was created in 2007 without the ‘skull and cross bone’ image.

The GOM was still unsatisfied, and commissioned the Department of Audio Visual Publicity to produce a new set of warnings to replace the proposed sets from 2006 and 2007. The new set of health warnings included a black and white symbolic image of a scorpion (for smokeless tobacco packages), a chest X-ray of a tuberculosis patient, and a graphic image of diseased lungs (both for cigarette packages)—all of which were considered “weak” and “diluted” (Arora et al., 2012; Oswal et al., 2011). The pictorial warnings included the message, “Tobacco causes cancer”, along the right hand side of the warning. For cigarette packaging, the top of the warning label read “Smoking kills”, for smokeless forms of tobacco, it read “Tobacco kills”.

In 2009, India became the first country in the world to implement pictorial health warnings for smokeless tobacco packages. These warnings covered approximately 40% of the front of the pack. Despite this precedent, the public health community criticized the use of the “diluted” warnings, specifically that of the symbolic image of a scorpion. Thus, the Indian Ministry of Health announced a subsequent set of warnings to be implemented in June 2010, this time with graphic images of oral cancer. Due to industry interference however, implementation was delayed and warnings did not appear on packages until May 2011 (Oswal et al., 2010; Sankaran et al., 2014).

In September 2012, the Ministry of Health and Family Welfare released a notification announcing a newer round of graphic health warnings for cigarettes and smokeless tobacco packages that were implemented in April 2013. Most recently, further amendments have been made to the COTPA. As of April 2015, requirements for health

warnings were set to cover at minimum 85% of the principal display area, on both sides of the pack, however this was indefinitely delayed (Appendix A).

## **2.8 Policy environment in Bangladesh**

India and Bangladesh have drastically different policy environments with respect to tobacco control measures. For example, despite the fact that Bangladesh's Tobacco Control Act (2005) prohibits all advertising and promotion of tobacco, much like the regulations outlined in the COTPA in India—Bangladesh's regulations only apply to cigarettes, not smokeless tobacco.

### **2.8.1 Health warning labels**

The Tobacco Control Act requires only smoked forms of tobacco to carry health warnings. These warnings are text-only and cover about 30% of the front and the back of the pack (in contravention of the FCTC).

However, there has been growing momentum towards updated labelling regulations in Bangladesh. In May 2013, Bangladesh made amendments to their Tobacco Control Act, to expand all legislation pertaining to smoked forms of tobacco to include smokeless tobacco (this includes regulations surrounding advertising and promotion). Further, it has been proposed that beginning in March 2016, all smoked and smokeless tobacco products will be required to carry a graphic health warning. However, similar to India's experience with tobacco industry pushback, it is anticipated that graphic health warnings will be strongly opposed in Bangladesh as well.

In summary, the high prevalence of use in India and Bangladesh is largely influenced by a myriad of factors including cultural and social norms, lack of health knowledge, and inadequate or poorly enforced tobacco control legislation. Given the global burden of tobacco use borne by these countries, there is a critical need to implement stronger tobacco control measures to tackle the growing epidemic of smokeless tobacco use within India and Bangladesh.

### **3.0 STUDY RATIONALE**

The global burden of smokeless tobacco use is borne by LMICs, including India and Bangladesh. Communicating the health risks of tobacco use remains a priority for tobacco control, particularly in LMICs that are often characterized by limited access to health information, less exposure to mass media campaigns, and lower literacy levels (World Health Organization, 2008b).

Emphasis should be placed on implementing policies that have the greatest reach, frequency of exposure, as well as the potential to benefit tobacco users from disadvantaged groups, which make up the majority of smokeless tobacco users in India and Bangladesh (Palipudi et al., 2012; Prabhakar, Pednekar, & Narake, 2012). The WHO has identified pictorial health warnings on product packaging as among the most cost-effective policy interventions to communicate the health risks of tobacco use. Health warnings on smokeless tobacco packages are an excellent medium for communicating health information given their reach and frequency of exposure, and are unique among tobacco control policies in that they are delivered at the time of use and at the point of sale.

There is little evidence to guide regulators on selecting content for smokeless tobacco health warnings in India and Bangladesh: two countries that bear the greatest burden of smokeless tobacco use. The central question of whether provocative pictorial depictions of health effects are the most effective approach for smokeless tobacco health warnings, and whether this effect is mediated or moderated by other factors, has yet to be

effectively addressed in low and middle-income countries. The current study was among the first to examine the perceived effectiveness of a set of novel health warning labels for smokeless tobacco packages, among adults and youth in India and Bangladesh.

## **4.0 CONCEPTUAL FRAMEWORK AND HYPOTHESES**

This review was conducted to examine the theoretical and empirical literature to identify the type of messaging content that may be perceived as most effective among Indian and Bangladeshi respondents, and possible factors that may mediate or moderate this relationship.

### **4.1 Fear appeals and graphic warning labels**

Pictorial warnings on cigarette packages have been associated with greater health knowledge, increased motivation to quit smoking, greater attempts to quit, and have also been shown to help to de-normalize tobacco use and lower brand appeal (Hammond, 2011). Pictorial warnings often contain graphic, fear-arousing images that elicit negative emotion. Health communication and advertising theories consider emotional content one of three core dimensions, along with the ad format and informational content. For example, Witte and colleagues suggest that emotional content influences affective and cognitive responses to messages that, in turn, affect attitudes, intentions, and behaviour (Witte & Allen, 2000).

Overall, there is mounting evidence supporting the use of fear appeals in health messaging, but less research on the theoretical framework that drives this effect. This paucity of theory-driven research was also highlighted in a recent meta-analysis conducted by Noar and colleagues (2015), which examined 35 experimental studies testing the efficacy of pictorial warnings compared to text-only.

The following provides an overview of some of the theories that may help explain the underlying mechanisms of fear appeals.

#### **4.1.1 Inverted U-shaped Model**

According to the *Inverted U-shaped Model*, there is a direct relationship between fear arousal and message acceptance. The Inverted U-shaped Model (Janis, 1967), derived from Drive theory, posits that all individuals are driven by basic physiologic and psychological needs including hunger, thirst, sleep, fear and affection. When these needs are unmet, individuals are “driven” to make decisions that will restore this balance. In the context of health communication, when an individual is faced with a message that elicits fear, they will either be driven to accept or reject the message in order to resolve the imbalance they have experienced. The U-shaped Model also suggests that there is an optimal level of fear—that extremely high levels of fear arousal would result in message rejection and avoidance, whereas extremely low levels of fear arousal would have no impact on how the message is received.

#### **4.1.2 Protection Motivation Theory**

*Protection Motivation Theory* (PMT) provides another theoretical framework to help explain fear appeals (Rogers, 1975). Unlike in the Inverted U-shaped Model, fear arousal is not the sole component that drives attitude and behaviour change. The degree to which one will be motivated to protect themselves against a threat depends on their judgement of the threat and their ability to cope with it—that is, the perceived severity of the

message, perceived vulnerability towards the threat, and their own self efficacy and response efficacy.

#### **4.1.3 The Extended Parallel Process Model**

The *Extended Parallel Process Model* (EPPM) (Witte, 1992) is perhaps the most prominent theory in the domain of fear appeals. It expands on the principles of Protection Motivation Theory (Rogers, 1975), as well as in the original Parallel Response Model—the first model of fear appeals to include cognitive antecedents of behaviour change (Leventhal, 1971; Leventhal & Trembly, 1968). The EPPM suggests that people are motivated to engage in ‘fear control’ or ‘danger control’.

In other words, threatening information that increases fear arousal will only result in positive behaviour change (‘danger control’) when response and self-efficacy is high. With low self-efficacy and/or response efficacy, high fear arousal is predicted to result in defensive avoidance (‘fear control’) (Witte & Allen, 2000). This concept of ‘fear control’ is not unlike the theory of *cognitive dissonance* (Festinger, 1962), which refers to the mental discomfort experienced when confronted with information that is in direct opposition to one’s beliefs or lifestyle choice. In the context of tobacco use, this theory suggests that those with a greater dependence on tobacco, and potentially lower self-efficacy, may attempt to rationalize their behaviour to help overcome the dissonance they experience when faced with a high fear-arousal message that runs counter to their lifestyle choice.

In the context of health warning labels, the effectiveness of a graphic health warning will depend on its ability to convey perceived threat and severity, as well as its ability to convey effective cessation messaging. This messaging should not only encourage cessation, but also provide resources that may help the tobacco user quit—factors that are critical in promoting self and response efficacy.

#### **4.1.4 Empirical research**

Marketing research conducted on behalf of governments suggests that warnings that arouse greater negative emotion, including fear and disgust, are rated as more effective (BRC Marketing and Social research, 2004; Elliot & Shanahan Research, 2003; Environics, 1999, 2000). Similarly, research evaluating anti-tobacco television ads suggests that emotional content can increase engagement and recall of health messages (Biener, Ji, Gilpin, & Albers, 2004; Biener, McCallum-Keeler, & Nyman, 2000; Davis, Nonnemaker, Farrelly, & Niederdeppe, 2011; Terry-McElrath et al., 2005; Wakefield et al., 2003)

Other negative emotions may also play a role in message acceptance. Disgust represents a negative emotion related to fear, which may also affect responses to graphic pictorial health warnings. In theory, disgust might also be expected to influence message acceptance similarly to fear, however very few persuasion studies have examined the role of disgust (Dillard & Pfau, 2002; Rozin, Haidt, & McCauley, 2008). Very few studies within the area of tobacco control found that ads with “disgusting” content were more effective (Donovan, Jalleh, & Carter, 2006; Leshner, Bolls, & Thomas, 2009).

To date, population-based surveys have failed to detect any significant adverse outcomes from pictorial health warnings that might be interpreted as defensive reactions (Borland et al., 2009; Hammond et al., 2004). Hammond and colleagues (2004), found that approximately half of smokers reported at least some fear, disgust, or anger in response to the pictorial health warnings implemented in Canada in 2001, and levels of fear and disgust were associated with an increase in cessation behaviour at follow-up. In one experimental study, Peters and colleagues (Peters et al., 2007) also found that pictorial warnings were associated with greater negative emotions than US style text-only warnings, and that these emotions were associated with more negative attitudes towards smoking.

In addition, a growing body of evidence on the efficacy of cigarette health warnings suggests that symbolic images are significantly less effective than images that depict the health effects or human suffering from tobacco use (Hammond et al., 2012; Hammond, 2011; Flay and Burton, 1990).

There is reason to believe that health warnings with graphic health effects may work especially well to overcome literacy barriers (Fong, Hammond, & Hitchman, 2009; Hammond et al., 2012; Thrasher et al., 2010). However, few studies have examined the impact of pictorial warnings in LMICs (Hammond et al., 2012; Thrasher et al., 2010, 2012). Generally, the findings from these studies indicate that those with lower education gave higher effectiveness ratings for pictorial warnings, overall (Hammond et al., 2012; Thrasher et al., 2010). Thrasher and colleagues (2012) found that individuals with higher

education perceived warnings with testimonial-style content to be less effective than warnings with didactic information.

#### **4.2 Transportation Imagery Model**

Alongside gruesome images of disease caused by tobacco use, graphic health warnings may also include narratives, such as personal testimonials from tobacco users. The *Transportation Imagery Model* helps explain the potential mechanisms through which narratives are proposed to work<sup>iii</sup> (Green & Brock, 2000; Green & Brock, 2002).

‘Transportation’ can be described as the feeling of getting “lost” or “carried away” in a story, and often involves increased cognitive attention, emotional involvement, and a lack of awareness of one’s surroundings (Green & Brock, 2005). The transportation imagery model posits that this concept of ‘transportation’ is among the most important mediating factors through which a narrative achieves its effectiveness (Larkey & Hecht, 2010). By becoming cognitively immersed within a narrative, it becomes difficult to refute the implicitly stated messages and thus limits the extent to which one feels they can counter-argue the information (Dal Cin, Zanna, & Fong, 2004; Green & Brock, 2000; Hinyard & Kreuter, 2007; Slater & Rouner, 2002).

Behavior and attitudinal changes can also be mediated by the role of ‘identification’—the extent to which one perceives the spokesperson of a health message to be similar to oneself (Hinyard & Kreuter, 2007). Larkey and Hecht (2010) proposed a model of

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<sup>iii</sup> The literature in this area is primarily focused on longer narratives than the short quotes that would be used in health warnings.

culture-centric narratives in health promotion based on persuasion and health promotion literature. Their model suggests that the narrative approach, coupled with a culturally relevant message, may be most efficacious in influencing behaviour change.

The transportation imagery model underscores the importance of message recipients being able to ‘identify’ with the message itself—as these are the messages that are most often deemed credible, believable, and least likely to be rejected. In the context of health warnings, graphic warnings including a narrative (i.e., personal testimonial), may promote ‘identification’ more than text only warnings, or graphic health warnings without a narrative.

#### **4.2.1 Empirical research**

In the domain of tobacco control, narrative communication on tobacco warning labels have produced mixed results in LMICs (Hammond et al., 2012; Thrasher et al., 2012). With respect to narrative communication for anti-tobacco television ads, cross-country research conducted by Wakefield and colleagues (2013) tested five Australian and US-based television ads with varying message content (graphic health effects, a personal testimonial, and symbolic imagery) in ten LMICs, including India and Bangladesh. Ads depicting graphic health effects were perceived as most effective across all countries, whereas the personal testimonial ad was given the lowest ratings across all measures of perceived effectiveness.

However, it is important to note that the personal testimonial ad showcased an Australian woman, ‘Zita’. According to Larkey and Hecht’s culture-centric narrative model (2010), ‘cultural embeddedness’ leads to ‘identification’, an important mediating factor without which ‘transportation’ into the narrative and subsequent behavior change is unlikely. Tailored health messages may promote greater acceptance and identification (Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008; Noar, Benac, & Harris, 2007). Perhaps if ‘Zita’ instead reflected the ethnic profile of the culture in which the ad was tested, the personal testimonial ad would have fared better and been perceived as more effective.

Take for example, the first national-level smokeless tobacco mass media campaign in India. The campaign messages were tailored to an Indian audience and included a real-life testimonial from a 24-year-old male with advanced-stage oral cancer. According to an evaluation conducted by Murukutla and colleagues (2012), the campaign made people “stop and think” and increased concerns about smokeless tobacco use. The success of the radio ad led to the production of a television ad and billboards with the same testimonial message. Furthermore, an Australian study that examined testimonial health messages found that indigenous smokers rated a tailored anti-tobacco (including an indigenous spokesperson) ad significantly higher on all measures of effectiveness, compared to their non-indigenous counterparts (Stewart et al., 2011).

### *Summary*

Many of the principles that underlie the effectiveness of cigarette package health warnings—such as high reach and frequency of exposure—are likely to be fairly

universal and apply to smokeless tobacco package health warnings. However, one might expect pictorial warnings to be more effective than text-only warnings among LMICs given lower levels of literacy and health knowledge.

Text-only health warnings have little or no effect among those who cannot read them; this includes illiterate or low-literacy individuals, individuals who are literate in a language other than that used for text warnings, and young children. The most effective way to reach low-literacy smokers may be to include pictures, which can be universally understood. Previous research would suggest that strong fear-arousing messages are most likely to alter beliefs about health risks, as well as appeal and general acceptability of tobacco products. Health behaviour theories also underscore the importance of ensuring that the warnings are credible and believable; otherwise, they are likely to be rejected.

Given the widespread social acceptability of tobacco use in India and Bangladesh, it is unknown how individuals will perceive graphic depictions of health effects or personal testimonials related to the health effects caused by smokeless tobacco. From a health behaviour point of view, the *Theory of Planned Behaviour* (and the related *Theory of Reasoned Action*) identifies intention, which is in part determined by social norms, as the best predictor of behaviour change (Ajzen, 1991; Ajzen & Fishbein, 1980). The concept of social norms (Cialdini & Trost, 1998) suggests that individuals have a tendency to conform to group behaviours. Given the widespread acceptability of smokeless tobacco, these theories highlight the importance of health warnings that convey the risks of smokeless tobacco in a manner that undermines social acceptability.

### 4.3 Hypotheses

Five primary hypotheses were proposed:

#### *Hypothesis 1a*

Pictorial warnings, including graphic health effects, will be perceived as most effective, compared to text-only warnings. A growing body of evidence on the efficacy of cigarette health warnings suggests that symbolic images are significantly less effective than images that depict the health effects or human suffering from tobacco use. Thus, within the pictorial styles, warnings with symbolic imagery will be rated as least effective, compared to warnings with graphic health effects (with and without a personal testimonial).

#### *Hypothesis 1b*

It is hypothesized that there will be no difference in ratings of effectiveness for graphic health effects compared to personal testimonials, as there is mixed evidence in this domain.

#### *Hypothesis 2a*

Given the longer history of pictorial health warnings on smokeless tobacco packs in India, it is hypothesized that warnings with graphic health effects will be more novel in Bangladesh, and thus perceived as more effective than text-only warnings with and without symbolic imagery, compared to India.

*Hypothesis 2b*

Smokeless tobacco users with greater intentions to quit will rate warnings as more effective than those without any quit intentions, given their need to remove dissonance and rationalize their behavior.

*Hypothesis 2c*

Respondents with lower levels of education will rate warnings as more effective than those with higher levels of education.

*Hypothesis 3a*

Negative affect (including fear) will mediate the association between viewing health warnings and ratings of perceived effectiveness, such that warnings that elicit higher levels of negative affect will in turn elicit higher perceived effectiveness ratings. It is hypothesized that warnings with graphic health effects will elicit greater levels of negative affect which will in turn elicit greater perceived effectiveness ratings, than all other warnings.

*Hypothesis 3b*

Message credibility will moderate both the direct and indirect effect (mediation) of viewing health warnings on perceived effectiveness ratings. That is, the association between negative affect and perceived effectiveness will vary as a function of message credibility; the association will be stronger when message credibility is high, and weaker when it is low.

#### *Hypothesis 4a*

Viewing pictorial health warnings will increase: 1) the proportion of respondents reporting negative attitudes and beliefs, and 2) overall ‘bad’ opinions of smokeless tobacco. It is expected that pictorial warnings with graphic health effects will increase overall ‘bad’ opinions to the greatest extent, compared to text-only and symbolic warnings.

#### *Hypothesis 4b*

Health warnings would presumably be more novel in Bangladesh, considering that smokeless tobacco packages did not include health warnings at the time this study was conducted. Thus, it is expected that respondents from Bangladesh will report higher levels of: 1) negative attitudes and beliefs; and 2) overall ‘bad’ opinions of smokeless tobacco, compared to Indian respondents.

#### *Hypothesis 5a*

It is expected that those who view pictorial warnings will report greater levels of agreement with the health effects caused by tobacco use, compared to those who view text-only or symbolic warnings.

#### *Hypothesis 5b*

Societal norms may be less positive in India given the country’s longer history of tobacco control. Therefore, it is expected that Indian respondents will report higher levels of

agreement with the health effects caused by smokeless tobacco use, compared to Bangladeshi respondents.

## **5.0 METHODOLOGY**

### **5.1 Survey Translation**

Questionnaires were translated into Hindi and Marathi for India, and into Bengali for Bangladesh (Appendix C). The committee approach to translation was used (Harkness & Schoua-Glusberg, 1998), and the following process was followed:

1. Two translators: one from the Indian research team, fluent in Hindi, Marathi, and English, and one translator from the Bangladeshi research team, fluent in Bengali and English, independently translated the questionnaire items, providing comments on any issues or potential problems with the questionnaire in their country/language.
2. The translation coordinator from the University of Waterloo, along with the Primary Investigator for the current project, and two members of the Canadian research team, collected the translations and summarized issues for discussion.
3. For each country, a meeting was held with the Canadian research team, and the translators to discuss any of the issues that arose during translation.
4. Questionnaire items were revised based on these group discussions. Any substantial question revisions were checked with other languages to ensure comparability of the final versions.

5. Two final meetings were held with the translators from India and Bangladesh to finalize survey revisions. The final survey was pre-tested prior to data collection.

## **5.2 Sample recruitment**

Face-to-face recruitment and interviews took place at 15 sites around Navi Mumbai, India (April 10 to August 6, 2012), and 6 sites around Dhaka, Bangladesh (May 9 to June 18, 2012). Sites were busy public areas, selected for geographic and demographic diversity. Interviewers recruited respondents using a standard intercept technique (Sudman, 1980), whereby a physical landmark was selected and every other person to pass it was approached in Navi Mumbai; in Dhaka, every third person to pass the landmark was approached in busy locations, which was increased to every person in locations with less pedestrian traffic.

Interviews were conducted in the respondents' preferred language in India (English, Hindi, or Marathi), and in Bengali in Bangladesh. Interviewers read aloud questions to respondents and entered their responses into tablets. Interviewers were trained by the same team members from the University of Waterloo, to increase consistency between sites, and supervised by local research staff who monitored randomly in the field, to ensure study protocols were followed.

### **5.2.1 Eligibility and consent**

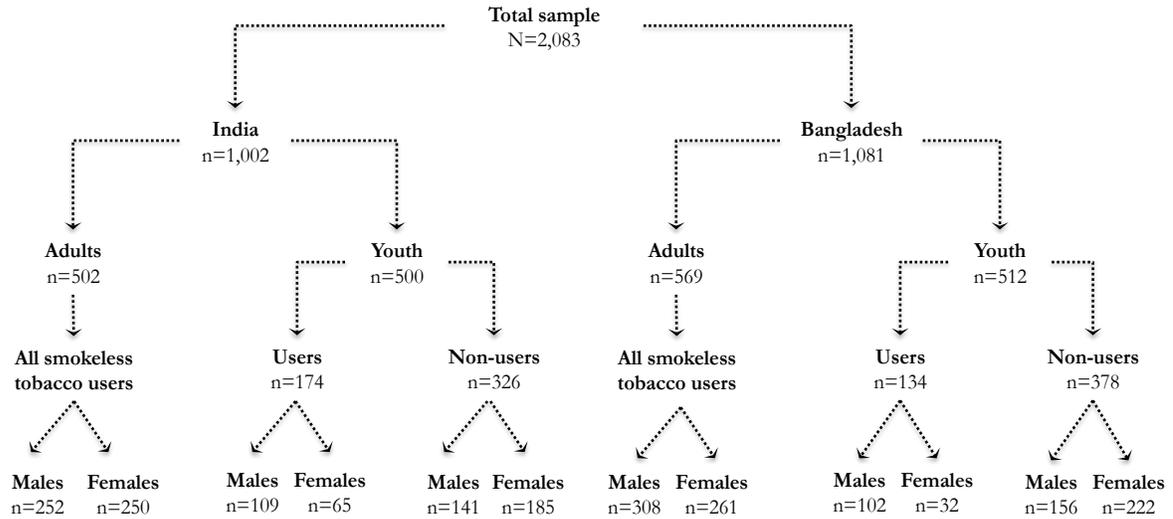
All respondents had to be at least 16 years of age, and interviewers were instructed to ask for identification if necessary. The adult sample  $\geq 19$  years of age (no upper age limit)

consisted of only smokeless tobacco users, whereas the youth sample (16-18 years) included both smokeless tobacco users and non-users, given the potential for future tobacco initiation among youth. No restrictions were placed on respondents' use of other tobacco products (i.e., cigarettes, bidi, etc.). Interviews were conducted in the respondents' preferred language in India (English, Hindi, or Marathi), and in Bengali for Bangladeshi respondents.

Prior to the interview, all respondents were given information about the study and asked to provide verbal consent. No personal identifiers were collected; respondents remained anonymous. Interviews took approximately 20 to 25 minutes to complete. In appreciation of their participation, respondents in India received refreshments valued at up to 100 Indian rupees (INR), approximately \$2.00 CAD. Respondents in Bangladesh were offered their choice of either a t-shirt or refreshment, valued at an average of 126 Bangladeshi taka (BDT), approximately \$1.70 CAD.

The study was reviewed by and received ethics clearance from the Office of Research Ethics at the University of Waterloo, the ethical review committee at Healix-Sekhsaria Institute for Public Health, and the Bangladesh Medical Research Council. Figure 2 presents the sample recruitment and Table 2 presents study sites in India.

**Figure 2.** Sample flowchart by country, age group, smokeless tobacco use status, and sex



### 5.2.2 Site selection: India

Study sites (Table 2) included fifteen areas around suburban Mumbai: three malls, three McDonald’s locations, four market areas, and five areas near schools/colleges.

Interviewers worked in groups of four or five at each site, rotating locations every day or two. Interviews were conducted on all days of the week, between the hours of 9:00am to 6:30pm.

**Table 2.** Study sites in India

<b>Dates</b>	<b>Site</b>	<b>Interviews</b>
2012.07.04 (43)	Bharati Vidyapeeth College of Engineering and Bharati Vidyapeeth College of Architecture Belapur, Navi Mumbai	161
2012.07.17 (60)		
2012.07.23 (56)		
2012.08.06 (2)		
2012.07.03 (24)	Sudhagad Junior College, Kalamboli	52
2012.07.11 (28)		
2012.07.09 (28)	Dr. D.Y. Patil Vidyanagar, Nerul, Navi Mumbai, Thane	28
2012.07.18 (28)	Smt. Indira Gandhi College of Engineering, Kopar Khairane, Navi Mumbai	28
2012.07.13 (27)	C.K.T.College, Panvel	55
2012.07.31 (28)		
2012.07.22 (28)	McDonald's, Andheri	28
2012.07.19 (25)	McDonald's, Kalamboli	38
2012.07.28 (13)		
2012.07.10 (28)	McDonald's, Vashi	52
2012.08.01 (24)		
2012.07.12 (42)	D'Mart (mall), Panvel	98
2012.07.24 (56)		
2012.07.05 (32)	Inorbit Mall, Vashi	63
2012.07.25 (31)		
2012.07.16 (20)	Little World Mall, Kharghar	60
2012.07.27 (24)		
2012.08.02 (16)		
2012.06.29 (32)	Vashi mini market, Vashi	32
2012.06.28 (31)	Nerul market near railway station, Nerul	123
2012.07.26 (40)		
2012.08.03 (52)		
2012.07.02 (28)	Sanpada market	120
2012.07.20 (32)		
2012.07.30 (60)		
2012.07.06 (28)	Dharavi Market area	64
2012.07.21 (36)		
<b>TOTAL COMPLETED INTERVIEWS</b>		<b>1,002</b>

*Numbers in parenthesis indicate number of completed surveys on that day.*

### **5.2.3 Site selection: Bangladesh**

Study sites (Table 3) included six different locations around Dhaka City Corporation: two bus terminals, two areas near schools/colleges, and two public spaces near market and

residential areas. Interviewers worked in groups of 6 at each site, rotating locations every day or two. Interviews were conducted on all days of the week, between the hours of 7:30am and 8:00pm (varied depending on location).

**Table 3.** Study sites in Bangladesh

<b>Dates</b>	<b>Site</b>	<b>Interviews</b>
2012.05.09 (50)	Gabtolli Bus Terminal	50
2012.05.10 (65)	Agargaon (low SES area, passport office, shopping mall)	65
2012.05.30 (89); 2012.05.31 (21)	Mohakhali Bus Terminal	110
2012.05.12 (109)		
2012.05.14 (72)		
2012.05.18 (86)		
2012.05.19 (69)	Geneva Camp (low SES area, residential)	686
2012.05.20 (57)		
2012.05.27 (127)		
2012.05.28 (166)		
2012.06.18 (23)	Stamford University area, Dhanmondi	23
2012.05.15 (63)	Viquarunnessa Girls' School and College, Azimpur Bran	147
2012.05.16 (84)		
<b>TOTAL COMPLETED INTERVIEWS</b>		<b>1,081</b>

*Numbers in parenthesis indicate number of completed surveys on that day.*

#### **5.2.4 Screening and background survey**

A short introductory script was used to introduce the survey and check basic eligibility requirements in both countries. After consent was given, eligible respondents completed a short background survey that included key socio-demographic and smokeless tobacco use measures (adapted from International Tobacco Control Policy Evaluation Project Surveys) (ITC Project, 2013; ITC Project, 2011) and included current and past tobacco use, quit intentions (for smokeless tobacco users), and susceptibility to smokeless tobacco use (for youth non-users).

### **5.2.5 Experimental conditions (message themes)**

After completing the background survey, respondents were randomized into one of four experimental conditions or message themes: 1) text-only warning, 2) pictorial warning with symbolic imagery, 3) pictorial warning with a graphic health effect, and 4) pictorial warning with a personalized graphic health effect and testimonial (Figure 3).

Figure 3. Experimental Conditions (message themes)

		MESSAGE THEME			
		Text-only	Symbolic	Graphic	Testimonial
HEALTH EFFECT	Oral cancer	Tobacco causes oral cancer <b>TOBACCO KILLS</b>	 Tobacco causes oral cancer <b>TOBACCO KILLS</b> <sup>1</sup>	 Tobacco causes oral cancer <b>TOBACCO KILLS</b> <sup>3</sup>	 Tobacco causes oral cancer "I lost my jaw to oral cancer." Ajay, age 38, died two weeks after this photo was taken <b>TOBACCO KILLS</b> <sup>6</sup>
	Mouth disease	Tobacco causes mouth disease <b>TOBACCO KILLS</b>	 Tobacco causes mouth disease <b>TOBACCO KILLS</b>	 Tobacco causes mouth disease <b>TOBACCO KILLS</b> <sup>3</sup>	 Tobacco causes mouth disease "Because of using tobacco, I have this disease in my mouth." Deepak, age 40 <b>TOBACCO KILLS</b> <sup>7</sup>
	Heart disease	Tobacco causes heart disease <b>TOBACCO KILLS</b>	 Tobacco causes heart disease <b>TOBACCO KILLS</b>	 Tobacco causes heart disease <b>TOBACCO KILLS</b> <sup>4</sup>	 Tobacco causes heart disease "This is my second heart attack caused by tobacco use. It could be my last." Raj, age 44 <b>TOBACCO KILLS</b>
	Addiction	Tobacco is highly addictive <b>TOBACCO KILLS</b>	 Tobacco is highly addictive <b>TOBACCO KILLS</b>	 Tobacco is highly addictive <b>TOBACCO KILLS</b> <sup>4</sup>	 Tobacco is highly addictive "I thought I could quit tobacco any time I wanted. I was wrong." Rohit, age 45 <b>TOBACCO KILLS</b> <sup>8</sup>
	Death	Tobacco kills 2500 Indians every day <b>TOBACCO KILLS</b>	 Tobacco kills 2500 Indians every day <b>TOBACCO KILLS</b> <sup>2</sup>	 Tobacco kills 2500 Indians every day <b>TOBACCO KILLS</b> <sup>5</sup>	 Tobacco kills 2500 Indians every day "Tobacco use killed my husband. I feel so alone." Gita, age 36 <b>TOBACCO KILLS</b>

**Note:** Only the English set of warnings for India is displayed. Warnings were also translated into Hindi and Marathi for India, and were shown only in Bengali for Bangladesh. **Image sources:** <sup>1</sup>Indian warning for smokeless tobacco packs (implemented 2009-2011); <sup>2</sup>Based on proposed Indian warning for cigarette and smokeless tobacco packs (2006); <sup>3</sup>Indian warning for smokeless tobacco packs (implemented 2011-2013); <sup>4</sup>Cigarette pack warnings from Mauritius and Malaysia; <sup>5</sup>Based on proposed Indian warning for cigarette packs (2006); <sup>6</sup>World Lung Foundation; <sup>7</sup>Dr. Paulose (<http://drpaulose.com/laser-treatment/laser-treatment-of-oral-leukoplakia-in-jubilee-hospital-trivandrum-kerala-india>); <sup>8</sup>International Packaging Study (<http://davidhammond.ca/projects/packaging-warnings/health-warnings-7-country-study/>); all others created for the study. <sup>1-5</sup> Available at [www.tobaccolabels.ca](http://www.tobaccolabels.ca).

Each respondent was shown a series of five health warnings within that condition, each depicting one of the following five health effects: 1) oral cancer, 2) mouth disease, 3) heart disease, 4) addiction, and 5) death. The same five health effects were depicted in each experimental condition using the designated message theme (text-only, symbolic, graphic health effect, or personal testimonial). The experimental conditions (message themes) test four distinct ways of presenting health warnings, across each of the five health effects caused by smokeless tobacco. Presentation of health warnings was counterbalanced to minimize order effects and ensure that the effectiveness of message theme held across all health effects and was not image-specific. Health warnings were shown as stand-alone warnings, and not on smokeless tobacco packages.

All warnings had the text “TOBACCO KILLS” on the bottom of the image (the text on Indian smokeless tobacco health warning labels at the time of the study). Condition 1 warnings consisted of five text-only warnings corresponding to each of the five health effects: “Tobacco causes oral cancer”; “Tobacco causes mouth disease”; “Tobacco causes heart disease”; “Tobacco causes addiction” and “Tobacco causes death”.

Condition 2 warnings had the same text as Condition 1, accompanied by a symbolic image (i.e., metaphorical representation of risk) representing danger or caution. One symbolic image—the black and white scorpion—was the image on pictorial warnings for smokeless tobacco packages in India from 2009 to 2011 (and still remained on some packages at the time of the study in 2012). The ‘skull and cross bone’ image was based on previously proposed (Appendix A) pictorial warnings for smoked and smokeless

forms of tobacco in India. However, the image was never implemented due to the belief (as stated by the Group of Ministers) that it hurt “religious sentiments” (Oswal et al., 2010).

Condition 3 had the same text as Condition 1, and included an image of a graphic health effect (i.e., physical impact on the body/organs). The image for ‘death’ was based off of a previously proposed warning for packages of smoking forms of tobacco in India, which was never implemented due to tobacco industry interference (Oswal et al., 2010) (Appendix A). The warnings for ‘mouth disease’ and ‘oral cancer’ were among the four graphic warning labels implemented on smokeless tobacco packages in India on December 1, 2011.

Condition 4 included a personalized graphic warning, of a “real” person with an accompanying personal narrative (i.e., lived experience of a smokeless tobacco user or a loved one suffering from the consequences smokeless tobacco use). Name and age were also included.

Warnings were adapted for local use to ensure cultural appropriateness. Adaptation of the warnings included the following: 1) translation into Bengali for Bangladesh, and into Hindi and Marathi for India, 2) use of ethnically appropriate models in warning label images, and 3) culturally-appropriate names used for the testimonial warnings, as suggested by local research teams. Table 4 presents personal testimonials adapted for

each country. Local research partners finalized and approved all warnings and translations. Figure 4 outlines the survey protocol followed.

**Table 4.** Personal testimonial health warnings: Indian and Bangladeshi versions

Personal testimonial	Indian version	Bangladeshi version
 <p>Tobacco causes oral cancer "I lost my jaw to oral cancer." Ajay, age 38, died two weeks after this photo was taken</p> <p><b>TOBACCO KILLS</b></p>	<p>"I lost my jaw to oral cancer." Ajay, age 38, died two weeks after this photo was taken.</p>	<p>"I lost my jaw to oral cancer." Abdur, age 38, died two weeks after this photo was taken.</p>
 <p>Tobacco causes mouth disease "Because of using tobacco, I have this disease in my mouth." Deepak, age 40</p> <p><b>TOBACCO KILLS</b></p>	<p>"Because of using tobacco, I have this disease in my mouth." Deepak, age 40.</p>	<p>"Because of using tobacco, I have this disease in my mouth." Deepak, age 40.</p>
 <p>Tobacco causes heart disease "This is my second heart attack caused by tobacco use. It could be my last." Raj, age 44</p> <p><b>TOBACCO KILLS</b></p>	<p>"This is my second heart attack caused by tobacco use. It could be my last." Raj, age 44.</p>	<p>"This is my second heart attack caused by tobacco use. It could be my last." Moti, age 44.</p>
 <p>Tobacco is highly addictive "I thought I could quit tobacco any time I wanted. I was wrong." Rohit, age 45</p> <p><b>TOBACCO KILLS</b></p>	<p>"I thought I could quit tobacco any time I wanted. I was wrong." Rohit, age 45.</p>	<p>"I thought I could quit tobacco any time I wanted. I was wrong." Golam, age 45.</p>
 <p>Tobacco kills 2500 Indians every day "Tobacco use killed my husband. I feel so alone." Gita, age 36</p> <p><b>TOBACCO KILLS</b></p>	<p>"Tobacco use killed my husband. I feel so alone." Gita, age 36.</p>	<p>"Tobacco use killed my husband. I feel so alone." Momtaz, age 36.</p>



## 5.3 Measures

### 5.3.1 Sociodemographics

Socio-demographic variables included sex, age, education, and income. For adults, education level (highest level completed) was categorized as: *Low* (“Illiterate”), *Moderate* (“Middle school or less” in India; “Secondary school or less” in Bangladesh), or *High* (“Secondary school” to “Graduate with degree/diploma or more” in India; “SSC (Secondary school certificate)/HSC (Higher school certificate) (9-12 years)” to “University degree” in Bangladesh). For Indian youth, education (last year completed) was categorized as *Low* (“Did not attend school”, and “Primary school” to “Middle School (up to class VII)”), *Moderate* (“Secondary school”), or *High* (“Class XI (Higher Secondary)” or “Graduate (degree, diploma) or more”). For Bangladeshi youth, education was categorized as *Low* (“Illiterate”, “Literate (no formal education)”, and “Primary (1 to 5 years)”), *Moderate* (“Secondary school (6-8 years)”), or *High* (“SSC”/“HSC” (9-12 years) or more) (Table 5).

**Table 5.** Education categories in India and Bangladesh

Education Categories	Adults		Youth	
	India	Bangladesh	India	Bangladesh
<i>Low</i>	Illiterate	Illiterate	Did not attend school, and “Primary school to “Middle School” (up to class VII)	“Illiterate”, “Literate (no formal education)”, and “Primary (1 to 5 years)”
<i>Moderate</i>	Middle school or less	Secondary school or less	Secondary school, Class XI (Higher Secondary), or Graduate (degree, diploma) or more	Secondary school (6-8 years)
<i>High</i>	Secondary school to Graduate with degree/diploma or more	SSC/HSC (9-12 years) to University degree	Class XI (Higher Secondary), or Graduate (degree, diploma) or more	Secondary school and High school 9 to 12 years or more

To measure average monthly household income, respondents were asked: “In the last year, on average, how much was the total monthly income of your household?” Monthly household income level was categorized as ‘*Low*’ (<10,000 Indian rupee (INR); <5,000 Bangladeshi taka), ‘*Moderate*’ (10,000 to <20,000 INR; 5,000 to <10,000 taka), ‘*High*’ (20,000 INR or more; 10,000 taka or more), or ‘*Not stated*’. For reference, one CAD dollar is equivalent to approximately 50 INR, and about 65 taka (Table 6).

**Table 6.** Average monthly household income categories in India and Bangladesh with Canadian dollar (CAD) equivalents

Income Categories	India (INR)	CAD	Bangladesh (taka)	CAD
“Low”	<10,000	<\$190.00	<5,000	<\$78.00
“Moderate”	10,000 to <20,000	~\$190.00 to <\$380.00	5,000 to 10,000	\$78.00 to ~\$155.00
“High”	20,000 or more	~\$380.00 or more	10,000 or more	~\$155.00 or more

*INR=Indian rupees*

### 5.3.2 Patterns of use

#### *Smokeless tobacco use*

*Daily smokeless* tobacco use was defined as using smokeless tobacco “every day”, and *non-daily smokeless* tobacco use as using “at least once a week”, or “at least once in the last month”. Among youth *non-users*, susceptibility to smokeless tobacco use was based on responses to three questions: 1) “Do you think in the future you might try using smokeless tobacco?”; 2) “If one of your best friends were to offer you smokeless tobacco, would you use it?”; and, 3) “At any time during the next year, do you think you will use smokeless tobacco?”. Respondents who reported “definitely not” for all three measures were categorized as *non-susceptible*, and all others were categorized as *susceptible*, as per previous research on smoking susceptibility (Pierce, Choi, Gilpin, Farkas, & Merritt, 1996).

#### *Usual product*

Respondents were asked “Do you currently use any smokeless tobacco products at least once a month?” Response options in Bangladesh included *zarda*, pan with tobacco leaf, *gul*, *sadapata*, *pan masala*, and *nasshi*. In India, response options included *mishri*, betel quid with tobacco (pan), plain chewing tobacco, *gutkha*, *khaini*, *zarda*, tobacco toothpaste, nasal/oral snuff, *lal dantmanjan*, *dokta*, *gudhaku*, and *gul*. In both countries, an ‘Other’ option was also available. Respondents were asked the follow-up question “Which of these products do you use most frequently?” A ‘Usual product’ variable was created to capture these responses.

### *Reasons for use*

Smokeless tobacco users were asked “In choosing this type of smokeless tobacco (referring to their ‘Usual product’), was part of your decision based on any of the following... 1) The price, 2) This type is of high quality, or 3) This type is less harmful to my health.” Response options included: ‘Yes’, ‘No’, ‘Refused’, and ‘Don’t know’.

### *Mixed use (smokeless and smoked tobacco)*

Respondents were asked, “In the past month, have you used any of the following smoked tobacco products?” In India, response options included: cigarettes (factory made and roll-your-own), bidis, hookah/shisha/narghile/water pipe, cigars/small cigars/cigarillos, pipe, chutta, hooklis, and other. Response options in Bangladesh included: cigarettes (factory made and roll-your-own), bidis, hookah/shisha/narghile, and other. Smokeless tobacco users who also selected any smoked tobacco product were classified as *mixed users*.

‘Mixed users’ were asked the follow-up question: “Which do you use more often?”

Response options included ‘Smoked tobacco’, ‘Smokeless tobacco’, ‘Use smoked and smokeless tobacco about the same’, ‘Refused’, and ‘Don’t know’.

### *Quit intentions*

Smokeless tobacco users were asked “Are you planning to quit... 1) Within the next month, 2) Within the next 6 months, 3) Sometime in the future, beyond 6 months, or 4) Not planning to quit”. *Quit intentions* were categorized as ‘Planning to quit’ (first three response options) or ‘Not planning to quit’.

### 5.3.3 Perceptions about smokeless tobacco

#### *Overall opinion about using smokeless tobacco (pre-post measure)*

Respondents were asked the following, both before and after the presentation of health warnings: “What is your overall opinion about using smokeless tobacco? Is it... ‘Good’, ‘Neither good nor bad’, ‘Bad’?” ‘Refused’ and ‘Don’t know’ were also response options.

#### *Perceptions of harm of smokeless tobacco products*

Respondents were asked to rank six popular local smokeless tobacco products available in their country, and were also given the response option that “all are equally harmful”. Respondents who reported “all are equally harmful”, did not go on to rank the products from most to least harmful. Respondents who did not select “all are equally harmful”, went on to rate six local smokeless tobacco products from most harmful to least harmful (where 1 was ‘most harmful’ and 6 was ‘least harmful’).

The six products were selected based on previous research and local consultation. In India, these products included (in no particular order): *gutkha*, *zarda*, *paan*, *mishri*, *snuff*, and *gudhaku*. In Bangladesh, these products included: *gul*, *zarda*, *paan*, *sadapata*, *paan masala*, and *nasshi* (Table 1). The order was reverse-coded, and mean ranks for each product were computed, whereby higher numbers corresponded with greater perceptions of harm.

#### *Attitudes and beliefs about smokeless tobacco (pre-post measure)*

Attitudes and beliefs were assessed both before and after the presentation of health warnings. Respondents were asked whether they “Agree”, “Disagree”, or “Neither agree

nor disagree” with each of the following statements: 1) “Indian [Bangladeshi] society disapproves of using smokeless tobacco”; 2) “Smokeless tobacco is highly addictive”; 3) “It is acceptable for females to use smokeless tobacco”; 4) “Using smokeless tobacco sets a bad example for children”; 5) “Smokeless tobacco use is harmful to health”

Item 3 was reverse-coded so that positive and negative responses were consistent with the direction of the other attitudes and beliefs. An *Attitudes and Beliefs Scale* was created by summing the number of ‘agree’ responses across the five items, to yield a score of 0 to 5, where lower scores indicated more positive attitudes and beliefs towards smokeless tobacco.

#### *Awareness and support for graphic health warnings*

To assess awareness of current labeling regulation<sup>iv</sup> (Appendix A), respondents were asked “As far as you know, do smokeless tobacco products in [India/Bangladesh] have health warnings on the packages?” “Yes (including ‘some products’), “No”, “Refused”, and “Don’t know”, were response options.

To assess support for labeling policy, respondents were asked “Do you think that smokeless tobacco packages should have health warnings?” and “Do you think that health warnings should include pictures?” ‘Yes’, ‘No’, ‘Maybe’, ‘Refused’, and ‘Don’t know’, were response options.

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<sup>iv</sup> Since 2009, India had implemented pictorial warnings for smokeless tobacco packages. At the time this study was conducted, the previous symbolic image of a black and white scorpion was replaced by graphic health warnings that covered 40% of the front of the pack, depicting oral cancer and mouth disease. Bangladesh had no health warnings on smokeless tobacco packages. However, pictorial health warnings for smokeless tobacco have since been legislated and scheduled for implementation in March 2016.

### *Health warning labels in India*

Indian respondents were asked: “Do you think health warnings on smokeless tobacco packages should have more health information than they do now, less information, or about the same amount as they do now?” Response options included ‘More health information’, ‘Less health information’, ‘About the same’, ‘Refused’ and ‘Don’t know’.

Indian respondents were also asked “In the last month, have you made any effort to avoid buying smokeless tobacco packages with health warnings on them?” Response options included ‘Yes’, ‘No’, ‘Refused’, and ‘Don’t know’.

#### **5.3.4 Perceived effectiveness ratings by message theme (between-experimental condition)**

Respondents were randomly assigned to one of four health warning label experimental conditions, and asked to rate each health warning individually using a numeric scale, where 1=“not at all”, 5=“in the middle”, and 10=“extremely”. Warnings within each set were shown and rated one at a time (in random order) on the following measures: “Please tell whether this warning message... ‘grabs your attention’; ‘is believable’, ‘is important to you’<sup>v</sup>; ‘is surprising’; ‘is frightening’; ‘is disgusting’; ‘is unpleasant’.

#### *Perceived effectiveness of health warnings labels*

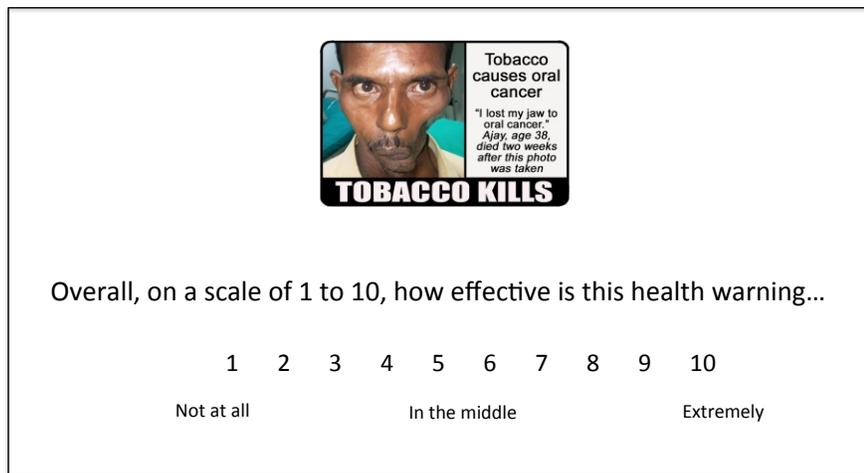
Perceived effectiveness was assessed by asking respondents the following, while they viewed each health warning (Figure 5): “On a scale of 1 to 10, where 1 is ‘not at all’ and

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<sup>v</sup> The original wording read “...is relevant to you”. Local partners in India were concerned that the concept of “relevance” would not translate well, but that the concept of “importance” would be better understood. Prior to launching the study, the wording was changed from ‘relevant’ to ‘important’ to address this concern.

10 is ‘extremely’, please tell whether this warning message would: 1)...make people more concerned about the health risks of using smokeless tobacco?; 2)...make people want to quit using smokeless tobacco?; 3)...help to prevent youth from starting to use smokeless tobacco?”. Lastly, respondents were also asked: “Overall, how effective is this health warning?”

**Figure 5.** Example survey screen, as viewed by respondent



### 5.3.5 Health warning label recall

Message recall was assessed using an unprompted recall task for the five health warnings presented during the study. Respondents were asked to list any details of the health warnings that they viewed. Interviewers had a comprehensive programmed checklist of possible response options, in addition to an ‘other’ option that could be filled in with any items not already on the list. The protocol was designed to allow five minutes following the presentation of the last health warning before the unprompted recall task was completed. Given discrepancies in how data was collected for this particular measure in both countries, the data was unusable and not included in the analyses.

### 5.3.6 Health knowledge

All respondents were asked to report whether they believed that using smokeless tobacco caused any of a list of four health effects caused by using smokeless tobacco (oral cancer, mouth disease, heart disease, and death). A *Health Knowledge Scale* was created by summing the number of ‘agree’ responses across the four items, to yield a score of 0 to 4, where higher scores indicated greater levels of health knowledge.

### 5.3.7 Perceived effectiveness rankings by health effect (within-experimental condition)

Respondents were randomly assigned to one of five health effects—oral cancer, mouth disease, heart disease, addiction, or death—and completed a ranking task in which they were presented with the four health warnings (Conditions 1 to 4<sup>vi</sup>) specific to that health effect. Respondents were asked to compare the health warnings to each other (on the same screen) and rank the warnings from most to least effective (Figure 6). The order was reverse-coded, and mean ranks for each warning label were computed, whereby higher numbers corresponded with greater rankings of perceived effectiveness.

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<sup>vi</sup> Condition 1: text-only, Condition 2: symbolic imagery, Condition 3: graphic health effect, and Condition 4: personal testimonial health warning. Note that the order of presentation was counter-balanced.

**Figure 6.** Example set of health warnings viewed by respondent, within the ‘oral cancer’ health effect

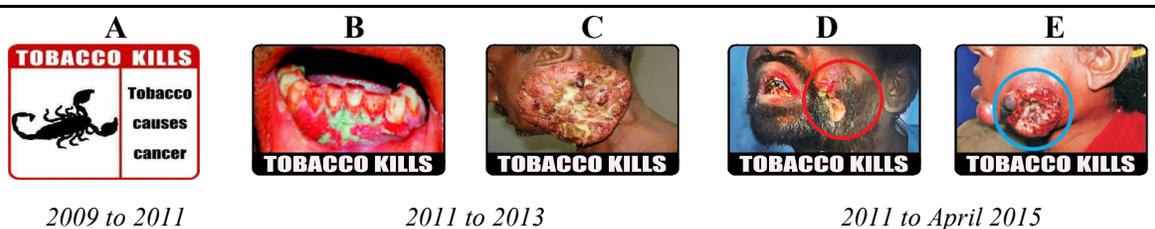


*From left to right: Condition 1: text-only, Condition 2: symbolic imagery, Condition 3: graphic health effect, and Condition 4: personal testimonial health warning*

### 5.3.8 Ranking task for current Indian health warnings

In India, this ranking task was followed by one last ranking task, in which respondents were shown five health warning images (Figure 7), including current (at the time of study) and past Indian health warnings. Respondents were shown the five warning images on the same screen, and asked to rank them from most to least effective, with the question: “Overall, which warning do you think is the most effective for discouraging the use of smokeless tobacco?”. The order was reverse-coded, and mean ranks for each warning label were computed, whereby higher numbers corresponded with greater rankings of perceived effectiveness.

**Figure 7.** Final ranking task of Indian health warnings (with implementation dates\*)



\*Warning A was the first health warning implemented, and although it was being phased out at the time of study it still remained on some smokeless tobacco packages. Warnings B through E (implemented December 1, 2011) appeared on smokeless tobacco packages at the time of study.

## 5.4 Analyses

All analyses were conducted using SPSS version 23.0. Unless otherwise noted, statistics and point estimates shown in tables are for unadjusted values.

### 5.4.1 Descriptive analyses

Descriptive statistics, including frequencies, chi-square tests (for categorical variables), one-way ANOVA, and t-tests (for continuous variables), were conducted to examine differences between the Indian and Bangladeshi samples.

### 5.4.2 Perceived effectiveness ratings of health warning labels (between experimental conditions)

Multiple linear regression models were used to examine the effects of message theme, country and individual-level predictors on the perceived effectiveness of health warnings.

The four measures of perceived effectiveness were highly correlated with one another (Cronbach's  $\alpha=0.97$ ); thus, only the measure of "overall effectiveness" was used in the analysis. The "overall effectiveness" measure was summed across the five health warnings within each experimental condition and then divided by five (number of warnings in each condition), to yield a mean score between 1 and 10 for each condition.

In the model examining adults, message theme, country, age, sex, education, income, smokeless tobacco use (*daily users* and *nondaily users*), mixed use, and quit intentions were entered as covariates. In the model examining youth, message theme, country, age, sex, education, and smokeless tobacco use (*daily users*, *nondaily users*, *susceptible*

*nonusers* and *non-susceptible non-users*) were entered as covariates. Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added where significant to the models described above.

### **5.4.3 Mediation and moderation results**

#### *Mediation*

To examine whether negative affect mediated the effect of viewing health warnings on perceived effectiveness ratings, a series of simple mediation tests were conducted using Ordinary Least Squares (OLS) regression-based path analysis.

The four measures that were conceptualized as ‘negative affect’: ‘fright’, ‘disgust’, ‘surprise’, and ‘unpleasant’, were highly correlated with one another (Cronbach’s  $\alpha=0.98$ ); thus, the *Negative Affect Scale* was created whereby each measure was summed across the five health warnings within each experimental condition and then divided by five (number of warnings in each condition), to yield a mean score between 1 and 10 for each condition. Higher scores indicated greater levels of negative affect.

The bootstrap method was used, and the indirect effect (mediation) was estimated with bias-corrected (BC) 95% confidence intervals (CI) of 10,000 bootstrapped samples (Hayes, 2013; Preacher & Hayes, 2004). For statistical inference of indirect effects (mediation), confidence intervals that do not include zero indicate significance.

Mediation analyses were completed using the SPSS PROCESS macro (Model 4) developed by Hayes (2013).

### *Moderated mediation: Message Credibility*

To examine whether message credibility moderated the direct (the association between message theme and perceived effectiveness, controlling for negative affect) or indirect effect (the association between message theme and perceived effectiveness, via negative affect), a moderated mediation model (also known as conditional direct effects) was specified and included the mediation pathway described in the previous section. This moderated mediation analysis was completed using the SPSS PROCESS macro (Model 15) developed by Hayes (2013). The model is a direct effect and second stage moderation model, and included two interaction terms: 1) *message theme* by *message credibility* and 2) *negative affect* by *message credibility*.

Non-significant interaction terms were removed from final models. Variables were mean-centered (Aiken & West, 1991) and significant interactions were examined by using the ‘pick-a-point approach’, meaning that the conditional direct and indirect effects of the moderator were examined at one standard deviation above and below the mean; levels corresponded to ‘low’, ‘moderate’, and ‘high’ levels of message credibility (Hayes, 2013).

For the mediation and moderated mediation model described, the following covariates were entered into the adult model: country, age, sex, education, income, smokeless tobacco use (*daily users* and *nondaily users*), mixed use, and quit intentions. In the model examining youth, country, age, sex, education, and smokeless tobacco use (*daily users*,

*nondaily users, susceptible nonusers and non-susceptible non-users*) were entered as covariates.

#### **5.4.4 Difference change in attitudes and beliefs and overall opinions of smokeless tobacco, after viewing health warnings**

Attitudes and beliefs about smokeless tobacco and overall opinions about smokeless tobacco were asked both before and after presentation of health warnings.

McNemar Chi Square tests were conducted to test the difference in: 1) levels of agreement with the five attitudes and beliefs about smokeless tobacco, and 2) levels of agreement with the overall opinion that smokeless tobacco is ‘good’, ‘neither good nor bad’, or ‘bad’, before and after the presentation of health warnings.

Multiple linear regression models were conducted with the *Attitudes and Beliefs scale* (Cronbach’s  $\alpha=0.70$ ), set as the dependent variable. The models conducted for adults adjusted for message theme, *Attitudes and Beliefs* at baseline (scale), country, age, sex, education, income, smokeless tobacco use (*daily user, non-daily user*), mixed-use, and quit intentions. The models conducted for youth adjusted for overall opinion at baseline, country, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user, non-susceptible non-user*). Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the final model where significant.

A set of Generalized linear models were conducted with a binomial distribution and logit link function, and the overall opinion that using smokeless tobacco is ‘bad’, set as the dependent variable. The models conducted for adults adjusted for message theme, overall opinion at baseline (“smokeless tobacco is bad”), country, age, sex, education, income, smokeless tobacco use (*daily user, non-daily user*), mixed-use, and quit intentions. The models conducted for youth adjusted for overall opinion at baseline, country, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user, non-susceptible non-user*). Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the final model where significant.

#### **5.4.5 Health knowledge**

To examine whether viewing health warnings with different message themes influenced levels of health knowledge, multiple linear regression models were conducted with the *Health Knowledge Scale*, set as the dependent variable. The models conducted for adults adjusted for message theme, country, age, sex, education, income, smokeless tobacco use (*daily user, non-daily user*), mixed-use, and quit intentions. The models conducted for youth adjusted for overall opinion at baseline, country, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user, non-susceptible non-user*). Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the final model where significant.

#### **5.4.6 Perceived effectiveness rankings of health warning labels (within-experimental conditions)**

To examine whether the effect of message theme persisted across all health effects, respondents were randomly assigned to one of five health effects—oral cancer, mouth disease, heart disease, addiction, or death—and completed a ranking task in which they were presented with the four health warnings (text-only, symbolic, graphic health effect, personal testimonial) specific to that health effect.

Wilcoxon signed-rank tests were conducted to test the differences in perceived effectiveness rankings between experimental conditions (i.e., text-only vs. graphic health effects).

## 6.0 RESULTS

### 6.1 Sample characteristics

Table 7 presents the overall characteristics of the adult and youth samples, by country. Interviews were conducted in the respondents' preferred language in India: English ( $n=33$ ), Hindi ( $n=456$ ), and Marathi ( $n=513$ ). In Bangladesh, all interviews were conducted in Bengali ( $n=1,081$ ).

Differences between the Indian and Bangladeshi samples were found for *age*, *quit intentions*, and *education*, for both adults and youth ( $p<0.001$  for all comparisons). Among adults and youth, *quit intentions* were higher among Indian respondents. There were also differences seen in education levels between India and Bangladesh. More than half of adults and youth in India reported “high” education levels, whereas a majority of adults and youth in Bangladesh reported “low” or “moderate” education. Among adults, between-country differences were found in *income* level ( $p<0.001$ ). In addition, *mixed-use* was significantly higher in Bangladesh in the adult sample ( $p=0.002$ ). Among youth, between-country differences were found for *smokeless tobacco use* ( $p<0.001$  for all comparisons).

**Table 7.** Overall sample characteristics for adults and youth in Navi Mumbai, India and Dhaka, Bangladesh ( $N=2,083$ )

	ADULTS			YOUTH		
	India <i>n</i> =502	Bangladesh <i>n</i> =569	Test statistic <sup>†</sup> ( <i>p</i> -value)	India <i>n</i> =500	Bangladesh <i>n</i> =512	Test statistic <sup>†</sup> ( <i>p</i> -value)
<b>Age range (mean; SD)</b>	20-63 years 36.0 (9.2)	19-80 years 38.6 (12.5)	<i>t</i> =3.8 ( <i>p</i> <0.001)	16-18 years 17.5 (0.7)	16-18 years 17.1 (0.8)	<i>t</i> =-7.4 ( <i>p</i> <0.001)
<b>Sex (%)</b>						
Female	49.8	45.9	$X^2=1.6$	50.0	49.6	$X^2=0.02$
Male	50.2	54.1	( <i>p</i> =0.22)	50.0	50.4	( <i>p</i> =0.90)
<b>Smokeless tobacco use (%)</b>						
Daily user	93.6	94.4	$X^2=0.3$	29.0	14.5	
Non-daily user	6.4	5.6	( <i>p</i> =0.61)	5.8	11.8	
Non-user susceptible	--	--		21.2	15.4	$X^2=49.6$ ( <i>p</i> <0.001)
Non-user non- susceptible	--	--		44.0	58.4	
<b>Mixed use (%) (smoked &amp; smokeless)</b>	16.9	24.8	$X^2=9.9$ ( <i>p</i> =0.002)	18.4	21.6	$X^2=0.5$ ( <i>p</i> =0.50)
<b>Quit intentions<sup>††</sup> (%)</b>						
Plans to quit	69.7	50.1	$X^2=42.5$	81.6	49.6	$X^2=35.3$
No plans to quit	30.3	49.9	( <i>p</i> <0.001)	18.4	50.4	( <i>p</i> <0.001)
<b>Income (%)</b>						
Low	38.5	72.8		--	--	
Moderate	34.9	18.0	$X^2=131.0$	--	--	
High	10.4	3.0	( <i>p</i> <0.001)	--	--	
Not stated	16.2	6.2		--	--	
<b>Education (%)</b>						
Low	3.8	31.5	$X^2=247.2$	20.0	36.3	$X^2=277.5$
Moderate	44.4	55.6	( <i>p</i> <0.001)	12.8	47.2	( <i>p</i> <0.001)
High	51.8	12.9		67.1	16.5	

<sup>†</sup>Test statistic denotes between-country differences (India vs. Bangladesh), within adult or youth sample.

<sup>††</sup>Only among smokeless tobacco users.

## 6.2 Patterns of use and perceptions of harm

### 6.2.1 Smokeless tobacco use

As Table 7 indicates, virtually all adult smokeless tobacco users reported daily use, compared to approximately half of youth users. Among non-users, about one-third

(32.5%) of youth in India, and about one-fifth (20.9%) of youth in Bangladesh were susceptible to smokeless tobacco use. The proportion of smokeless tobacco users planning to quit was higher in India than in Bangladesh among both adults and youth ( $p<0.001$ ).

## 6.2.2 Usual product and reasons for use

Table 8 presents the usual products reported by adults and youth in Navi Mumbai, India and Dhaka, Bangladesh.

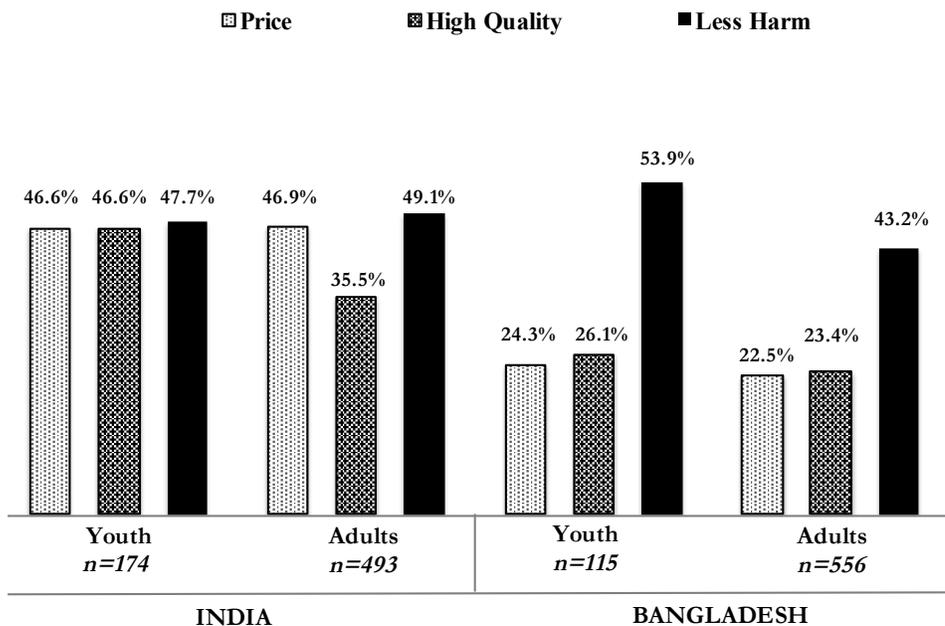
**Table 8.** Percentage of smokeless tobacco users reporting their usual product, by country and age group ( $n=1,339$ )

<b>INDIA</b>	<b>Adults</b> <i>n=494</i>	<b>Youth</b> <i>n=174</i>
Gutkha	26.3	51.7
Mishri	21.1	10.9
Paan	16.4	5.2
Plain chewing tobacco	13.6	10.3
Zarda	7.9	4.6
Nasal/oral snuff	6.5	4.6
Khaini	3.0	6.9
Tobacco toothpaste	2.4	1.1
Gul	1.2	0.0
Dokta	0.6	0.6
Lal dantmanjan	0.4	1.7
Gudhaku	0.2	2.3
<b>BANGLADESH</b>	<b>Adults</b> <i>n=556</i>	<b>Youth</b> <i>n=115</i>
Paan masala	54.6	66.1
Zarda	22.3	3.5
Gul	11.7	7.0
Paan	9.7	21.7
Sadapata	0.9	0.0
Nasshi	0.7	0.9

In India, more than half (51.7%) of youth, and about one-quarter (26.3%) of adults reported gutkha as their usual product. *Mishri*, *paan*, and *plain chewing tobacco* were also among the most popular ‘usual products’ for adults, whereas, youth reported *mishri*, *plain chewing tobacco*, and *khaini* as their second, third, and fourth most popular ‘usual products’. More than half of adult and youth users in Bangladesh reporting using *paan masala* as their ‘usual product’ (54.6% and 66.1%, respectively). *Zarda*, *Gul*, and *Paan* were also rated as among the most popular ‘usual products’ for both adults and youth.

Figure 8 presents the percentages of smokeless tobacco users reporting various reasons for use of their usual product.

**Figure 8.** Percentage of smokeless tobacco users reporting reasons for using their ‘usual product’, by country and age group ( $n=1,338$ )



To control for multiple comparisons, a significance level of  $p < 0.01$  was used instead of  $p < 0.05$ . Among Indian youth, no differences were found in the proportions of smokeless tobacco users reporting that they chose their usual product based on the ‘price’, the ‘quality’, and the belief that it was ‘less harmful’ than other types (46.6%, 46.6%, and 47.7%, respectively).

Among Indian adults, significantly lower proportions reported that they selected their usual product because it was of higher quality (35.5%) compared to those who reported they selected their usual product because of the price (46.9%,  $X^2_{(df=1)}=25.0$ ,  $p < 0.001$ ), or the belief that it was less harmful (49.1%,  $X^2_{(df=1)}=32.5$ ,  $p < 0.001$ , respectively).

Bangladeshi youth reported ‘less harm’ (53.9%) as the primary reason for selecting their usual product, compared to beliefs about the products ‘high quality’ (26.1%) and ‘price’ (24.3%) ( $X^2_{(df=1)}=28.4$ ,  $p < 0.001$ ;  $X^2_{(df=1)}=28.9$ ,  $p < 0.001$ ). Similarly, ‘less harm’, was the primary reason Bangladeshi adults reported for selecting their usual product (43.2%), compared to beliefs about ‘high quality’ (23.4%), and ‘price’ (22.5%) ( $X^2_{(df=1)}=73.8$ ,  $p < 0.001$ ;  $X^2_{(df=1)}=66.5$ ,  $p < 0.001$ ).

Few differences between adults and youth were observed. In India, a greater proportion of youth reported that they chose their usual product based on its ‘high quality’ compared to Indian adults ( $X^2_{(df=1)}=6.6$ ,  $p < 0.01$ ).

### **6.2.3 Mixed-use**

About one-fifth of Indian adults were mixed-users, of which about half (47.1%) reported that they used smokeless tobacco more often than smoked forms of tobacco.

Approximately one-quarter of Bangladeshi adults were mixed-users, of which more than half (55.3%) reported that they used smokeless tobacco more often than smoked forms of tobacco.

Compared to adults, no differences were found in the proportions of Indian and Bangladeshi youth who reported mixed-use, at about one-fifth. Among youth, 70.1% in India, and 45.1% in Bangladesh reported using smokeless tobacco more often than smoked forms.

### **6.2.4 Perceptions of harm of local smokeless tobacco products**

Respondents ranked (from most harmful to least harmful) six popular local smokeless tobacco products, and were also given the response option that “all are equally harmful”. Respondents who reported “all are equally harmful”, did not go on to rank the products from most to least harmful.

Approximately one-third (32.6%) of youth and 12.9% of adults in India reported that all products were equally harmful, compared to about 3.7% of youth and only 0.2% of adults in Bangladesh.

Table 9 presents the mean rank scores of perceived harm for six popular local smokeless tobacco product types available in each country, from most to least harmful.

**Table 9.** Mean rank score\* (SD) for perceived harm rankings of six local smokeless tobacco products, by country and age group ( $n=1,835$ )

<b>INDIA</b>						
	<b>Gutkha</b>	<b>Zarda</b>	<b>Paan</b>	<b>Snuff</b>	<b>Mishri</b>	<b>Gudhaku</b>
<b>Adults</b> $n=437$	4.2 (1.6) <sup>a</sup>	4.2 (1.4) <sup>a</sup>	3.9 (1.5) <sup>b</sup>	3.4 (1.4) <sup>c</sup>	3.2 (1.8) <sup>c</sup>	2.1 (1.5) <sup>d</sup>
<b>Youth</b> $n=337$	4.5 (1.5) <sup>a</sup>	4.1 (1.3) <sup>b</sup>	4.1 (1.4) <sup>b</sup>	3.6 (1.8) <sup>c</sup>	2.8 (1.3) <sup>d</sup>	1.9 (1.3) <sup>e</sup>
<b>BANGLADESH</b>						
	<b>Gul</b>	<b>Zarda</b>	<b>Paan</b>	<b>Sadapata</b>	<b>Paan masala</b>	<b>Nasshi</b>
<b>Adults</b> $n=568$	5.0 (1.2) <sup>a</sup>	4.2 (1.4) <sup>b</sup>	3.7 (1.5) <sup>c</sup>	3.7 (1.3) <sup>c</sup>	2.2 (0.9) <sup>d</sup>	2.2 (1.7) <sup>d</sup>
<b>Youth</b> $n=493$	4.9 (1.3) <sup>a</sup>	4.2 (1.3) <sup>b</sup>	4.0 (1.4) <sup>b</sup>	3.7 (1.5) <sup>c</sup>	2.2 (0.9) <sup>d</sup>	2.0 (1.6) <sup>e</sup>

\*Higher mean rank scores correspond with greater perceptions of harm. Different letters denote significant differences of perceived effectiveness rankings between experimental conditions, based on Unadjusted Wilcoxon Signed-Rank tests with a Bonferroni correction for multiple comparisons, where  $p<0.01$ .

Among Indian youth (users and non-users), *gutkha* was ranked as most harmful compared to other products. Among adults, *gutkha* and *zarda* were rated the most harmful. Bangladeshi adults and youth both ranked *gul* as most harmful. Overall, adults and youth ranked perceived harm similarly, with few exceptions.

Differences were found in perceptions of harm based on the type of product used by the respondent. In India, among usual users of *gutkha* (the most commonly used product), both adults and youth perceived *zarda* as most harmful [mean rank=4.4 (SD=1.2) for adults; mean rank=4.3 (SD=1.2) for youth]. In Bangladesh, among usual users of *paan masala* (the most commonly used product), adults perceived *gul* to be most harmful

[mean rank=4.9 (SD=1.3), while youth perceived *sadapata* to be most harmful [mean rank=4.6 (SD=1.3)].

### **6.3 Awareness and support for pictorial health warning labels**

Overall, levels of awareness of labeling regulations were high. In India, 71.1% of adults and 74.6% of youth correctly reported that health warnings appeared on smokeless tobacco packs. In Bangladesh, 83.6% and 83.7% of adults and youth surveyed, correctly reported that no warnings appeared on packs. No differences in the percentage of correct responses were observed between adults and youth in India or Bangladesh.

Support for health warning labeling policies was also high. More than three-quarters of adults and youth in India (74.1% and 81.0%, respectively) and Bangladesh (77.5% vs. 86.1%) reported that smokeless tobacco packages should include health warnings.

Support for health warnings with pictorial content was also high: a majority of adults and youth in India (78.9% and 86.8%) and Bangladesh (85.1% and 92.4%) reported that smokeless tobacco health warnings should include pictures.

Overall, a greater proportion of youth reported support for health warnings ( $X^2_{(df=1)}=6.8$ ,  $p=0.009$  in India;  $X^2=12.7$ ,  $p=0.001$  in Bangladesh), and the inclusion of pictures ( $X^2=11.04$ ,  $p=0.001$  in India;  $X^2_{(df=1)}=13.4$ ,  $p<0.001$  in Bangladesh), compared to adults.

Indian respondents were asked if health warnings on smokeless tobacco packages should have “more health information than they do now, less information, or about the same

amount as they do now?” A greater proportion of Indian youth (83.0%) reported that smokeless tobacco packages should have “more health information”, compared to adults (76.3%) ( $X^2_{(df=1)}=6.9, p=0.008$ ). No differences were found in the percentages of adults and youth who reported “less health information” (13.3% vs. 9.8%) and “about the same amount of information” (9.6% vs. 7.2%).

Lastly, Indian smokeless tobacco users were asked if they had made any effort to avoid buying smokeless tobacco packages with health warnings on them. No differences were found in the proportion of adults (39.4%) and youth (42.5%) in India who reported that they made an effort to avoid smokeless tobacco packages with health warnings on them.

#### **6.4 Perceived effectiveness ratings of health warnings: Between-experimental conditions**

Respondents were randomly assigned to one of four health warning label experimental conditions (message themes): 1) text-only, 2) symbolic, 3) graphic health effect, and 4) personal testimonial. Respondents rated each of the four health warnings in each theme based on its “overall effectiveness” using a numeric scale, where 1=“not at all”, 5=“in the middle”, and 10=“extremely”.

Appendix E presents sample characteristics for adults and youth in India and Bangladesh, by experimental condition. No differences were found between the experimental conditions, with the exception of *quit intentions* among Bangladeshi adults: those in the

symbolic and testimonial conditions reported greater intentions to quit than those in the text and graphic conditions.

Table 10 presents the overall perceived effectiveness ratings [Mean, (SD)] of health warnings between each of the four experimental conditions (across all five health effects), by country, and age group.

**Table 10.** Overall perceived effectiveness ratings [Mean, (SD)] for health warnings between- experimental conditions, by age group and country ( $n=2,083$ )

EXPERIMENTAL CONDITIONS				
	Text	Symbolic	Testimonial	Graphic
<b>INDIA</b>				
<b>Adults</b> <i>n=502</i>	5.0 (0.9) <sup>a</sup>	5.2 (0.9) <sup>a</sup>	6.9 (0.9) <sup>b</sup>	7.4 (1.1) <sup>c</sup>
<b>Youth</b> <i>n=500</i>	5.2 (0.9) <sup>a</sup>	5.2 (0.9) <sup>a</sup>	7.0 (0.9) <sup>b</sup>	7.5 (0.9) <sup>c</sup>
<b>BANGLADESH</b>				
<b>Adults</b> <i>n=569</i>	5.3 (2.2) <sup>a</sup>	5.9 (2.3) <sup>a</sup>	6.7 (1.5) <sup>b</sup>	7.4 (1.7) <sup>c</sup>
<b>Youth</b> <i>n=512</i>	4.4 (2.0) <sup>a</sup>	5.0 (1.6) <sup>a</sup>	6.8 (1.7) <sup>b</sup>	7.2 (1.6) <sup>b</sup>

*Different letters denote significant differences of perceived effectiveness ratings between experimental conditions based on unadjusted one-way ANOVA with a Tukey correction for multiple comparisons, where  $p<0.05$ .*

Overall, health warning labels with graphic health effects and personal testimonials were consistently given the highest perceived effectiveness ratings, compared to text-only and symbolic health warnings. The only differences found in how adults and youth rated health warnings were for text and symbolic health warning ratings in Bangladesh.

Compared to adults, youth gave both text and symbolic health warnings lower ratings of perceived effectiveness ( $F=11.9, p=0.001$ ;  $F=14.0, p<0.001$ , respectively).

#### 6.4.1 Perceived effectiveness ratings of health warnings (between-experimental conditions): Adults

Multiple linear regression models were conducted to examine the effects of message theme, country and individual-level predictors (age, sex, education, income, smokeless tobacco use, mixed-use, and quit intentions) on the perceived effectiveness of health warnings. Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the model, where significant.

Among adults ( $n=1,060$ ), *message theme* ( $X^2_{(df=3)}=406.9, p<0.001$ ), *education* ( $X^2_{(df=2)}=17.8, p<0.001$ ), *income* ( $X^2_{(df=3)}=31.6, p<0.001$ ), and *quit intentions* ( $X^2_{(df=1)}=99.6, p<0.001$ ) were associated with ratings of perceived effectiveness. Those with no quit intentions rated warnings as less effective than those intending to quit ( $\beta=-0.43, p=0.001$ ). Pairwise comparisons were conducted with a Bonferroni correction for multiple comparisons. Text-only messages were rated as less effective than any of the pictorial warnings, including symbolic ( $t=-3.03, p<0.01$ ), graphic ( $t=-17.7, p<0.001$ ), and testimonial ( $t=-13.5, p<0.001$ ). Among the pictorial themes, graphic health warnings were rated as more effective than symbolic ( $t=1.5, p<0.001$ ) and testimonial warnings ( $t=1.0, p<0.001$ ). Overall, illiterate respondents gave higher effectiveness ratings than their counterparts with low ( $t=4.1, p<0.001$ ) and moderate/high ( $t=2.5, p<0.01$ ) levels of education. Respondents with low ( $t=5.8, p<0.001$ ), moderate ( $t=4.1, p<0.001$ ) ( $\beta=0.67, p<0.001$ ) or high ( $t=3.6, p<0.001$ ) income levels rated warnings as more effective compared to those who did not state their income.

The *message theme* by *country* interaction ( $X^2_{(df=3)}=9.7, p=0.02$ ) indicated that the effect of message theme (graphic warnings perceived as most effective, followed by testimonial warnings, symbolic warnings, and text-only warnings) held for Bangladesh ( $p<0.01$  for all contrasts). In India, the same pattern was found, except text and symbolic warnings were not rated any differently than one another. Graphic health warnings were not rated differently between India and Bangladesh, nor were any differences observed in the ratings of text-only or testimonial warnings. However, respondents from Bangladesh perceived symbolic warnings to be more effective than their Indian counterparts ( $t=2.7, p<0.01$ )

#### **6.4.2 Perceived effectiveness ratings of health warnings (between-experimental conditions): Youth**

In a model conducted among youth smokeless tobacco users and non-users, country, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user, non-susceptible non-user*) were entered as covariates. Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the model, where significant.

Among youth ( $n=1,001$ ), *message theme* ( $X^2_{(df=3)}=665.3, p<0.001$ ), *country* ( $X^2_{(df=1)}=32.4, p<0.001$ ), *education* ( $X^2_{(df=2)}=11.4, p=0.003$ ), and *age* ( $X^2_{(df=1)}=4.3, p=0.04$ ) were significantly associated with perceived effectiveness. Indian youth gave higher effectiveness ratings than their Bangladeshi counterparts ( $\beta=0.62, p<0.001$ ). Similar to findings from the adult sample, text-only warnings were rated as less effective than all of

the pictorial styles, including symbolic ( $t=-2.6, p<0.01$ ), graphic ( $t=-21.5, p<0.001$ ), and testimonial ( $t=-17.5, p<0.001$ ). Among the pictorial themes, graphic health warnings were rated as most effective compared to symbolic ( $t=18.2, p<0.001$ ), and testimonial health warnings ( $t=4.0, p<0.001$ ). Also, youth with moderate or high levels of education (vs. illiterate/low), and who were younger (vs. older) gave higher effectiveness ratings ( $p<0.01$  for all contrasts).

Significant interactions included *message theme* by *country* ( $X^2_{(df=3)}=9.2, p=0.03$ ) and *message theme* by *education* ( $X^2_{(df=6)}=13.6, p=0.04$ ). Although the general pattern was consistent (graphic warnings perceived as most effective, followed by testimonial warnings, symbolic warnings, and then text-only warnings), the effect of message theme was not significant for every level in either country. Bangladeshi youth gave lower effectiveness ratings for text-only, symbolic and graphic warnings than Indian youth ( $p<0.01$  for all contrasts), but no country differences were observed in the ratings of testimonial warnings.

The pattern observed for the main effect of *education* (described above) did not hold across any of the four *message themes*. Among youth who had viewed text-only warnings, those with high education gave lower ratings than those with illiterate/low or moderate levels of education ( $t=-2.2, p<0.01$  and  $t=-1.1, p<0.01$ ). Among those who viewed graphic warnings, those with moderate education gave higher ratings than those with either illiterate/low or high levels of education ( $t=2.2, p<0.01$ ) ( $t=3.2, p<0.001$ ). Among those who viewed testimonial warnings, those with moderate education (vs.

illiterate/low) gave higher ratings ( $t=2.8, p<0.01$ ). Effectiveness ratings did not differ by level of education for respondents who viewed symbolic health warnings.

## **6.5 Mediation and moderation results**

### **6.5.1 Mediation analyses: Negative affect**

To examine whether negative affect mediated the influence of viewing health warnings on perceived effectiveness ratings, a series of simple mediation tests were conducted using Ordinary Least Squares (OLS) regression-based path analysis. The bootstrap method was used, and the indirect effect (mediation) was estimated with bias-corrected (BC) 95% confidence intervals (CI) of 10,000 bootstrapped samples (Hayes, 2013; Preacher & Hayes, 2004). For statistical inference, confidence intervals that do not include zero indicate significant indirect effects. Mediation analysis was completed using the SPSS PROCESS macro (Model 4) developed by Hayes (2013).

Separate models were conducted to test each of the negative affect variables as the potential mediating variable (*fright, unpleasant, surprise, and disgust*), as well as the overall *Negative Affect Scale*. The results were consistent in direction and statistical significance (results not shown), indicating no difference in the predictive utility of each individual negative affect measure compared to the overall *Negative Affect Scale*.

Furthermore, these variables were highly correlated with one another ( $\alpha 0.98$ ), thus the *Negative Affect Scale* was used for all analyses.

To examine differences in message theme on ratings of perceived effectiveness, the following dichotomous predictor variables were created: 1) Text-only vs. Pictorial (included symbolic, graphic, and personal testimonial warnings); 2) Personal testimonial vs. Graphic health effects; 3) Symbolic vs. Personal testimonials; and 4) Symbolic vs. Graphic health effects. The SPSS Process macro can only compute dichotomous or continuous variables.

In the adult model, country and individual-level predictors (age, sex, education, income, smokeless tobacco use, mixed-use, and intentions to quit) were added as covariates. In the youth model, country, age, sex, education, and smokeless tobacco use (*daily user, nondaily user, susceptible nonuser, and nonsusceptible nonuser*), were added as covariates.

Figure 9 presents the proposed conceptual mediation model of the association between viewing health warnings with different themes (X) and perceived effectiveness (Y) via the mediating variable, negative affect (M).

**Figure 9.** Proposed mediation model

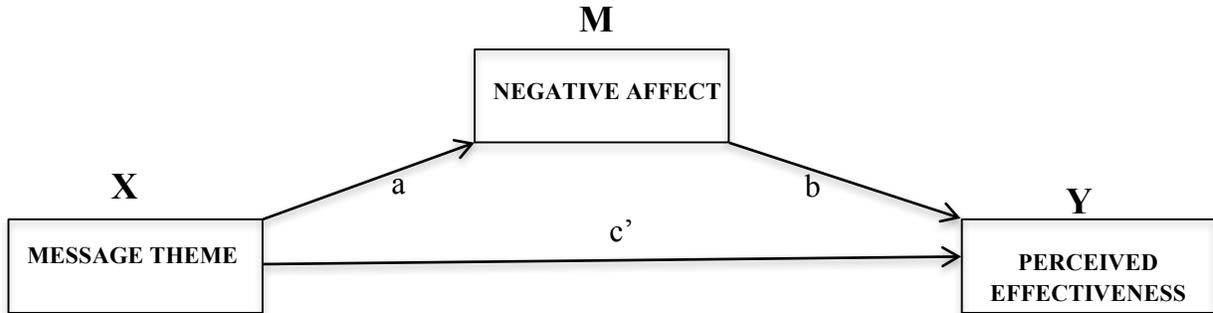


Table 11 presents the results of the OLS regression models examining the direct and indirect effect of viewing health warnings with different message themes on perceived effectiveness ratings. Each model corresponds to the four dichotomous predictors (X).

**Table 11.** Regression coefficients based on mediation analyses examining the direct and indirect effect of message theme (X) on perceived effectiveness (Y) through negative affect (M) ( $n=2,083$ )

PREDICTORS	ADULTS				YOUTH			
	OUTCOME VARIABLES							
	<i>M (Negative Affect)</i>		<i>Y (Perceived effectiveness)</i>		<i>M (Negative Affect)</i>		<i>Y (Perceived effectiveness)</i>	
	Coeff.	SE	Coeff.	SE	Coeff.	SE	Coeff.	SE
<b>Model 1</b>								
X: Text (ref.) vs. Pictorial	1.30***	0.15	0.70***	0.08	1.60***	0.14	0.74***	0.09
M: Negative Affect	--	--	0.56***	0.17	--	--	0.60***	0.02
<b>Indirect effect of X on Y</b>	0.74 (Bias-corrected 95% CI 0.56, 0.91)				0.54 (Bias-corrected 95% CI 0.45, 0.64)			
<b>Model 2</b>								
X: Testimonial (ref.) vs. Graphic	0.87***	0.16	0.29*	0.11	0.51*	0.17	0.29*	0.10
M: Negative Affect	--	--	0.29***	0.03	--	--	0.39***	0.03
<b>Indirect effect of X on Y</b>	0.25 (Bias-corrected 95% CI 0.15, 0.38)				0.20 (Bias-corrected 95% CI 0.08, 0.34)			
<b>Model 3</b>								
X: Symbolic (ref.) vs. Testimonial	0.80***	0.18	0.92***	0.09	1.75***	0.15	0.99***	0.11
M: Negative Affect	--	--	0.54***	0.02	--	--	0.47***	0.03
<b>Indirect effect of X on Y</b>	0.43 (Bias-corrected 95% CI 0.23, 0.62)				0.52 (Bias-corrected 95% CI 0.39, 0.66)			
<b>Model 4</b>								
X: Symbolic (ref.) vs. Graphic	1.63***	0.18	1.01***	0.11	2.25***	0.15	1.24***	0.11
M: Negative Affect	--	--	0.53***	0.03	--	--	0.47***	0.03
<b>Indirect effect of X on Y</b>	0.47 (Bias-corrected 95% CI 0.35, 0.61)				0.61 (Bias-corrected 95% CI 0.47, 0.74)			

Note. Unstandardized regression coefficients presented in table, \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ . Confidence intervals that do not contain zero indicate significance of the indirect effect.

As shown in Table 11, there was noticeable consistency in the direction and significance of the direct and indirect effects, across Models 1 to 4 for both adults and youth. Given

the consistency in results, descriptive results will only be provided in-text for youth (Model 1 in Table 11). Appendix F presents the conceptual mediation model (Figure 9) with corresponding regression coefficients for each of the four models, to visually present the results from Table 11.

Youth ( $n=490$ ) who viewed pictorial warnings reported greater levels of negative affect than those who viewed text-only warnings (path  $a$   $\beta=1.60$ ,  $p<0.001$ ), and greater negative affect predicted greater levels of perceived effectiveness (path  $b$   $\beta=0.60$ ,  $p<0.001$ ). The direct effect of viewing pictorial warnings (vs. text-only) on ratings of perceived effectiveness was reduced, but remained significant when controlling for negative affect (from path  $c$   $\beta=1.71$ ,  $p<0.001$  to path  $c'$   $\beta=0.74$ ,  $p<0.001$ ). Thus, viewing pictorial health warnings (vs. text-only) both directly (controlling for negative affect) and indirectly (via negative affect) influenced perceived effectiveness ratings. Bootstrapped analyses confirmed this mediating effect (path  $ab$   $\beta=0.54$ , 95% CI 0.45 to 0.64).

As noted above, the same pattern was found for adults and youth for Model 2: Graphic health effect vs. Personal Testimonial (ref.); Model 3: Personal Testimonial vs. Symbolic (ref.); and Model 4: Graphic health effect vs. Symbolic (ref.)—Table 11 and Appendix F.

### **6.5.2 Moderated mediation analyses: Message credibility**

To examine whether message credibility moderated the direct (the association between message theme and perceived effectiveness, controlling for negative affect) or indirect effect (the association between message theme and perceived effectiveness, via negative

affect), a moderated mediation model, was specified and included the mediation pathway described in the previous section. This moderated mediation analysis was completed using the SPSS PROCESS macro (Model 15) developed by Hayes (2013). The model is a direct effect and second stage moderation model, and included two interaction terms: 1) *message theme by message credibility* and 2) *negative affect by message credibility*. Non-significant interaction terms were removed from final models. In the adult model, country and individual-level predictors (age, sex, education, income, smokeless tobacco use, mixed-use, and intentions to quit) were added as covariates. In the youth model, country, age, sex, education, and smokeless tobacco use (*daily user, nondaily user, susceptible nonuser, and nonsusceptible nonuser*), were added as covariates.

Variables were mean-centered (Aiken & West, 1991) and significant interactions were examined by using the ‘pick-a-point’ approach. The conditional direct and indirect effects of the moderator were examined at one standard deviation above and below the mean; levels corresponded to ‘low’, ‘moderate’, and ‘high’ levels of message credibility (Hayes, 2013).

Figure 10 presents the proposed conceptual moderated-mediation model with message theme set as the predictor variable (X), negative affect as the mediating variable (M), perceived effectiveness as the outcome variable (Y), and message credibility as the moderator (V).

**Figure 10.** Proposed direct effect and second stage moderation model

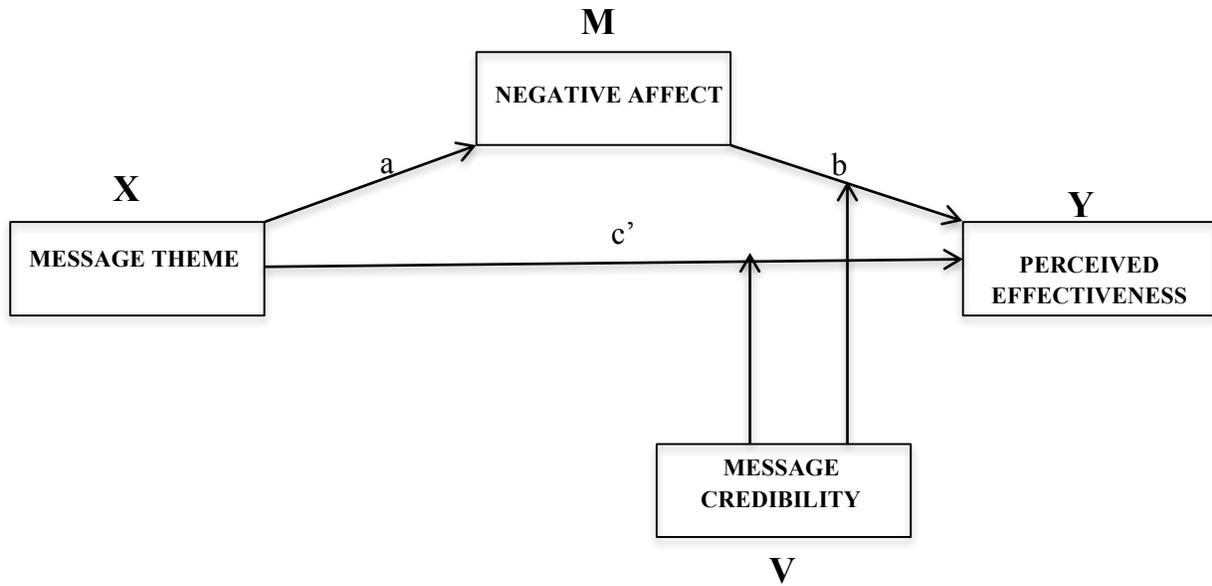


Table 12 presents the results of a series of regression models conducted to examine whether message credibility moderates the direct or indirect effect of viewing health warnings on perceived effectiveness ratings. Each model corresponds to the four dichotomous predictor variables (X) described in the previous section on Mediation Analyses.

**Table 12.** Regression coefficients for the conditional direct and indirect effects of viewing health warnings on perceived effectiveness ratings ( $n=2,083$ )

PREDICTORS	ADULTS				YOUTH			
	OUTCOME VARIABLES							
	M (Negative Affect)		Y (Perceived effectiveness)		M (Negative Affect)		Y (Perceived effectiveness)	
	Coeff.	SE	Coeff.	SE	Coeff.	SE	Coeff.	SE
<b>Model 1</b>								
X (Text (ref.) vs. Pictorial)	1.30***	0.15	0.70***	0.09	1.60***	0.13	0.53***	0.10
M (Negative Affect)	--	--	0.44***	0.03	--	--	0.47***	0.03
V (Credibility)	--	--	0.23***	0.02	--	--	0.33***	0.03
Neg. affect x Credibility	--	--	0.03***	0.01	--	--	-0.001	0.008
Message theme x Credibility	--	--	0.14**	0.05	--	--	0.13**	0.05
<b>Model 2</b>								
X (Testimonial (ref.) vs. Graphic)	0.87***	0.16	0.19	0.10	0.51**	0.17	0.15	0.09
M (Negative Affect)	--	--	-0.03	0.05	--	--	0.20***	0.05
V (Credibility)	--	--	0.44***	0.03	--	--	0.47***	0.04
Neg. affect x Credibility	--	--	0.14***	0.01	--	--	0.09**	0.02
Message theme x Credibility	--	--	0.06	0.06	--	--	0.02	0.07
<b>Model 3</b>								
X (Symbolic (ref.) vs. Testimonial)	0.80***	0.18	0.84***	0.11	1.75***	0.15	0.47***	0.13
M (Negative Affect)	--	--	0.44***	0.05	--	--	0.42***	0.05
V (Credibility)	--	--	0.18***	0.03	--	--	0.30***	0.05
Neg. affect x Credibility	--	--	0.04***	0.01	--	--	0.01	0.02
Message theme x Credibility	--	--	0.17***	0.06	--	--	0.05	0.09
<b>Model 4</b>								
X (Symbolic (ref.) vs. Graphic)	1.64***	0.18	0.94***	0.13	2.25***	0.15	0.62***	0.15
M (Negative Affect)	--	--	0.38***	0.05	--	--	0.40***	0.05
V (Credibility)	--	--	0.19***	0.04	--	--	0.31***	0.05
Neg. affect x Credibility	--	--	0.05***	0.01	--	--	0.001	0.02
Message theme x Credibility	--	--	0.10	0.11	--	--	0.11	0.09

Note. Unstandardized regression coefficients presented in table, \* $p<0.05$ , \*\* $p<0.01$ , \*\*\* $p<0.001$ .

As shown in Table 12, among adults, the *negative affect by message credibility* interaction was significant across all four models (Model 1:  $\beta=0.03$ ,  $p<0.001$ ; Model 2:  $\beta=0.14$ ,  $p<0.001$ ; Model 3:  $\beta=0.04$ ,  $p<0.001$ ; Model 4:  $\beta=0.05$ ,  $p<0.001$ ), indicating moderation of the indirect effect (moderated-mediation). In other words, the effect of

viewing health warnings on perceived effectiveness ratings, via negative affect, varied as a function of message credibility.

In terms of moderation of the direct effect (association between viewing health warnings and perceived effectiveness, controlling for negative affect), the *message theme* by *message credibility* interaction was significant only for Models 1 and 3 ( $\beta=0.14$ ,  $p=0.04$  and  $\beta=0.17$ ,  $p<0.001$ , respectively), indicating that perceived effectiveness ratings varied as a function of message credibility only for those who viewed any pictorial warning (vs. text-only), and for those who viewed personal testimonials (vs. symbolic warnings).

Among youth, message credibility moderated the indirect effect for those who had viewed warnings with graphic health effects (vs. personal testimonial warnings) (Model 2:  $\beta=0.09$ ,  $p<0.001$ ). Moderation of the direct effect (association between viewing health warnings and perceived effectiveness, controlling for negative affect), was found only among those who had viewed any pictorial warning (vs. text-only) (Model 1:  $\beta=0.13$ ,  $p=0.007$ ).

Significant interactions were examined to assess: 1) the conditional direct effect of message theme on perceived effectiveness ratings, and 2) the conditional indirect effect of message theme on perceived effectiveness, at three levels of the moderator (message credibility): the mean, one SD above the mean, and one SD below the mean. These three levels correspond to 'low', 'moderate', and 'high' levels of message credibility.

Table 13 presents the results from a series of regression analyses conducted to probe interaction terms related to moderation of the direct and indirect effects of viewing health warnings on ratings of perceived effectiveness.

**Table 13.** Conditional direct and indirect effects of viewing health warnings with different message themes on perceived effectiveness ratings, at different values of the moderator (message credibility) ( $n=2,083$ )

<b>ADULTS</b>			
<b>Conditional direct effects of message theme on perceived effectiveness, controlling for negative affect</b>		<b>Conditional indirect effects of message theme on perceived effectiveness via negative affect (Moderated mediation)</b>	
Message credibility	Coefficient (SE)	Coefficient (bootstrapped SE)	Bias-corrected 95% bootstrapped CI
<b><i>Model 1: Text (ref.) vs. pictorial</i></b>			
Low (-2.10)	0.39*** (0.08)	0.49 (0.08)	0.35 to 0.66
Moderate (0)	0.70*** (0.09)	0.57 (0.08)	0.42 to 0.73
High (2.10)	1.00*** (0.17)	0.64 (0.08)	0.49 to 0.81
<b><i>Model 2: Testimonial (ref.) vs. Graphic</i></b>			
Low (-1.75)	--	-0.25 (0.08)	-0.44 to -0.10
Moderate (0)	--	-0.03 (0.04)	-0.12 to -0.06
High (1.75)	--	0.19 (0.05)	0.11 to 0.30
<b><i>Model 3: Symbolic (ref.) vs. Testimonial</i></b>			
Low (-2.10)	0.47** (0.17)	0.27 (0.09)	0.11 to 0.47
Moderate (0)	0.84*** (0.11)	0.35 (0.09)	0.17 to 0.53
High (2.10)	1.21*** (0.17)	0.42 (0.10)	0.23 to 0.62
<b><i>Model 4: Symbolic (ref.) vs. Graphic</i></b>			
Very low (-2.09)	--	0.46 (0.12)	0.24 to 0.71
Low (0)	--	0.63 (0.12)	0.41 to 0.89
Moderate (2.09)	--	0.79 (0.14)	0.55 to 0.99
<b>YOUTH</b>			
<b><i>Model 1: Text (ref.) vs. pictorial</i></b>			
Low (-2.10)	0.25*** (0.07)	--	--
Moderate (0)	0.53*** (0.10)	--	--
High (2.10)	0.82*** (0.19)	--	--
<b><i>Model 2: Testimonial (ref.) vs. Graphic</i></b>			
Low (-1.53)	--	0.03 (0.05)	-0.05 to 0.14
Moderate (0)	--	0.10 (0.04)	0.04 to 0.22
High (1.53)	--	0.18 (0.06)	0.07 to 0.31
<b><i>Model 3: Symbolic (ref.) vs. Testimonial</i></b>			
Low	--	--	--
Moderate	--	--	--
High	--	--	--
<b><i>Model 4: Symbolic (ref.) vs. Graphic</i></b>			
Very low	--	--	--
Low	--	--	--
Moderate	--	--	--

Note. Unstandardized regression coefficients presented in table, \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ . Confidence intervals that do not contain zero indicate significance.

As shown in Table 13, among adults (all models) and youth (Model 2), as levels of message credibility increased, so too did the indirect effect. The mediating effect of negative affect on perceived effectiveness varied depending on the extent to which a respondent believed the message to be credible.

A similar pattern of findings was observed with respect to the conditional direct effect (Models 1 and 3 for adults and Model 1 for youth), such that where the interaction of *message theme* by *credibility* was significant, as levels of message credibility increased, so too did the direct effect. Higher levels of message credibility were associated with higher levels of perceived effectiveness ratings, for adults and youth who viewed any pictorial warning (vs. text-only), and for adults who viewed personal testimonial warnings (vs. symbolic warnings).

## **6.6 Attitudes, beliefs and overall opinions of smokeless tobacco, after viewing health warnings**

### **6.6.1 The influence of viewing health warnings on ‘Attitudes and beliefs’ about smokeless tobacco**

Attitudes and beliefs were assessed both before and after the presentation of health warnings. Respondents were asked whether they “Agree”, “Disagree”, or “Neither agree nor disagree” with five negative attitudes and beliefs about smokeless tobacco. Appendix G presents the level of agreement (%) with five negative attitudes and beliefs about smokeless tobacco, before and after presentation of health warnings, across message

themes. Table 14 presents the percent change in levels of agreement with the five negative attitudes and beliefs about smokeless tobacco by experimental condition, country, and age group.

**Table 14.** Percent change in agreement with five attitudes and beliefs about smokeless tobacco, before and after presentation of health warnings, by experimental condition, country, and age group ( $n=2,083$ )

	TEXT				SYMBOLIC			
	INDIA		BANGLADESH		INDIA		BANGLADESH	
	Adults	Youth	Adults	Youth	Adults	Youth	Adults	Youth
<i>Harmful to health</i>	+10.4	+3.4	<b>+12.6***</b>	<b>+9.5**</b>	+7.9	+1.6	<b>+10.7**</b>	+5.2
<i>Society disapproves</i>	<b>+13.6***</b>	0.0	<b>+14.0***</b>	<b>+10.0**</b>	+9.4	<b>+9.6**</b>	+5.0	+2.6
<i>Bad example for children</i>	+6.7	+3.9	+7.0	+7.9	+6.3	-8.9	<b>+10.0**</b>	<b>+8.7**</b>
<i>Not acceptable for females</i>	+14.8	+2.4	+5.6	+7.7	+8.6	<b>+15.7**</b>	+2.8	-0.5
<i>Addictive</i>	+9.6	+2.4	-2.1	+1.6	-1.6	+6.7	+4.3	+0.9
	TESTIMONIAL				GRAPHIC			
	INDIA		BANGLADESH		INDIA		BANGLADESH	
	Adults	Youth	Adults	Youth	Adults	Youth	Adults	Youth
<i>Harmful to health</i>	+14.3	-3.2	<b>+18.7***</b>	<b>+10.1**</b>	+4.9	-4.9	<b>+14.7***</b>	<b>+11.2***</b>
<i>Society disapproves</i>	+10.3	+2.4	<b>+22.9***</b>	<b>+11.7***</b>	+8.9	+8.9	<b>+11.2***</b>	<b>+10.4**</b>
<i>Bad example for children</i>	+9.5	-6.4	<b>+18.8***</b>	+8.7	+2.4	+5.2	<b>+10.4**</b>	<b>+11.9**</b>
<i>Not acceptable for females</i>	+4.7	+2.7	<b>+17.4***</b>	+4.2	+10.6	-3.5	+6.1	+5.2
<i>Addictive</i>	<b>+13.8**</b>	+2.4	-2.7	+2.3	0.6	+3.0	-0.8	+0.8

Numbers in the table represent the difference in the percentages of respondents agreeing with the attitude/belief about smokeless tobacco before and after viewing health warnings. Positive numbers indicate an increase in negative attitudes and beliefs. McNemar Chi-Square tests were conducted to assess differences between percentages.

\*Significant difference (at \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ) between percentages agreeing before vs. after viewing warnings.

Multiple linear models were conducted with the *Attitudes and Beliefs scale*, set as the dependent variable. The models conducted for adults adjusted for message theme, *Attitudes and Beliefs* at baseline (scale), country, age, sex, education, income, smokeless tobacco use (*daily user, non-daily user*), mixed-use, and quit intentions. The models conducted for youth adjusted for *Attitudes and Beliefs* at baseline (scale), country, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user, non-susceptible non-user*). Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the final model where significant.

Among adults ( $n=1,057$ ), *Attitudes and Beliefs* about smokeless tobacco did not differ based on message theme, but did differ by *country* ( $X^2_{(df=1)}=34.7, p<0.001$ ), *age* ( $X^2_{(df=1)}=6.5, p=0.011$ ), *plans to quit* ( $X^2_{(df=1)}=25.9, p<0.001$ ), and *income* ( $X^2_{(df=3)}=8.3, p=0.04$ ). Those from Bangladesh (vs. India) ( $\beta= 0.45, p<0.001$ ), younger adults (vs. older) ( $\beta= 0.01, p=0.011$ ), and those not planning to quit (vs. planning to quit) ( $\beta= 0.33, p<0.001$ ), reported greater levels of negative *Attitudes and Beliefs* after viewing warnings. Adults with ‘Moderate’ levels of income reported greater negative *Attitudes and Beliefs*, compared to those with ‘Low’ income levels ( $t=1.1, p<0.01$ ). No significant interactions were found.

Among youth ( $n=998$ ), *Attitudes and Beliefs* about smokeless tobacco did not differ based on message theme, but did differ by *country* ( $X^2_{(df=1)}=48.9, p<0.001$ ), *education* ( $X^2_{(df=2)}=8.3, p=0.016$ ), and *smokeless tobacco use* ( $X^2_{(df=3)}=8.5, p=0.037$ ). Youth from

Bangladesh reported greater levels of negative *Attitudes and Beliefs* compared to youth from India ( $\beta= 0.57, p<0.001$ ). Youth with ‘High’ levels of education reported more negative *Attitudes and Beliefs* than youth with ‘Illiterate/Low’ levels of education ( $t=2.8, p<0.01$ ). With respect to smokeless tobacco use, susceptible nonusers reported more negative Attitudes and Beliefs than nonsusceptible nonusers ( $t=2.9, p<0.01$ ). No significant interactions were found.

### **6.6.2 The influence of viewing health warnings on the overall opinion that smokeless tobacco is ‘bad’**

Respondents were asked about their overall opinion about using smokeless tobacco, and whether it was ‘good’, ‘neither good nor bad’, or ‘bad’, both before and after viewing health warnings. Appendix H presents the proportion of respondents reporting their overall opinion of smokeless tobacco before and after presentation of health warnings and Appendix I presents the percent change difference in levels of agreement with respondents’ overall opinion of smokeless tobacco.

Generalized linear models with a binomial distribution and logit link function were conducted with the overall opinion that using smokeless tobacco is ‘bad’, set as the dependent variable. The models conducted for adults adjusted for message theme, overall opinion at baseline (“smokeless tobacco is bad”), country, age, sex, education, income, smokeless tobacco use (*daily user, non-daily user*), mixed-use, and quit intentions. The models conducted for youth adjusted for overall opinion at baseline, country, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user,*

*non-susceptible non-user*). Two-way interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the final model where significant.

Among adults ( $n=1,064$ ), the overall opinion that using smokeless tobacco is ‘bad’, did not differ based on message theme, but did differ with respect to sex ( $X^2_{(df=1)}=6.5$ ,  $p=0.011$ ), country ( $X^2_{(df=1)}=4.8$ ,  $p=0.028$ ), dual use ( $X^2_{(df=1)}=6.0$ ,  $p=0.014$ ), education ( $X^2_{(df=2)}=6.3$ ,  $p=0.043$ ), and income ( $X^2_{(df=3)}=36.6$ ,  $p<0.001$ ). Specifically, males ( $\beta= 0.09$ ,  $p=0.036$ ), non mixed-users ( $\beta= 0.09$ ,  $p=0.025$ ), and those from Bangladesh ( $\beta= 0.07$ ,  $p=0.034$ ) reported greater proportions of ‘bad’ opinions about smokeless tobacco, after viewing warnings. Adults with either ‘Low’ or ‘Moderate/High’ levels of education reported greater overall ‘bad’ opinions of smokeless tobacco, compared to ‘Illiterate’ respondents ( $t=2.2$ ,  $p<0.01$ ;  $t=2.5$ ,  $p<0.01$ ). Those with ‘Moderate’ income reported greater levels of ‘bad’ opinions, compared to those with ‘Low’ income ( $t=3.6$ ,  $p<0.001$ ). No significant interactions were found.

Among youth ( $n=1,008$ ), the overall opinion that using smokeless tobacco is ‘bad’, did not differ based on message theme, but did differ with respect to country ( $X^2_{(df=1)}=8.6$ ,  $p=0.003$ ), and education ( $X^2_{(df=2)}=8.6$ ,  $p=0.014$ ). Similar to findings from the adult sample, those from Bangladesh ( $\beta= 0.11$ ,  $p=0.003$ ) reported greater proportions of ‘bad’ opinions about smokeless tobacco, after viewing warnings. Indian youth with ‘Moderate’ or ‘High’ levels of education reported greater levels of ‘bad opinions’ about smokeless

tobacco, compared to those with 'Illiterate/Low' education ( $t=3.0, p=0.01$ ;  $t=2.9, p=0.01$ ). No significant interactions were found.

### **6.6.3 Health knowledge**

All respondents were asked to report whether they believed that using smokeless tobacco caused any of a list of four health effects caused by using smokeless tobacco (oral cancer, mouth disease, heart disease, and death). Levels of agreement (%) with the health effects caused by smokeless tobacco were high across both countries and age groups.

Table 15 presents respondents' level of agreement (%) with beliefs that smokeless tobacco causes oral cancer, mouth disease, heart disease, and death, by experimental condition, and age group. Due to the extreme ceiling effect observed in the Bangladeshi sample, the data was stratified by country so as not to obscure potential differences in the Indian sample.

**Table 15.** Percentage of respondents who believe using smokeless tobacco causes the health effects of oral cancer, mouth disease, heart disease, and death, by experimental condition, country, and age group ( $n=2,083$ )

	TEXT				SYMBOLIC			
	INDIA		BANGLADESH		INDIA		BANGLADESH	
	Adults	Youth	Adults	Youth	Adults	Youth	Adults	Youth
<i>Oral cancer</i>	87.2	85.2	97.9	96.2	89.0	91.9	99.3	95.7
<i>Mouth disease</i>	68.8	79.7	98.6	99.2	77.2	79.0	99.3	99.1
<i>Death</i>	65.6	81.3	93.0	96.9	70.1	79.0	91.4	96.6
<i>Heart disease</i>	62.4	63.3	88.8	96.2	57.5	65.3	85.7	94.9
	TESTIMONIAL				GRAPHIC			
	INDIA		BANGLADESH		INDIA		BANGLADESH	
	Adults	Youth	Adults	Youth	Adults	Youth	Adults	Youth
<i>Oral cancer</i>	92.1	92.0	98.6	97.7	87.9	88.6	98.6	95.5
<i>Mouth disease</i>	81.7	77.6	99.3	99.2	78.2	77.2	99.3	98.5
<i>Death</i>	76.2	82.4	93.7	99.2	72.6	86.2	95.8	97.7
<i>Heart disease</i>	69.0	60.8	96.5	92.3	60.5	75.6	90.8	94.0

Multiple linear regression models were conducted with the *Health Knowledge Scale*, set as the dependent variable. Data were stratified by country, and the models conducted for adults adjusted for message theme, age, sex, education, income, smokeless tobacco use (*daily user, non-daily user*), mixed-use, and quit intentions. The models conducted for youth adjusted for message theme, age, sex, education, and smokeless tobacco use (*daily user, non-daily user, susceptible non-user, non-susceptible non-user*). Two-way

interaction terms for message theme by socio-demographic and smokeless tobacco use variables were screened individually, and added to the final model where significant.

No significant differences were found for Bangladeshi adults ( $n=563$ ). However, among Indian adults ( $n=501$ ), *health knowledge* differed by message theme ( $X^2_{(df=3)}=8.3$ ,  $p=0.04$ ), sex ( $X^2_{(df=1)}=8.4$ ,  $p=0.004$ ), age ( $X^2_{(df=1)}=9.4$ ,  $p=0.002$ ), and income ( $X^2_{(df=3)}=30.5$ ,  $p<0.001$ ). Specifically, males (vs. females) ( $\beta= 0.17$ ,  $p=0.035$ ), younger adults (vs. older adults) ( $\beta= 0.01$ ,  $p=0.015$ ), and non-mixed users (vs. mixed users) ( $\beta= 0.30$ ,  $p<0.001$ ) held greater levels of health knowledge. Also, adults who viewed health warnings with personal testimonials reported greater levels of health knowledge than adults who had viewed text-only warnings ( $t=2.6$ ,  $p=0.01$ ), symbolic warnings ( $t=1.9$ ,  $p=0.01$ ), or graphic health warnings ( $t=2.5$ ,  $p=0.01$ ). With respect to income, those with ‘Low’ levels of income reported lower levels of health knowledge than those with ‘Moderate’ ( $t=-4.5$ ,  $p<0.001$ ) and ‘High’ ( $t=-2.3$ ,  $p=0.01$ ) levels of income. Furthermore, those who did not state their income, reported lower levels of health knowledge than those with ‘Moderate’ ( $t=-4.8$ ,  $p<0.001$ ) and ‘High’ ( $t=3.0$ ,  $p<0.01$ ) levels of income. No significant interactions were found.

No significant differences were found for Bangladeshi youth ( $n=509$ ). Among Indian youth ( $n=499$ ), *health knowledge* did not differ by message theme, but it did differ by age ( $X^2_{(df=1)}=5.8$ ,  $p=0.016$ ) and smokeless tobacco use ( $X^2_{(df=3)}=33.7$ ,  $p<0.001$ ). Older youth reported greater levels of health knowledge, compared to those who were younger ( $\beta= 0.17$ ,  $p=0.016$ ). With respect to smokeless tobacco use, *nonsusceptible* non-users reported

greater levels of health knowledge than *susceptible* non-users ( $t=3.6, p<0.001$ ) and daily users ( $t=5.3, p<0.001$ ). No significant interactions were found.

### **6.7 Perceived effectiveness rankings of health warnings: Within-experimental conditions**

To examine whether the effect of message theme persisted across all health effects, respondents were randomly assigned to one of five health effects—oral cancer, mouth disease, heart disease, addiction, or death—and completed a ranking task in which they were presented with the four health warnings (Conditions 1 to 4) specific to that health effect. Respondents were asked to compare the health warnings to each other (on the same screen) and rank the warnings from most to least effective. The order was reverse-coded, and mean ranks for each warning label were computed, whereby higher numbers corresponded with greater rankings of perceived effectiveness. Table 16 presents perceived effectiveness rankings across health effects and message themes.

**Table 16.** Perceived effectiveness rankings (Mean rank, SD) of smokeless tobacco health warnings by health effect, within-experimental conditions ( $n=2,083$ )

	HEALTH EFFECTS			
	TEXT	SYMBOLIC	TESTIMONIAL	GRAPHIC
<b>ORAL CANCER</b>				
<b>India</b>				
Adults $n=98$	1.4 (0.8) <sup>a</sup>	2.1 (0.8) <sup>b</sup>	3.0 (0.8) <sup>c</sup>	3.5 (0.8) <sup>d</sup>
Youth $n=102$	1.4 (0.8) <sup>a</sup>	2.1 (0.8) <sup>b</sup>	3.0 (0.7) <sup>c</sup>	3.4 (0.9) <sup>d</sup>
<b>Bangladesh</b>				
Adults $n=119$	1.3 (0.6) <sup>a</sup>	1.9 (0.6) <sup>b</sup>	3.0 (0.7) <sup>c</sup>	3.9 (0.3) <sup>d</sup>
Youth $n=98$	1.3 (0.6) <sup>a</sup>	1.9 (0.4) <sup>b</sup>	3.0 (0.5) <sup>c</sup>	3.9 (0.4) <sup>d</sup>
<b>MOUTH DISEASE</b>				
<b>India</b>				
Adults $n=101$	1.5 (0.8) <sup>a</sup>	2.2 (0.8) <sup>b</sup>	2.9 (0.8) <sup>c</sup>	3.4 (0.9) <sup>d</sup>
Youth $n=96$	1.4 (0.8) <sup>a</sup>	1.9 (0.6) <sup>b</sup>	3.0 (0.7) <sup>c</sup>	3.6 (0.6) <sup>d</sup>
<b>Bangladesh</b>				
Adults $n=114$	1.4 (0.6) <sup>a</sup>	1.9 (0.7) <sup>b</sup>	3.6 (0.6) <sup>c</sup>	3.0 (0.7) <sup>d</sup>
Youth $n=105$	1.3 (0.6) <sup>a</sup>	1.9 (0.5) <sup>b</sup>	3.4 (0.5) <sup>c</sup>	3.4 (0.8) <sup>c</sup>
<b>HEART DISEASE</b>				
<b>India</b>				
Adults $n=100$	1.7 (0.9) <sup>a</sup>	2.0 (0.9) <sup>a</sup>	2.8 (0.9) <sup>b</sup>	3.5 (0.8) <sup>c</sup>
Youth $n=102$	1.7 (0.9) <sup>a</sup>	1.9 (0.9) <sup>a</sup>	2.9 (0.8) <sup>b</sup>	3.5 (0.8) <sup>c</sup>
<b>Bangladesh</b>				
Adults $n=107$	1.5 (0.7) <sup>a</sup>	1.9 (0.7) <sup>b</sup>	3.1 (0.5) <sup>c</sup>	3.5 (1.0) <sup>d</sup>
Youth $n=103$	1.3 (0.6) <sup>a</sup>	2.0 (0.7) <sup>b</sup>	3.0 (0.6) <sup>c</sup>	3.7 (0.8) <sup>d</sup>
<b>ADDICTION</b>				
<b>India</b>				
Adults $n=103$	1.6 (0.8) <sup>a</sup>	1.9 (0.8) <sup>b</sup>	3.0 (0.8) <sup>c</sup>	3.5 (0.7) <sup>d</sup>
Youth $n=98$	1.6 (0.8) <sup>a</sup>	1.7 (0.8) <sup>a</sup>	3.0 (0.7) <sup>b</sup>	3.6 (0.7) <sup>c</sup>
<b>Bangladesh</b>				
Adults $n=104$	1.4 (0.6) <sup>a</sup>	1.9 (0.7) <sup>b</sup>	3.0 (0.5) <sup>c</sup>	3.8 (0.6) <sup>d</sup>
Youth $n=105$	1.4 (0.6) <sup>a</sup>	1.9 (0.8) <sup>b</sup>	3.0 (0.5) <sup>c</sup>	3.7 (0.7) <sup>d</sup>
<b>DEATH</b>				
<b>India</b>				
Adults $n=99$	1.5 (0.8) <sup>a</sup>	2.5 (1.0) <sup>b</sup>	3.2 (0.9) <sup>c</sup>	2.8 (1.0) <sup>b</sup>
Youth $n=101$	1.5 (0.9) <sup>a</sup>	2.3 (0.9) <sup>b</sup>	3.3 (0.9) <sup>c</sup>	2.9 (0.8) <sup>d</sup>
<b>Bangladesh</b>				
Adults $n=117$	1.5 (0.8) <sup>a</sup>	2.0 (0.8) <sup>b</sup>	3.5 (0.7) <sup>c</sup>	2.9 (0.8) <sup>d</sup>
Youth $n=95$	1.6 (0.8) <sup>a</sup>	2.2 (1.0) <sup>b</sup>	3.5 (0.8) <sup>c</sup>	2.7 (0.9) <sup>d</sup>

Higher numbers indicate higher perceived effectiveness rankings. Different letters denote significant differences of perceived effectiveness rankings between experimental conditions, based on Unadjusted Wilcoxon Signed-Rank tests with a Bonferroni correction for multiple comparisons, where  $p < 0.01$ .

Text-only warnings were ranked as least effective for three out of five health effects (oral cancer, mouth disease, and death) across both countries, and age groups. Across all health effects, graphic and testimonial-style health warnings were consistently ranked as most effective, compared to text-only and symbolic warnings. Graphic health warnings were ranked as most effective against all other message themes (text-only, symbolic, and personal testimonial), for three out of five health effects (oral cancer, heart disease, and addiction). For the health effect of ‘death’, adults and youth in both countries ranked the personal testimonial as most effective.

## **6.8 Pictorial health warning labels in India**

Indian respondents were asked to rank (from most to least effective) four Indian pictorial health warnings implemented at the time of study (Health warnings B through E, Table 17), as well as the old pictorial health warning (Health warning A). Table 17 presents perceived effectiveness rankings of these five pictorial health warnings.

**Table 17.** Perceived effectiveness rankings (Mean; SD) of Indian health warning labels implemented on smokeless tobacco packages at the time of study, among adults and youth ( $n=995$ )

	A†	B	C	D	E
<i>Implementation dates</i>	2009-2011	2011-2013		2011-April 2015	
					
<b>Adults</b> $n=499$	1.5 (1.1) <sup>a</sup>	3.0 (1.3) <sup>b</sup>	3.7 (1.2) <sup>c</sup>	3.3 (1.2) <sup>d</sup>	3.3 (1.2) <sup>d</sup>
<b>Youth</b> $n=496$	1.5 (1.1) <sup>a</sup>	3.0 (1.2) <sup>b</sup>	3.7 (1.3) <sup>c</sup>	3.5 (1.2) <sup>d</sup>	3.3 (1.1) <sup>e</sup>

*Higher numbers indicate higher levels of perceived effectiveness. Different letters denote significant differences in rankings between health warning labels based on unadjusted Wilcoxon Signed-Rank tests with a Bonferroni correction for multiple comparisons, where  $p < 0.01$ .*

*†Warning A was the first health warning implemented, and although it was being phased out at the time of study it still remained on some smokeless tobacco packages. Warnings B through E (implemented December 1, 2011) appeared on smokeless tobacco packages at the time of study.*

Pictorial health warnings implemented at the time of study on smokeless tobacco packages in India (Health warnings B through E) included images of graphic health effects, and were consistently ranked higher on perceived effectiveness compared to the old health warning label (Health warning A), which included a symbolic image of scorpion. Adults and youth ranked health warnings consistently, with the exception of Health warning D, which was given a higher perceived effectiveness ranking by youth compared to adults ( $X^2_{(df=1)}=4.9, p=0.027$ ).

## **7.0 DISCUSSION**

This study examined the perceived effectiveness of novel health warnings for smokeless tobacco packages among adults and youth in Navi Mumbai, India, and Dhaka, Bangladesh. This study provides observational data on smokeless tobacco users, including perceptions of health warnings implemented in India, and is among the first to experimentally test the perceived effectiveness of message content in two low-and middle-income countries.

### **7.1 Patterns of use and perceptions of harm**

Several differences in patterns of smokeless tobacco use and perceptions of harm were observed between the Indian and Bangladeshi sample. With respect to youth, Indian respondents were more likely to be daily smokeless tobacco users, and non-users were more likely to be susceptible to smokeless tobacco use, compared to their Bangladeshi counterparts. These findings may highlight the influential role of the marketing environment in India, the ease of access, and more permissive cultural and social norms with regards to the social acceptability of smokeless tobacco (Schensul et al., 2013).

In contrast, Indian users indicated greater intentions to quit than adult and youth users in Bangladesh. The longer history of tobacco control in India may help explain this difference. In 2009, India became the first country in the world to implement pictorial health warnings on smokeless tobacco packages. Also in the same year, the first national mass media campaign highlighting the harmful effects of smokeless tobacco from real-life users was aired on radio and television in India (Murukutla et al., 2012). Previous

research has shown that tobacco control interventions, such as smoking bans and anti-tobacco mass media campaigns have the potential to impact key outcomes such as reducing smoking prevalence (Wilson et al., 2012). In recent years, Bangladesh has made progress with respect to some tobacco control policies; however, these policy changes may not have had enough time to penetrate the public's understanding of smokeless tobacco issues the same way it has in India. Aside from the burden of smokeless tobacco, Navi Mumbai in India and Dhaka in Bangladesh are quite different with respect to culture and tobacco control policy environments. Thus, it was not surprising that between-country differences were observed.

False beliefs about the harmfulness of specific smokeless tobacco products were also common. Additionally, more than half of users reported that they chose their usual product on the basis that it was "less harmful" than other types. Perceptions of harm also differed with respect to a respondent's usual product. For example, while *gutka* was rated as the most harmful smokeless tobacco product in India overall, respondents who reported *gutka* as their "usual product" perceived *zarda* to be most harmful instead. This is similar to previous research indicating that tobacco users have a tendency to rate their own product as less harmful (O'Connor et al., 2007). It is important to note that to our knowledge there are no differences in relative harm across the types of local smokeless tobacco products assessed in the study.

This set of findings may be explained through Cognitive Dissonance theory (Festinger, 1962). In the context of tobacco use, this theory suggests that those with no intentions to

quit and perhaps a greater dependence on tobacco may attempt to rationalize their behaviour to help overcome the dissonance they experience when faced with information that runs counter to their lifestyle choice. Further, these findings might also indicate an optimistic bias among smokeless tobacco users, particularly those with a “usual product”, in which they perceive their own product as “less harmful” than other products (Arnett, 2000; Weinstein, Marcus, & Moser, 2005). Thus, there is a need to communicate the health effects of smokeless tobacco use within these populations to try and address the false beliefs found in this and other studies (Gupta & Ray, 2003; Kakde et al., 2012; Khawaja et al., 2006; Rahman et al., 2012).

## **7.2 Awareness and support for health warnings**

Similar to previous studies (ITC Project, 2011, 2015), the current study found high levels of support for health warnings, including those with pictures. Even in India—a country with pictorial health warnings for smokeless tobacco packages—a majority of respondents still reported that health warnings should have “more health information”. This is similar to findings for health warnings on cigarette packs—even in countries with pictorial warnings, like Canada, Australia, Uruguay, and Thailand—support for “more health information” on packs was still high (Hammond et al., 2004). Most respondents were also able to correctly identify whether health warning labels were currently implemented on smokeless tobacco packs in their country. This set of findings suggests a general sense of awareness of tobacco control policy and perhaps the desire to change current labeling regulations in both of these countries. However, awareness in this study was based on a measure of agreement (i.e., yes/no responses). Had unprompted recall

been used, it is possible that lower levels of awareness may have been observed.

With respect to message avoidance, some neurophysiological data suggests gruesome images may elicit ‘defensive avoidance’, leading to message rejection (Kessels, Ruiter, Wouters, & Jansma, 2014; Kessels, Ruiter, & Jansma, 2010). To date, however, experimental and population-based studies have failed to detect any significant adverse outcomes from defensive reactions like avoidance (Borland et al., 2009; D. Hammond et al., 2004; Peters et al., 2007).

The current study found that more than one-third of the Indian sample reported that they made an effort to avoid the current smokeless health warnings. This may be an underestimation, given that during the time this study was conducted, some packs still carried the previous, less effective (Arora et al., 2012) warning (scorpion image: Appendix A), which may not have elicited the same avoidance. Previous research examining avoidance behavior in Canada among adult smokers found that those who reported avoiding health warnings (36%) were just as likely to quit, make a quit attempt, or reduce their smoking, as smokers who did not avoid warnings (Hammond et al., 2004). Furthermore, a recent study conducted in Australia, Canada, the United Kingdom, and the United States, (Yong, 2014) that examined the impact of cigarette warnings on quit attempts via mediational pathways found that avoidance behavior actually increased the frequency of thinking about the harmful effects of smoking, which may apply to smokeless tobacco use as well.

### 7.3 Perceived effectiveness by message theme

In support of *Hypothesis 1a*, pictorial warnings were perceived to have greater efficacy than text-only warnings, similar to previous research for health warnings on cigarette packs conducted primarily in high-income (Cameron, Pepper, & Brewer, 2013; Hammond, 2011) and low-and-middle income countries (Fathelrahman et al., 2010; Green et al., 2014; Thrasher et al., 2007; Yong et al., 2013).

In addition, pictorial warnings depicting gruesome health effects were perceived as most effective, even over pictorial health warnings with a personal testimonial. This finding did not support *Hypothesis 1b*, which stated that there would be no difference in perceived effectiveness ratings between warnings with graphic health effects and those with personal testimonials. Based on the mixed evidence in this domain, it was unknown whether personal testimonials—a narrative communication strategy suggested as promising for cancer prevention and control (Kreuter et al., 2007)—would prove more or less effective than graphic warnings without a personal narrative. Personal testimonials may be particularly impactful in countries with traditions of sharing knowledge through storytelling. Indeed, interventions to address pressing public health issues in LMICs, such as HIV/AIDS in Africa, have often included narrative approaches in their interventions (Vidanapathirana, Abramson, Forbes, & Fairley, 2006; Wei et al., 2011).

Given that smokeless tobacco use is concentrated among the rural poor in India and Bangladesh, the most effective way to reach these low-literacy populations may be to include pictures, which can be universally understood. However, it is possible that people

can “read” pictures in different ways. For example, pictures of diseased organs may or may not be recognized, and further, cultural groups may also vary in their focus on different organ systems as responsible for illness, as well as in the anxiety that they associate with different kinds of bodily symptoms (Good & Good, 1981; McElroy, 1990). The current study found that warnings with graphic health effects for all health effects but ‘death’ were ranked the highest overall, perhaps suggesting that respondents were able to “read” the pictures of diseased body parts consistently.

A possible explanation for the lower effectiveness of the ‘death’ warning may be that the visual portrayal of ‘death’ as a graphic health effect was not successful. For example, warnings depicting ‘oral cancer’, ‘mouth disease’, ‘heart disease’, and ‘addiction’, all included external and visceral graphic images of diseased and damaged body parts, whereas the ‘death’ warning included an image that might be considered more symbolic rather than graphic. Thus, the ‘death’ warning may not have had the same initial hard-hitting impact as the more gruesome and graphic images for ‘oral cancer’, ‘mouth disease’, ‘heart disease’, and ‘addiction’. Death by its very nature is inherently symbolic, abstract, and difficult to portray. Symbolic representations of death may even differ across cultures. A grave or tombstone, for example, may be poorly understood in cultures with different traditions surrounding death, such as cremation.

#### **7.4 Perceived effectiveness by individual-level factors**

The current study also found differences in ratings of perceived effectiveness as a function of individual-level factors.

According to *Hypothesis 2a*, it was expected that health warnings on smokeless tobacco packages would be more novel in Bangladesh and thus perceived as more effective, compared to in India. In contrast to what was hypothesized, overall, no differences were found in how adult respondents rated health warnings, with the exception of symbolic warnings, which Bangladeshi respondents tended to rate higher. Among youth, Indian respondents tended to rate health warnings higher than their Bangladeshi counterparts. This is particularly interesting in light of the longer history of tobacco control in India, and may imply that Indian respondents may not have become habituated to the existing pictorial health warnings.

In support of *Hypothesis 2b*, the results indicated that adults intending to quit rated warnings as more effective than those without any quit intentions. According to the Transtheoretical Model of Behavior Change, (Prochaska & DiClemente, 1983) respondents with no quit intentions, or “pre-contemplators”, may be attempting to rationalize their behavior by discounting information that is in direct opposition to their lifestyle choice, and thus giving lower effectiveness ratings (Festinger, 1962).

Previous research suggests that pictorial warnings with graphic health effects may be especially beneficial in communicating health risk among disadvantaged populations with low literacy rates (Fong et al., 2009; Hammond et al., 2012; Thrasher et al., 2010). However, findings from the current study were mixed with respect to educational attainment. Among adults, those who were illiterate tended to give higher effectiveness ratings than those with higher education levels, similar to previous studies (Hammond et

al., 2012; Thrasher et al., 2010). This finding has particular importance given the lower literacy rates in both India and Bangladesh (~60%), (UNESCO Institute for Statistics, 2013) and reinforces the importance of pictorial warnings. Among youth, the opposite pattern was observed, in that youth with moderate or high levels of education (vs. illiterate/low) gave higher effectiveness ratings. Furthermore, the interaction effect indicated that this pattern did not hold across the different message themes. Thus, *Hypothesis 2c* was supported in the adult sample, but not among the youth sample. Future research should examine the impact of different design elements and message content across educational attainment, as well as smokeless tobacco use dependence, to ensure that warning messages reduce, rather than exacerbate, disparities in tobacco use.

## **7.5 Mediation and moderation**

Negative affect was found to mediate the association between viewing health warnings and ratings of perceived effectiveness, such that viewing any type of pictorial warning elicited greater levels of negative affect, which in turn increased ratings of perceived effectiveness, supporting *Hypothesis 3a*.

In support of *Hypothesis 3b*, message credibility moderated the indirect effect of negative affect, meaning that the strength of the association between negative affect and perceived effectiveness varied as a function of message credibility. In this case, higher message credibility strengthened the association between affect and effectiveness across all models, but only for adults. Among youth, message credibility moderated the indirect effect only among those who had viewed warnings with graphic health effects versus

those who had viewed warnings with personal testimonials. In other words, graphic health warnings elicited greater message credibility. That personal testimonials included images of ‘lived experiences’ featuring older individuals, may have rendered the health effects of smokeless tobacco as too remote for youth. These younger respondents may have not have been able to identify with the depicted individual (Kreuter et al., 2007; Larkey & Hecht, 2010), nor with the experience conveyed (i.e, the death of a spouse).

These findings support the broader literature suggesting that negative emotions like fear underlie the effectiveness of warnings (Hammond et al., 2004; Borland et al., 2009; Peters et al., 2007; Witte and Allen, 2000; BRC Marketing and Social Research, 2004; Elliot & Shanahan Research, 2003; Environics, 1999, 2000; Kees, Burton, Andrews, & Kozup, 2010). In the domain of anti-tobacco ads, health messages that produce strong negative emotional arousal, such as graphic depictions of health effects, are perceived as more effective, more likely to be recalled, and generate more thought and discussion (Biener et al., 2004, 2000; Biener, Wakefield, Shiner, & Siegel, 2008; Davis et al., 2011; Pechmann & Reibling, 2006; Terry-McElrath et al., 2005; Wakefield et al., 2003). These findings highlight the importance of not only selecting imagery that will elicit negative emotional reactions, but also imagery that is believable and perceived as credible with its target audience.

## **7.6 The influence of viewing health warning on attitudes and beliefs and health knowledge**

### **7.6.1 Attitudes and beliefs**

According to *Hypothesis 4a*, it was expected that viewing pictorial health warnings would increase the proportion of respondents reporting negative attitudes and beliefs and the overall opinion that smokeless tobacco is bad. However, no differences were observed between message themes in levels of negative attitudes and beliefs or in the overall opinion that “smokeless tobacco is bad”, after viewing health warnings, thus *Hypothesis 4a* was not supported.

With respect to negative attitudes and beliefs, this may partly be due to an observed ceiling effect, in which baseline levels of attitudes and beliefs were high across both countries and age groups. Additionally, for both the negative attitudes and beliefs measure, and the overall opinion that “smokeless tobacco is bad”, it is possible that the study design did not provide appropriate content that might influence these general attitudes and beliefs. For example, while every warning label contained information about the *specific* health effects caused by smokeless tobacco use, the questions asked about smokeless tobacco in *general* (i.e., “What is your overall opinion of smokeless tobacco?”). Had the health warnings been presented so that they appeared on actual smokeless tobacco products (instead of as stand-alone warnings), and had the questions asked about these specific products (instead of general attitudes and beliefs towards smokeless tobacco), the results may have been more reflective of the differences between message themes (i.e., text-only vs. graphic health effects).

However, *Hypothesis 4b* was supported, such that respondents from Bangladesh reported greater levels of negative attitudes and beliefs, as well as a greater proportion reporting that “smokeless tobacco is bad”, compared to Indian respondents. Presumably, health warnings may be more novel in Bangladesh compared to India.

### **7.6.2 Health knowledge**

Similar to *Hypothesis 4a*, *Hypothesis 5a* stated that levels of health knowledge will differ based on the type of warning viewed, such that those who viewed text-only and symbolic warnings would report lower levels of health knowledge, than those who viewed warnings with graphic health effects or personal testimonials.

This hypothesis was partially supported, as differences were observed between message themes for levels of health knowledge, but only among adults. Similar to the ceiling effect observed in the measure of negative attitudes and beliefs, levels of agreement for all health effects were generally high across both countries and age groups, but especially for Bangladesh. This ceiling effect may be indicative of social desirability. Had unprompted recall been used rather than a measure of agreement (i.e, yes/no response options), differences may have been observed as a function of message theme.

Due to the nature of the data (extreme ceiling effect observed in the Bangladeshi sample), the analyses of health knowledge was stratified by country so as not to obscure potential differences in the Indian sample. As a result, *Hypothesis 5b* was unable to be tested.

It was hypothesized that Indian respondents would report higher levels of health knowledge compared to Bangladeshi respondents, given India's longer history of tobacco control.

## **7.7 Limitations**

The current sample was not a probability-based or nationally representative, although study sites were selected to capture demographic diversity within the sampling areas. Overall, the patterns of use observed in the present study are similar to findings from the Global Adult Tobacco Survey (GATS), a nationally-representative household survey of adult smokeless tobacco users (15 years and older) in India and Bangladesh (International Institute for Population Sciences (IIPS), 2010; World Health Organization, 2009).

It is important to note that the adult sample in the current study was made up of entirely smokeless tobacco users, so prevalence of smokeless tobacco use cannot be estimated. However, it is possible to compare prevalence of use in the study's youth sample against national estimates, as it is made up of both smokeless tobacco users and nonusers between the ages of 16 and 18. According to GATS data from India (which defines "adult" as those 15 years of age and above), the overall prevalence of smokeless tobacco use was 8.2% among females aged 15 to 24 years and 23.1% among males of the same age range. The sample in the current study followed a similar pattern, with 13.0% of females and 21.8% of males aged 16 to 18 years reporting smokeless tobacco use. In Bangladesh, GATS data estimates the overall prevalence of smokeless tobacco use for those 15 to 24 years of age, at 4.0% among females, and 9.3% among males. Smokeless

tobacco use in the current study sample was 6.2% of females and 19.9% of males aged 16 to 18 years, in Bangladesh. Although the general patterns were consistent with nationally representative data, estimates from the current study were generally higher, which could be due to a variety of factors, the most likely of which was the sampling method.

Overall, the current sample reflects similar patterns to those of national estimates; however, caution is still advised when generalizing the results from the present study to other regions. With respect to India, it is also important to note its regional diversity. According to GATS data from India, the prevalence of current smokeless tobacco use varies dramatically by state, ranging from approximately 5% in Goa to approximately 49% in Bihar. The current study was conducted in the state of Maharashtra, where the prevalence of smokeless tobacco use was around 28% (International Institute for Population Sciences (IIPS), 2010).

Another significant challenge in conducting cross-country research is translation. Although a systematic committee-approach was followed, it is possible that some survey measures may not have maintained conceptual equivalence after translation. This was observed with the measure of ‘importance’. The original wording read: “Please tell me whether this warning message is *relevant* to you”. Local partners were concerned that the concept of ‘relevance’ would not be understood, but that the concept of ‘importance’ would be. Even after revision, it seems the concept of ‘importance’ was not well understood in Bangladesh, and was confirmed with a test of Cronbach’s alpha. When the measure of ‘importance’ was removed from an index that included other similar measures (i.e., credibility and attention), the alpha increased substantially in Bangladesh. Similar to

the moderating role of message ‘credibility’ on ratings of perceived effectiveness, theoretically, the ‘importance’ of a message may also drive evaluations of perceived effectiveness. However, due to issues with translation and conceptual equivalence of this measure, ‘importance’ was not included in the analysis. It is also possible there were other issues in translation and conceptual equivalence, therefore caution is also advised when interpreting direct comparisons between India and Bangladesh.

Furthermore, measuring ‘attention’ through self-report tends not to be an accurate representation of actual visual attention paid. Instead, standard market research methods such as eye-tracking, are increasingly being used to better understand visual processing and attention (Wedel & Pieters, 2008). As eye-tracking becomes the standard for measuring visual attention in the literature surrounding tobacco health warning labels and advertisements (Fischer, Richards, Berman, & Krugman, 1989; Maynard, Munafò, & Leonards, 2013; Munafò, Roberts, Bauld, & Leonards, 2011; Strasser, Tang, Romer, Jepson, & Cappella, 2012), ‘attention’, as it was measured in the current study was not included in the current analysis.

The present study also has limitations common to survey research, including social desirability. Bangladeshi respondents agreed with more statements about negative attitudes and beliefs, a pattern that persisted across different levels of income, mixed-use, age, and quit intentions, possibly highlighting an increased level of social desirability in responding when compared to their Indian counterparts. An extreme ceiling effect was also observed in the measure of Health Knowledge in the Bangladeshi sample. One

explanation for this tendency towards agreement in both countries might be cultural orientation. For example, India and Bangladesh can be defined as having a collectivist orientation and previous research suggests that social desirability tends to be highest in these collectivist cultures, which value maintaining good relationships with group members and putting group interests before their own. Individualistic cultures on the other hand—which typically represent ‘Western’ societies—value freedom of opinion and the attainment of one’s goals (Lalwani, Shavitt, & Johnson, 2006; Middleton & Jones, 2000).

Alternatively, it is possible that Bangladeshi respondents did in fact have higher levels of negative attitudes and beliefs, and health knowledge, particularly given the trend towards strengthened civil society action on tobacco control. Although this is possible, it might be more plausible that social desirability did exist to some extent as it would in any survey using a face-to-face format. Furthermore, there may have been additional issues with interviewer bias in Bangladesh. The data for the recall measure (in which respondents were asked to recall any details of the health warnings they had just viewed) was unusable as it came to our attention that the protocol was not followed in Bangladesh. The recall was meant to be unprompted; respondents were asked to list any details they remembered and interviewers were to select the correctly recalled items on pre-programmed checklists. Interviewers instead turned their tablets to face respondents and had the respondent read the checklist and select the items they recalled viewing. Thus, in addition to social desirability, high levels of agreement observed in Bangladesh could be the result of a variety of factors.

It is also important to note that social desirability tends to be highest for agree/disagree questions, thus not all measures would have been prone to this bias. For example, it is likely that social desirability would have had less impact on measures of negative affect and perceived effectiveness, given that they were assessed with a Likert scale.

Given the experimental nature of the study, it was not possible to mimic the effects of “real-world” exposure to health warnings, where users see the warnings multiple times over prolonged periods of time, rather than viewing it once. Exposure to health warnings in real-world settings tends to be more passive than in the context of an experimental study. This immediate, forced exposure may have led to stronger reactions to warnings, particularly those with graphic health effects. However, studies using similar methodology, displaying health warnings on computer screens and on mock cigarette packs have found similar results (Hammond et al., 2012; Thrasher et al., 2012).

Additionally, warnings with personal testimonials might not have the same initial hard-hitting impact as warnings with graphic health effects. The images used for personal testimonial warnings depicted a ‘lived-experience’ with an accompanying narrative, rather than a gruesome image. It is possible that warnings with personal testimonials may take longer to process, and may have greater long-term impacts. The true efficacy of personal testimonials may have been underestimated, or perhaps could not be captured with the current study design.

The current study findings are cross-sectional. Given time and budget constraints, it was not possible to employ a longitudinal design to follow up with respondents, nor was it

feasible to use more objective outcome measures (i.e., eye-tracking) to measure ‘attention’, for example. However, it is important to note that previous research indicates that *perceived* effectiveness ratings have been shown to predict *actual* effectiveness (i.e., attitude and behavioural changes) in the domains of drug use, seatbelt use, and drunk driving (Dillard, Shen, & Vail, 2007; Dillard, Weber, & Vail, 2007), and more recently in the domain of anti-smoking advertisements (Brennan, Durkin, Wakefield, & Kashima, 2014; Davis, Nonnemaker, Duke, & Farrelly, 2013).

## **7.8 Future research**

Regulators often desire local evidence to justify policy decisions. In the case of health warnings, the evidence base is primarily from high-income Western countries. Future studies should continue to focus on the systematic evaluation of health warning content in diverse cultures, to ensure the ‘domestic’ evidence base is strengthened.

The consistency in findings across India and Bangladesh from the current study is notable with respect to warnings with graphic health effects out performing all other message themes. However, as personal testimonials are increasingly used in mass media campaigns worldwide, future research should examine the efficacy of this approach in greater detail. Care should also be exercised when developing warnings to fit into message themes, such as “graphic health effects” or “personal testimonials”. These categories do not have to be mutually exclusive; warnings with graphic health effects can also contain a personal testimonial. Future research should examine the potential interactions and synergistic effects of message theme and message content.

In addition to message theme (i.e., personal testimonial or graphic health effects), it is also important to note that some message content presents a greater challenge than others. For example, health effects such as ‘death’ and ‘addiction’, which by their very nature may be inherently symbolic, abstract, and difficult to visually portray. Symbolic representations of death may even differ across cultures. A grave or tombstone, for example, may be poorly understood in cultures with different traditions surrounding death, such as cremation. Furthermore, it is quite clear that the warning for ‘death’ as a graphic health effect did not perform in the same manner as the other warnings within this theme. It is likely that the depiction of ‘death’ in the current study was more symbolic than graphic. The ‘death’ warning was most effective in the form of a personal testimonial, suggesting that some health effects might be better represented as a personal testimonial than others. Besides from message content, other aspects of warning label content might also be driving efficacy, for example, the production quality, the message source, or other cues (Niederdeppe, Davis, Farrelly, & Yarsevich, 2007), which may be harder to examine. Future studies should pre-test warning label content to examine how well individual warnings execute a particular theme or style. Perhaps involving a qualitative component, such as focus group testing, to better understand how message content is perceived within the population it will be tested in.

In addition to examining the message characteristics that were explored in the current study (i.e., message theme and health effects), future research should also examine other design and content elements that may impact efficacy, such as gain and loss-framed messaging. Prospect Theory (Kahneman & Tversky, 1979) helps explain decision making

under conditions of risk: when presented with gain-framed messaging, people tend to be risk-averse, and when confronted with the same factually-equivalent information, but framed as a loss, they are instead risk-seeking. According to Prospect Theory, decisions can be influenced by changing the way in which the information is presented (i.e., framing), but not changing the factual information.

Applying Prospect Theory to the study of health messaging, Rothman and Salovey (1997) suggest that the health behaviour in question will dictate whether the message should be framed as a gain or a loss. Previous research has shown that gain-framed messaging is more effective for health behaviours that have a certain outcome, such as applying sunscreen, because this behaviour *will* prevent skin cancer (Detweiler, Bedell, Salovey, Pronin, & Rothman, 1999). Similar to skin cancer prevention, smoking cessation is associated with outcomes that have a high degree of certainty, and little risk (i.e., quitting smoking *will* reduce the risk of many health effects), thus according to Prospect Theory, gain-framed messaging for tobacco-cessation would be more persuasive than messages framed as a loss.

In fact, a meta-analytic review by Gallagher and Updegraff (2011) found gain-framed messaging to be effective in promoting illness prevention behaviour, like smoking cessation. Loss-framed messaging has been shown to work best in illness detection, such as mammography utilisation (O’Keefe & Jensen, 2009), breast self-examination (Meyerowitz & Chaiken, 1987), and HIV testing (Kalichman & Coley, 1995), which are all associated with outcomes of greater uncertainty and higher levels of risk (i.e., cancer

diagnosis, HIV-positive). Contrary to this, anti-tobacco messaging is typically loss-framed, as these are the messages that have been shown to increase evoked fear, and when coupled with adequate self-efficacy, have been shown to increase healthy behaviours (Witte & Allen, 2000). Future research should examine the multiple ways with which to frame health messages, particularly in diverse cultural contexts. This would provide the evidence base to inform message content in greater detail.

Asides from message characteristics and framing, future research might also consider mediators, moderators, and outcomes that were not assessed in the current study. While care was taken to conceptualize mediation and moderations models based on both theory and empirical research, the analysis contained in this dissertation focused on basic mediation and moderation models with only one mediator and one moderator. In this study, credibility was conceptualized as a moderator of the association between negative affect and perceived effectiveness. Certainly, credibility might also be conceptualized as a mediator, or even as an outcome in itself. Additionally, other cognitive measures like attitudes and beliefs could also be conceptualized as mediators. Attitudes and beliefs are believed to be precursors to behaviour change, and thus it would be worthwhile for future research to examine whether attitudes and beliefs mediate the association between viewing warnings and perceived effectiveness. In addition, although the analysis surrounding mediation in this study focused on one mediator, negative affect, it is possible that different warnings might impact affective and cognitive measures differently. Conducting complex mediational analyses with several mediators, both affective and cognitive, would address this issue. Furthermore, it would also be

interesting to examine the interaction between negative affect and credibility, and whether more emotionally engaging images are perceived as more credible.

Future studies should also seek to understand other aspects of the policy environment that allow for greater efficacy of health warning messages. For example, Brennan and colleagues (2011) found that the introduction of pictorial warnings for cigarette packs in Australia alongside anti-tobacco television ads with the same message content proved to increase levels of awareness of the health effects included in the warning label and TV ad. In the context of low and middle income countries, while a TV ad may not be feasible due to limited financial resources, other mediums could be explored, for example radio ads.

Finally, in addition to the continuing experimental evaluation of health warnings, opportunities may also exist to conduct observational studies. In particular, Bangladesh has proposed a set of large, graphic, pictorial warnings to replace the current text-only warnings found on cigarette packs and will be the first warnings to ever be implemented for smokeless tobacco packs. The warnings are expected to be implemented in March 2016. Although implementation delays are expected, this provides an opportunity to evaluate health warnings in a real-world setting, as they are implemented (and over-time) in a low-and-middle income country that did not previously have warnings for smokeless tobacco packages.

## **7.9 Policy implications**

The context surrounding smokeless tobacco use in India and Bangladesh is unique. Chewing betel quid is a two-millennia old tradition passed down from the Mughal emperors, and is deeply embedded within the culture. Given these long standing cultural and social norms, it was not surprising that the current study found a high prevalence of daily use of smokeless tobacco, as well as the high prevalence of false beliefs about the harms associated with its use. In light of this, there remains a critical need to effectively communicate the health effects of smokeless tobacco use in these countries, which are arguably populations that may benefit greatly from effective health messaging.

Given that smokeless tobacco use in these countries is concentrated among those with lower education and income, health warnings with pictorial images may help overcome literacy barriers and convey health information in a way that text-only warnings cannot. As evidenced by the fact that this study found high levels of support for implementing stronger warnings with “more health information” in the case of India, and for implementing health warnings on smokeless tobacco packages in Bangladesh, it seems as though the general public would be receptive to and encouraging of strengthening policy around these issues.

In terms of message content, warnings with graphic health effects performed the best against all other message themes. Meaning that if existing graphic images are able to be used, this may save on development costs as novel images will not need to be created or

culturally adapted. This is of utmost importance in developing country contexts, where financial resources for public health initiatives may be scarce.

While the focus of this dissertation was on health warning labels for smokeless tobacco packages, it is important to note that health warnings on product packaging should be viewed as one component of a comprehensive tobacco control strategy. Tackling the issue of smokeless tobacco, or tobacco more generally, in any context is difficult, but is especially challenging in countries with positive social norms towards tobacco use.

Trying to warn the population of the dangers of tobacco use with large, graphic health warnings may not be enough. A multi-pronged approach is needed to tackle this issue.

The evidence, although limited, suggests that tobacco control mass media campaigns can be used to address the burden of inequality among these vulnerable populations, particularly in rural areas. Thus, it is recommended that health warnings be implemented alongside mass media campaigns with the same message content to keep the message “top of mind” (Brennan et al., 2011; Turk et al., 2012).

## **8.0 CONCLUSIONS**

India and Bangladesh bear the greatest burden of smokeless tobacco use, and furthermore, India has the highest incidence of oral cancer in the world. The findings from this dissertation reinforce the need to implement effective tobacco control strategies in low- and middle-income countries like India and Bangladesh. This set of findings add to the limited evidence base in low-and-middle income countries that graphic, fear-arousing images have the potential to be an effective tool for health communication within tobacco control.

This set of findings suggest that health warnings depicting the graphic health effects caused by tobacco use are perceived as most effective, when compared to health warnings with text-only, symbolic, or personal testimonial messages. Of particular importance is that these findings mirror patterns found in high-income countries with respect to cigarette warnings, and suggest that the ways in which individuals respond to different types of message content may be similar across diverse cultural environments.

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## APPENDICES

**APPENDIX A. Health warning implementation timeline in India**

**2006:** Proposed health warnings for cigarettes ('smoking kills') and smokeless tobacco ('tobacco kills')



**2007:** Proposed health warnings for cigarettes ('smoking kills') and smokeless tobacco ('tobacco kills')



**2009 to 2011:** Health warnings that were implemented for cigarettes ('smoking kills') and smokeless tobacco ('tobacco kills')



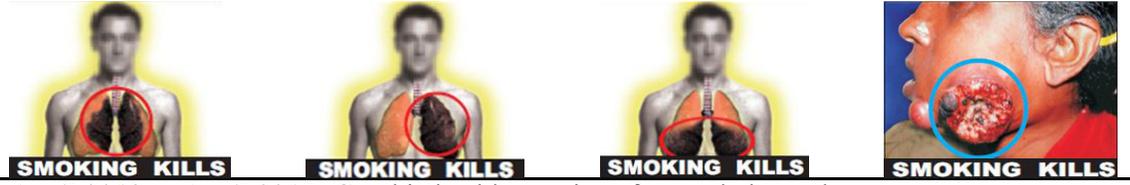
**2011 to 2013:** Graphic health warnings for smokeless tobacco\*



*\*These warnings (implemented December 1, 2011) appeared on smokeless tobacco packages at the time of study.*

**APPENDIX A continued. Health warning implementation timeline in India**

**2011 to 2013:** Graphic health warnings for cigarettes



**April 2013 to April 2015:** Graphic health warnings for smokeless tobacco



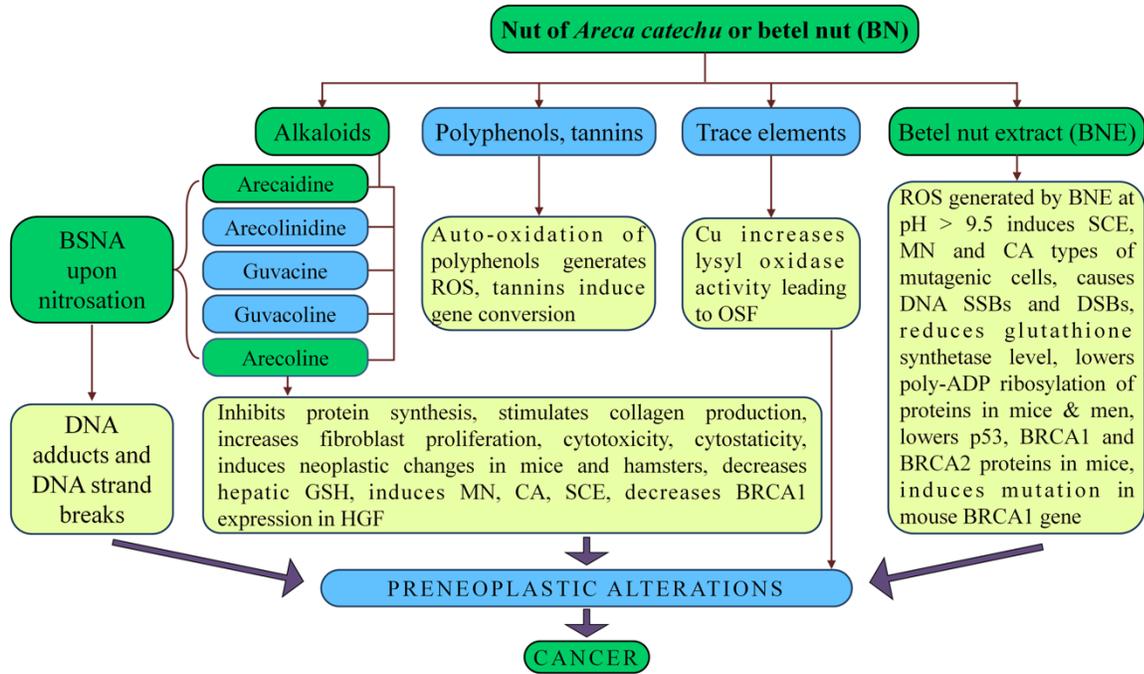
**April 2013 to April 2015:** Graphic health warnings for cigarettes



**April 2015:** Proposed set of health warnings (new warnings are required to cover 85% of the front and back of the pack)



**APPENDIX B.** Flow chart of the main events of betel but (BN) induced carcinogenesis



*Note.* From: Sharan, R. N., Mehrotra, R., Choudhury, Y., & Asotra, K. (2012). Association of betel Nut with carcinogenesis: Revisit with a clinical perspective. *PLoS ONE*, 7(8), e42759. doi: 10.1371/journal.pone.0042759

## APPENDIX C. Study questionnaire and codebook (India)

INTRODUCTION/SCREENER	HINDI	MARATHI
<p><b>Introduction:</b></p> <p>“Hi, we’re from the Healix-Sekhsaria Institute for Public Health and we are conducting a survey about different types of health warnings on smokeless tobacco packaging, in conjunction with the University of Waterloo in Canada. The survey takes about 20 minutes. You will receive a small gift (valued at 100 INR) as a token of our thanks. Do you think you might be interested in hearing more about participating in the study?”</p> <p><b>Screening Script:</b></p> <p><b>[INTERVIEWER NOTE:</b> Only ask if respondent appears less than 30 years of age.</p> <p><b>“Are you 19 years of age or older?”</b></p> <p>Yes → <b>IF YES:</b> Continue to past month smokeless tobacco use question</p> <p>No → <b>IF NO:</b> “Are you 16 years of age or older?”</p> <p>1 Yes → <b>IF YES:</b> Invite participant to continue on iPad.</p> <p>2 No → <b>IF NO (age&lt;16) –</b> “Unfortunately, we can only include people age 16 and older in this study. Sorry, you are not eligible to participate, but thank you for your time.” <b>TERMINATE.</b></p>	<p>नमस्ते, हम हिलीस-सेक्सरिया इन्स्टिट्यूट फॉर पब्लिक हेल्थ की तरफ से आये है और हम कॅनडा के यूनिव्हर्सिटी ऑफ वाटरलू के साथ तंबाकू के पॅकेट पर जो स्वास्थ्यसंबंधी चेतावनीयाँ है उसके बारे में सर्वेक्षण कर रहे है। यह 20 मिनट का सर्वेक्षण होगा. आपका अनमोल वक्त देने के लिए आपको हमारी तरफ से १०० रुपये तक का गिफ्ट दिया जायेगा। क्या आप इस सर्वेक्षण के बारे में अधिक जानकारी लेकर इसमें शामिल होना चाहेंगे।</p> <p><b>Screening Script:</b></p> <p><b>[INTERVIEWER NOTE:</b> Only ask if respondent appears less than 30 years of age.]</p> <p>आपकी उम्र 19 साल या उससे जादा है t</p> <p>Yes → <b>IF YES:</b> Continue to past month smokeless tobacco use question</p> <p>No → <b>IF NO:</b> अगर नहीं, क्या आपकी उम्र 16 साल या उससे जादा है ?</p> <p>1 Yes → अगर हा, सहभागी को आय पॅड के सामने बिठाकर सर्वेक्षण शुरु करे।</p> <p>2 No → अगर नहीं, ( उम्र 16 साल से कम )- दुर्भाग्यवश से, हम आपको इस सर्वेक्षण में शामिल नहीं कर सकते, हम 16 साल या उससे जादा उम्र के लोगोंको इस में शामिल कर सकते है। आपका अमुल्य वक्त देने के लिए हम आपके आभार प्रकट करते है।</p>	<p>नमस्ते, आम्ही हिलीस-सेक्सरिया इन्स्टिट्यूट फॉर पब्लिक हेल्थ या संस्थेतून आलो आहोत आणि कॅनडा च्या यूनिव्हर्सिटी ऑफ वाटरलू सोबत तंबाखूच्या पाकिटांवरील वेगवेगळ्या प्रकारच्या "आरोग्यविषयक सुचना" या वर सर्वेक्षण करत आहोत. या सर्वेक्षणासाठी 20 मिनिटे लागतील. या साठी तुम्हाला आमच्याकडून 100 रुपया पर्यंतची भेट देण्यात येईल. तुम्ही या सर्वेक्षणात अधिक माहिती जाणून घेण्यास इच्छुक आहात ?</p> <p><b>Screening Script:</b></p> <p><b>[INTERVIEWER NOTE:</b> Only ask if respondent appears less than 30 years of age.]</p> <p>तुमचे वय 19 वर्षे किंवा त्यापेक्षा जास्त आहे का ?</p> <p>Yes → <b>IF YES:</b> Continue to past month smokeless tobacco use question</p> <p>No → <b>IF NO:</b> जर नाही: तुमचे वय 16 वर्षे किंवा त्यापेक्षा जास्त आहे का?</p> <p>1 Yes → <b>IF YES:</b> Invite participant to continue on iPad.</p> <p>2 No → जर नाही: (वय वर्षे 16 पेक्षा कमी) - दुर्दैवाने, आम्ही फक्त वय वर्ष 16 आणि त्यापेक्षा अधिक असणा-यांनाच या सर्वेक्षणामध्ये सहभागी करू इच्छितो. माफ करा, आपण सहभागी होण्यास पात्र नाही. परंतु आपण आपला जो अमुल्य वेळ दिला त्याबद्दल आभारी आहोत. सर्वेक्षणाचा शेवट करा.</p>

<p>→<b>IF REFUSED:</b> “Unfortunately, we need to know your age to determine your eligibility for the study.” IF STILL NO RESPONSE, TERMINATE.</p>	<p>→ अगर मना किया: माफ़ करे, पर इस सर्वेक्षण के लिए पात्र है या नहीं यह समझने के लिए हमें आपकी उम्र जानना जरूरी है। फिर भी कोई जवाब नहीं, तो सर्वेक्षण समाप्त करे।</p>	<p>→ जर नकार: दुर्दैवाने, या अभ्यासासाठी तुम्ही पात्र आहात की नाही, हे जाणून घेण्यासाठी आम्हाला तुमचे वय जाणून घेणे आवश्यक आहे. जर काही प्रतिसाद नाही तर सर्वेक्षणाचा शेवट करा</p>
<p><b>SMOKELESS TOBACCO USE:</b></p> <p>“For the purpose of this study, we will consider “smokeless tobacco” to include any of the following.</p> <p>1 Mishri 2 Betel quid with tobacco (paan) 3 Plain chewing tobacco 4 Gutka 5 Khaini 6 Zarda 7 Tobacco toothpaste/paste 8 Nasal/ oral snuff 9 Lal dantmanjan 10 Dokta 11 Gudhaku 12 Gul 13 Other (specify): 14 None of the above</p>	<p><b>धूँए रहित तंबाकू का प्रयोग:</b></p> <p>इस सर्वेक्षण के लिए हम निम्नलिखित धूँए रहित तंबाकू का कौनसा उत्पादन शामिल करेंगे।</p> <p>1 मशरी 2 तंबाकू सहित पान 3 सादा चबाने की तंबाकू 4 गुटका 5 खैनी 6 जर्दा 7 तंबाकू दंतमंजन / पेस्ट 8 नाक से या मुँह से ली जानेवाली तंबाकू पावडर / तपकीर 9 लाल दंत मंजन 10 दोक्ता 11 गुडाकू 12 गुल 13 अन्य धूम्रविरहीत उत्पादन (बताये) 14 उपरोक्त में से कोई नहीं</p>	<p><b>धूम्रविरहित तंबाखूचा वापर :</b></p> <p>या अभ्यासासाठी धूम्रविरहित तंबाखूसाठी चे खालीलपैकी कोणतेही उत्पादन नमूद करा.</p> <p>1 मिश्री 2 सुपारी व तंबाखू असलेले पान 3 साधा चघळण्याचा तंबाखू 4 गुटका 5 खैनी 6 जर्दा 7 तंबाखू दंतमंजन/ दंतमंजन 8 नाकाद्वारे/ तोंडावाटे ओढायची तपकीर 9 लाल दंतमंजन 10 दोक्ता 11 गुढाकु 12 गुल 13 इतर धूम्रविरहीत उत्पादन (नमूद करा): 14 वरील पैकी कोणतेही नाही</p>
<p>[Ask only if 19 years or older:] <b>“Have you used smokeless tobacco in the past month?”</b> 1 Yes→<b>IF YES:</b> Invite participant to continue on iPad. 2 No→<b>IF NO and age=16-18:</b> Invite participant to continue on iPad</p>	<p>क्या आपने पिछले महीने में धूँए रहित तंबाकू का प्रयोग किया है? 1. हाँ → भाग लेनेवाले को आयपॉड (iPad) आमंजित करे। 2. नहीं → यदि आयु 16-18 आयपॉड (iPad) पर फिर भी आमंजित करके जारी रहे।</p>	<p>तुम्ही मागील महिन्यात धूम्रविरहित तंबाखूचा वापर केला आहे का ? १ होय →जर होय असेल तर सहभागीस पुढील प्रश्न विचारा. २. नाही→जर वय १६ ते १८ वर्ष मुलाखत कर्त्याला प्रश्नावली भरण्यासाठी बसवा.</p>

<p>3 No→<b>IF NO and age=19+</b> -“Unfortunately, for this study, we are only looking for people who use smokeless tobacco. Sorry, you are not eligible to participate, but thank you for your time.” <b>TERMINATE.</b></p>	<p>3. नहीं → यदि आयु = 19+: दुर्भाग्यवश हम इस अध्ययन में उन्ही लोगों को शामिल कर रहे हैं, जो धूँए रहित तंबाकू का प्रयोग करते हैं, हमें खेद है हम आपको शामिल नहीं कर सकते हैं परन्तु आपके समय के लिए धन्यवाद।</p>	<p>३. नाही→ जर वय १९ वर्षापेक्षा जास्त, माफ करा, या अभ्यासासाठी आम्ही फक्त धूम्रविरहित तंबाखूचा वापर करणा-या लोकांना माहिती विचारू इच्छितो.)</p>
<p><b>QUOTAS</b> <u>Adult smokeless users:</u> 250 males, 250 females - past-month smokeless tobacco use=1 and age &gt;18 <u>Youth (smokeless tobacco users):</u> 125 males, 125 females - past-month smokeless tobacco use=1 and age 16-18 <u>Youth (non-users):</u> 125 males, 125 females - past-month smokeless tobacco use=2 and age=16-18</p>		
<p><b>IF QUOTAS ARE FULL:</b>  <b>For age:</b> “Unfortunately, at this time, we are only looking for people [aged 16 to 18/ age 19 or over]. Sorry, you are not eligible to participate, but thank you for your time.”  <b>For smokeless tobacco use:</b> “Unfortunately, at this time, we are looking for people who [use smokeless tobacco / people who do not use smokeless tobacco]. Sorry, you are not eligible to participate, but thank you for your time.”</p>	<p><b>उम्र के लिए:</b> दुर्भाग्यवश से, हम आपको इस सर्वेक्षण में शामिल नहीं कर सकते, उम्र 16 से 18 साल तथा उम्र 19 साल या उससे जादा उम्र के लोगों को ही इस सर्वेक्षण में शामिल कर सकते हैं। आपका अमूल्य वक्त देने के लिए हम आपके आभारी हैं।  <b>For smokeless tobacco use:</b> दुर्भाग्यवश, हम इस समय उन्ही लोगों को शामिल कर रहे हैं, जो नियमित रूप से या जो धूँए रहित तंबाकू का इस्तेमाल नहीं करते हैं। हमें खेद है हम आपको इसमें शामिल नहीं कर सकते हैं। लेकिन आपके समय के लिए आपको धन्यवाद</p>	<p><b>वयासाठी:</b> माफ करा. दुर्दैवाने तुम्ही या सर्वेक्षणात भाग घेण्यास पात्र नाही आहात. कारण आम्ही फक्त वय वर्षे 16 ते 18 किंवा वय वर्षे 19 आणि त्यापेक्षा जास्त वयातील लोकांना यात सहभागी करत आहोत. परंतु तुम्ही तुमचा वेळ दिल्या बद्दल तुमचे आभार.  <b>For smokeless tobacco use:</b> दुर्दैवाने, यावेळी आम्ही अशा लोकांना अभ्यासामध्ये घेत आहोत जे (धूम्रविरहित तंबाखूचा नियमित वापर करतात / धूम्रविरहित तंबाखूचा वापर करत नाही). माफ करा तुम्हाला आम्ही अभ्यासामध्ये सामील नाही करू शकत, परंतु आपण आपला मौल्यवान वेळ दिल्याबद्दल धन्यवाद.</p>
<p><b>INTERVIEWER:</b> If eligible, continue on iPad. Select age group (based on age screener): YOUTH ADULT</p>	<p><b>आयु समूह का चुनाव करे</b> (आयु के स्क्रिनर के आधार पर, पढीये मत)  युवक प्रौढ</p>	<p><b>वयाचा गट निवडा</b> (वयाच्या स्क्रिनर वर आधारीत, वाचू नका)  तरुण प्रौढ</p>

Select language: (DO NOT READ) ENGLISH HINDI MARATHI	<b>भाषा चुनिए (पढीये मत)</b> अंग्रेजी हिंदी मराठी	<b>भाषा निवडा (वाचू नका)</b> इंग्रजी हिंदी मराठी
<p>Great – thank you for your interest. I'm now going to go over an information letter with you, and this copy is yours to keep. Once you have received the details of the study, I'll ask you whether or not you are willing to participate and then we will begin the interview.</p> <p><b>[INTERVIEWER NOTE: Give participant the Information Letter]</b></p> <p>Please follow along and interrupt me with any questions you may have:</p> <ul style="list-style-type: none"> <li>- You are being asked to participate in a research study that asks for people's opinions about health warnings on smokeless tobacco packaging.</li> <li>- You would participate in a 20 minute interview. First you will be asked questions about you and your tobacco use, and then you will be shown a number of health warnings and asked about your opinions of each.</li> <li>- You must be 16 years of age or older to participate in this study.</li> </ul>	<p>ग्रेट, आपकी रुची के लिए धन्यवाद। हम आपको जानकारी पत्र के बारे में बतायेंगे और यह जानकारी पत्र आपके लिए होगा। एक बार यह पत्र मिलने के बाद आप इस सर्वेक्षण में शामिल होना चाहेंगे या नहीं, इसके बाद हम सर्वेक्षण की शुरुवात करेंगे।</p> <p><b>मुलाखतकर्ता के लिए सूचना:</b> सहभागी को सूचनापत्र दे।</p> <ul style="list-style-type: none"> <li>- अगर आपको कोई भी सवाल हो तो हमे किसीभी वक्त रोक सकते हो।</li> <li>- आपको तंबाकू के पैकेज पर दि गयी स्वास्थ्य संबंधी चेतावनी के बारे में लोगों की राय जानने वाले एक शोध अध्ययन में भाग लेने के लिए कहा जा रहा है।</li> <li>- आप की एक 20 मिनट की मुलाखत होगी। पहले आपको आपके तंबाकू इस्तेमाल के बारे में सवाल पुछे जायेंगे, उसके बाद आपको अलग-अलग स्वास्थ्यसंबंधी चेतावनीयाँ दिखाई जायेंगी और हर एक के बारे में आपकी राय पुछी जायेंगी।</li> <li>- इस अध्ययन में भाग लेने के लिए आपकी उम्र 16 साल या उससे अधिक होनी चाहिए।</li> </ul>	<p>ग्रेट: तुम्ही दाखविलेल्या आवडीबद्दल धन्यवाद. आता मी तुमच्या समोर हे माहितीपत्र वाचणार आहे व याची प्रत तुम्हाला देणार आहे. तुम्हाला एकदा या अभ्यासाचा तपशील समजला की तुम्ही यात सहभागी होण्यास इच्छुक आहात की नाही, हे विचारल्या नंतर आपण मुलाखत सुरु कर.</p> <p><b>मुलाखतकारासाठी सूचना:</b> सहभागीस माहिती पत्रक दया.</p> <p>जर तुम्हाला काही शंका असतील, तर तुम्ही मध्येच रोखून त्याचे निरसन करू शकता.</p> <ul style="list-style-type: none"> <li>- तंबाखूच्या पाकिटांवरील आरोग्यविषयक सूचनांबद्दल लोकांचे मत जाणून घेण्यासंबंधीच्या संशोधन अभ्यासात सहभागी होण्याबद्दल तुम्हाला विचारले जात आहे.</li> <li>- तुम्हाला 20 मिनीटांच्या मुलाखतीत सहभाग घ्यावा लागेल. प्रथम तुम्हाला तुमच्या तंबाखूच्या सवयी बद्दल विचारले जाईल व नंतर तुम्हाला काही आरोग्यविषयक सूचना दाखवून त्या प्रत्येका बद्दलचे तुमचे मत विचारले जाईल.</li> <li>- या अभ्यासात सहभागी होण्यासाठी तुमचे वय वर्षे 16 किंवा त्यापेक्षा अधिक असले पाहिजे.</li> <li>- सहभागी होणे ऐच्छीक आहे. तुम्हाला नको असलेल्या प्रश्नास तुम्ही नकार देऊ शकता.</li> <li>- आम्ही आपल्याला सांगू इच्छितो की, या अभ्यासाचा भाग म्हणून आम्ही आपल्याला धूम्रविरहित तंबाखूच्या पाकिटावरील आरोग्य विषयक इशारे दाखवणार आहोत. त्यापैकी काही चित्र हि वर्णनात्मक असतील आणि काही</li> </ul>

<p>- Participation is voluntary and you may decline to answer particular questions if you wish.</p> <p>- We need to warn you that, as part of this study, you'll be asked to view health warnings on smokeless tobacco packaging and some of the pictures are quite graphic and may upset some people. If this were to occur, we expect that any negative affect would be temporary</p> <p>- In appreciation of your time, you will receive a small gift valued at 100 rupees as a token of our thanks.</p> <p>- All of the information you provide in this study will be kept strictly confidential - only the investigators and research assistants directly associated with the study will have access to this information.</p> <p>- No personal information such as name or address will be collected, other than a signature or initial to confirm that your small gift was received. Your survey responses will not include any identifying information.</p> <p>- You are free to choose whether or not to continue participation in this study, and you can choose to stop being a part of it at any time. If you choose to stop the survey at any point, you will still receive a phone card.</p>	<p>- इस अध्ययन में सहभाग स्वैच्छिक है अगर आप चाहें तो किसी भी सवाल का जवाब देने के लिए इन्कार कर सकते हैं।</p> <p>- हम आपको बताना चाहते हैं की, इस अध्ययन के हिस्से के रूप में आपको धूँए रहित तंबाकू के पैकेट पर जो तसवीरे या कुछ ग्राफिक्स हैं, वह दिखाई जायेंगी, जो कहीं लोगों को परेशान भी कर सकते हैं। अगर ऐसा हो तो हम उम्मीद करते हैं की कोई भी नकारात्मक असर अस्थायी होगा।</p> <p>- आपका अमूल्य वक्त देने के लिए हम आपके आभार प्रकट करते हैं। उस आभार के रूप में (१०० रुपये तक) छोटासा गिफ्ट देंगे।</p> <p>-इस अध्ययन में आपके द्वारा दि गयी जानकारी को गोपनीय रखा जायेगा, केवल जजकर्ताओं और अनुसंधान सहाय्याकों के साथ जुड़े लोगों को ही यह जानकारी दिखाई जायेगी।</p> <p>-आपके नाम या पते के रूप में कोई भी व्यक्तिगत जानकारी आपके पास से ली नहीं जायेगी। आपको गिफ्ट मिला या नहीं यह पुस्ती करने के लिए सिर्फ आपके हस्ताक्षर लिये जायेंगे।</p> <p>-इस अध्ययन में आप सहभाग जारी रखने के लिए स्वतंत्र हैं और आप किसी भी समय अध्ययन रोक सकते हैं।</p> <p>-इस अध्ययन की यूनिव्हर्सिटी ऑफ वाँटर्लू और हिलीस-सेक्सरिया इन्स्टिट्यूट फॉर पब्लिक हेल्थ के नैतिकता समिती से समीक्षा की गई है, अगर आपको</p>	<p>तुम्हाला दुःखी पण करू शकतील. जर कदाचित्त असे घडले तर आम्ही अशी आशा करतो की, जे काही नकारात्मक बदल असतील ते तात्पुरत्या स्वरुपाचे असेल.</p> <p>-तुम्ही दिलेल्या वेळेचे आभार व्यक्त करण्यासाठी तुम्हाला आमच्याकडून छोटीशी भेट (100 रुपयापर्यंतची) देण्यात येईल.</p> <p>-या अभ्यासासाठी तुम्ही पुरवलेली माहिती गुप्त ठेवली जाईल. हि माहिती फक्त अभ्यासातील संशोधनकर्ते तसेच सहाय्य यांच्यापर्यंतच पोहचू शकेल.</p> <p>-तुमच्याकडून कोणतीही व्यक्तिगत माहिती जसे नाव किंवा पत्ता घेतला जाणार नाही. फक्त आपली सही किंवा नावाचे इनिशीयल घेतले जातील. ज्या वरून आम्ही दिलेली भेट आपल्याला मिळाली यासंबंधी माहिती आमच्याकडे राहिल.</p> <p>-तुम्ही पुर्णपणे तुमच्या मताने या अभ्यासामध्ये सहभागी व्हायाचे कि नाही हे ठरवू शकता आणि तुम्ही हे सर्वेक्षण कोणत्याही क्षणी थांबवू शकता.</p> <p>-या अभ्यासासाठी यूनिव्हर्सिटी ऑफ वाँटर्लू तसेच हिलीस-सेक्सरिया इन्स्टिट्यूट फॉर पब्लिक हेल्थ च्या नैतिकता समितीने परवानगी दिली आहे. जर आपल्याला काही प्रश्न असतील तर आपण हिलीस इथे संपर्क करू शकता.</p> <p>-जर आपल्याला काही प्रश्न असतील तर आपण हिलीस मध्ये डॉ. गुप्ता यांच्याशी संपर्क साधू शकता.</p> <p>-आपल्याला काही प्रश्न आहेत? जर नसेल, तर तुमच्या परवानगीने आपण सर्वेक्षणाला सुरुवात करू शकतो.</p>
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<p>- This study has been reviewed by and received ethics clearance through the University of Waterloo and the Healis - Sekhsaria Institute for Public Health. If you have any comments or concerns resulting from your involvement please contact the Director of the Office of Research Ethics at the University of Waterloo, whose contact information is listed in your letter.</p> <p>- If you have any questions about the study you can also contact Dr. Prakash Gupta at Healis.</p> <p>Do you have any questions? If not, we'd like to ask you to give your consent if you would like to participate in the study.</p>	<p>सहभाग से लेकर कोई सवाल है में नैतिकता समिती से संपर्क कर सकते है ।</p> <p>-यदि अध्ययन के बारे में आपको कोई सवाल है तो आप हिलीस मे डॉ. गुप्ता से संपर्क कर सकते है ।</p> <p>क्या आपको कोई सवाल है ? यदि नहीं, तो आप इस अध्ययन में सहभाग लेने के लिए सहमती दे सकते हो, ताकी हम अध्ययन जारी कर सके ।</p>	
<p><b>[INTERVIEWER NOTE: Read out loud exactly as written]</b></p> <p>Based on the information you received in the Information letter, do you agree to take part in this research study being conducted by Healis – Sekhsaria Institute for Public Health and the University of Waterloo?</p> <p>Yes → <b>IF YES, continue to survey</b></p> <p>No → <b>IF NO, “Thank you for your time.” TERMINATE</b></p>	<p><b>मुलाखत लेनेवाले के लिए सूचना:</b> जो लिखा है वो जोर से पढे ।</p> <p>सूचना पत्र में प्राप्त की गयी जानकारी के आधार पर आप, हिलीस-सेक्सरिया इंस्टिट्यूट फॉर पब्लिक हेल्थ और कॅनडा च्या यूनिव्हर्सिटी ऑफ वॉटर्लू के व्दारा किये जानेवाले अध्ययन में भाग लेने के लिए सहमत है ।</p> <p>1 हाँ</p> <p>2 नहीं→ आपका अमूल्य वक्त देने के लिए हम आपके आभार प्रकट करते है।</p>	<p><b>प्रश्नकर्त्यासाठी सूचना:</b> जे काही लिहिले आहे ते मोठयाने वाचा.</p> <p>माहितीपत्रामध्ये सर्वेक्षणाबद्दल जी माहिती आहे त्यावरून आपण या सर्वेक्षणामध्ये सहभागी होऊ इच्छिता जो हिलीस-सेक्सरिया इंस्टिट्यूट फॉर पब्लिक हेल्थ आणि कॅनडा च्या यूनिव्हर्सिटी ऑफ वॉटर्लू व्दारा करण्यात येत आहे.</p> <p>१ होय</p> <p>२ नाही→ आपला अमूल्य वेळ दिल्या बद्दल आभारी आहोत.</p>

MAIN SURVEY			
	Great, we'll now begin the interview. Before we begin I'd like to let you know that there are no right or wrong answers to any of these questions. We are just interested in your personal opinion. Please be assured that all your responses will be kept entirely confidential. To begin, I'm going to ask you some questions about yourself and your smokeless tobacco use.	बहुत अच्छे, अब हम साक्षात्कार शुरू करेंगे। हम इसको शुरू करने से पहले यह बताना चाहेंगे कि इन प्रश्नोंके कोई भी सही या गलत उत्तर नहीं है, हम तो सिर्फ आपकी व्यक्तिगत राय जानना चाहते हैं। कृपया निश्चिन्त रहें कि आपकी प्रतिक्रिया बिल्कुल गोपनीय रहेगी। शुरू करने से पहले हम आपके धूँए रहित तंबाकू के उपयोग के बारे में जानना चाहेंगे।	ग्रेट, आता आपण मुलाखत सुरू करू शकतो. मुलाखतीला सुरुवात करण्याआधी आम्ही आपणास सांगू इच्छितो कि इथे कोणते उत्तर बरोबर किंवा चुक नसेल, आम्हाला फक्त तुमचे वैयक्तिक मत जाणून घेण्यामध्ये रूची आहे. तुमची सर्व उत्तरे ही गोपनीय असतील. सुरुवातीला आम्ही तुम्हाला काही तुमच्या आणि तुमच्या धूम्रविरहित तंबाखूच्या वापराविषयी प्रश्न विचारणार आहोत.
D.gender	Select gender of respondent: (DO NOT READ)  FEMALE  MALE	प्रतिवादी / उत्तरदाता के लिंग का चुनाव करे: (पढीये मत)  स्त्री पुरुष	सहभागीचे लिंग निवडा: (वाचु नका)  स्त्री पुरुष
D. age (All)	To begin, may I ask how old you are? _____  →IF age<16 – “Unfortunately, we can only include people age 16 and older in this study. Sorry, you are not eligible to participate, but thank you for your time.” TERMINATE.  →IF 16-18 – if started as adult survey, mark as youth and continue with youth education question (Y.D Educ (16-18))  →IF 19+ – if started as youth survey, mark as adult and continue with adult education questions (D. Educ (19+))	पहले हम पुछना चाहता हूँ, तुम्हारी उम्र क्या है। _____  → अगर आपकी उम्र 16 साल से कम है:- दुर्भाग्यवश से, हम आपको इस सर्वेक्षण में शामिल नहीं कर सकते, हम 16 साल या उससे जादा उम्र के लोगोंको इस में शामिल कर सकते है। आपका अमुल्य वक्त देने के लिए हम आपके आभार प्रकट करते है। TERMINATE	सुरुवात करण्यापूर्वी, आपले वय काय आहे ? _____  →जर वय 16 वर्षांपेक्षा कमी:- दुर्दैवाने, आम्ही फक्त वय वर्ष 16 आणि त्यापेक्षा अधिक असणा-यांनाच या सर्वेक्षणामध्ये सहभागी करू इच्छितो. माफ करा, आपण सहभागी होण्यास पात्र नाही. परंतु आपण आपला जो अमुल्य वेळ दिला त्याबद्दल आभारी आहोत. TERMINATE

SLTStatus1	<p>In the last 30 days, how often did you use any smokeless tobacco products?</p> <p>1 Every day 2 At least once a week 3 At least once in the last month 4 Not at all</p> <p>→<b>IF ANS=1, 2, OR 3:</b> skip to SLTStatus2</p> <p>→<b>IF ANS=4 and age=16-18:</b> skip to EVERUSE</p> <p>→<b>IF 4 and age=19+:</b> Unfortunately, for this study, we are only looking for regular smokeless tobacco users. Sorry, you are not eligible to participate, but thank you for your time. <b>TERMINATE.</b></p>	<p>पिछले 30 दिनों मे आपने कभी धूँए रहित तंबाकू के उत्पाद का इस्तेमाल किया है?</p> <p>1 रोजाना 2 सप्ताह में कम से कम एक बार 3 पिछले महीने में कम से कम एक बार 4 कभीभी नहीं</p> <p>→<b>IF 4 and age=19+:-</b>दुर्भाग्यवश, हम इस समय उन्ही लोगों को शामिल कर रहे है, जो नियमित रूपसे/ या जो धूँए रहित तंबाकू इस्तेमाल नहीं करते है। हमे खेद है हम आपको इसमें शामिल नहीं कर सकते है। लेकिन आपका अमूल्य वक्त देने के लिए हम आपके आभार प्रकट करते है।</p>	<p>गेल्या ३०दिवसात तुम्ही कधी धुम्रविरहित तंबाखूचा वापर केला आहे ?</p> <p>१ दररोज २ आठवड्यात किमान एकदा तरी ३ गेल्या महिन्यात किमान एकदा तरी ४ कधीच नाही</p> <p>→<b>IF 4 and age=19+:-</b>जर वय ४ आणि १९ वर्षा पेक्षा जास्त माफ करा, आम्ही फक्त धुम्रविरहित छितो. माफ करा आपणा या अभ्यासासाठी पात्र नाही. आपणा आपला अमूल्य वेळ दिल्या बद्दल धन्यवाद.</p>
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<p>EVERUSE [Non-users youth]</p>	<p>I am now going to ask you questions about your smokeless tobacco use.</p> <p>Have you <b>ever used</b> any smokeless tobacco products?</p> <p>1 Mishri 2 Betel quid with tobacco (paan) 3 Plain chewing tobacco 4 Gutka 5 Khaini 6 Zarda 7 Tobacco toothpaste/paste 8 Nasal/ oral snuff 9 Lal dantmanjan 10 Dokta 11 Gudhaku 12 Gul 13 Other smokeless product (specify): 14 None of the above</p> <p>88 R 99 DK</p> <p><b>If any products chosen skip to Agelnit.</b> <b>If no products chosen skip to Sproducts.</b></p>	<p>अब हम आपसे धूँए रहित ' तंबाकू का उपयोग ', के बारे में प्रश्न पूछेंगे.</p> <p>क्या आपने कभी निम्नलिखित में से किसी धूँए रहित तंबाकू के उत्पाद का प्रयोग किया है?</p> <p>1 मशेरी 2 तंबाकू सहित पान 3 सादा चबाने की तंबाकू 4 गुटका 5 खैनी 6 जर्दा 7 तंबाकू दंतमंजन / पेस्ट 8 नाक से या मुँह से ली जानेवाली तंबाकू पावडर / तपकीर 9 लाल दंत मंजन 10 दोक्ता 11 गुडाकू 12 गुल 13 अन्य धूम्रविरहीत उत्पादन (बताये) 14 उपरोक्त में से कोई नहीं</p> <p>88 R 99 DK</p>	<p>आता आम्ही तुम्हाला तुमच्या धूम्रविरहित तंबाखूच्या वापरा विषयी प्रश्न विचारणार आहोत.</p> <p>तुम्ही खालील धूम्रविरहित तंबाखू उत्पादना पैकी कोणतेही उत्पादन कधी ही वापरले आहे का ?</p> <p>1 मिश्री 2 सुपारी व तंबाखू असलेले पान 3 साधा चघळण्याचा तंबाखू 4 गुटका 5 खैनी 6 जर्दा 7 तंबाखू दंतमंजन/ दंतमंजन 8 नाकाद्वारे/ तोंडावाटे ओढायची तपकीर 9 लाल दंतमंजन 10 दोक्ता 11 गुडाकू 12 गुल 13 इतर धूम्रविरहीत उत्पादन (नमूद करा): 14 वरील पैकी कोणतेही नाही</p> <p>88 R 99 DK</p>
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<p>SLTStatus3 [Current users]</p>	<p>You mentioned that you currently use smokeless tobacco [daily/weekly/monthly].</p> <p>[Ask if SLTStatus1=1]</p> <p><b>IF DAILY USER:</b> On average, how many times per day do you use smokeless tobacco? [enter number] 99 DK/R</p> <p>[Ask if SLTStatu1s=2]</p> <p><b>IF WEEKLY USER:</b> On average, how many times per week do you use smokeless tobacco? [enter number]</p> <p>[Ask if SLTStatus1=3]</p> <p><b>IF MONTHLY USER:</b> On average, how many times per month do you use smokeless tobacco? [enter number]</p> <p><b>If ANS=1 skip to SLTStatus3, If ANS=2 skip to Agelnit</b></p>	<p>आप धूँए रहित तंबाकू का प्रयोग करते हैं (दैनिक /सप्ताहिक /मासिक)</p> <p>[Ask if Status=1]</p> <p><b>IF DAILY USER:</b> औसत रूप से प्रतिदिन आप धूँए रहित तंबाकू का कितनी बार प्रयोग करते हैं? (क्रमांक)</p> <p>[Ask if Status=2]</p> <p><b>IF WEEKLY USER:</b> औसतरूप से प्रति सप्ताह आप धूँए रहित तंबाकू का कितनी बार प्रयोग करते हैं ? (क्रमांक)</p> <p>[Ask if Status=3]</p> <p><b>IF MONTHLY USER:</b> औसतरूप से प्रति महीने आप धूँए रहित तंबाकू का कितनी बार प्रयोग करते हैं ? (क्रमांक)</p>	<p>तुम्ही सध्या धुम्रविरहित तंबाखू वापरता (दररोज / आठवडयात/ महिन्यात)</p> <p>[Ask if Status=1]</p> <p><b>IF DAILY USER:</b> सरासरी प्रत्येक दिवशी तुम्ही किती वेळा धुम्रविरहित तंबाखू वापरता ? (क्रमांक)</p> <p>[Ask if Status=2]</p> <p><b>IF WEEKLY USER:</b> सरासरी प्रत्येक आठवडयात तुम्ही किती वेळा धुम्रविरहित तंबाखू वापरता ? (क्रमांक)</p> <p>[Ask if Status=3]</p> <p><b>IF MONTHLY USER:</b> सरासरी प्रत्येक महिन्यात तुम्ही किती वेळा धुम्रविरहित तंबाखू वापरता ? (क्रमांक)</p>
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<p>Age initiation [Current Users and Ever users]</p>	<p>How old were you when you first tried smokeless tobacco?  _____</p> <p>DK/R</p>	<p>आपकि उम्र क्या थी जब आपने पहली बार धूँए रहित तंबाकू का उपयोग किया ?  _____</p>	<p>वयाच्या कितव्या वर्षी तुम्ही धूम्रविरहित तंबाखूचे उत्पादन वापरण्यास सुरुवात केली?  _____</p>
<p>Current use [Current users]</p>	<p>Do you currently use any of the following smokeless tobacco products at least once a month?  <b>[INTERVIEWER NOTE: check all that apply]</b></p> <p>1 Mishri 2 Betel quid with tobacco (paan) 3 Plain chewing tobacco 4 Gutka 5 Khaini 6 Zarda 7 Tobacco toothpaste/paste 8 Nasal/ oral snuff 9 Lal dantmanjan 10 Dokta 11 Gudhaku 12 Gul 13 Other (specify): 14 None of the above 88 R 99 DK <b>If one product is chosen skip to ReasonsForUse1, If multiple products chosen skip to UsualProduct, If no products chose skip to Susual1.</b></p>	<p>क्या आप कभी निम्नलिखित में से किसी धूँए रहित तंबाकू के उत्पाद का प्रयोग कम से कम महीने में एक बार करते हैं ?</p> <p><b>साक्षात्कारकर्ता के लिय सूचना:</b> जो लागू है उन सबकी जाच करे</p> <p>1 मशेरी 2 तंबाकू सहित पान 3 सादा चबाने की तंबाकू 4 गुटका 5 खैनी 6 जर्दा 7 तंबाकू दंतमंजन / पेस्ट 8 नाक से या मुँह से ली जानेवाली तंबाकू पावडर / तपकीर 9 लाल दंत मंजन 10 दोक्ता 11 गुडाकू 12 गुल 13 अन्य धूम्रविरहित उत्पादन (बताये) 14 उपरोक्त मे से कोई नहीं 88 R 99 DK</p>	<p>तुम्ही सध्या खालील धूम्रविरहित तंबाखू उत्पादना पैकी कोणतेही उत्पादन महिन्यांतुन कमीतकमी एक वेळा वापरता का?</p> <p><b>प्रश्नकर्त्यासाठी सूचना:</b> जे लागू आहे ते नमुद करा</p> <p>1 मिश्री 2 सुपारी व तंबाखू असलेले पान 3 साधा चघळण्याचा तंबाखू 4 गुटका 5 खैनी 6 जर्दा 7 तंबाखू दंतमंजन/ दंतमंजन 8 नाकाद्वारे/ तोंडावाटे ओढायची तपकीर 9 लाल दंतमंजन 10 दोकता 11 गुढाकु 12 गुल 13 इतर धूम्रविरहित उत्पादन (नमूद करा): 14 वरील पैकी कोणतेही नाही 88 R 99 DK</p>

Usual product [Current Users, >1 product]	Which of these products do you use most frequently?  _____ (only one product)	इन उत्पाद में से अधिकांशतः आप किसका प्रयोग करते हैं ?  _____ (केवल एक उत्पाद)	यापैकी कोणते उत्पादन आपण जास्त वारंवार वापरता ?  _____ (फक्त एक उत्पादन)
Reasons for use [Current Users]	<b>INTERVIEWER NOTE:</b> Repeat the question if necessary.  In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  The price.  1 Yes 2 No 88 R 99 DK	<b>साक्षात्कारकर्ता के लिए सूचना:</b> जरूरत पडने पर प्रश्न दोहराएं  इस धूँए रहित तंबाकूकेब्रांड / प्रकार के चुनने में आपका निर्णय निम्नलिखित में से किस पर आधारित था?  कीमत  1 हाँ 2 नहीं 88 R 99 DK	<b>(प्रश्न कर्त्यासाठी सूचना: गरज पडल्यास प्रश्न परत विचारा.)</b>  या धूम्रविरहित ब्रॅंड / प्रकाराची निवड करताना तुमच्या निर्णयाचा काही भाग खालील पैकी कोणत्याही गोष्टीवर आधारलेला होता का?  किंमत  1 होय 2 नाही 88 R 99 DK
	This type is of high quality.	हाई क्वालिटी	उच्चदर्जा
	This type is less harmful to my health.	मेरे स्वास्थ्य के लिए यह ब्रांड/ प्रकार कम हानिकारक है।	हा ब्रॅण्ड / प्रकार माझ्या आरोग्याला कमी हानीकारक आहे.
Susual1 [Current Users]	Do you have a particular brand of smokeless tobacco that you usually use?  1 Yes 2 No 88 R 99 DK  If ANS=1 skip to SusualSlessTob, If ANS=2,3 or 4 skip to Susual3	क्या आपका धूँए रहित तंबाकू के उत्पाद का ब्रांड / प्रकार है, जिसे आप सामान्यतः पीते हैं ?  1 हाँ 2 नहीं 88 R 99 DK	तुमचा धूम्रविरहित तंबाकू उत्पादनाचा ब्रॅण्ड / प्रकार आहे का ,जो तुम्ही नेहमी वापरता ?  1 होय 2 नाही 88 R 99 DK

SusualSlessTob	<p>What is the full name of your usual smokeless brand?</p> <p>_____</p> <p><b>INTERVIEWER NOTE:</b> Prompt for name, type, brand, flavour</p> <p><b>PROBE:</b> What variety, flavour or type would that be?</p>	<p>आपके सामान्य धूँए रहित तंबाकू के ब्रांडका नाम क्या है?</p> <hr/> <p><b>साक्षात्कारकर्ता के लिए सूचना:</b> नाम, प्रकार और स्वाद के बारे में उत्तर देने के लिए प्रवृत्त करे।</p> <p><b>जांच करे।</b> वह कौनसा प्रकार या स्वाद है।</p>	<p>तुमच्या नेहमीच्या धूम्रविरहित तंबाखूच्या ब्रँडचे नाव काय आहे ?</p> <p>_____</p> <p><b>(प्रश्नकर्त्यासाठी सूचना:</b>नाव, प्रकार आणि स्वाद (फ्लेवर) च्या उत्तरासाठी प्रवृत्त करा.</p> <p><b>विचारा,</b> तो कोणता प्रकार किंवा चव आहे.</p>
Susual3	<p>Do you have a <u>type</u> of smokeless tobacco that you usually use?</p> <p>1 Yes 2 No 88 R 99 DK</p> <p><b>INTERVIEWER NOTE:</b> Prompt for name, type, flavour</p> <p><b>PROBE:</b> What variety, flavour or type would that be?</p>	<p>क्या आपका धूँए रहित तंबाकू के उत्पाद का प्रकार है, जिसे आप सामान्यत पीते हैं ?</p> <p>1 हाँ 2 नहीं 88 R 99 DK</p> <p><b>साक्षात्कार कर्ता के लिए सूचना:</b> नाम, प्रकार और स्वाद के बारे में उत्तर देने के लिए प्रवृत्त करे।</p>	<p>तुमचा धूम्रविरहित तंबाखू उत्पादनाचा प्रकार आहे का , जो तुम्ही नेहमी वापरता ?</p> <p>1 होय 2 नाही 88 R 99 DK</p> <p><b>(प्रश्नकर्त्यासाठी सूचना:</b> नाव, प्रकार आणि स्वाद (फ्लेवर) च्या उत्तरासाठी प्रवृत्त करा.</p>

<p>SPRODUCTS</p> <p>Other tobacco products [All]</p>	<p>In the past month, have you used any of the following smoked tobacco products? [Read all and check all that apply]</p> <p>1 Cigarettes (factory made and roll-your-own) 2 Bidis 3 Hookah/shisha/narghile/water pipe 4 Cigars/small cigars/cigarillos 5 Pipe 6 Chutta 7 Hooklis 8 Other (specify): _____ 9 None of the above 88 R 99 DK</p> <p>You indicated "Other". Please specify:</p> <p><b>If response=1, 2, 3, 4, 5, or 6 go to NEXT QUESTION. If response=7, skip next question</b></p>	<p>पिछले महीने में, क्या आपने इन में से किसी तंबाकू वाले उत्पादन का इस्तेमाल किया है ?</p> <p>[सब पर्याय पढ़े और जो लागू हो उस पर टिक करें]</p> <p>1.सिगरेट (फैक्टरी में बनायी गई या हाथों से बनायी गई) 2.बीडी 3. हुक्का/ शीशा/ नरगिल / पानीका पाइप 4. सिगार / छोटी सिगार / सिगारिलो 5. पाइप 6. चुट्टा 7. हुकलिस 8. अन्य (उल्लेख करें) 9. उपरोक्त में से कोई नहीं 88 R 99 DK</p>	<p>गेल्या महिन्यामध्ये तुम्हीखालील पैकी कोणतेही तंबाखू उत्पादन वापरले आहे का ?</p> <p>[सर्व पर्याय वाचा आणि लागू होणा-या प्रत्येकासमोर खूण करा.]</p> <p>1. सिगारेट (फॅक्टरीमध्ये बनविले किंवा हाताने रोल केलेली.) 2. बिडी 3. हुक्का/शीशा/नारगिल/वाॅटर पाईप 4. सिगार/छोट्टा सिगार/सिगारीलोस 5. पाईप 6. चुट्टा 7. हुकलिस 8. इतर(नमूद करा.) 9. वरील पैकी कोणते ही नाही. 88 R 99 DK</p>
<p>MultiUse frequency [All dual/multi use users]</p>	<p>You mentioned you use both smokeless and smoked tobacco. Which do you use more often: [read all]</p> <p>1 Smoked tobacco 2 Smokeless tobacco, or 3 do you use smoked and smokeless tobacco about the same 88 R 99 DK</p>	<p>आपने कहा कि, आप धूम्रविरहीत और धूम्रपान का तंबाकू, दोन्हीका इस्तेमाल करते है। इनमें से कौनसा उत्पादन अधिक बार इस्तेमाल करते हो। (सभी पढीये)</p> <p>1. धूम्रपान का तंबाकू 2. धूम्रविरहीत तंबाकू 3. धूम्रपान का तंबाकू और धूम्रविरहीत तंबाकू दोन्ही का उतना ही इस्तेमाल करते है। 88 R 99 DK</p>	<p>तुम्ही सांगितल्याप्रमाणे, तुम्ही धूम्रपान आणि धूम्रविरहीत अशा दोन्ही तंबाखू उत्पादनाचा वापर करता. यापैकी तुम्ही कोणत्या उत्पादनाचा वापर जास्त प्रमाणात करता ? (सर्व वाचा)</p> <p>1. धूम्रपानाचे तंबाखू 2. धूम्रविरहीत तंबाखू 3. धूम्रपानाचे तंबाखू आणि धूम्रविरहीत तंबाखू यांचा वापर सम प्रमाणात करता. 88 R 99 DK</p>

<p>Ysusfuture [Youth non-current users]</p>	<p>Do you think in the future you might try using smokeless tobacco?</p> <p>1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes</p> <p>88 R 99 DK</p>	<p>क्या आप मानते हैं, कि भविष्य में आप धूँए रहित तंबाकू दौरान किसी भी समय, आप धूँए रहित तंबाकू का प्रयोग कर सकते हैं?</p> <p>1. निश्चितरूप से नहीं 2. शायद नहीं 3. शायद हां 4. निश्चित तौर पर हां</p> <p>88 R 99 DK</p>	<p>तुम्हाला वाटते का की, भविष्यात तुम्ही कधीतरी धुम्रविरहित तंबाखूचा वापर करण्याचा प्रयत्न कराल ?</p> <p>१ नक्कीच नाही २ कदाचित नाही ३ कदाचित होय ४ नक्कीच होय</p> <p>88 R 99 DK</p>
<p>Ysusfriend [Youth non-current users]</p>	<p>If one of your best friends were to offer you smokeless tobacco, would you use it?</p> <p>1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes</p> <p>88 R 99 DK</p>	<p>यदी आपके किसी खास दोस्त ने आपको धूँए रहित तंबाकू पेश की, तो क्या आप उसका प्रयोग करेंगे?</p> <p>1. निश्चितरूप से नहीं 2. शायद नहीं 3. शायद हां 4. निश्चित तौर पर हां</p> <p>88 R 99 DK</p>	<p>जर तुमच्या घनिष्ट मित्रांपैकी एकाने तुम्हाला धुम्रविरहित तंबाखू दिली तर तुम्ही तिचा वापर कराल का ?</p> <p>१ नक्कीच नाही २ कदाचित नाही ३ कदाचित होय ४ नक्कीच होय</p> <p>88 R 99 DK</p>
<p>Ysusyear [Youth non-current users]</p>	<p>At any time during the NEXT YEAR, do you think you will use smokeless tobacco?</p> <p>1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes</p> <p>88 R 99 DK</p>	<p>क्या आप मानते हैं, कि अगले वर्ष के दौरान किसी भी समय, आप धूँए रहित तंबाकू का प्रयोग करेंगे ?</p> <p>1. निश्चितरूप से नहीं 2. शायद नहीं 3. शायद हां 4. निश्चित तौर पर हां</p> <p>88 R 99 DK</p>	<p>पुढील वर्षी कधी ही तुम्ही धुम्रविरहित तंबाखू ओढाल असे तुम्हाला वाटते का ?</p> <p>१ नक्कीच नाही २ कदाचित नाही ३ कदाचित होय ४ नक्कीच होय</p> <p>88 R 99 DK</p>

<p>Ever quit [Current Users]</p>	<p>Have you ever made a serious attempt to stop using all smokeless tobacco products?</p> <p>1 Yes 2 No 88 R 99 DK</p>	<p>आपने कभी गंभीरता से धूँए रहित तंबाकू का उपयोग न करने की कोशिश की हैं ?</p> <p>1 हाँ 2 नहीं 88 R 99 DK</p>	<p>धूम्रविरहित तंबाकूचे व्यसन सोडण्यासाठी तुम्ही काही गंभीर प्रयत्न केले आहेत का ?</p> <p>१ होय २ नाही 88 R 99 DK</p>
<p>Plan to quit [Current Users]</p>	<p>Are you planning to quit using smokeless tobacco...</p> <p>1 Within the next month 2 Within the next 6 months 3 Sometime in the future, beyond 6 months, 4 or are you Not planning to quit? 88 R 99 DK</p>	<p>क्या आप धूँए रहित तंबाकू छोड़ने का प्रयास कर रहे हैं ...</p> <p>1 अगले महीने के अंदर ? 2 अगले 6 महीनों के अंदर ? 3 ६ महीनों के बाद या भविष्य में किसी भी समय? 4 छोड़ने की योजना नहीं बना रहे हैं ? 88 R 99 K</p>	<p>तुम्ही धूम्रविरहित तंबाकू सोडण्याचा विचार करत आहात का?</p> <p>1 अगले महीने के अंदर ? 2 पुढील ६ महिन्यांच्या आत? 3 महिन्यांनंतर किंवा भविष्यात कधीतरी? 4 धूम्रपान सोडण्याचा तुमचा विचार नाही? 88 R 99 DK</p>
<p>Quit health [Current Users]</p>	<p>If you were to quit using smokeless tobacco permanently in the next 6 months, how much do you think it would improve your health?</p> <p>1 Not at all 2 A little 3 A lot 88 R 99 DK</p> <p><b>If Youth skip to YDEduc, If Adult skip to DEduc.</b></p>	<p>यदि आप आगामी 6 महीनों में धूँए रहित तंबाकू का प्रयोग करना छोड़ देते हैं, तो आपके हिसाब से, आपके स्वास्थ्य में कितना सुधार होगा ?</p> <p>1 बिल्कुल भी नहीं 2 थोड़ासा 3 काफी-ज्यादा 88 R 99 DK</p>	<p>जर तुम्ही पुढच्या सहा महिन्यांत धूम्रविरहित तंबाकू कायमचा सोडला तर तुम्हाला आरोग्य विषयक किती फायदे होतील असे तुम्हाला वाटते ?</p> <p>१ अजिबात नाही २ थोड्याशा प्रमाणात 3 ब-याच प्रमाणात 88 R 99 DK</p>

<p>D.Educ (19+) DE62311</p>	<p>What is your highest level of education? [INTERVIEWER NOTE: DO NOT READ</p> <ol style="list-style-type: none"> <li>1 Illiterate</li> <li>2 Literate, no formal education</li> <li>3 Up to primary School (up to class IV)</li> <li>4 Middle School class V to VII</li> <li>5 Secondary School (ITI course, class XII/X or intermediate)</li> <li>6 Graduate (BA/ BSc/ Diploma etc.)</li> <li>7 Post Graduate/ Professional Degree</li> <li>8 Above Post Graduate degree (i.e. PhD)</li> <li>88 R</li> <li>99 DK</li> </ol>	<p>आपकी शिक्षा का उच्चतम स्तर क्या है? (वाचू नका)</p> <ol style="list-style-type: none"> <li>1 अशिक्षित</li> <li>2 साक्षर, कोई औपचारिक शिक्षा नहीं</li> <li>3 कक्षा चौथीतक</li> <li>4 कक्षा पाचवी से सातवी</li> <li>5 आईटीआई पाठ्यक्रम, कक्षा बारहवी / दसवीया इंटरमीडिएट</li> <li>6 स्नातक (बी.ए./बी.एस.सी./डिप्लोमा इत्यादि )</li> <li>7 स्नातकोत्तर / प्रोफेशनल डिग्री (पोस्टग्रेज्युएट)</li> <li>8 स्नातकोत्तर से उच्च डिग्री ( अर्थात पीएचडी )</li> <li>88 R</li> <li>99 DK</li> </ol>	<p>तुमच्या शिक्षणाची उच्चतम पातळी कोणती? [वाचू नका]</p> <ol style="list-style-type: none"> <li>1 अशिक्षित</li> <li>2 शिक्षित, औपचारिक शिक्षण नाही (शाळेत गेलो नाही)</li> <li>3 प्राथमिक शाळेपर्यंत (वर्ग चौथी पर्यंत)</li> <li>4 माध्यमिक शाळेपर्यंत वर्ग पाचवी ते सातवीपर्यंत</li> <li>5 उच्च माध्यमिक (ITI , वर्ग बारावी/दहावी किंवा इंटरमिडिएट)</li> <li>6 पदवी (BA/ BSc/ Diploma इ.)</li> <li>7 पदवीत्युर पदवी/ व्यावसायिक पदवी</li> <li>8 पदवीत्युर पदवीपेक्षा वरील पदवी (म्हणजेच PhD)</li> <li>88 R</li> <li>99 DK</li> </ol>
<p>Income (19+) DE62211</p>	<p>In the last year, on average, how much was the total income (in Rs.) per month of your household?</p> <ol style="list-style-type: none"> <li>1. less than 5,000</li> <li>2. 5,000-9,999</li> <li>3. 10,000-14,999</li> <li>4. 15,000-19,999</li> <li>5. 20,000+</li> <li>88 R</li> <li>99 DK</li> </ol>	<p>पिछले साल मे कुल मिलाकर आपका महिने का पूरा उत्पादन कितना था । (रुपयों में)</p> <ol style="list-style-type: none"> <li>1 ५,००० से कम</li> <li>2. ५,०००-९,९९९</li> <li>3. १०,०००-१४,९९९</li> <li>4. १५,०००-१९,९९९</li> <li>5. २०,०००+</li> <li>88 R</li> <li>99 DK</li> </ol>	<p>गेल्या वर्षी एकंदरीत तुमच्या घराचे मासिक उत्पन्न किती होते. (रूपयांमध्ये)</p> <ol style="list-style-type: none"> <li>१. ५,००० पेक्षा कमी</li> <li>२. ५,०००-९,९९९</li> <li>३. १०,०००-१४,९९९</li> <li>४. १५,०००-१९,९९९</li> <li>५. २०,०००+</li> <li>88 R</li> <li>99 DK</li> </ol>

<p>Y.D.Educ (16-18)</p>	<p>What was the last year of education that you completed? (DO NOT READ)</p> <p>1 Did not attend school 2 Up to primary School (up to class IV) 3 Middle School class V to VII 4 Secondary School (ITI course, class XII/X or intermediate) 5 Class XI (Higher Secondary) 6 Class XII (Higher Secondary) 7 Graduate level or More than higher secondary 88 R 99 DK</p>	<p>तुम्ही कोणत्या इयत्ते पर्यंत शिक्षण पूर्ण केले आहे ? (वाचू नका)</p> <p>1 शाळेत गेलेच नाही 2 कक्षा चौथीतक 3 कक्षा पाचवी ते सातवी 4 आईटीआई पाठ्यक्रम, कक्षा बारहवी / दसवीया इंटरमीडिएट 5 कक्षा ग्यारहवी (उच्च माध्यमिक) 6 कक्षा बारहवी (उच्च माध्यमिक) 7 पदवी 88 R 99 DK</p>	<p>तुम्ही कोणत्या इयत्ते पर्यंत शिक्षण पूर्ण केले आहे ? (वाचू नका)</p> <p>1 शाळेत गेलेच नाही 2 प्राथमिक शाळेपर्यंत (वर्ग चौथी पर्यंत) 3 माध्यमिक शाळेपर्यंत (वर्ग पाचवी ते सातवीपर्यंत) 4 उच्च माध्यमिक (ITI , वर्ग बारावी/दहावी किंवा इंटरमिडिएट) 5 अकरावी (उच्च माध्यमिक) 6 बारावी (उच्च माध्यमिक) 7 पदवी 88 R 99 DK</p>
<p>Religion (All) DE62662</p>	<p>What is your religion? [DO NOT READ LIST]</p> <p>1 Hindu 2 Muslim 3 Christian 4 Sikh 5 Buddhist 6 Jain 7 Others 88 R 99 DK</p> <p><b>If Youth skip to PREOverallOpinion, If Adult skip to Occupation</b></p>	<p>आपका धर्म क्या है? [साक्षात्कारकर्ता नोट: सूची न पढ़ें]</p> <p>1 हिन्दू 2 मुस्लिम 3 ख्रिश्चन 4 सिख 5 बौद्ध 6 जैन 7 अन्य 88 R 99 DK</p>	<p>तुमचा धर्म कोणता? [प्रश्नकर्त्यासाठी सूचना: प्रतिसाद पर्याय मोठ्याने वाचू नका.]</p> <p>1 हिंदू 2 मुस्लिम 3 ख्रिश्चन 4 शीख 5 बौद्ध 6 जैन 7 इतर 88 R 99 DK</p>
<p>ReligionOTH</p>	<p>You indicated "Other". Please specify</p>	<p>अन्य नमूद करे</p>	<p>इतर करा</p>

Occupation (19+)	<p>What is your primary occupation? [Do not read list]</p> <p>01 Professional, technical, and related workers 02 Administrative, executive and managerial workers 03 Clerical and related workers 04 Sales Workers 05 Service Workers 06 Farmers, fisherman, hunters, loggers and related workers 07 Craft and Related Trades 08 Plant and machine operators 09 Elementary Occupations 10 Student 11 Unemployed 12 Housewife 13 Other (specify) 88 R 99 DK</p>	<p>आपका प्राथमिक व्यवसाय क्या है? [सूची न पढ़ें]</p> <p>01 पेशेवर, तकनीकी और संबंधित कार्य 02 प्रशासनिक, कार्यकारी और प्रबंधकीय कार्य 03 लिपिकीय और संबंधित कार्य 04 विक्रेता 05 सेवाकामगार 06 किसान, मछुआरा, शिकारी, लॉगर्स और संबंधित कार्य 07 क्राफ्ट और संबंधित ट्रेड 08 मशीन और संयंत्र प्रचालक 09 प्राथमिक व्यवसाय 10 छात्र 11 बेरोजगार 12 गृहिणी 13 अन्य (उल्लेख करें): 88 R 99 DK</p>	<p>तुमचा प्राथमिक व्यवसाय कोणता? [प्रतिसाद पर्याय मोठ्याने वाचू नका.]</p> <p>01 व्यावसायिक, तांत्रिक आणि संबंधित कर्मचारी 02 प्रशासकिय, कार्यकारी आणि व्यवस्थापकीय कर्मचारी 03 कारकून आणि संबंधित कर्मचारी 04 विक्रेते कर्मचारी 05 सेवा कर्मचारी 06 शेतकरी, कोळी, शिकारी, लॉगर्स आणि संबंधित कर्मचारी 07 हस्तकला आणि संबंधित कर्मचारी 08 प्रकल्प आणि मशिन कर्मचारी 09 प्राथमिक व्यवसाय 10 विद्यार्थी 11 बेरोजगार 12 गृहिणी 13 इतर (तपशील सांगा): 88 R 99 DK</p>
OccupationOTH	Other Occupation: Please specify	अन्य नमूद करे	इतर करा

<p>Preoverall opinion [All]</p>	<p>For the next few questions, I'd like to ask for your opinion about smokeless tobacco products. There is no right or wrong answer—we are most interested in your thoughts.</p> <p>What is your overall opinion about using smokeless tobacco? Is it...</p> <p>1 Good 2 Neither good nor bad 3 Bad 88 R 99 DK</p>	<p>अगले कुछ सवालों में हम धूँए रहित तंबाकू के कुछ उत्पाद के बारेमें आपकी राय जानना चाहते हैं। इनमें से कोई सही या गलत जबाब नहीं होगा हम सिर्फ आपका जबाब जानना चाहते हैं।</p> <p>धूँए रहित तंबाकू के बारे में आपकी कुल मिलाकर राय क्या है ? यह है.....?</p> <p>1 अच्छा 2 न अच्छा और न बुरा 3 बुरा 88 R 99 DK</p>	<p>पुढील काही प्रश्नात मी तुम्हाला धूम्रविरहित तंबाखू विषयी तुमचे मत काय आहे ते विचारणार आहे. इथे काही चुक किंवा बरोबर नाही. आम्हाला तुमचे मत जाणून घ्यायचे आहे.</p> <p>धूम्रविरहित तंबाखूच्या वापराबाबत तुमचे एकंदरीत काय मत आहे? ते मत?</p> <p>1 सकारात्मक आहे २ सकारात्मकही नाही आणि नकारात्मकही नाही ३ नकारात्मक आहे 88 R 99 DK</p>
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Relative risk [All]	<p>I would like to know what you think about the following smokeless tobacco products. In your opinion, please rank the following smokeless tobacco products from most to least harmful:</p> <p>Answer rank [Interviewer Note: if respondent says they think all are equally harmful, ask 'if you had to choose, which would you say is the most harmful', etc.]</p> <p>1 Mishri 2 Betel quid with tobacco (paan) 3 Gutka 4 Zarda 5 Nasal/ oral snuff 6 Gudhaku</p>	<p>हमें यह जानना चाहते हैं कि, आपकी निम्नलिखित धूँए रहित तंबाकू के बारे में क्या राय है। आप के राय के अनुसार निम्नलिखित धूँए रहित तंबाकू के उत्पाद के ज्यादा से कम हानिकारक में विभागी करे</p> <p>[अगर साक्षात्कर्ता ने कहा की, सब एक समान हानिकारक है, तो उनसे पुछिए की, अगर उन्हे एक को चुनना हो तो वह कौनसा चुनेंगे।]</p> <p>1 मशेरी 2 तंबाकू सहित पान 3 गुटका 4 जर्दा 5 नाक से या मुँह से ली जानेवाली तंबाकू पावडर / तपकीर 6 गुडाकू</p>	<p>आम्हाला जाणून घ्यायचे आहे की खाली नमुद केलेल्या धुम्रविरहित तंबाखूविषयी तुम्हाला काय वाटते, तुमच्या मतानुसार जास्त ते कमी धोकादायक अशी खालील उत्पादनाची विभागी करे.</p> <p>[जर साक्षात्कर्ता ने ते समप्रमाणात हानिकारक आहेत असे सांगितले तर विचारा की, जर तुम्हाला त्याची निवड करण्यास सांगितले तर त्यापैकी तुम्ही कोणते निवडाल.]</p> <p>1 मिश्री 2 सुपारी व तंबाखू असलेले पान 3 गुटका 4 जर्दा 5 नाकाद्वारे/ तोंडावाटे ओढायची तपकीर 6 गुडाकु</p>
Relrisequal	All are equally harmful	सब एक तरह ही हानिकारक है।	व सारखेच धोकादायक आहेत.

General attitudes [All] preGA1	In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general...  Indian society disapproves of smokeless tobacco use.  1 Agree 2 Disagree 3 Neither agree nor disagree 88 R 99 DK	आपके अनुसार आप हमें बताएं कि नीचे दिए गए विवरण से सहमत हैं, न तो सहमत हैं और न असहमत हैं, अथवा असहमत हैं, सामान्यतः  भारतीय समाज धुँए रहित तंबाकू के प्रयोग को मान्यता नहीं देता है।  1 सहमत है। 2 असहमत है। 3 न तो सहमत और न असहमत 88 R 99 DK	तुमच्या मते खाली दिलेल्या विधानांपैकी प्रत्येक विधानाशी तुम्ही सहमत आहात, सहमत नाही किंवा असहमतही नाही, असहमत आहात...साधारणतः  भारतीय समाजाला धुम्रविरहित तंबाखू मान्य नाही.  १ सहमत आहे २ असहमत आहे ३ सहमतही नाही किंवा असहमतही नाही 88 R 99 DK
preGA2	Smokeless tobacco is highly addictive.	धुँए रहित तंबाकू एक लत है।	धुम्रविरहित तंबाखू व्यसनाधीन करणारा आहे.
preGA3	It is acceptable for females to use smokeless tobacco.	औरतों का धुँए रहित तंबाकू का प्रयोग करना स्वीकार है।	स्त्रियांनी धुम्रविरहित तंबाखू वापरणे स्वीकृत आहे.
preGA4	Using smokeless tobacco sets a bad example for children.	धुँए रहित तंबाकू का उपयोग बच्चों के सामने बुरा उदाहरण रखता है ?	धुम्रविरहित तंबाखूचा वापर मुलांसमोर वाईट उदाहरण उभे करतो.
preGA5	Smokeless tobacco use is harmful to health.	धुँए रहित तंबाकू का उपयोग शरीर के लिए घातक होता है।	धुम्रविरहित तंबाखूचा वापर आरोग्यास धोकादायक आहे.

<p>Current HW [All]</p>	<p>Thinking now about the packages for smokeless tobacco products (paste, sachets, packs, tins, bottles). . .</p> <p>As far as you know, do smokeless tobacco products in <b>India</b> have health warnings on the packages?</p> <p>1 Yes (including 'some products')</p> <p>2 No</p> <p>88 R</p> <p>99 DK</p> <p><b>(If USER1=1 skip to HWLastPack,</b></p> <p><b>If USER1=2 and answer=1 skip to IndiaOnly1,</b></p> <p><b>If USER1=2 and answer=2,3 or 4 skip to HWOpinion1)</b></p>	<p>अब धूँए रहित तंबाकू के उत्पाद (पेस्ट, सेशे, पैक, टिन, बोतल) के पैकेट के बारे में सोच कर...</p> <p>जहाँ तक आप जानते हैं सक्य भारत में धूँए रहित तंबाकू के पैकेट पर कोइ स्वास्थ्य संबंधी चेतावनी हैं?</p> <p>1. हॉ (कुछ उत्पादन की यादी करे)</p> <p>2. नहीं</p> <p>88 R</p> <p>99 DK</p>	<p>आता धुम्रविरहित तंबाखू उत्पादनांच्या पाकिटांचा (पेस्ट,पिशब्या,पाकिटे,डबे,बाटल्या) विचार करता....</p> <p>तुम्हाला जेवढे माहित आहे त्यानुसार भारतातील कोणत्याही धुम्रविरहित तंबाखूच्या पाकिटावर आरोग्य विषयक इशारे असतात का ?</p> <p>1.होय (काही पदार्थांची नोंद करा.)</p> <p>२ नाही</p> <p>88 R</p> <p>99 DK</p>
<p>HWlastpack [Current Users]</p>	<p>On your last package of smokeless tobacco, was there a health warning?</p> <p>1 Yes</p> <p>2 No</p> <p>3 Can't remember</p> <p>88 R</p> <p>99 DK</p>	<p>आपने पिछली बार लिए गए धूँए रहित तंबाकू के पैकेटपर कोइ स्वास्थ्य संबंधी चेतावनी पर गौर किया?</p> <p>1. हॉ</p> <p>2. नहीं</p> <p>3. याद नहीं</p> <p>88 R</p> <p>99 DK</p>	<p>तुम्ही शेवटी घेतलेल्या धुम्रविरहित तंबाखूच्या पाकिटावर आरोग्य विषयक इशारे आढळले का ?</p> <p>१ होय</p> <p>२ नाही</p> <p>3. आठवत नाही.</p> <p>88 R</p> <p>99 DK</p>

<p>Indiaclist_1</p>	<p>Can you describe what the health warnings on smokeless tobacco packages look like?</p> <p>Interviewer checklist:</p> <ol style="list-style-type: none"> <li>1 Don't know</li> <li>2 bad/gross teeth (correct)</li> <li>3 diseased mouth (correct)</li> <li>4. facial tumour (correct)</li> <li>5. x-ray or graphic lungs (incorrect—image on cigarette/bidi packages)</li> <li>6. Scorpion/bug (incorrect image—image on old warning label)</li> <li>7. man with graphic lungs (John Terry image) (incorrect—image on cigarette/bidi packages)</li> <li>8 Can't recall</li> <li>9 N/A - no package, homemade, borrowed, etc.</li> <li>10 Other (incorrect image) – specify:</li> </ol>	<p>क्या आप बता सकते हैं आपको धूँए रहित तंबाकू के पैकेट पर कि चेतावनी दिखने मेकैसे लगतीहैं?</p> <ol style="list-style-type: none"> <li>1. पता नहीं</li> <li>2. खराब / साफनकिण्णयेदांत (सही)</li> <li>3. बिमारमुँह (सही)</li> <li>4. चेहरे का टयुमर (सही)</li> <li>5. एक्सरे या ग्राफिक फेफडे (गलत सिगरेट या बिडी के पैकेट पर का चित्र)</li> <li>6. बिच्छू / बग(गलतचित्र – पुराने पैकेट पर कीचेतावनी)</li> <li>7. ग्राफीक्स फेफडो के साथ आदमी (जॉन तेरी का चित्र) (गलत सिगरेट या बिडी के पैकेट पर का चित्र)</li> <li>8. याद नहीं</li> <li>9. पैकेट नहीं, घरपे बनाया गया, या उधार लिया गया,इ..</li> <li>10. अन्य (गलतचित्र) – नमुद करे</li> </ol>	<p>धुम्रविरहित तंबाखूच्या पाकिटांवरील आरोग्य विषयक इशारे कसे वाटतात?</p> <ol style="list-style-type: none"> <li>१. माहितनाही</li> <li>२. खराब (वाईट)/साफ न केलेले दात (बरोबर)</li> <li>३. रोगटतोंड (बरोबर)</li> <li>4. चेह-याचा टयुमर (बरोबर)</li> <li>5 एक्सरे किंवा ग्राफीक्स फुफ्फुस (चुक-सिगारेट/बिडीच्या पाकिटांवरिल चित्र.)</li> <li>6. विंचू (स्कॉर्पियन)/बग (चुक-पुर्वीच्या इशा-यापट्टीवरिल चित्र)</li> <li>7. ग्राफीक्स फुफ्फुस असणारा व्यक्ती (जॉन तेरी चे चित्र) (चुक-सिगारेट/बिडीच्या पाकिटांवरिल चित्र.)</li> <li>8. आठवतनाही.</li> <li>9.पाकिट नाही, घरी बनविलेले किंवा उधार घेतलेले, इ.</li> <li>10. इतर (चुकीचीचित्रे):नमूदकराकरा</li> </ol>
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Indiaclist_1	<p>Can you describe what the health warnings on smokeless tobacco packages say?</p> <p>Interviewer checklist:  1 Don't know  2 "Tobacco kills" (correct text)  3 Some mention of "tobacco" (partially correct)  4 Smoking kills (incorrect—text for cigarette/bidi packages)  5 "tobacco causes cancer" (incorrect—text on old warning labels)  6 Can't recall  7 Not able to read  8 Other (incorrect text)—specify</p>	<p>धुँए रहित तंबाकू के पैकेट पर कि चेतावनीयाँक्यासुचितकरती हैं?</p> <ol style="list-style-type: none"> <li>1. पता नहीं</li> <li>2. तंबाकूजानलेवाहै(सही)</li> <li>3. कहीपरसिर्फ "तंबाकू" (थोडाबहोतसही)</li> <li>4. धूम्रपानजानलेवाहै(गलत – सिगरेटयाबिडीके पैकेट परकीचेतावनी)</li> <li>5. "तंबाकूसेकैंसरहोताहै" (गलतचित्र – पुराने पैकेटपर कीचेतावनी)</li> <li>6. याद नहीं</li> <li>7. पढनहीं सकते</li> <li>8. अन्य (गलतचित्र) – नमुद करे</li> </ol>	<p>धुम्रविरहित तंबाखूच्या पाकिटांवरिल आरोग्य विषयक इशा-या पट्टया काय सुचित करतात?</p> <ol style="list-style-type: none"> <li>१. माहित नाही.</li> <li>२. तंबाखूने मृत्यु होतो.</li> <li>३. काही वर फक्त " तंबाखू" (थोडेसे बरोबर)</li> <li>४. धूम्रपान मृत्युदायक आहे. (चुक-सिगरेट आणि बिडी पाकिटांवरिल चित्र.)</li> <li>५. "तंबाखूसुळे कॅन्सर होतो" (चुक-पुर्वीच्या इशा-यापट्टी वरिल चित्र)</li> <li>६. आठवत नाही.</li> <li>७. वाचू शकत नाही.</li> <li>८. इतर(चुकीची चित्रे):नमुद</li> </ol>
	<p><b>(If USER1=1 go to IndiaOnly2,</b></p> <p><b>If USER1=2 skip to IndiaOnly3)</b></p>		
IndiaOnly2	<p>In the last month, have you made any effort to avoid buying smokeless tobacco packages with the health warnings on them?</p> <p>1 Yes  2 No  88 R  99 DK</p>	<p>पिछले महीने धुँए रहित तंबाकू के पैकेट पर होनेवाले चेतावनी के कारण आपने कभी वो पैकेट न लेने का प्रयास किया है ?</p> <ol style="list-style-type: none"> <li>1. हाँ</li> <li>2. नहीं</li> </ol> <p>88 R  99 DK</p>	<p>मागील महिन्यांत धुम्रविरहित तंबाखूच्या पाकिटां वरिल इशा-या पट्टयांमुळे तुम्ही धुम्रविरहित तंबाखू विकत घेणे टाळले आहे का ?</p> <p>१ होय  २ नाही  88 R  99 DK</p>

IndiaOnly3	To what extent, if at all, do the health warnings on smokeless tobacco packages make you think about the health risks (health danger) of using it?  1 Not at all 2 A little 3 A lot 88 R 99 DK	किस हद तक, धूँए रहित तंबाकू के पैकेट पर होनेवाले चेतावनी आपको उसके खतरों का याद दिलाती है ? 1. बिल्कुल भी नहीं 2. थोडासा 3. काफी-ज्यादा 88 R 99 DK	धूम्रविरहित तंबाखूच्या पाकिटांवरिल इशा-या पट्ट्यांमुळे तंबाखू वापरामुळे होणा-या धोक्यांची तुम्हाला किती प्रमाणात आठवण झाली ? १ अजिबात नाही. २ थोड्याशा प्रमाणात ४ ब-याच प्रमाणात 88 R 99 DK
HW opinion1 [All]	Do you think that smokeless tobacco packages should have health warnings?  1 Yes 2 No 3 Maybe 88 R 99 DK	क्या आप मानते हैं कि धूँए रहित तंबाकू के पैकेट पर स्वास्थ्य संबंधी चेतावनी होना चाहिए ?  1. हॉ 2. नहीं 3. शायद 88 R 99 DK	तुम्हाला असे वाटते का की, धूम्रविरहित तंबाखूच्या पाकीटावर आरोग्य विषयक इशारे असले पाहिजेत?  १ होय २ नाही ३ कदाचित 88 R 99 DK
HWopinion2 [All]	<b>(IF YES)</b> Do you think that the health warnings should include pictures?  1 Yes 2 No 3 Maybe 88 R 99 DK	<b>(IF YES)</b> क्या आप मानते हैं स्वास्थ्य संबंधी चेतावनी में चित्र होना चाहिए ?  1. हॉ 2. नहीं 3. शायद 88 R 99 DK	<b>(IF YES)</b> तुम्हाला असे वाटते का की, आरोग्य विषयक इशा-यांबरोबर चित्रदेखील असली पाहिजेत ?  १ होय २ नाही ३ कदाचित 88 R 99 DK

<p>HWp1</p> <p>[Current users and 'Current HWs'=yes]</p>	<p>Do you think the health warnings on smokeless tobacco packages should have more health information than they do now, less information, or about the same amount as they do now?</p> <p>1 More health information 2 Less health information 3 About the same 88 R 99 DK</p>	<p>क्या आप मानते हैं कि धूँए रहित तंबाकू के पैकेट पर इस समय जो स्वास्थ्य संबंधी सूचना दी गयी हैं उससे अधिक होना चाहिए, कम सूचना होना चाहिए, अथवा उतनी ही होना चाहिए जितनी अभी है ?</p> <p>1) अधिक स्वास्थ्यसंबंधी सूचना 2) कम स्वास्थ्यसंबंधी सूचना 3) अथवा उतनीही जितनी अभी है</p> <p>88 R 99 DK</p>	<p>तुम्हाला असे वाटते का की, धूम्रविरहित तंबाखूच्या पॅकेट्सवर सध्या असलेल्या आरोग्यविषयक माहितीपेक्षा जास्त माहिती असावी, कमी असावी किंवा सध्या आहे तितकी पुरेशी आहे ?</p> <p>1 जास्त माहिती असावी, 2 कमी असावी 3 सध्या आहे तितकी पुरेशी आहे</p> <p>88 R 99 DK</p>
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HEALTH WARNING RATINGS		
<p><b>PROGRAMMING NOTE:</b> For the health warning ratings, each respondent will see 1 set of warnings, each set consisting of 5 different warnings: 1) oral cancer, (2) mouth disease, (3) heart disease, (4) addiction, and (5) death, for a particular executional style (one of four experimental conditions: 1) text-only warning, 2) pictorial warning with symbolic imagery, 3) pictorial warning with graphic health effect, and 4) pictorial warning with a personalized graphic health effect and testimonial). The experimental condition that a respondent is in should be randomized, but with balancing for the number of people assigned to each condition.</p> <p>I'm now going to show you a series of tobacco health warnings.</p> <p>I'd like you to take a moment and look at each warning, after which I'll ask you several questions.</p> <p>The questions will ask you to rate a picture using a scale from 1 to 10, where 1 is 'not at all' and 10 is 'extremely'. I'm going to show you an example using this scale.</p>  <p>Please tell me whether this kitten IS CUTE.</p> <p>1 2 3 4 5 6 7 8 9 10 DK/R Not at all In the Middle Extremely</p>	<p>हम अब आपको तंबाकू के पैकेट पर जो स्वास्थ्यसंबंधी चेतावनीयाँ है वो बतायेंगे.</p> <p>हम चाहेंगे के आप कुछ समय लेकर इन चेतावनीओं को गौर से देखिये और हम आपको उसके बारे में कुछ सवाल पुछेंगे ।</p> <p>आपको १ से १० के स्केल का इस्तेमाल करके हर एक चित्र को रेट करना है, जिसमे १ का मतलब 'बिल्कुल नहीं' और १० का मतलब 'कुछ ज्यादा ही' ।</p> <p>इस स्केल का इस्तेमाल करके हम आपको एक उदाहरण दिखायेंगे।</p> <p>कृपया, आप हमें बताये की यह कीटन क्यूट है ? 1 2 3 4 5 6 7 8 9 10 बिल्कुल नहीं थोडी बहुत कुछ ज्यादा ही</p>	<p>आम्ही आता आपल्याला काही स्वास्थ्यसंबंधी इशारे दाखवणार आहोत.</p> <p>आम्हाला असे वाटते की, तुम्ही काही काळ प्रत्येक इशारा नीट पहावा आणि त्यानंतर आम्ही आपल्याला काही प्रश्न विचारु इच्छितो.</p> <p>तुम्हाला १ ते १० च्या स्केलचा उपयोग करुन चिजांना रेट करण्यास सांगणार आहोत, ज्या मध्ये १ म्हणजे "काहीच नाही " आणि १० म्हणजे "खूपच". आम्ही आपल्याला १ ते १० च्या स्केल चा वापर कसा करायचा याचे एक उदाहरण देऊ इच्छितो.</p> <p>या स्केल चा वापर करुन आम्ही तुम्हाला उदाहरण दाखवणार आहे</p> <p>कृपया, आपण मला सांगा की हे कीटन क्यूट आहे का? 1 2 3 4 5 6 7 8 9 10 अजिबात नाही मध्यांतर खूपच</p>

<p>One means that you do not find the kitten at all cute, and ten means that you find the kitten extremely cute. Do you have any questions?</p> <p>Great, now we'll move on to the actual questions. You will see 5 warnings, each for a different health effect. The same questions will be repeated for each warning, using the 1 to 10 scale.</p> <p>I will now show you the first image.</p> <p>[SHOW HealthWarn1 image]</p>	<p>१ का मतलब आपको नहीं लगता की यह कीटन क्यूट है और १० का मतलब आपको लगता है की यह कीटन कहीं ज्यादा क्यूट है। आपको कोई सवाल है?</p> <p>ग्रेट, अब हम मुख्य प्रश्नों पर चलते हैं।</p> <p>आपको अलग अलग स्वास्थ्यसंबंधी हर एक चेतावनी कि पांच चेतावनीयाँ दिखाई जायेगी।</p> <p>वहीप्रश्न १ से १० स्केल का इस्तमाल करके हर एक चेतावनी के लिए दोबारा पुछा जायेगा।</p> <p>अब हम आपको पहला चित्र बताएंगे।</p>	<p>१ म्हणजे तुम्हाला अजिबात वाटत नाही की कीटन क्यूट आहे, आणि १० म्हणजे कीटन खूपच क्यूट आहे. तुम्हाला काही प्रश्न आहे का ?</p> <p>ग्रेट, आता आपण महत्वाच्या प्रश्नांकडे वळूयात. तुम्हाला वेगवेगळ्या आरोग्यविषयक धोक्यासंबंधी प्रत्येकी ५ इशारे दिसतील. प्रत्येक इशा-यांसाठी १ ते १० च्या स्केलचा वापर करून सारखाच प्रश्न विचारला जाईल.</p> <p>आता आम्ही तुम्हाला पहिले चित्र दाखवितो.</p>	
<p>HW11. aattention</p>	<p>On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...</p> <p><b>...grabs your attention</b></p>	<p>१ से १० के एक स्केल, जिस में १ का अर्थ 'बिल्कुल नहीं' और १० का अर्थ 'कुछ ज्यादा ही' है, कृपया बताएं कि यह चेतावनी संदेश कितने प्रभावी हैं...</p> <p>... आपका ध्यान खींचता है।</p>	<p>१ ते १० च्या मोजपट्टीवर, जेथे १ म्हणजे 'अजिबात नाही' आणि १० म्हणजे 'खूपच' असा अर्थ आहे, तर कृपया सांगा की हा इशारा संदेश...</p> <p>...तुमचे लक्ष वेधून घेतो.</p>
<p>HW11. bbelieve</p>	<p>On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...</p> <p><b>...is believable</b></p>	<p>...विश्वसनीय है।</p>	<p>.... विश्वसनीय आहे.</p>
<p>HW11. crelevant</p>	<p>On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...</p> <p><b>...is important to you</b></p>	<p>...आपके लिए महत्वपूर्ण है।</p>	<p>...तुमच्यासाठी महत्वाचे आहे.</p>

HW11. dalarm	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...  <b>...is surprising</b>	...आश्चर्यजनक है।	.... आश्चर्यकारक आहे.
HW11. efright	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...  <b>...is frightening</b>	...डरावना है।	....भीतीदायक आहेत.
HW11. fdisgust	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...  <b>...is disgusting</b>	...घिनौना है।	.... तिरस्कारजन्य आहे.
HW11. gunpleasant	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...  <b>...is unpleasant</b>	...देखने में खराब है।	.... पाहण्यास अप्रिय आहे.
HW11. hconcern	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell me whether this warning message would . . .  <b>...make people more concerned about the health risk of using smokeless tobacco</b>	१ से १० के एक स्केल, जिस में १ का अर्थ 'बिल्कुल नहीं' और १० का अर्थ 'कुछ ज्यादा ही' है, कृपया मुझे बताएं कि यह चेतावनी संदेश होगा... लोगों को धूँए रहित तंबाकू से होनेवाले स्वास्थ्य संबंधी खतरो के बारे में और जागरूक बनाता है।	१ ते १० च्या मोजपट्टीवर, जेथे १ म्हणजे 'अजिबात नाही' आणि १० म्हणजे 'खूपच' असा अर्थ आहे, तर कृपया सांगा की हा इशारा संदेश... लोकांना धूम्रविरहित तंबाखूच्या आरोग्यविषयक धोक्यांविषयी अधिक जागरूक बनवेल.
HW11. iprevent	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell me whether this warning message would . . .  <b>... help prevent young people from starting to use smokeless tobacco</b>	...युवावर्गको धूँए रहित तंबाकू शुरू करने से रोकता है।	.... तरुणांना धूम्रविरहित तंबाखू सुरू करण्यापासून रोखण्यास मदत करेल.

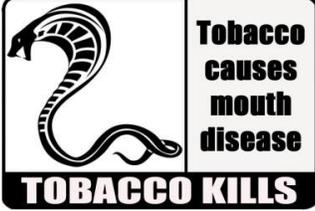
HW11. jquit	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell me whether this warning message would . . .  <b>... make smokeless tobacco users want to quit</b>	...धुँए रहित तंबाकू का उपयोग करनेवालों को इसे छोड़ने के लिए प्रेरित करता है	...धुम्रविरहित तंबाखूचा वापर करणा-यांना ते सोडावे अशी भावना निर्माण करतात.
HW11. keffective	Overall, on a scale of 1 to 10, how effective is this health warning?	कुल मिलाकर, 1 से 10 के पैमाने पर, यह स्वास्थ्य संबंधी चेतावनी कितनी प्रभावशाली है?	एकूणच, १ ते १० च्या मोजपट्टीवर, हे आरोग्यविषयक इशारे किती प्रभावशाली आहेत?
<b>ATTITUDES AND BELIEFS</b>			
PostOverall opinion [All]	What is your overall opinion about using smokeless tobacco?  1 Good 2 Neither good nor bad 3 Bad 88 R 99 DK	धुँए रहित तंबाकू के बारे में आपकी कुल मिलाकर राय क्या है ? यह है..?  1 अच्छा 2 न अच्छा और न बुरा 3 बुरा 88 R 99 DK	धुम्रविरहित तंबाखूच्या वापराबाबत तुमचे एकंदरीत मत काय आहे?  १ सकारात्मक आहे २ सकारात्मकही नाही 3. R 99. DK
General attitudes [All]  PostGA1	In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general...  Indian society disapproves of smokeless tobacco use.  1 Agree 2 Disagree 3 Neither agree nor disagree 88 R 99 DK	आपके अनुसार आप हमे बताएं कि नीचे दिए गए विवरण से सहमत हैं, न तो सहमत हैं और न असहमत हैं, अथवा असहमत हैं,। सामान्यतः  भारतीय समाज धुँए रहित तंबाकू के प्रयोग को मान्यता नहीं देता है। 1 सहमत है। 2 असहमत है। 3 न तो सहमत और न असहमत 99 बताया नहीं 88 R 99 DK	तुमच्या मते खाली दिलेल्या विधानांपैकी प्रत्येक विधानाशी तुम्ही सहमत आहात, सहमत नाही किंवा असहमतही नाही, असहमत आहात...साधारणतः  भारतीय समाजाला धुम्रविरहित तंबाखू मान्य नाही. १ सहमत आहे. २ असहमत आहे. ३ सहमतही नाही किंवा असहमतही नाही. ९९ सांगितले नाही 88 R 99 DK
PostGA2	Smokeless tobacco is highly addictive.	धुँए रहित तंबाकू एक लत है।	धुम्रविरहित तंबाखू व्यसनाधीन कारणार आहे.

PostGA3	It is acceptable for females to use smokeless tobacco.	औरतों का धूँए रहित तंबाकू का प्रयोग करना स्वीकार हैं ।	स्त्रियांनी धूम्रविरहित तंबाखू वापरणे स्वीकृत आहे.
PostGA4	Using smokeless tobacco sets a bad example for children.	धूँए रहित तंबाकूका उपयोग बच्चों के सामने बुरा उदाहरण रखता हैं	धूम्रविरहित तंबाखूचा वापर मुलां समोर वाईट उदाहरण उभे करतो.
PostGA5	Smokeless tobacco use is harmful to health.	धूँए रहित तंबाकू का उपयोग शरीर के लिय घातक होता हैं।	धूम्रविरहित तंबाखूचा वापर आरोग्यास धोकादायक आहे.
<b>PERCEIVED RISK</b>			
	<b>(If USER1=1 skip to worry, If USER1=2 skip to RelRisk1)</b>		
Worry [Current Users]	How worried are you, if at all, that using smokeless tobacco WILL damage your health in the future? Are you . . . [read first 3 options]  1 Not at all worried 2 A little worried 3 Very worried 88 R 99 DK	आप इस बातको लेकर कितने चिंतित हैं कि, धूँए रहित तंबाकू भविष्यमें आपके स्वास्थ्य को नुकसान पहुंचाएगा? हैं तो कितने?  [पहले 3 पर्याय पढीये]  1 बिल्कुल भी चिंतित नहीं 2 थोड़ा चिंतित 3 काफी चिंतित 88 R 99 DK	धूम्रविरहित तंबाखू भविष्यात तुमच्या आरोग्याला हानी पोहोचवेल याविषयी तुम्हाला किती चिंता आहे? असल्यास किती ? [पहिले 3 पर्याय वाचा.] 1 मुळीच नाही 2 थोडीशी चिंता वाटते 3 फार चिंता वाटते 88 R 99 DK
RelRisk1 [All]	Compared to smoking cigarettes, do you think using smokeless tobacco is less harmful, more harmful, or no different for health?  1 less harmful 2 more harmful 3 No difference 88 R 99 DK	सिगरेट धूम्रपान की तुलनामें, क्या आप धूँए रहित तंबाकू को स्वास्थ्य के लिय कम हानिकारक, अधिक हानिकारक, अथवा कोई अंतर नहीं मानते हैं?  1. कम हानिकारक 2. अधिक हानिकारक 3. कोई फर्क नहीं 88 R 99 DK	सिगारेट्सचे धूम्रपान करण्याच्या तुलनेत धूम्रविरहित तंबाखू आरोग्यासाठी कमी हानीकारक , जास्त हानीकारक किंवा काहीही वेगळे नाहीत असे तुम्हाला वाटते?  १. कमी हानीकारक २. जास्त हानीकारक ३. काहीही वेगळे नाही 88 R 99 DK

<p>RelRisk2 [All]</p>	<p>Compared to smoking bidis, do you think smokeless tobacco is less harmful, more harmful or no different for health?</p> <p>1 less harmful 2 more harmful 3 No difference 88 R 99 DK</p>	<p>बिडी धूम्रपान की तुलना में, क्या आप धूँए रहित तंबाकू को स्वास्थ्य के लिये कम हानिकारक, अधिक हानिकारक, अथवा कोई अंतर नहीं मानते हैं ?</p>	<p>बिड्यांचे धूम्रपान करण्याच्या तुलनेत धुम्रविरहित तंबाखू आरोग्यासाठी कमी हानीकारक , जास्त हानीकारक किंवा काहीही वेगळे नाहीत असे तुम्हाला वाटते?</p>
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<b>HEALTH WARNING LABEL RECALL</b>			
<p>I'm now going to ask you about the health warnings that you've seen in this study. In total there were 5 health warnings. I'd like you to take a minute and try and recall these health warnings: you can say either the words of the warnings or provide a brief description of any warnings you can remember. It is okay if you can't recall all the health warnings but please try your best.</p> <p>[Ask "Any others?..." after each response]</p> <p><b>[PROGRAMMER NOTE:</b> Create checklist with each item below]</p>		<p>हम अभी आपको स्वास्थ्य संबंधी चेतावनी के बारे में कुछ सवाल पूछना चाहते हैं, जो आपने इस स्टडी में देखे हैं। कुल मिलाकर 5 स्वास्थ्य चेतावनी हैं। हम चाहते हैं कि आप वो स्वास्थ्य चेतावनी को याद करने की कोशिश किजीए। आप मुझे उसके शब्द बता सकते हैं, या उस स्वास्थ्य चेतावनी का वर्णन करके बता सकते हो, अगर आपको कुछ याद भी नहीं आ रहा तो अभी चिंता कि कोई बात नहीं पर हम चाहते हैं की आप कोशिश जरूर किजीए।</p> <p>साक्षात्कार कर्ता के लिय सूचना: कुछ अलग?...हर एक सवाल के बाद।</p>	<p>मी तुम्हाला आता स्वास्थ्य संबंधी इशारे जे तुम्ही या अभ्यासामध्ये पाहिले आहेत , त्यासंबंधी काही प्रश्न विचारणार आहे. एकूण ५ स्वास्थ्य संबंधी इशारे आहेत. मला वाटते कि, तुम्ही त्या इशा-यांना आठवण्याचा प्रयत्न जरूर करा. तुम्ही मला त्याचे काही शब्द सांगू शकता, किंवा त्याचे वर्णन ही करू शकता. तुम्हाला काही आठवले नाही तरी काही हरकत नाही , परंतू मला असे वाटते की तुम्ही प्रयत्न जरूर करा.</p> <p>[प्रश्नकर्त्यासाठी सूचना: "इतर काही?"....प्रत्येक प्रश्नानंतर]</p>
<b>Experimental condition 1: Text only</b>			
	-text: "tobacco kills" and REFUSED (common to all labels, separate item on checklist)	-पाठ: तंबाकू जानलेवा है।	-माहिती: तंबाखू मृत्युदायक आहे.
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Tobacco causes oral cancer</b></p> <p><b>TOBACCO KILLS</b></p> </div> <p>-text: "tobacco causes oral cancer" -other (incorrect): please specify</p>	-पाठ: "तंबाकू के सेवन से गले का कैंसर होता है।" -अन्य (गलत): नमुद करे	-माहिती: "तंबाखूच्या सेवना मुळे घशाचा कर्करोग होतो." -इतर (चूक): कृपया नमुद करा
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Tobacco causes mouth disease</b></p> <p><b>TOBACCO KILLS</b></p> </div> <p>-text: "tobacco causes mouth disease" -other (incorrect): please specify</p>	-पाठ: "तंबाकू के सेवन से मुँह की बिमारी होती है।" -अन्य (गलत): नमुद करे	- माहिती: "तंबाखूच्या सेवनामुळे तोंडाचा रोग होतो." -इतर (चूक) : कृपया नमुद करा

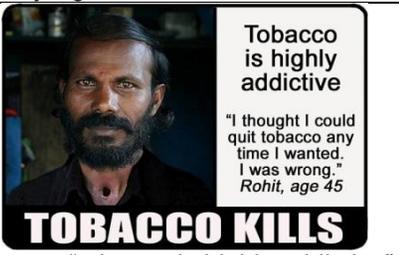
	<p><b>Tobacco causes heart disease</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes heart disease" -other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू के सेवन से दिलकी बिमारी होती है।" -अन्य (गलत): नमुद करे</p>	<p>-माहिती: "तंबाखूच्या सेवनामुळे हृदयविकार होतो." -इतर (चूक) : कृपया नमुद करा</p>
	<p><b>Tobacco is highly addictive</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco is highly addictive" -other (incorrect): please specify</p>	<p>-पाठ: " तंबाकू घातक लत है।" -अन्य (गलत) : नमुद करे</p>	<p>-माहिती: "तंबाखू व्यसनाधिन आहे." -इतर (चूक) : कृपया नमुद करा</p>
	<p><b>Tobacco kills 2500 Indians every day</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco kills 2500Indians every day"</p>	<p>-पाठ: " तंबाकू हररोज 2500 भारतीयों की जान लेता है।" -अन्य (गलत) :नमुद करे</p>	<p>-माहिती: "तंबाखू दररोज २५०० भारतीयांचा जिव घेते." -इतर (चूक) : कृपया नमुद करा</p>
<b>Experimental condition 2: Symbolic imagery</b>			
	<p> <b>Tobacco causes oral cancer</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes oral cancer" -picture: scorpion/bug (correct) -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू के सेवन से गले का कैंसर होता है।" - चित्र: विच्छु / बग (सही) - चित्र: अन्य (गलत) : नमुद करे</p>	<p>-माहिती: "तंबाखूच्या सेवनामुळे घशाचा कर्करोग होतो." -चित्र : विंचू / खेकडा (बरोबर) -चित्र : इतर (चूक) नमुद करा</p>

	 <p>text: "tobacco causes mouth disease" -picture: snake/cobra (correct) -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू के सेवन से मुँहकी बिमारी होती है।" -चित्र: साप / कोब्रा (सही) -चित्र: अन्य (गलत): नमुद करे</p>	<p>-माहिती: "तंबाखूच्या सेवनामुळे तोंडाचा रोग होतो." -चित्र : साप / कोब्रा (बरोबर) -चित्र : इतर (चूक) नमुद करा</p>
	 <p>-text: "tobacco causes heart disease" -picture: yellow triangle (correct) -picture: exclamation mark (correct) -picture: caution sign (correct) -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू के सेवन से दिलकी बिमारी होती है।" -चित्र: पिला त्रिकोन् (सही) -चित्र: सूची चिन्ह (सही) -चित्र: हस्ताक्षर उपज (सही) -चित्र: अन्य (गलत): नमुद करे</p>	<p>-माहिती: "तंबाखूच्या सेवनामुळे हृदयविकार होतो." -चित्र: पिवळा त्रिकोन (बरोबर) -चित्र: सुची चिन्ह (बरोबर) -चित्र: हस्ताक्षर चिन्ह (बरोबर) -चित्र: इतर (चूक) नमुद करा</p>
	 <p>-text: "tobacco is highly addictive" -picture: red circle -picture: 'no' symbol (correct) -picture: other (incorrect): please specify</p>	<p>-पाठ: " तंबाकू घातक लत है।" -चित्र: लाल वर्तुळ (सही) -चित्र: सूची 'नहीं' (सही) -चित्र: अन्य (गलत): नमुद करे</p>	<p>- माहिती: "तंबाखू व्यसनाधिन आहे." -चित्र: लाल वर्तुळ (बरोबर) -चित्र:सूची 'नाही' (बरोबर) -चित्र: इतर (चूक) नमुद करा</p>

	 <p><b>Tobacco kills 2500 Indians every day</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco kills 2500 Indians every day"          -picture: skull and/or crossbones (correct)          -picture: poison (correct)          -picture: other (incorrect): please specify</p>	<p>- पाठ: "तंबाकू हररोज 2500 भारतीयों की जान लेता है।"          चित्र: खोपड़ी और हड्डियां (सही)          चित्र: जहर (सही)          चित्र:अन्य (गलत): नमुद करे</p>	<p>- माहिती: "तंबाखू दररोज २५०० भारतीयांचा जिव घेते."          - चित्र : हाडे आणि कवटी (बरोबर)          - चित्र : विष (बरोबर)          - चित्र:इतर (चूक) नमुद करा</p>
<b>Experimental condition 3: Graphic health effect</b>			
	 <p><b>Tobacco causes oral cancer</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes oral cancer"          -picture: tumour on side of face (correct)          -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू केसेवनसे मौखिक कैंसर होता है।"          -चित्र: चेहरेकी तरफ ट्यूमर (सही)          -चित्र: अन्य (गलत): नमुद करे</p>	<p>-माहिती:"तंबाखूच्यासेवनामुळेघशाचा कर्करोग होतो."          -चित्र: चेह-याच्या बाजूला आलेली गाठ /टूमर (बरोबर)          -चित्र: इतर (चूक) नमुद करा</p>
	 <p><b>Tobacco causes mouth disease</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes mouth disease"          -picture: diseased/gross teeth (correct)          -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकूके सेवनसे मुँह की बिमारी होती है।"          -चित्र: रोगग्रस्त / सकलदांत (सही)          -चित्र: अन्य (गलत): नमुद करे</p>	<p>-माहिती:"तंबाखूच्यासेवनामुळे तोंडाचा रोग होतो."          -चित्र: आजारी/खराब, किडलेलेदात (बरोबर)          -चित्र: इतर (चूक) नमुद करा</p>

	 <p><b>Tobacco causes heart disease</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes heart disease"          -picture: open chest (correct)          -picture: surgery (correct)          -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकूके सेवनसे दिलकी बिमारी होती है।"          -चित्र: खुलीछाती (सही)          -चित्र: सर्जरी (सही)          -चित्र: अन्य (गलत): नमुद करे</p>	<p>-माहिती: "तंबाखूच्यासेवनामुळे हृदयविकार होतो."          -चित्र: उगडीछाती (बरोबर)          -चित्र: सर्जरी (बरोबर)          -चित्र: इतर(चूक) नमुद करा</p>
	 <p><b>Tobacco is highly addictive</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco is highly addictive"          -picture: hole in throat (correct)          -picture: tumour on throat (correct)          -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू घातक लत है।"          -चित्र: गले में छेद (सही)          -चित्र: गलेपरट्यूमर(सही)          चित्र: अन्य (गलत): नमुद करे</p>	<p>-माहिती: "तंबाखू व्यसनाधिन आहे."          -चित्र: घश्यामध्ये होल (बरोबर)          -चित्र: घश्यामध्ये गाठ/टुमर (बरोबर)          -चित्र: इतर(चूक) नमुद करा</p>
	 <p><b>Tobacco kills 2500 Indians every day</b></p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco kills 2500Indians every day"          -picture: dead body under white sheet (correct)          -picture: other (incorrect): please specify</p>	<p>-पाठ: "तंबाकू हररोज 2500 भारतीयों की जान लेता है।"          -चित्र: पाढ-या कपडयाखालील शव/मृतशरीर (बरोबर) (सही)          -चित्र:अन्य (गलत): नमुद करे</p>	<p>-माहिती: "तंबाखू दररोज २५००भारतीयांचा जिव घेते."          - चित्र: पाढ-या कपडयाखालील शव/मृतशरिर (बरोबर)          -चित्र: इतर(चूक): नमुद करा</p>
<b>Experimental condition 4: Testimonial</b>			

 <p><b>Tobacco causes oral cancer</b></p> <p>"I lost my jaw to oral cancer." Ajay, age 38, died two weeks after this photo was taken</p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes oral cancer"          -picture: man with oral cancer (correct)          -picture: missing jaw (correct)          -picture: other (incorrect): please specify          -testimonial: "I lost my jaw to oral cancer". Ajay, age 38, died two weeks after this photo was taken.</p>	<p>-पाठ: "तंबाकूके सेवन से मौखिककैंसर होता है।"          -चित्र: मौखिक कैंसर के साथ आदमी (सही)          -चित्र: जबड़ेनापता (सही)          -चित्र: अन्य (गलत): नमुद करे          -पाठ: "मौखिक कैंसर की वजह से मैंने अपना जबड़ा खो दिया।" अजय, उम्र 38 साल, यह फोटो लेने के 2 हफ्ते बाद उस की मौत हो गयी ।</p>	<p>-माहिती: "तंबाखूच्या सेवनामुळे तोंडाचा कर्करोग होतो."          -चित्र: तोंडांचा कर्करोग झालेला माणूस (बरोबर)          -चित्र: जबड़ा नसलेला माणूस (बरोबर)          -चित्र: इतर (चूक) नमुद करा          -माहिती: "तोंडाच्या कर्करोगामुळे मी आपला जबड़ा गमावला." अजय, वय वर्षे ३८, हा फोटो घेतल्यावर २आठवडयानंतर त्याचा मृत्यु झाला.</p>
 <p><b>Tobacco causes mouth disease</b></p> <p>"Because of using tobacco, I have this disease in my mouth." Deepak, age 40</p> <p><b>TOBACCO KILLS</b></p> <p>- text: "tobacco causes mouth disease"          -picture: womanman with mouth disease/tumour (correct)          -picture: woman with open mouth/tongue (correct)          -picture: other (incorrect): please specify          - testimonial: "Because of using tobacco, I have this disease in my mouth that cannot be removed". Deepak, age 40.</p>	<p>-पाठ: "तंबाकू केसेवन से मुँह की बिमारी होती है।"          -चित्र: मुँहके रोग / ट्यूमर के साथ आदमी (सही)          -चित्र: खुले मुँहवालाआदमी (सही)          -चित्र: अन्य (गलत): नमुद करे          -पाठ: "तंबाकू का सेवन करने कि वजह से मुझे यह मुँहका ट्यूमर है, जो हटाया नहीं जा सकता। " दिपक उम्र 40 साल ।</p>	<p>-माहिती: "तंबाखूच्यासेवनामुळे तोंडाचा रोग होतो."          -चित्र: तोंडाचा रोग आणि तोंडात गाठ झालेला पुरुष (बरोबर)          -चित्र: तोंड उघडे असलेला पुरुष (बरोबर)          -चित्र: इतर (चूक): नमुद करा          -माहिती: "तंबाखूच्या सेवनामुळे माझ्या तोंडातही गाठ झाली जी कधी ही काढता येऊ शकणार नाही." दिपक, वय वर्षे 40.</p>

 <p><b>Tobacco causes heart disease</b></p> <p>"This is my second heart attack caused by tobacco use. It could be my last." Raj, age 44</p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco causes heart disease" -picture: man lying down/unconscious (correct) -picture: CPR administered on man (correct) -picture: other (incorrect): please specify -testimonial: "This is my second heart attack caused by tobacco use. It could be my last." Raj, age 44.</p>	<p>-पाठ: "तंबाकू के सेवन से दिल की बीमारी होती है।" -चित्र: नीचे / बेहोश पड़ा हुआ आदमी (सही) -चित्र: सर्जरी (सही) -चित्र: अन्य (गलत): नमूद करे -पाठ: "तंबाकू के सेवन कि वजह से यह मेरा दुसरा दिल का दौरा है।" जो आखरी भी हो सकता है। राज, उम्र 44 साल।</p>	<p>-माहिती: "तंबाखूच्या सेवनामुळे हृदयविकार होतो." -चित्र: खाली पडलेला माणूस/बेसुदध पडलेला माणूस (बरोबर) -चित्र: सर्जरी (बरोबर) -चित्र: इतर (चूक): नमूद करा -माहिती: "तंबाखूच्या सेवनामुळे मला हृदयविकाराचा दुसरा झटका आला, जो कदाचित शेवटाचाही असू शकतो." राज, वय वर्षे ४४.</p>
 <p><b>Tobacco is highly addictive</b></p> <p>"I thought I could quit tobacco any time I wanted. I was wrong." Rohit, age 45</p> <p><b>TOBACCO KILLS</b></p> <p>-text: "tobacco is highly addictive" -picture: man with hole in throat (correct) -picture: other (incorrect): please specify -testimonial: "I thought I could quit tobacco any time I wanted. I was wrong." Rohit, age 45.</p>	<p>-पाठ: "तंबाकू घातक लत है।" -चित्र: गले के छेद के साथ आदमी (सही) -चित्र: अन्य (गलत): नमूद करे पाठ: "मैं सोचता था कि, मैं तंबाकू सेवन किसी भी समय छोड़ सकता हूँ, लेकिन मैं गलत था।" रोहित, उम्र 45 साल।</p>	<p>-माहिती: "तंबाखूव्यसनाधिन आहे." -चित्र: घश्यामध्ये छिद्र असलेला माणूस (बरोबर) -चित्र: इतर (चूक): नमूद करा -माहिती: "मला वाटत होते कि, मी तंबाखूचे सेवन कोणत्याही क्षणी सोडू शकतो. परंतु हा माझा चुकीचा समज होता." रोहित, वय वर्षे ४५.</p>

 <p><b>Tobacco kills 2500 Indians every day</b></p> <p>"Tobacco use killed my husband. I feel so alone." Gita, age 36</p> <p><b>TOBACCO KILLS</b></p>	<p>-text: "tobacco kills 2500 Indians every day"</p> <p>-picture: woman mourning (correct)</p> <p>-picture: woman in white clothing (correct)</p> <p>-picture: body under sheet (correct)</p> <p>-picture: other (incorrect): please specify</p> <p>-testimonial: "Tobacco use killed my husband. I feel so alone". Gita, age 36.</p>	<p>-पाठ: "तंबाकू हररोज 2500 भारतीयों की जानलेती है।"</p> <p>-चित्र: दुखी महिला (सही)</p> <p>-चित्र: सफेद कपडे में महिला (सही)</p> <p>-चित्र: कपडे के नीचे लाश (सही)</p> <p>-पाठ: "तंबाकू के सेवन ने मेरे पती कि जानलेली, अब मुझे काफी अकेलापन मेहसूस होता है।" गिता, उम्र 36 साल</p>	<p>-माहिती: "तंबाखू दररोज २५०० भारतीयांचा जिव घेते."</p> <p>- चित्र: दुःखीस्त्री (बरोबर)</p> <p>- चित्र: पांढ-या कपडयामधलीस्त्री (बरोबर)</p> <p>-चित्र: कपडयाखाली असलेले शव/मृतशरिर/ धड (बरोबर)</p> <p>-चित्र: इतर (चूक) नमुद करा</p> <p>-माहिती: "तंबाखूच्या सेवनामुळे माझ्या पतीचा मृत्यु झाला. आता मला फार एकटे वाटते आहे." गिता, वय वर्षे ३६.</p>
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HEALTH BELIEFS			
	<p>I am going to read you a list of health effects and diseases that may or may not be caused by using smokeless tobacco. Based on what you know or believe, does smokeless tobacco use cause . . .</p> <p><b>INTERVIEWER NOTE:</b> if respondent unsure of what the health outcome is, select "don't know"</p>	<p>मैं स्वास्थ्यपर प्रभाव और बीमारियों की सूची पढ रहा हूँ, जोकि धूँए रहित तंबाकू के कारण हो सकती है, यानहीं भी हो सकती है। आपकी जानकारीसे, क्या धूँए रहित तंबाकू से होता है..?</p> <p>[साक्षात्कर्ता के लिए सूचना: प्रतिवादी को अगर बीमारी कौनसी है, यह पता ना हो तो "पता नहीं" यह पर्याय का स्विकार करे। ]</p>	<p>मी तुम्हाला धूम्रविरहित तंबाखूचे धूम्रपान केल्यामुळे होऊ शकणा-या किंवा न होऊ शकणा-या आरोग्यावरील परिणामांची आणि आजारांची एक यादी वाचुन दाखवेन. तुम्हाला जी माहिती आहे किंवा तुम्हाला जे वाटते त्या आधारे धूम्रविरहित तंबाखूच्या धूम्रपानामुळे ....होऊ शकतो का?</p> <p>[प्रश्नकर्त्यासाठी सूचना: माहितीदात्याला जर रोग कोणता आहे हे माहित नसेल तर "माहित नाही" हा पर्याय स्विकारा]</p>
HBOral	<p>Oral cancer?</p> <p>1. Yes 2. No 3. DK 99. R</p>	<p>मूँह का कैंसर ?</p> <p>1. हाँ 2. नहीं 3. DK 99. R</p>	<p>तोंडाचा कर्करोग?</p> <p>1. होय 2. नाही 3. DK 99. R</p>
HB Mouth	<p>Mouth disease?</p> <p>1. Yes 2. No 3. DK 99. R</p>	<p>मुँहकी बिमारी?</p> <p>1. हाँ 2. नहीं 3. DK 99. R</p>	<p>तोंडाचा रोग?</p> <p>1. होय 2. नाही 3. DK 99. R</p>
HBHeart	<p>Heart disease?</p> <p>1. Yes 2. No 3. DK 99. R</p>	<p>दिल की बीमारी ?</p> <p>1. हाँ 2. नहीं 3. DK 99. R</p>	<p>हृदयविकार?</p> <p>1. होय 2. नाही 3. DK 99. R</p>
HBdeath	<p>Death?</p> <p>1. Yes 2. No 3. DK 99. R</p>	<p>मौत?</p> <p>1. हाँ 2. नहीं 3. DK 99. R</p>	<p>मृत्यू?</p> <p>1. होय 2. नाही 3. DK 99. R</p>

<b>HEALTH WARNING LABEL RANKING TASK</b>			
<b>PROGRAMMER NOTE:</b> For the ranking task, each respondent should be assigned to one of the 5 health effects (with balancing for number assigned to each). This is NOT the same as experimental condition. The respondent will view all 4 warnings (in all 4 executional styles) for one health effect			
HWranktas k_1_1_1	I am now going to show you four health warnings about [health effect]. I am going to ask you to compare the warnings to each other.	अब हम आपको 4 स्वास्थ्यसंबंधी चेतावणियाँ दिखायेंगे [स्वास्थ्यसंबंधी परिणाम] उसकी एक दुसरे के साथ तुलना करने के लिए हम आपको बतायेगे।	आता आम्ही तुम्हाला ४ आरोग्यविषयक इशारे दाखवणार आहोत [आरोग्यावरिल परिणाम.] आम्ही तुम्हाला त्याची एक दुस-यांबरोबर तुलना
	Overall, which warning do you think is the <u>most effective</u> for discouraging the use of smokeless tobacco?	आपके अनुसार, कौनसी स्वास्थ्यसंबंधी चेतावनी धूँए रहित तंबाकूका उपयोग ना करनेके लिए हातोत्साहित करेगी।	एकूणच, तुमच्या मते कोणता इशारा धूम्रविरहित तंबाखूचा वापर थांबवण्यासाठी प्रभावशाली आहे.
	Overall, which warning is the <u>next most effective</u> ? [Interviewer: Repeat until all warnings in the set have been selected]	इन में से, कौन सी चेतावनी धूम्रपान छोडने को प्रेरित करने के लिए सबसे अधिक प्रभावी चेतावनी है?  (साक्षात्कारकर्ता :सेट की सभी चेतावनियों के चुने जाने तक दोहराएं)	धूम्रपान करणा-यांना ते सोडावे यासाठी त्यांना प्रेरणा देईल असा तुमच्या मते दुसरा कोणता सर्वात प्रभावी इशारा आहे?  (मुलाखतकाराला सूचना: या संचातील सर्व इशा-यांबाबत विचारणा होईपर्यंत हा प्रश्न पुनःपुन्हा विचारा.)
<b>CURRENT IMAGES RANKING TASK</b>			
<b>PROGRAMMER NOTE:</b> For this ranking task, each respondent will view 5 warning label images: -4 current health warnings -1 old health warning that was on smokeless tobacco packages until Dec 2011. (total of 5 warnings)			
HWranktask 1_acutal	I am now going to show you five different warnings, and ask you to compare the warnings to each other.	मैं अब आपको पाँच स्वास्थ्यसंबंधी चेतावनी दिखाकर उसकी एक दुसरे के साथ तुलना करने के लिए कहूँगी/गा	मी आता तुम्हाला पाच इशारे दाखवून त्याची एकमेकांबरोबर तुलना करण्यास सांगणार आहे.
	Overall, which warning do you think is the <u>most effective</u> for discouraging the use of smokeless tobacco?	आपके अनुसार, कौनसी स्वास्थ्यसंबंधी चेतावनी धूँएरहित तंबाकूका उपयोग ना करने के लिए हातोत्साहित करेगी ?	तुमच्या मते कोणता इशारा धूम्रविरहित तंबाखूचा वापर थांबवण्यासाठी प्रभावशाली आहे.

	<p>Overall, which warning is the <u>next most effective</u>?</p> <p><b>[Interviewer: Repeat until all warnings in the set have been selected]</b></p>	<p>इन में से, कौन सी चेतावनी धूम्रपान छोड़ने को प्रेरित करने के लिए सबसे अधिक प्रभावी चेतावनी है?</p> <p>(साक्षात्कारकर्ता :सेट की सभी चेतावनियों के चुने जाने तक दोहराएं)</p>	<p>धूम्रपान करणा-यांना ते सोडावे यासाठी त्यांना प्रेरणा देईल असा तुमच्या मते दुसरा कोणता सर्वात प्रभावी इशारा आहे?</p> <p>(मुलाखतकाराला सूचना:- या संचातील सर्व इशा-यांबाबत विचारणा होईपर्यंत हा प्रश्न पुनःपुन्हा विचारा.)</p>
<b>REIMBURSEMENT AND END</b>			
	<p>That's everything for today. Thank you very much for your participation. Here is a small gift valued at 100 rupees) in appreciation of your time. To confirm that you've received your reimbursement, I'll need you to sign this form.</p> <p><b>[Interviewer note:]</b>Have participant sign/initial Remuneration Form.</p>	<p>यह आज के दिन के लिए है। आपने जो वक्त हमें दिया उसके लिए धन्यवाद और आपको उसके बदले में 100 रु. तक का उपहार दिया जाएगा।</p> <p>साक्षात्कारकर्ता के लिए सूचना: सहभागी को तोहफा देकर उनके हस्ताक्षर लिजिए</p>	<p>हे सर्व काही आजच्या दिवसासाठी आहे. तुम्ही सहभागी झाल्याबद्दल धन्यवाद. तुम्ही दिलेल्या वेळेबद्दल तुम्हाला एक छोटीशी भेट (१०० रुपयापर्यंत) देण्यात येईल. यासाठी तुमची सही घेण्यात येईल.</p> <p>मुलखतकर्त्यासाठी सूचना: माहितीदात्याला भेट वस्तू देऊन त्याची सही घ्या.</p>
<p>That's all the questions I have for you today. I'll now go over a feedback letter with you.</p> <p><b>[INTERVIEWER NOTE: Hand out Feedback Letter, go over main points:]</b></p> <p>Thank you for participating in our study – we appreciate your help.</p> <ul style="list-style-type: none"> <li>- As we mentioned earlier, we are interested in people's opinions about health warnings on tobacco packaging.</li> <li>- We were interested in the impact of different types of health warnings and how they affect people's perceptions of believability, personal relevance, and overall effectiveness as well as eliciting negative emotional arousal.</li> </ul>	<p>आज के लिए यह सारे सवाल थे। अब हम आपको एक प्रतिक्रिया पत्र देने जा रहे हैं।</p> <p>साक्षात्कारकर्ता के लिए सूचना: जानकारी पत्रक दे कर उसके मुद्रोपर चर्चा करेसर्वेक्षण में शामिल होने के लिए धन्यवाद</p> <p>सर्वेक्षण में शामिल होने के लिए धन्यवाद।</p> <p>-जैसे हमने आपको पहले बताया की तंबाकू के पैकेटपर स्वास्थ्यसंबंधी जो चेतावनीयाँ है उसके , है चाहते जानना राय की लोगों हम संबंधी</p> <p>- हम यह जानना चाहते हैं की, अलग-अलग तरह की स्वास्थ्यसंबंधी चेतावनीयाँ लोगों की धारणा</p>	<p>आजच्यासाठी हे सर्व प्रश्न होते आपण आता तुमच्याकडे माहिती पत्रक आहे त्याविषयी बोलू या.</p> <p>प्रश्नकर्त्यासाठी सूचना: मुख्य देऊन पत्रक माहिती - .पहा मुद्दे</p> <p>आपण या अभ्यासामध्ये सहभागी झाल्याबद्दल आम्ही आपले आभारी आहोत.</p> <ul style="list-style-type: none"> <li>- आम्ही पुर्वी सांगितल्याप्रमाणे तंबाखूच्या , लोकांचे बदल चेतावनी स्वास्थ्यसंबंधी पाकिटावरील रस आम्हाला घेण्यात जाणून हे आहेत काय मत .आहे</li> <li>- आम्ही हे जाणून घेऊ इच्छितो की वेगळ्या-वेग , य-इशा आरोग्यविषयक ांबद्दल लोकांचे मत ,</li> </ul>	

<ul style="list-style-type: none"> <li>- We were also interested in the impact of different health warnings on the credibility of health warning messages, and beliefs about the health effects of using smokeless tobacco</li> <li>- Participants were shown different types of health warnings for five different health effects: either text-only warnings, pictorial warnings with graphic health effects, or pictorial warnings with personal testimonials, in order to compare responses to each type of warning.</li> <li>- As a reminder, no personal information (name, address, contact information, etc.) will be collected, other than a signature or initial to confirm that the small gift was received. For your protection, we will assign you a number that will be used to label all information and no personal identifiers will be linked to your data.</li> <li>- This study has been reviewed by and received ethics clearance through the University of Waterloo and the Healis - Sekhsaria Institute for Public Health. If you have any comments or concerns resulting from your involvement please contact Dr. Prakash Gupta at Healis whose contact information is listed in your letter [point out contact</li> </ul>	<p>व्यक्तिगत प्रासंगिकता और समग्र प्रभाव के रूप में तथा नकारात्मक भावनाओं पर क्या असर पड़ता है ।</p> <p>-हम यह जाननेमें भी उत्सुक है कि धूम्ररहित तंबाकू के स्वास्थ्यसंबंधी चेतावनीया स्वास्थ्य का संदेश देने के लिए कितनी विश्वसनिय हैं और धूम्ररहित तंबाकूके दुष्परीनामों के लिए कितनी विश्वसाहर्ता हैं ।</p> <p>- साक्षात्कारकर्ता के लिए 5 अलग-अलग स्वास्थ्यसंबंधी चेतावनीयाँ दिखायी जायेगी उसमे कही में सिर्फ पट होगा या कहीमें चित्रभी होगा, कहीमें ग्राफिक स्वास्थ्य प्रभाव होगाया फिर कही में चित्र के साथ स्वकथा (टेस्टीमोनियल) होगी, क्रममें प्रत्येक चेतावनी के प्रकार कि तुलना करने के लिए कहा जायेगा</p> <p>- आपको यह बताया जा रहा है की, कोई भी व्यक्तिगत जानकारी ( नाम, पता, संपर्क जानकारी, अन्य) आपके पाससे ली नहीं जायेगी । आपको यह भेट दी जा रही है, इसके पुस्ती के लिए सिर्फ एक हस्ताक्षर लिए जायेंगे । आपके सुरक्षा के लिए आपको एक नंबर दिया जायेगा आपकी सारी जानकारी वह नंबर के सामने होगी । जहा पर कोई भी व्यक्तिगत जानकारी जोडी नहीं जायेगी ।</p> <p>- इस अध्ययन की यूनिवर्सिटी ऑफ वॉटर्लू और हिलीस-सेक्सारिया इन्स्टिट्यूट फॉर पब्लीक हेल्थ के नैतिकता समिती से समीक्षा की गई है । अगर आपको सहभाग से लेकर</p>	<p>प्रभावाच्या एकजित आणि प्रासंगिकता व्यक्तीगत यांच्या-इशा ,भावना नकारात्मक तसेच रुपात पोहचविण्यासाठी संदेश आरोग्यविषयी धूम्रपानाबद्दल .आहेत विश्वसनीय किती</p> <p>- आम्हाला आरोग्याविषयक इशा-यांचा प्रभाव आरोग्य विषयकइशा-यांच्या संदेशावर किती विश्वसनिय आहे आणि धूम्रविरहित तंबाखूवापरण्याविषयी काय समज आहे हे जाणून घ्यायचे आहे.</p> <p>- मुलाखतकाराला पाच वेगवेगळे आरोग्यविषयक धोक्यांचे इशारे दाखवण्यात येतील: फक्त माहिती, इशा-यांची चित्र किंवा स्व:कथा (पर्सनलटेस्टीमोनियल), प्रत्येकाबरोबरची प्रतिक्रियांची तुलना करा.</p> <p>- तुम्हाला हे सांगण्यात येत आहे की, काही व्यक्तिगत माहिती ( नाव, पत्ता, संपर्क संबंधी माहिती, इत्यादी) व्यक्तिगत माहिती घेतली जाणार नाही. तुम्हाला आमच्याकडून छोटीसी भेट मिळाली हे जाणून घेण्यासाठी फक्त एक हस्ताक्षर घेतले जाईल. तुमच्या संरक्षणासाठी तुम्हाला एक नंबर दिला जाईल, ज्या समोर तुमची सर्व माहिती नमूद केली असेल आणि कोणतीही व्यक्तिगत माहिती त्याबरोबर जोडली गेली नसेल.</p> <p>- या अभ्यासासाठी समीक्षा आणि नैतिकतेची मंजुरी यूनिव्हर्सिटी ऑफ वॉटर्लू आणि हिलीस-इं सेक्सारियास्टिट्यूट फॉर पब्लीक हेल्थ यांच्याकडून मिळाली आहे प्रश्न काही सहभागानंतर तुम्हाला .</p>
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	कोई सवाल है तो हिलीस में डॉ. गुप्ता नैतिकता समिती से संपर्क कर सकते है । (जानकरी पज पर जो संपर्क के बारे जानकारी है वो दिखाईये ।)	गुप्ता .डॉ तर असेल टिप्पणी किंवाहिलीसशी संपर्क साधा की ज्याचा पत्ता तुमच्या पत्रकावर आहे . (.दाखवा माहिती संपर्काची पत्रकावरिल त्यांच्या)
That's everything for today. Thank you again for your participation.	आज के लिए यह काफी है ,सहभाग के लिए हम आपके आभार प्रकट करते है	आजच्या दिवसासाठी इतके पुरे .माहिती दिल्याबद्दल आम्ही आपले आभारी आहोत.
Please insert any notes about the participant or interview:	अगर सर्वेक्षण के बारे में कोई भी टिप्पणी हो ,तो यहा नमूद करे ।	कृपया करून सहभागी किंवा मुलाखतदाराबद्दलची माहिती लिहा.

## APPENDIX C. Codebook for India

RESPNUM	Respondent Number on Machine starting at 1	1-
Status	System variable for status	4 Complete 3 Not Complete
Interviewtime	System variable for interview length	Number
StudyID	5-digit number that combines RESPNUM with the computerID	#####
Intersite	Site of Interview (entered by interviewer)	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15
InterID	Interviewer ID (entered by interviewer)	Number (1-6)
iPadnum	Number of iPad used (entered by interviewer)	Text
RevisedSite	Site of Interview (determined by date of survey completed)	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15
Date_of Interview	Date of Interview	MMDDYYYY
Intstart	Start Time of interview	HHMMSS
Agegroup	Variable to store age group based on D_Age	1 YOUTH (16 - 18 YEARS) 2 ADULT (19+ YEARS)
User1	Variable to store smoking status based on Sstatus	1 User (if sstatus=1,2 or 3) 2 Non-User (if sstatus=4)
Date_end Interview	Date Interview Ended—Only present if made it to final screen	MDDYYYY
Intfinish	Time interview Ended—Only present if made it to final screen	HHMMSS
sLanguage		1 English 2 Hindi 3 Marathi
Country	Code for Country	IND
AGP	Age Group Selected by Interviewer at beginning of survey	1 Youth (16 - 18 YEARS) 2 Adult (19+ YEARS)
Consen	Does Respondent Consent to doing the survey:	1 Yes, continue to survey 2 No, Thank you for your time
DGender	Gender	1 Female 2 Male
D_Age	To begin, may I ask how old you are?	Number (1-99)
SLTSTATUS1	In the last 30 days, how often did you use any smokeless tobacco products? <b>(If ANS=1,2 or 3 skip to SLTStatus2, If ANS=4 (Youth ONLY) skip to EVERUSE)</b>	1 Every day 2 At least once a week 3 At least once in the last month 4 Not at all
	I am now going to ask you questions about your smokeless tobacco use. Have you EVER USED any smokeless tobacco products?  Some examples are ...	

	(Check all that apply)	
EVERUSE_1	Mishri	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_2	Betel quid with tobacco (paan)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_3	Plain chewing tobacco	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_4	Gutka	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_5	Khaini	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_6	Zarda	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_7	Tobacco toothpaste/paste	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_8	Nasal/ oral snuff	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_9	Lal dantmanjan	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_10	Dokta	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_11	Gudhaku	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_12	Gul	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_13	Other smokeless product	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSEOTH	Other smokeless product - specify	Text
EVERUSE_14	None of the above	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_15	R	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_16	DK	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>If any products chosen skip to AgeInit</b> <b>If no products chosen skip to Sproducts</b>	
SLTSTATUS2	You mentioned that you currently use smokeless tobacco _____. On average, how many times per _____ do you use smokeless tobacco? (Daily, Day if SLTStatus1=1) (Weekly, Week if SLTStatus1=2) (Monthly, Month if SLTStatus1=3)  <b>(If ANS=1 skip to SLTStatus3, If ANS=2 skip to AgeInit)</b>	1 Enter Number 2 DK/R
SLTSTATUS3	You mentioned that you currently use smokeless tobacco _____. On average, how many times per _____ do you use smokeless tobacco?	Number (0-999)

	(Daily, Day if Sstatus=1) (Weekly, Week if Sstatus=2) (Monthly, Month if Sstatus=3)	
AgeInit	How old were you when you first tried smokeless tobacco?  <b>(If ANS=1 skip to AgeInitiation, If ANS=2 and User=1 skip to CurrentUse, If ANS=2 and User=2 skip to Sproducts)</b>	1 Enter Age 2 DK/R
AgeInitiation	How old were you when you first tried smokeless tobacco?  <b>(If User=1 skip to CurrentUse, If User=2 skip to Sproducts)</b>	Number (0-99)
	Do you currently use any of the following smokeless tobacco products at least once a month?  (Check all that apply)	
CURRENTUSE_1	Mishri	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_2	Betel quid with tobacco (paan)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_3	Plain chewing tobacco	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_4	Gutka	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_5	Khaini	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_6	Zarda	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_7	Tobacco toothpaste/paste	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_8	Nasal/ oral snuff	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_9	Lal dantmanjan	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_10	Dokta	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_11	Gudhaku	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_12	Gul	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_13	Other smokeless product	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSEOTH	Other smokeless product - specify	Text
CURRENTUSE_14	None of the above	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_15	R	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

CURRENTUSE_16	DK	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>If one product is chosen skip to ReasonsForUse1, If multiple products chosen skip to UsualProduct, If no products chosen skip to Susual1</b>	
UsualProduct	Which of these products do you use most frequently?	Number (1-4) (See CUSEDLIST and T_CUSEDLIST variables)
CUSEDLIST_1	Code used in Constructed list for selected first in CURRENTUSE used in UsualProduct	156, 172, or 188 Mishri 157, 173, or 189 Betel quid with tobacco (paan) 158, 174, or 190 Plain chewing tobacco 159, 175, or 191 Gutka 160, 176, or 192 Khaini 161, 177, or 193 Zarda 162, 178, or 194 Tobacco toothpaste/paste 163, 179, or 195 Nasal/ oral snuff 164, 180, or 196 Lal dantmanjan 165, 181, or 197 Dokta 166, 182, or 198 Gudhaku 167, 183, or 199 Gul 168, 184, or 200 Other smokeless product
CUSEDLIST_2	Code used in Constructed list for selected second in CURRENTUSE used in UsualProduct	156, 172, or 188 Mishri 157, 173, or 189 Betel quid with tobacco (paan) 158, 174, or 190 Plain chewing tobacco 159, 175, or 191 Gutka 160, 176, or 192 Khaini 161, 177, or 193 Zarda 162, 178, or 194 Tobacco toothpaste/paste 163, 179, or 195 Nasal/ oral snuff 164, 180, or 196 Lal dantmanjan 165, 181, or 197 Dokta 166, 182, or 198 Gudhaku 167, 183, or 199 Gul 168, 184, or 200 Other smokeless product
CUSEDLIST_3	Code used in Constructed list for selected third in CURRENTUSE used in UsualProduct	156, 172, or 188 Mishri 157, 173, or 189 Betel quid with tobacco (paan) 158, 174, or 190 Plain chewing tobacco 159, 175, or 191 Gutka 160, 176, or 192 Khaini 161, 177, or 193 Zarda 162, 178, or 194 Tobacco toothpaste/paste 163, 179, or 195 Nasal/ oral snuff

		164, 180, or 196 Lal dantmanjan 165, 181, or 197 Dokta 166, 182, or 198 Gudhaku 167, 183, or 199 Gul 168, 184, or 200 Other smokeless product
CUSEDLIST_4	Code used in Constructed list for selected fourth in CURRENTUSE used in UsualProduct	156, 172, or 188 Mishri 157, 173, or 189 Betel quid with tobacco (paan) 158, 174, or 190 Plain chewing tobacco 159, 175, or 191 Gutka 160, 176, or 192 Khaini 161, 177, or 193 Zarda 162, 178, or 194 Tobacco toothpaste/paste 163, 179, or 195 Nasal/ oral snuff 164, 180, or 196 Lal dantmanjan 165, 181, or 197 Dokta 166, 182, or 198 Gudhaku 167, 183, or 199 Gul 168, 184, or 200 Other smokeless product
T_CUSEDLIST_1	Derived Variable with text version of CUSEDLIST_1	Text
T_CUSEDLIST_2	Derived Variable with text version of CUSEDLIST_2	Text
T_CUSEDLIST_3	Derived Variable with text version of CUSEDLIST_3	Text
T_CUSEDLIST_4	Derived Variable with text version of CUSEDLIST_4	Text
T_UsualProduct	Derived Variable that displays the text for what the respondent selected in usual product question OR if they only selected one product in CURRENTUSE displays that product	Text
Reasonsforuse1	In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  The price.	1 Yes 2 No 3 R 4 DK
Reasonsforuse2	In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  This type is of High Quality.	1 Yes 2 No 3 R 4 DK
Reasonsforuse3	In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  This type is less harmful to my health.	1 Yes 2 No 3 R 4 DK

Susual1	Do you have a particular brand of smokeless tobacco that you usually use?  <b>(If ANS=1 skip to SusualSlessTob, If ANS=2,3 or 4 skip to Susual3)</b>	1 Yes 2 No 3 R 4 DK
SusualSlessTob	What is the full name of your usual smokeless brand?  <b>If answered skip to Sproducts</b>	Text
Susual3	Do you have a TYPE of smokeless tobacco that you usually use?  <b>(If ANS=1 skip to SusualSlessType, If ANS=2,3 or 4 skip to Sproducts)</b>	1 Yes 2 No 3 R 4 DK
SusualSlessType	Do you have a TYPE of smokeless tobacco that you usually use?	Text
	In the past month, have you used any of the following smoked tobacco products  (Check all that apply)	
SPRODUCTS_1	Cigarettes (factory made and roll-your-own)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_2	Bidis	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_3	Hookah/ shisha/ narghile/ water pipe	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_4	Cigars/small cigars/ cigarillos	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_5	Pipe	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_6	Chutta	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_7	Hooklis	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_8	Other (Specify)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SprodOTH	Other Specify	Text
SPRODUCTS_9	None of the above	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_10	R	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_11	DK	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>If User1=2 skip to Ysusfuture, If User1=1 AND any product is chosen skip to multiuse, If User1=1 AND no product is chosen skip to EverQuit.</b>	
MultiUse	You mentioned you use both smokeless and smoked tobacco. Which do you use more often:	1 Smoked tobacco 2 Smokeless tobacco 3 do you use smoked and smokeless tobacco about the same

	<b>(Skip to EverQuit)</b>	4 R 5 DK
Ysusfuture	Do you think in the future you might try using smokeless tobacco?	1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 5 R 6 DK
Ysusfriend	If one of your best friends were to offer you smokeless tobacco, would you use it?	1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 5 R 6 DK
Ysusyear	At any time during the NEXT YEAR, do you think you will use smokeless tobacco?  <b>(Skip to YDEduc)</b>	1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 5 R 6 DK
Everquit	Have you ever made a serious attempt to stop using all smokeless tobacco products?	1 Yes 2 No 3 R 4 DK
Plantoquit	Are you planning to quit using smokeless tobacco...	1 Within the next month 2 Within the next 6 months 3 Sometime in the future, beyond 6 months, 4 or are you Not planning to quit? 5 R 6 DK
Quithealth	If you were to quit using smokeless tobacco permanently in the next 6 months, how much do you think it would improve your health?  <b>(If Youth skip to YDEduc, If Adult skip to DEduc)</b>	1 Not at all 2 A little 3 A lot 4 R 5 DK
Deduc	What is your highest level of education?	1 Illiterate 2 Literate, no formal education 3 Up to primary School (up to class IV) 4 Middle School class V to VII 5 Secondary School (ITI course, class XII/X or intermediate) 6 Graduate (BA/ BSc/ Diploma etc.) 7 Post Graduate/ Professional Degree 8 Above Post Graduate degree (i.e. PhD) 9 R 10 DK
Income	In the last year, on average, how much was the total income (in Rs.) per month of your household?	1 less than 5,000 2 5,000–9,999 3 10,000–14,999 4 15,000–19,999

	<b>(Skip to Religion)</b>	5 20,000+ 6 R 7 DK
Ydeduc	What was the last year of education that you completed?	1 Did not attend school 2 Up to primary School (up to class IV) 3 Middle School (class V to VII) 4 Secondary School (ITI course, class XII/X or intermediate) 5 Class XI (Higher Secondary) 6 Class XII (Higher Secondary) 7 Graduate level or more than higher secondary 8 R 9 DK
Religion	What is your Religion?  <b>(If Youth skip to PREOverallOpinion, If Adult skip to DE62236o)</b>	1 Hindu 2 Muslim 3 Christian 4 Sikh 5 Buddhist 6 Jain 7 Others 8 R 9 DK
ReligionOTH	What is your Religion – Other Specify	Text
Occupation	What is your primary occupation?	1 Professional, technical, and related workers 2 Administrative, executive and managerial workers 3 Clerical and related workers 4 Sales Workers 5 Service Workers 6 Farmers, fisherman, hunters, loggers and related workers 7 Craft and Related Trades 8 Plant and machine operators 9 Elementary Occupations 10 Student 11 Unemployed 12 Housewife 13 Other (specify) 14 R 15 DK
OccupationOTH	What is your primary occupation – Other specify	Text
Preoverallopinion	For the next few questions, I'd like to ask for your opinion about smokeless tobacco products. There is no right or wrong answer —we are most interested in your thoughts.  What is your overall opinion about using smokeless tobacco? Is it...	1 Good 2 Neither good nor bad 3 Bad 4 R 5 DK

relativeriskA	I would like to know what you think about the following smokeless tobacco products. In your opinion, please rank the following smokeless tobacco products from most to least harmful:  <b>(If ANS=1 skip to RelativeRisk, If ANS=2 skip to preGA1)</b>	1 Answer Rank 2 R 3 DK
	I would like to know what you think about the following smokeless tobacco products. In your opinion, please rank the following smokeless tobacco products from most to least harmful:	
relativeRisk_1_1	Most harmful	1 Mishri 2 Betel quid with tobacco (paan) 3 Gutkha 4 Zarda 5 Nasal/oral suff 6 Gudhaku
relativeRisk_1_2	Second most harmful	1 Mishri 2 Betel quid with tobacco (paan) 3 Gutkha 4 Zarda 5 Nasal/oral suff 6 Gudhaku
relativeRisk_1_3	Third most harmful	1 Mishri 2 Betel quid with tobacco (paan) 3 Gutkha 4 Zarda 5 Nasal/oral suff 6 Gudhaku
relativeRisk_1_4	Fourth most harmful	1 Mishri 2 Betel quid with tobacco (paan) 3 Gutkha 4 Zarda 5 Nasal/oral suff 6 Gudhaku
relativeRisk_1_5	Fifth most harmful	1 Mishri 2 Betel quid with tobacco (paan) 3 Gutkha 4 Zarda 5 Nasal/oral suff 6 Gudhaku
relativeRisk_1_6	Sixth most harmful	1 Mishri 2 Betel quid with tobacco (paan) 3 Gutkha 4 Zarda 5 Nasal/oral suff 6 Gudhaku
Relrisequal	all are equally harmful	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	In your opinion, please tell me whether you agree, disagree, or	

	neither agree nor disagree with each of the following statements. In general...	
preGA1	Indian society disapproves of smokeless tobacco use.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA2	Smokeless tobacco is highly addictive.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA3	It is acceptable for females to use smokeless tobacco.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA4	Using smokeless tobacco sets a bad example for children.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA5	Smokeless tobacco use is harmful to health.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
CurrentHW	Thinking now about the packages for smokeless tobacco products (paste, sachets, packs, tins, bottles)...  As far as you know, do smokeless tobacco products in India have health warnings on the packages?  <b>(If USER1=1 skip to HWLastPack, If USER1=2 and answer=1 skip to IndiaOnly1, If USER1=2 and answer=2,3 or 4 skip to HWOpinion1)</b>	1 Yes (including `some products`) 2 No 3 R 4 DK
HWlastpack	On your last package of smokeless tobacco, was there a health warning?	1 Yes 2 No 3 Can't remember 4 R 5 DK
	<b>IndiaOnly1</b>	
	Can you describe what the health warnings on smokeless tobacco packages look like?	
Indiaclist1_1	Don't know	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_2	Bad/gross teeth (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

Indiaclist1_3	Diseased mouth (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_4	Facial tumour (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_5	X-ray or graphic lungs incorrect— image on cigarette/bidi packages)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_6	Scorpion/bug (incorrect image— image on old warning label)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_7	Man with graphic lungs (John Terry image) (incorrect—image on cigarette/bidi packages)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_8	Can't recall	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_9	N/A - no package, homemade, borrowed, etc.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1_10	Other (incorrect image) – specify:	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist1OTH	Other (incorrect image) – specify:	Text
	Can you describe what the health warnings on smokeless tobacco packages say?	
Indiaclist2_1	Don't know	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_2	'Tobacco kills' (correct text)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_3	Some mention of 'tobacco' (partially correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_4	Smoking kills (incorrect—text for cigarette/bidi packages)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_5	'Tobacco causes cancer' (incorrect— text on old warning labels)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_6	Can't recall	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_7	Not able to read	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2_8	Other (incorrect image)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
Indiaclist2OTH	Other (incorrect image) – specify:	Text
	<b>(If USER1=1 skip to IndiaOnly2, If USER1=2 skip to IndiaOnly3)</b>	
IndiaOnly2	In the last month, have you made any effort to avoid buying smokeless tobacco packages with the health warnings on them?	1 Yes 2 No 3 R 4 DK
IndiaOnly3	To what extent, if at all, do the health warnings on smokeless tobacco packages make you think about the health risks (health danger) of using it?	1 Not at all 2 A little 3 A lot 4 R 5 DK
HWopinion1	Do you think that smokeless tobacco packages should have health warnings?	1 Yes 2 No 3 Maybe 4 R 5 DK

HWopinion2	Do you think that the health warnings should include pictures?	1 Yes 2 No 3 Maybe 4 R 5 DK
HWp1	Do you think the health warnings on smokeless tobacco packages should have more health information than they do now, less information, or about the same amount as they do now?	1 More health information 2 Less health information 3 About the same 4 R 5 DK
HWMtestkit	Please tell me whether this kitten <b>IS CUTE</b> One means that you do not find the kitten at all cute, and ten means that you find the kitten extremely cute.	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 Don't know/Refused
Randgroup1	Randomly assigned group	1 Text Only 2 Symbolic Imagery 3 Graphic Imagery 4 Personalized Graphic and Testimonial
HW11_aattention	Please tell me whether this warning message: <b>GRABS YOUR ATTENTION</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_bbelieve	Please tell me whether this warning message: <b>IS BELIEVABLE</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_crelevant	Please tell me whether this warning message: <b>IS IMPORTANT TO YOU</b>	1 Not at all 2 3 4

		5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_dsurprise	Please tell me whether this warning message:  <b>IS SURPRISING</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_efright	Please tell me whether this warning message:  <b>IS FRIGHTENING</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_fdisgust	Please tell me whether this warning message:  <b>IS DISGUSTING</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_gunpleasant	Please tell me whether this warning message:  <b>IS UNPLEASANT</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R

HW11_hconcern	Please tell me whether this warning message would:  <b>MAKE PEOPLE MORE CONCERNED ABOUT THE HEALTH RISK OF USING SMOKELESS TOBACCO</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_iprevent	Please tell me whether this warning message would:  <b>HELP PREVENT YOUNG PEOPLE FROM STARTING TO USE SMOKELESS TOBACCO</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_jquit	Please tell me whether this warning message would:  <b>MAKE SMOKELESS TOBACCO USERS WANT TO QUIT</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_keffective	Overall, on a scale of 1 to 10, how effective is this health warning?	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
Repeated from HW11 to HW51 for each of the 5 health effects using randomly assigned condition. Health affect groups were asked in random order.	HW11 refers to the Health Effect 1 image in the set. HW21 refers to the Health Effect 2 image in the set. HW31 refers to the Health Effect 3 image in the set. HW41 refers to the Health Effect 4 image in the set.	

	HW51 refers to the Health Effect 5 image in the set.	
PostOverallOpinion	What is your overall opinion about using smokeless tobacco?	1 Good 2 Neither good nor bad 3 Bad 4 R 5 DK
	In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general...	
PostGA1	Indian society disapproves of smokeless tobacco use.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA2	Smokeless tobacco is highly addictive.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA3	It is acceptable for females to use smokeless tobacco.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA4	Using smokeless tobacco sets a bad example for children.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA5	Smokeless tobacco use is harmful to health.  <b>(If USER1=1 skip to worry, If USER1=2 skip to RelRisk1)</b>	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
Worry	How worried are you, if at all, that using smokeless tobacco WILL damage your health in the future? Are you ...	1 Not at all worried 2 A little worried 3 very worried 4 R 5 DK
Relrisk1	Compared to smoking cigarettes, do you think using smokeless tobacco is less harmful, more harmful, or no different for health?	1 less harmful 2 more harmful 3 no difference 4 R 5 DK
Relrisk2	Compared to smoking bidis, do you think smokeless tobacco is less harmful, more harmful or no different for health?	1 less harmful 2 more harmful 3 no difference 4 R 5 DK
	<b>Asked if Randgroup1=1</b>	
	<b>Health Warning Label Recall</b>	

	<b>Expermental condition 1: Text only</b>	
HWLrec1a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1a_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1aOTH	Text Specify	Text
HWLrec1b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1b_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1bOTH	Text Specify	Text
HWLrec1c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1c_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1cOTH	Text Specify	Text
HWLrec1d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1d_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1dOTH	Text Specify	Text
HWLrec1e_1	text: 'tobacco kills 2500 Indians every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1e_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1eOTH	Text Specify	Text
HWLrec1f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>Asked if Randgroup1=2</b>	
	<b>Health Warning Label Recall</b>	
	<b>Expermental condition 2:</b>	
	<b>Symbolic imagery</b>	
HWLrec2a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2a_2	picture: scorpion/bug (correct)	
HWLrec2a_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2aOTH	Text Specify	Text
HWLrec2b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2b_2	picture: snake/cobra (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2b_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2bOTH	Text Specify	Text
HWLrec2c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_2	picture: yellow triangle (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_3	picture: exclamation mark (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

HWLrec2c_4	picture: caution sign (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_5	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2cOTH	Text Specify	Text
HWLrec2d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2d_2	picture: red circle	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2d_3	picture: 'no' symbol (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2d_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2dOTH	Text Specify	Text
HWLrec2e_1	text: 'tobacco kills 2500 Indians every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2e_2	picture: skull and/or crossbones (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2e_3	picture: poison (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2e_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2eOTH	Text Specify	Text
HWLrec2f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>Asked if Randgroup1=3</b>	
	<b>Health Warning Label Recall Experimental condition 3: Graphic health effect</b>	
HWLrec3a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3a_2	picture: tumour on side of face (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3a_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3aOTH	Text Specify	Text
HWLrec3b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3b_2	picture: diseased/gross teeth (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3b_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3bOTH	Text Specify	Text
HWLrec3c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3c_2	picture: open chest (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3c_3	picture: surgery (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3c_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3cOTH	Text Specify	Text

HWLrec3d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3d_2	picture: hole in throat (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3d_3	picture: tumour on throat (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3d_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3dOTH	Text Specify	Text
HWLrec3e_1	text: 'tobacco kills 2500 Indians every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3e_2	picture: dead body under white sheet (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3e_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3eOTH	Text Specify	Text
HWLrec3f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>Asked if Randgroup1=4</b>	
	<b>Health Warning Label Recall Experimental condition 4: Testimonial</b>	
HWLrec4a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_2	picture: man with oral cancer (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_3	picture: missing jaw (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_5	testimonial: "I lost my jaw to oral cancer". Ajay, age 38, died two weeks after this photo was taken.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4aOTH	Text Specify	Text
HWLrec4b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_2	picture: woman with mouth disease/tumour (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_3	picture: woman with open mouth (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_5	testimonial: "Because of using tobacco, I have this disease in my mouth that cannot be removed". Deepak, age 40.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4bOTH	Text Specify	Text
HWLrec4c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_2	picture: man lying down/unconscious (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_3	picture: CPR administered on man (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

HWLrec4c_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_5	testimonial: "This is my second heart attack caused by tobacco use. It could be my last." Raj, age 44.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4cOTH	Text Specify	Text
HWLrec4d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4d_2	picture: man with hole in throat (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4d_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4d_4	testimonial: "I thought I could quit tobacco any time I wanted. I was wrong." Rohit, age 45.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4dOTH	Text Specify	Text
HWLrec4e_1	text: 'tobacco kills 2500 Indians every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_2	picture: woman mourning (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_3	picture: woman in white clothing (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_4	picture: body under sheet (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_5	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_6	testimonial: "Tobacco use killed my husband. I feel so alone". Gita, age 36.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4eOTH	Text Specify	Text
HWLrec4f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	I am going to read you a list of health effects and diseases that may or may not be caused by using smokeless tobacco. Based on what you know or believe, does smokeless tobacco use cause...	
HBoral	Oral cancer?	1 Yes 2 No 3 Don't Know 4 R
HBmouth	Mouth disease?	1 Yes 2 No 3 Don't Know 4 R
HBheart	Heart disease?	1 Yes 2 No 3 Don't Know 4 R
HBdeath	Death?	1 Yes 2 No 3 Don't Know

		4 R
<b>Health warning label ranking task</b>	I am now going to show you four health warnings about [health effect]. I am going to ask you to compare the warnings to each other.	
Randgroup2	Randomly Assigned Health Affect for Ranking Question	1 oral cancer 2 mouth disease 3 heart disease 4 addiction 5 death
HWranktask1_1_1	Position on screen that was picked first	1 Top left 2 Top right 3 Bottom left 4 Bottom right
HWranktask1_1_2	Position on screen that was picked second	1 Top left 2 Top right 3 Bottom left 4 Bottom right
HWranktask1_1_3	Position on screen that was picked third	1 Top left 2 Top right 3 Bottom left 4 Bottom right
HWranktask1_1_4	Position on screen that was picked fourth	1 Top left 2 Top right 3 Bottom left 4 Bottom right
LR1_5DKREF	Don't know or refuse the rank question	1 DK 2 R
RankHW1	image/label number shown in position 1 (top left)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
RankHW2	image/label number shown in position 2 (top right)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
RankHW3	image/label number shown in position 3 (bottom left)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
RankHW4	image/label number shown in position 4 (bottom right)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask1_actual	Actual image/label ranked first	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask2_actual	Actual image/label ranked second	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask3_actual	Actual image/label ranked third	1 Image I1 2 Image I2

		3 Image I3 4 Image I4
HWranktask4_actual	Actual image/label ranked fourth	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWfirst_label_rank	Rank of the image/label 1	Number (1-4)
HWsecond_label_rank	Rank of the image/label 2	Number (1-4)
HWthird_label_rank	Rank of the image/label 3	Number (1-4)
HWfourth_label_rank	Rank of the image/label 4	Number (1-4)
<b>Current Images Ranking Task</b>	For this ranking task, each respondent will view 5 warning label images: -4 current health warnings -1 old health warning that was on smokeless tobacco packages until Dec 2011. (total of 5 warnings)	
FINranktask1_1_1	Position on screen that was picked first	1 Top left 2 Top Middle 3 Top right 4 Bottom left 5 Bottom right
FINranktask1_1_2	Position on screen that was picked second	1 Top left 2 Top Middle 3 Top right 4 Bottom left 5 Bottom right
FINranktask1_1_3	Position on screen that was picked third	1 Top left 2 Top Middle 3 Top right 4 Bottom left 5 Bottom right
FINranktask1_1_4	Position on screen that was picked fourth	1 Top left 2 Top Middle 3 Top right 4 Bottom left 5 Bottom right
FINranktask1_1_5	Position on screen that was picked fifth	1 Top left 2 Top Middle 3 Top right 4 Bottom left 5 Bottom right
LR2_5DKREF	Don't know or refuse the rank question	1 R 2 DK
RankFIN1	image/label number shown in position 1 (top left)	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
RankFIN2	image/label number shown in position 2 (top middle)	1 Image I1 2 Image I2 3 Image I3 4 Image I4

		5 Image I5
RankFIN3	image/label number shown in position 2 (top right)	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
RankFIN4	image/label number shown in position 3 (bottom left)	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
RankFIN5	image/label number shown in position 5 (bottom right)	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
FINranktask1_actual	Actual image/label ranked first	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
FINranktask2_actual	Actual image/label ranked second	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
FINranktask3_actual	Actual image/label ranked third	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
FINranktask4_actual	Actual image/label ranked fourth	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
FINranktask5_actual	Actual image/label ranked fifth	1 Image I1 2 Image I2 3 Image I3 4 Image I4 5 Image I5
FINfirst_label_rank	Rank of the image/label 1	Number (1-5)
FINsecond_label_rank	Rank of the image/label 2	Number (1-5)
FINthird_label_rank	Rank of the image/label 3	Number (1-5)
FINfourth_label_rank	Rank of the image/label 4	Number (1-5)
FINfifth_label_rank	Rank of the image/label 5	Number (1-5)
comments	Open ended comments field	text
XEVERUSE	Number of products chosen in Everuse	Number
XCURRENTUSE	Number of products chosen in Currentuse	Number
XSPRODUCTS	Number of products chosen in Sproducts	Number

XICL1	Number of products chosen in Indiaclist1	Number
XICL2	Number of products chosen in Indiaclist2	Number
	G#p# - G# goes from G1-G4 for each of the 4 groups, p# goes from p1-p5 for each image in the group	
G#p#aattention G#p#bbelieve G#p#crelevant G#p#dsurprise G#p#efright G#p#fdisgust G#p#gunpleasant G#p#hconcern G#p#iprevent G#p#jqquit G#p#keffective	HW Section questions organized by group	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 Don't know/Refused

## APPENDIX D. Study questionnaire and codebook (Bangladesh)

INTRODUCTION AND SCREENING SCRIPT	
<p><b>Introduction:</b></p> <p>"Hi, we're from the University of Dhaka and we are conducting a survey about different types of health warnings on tobacco packaging, in conjunction with the University of Waterloo in Canada. The survey takes about 20 minutes. You will receive t-shirt as a token of our thanks. Do you think you might be interested in hearing more about participating in the study?"</p>	<p><b>সূচনা:</b></p> <p>"আসসালামু আলাইকুম! আমরা ঢাকা বিশ্ববিদ্যালয় থেকে এসেছি একটি জরীপের জন্য কাজে আপনার কাছে কিছু প্রশ্ন করার জন্য। তামাক জাতীয় দ্রব্যের মোড়কের উপর বিভিন্ন ধরনের স্বাস্থ্য সতর্কীকরণ সম্পর্কে ঢাকা বিশ্ববিদ্যালয় ও কানাডার ওয়াটারলু ইউনিভার্সিটি যৌথভাবে এই জরীপটি পরিচালনা করছে। এর জন্য বড় জোর ২০ মিনিট সময় লাগবে। সময় দেয়ার জন্য ধন্যবাদ স্বরূপ আপনাকে আমরা একটি গেঞ্জি উপহার দেবো। এই জরীপে অংশগ্রহণ সম্পর্কিত বিভিন্ন বিষয় সম্পর্কে জানতে আপনি কি আগ্রহী?"</p>
<p><b>Screening Script:</b></p> <p>[INTERVIEWER NOTE: Only ask if respondent appears less than 30 years of age. IF respondent looks over 30 go directly to past month smoking question.]</p> <p><b>"Are you 19 years of age or older?"</b></p> <p>Yes → <b>IF YES:</b> Continue to past month smokeless tobacco use question</p> <p>No → <b>IF NO:</b> "Are you 16 years of age or older?"</p> <p>1 Yes → <b>IF YES:</b> Invite participant to continue on iPad.</p> <p>2 No → <b>IF NO (age &lt; 16)</b> – "Unfortunately, we can only include people age 16 and older in this study. Sorry, you are not eligible to participate, but thank you for your time." TERMINATE.</p> <p>→ <b>IF REFUSED:</b> "Unfortunately, we need to know your age to determine your eligibility for the study." IF STILL NO RESPONSE, TERMINATE.</p>	<p><b>বাছাই পর্ব:</b></p> <p>[সাক্ষাৎকার গ্রহণকারীদের জন্য নোট: উত্তরদাতার বয়স ৩০ বছরের কম মনে হলে তবেই প্রশ্ন করুন। যদি উত্তরদাতার বয়স ৩০ বছরের বেশি মনে হয় তাহলে সরাসরি গত মাসের সিগারেট খাওয়ার প্রশ্নে চলে যান।]</p> <p><b>"আপনার বয়স কি ১৯ বছর বা তার বেশী?"</b></p> <p>হ্যাঁ → <b>উত্তর 'হ্যাঁ':</b> হলে সরাসরি গত মাসের ধূমপান সম্পর্কিত প্রশ্নে চলে যান</p> <p>না → <b>উত্তর 'না':</b> হলে জিজ্ঞাসা করুন "আপনার বয়স কি ১৬ বছর বা তার বেশী?"</p> <p>1 হ্যাঁ → উত্তর 'হ্যাঁ' হলে উত্তরদাতাকে প্রশ্নোত্তর দিতে অগ্রসর হওয়ার জন্য আমন্ত্রণ জানান</p> <p>2 না → তার বয়স ১৬ -এর নিচে হলে তাঁকে বলুন "যদি কিছু মনে না করেন, আপনি আমাদের জরীপে অংশগ্রহণের জন্য সঠিক ব্যক্তি নন কারণ যাদের বয়স ১৬ বা তার বেশী শুধু তারাই এতে অংশ নিতে পারে। তবুও আপনাকে ধন্যবাদ আমাদের সময় দেবার জন্য।" এই ব্যক্তির সাক্ষাৎকার এখানেই শেষ করুন।</p> <p>→ <b>যদি অস্বীকৃতি জানায়:</b> তাকে বলুন, "যদি কিছু মনে না করেন, এই জরীপে অংশগ্রহণের যোগ্যতা যাচাইয়ের জন্য আপনার বয়সটা একটু জানা দরকার"। এ কথা শোনার পরেও যদি উত্তর দিতে অস্বীকৃতি জানায় তাহলে তার সঙ্গে সাক্ষাৎকার এখানে শেষ করুন।</p>

<p><b>SMOKELESS TOBACCO USE:</b> “For the purpose of this study, we will consider “smokeless tobacco” to include any of the following. These are products that are not burned or smoked, but instead are usually put in the mouth or are sniffed. Some examples are Zarda, Paan with tobacco leaf, Gul, Sadapata, Pan masala, and Nasshi”</p> <table border="1" data-bbox="232 428 704 615"> <tr> <td>Zarda</td> <td>Sadapata</td> </tr> <tr> <td>Paan with tobacco leaf</td> <td>Pan masala</td> </tr> <tr> <td>Gul</td> <td>Nasshi</td> </tr> <tr> <td>Other smokeless product</td> <td></td> </tr> </table>	Zarda	Sadapata	Paan with tobacco leaf	Pan masala	Gul	Nasshi	Other smokeless product		<p><b>ধোঁয়াবিহীন তামাকের ব্যবহার:</b> “এই গবেষণাটিতে নিম্ন যে কোন একটি অন্তর্ভুক্ত করার জন্য ‘ধোঁয়াবিহীন তামাক’ শব্দটি ব্যবহার করবে। ব্যবহারের জন্য এগুলো পোড়ানো বা এগুলো থেকে ধোঁয়া বের করা হয় না। বরং এগুলো মুখে দিয়ে চিবানো হয় বা নাক দিয়ে সজোরে গন্ধ টানা হয়। জর্দা, সাদাপাতা গুল, পান মসলা, নস্য ইত্যাদি এই ধোঁয়াবিহীন তামাকের উদাহরণ।”</p> <table border="1" data-bbox="782 428 1190 554"> <tr> <td>জর্দা</td> <td>সাদা পাতা</td> </tr> <tr> <td>তামাকের পান</td> <td>পান মসলা</td> </tr> <tr> <td>গুল</td> <td>নস্য</td> </tr> <tr> <td>অন্যান্য</td> <td></td> </tr> </table>	জর্দা	সাদা পাতা	তামাকের পান	পান মসলা	গুল	নস্য	অন্যান্য	
Zarda	Sadapata																
Paan with tobacco leaf	Pan masala																
Gul	Nasshi																
Other smokeless product																	
জর্দা	সাদা পাতা																
তামাকের পান	পান মসলা																
গুল	নস্য																
অন্যান্য																	
<p>[Ask only if 19 years or older:]  <b>“Have you used smokeless tobacco in the past month?”</b>  1 Yes → <b>IF YES:</b> Invite participant to continue on iPad.  2 No → <b>IF age=19+</b> - “Unfortunately, for this study, we are only looking for people who use smokeless tobacco. Sorry, you are not eligible to participate, but thank you for your time.” <b>TERMINATE.</b></p>	<p>[উত্তরদাতার বয়স ১৯ বা তার বেশী হলে জিজ্ঞাসা করুন:]  <b>“আপনি কি গত মাসে ধোঁয়াবিহীন তামাক ব্যবহার করেছেন?”</b>  1 হ্যাঁ → <b>উত্তর 'হ্যাঁ':</b> হলে তাকে অংশগ্রহণ চালিয়ে যেতে আমন্ত্রণ জানান।  2 না → <b>যদি বয়স = ১৯+ -</b> হয় তাকে বলুন “যদি কিছু মনে করেন, আপনি আমাদের জরীপে অংশগ্রহণের জন্য সঠিক ব্যক্তি নন কারণ যারা ধোঁয়াবিহীন তামাক ব্যবহার করেন শুধু তারা এই অংশ নিতে পারবে। তবুও আপনাকে ধন্যবাদ আমাদের কথা শোনার জন্য।” এই ব্যক্তির সাক্ষাৎকার একহাতেই শেষ করুন।</p>																
<p><b>QUOTAS</b>  <b>Adult smokeless users:</b> 250 males, 250 females - smokeless tobacco use=1 and age &gt;18  <b>Youth:</b> 250 males, 250 females (age 16-18, both smokeless tobacco users and non-users)</p>	<p><b>কোটা</b>  <b>বয়স্ক (ধোঁয়াবিহীন তামাক ব্যবহারকারী):</b> ২৫০ পুরুষ, ২৫০ মহিলা  - ধোঁয়াবিহীন তামাক ব্যবহার = ১ এবং বয়স &gt; ১৮  <b>যুবক বয়সের (ধোঁয়াবিহীন তামাক ব্যবহারকারী):</b> ২৫০ পুরুষ, ২৫০ মহিলা  - বয়স ১৬-১৮</p>																
<p><b>IF QUOTAS ARE FULL:</b>  <b>For age:</b> “Unfortunately, at this time, we are only looking for people [aged 16 to 18/ age 19 or over]. Sorry, you are not eligible to participate, but thank you for your time.”  <b>For smokeless tobacco use:</b> “Unfortunately, at this time, we are looking for people who [use smokeless tobacco / people who do not use smokeless tobacco]. Sorry, you are not eligible to participate, but thank you for your time.”</p>	<p><b>যদি কোটা পূর্ণ হয়ে যায়:</b>  <b>বয়স:</b> “এই জরীপের জন্য যাঁদের বয়স ১৬ [থেকে ১৮-১৯] বা তার বেশী শুধু তারা এই অংশ নিতে পারবে। তবুও আপনাকে আপনার সময়ের জন্য ধন্যবাদ।”  <b>ধোঁয়াবিহীন তামাক ব্যবহার জন্য:</b> “দুর্ভাগ্যবশত: আমাদের এই জরীপে আপনি অংশ নিতে পারছেন না কারণ এই জরীপে যারা ধোঁয়াবিহীন তামাক ব্যবহার করেন অথবা করেন না শুধু তাদের জন্য। আপনার সময়ের জন্য তবুও আপনাকে ধন্যবাদ।”</p>																
<p>[INTERVIEWER: If eligible, continue on iPad.]  <b>Select age group:</b>  <b>YOUTH user (16 - 18 YEARS)</b>  <b>YOUTH non-user (16 - 18 YEARS)</b>  <b>ADULT (19+ YEARS)</b></p>	<p><b>সাক্ষাৎকার গ্রহণকারীদের জন্য নোট:</b> উত্তরদাতা যদি যোগ্য বিবেচিত হয় তাহলে আইপ্যাডে তাকে নিয়ে অগ্রসর যেন এবং বয়সের স্ক্রীনার দিয়ে বয়সের iPad চেক করুন।]  <b>বয়স গ্রুপ নির্বাচন করুন:</b>  <b>যুবক:</b> তামাক ব্যবহারকারী (১৬-১৮ বছর)  <b>যুবক:</b> তামাক ব্যবহারকারী না (১৬-১৮ বছর)  <b>প্রাপ্তবয়স্ক:</b> (১৯+ বছর)</p>																

INFORMATION/CONSENT	
<p>Great – thank you for your interest. I'm now going to go over an information letter with you, and this copy is yours to keep. Once you have received the details of the study, I'll ask you whether or not you are willing to participate' and then we will begin the interview.</p> <p><b>[INTERVIEWER NOTE: Give participant the Information Letter.]</b></p> <p>Please follow along and interrupt me with any questions you may have:</p> <ul style="list-style-type: none"> <li>- You are being asked to participate in a research study that asks for people's opinions about health warnings on smokeless tobacco packaging.</li> <li>- You would participate in a 20 minute interview. First you will be asked questions about you and your tobacco use, and then you will be shown a number of health warnings and asked about your opinions of each.</li> <li>- You must be 16 years of age or older to participate in this study.</li> <li>- Participation is voluntary and you may decline to answer particular questions if you wish.</li> <li>- We need to warn you that, as part of this study, you'll be asked to view health warnings on cigarette packaging and some of the pictures are quite graphic and may upset some people. If this were to occur, we expect that any negative affect would be temporary.</li> <li>- In appreciation of your time, you will receive t-shirt as a token of our thanks.</li> <li>- All of the information you provide in this study will be kept strictly confidential - only the investigators and research assistants directly associated with the study will have access to this information.</li> <li>- No personal information such as name or address will be collected, other than a signature or initial to confirm that your t-shirt was received. Your survey responses will not include any identifying</li> </ul>	<p>আপনার অংশগ্রহণের জন্য অনেক ধন্যবাদ। আমি এখন এই গবেষণা সংক্রান্ত একটি তথ্য পত্র আপনাকে পড়ে শোনাব এবং এই তথ্য পত্রটি আপনি আপনার কাছে রেখে দিতে পারবেন। সব কিছু শোনার পরও যদি আপনার জরীপে অংশ নিতে চান তাহলেই আমি সাক্ষাৎকার নিয়ে শুরু করবো।</p> <p><b>[সাক্ষাৎকার গ্রহণকারীদের জন্য নির্দেশনা: উত্তরদাতাকে তথ্য পত্রটি দিয়ে দিন।]</b></p> <p>আমি এখন যে কথাগুলো আপনাকে বলতে যাচ্ছি তা দয়া করে মনোযোগ দিয়ে শুনুন এবং কোথাও কোনো প্রশ্ন থাকলে আমাকে তা জিজ্ঞাসা করুন:</p> <ul style="list-style-type: none"> <li>-তামাকের মোড়কের উপর স্বাস্থ্যসতর্কীকরণ সম্পর্কে মানুষের মতামত জানার জন্য পরিচালিত একটি গবেষণায় অংশ নেয়ার জন্য আপনাকে আমরা অনুরোধ করছি।</li> <li>-২০ মিনিটের এই সাক্ষাৎকারপর্বে প্রথমে আপনার তামাক ব্যবহার সম্পর্ক জানতে চাওয়া হবে। তারপর আপনাকে অনেকগুলো স্বাস্থ্যসতর্কীকরণ বার্তা দেখানো হবে এবং সেগুলো সম্পর্কে আপনার মতামত জানতে চাওয়া হবে।</li> <li>-এই জরীপে অংশ নেয়ার জন্য আপনাকে অবশ্যই ১৬ বছর বা তার বেশি বয়সের হতে হবে।</li> <li>-এতে অংশগ্রহণ সম্পূর্ণ ঐচ্ছিক এবং বিশেষ কোনো প্রশ্নের উত্তর দিতে আপনি অস্বীকৃতি জানাতে পারেন।</li> <li>-আপনাকে আমরা আগে থেকে বলে নিতে চাই যে, আপনাকে দেখানো স্বাস্থ্য সতর্কীকরণের কিছু ছবি বিদগ্ধ মনে হতে পারে যা আপনার একটু খারাপ লাগতে পারে। অবশ্য, আমরা আশা করি আপনার এই মনের অবস্থা খুবই ক্ষণস্থায়ী হবে।</li> <li>-আপনার সময়ের জন্য ধন্যবাদস্বরূপ আমরা আপনাকে একটি গেক্সি উপহার দেবো।</li> <li>-আপনার পরিচিত এবং প্রদত্ত তথ্য সম্পূর্ণ গোপন দেখা হবে: কেবলমাত্র গবেষক ও তাদের সহকারীরা এই তথ্য দেখতে পাবে।</li> <li>-আপনার নাম বা ঠিকানা সম্পর্কে কোনো তথ্য রাখা হবে না। আপনি যে গেক্সি গ্রহণ করেছেন তার প্রমানস্বরূপ কেবলমাত্র আপনার স্বাক্ষর গ্রহণ করা হবে।</li> <li>-জরীপে অংশ নেয়া আপনি যে কোনো মুহুর্তে বন্ধ করে দিতে পারেন কারণ এতে অংশ নেয়া না নেয়া সম্পূর্ণ আপনার ইচ্ছার বাপার।</li> </ul>

<p>information.</p> <ul style="list-style-type: none"> <li>- You are free to choose whether or not to continue participation in this study, and you can choose to stop being a part of it at any time. If you choose to stop the survey at any point, you will still receive the t-shirt.</li> <li>- This study has been reviewed by and received ethics clearance through the University of Waterloo and the Bangladesh Medical Research Council. If you have any comments or concerns resulting from your involvement please contact the Director of the Office of Research Ethics at the University of Waterloo.</li> <li>- If you have any questions about the study you can also contact Dr. Nigar Nargis at the University of Dhaka.</li> </ul> <p>Do you have any questions? If not, we'd like to ask you to give your consent if you would like to participate in the study.</p>	<p>তাহলেও আপনাকে একটি গেঞ্জি উপহার দেবো।</p> <p>-ওয়াটারলু ইউনিভার্সিটি এবং বাংলাদেশ মেডিক্যাল রিসার্চ কাউন্সিল এই গবেষণাটি পরিচালনার জন্য নৈতিকতার ছাড়পত্র প্রদান করেছে। এতে অংশ নেয়ার ব্যাপারে বা অন্য কোনো প্রশ্ন বা উদ্বেগের ব্যাপারে থাকলে ঢাকা বিশ্ববিদ্যালয়ের শিক্ষিকা ড. নিগার নাগিসের সাথে যোগাযোগ করুন।</p> <p>-এই গবেষণা সম্পর্কে কোনো প্রশ্ন থাকলেও ড. নাগিসের সাথে কথা বলতে পারেন।</p> <p>এখন বলুন, আমাকে সাক্ষাৎকার দিতে আপনার কোনো দ্বিধা আছে কি? না থাকলে, এই জরীপে অংশ নিতে আপনার সম্মতি দিবেন কি?</p>
<p>[INTERVIEWER NOTE: Read out loud exactly as written.]</p> <p>Based on the information you received in the Information letter, do you agree to take part in this research study being conducted by the University of Dhaka and the University of Waterloo?</p> <p>Yes → <b>IF YES, continue to survey</b></p> <p>No → <b>IF NO, "Thank you for your time."</b> <b>TERMINATE</b></p>	<p><b>[সাক্ষাৎকার গ্রহণকারীদের জন্য নির্দেশনা: নিচে যা লেখা আছে তা জোরে পড়ে শোনান:]</b></p> <p>তথ্য পত্রে উল্লেখিত সব কিছু জানার পর এই গবেষণায় আপনি কি এখন অংশ নিতে ইচ্ছুক?</p> <p>হ্যাঁ --&gt; সাক্ষাৎকার চালিয়ে যান</p> <p>না --&gt; "সময়ের জন্য আপনাকে ধন্যবাদ"</p>
<b>TOBACCO USE AND DEMOGRAPHICS</b>	
<p>[PROGRAMMING NOTE: Some of the smokeless tobacco use questions are different, depending on whether they are for adults or youth (universe noted). The rest of the survey is the same.]</p>	<p>[[প্রোগ্রামিং নোট: উত্তরদাতা বয়স্ক না যুব বয়সের তার উপর নির্ভর করে ধোঁয়াবিহীন তামাক ব্যবহার সংক্রান্ত প্রশ্ন ভিন্ন ভিন্ন হবে। জরীপের বাকী অংশ এক রকম।]]</p>
<p>Before we begin I'd like to let you know that there are no right or wrong answers to any of these questions. We are just interested in your personal opinion.</p> <p>Please be assured that all your responses will be kept entirely confidential.</p> <p>To begin, I'm going to ask you some questions about yourself and your smokeless tobacco use.</p>	<p>শুরু করার আগেই আপনাকে জানানো দরকার যে জরীপের প্রশ্নগুলির কোনটাতেই ঠিক বা ভুল উত্তর বলে কিছু নেই। আমরা শুধু আপনার ব্যক্তিগত মতামত জানতে আগ্রহী।</p> <p>আপনি নিশ্চিত থাকতে পারেন যে আপনার দেয়া সমস্ত তথ্য সম্পূর্ণ গোপন থাকবে।</p> <p>শুরুতেই আপনার নিজের ও আপনার ধোঁয়াবিহীন তামাক ব্যবহার সম্পর্কে কিছু প্রশ্ন করতে চাই।</p>

D.gender	Select gender of respondent: (DO NOT READ) FEMALE MALE	উত্তরদাতার লিঙ্গ নির্বাচন করুন: (পড়বেন না) মহিলা পুরুষ
D. age (All)	To begin, may I ask how old you are? _____	এখন তাহলে শুরু করা যাক। আপনার বয়স কতো যদি একটু বলেন _____
SLTSTATUS1	In the last 30 days, how often did you use any smokeless tobacco products? 1 Every day 2 At least once a week 3 At least once in the last month 4 Not at all	গত ৩০ দিনে ধোঁয়াবিহীন তামাক পণ্য কতো ঘন ঘন সেবন করেছেন? 1. প্রতিদিন 2. সপ্তাহে অন্ততঃ একবার 3. গত এক মাসে অন্ততঃ একবার 4. একেবারেই না
SLTStatus2 [Users]	You mentioned that you currently use smokeless tobacco [daily/weekly/monthly].  [Ask if Status=1] <b>IF DAILY USER:</b> On average, how many times per day do you use smokeless tobacco? 1 [enter number] 2 DK/R  [Ask if Status=2] <b>IF WEEKLY USER:</b> On average, how many times per week do you use smokeless tobacco? [enter number]  [Ask if Status=3] <b>IF MONTHLY USER:</b> On average, how many times per month do you use smokeless tobacco? [enter number]	আপনি উল্লেখ করেছেন যে আপনি ধোঁয়াবিহীন তামাক [প্রতিদিন/প্রতি সপ্তাহে/প্রতি] মাসে ব্যবহার করেন।  [জিজ্ঞাসা করুন যদি স্ট্যাটাস = 1 ] <b>যদি প্রতিদিন ব্যবহার করেন:</b> দৈনিক আপনি কতবার ধোঁয়াবিহীন তামাক ব্যবহার করেন? [সংখ্যাটি বসান ] 1 [enter number] 2 DK/R  [জিজ্ঞাসা করুন যদি স্ট্যাটাস = 2 ] <b>যদি প্রতি সপ্তাহে ব্যবহার করেন:</b> সপ্তাহে আপনি কতবার ধোঁয়াবিহীন তামাক ব্যবহার করেন? [সংখ্যাটি বসান ]  [জিজ্ঞাসা করুন যদি স্ট্যাটাস = 3 ] <b>যদি প্রতি মাসে ব্যবহার করেন:</b> মাসে আপনি কতবার ধোঁয়াবিহীন তামাক ব্যবহার করেন? [সংখ্যাটি বসান]
Ever use [Non-Users Youth]	I am now going to ask you questions about your smokeless tobacco use.  Have you <b>ever used</b> any smokeless tobacco products? These are products that are not burned or smoked, but instead are usually put in the mouth or are	আমি এখন আমনাকে ধোঁয়াবিহীন তামাক ব্যবহার সম্পর্কে কিছু প্রশ্ন করবো :  আপনি কি কখনও ধোঁয়াবিহীন তামাক পণ্য ব্যবহার করেছেন? ধোঁয়াবিহীন তামাক পণ্য হলে সেই দ্রব্য পোড়ানো হয় না বা যা থেকে ধোঁয়া বের হয় না বরং এগুলো মুখে নিয়ে চিবানো না যাক দিয়ে গন্ধ টানা হয়, যেমন: জর্দা তামাক পাতাসহ, গুল, সাদাপাতা, পানমসলা,

	<p>sniffed. Some examples are Zarda, Paan with tobacco leaf, Gul, Sadapata, Pan masala, and Nasshi.</p> <p><b>[INTERVIEWER NOTE: check all that apply]</b></p> <p>1 Yes 2 No 88 R 99 DK</p>	<p>নসি ইত্যাদি।</p> <p><b>[প্রস্নকর্তার জন্য নির্দেশনা:</b> যে সব উত্তর প্রযোজ্য তার সবগুলিতে দাগ দিন]</p> <p>1. হ্যাঁ 2. না 88 R 99 DK</p>
Age initiation [EVER users]	<p>At what age did you start using smokeless tobacco? _____</p> <p>99 DK/R</p>	<p>আপনি কতো বছর বয়সে ধোঁয়াবিহীন তামাক ব্যবহার শুরু করেছেন? _____</p> <p>99 DK/R</p>
Current use [All]	<p>Do you currently use any of the following smokeless tobacco products at least once a month?</p> <p><b>[INTERVIEWER NOTE: check all that apply]</b></p> <ul style="list-style-type: none"> <li>• Zarda</li> <li>• Paan with tobacco leaf</li> <li>• Gul</li> <li>• Sadapata</li> <li>• Pan masala</li> <li>• Nasshi</li> <li>• Other smokeless product</li> <li>• None of the Above</li> </ul> <p>88 R 99 DK</p>	<p>আপনি কি নিম্নে উল্লেখিত ধোঁয়াবিহীন তামাকপণ্যগুলির যে কোন একটি মাসে অন্তত একবার ব্যবহার করেন?</p> <p><b>[প্রস্নকর্তার প্রতি নির্দেশনা:</b> নিম্নে প্রযোজ্য সবগুলিতে জাগ দিন]</p> <ul style="list-style-type: none"> <li>• জর্ডা</li> <li>• তামাকপাতাসহ পান</li> <li>• গুল</li> <li>• সাদাপাতা</li> <li>• পান মসলা</li> <li>• নসি</li> <li>• অন্যান্য ধোঁয়াবিহীন তামাক</li> </ul> <p>88 R 99 DK</p>
Usual product [Users, >1 product]	<p><b>[INTERVIEWER NOTE: Ask this question if respondent uses more than one product in the question above.]</b></p> <p>Which of these products do you use most frequently? _____ (only one product)</p>	<p><b>[প্রস্নকর্তার প্রতি নির্দেশনা:</b> উত্তরদাতা যদি উপরে উল্লেখিত পণ্যগুলির একটির বেশি ব্যবহার করেন তাহলে তাকে নিচের প্রশ্নটি করুন]</p> <p>এই পণ্যগুলির মধ্যে সবচেয়ে বেশি ব্যবহার করেন কোনটা? _____ (মাত্র একটি পণ্য)</p>

<p>Reasons for use [Users]</p>	<p><b>[INTERVIEWER NOTE: Repeat the question if necessary.]</b></p> <p>In choosing this type of smokeless tobacco, was part of your decision based on any of the following?</p> <p>The price.</p> <p>1 Yes 2 No 88 R 99 DK</p>	<p><b>[প্রশ্নকর্তার প্রতি নির্দেশনা:</b> প্রশ্নটি, প্রয়োজন হলে আবার জিজ্ঞাসা করুন ]</p> <p>এই ধরনের তামাকপণ্য ব্যবহার করার সিদ্ধান্তের পিছনে নিম্নের কোন কারণটি সবচেয়ে কাজ করেছে?</p> <p>মূল্য</p> <p>1. হ্যাঁ 2. না 88 R 99 DK</p>
	<p>This type is of high quality.</p>	<p>উচ্চ গুণগত মান সম্পন্ন</p>
	<p>This type is less harmful to my health.</p>	<p>এটা স্বাস্থ্যের জন্য সবচেয়ে কম ক্ষতিকর</p>
<p>Regular brand/type [Users]</p>	<p>Do you have a particular brand of smokeless tobacco that you usually use?</p> <p>1 Yes 2 No 88 R 99 DK</p> <p><b>[If YES: ]</b> What is the full name of your usual smokeless brand? _____</p> <p><b>[INTERVIEWER NOTE: Prompt for name, type, brand, flavour]</b></p> <p><b>PROBE:</b> What variety, flavour or type would that be?</p> <p><b>[If response =2, ask respondent the following.]</b></p> <p>Do you have a <u>type</u> of smokeless tobacco that you usually use?</p> <p>1 Yes 2 No 88 R 99 DK</p> <p><b>[INTERVIEWER NOTE: Prompt for name, type, flavour]</b></p>	<p>আপনি কি কোনো নির্দিষ্ট ব্র্যান্ডের ধোঁয়াবিহীন তামাক সেবন করে থাকেন?</p> <p>1. হ্যাঁ 2. না 88 R 99 DK</p> <p><b>[উত্তর যদি হ্যাঁ হযে: ]</b> সেই ব্র্যান্ডের পুরা নাম কি? _____</p> <p><b>[প্রশ্নকর্তার প্রতি নির্দেশনা:</b> পণ্যটির নাম, ধরন, ব্র্যান্ড ও গন্ধ লেখার জায়গায় চলে যান]</p> <p><b>PROBE:</b> এটা কোনো ধরনের বা গন্ধের হতে পারে?</p> <p>[উত্তর যদি 2 হরে, তাহলে পরের প্রশ্ন জিজ্ঞাসা করুন। আপনি কি সাধারণত: কোনো নির্দিষ্ট]</p> <p>ধরনের ধোঁয়াবিহীন তামাক ব্যবহার করেন?</p> <p>1. হ্যাঁ 2. না 88 R 99 DK</p> <p><b>[প্রশ্নকর্তার প্রতি নির্দেশনা:</b> পণ্যটির নাম, ধরন, ও গন্ধ লেখার জায়গায় চলে যান]</p>

<p>Other tobacco products [All]</p>	<p>In the past month, have you used any of the following tobacco products? [Check all that apply]</p> <p>1 Cigarettes (factory made and roll-your-own) 2 Bidis 3 Hookah/shisha/narghile/water pipe 4 Other (specify): 5 None of the above 88 R 99 DK</p> <p>You indicated "Other". Please specify:</p> <p><b>[If response=1, 2, 3, 4, 5, or 6 go to NEXT QUESTION. If response=7, skip next question]</b></p>	<p>গত মাসে আপনি কি নিম্নলিখিত তামাক পণ্য গুলোর কোনো একটি ব্যবহার করেছেন? [এখানে প্রযোজ্য সব উত্তর পড়ুন ও দাগ দিন।]</p> <p>1. সিগারেট (ফেক্টরীতে তৈরি অথবা নিজের হাতে বানানো) 2. বিড়ি 3. হুকা/শিশা/নারঘিল/উয়াতার পাইপ 4. অন্যান্য (উল্লেখ করুন) 5. উপরের একটাও না 88 R 99 DK</p> <p>উপরে যদি "অন্যান্য" চিহ্নিত করেন তাহলে নির্দিষ্ট করে নাম বলুন [উত্তর যদি 1, 2, 3, 4, 5 বা 6 হয়ে তাহলে পরে প্রশ্নে চলে যান। উত্তর যদি 7 হয়ে তাহলে পরের প্রশ্নটি বাদ দিয়ে চলে যান।]</p>
<p>Multi-use frequency [All dual/multi use users]</p>	<p>You mentioned you use both smokeless and smoked tobacco. Which do you use more often: [read all]</p> <p>1 Smoked tobacco 2 Smokeless tobacco, or 3 do you use smoked and smokeless tobacco about the same 88 R 99 DK</p>	<p>আপনি উল্লেখ করেছেন যে আপনি ধোঁয়াবিহীন ও ধোঁয়াযুক্ত উভয় প্রকার তামাক ব্যবহার করেন। কোনটি বেশি ব্যবহার করেন। [সবগুলো পরে শুনান]</p> <p>1. ধোঁয়াযুক্ত 2. ধোঁয়াবিহীন তামাক, অথবা 3. ধোঁয়াযুক্ত ও ধোঁয়াবিহীন তামাক সমান ভাবে 88 R 99 DK</p>
<p>Youth susceptibility [Youth non-users]</p>	<p>Do you think in the future you might try using smokeless tobacco?</p> <p>1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 88 R 99 DK</p>	<p>আপনি কি মনে করেন ভবিষ্যতে আপনি ধোঁয়াবিহীন তামাক ব্যবহার করে দেখবেন?</p> <p>1. অবশ্যই না 2. সম্ভবনা না 3. সম্ভবনা হ্যাঁ 4. অবশ্যই হ্যাঁ 88 R 99 DK</p>
<p>Youth susceptibility [Youth non-users]</p>	<p>If one of your best friends were to offer you smokeless tobacco, would you use it?</p> <p>1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 88 R 99 DK</p>	<p>আপনের সবচেয়ে ঘনিষ্ঠ বন্ধুদের কেউ আপনাকে কোনো ধোঁয়াবিহীন তামাক দ্রব্য দিলে আপনি কি তা ব্যবহার করবেন?</p> <p>1. অবশ্যই না 2. সম্ভবনা না 3. সম্ভবনা হ্যাঁ 4. অবশ্যই হ্যাঁ 88 R 99 DK</p>

Youth susceptibility [Youth non-users]	At any time during the NEXT YEAR, do you think you will use smokeless tobacco? 1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 88 R 99 DK	আপনি কি মনে করেন যে কোনো সময় আপনি ধোঁয়াবিহীন তামাক ব্যবহার করবেন? 1. অবশ্যই না 2. সম্ভবনা না 3. সম্ভবনা হ্যাঁ 4. অবশ্যই হ্যাঁ 88 R 99 DK
<b>QUITTING ATTEMPTS</b>		
Ever quit [Users]	Have you ever made a serious attempt to stop using all smokeless tobacco products? 1 Yes 2 No 88 R 99 DK	আপনি কি কখনও ধোঁয়াবিহীন তামাক চাড়ার জন্য জোর প্রচেষ্টা চালিয়েছেন? 1. হ্যাঁ 2. না 88 R 99 DK
Plan to quit [Users]	Are you planning to quit using smokeless tobacco... [read first four options] 1 Within the next month 2 Within the next 6 months 3 Sometime in the future, beyond 6 months, 4 or are you Not planning to quit? 88 R 99 DK	আপনি কি ধোঁয়াবিহীন তামাক ছেড়ে দেয়ার পরিকল্পনা করছেন? [প্রথম চারটি উত্তর পড়ুন] 1. পরবর্তী ১ মাসের মধ্যে 2. পরবর্তী ৬ মাসের মধ্যে 3. প্রতি ৬ মাস পর, ভবিষ্যতে কোনো এক সময় 4. অথবা আপনি ধূমপান চড়ার পরিকল্পনা করছেন না 88 R 99 DK
Quit health [Users]	If you were to quit using smokeless tobacco permanently in the next 6 months, how much do you think it would improve your health? 1 Not at all 2 A little 3 A lot 88 R 99 DK	যদি আগামী ৬ মাসের মধ্যে আপনি ধোঁয়াবিহীন তামাক ব্যবহার পুরোপুরি ছেড়ে দেন তাহলে আপনার স্বাস্থ্যের কতটা উন্নত হবে বলে আপনি মনে করেন? 1. একদমই না 2. কিছুটা 3. অনেক 88 R 99 DK

DEMOGRAPHICS		
D.Educ (19+) DE62311	What is your highest level of education? (DO NOT READ) 1 Illiterate 2 Literate, no formal education 3 Primary (1-5 years) 4 Secondary (6-8 years) 5 SSC (9-10 years) 6 HSC (11-12 years) 7 Bachelor's degree (14-16 years) 8 Master's degree (15-17 years) 9 Above Master's degree (i.e. PhD) 88 R 99 DK	আপনি কতদূর পর্যন্ত লেখাপড়া করেছেন? (পড়বেন না) 1. নিরক্ষর 2. অক্ষর জ্ঞান সম্পূর্ণ কিন্তু প্রতিষ্ঠানিক শিক্ষা নেই 3. প্রাথমিক (১ থেকে ৫ বছর) 4. মাধ্যমিক (৫ থেকে ৮ বছর) 5. এস. এস. সি (৯ থেকে ১০ বছর) 6. এইচ. এস. সি (১১ থেকে ১২ বছর) 7. স্নাতক/ডিগ্রী (১৪ থেকে ১৬ বছর) 8. মাস্টার্স ডিগ্রী (১৬ থেকে ১৭ বছর) 9. মাস্টার্স এর উপরে (পি. এইচ. ডি) 88 R 99 DK
Income (19+) DE62211	In the last year, on average, how much was the total monthly income of your household? 1 Less than 5,000 Taka 2 5,000-9,999 Taka 3 10,000-14,999 Taka 4 15,000-19,999 Taka 5 20,000+ Taka 88 R 99 DK	আপনার পরিবারের মোট মাসিক আয় কত? 1. ৫,০০০ টাকা 2. ৫,০০০ -৯,৯৯৯ টাকা 3. ১০,০০০ - ১৪,৯৯৯ টাকা 4. ১৫,০০০ - ১৯,৯৯৯ টাকা 5. ২০,০০০ এর বেশি 8 R 9 DK
Y.D.Educ (16-18)	What was the last year of school that you completed? (DO NOT READ) 1 Illiterate 2 Literate, no formal education 3 Primary (1-5 years) 4 Secondary (6-8 years) 5 SSC – Year 9 6 SSC- Year 10 7 HSC – Year 11 8 HSC – Year 12 9 More than HSC 88 R 99 DK	আপনি কতদূর লেখাপড়া শেষ করেছেন? (পড়বেন না) 1. অশিক্ষিত 2. অশিক্ষিত জ্ঞান সম্পূর্ণ কিন্তু প্রতিষ্ঠানিক শিক্ষা নেই 3. প্রাথমিক (১ থেকে ৫ বছর) 4. মাধ্যমিক (৫ থেকে ৮ বছর) 5. এস. এস. সি (৯ বছর) 6. এইচ. এস. সি (১০ বছর) 7. এইচ. এস. সি (১১ বছর) 8. এইচ. এস. সি (১২ বছর) 9. এইচ. এস. সি এর বেশি 88 R 99 DK
Religion (All) DE62662	What is your religion? 1 Muslim 2 Hindu 3 Christian 4 Buddhist 5 Other (specify) 88 R 99 DK	আপনার ধর্ম কি? 1. মুসলমান 2. হিন্দু 3. খ্রীস্টান 4. বৌদ্ধ 5. অন্যান্য (উল্লেখ করুন) 8 R 9 DK

Occupation	<p>What is your primary occupation?</p> <p>1 Owner farmer 2 Tenant farmer 3 Self-employed in non-farm agricultural activities (e.g., cattle, poultry raising, fisheries, plantation) 4 Self-employed in non-agricultural activities (e.g., rickshaw pulling, tailoring, hair cutting, restaurant, grocery shop, tea stall) 5 Farm wage laborer 6 Non-farm agricultural wage laborer 7 Non-agricultural wage laborer (e.g., industrial, construction, transport) 8 Professional (e.g., physician, engineer, lawyer, teacher, researcher) 9 Managerial, administrative or clerking service 10 Student 11 Unemployed 12 Housewife/Housekeeper/ Household manager 13 Other (specify) 88 R 99 DK</p>	<p>আপনার প্রাথমিক পেশা কি?</p> <p>1. নিজ জমিতে কৃষক 2. বর্গা চাষী 3. অকৃষিকাজে (যেমন: পশুপালন, মাছ চাষ, সবজি ও ফল চাষ) স্বনিয়োজিত 4. কৃষিক্ষেত্রের বাইরে (যেমন: রিক্সা চালানো, সেলাই, খাবারের দোকান, চুল কাটা, মুদির দোকান, চায়ের দোকান) স্বনিয়োজিত 5. কৃষি শ্রমিক 6. অকৃষি (যেমন: পশুপালন, মাছ চাষ, সবজি ও ফল চাষ) শ্রমিক 7. কৃষিক্ষেত্রের বাইরে (যেমন: রিক্সা চালানো, সেলাই, খাবারের দোকান, চুল কাটা, মুদির দোকান, চায়ের দোকান) শ্রমিক 8. পেশাজীবী (যেমন: ডাক্তার, ইঞ্জিনিয়ার, আইনজীবী, শিক্ষক, গবেষক) 9. প্রশাসনিক, ব্যবস্থাপনা বা অফিসকর্মী/কর্মকর্তা 10. ছাত্র 11. বেকার 12. গৃহিণী/গৃহস্থালী 13. অন্যান্য (নাম উল্লেখ করুন) 88 R 99 DK</p>
<b>ATTITUDES AND BELIEFS</b>		
For the next few questions, I'd like to ask for your opinion about smokeless tobacco products. There is no right or wrong answer—we are most interested in your thoughts.		পরবর্তীকয়েকটি প্রশ্নে আমি ধোঁয়াবিহীন তামাক সম্পর্কে আপনার মতামত জানতে চাইব। এখানে কোন সঠিক বা ভুল নেই - আমরা আপনার মতামতটুকু সম্পর্কেই জানতে আগ্রহী।
Overall opinion [All]	<p>What is your overall opinion about using smokeless tobacco?</p> <p>1 Good 2 Neither good nor bad 3 Bad 88 R 99 DK</p>	<p>ধোঁয়াবিহীন তামাকজাত দ্রব্য ব্যবহার সম্পর্কে আপনার সার্বিক মতামত কি?</p> <p>1. ভাল 2. ভালও না, খারাপও না 3. খারাপ 88 R 99 DK</p>

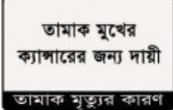
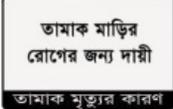
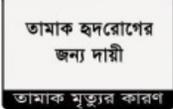
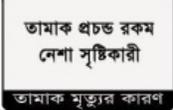
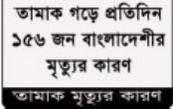
<p>Relative risk [All]</p>	<p>I would like to know what you think about the following smokeless tobacco products. In your opinion, please rank the following smokeless tobacco products from most to least harmful:</p> <p><b>[Interviewer note: If respondent says they think all are equally harmful, ask 'if you had to choose which would you say is the most harmful, etc.'</b></p> <table border="1" data-bbox="391 569 743 695"> <tr> <td><i>Zarda</i></td> <td><i>Sadapata</i></td> </tr> <tr> <td><i>Paan with tobacco leaf</i></td> <td><i>Pan masala</i></td> </tr> <tr> <td><i>Gul</i></td> <td><i>Nasshi</i></td> </tr> </table> <p>- all are equally harmful 1 Answer Rank 2 R 3 DK</p>	<i>Zarda</i>	<i>Sadapata</i>	<i>Paan with tobacco leaf</i>	<i>Pan masala</i>	<i>Gul</i>	<i>Nasshi</i>	<p>নিম্নোক্ত ধোঁয়াবিহীন তামাকদ্রব্য সম্পর্কে আপনার ধারণা কি তা জানতে চাইব। আপনার মতে ই তামাক দ্রব্যগুলি সবচেয়ে বেশী থেকে সবচেয়ে কম এইভাবে সাজান" ঋতিকর</p> <p><b>[সাক্ষাৎকার গ্রহণকারীদের জন্য জ্ঞাতব্যঃ</b> যদি উত্তরদাতা বলে যে, সে মনে করে সবগুলোই সমান ঋতিকর তবে জিজ্ঞেস করুন “যদি যাচাই করতে বলা হয় তবে কোনটিকে আপনি সবচেয়ে ঋতিকর বলে বেছে নিতেন।”]</p> <table border="1" data-bbox="776 590 1321 688"> <tr> <td>জর্দা</td> <td>সাদা পাতা</td> </tr> <tr> <td>তামাকের পান</td> <td>পান মসলা</td> </tr> <tr> <td>গুল</td> <td>নসি</td> </tr> </table> <p>- সবগুলোই সমান ঋতিকর । 1 Answer Rank 2 R 3 DK</p>	জর্দা	সাদা পাতা	তামাকের পান	পান মসলা	গুল	নসি
<i>Zarda</i>	<i>Sadapata</i>													
<i>Paan with tobacco leaf</i>	<i>Pan masala</i>													
<i>Gul</i>	<i>Nasshi</i>													
জর্দা	সাদা পাতা													
তামাকের পান	পান মসলা													
গুল	নসি													
<p>General attitudes [All]</p>	<p>In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general...</p> <p>1 Agree 2 Disagree 3 Neither agree nor disagree 88 R 99 DK</p>	<p>আপনি জি নিম্নোক্ত বিষয়গুলোতে একমত বা ভিন্নমত পোষণ করেন?</p> <p>1. একমত 2. ভিন্নমত 3. একমত বা ভিন্নমত কোনটাই নয় 88 R 99 DK</p>												
<p>Bangladeshi society disapproves of smokeless tobacco use.</p>	<p>বাংলাদেশী সমাজ ধোঁয়াবিহীন তামাকের ব্যবহার ভালো চোখে দেখে না।</p>													
<p>Smokeless tobacco is highly addictive.</p>	<p>ধোঁয়াবিহীন তামাকপণ্য ব্যবহার এক প্রকার নেশা।</p>													
<p>It is acceptable for females to use smokeless tobacco.</p>	<p>মহিলাদের ধোঁয়াবিহীন তামাকপণ্য ব্যবহার গ্রহণযোগ্য।</p>													
<p>Using smokeless tobacco sets a bad example for children.</p>	<p>ধোঁয়াবিহীন তামাকপণ্য ব্যবহার বাচ্চদের জন্য একটি খারাপ দৃষ্টান্ত স্থাপন করে।</p>													
<p>Smokeless tobacco use is harmful to health.</p>	<p>ধোঁয়াবিহীন তামাকপণ্য ব্যবহার স্বাস্থ্যের জন্য খারাপ।</p>													

HEALTH WARNINGS		
Current HWs [All]	<p>Thinking now about the packages for smokeless tobacco products (paste, sachets, packs, tins, bottles) . . .</p> <p>As far as you know, do smokeless tobacco products in Bangladesh have health warnings on the packages?</p> <p>1 Yes (including 'some products')</p> <p>2 No</p> <p>88 R</p> <p>99 DK</p>	<p>এখন ধোঁয়াবিহীন তামাকদ্রব্যের প্যাকেট সম্পর্কে জানতে চাইব, যেমন, কোটা, মিনিপাক, বোতল।</p> <p>আপনি কি জানেন যে বাংলাদেশে তামাকদ্রব্যের প্যাকেটের গায়ে কোনো স্বাস্থ্য সতর্কীকরণ বাণী আছে কিনা?</p> <p>1. হ্যাঁ ((কোন কোন দ্রব্য)</p> <p>2. না</p> <p>88 R</p> <p>99 DK</p>
HW on last package [Users]	<p>On your last package of smokeless tobacco, was there a health warning?</p> <p>1 Yes</p> <p>2 No</p> <p>3 Can't remember</p> <p>88 R</p> <p>99 DK</p>	<p>আপনি শেষবার যে ধোঁয়াবিহীন তামাকদ্রব্য কিনেছিলেন তার গায়ে কি স্বাস্থ্য সতর্কবাণী ছিল?</p> <p>1. হ্যাঁ</p> <p>2. না</p> <p>3. মনে করতে পারছি না।</p> <p>88 R</p> <p>99 DK</p>
HW opinion [All]	<p>Do you think that smokeless tobacco packages should have health warnings?</p> <p>1 Yes</p> <p>2 No</p> <p>3 Maybe</p> <p>88 R</p> <p>99 DK</p> <p>(If YES:)</p> <p>Do you think that the health warnings should include pictures?</p> <p>1 Yes</p> <p>2 No</p> <p>3 Maybe</p> <p>88 Refused (Don't read)</p> <p>99 Don't Know (Don't read)</p>	<p>আপনি কি মনে করেন যে ধোঁয়াবিহীন তামাক দ্রব্যের প্যাকেটের গায়ে স্বাস্থ্য সতর্কবাণী থাকা উচিত?</p> <p>1. হ্যাঁ</p> <p>2. না</p> <p>3. হয়ত বা</p> <p>88 R</p> <p>99 DK</p> <p>(যদি হ্যাঁ হয়:)</p> <p>আপনি কি মনে করেন যে স্বাস্থ্য সতর্কবাণীর সঙ্গে ছবিও থাকা উচিত?</p> <p>1. হ্যাঁ</p> <p>2. না</p> <p>3. হয়ত বা</p> <p>88 R</p> <p>99 DK</p>
HEALTH WARNING LABEL RATINGS		
<p><b>PROGRAMMING NOTE:</b> For the health warning ratings, each respondent will see 1 set of warnings, each set consisting of 5 different warnings: 1) oral cancer, (2) mouth disease, (3) heart disease, (4) addiction, and (5) death, for a particular executional style (one of four experimental conditions: 1) text-only warning, 2) pictorial warning with symbolic imagery, 3) pictorial warning with graphic health effect, and 4) pictorial warning with a personalized graphic health effect and testimonial). The experimental condition that a respondent is in should be randomized, but with balancing for the number of people assigned to each condition.</p>		
I'm now going to show you a series of tobacco health	এখন আমি তামাকের ব্যাপারে অনেকগুলি সতর্কীকরণ বাণী	

<p>warnings.</p> <p>I'd like you to take a moment and look at each warning, after which I'll ask you several questions.</p> <p>The questions will ask you to rate a picture using a scale from 1 to 10, where 1 is 'not at all' and 10 is 'extremely'. I'm going to show you an example using this scale.</p> <p>Please tell me whether this kitten IS CUTE.</p> <p>1 2 3 4 5 6 7 8 9 10 DK/R Not at all In the Middle Extremely</p> <p>One means that you do not find the kitten at all cute, and ten means that you find the kitten extremely cute.</p> <p>Do you have any questions?</p>	<p>দেখাতে চাই আপনি যদি দয়া করে এর প্রতিটির দিকে একটু ভালো করে তাকান, তাহলে এসব সম্পর্কে বেশ কিছু প্রশ্ন করব।</p> <p>আপনি ১ থেকে ১০ স্কেলে প্রতিটি ছবি মূল্যায়ন করবেন। ১ অর্থ হলো 'একদম না' এবং ১০ অর্থ হলো 'অত্যন্ত বেশী'। আমি একটি উদাহরণ দিচ্ছি।</p> <p>এই বিড়ালের বাচ্চাটি কি সুন্দর? ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০ একদম না মাঝামাঝি অত্যন্ত বেশী</p> <p>১ অর্থ আপনি মনে করেন বিড়ালের বাচ্চাটি একদম সুন্দর না এবং ১০ অর্থ হলো আপনি মনে করেন বিড়ালের বাচ্চাটি অত্যন্ত সুন্দর।</p> <p>আপনার কি কোনো প্রশ্ন আছে?</p>	
<p>Great, now we'll move on to the actual questions. You will see one set of 5 warnings, each for a different health effect. The same questions will be repeated for each warning, using the 1 to 10 scale.</p> <p>I will now show you the first image.</p>	<p>আচ্ছা, আমি এখন মূল প্রশ্ন দিকে দাব। আপনি ৫ টি স্বাস্থ্যসতর্কীকরণ বার্তা দেখতে পাবেন যার প্রতিটির ভিন্ন প্রভাব আছে। প্রতিটি সতর্কীকরণের জন্য ১ থেকে ১০ স্কেলে একই প্রশ্ন পুন: জিজ্ঞাস করা হবে</p> <p>আমি আপনাকে এখন প্রথম ইমেজটি দেখাবো।</p>	
<p>HWM.attention</p>	<p>On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell whether this warning message...</p> <p><b>...grabs your attention</b></p> <p>1 2 3 4 5 6 7 8 9 10 DK/R Not at all In the Middle Extremely</p>	<p>১ থেকে ১০ এর পরিমাপকে (স্কেল) যেখানে ১ হচ্ছে একদম না এবং ১০ হচ্ছে অত্যন্ত বেশী; দয়া করে বলুন যে এই সতর্কীকরণ বিস্তৃতিগুলো ...</p> <p>...আপনার মনোযোগ আকর্ষণ করে</p> <p>১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০ একদম না মাঝামাঝি অত্যন্ত বেশী</p>
<p>HWM.believe</p>	<p><b>...is believable</b></p>	<p>...বিশ্বাস যোগ্য</p>
<p>HWM.relevant</p>	<p><b>...is important to you</b></p>	<p>...আপনার সাথে সম্পর্কিত</p>
<p>HWM.alarm</p>	<p><b>...is surprising</b></p>	<p>...আশ্চর্যজনক</p>
<p>HWM.fright</p>	<p><b>...is frightening</b></p>	<p>...ভয়ঙ্কর</p>
<p>HWM.disgust</p>	<p><b>...is disgusting</b></p>	<p>...বিরক্তিকর</p>
<p>HWM.unpleasant</p>	<p><b>...is unpleasant</b></p>	<p>...দেখতে খারাপ দেখায়</p>

HWM.concern	On a scale of 1 to 10, where 1 is 'not at all' and 10 is 'extremely', please tell me whether this warning message would . . .  <b>...make people more concerned about the health risk of using smokeless tobacco</b>  1 2 3 4 5 6 7 8 9 10 DK/R Not at all In the Middle Extremely	১ থেকে ১০ এর পরিমাপকে (স্কেল) যেখানে ১ হচ্ছে একদম না এবং ১০ হচ্ছে অত্যন্ত বেশী; দয়া করে বলুন যে এই সতর্কীকরণ বিজ্ঞপ্তিগুলো ...  ...মানুষকে ধোঁয়াবিহীন তামাক ব্যবহারজনিত স্বাস্থ্যের ক্ষতি সম্পর্কে চিন্তিত করে।  ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০ একদম না মাঝামাঝি অত্যন্ত বেশী
HWM.prevent	<b>... help prevent young people from starting to use smokeless tobacco</b>	...যুবকদের ধোঁয়াবিহীন তামাক ব্যবহার থেকে বিরত থাকতে সহায়তা করে
HWM.quit	<b>... make smokeless tobacco users want to quit</b>	...ধোঁয়াবিহীন তামাক ব্যবহারকারীকে তা ব্যবহার ত্যাগ করতে সহায়তা করে
HWM.effective	Overall, on a scale of 1 to 10, how effective is this health warning?	সর্বোপরি, ১ থেকে ১০ এর পরিমাপকে, এই সতর্কীকরণ কতটুকু কার্যকরী?
<b>(POST) ATTITUDES AND BELIEFS</b>		
Overall opinion [All]	What is your overall opinion about using smokeless tobacco? 1 Good 2 Neither good nor bad 3 Bad 88 R 99 DK	ধোঁয়াবিহীন তামাকজাত দ্রব্য ব্যবহার সম্পর্কে আপনার সার্বিক মতামত কি? 1. ভাল 2. ভালও না, খারাপও না 3. খারাপ 88 R 99 DK
General attitudes [All]	In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general... 1 Agree 2 Disagree 3 Neither agree nor disagree 88 R 99 DK	আপনি কি নিম্নোক্ত বিষয়গুলোতে একমত বা ভিন্নমত পোষণ করেন?  1. একমত 2. ভিন্নমত 3. একমত বা ভিন্নমত কোনটাই নয় 88 R 99 DK
Bangladeshi society disapproves of smokeless tobacco use.		বাংলাদেশী সমাজ ধোঁয়াবিহীন তামাকের ব্যবহার ভালো চোখে দেখে না।
Smokeless tobacco is highly addictive.		ধোঁয়াবিহীন তামাকপণ্য ব্যবহার এক প্রকার নেশা।
It is acceptable for females to use smokeless tobacco.		মহিলাদের ধোঁয়াবিহীন তামাকপণ্য ব্যবহার গ্রহণযোগ্য।
Using smokeless tobacco sets a bad example for children.		ধোঁয়াবিহীন তামাকপণ্য ব্যবহার বাচ্চাদের জন্য একটি খারাপ দৃষ্টান্ত স্থাপন করে।
Smokeless tobacco use is harmful to health.		ধোঁয়াবিহীন তামাকপণ্য ব্যবহার স্বাস্থ্যের জন্য খারাপ।

PERCEIVED RISK		
Worry [Current Users]	How worried are you, if at all, that using smokeless tobacco WILL damage your health in the future? Are you . . . [read all] 1 Not at all worried 2 A little worried 3 Very worried 88 R 99 DK	ধোঁয়াবিহীন তামাক ব্যবহার ভবিষ্যতে স্বাস্থ্যহানি ঘটাবে এ বাপারে আপনি কতখানি উদ্বেগ? [সব উত্তর পড়ুন] 1. একেবারেই চিন্তিত নই 2. কিছুটা চিন্তিত 3. খুব চিন্তিত 88 R 99 DK
Relative risk [Dual/multi users: Cigs]	Compared to smoking cigarettes, do you think using smokeless tobacco is less harmful, more harmful, or no different for health? 1 Less harmful 2 More harmful 3 No difference 88 R 99 DK	আপনি কি মনে করেন সিগারেটের খুলোনায় ধোঁয়াবিহীন তামাক দ্রব্য স্বাস্থ্যের জন্য কম ক্ষতিকর, বেশি ক্ষতিকর অথবা কোন পার্থক্য নেই? 1. কম ক্ষতিকর 2. বেশি ক্ষতিকর 3. কোন পার্থক্য নেই 88 R 99 DK
Relative risk [Dual/multi users: Bidis]	Compared to smoking bidis, do you think smokeless tobacco is less harmful, more harmful or no different for health? 1 Less harmful 2 More harmful 3 No difference 88 R 99 DK	আপনি কি মনে করেন বিড়ির তুলনায় ধোঁয়াবিহীন তামাকজাত দ্রব্য স্বাস্থ্যের জন্য কম ক্ষতিকর, বেশি ক্ষতিকর অথবা কোন পার্থক্য নেই? 1. কম ক্ষতিকর 2. বেশি ক্ষতিকর 3. কোন পার্থক্য নেই 88 R 99 DK
HEALTH WARNING LABEL RECALL		
[INTERVIEWER NOTE: Please turn screen toward interviewer]  I'm now going to ask you about the health warnings that you've seen in this study. In total there were 5 health warnings. I'd like you to take a minute and try and recall these health warnings: you can say either the words of the warnings or provide a brief description of any warnings you can remember. It is okay if you can't recall all the health warnings but please try your best.  [Interviewer: "Any others?..." after each response]	[স্বাস্থ্যসংস্কার গ্রহণকারীর দিকে আইপ্যাডটি ফেরান।]  আপনি যে স্বাস্থ্য সতর্কীকরণ বানীগুলো দেখেছেন আমি একন সেগুলো সম্পর্কে জিজ্ঞাসা করব। মোট ৫ টি সতর্কীকরণ বাণী ছিল। কিছুক্ষণ সময় নিয়ে সেগুলো মনে করার চেষ্টা করুন। আপনি সতর্কীকরণ বাণীর কোনো শব্দ দলতে পারেন অথবা এর বর্ণ দিতে পারেন। মনে করতে না পারলে অসুবিধা নাই। তবে আপনার যথাসাধ্য চেষ্টা করুন।  [স্বাস্থ্যসংস্কার গ্রহণকারীদের জন্য নির্দেশনা: "আর কিছু? ... প্রত্যেক উত্তরের পরে বলুন]	
[PROGRAMMER NOTE: Create checklist with each item below]	[PROGRAMMER NOTE: Create checklist with each item below]	
[PROGRAMMER NOTE: the text 'tobacco kills' is common to all labels, and should be a separate item on the checklist]	স্বাস্থ্যসংস্কার গ্রহণকারীর চেকলিস্ট নোট: "তামাক মৃত্যুর কারণ" এই কথাটি সব সতর্কীকরণ বাণীতে আছে। (চেকলিস্টের পৃথক উপাদান)	

Experimental Condition 1: TEXT ONLY		
Health Warning	Interviewer Checklist	Interviewer Checklist
 <p>তামাক মুখের ক্যান্সারের জন্য দায়ী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco causes oral cancer" -other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মুখের ক্যান্সারের জন্য দায়ী"।</li> <li>• অন্যান্য (সঠিক নয়): উল্লেখ করুন</li> </ul>
 <p>তামাক মাড়ির রোগের জন্য দায়ী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco causes mouth disease" -other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মাড়ির রোগের জন্য দায়ী"।</li> <li>• অন্যান্য (সঠিক নয়): উল্লেখ করুন</li> </ul>
 <p>তামাক হৃদরোগের জন্য দায়ী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco causes heart disease" -other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক হৃদরোগের জন্য দায়ী"।</li> <li>• অন্যান্য (সঠিক নয়): উল্লেখ করুন</li> </ul>
 <p>তামাক প্রচলিত রকম নেশা সৃষ্টিকারী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco is highly addictive" -other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক প্রচলিত রকম নেশা সৃষ্টিকারী"।</li> <li>• অন্যান্য (সঠিক নয়): উল্লেখ করুন</li> </ul>
 <p>তামাক গড়ে প্রতিদিন ১৫৬ জন বাংলাদেশীর মৃত্যুর কারণ</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco kills 156 Bangladeshis every day" -other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক গড়ে প্রতিদিন ১৫৬ জন বাংলাদেশীর মৃত্যুর কারণ"।</li> <li>• অন্যান্য (সঠিক নয়): উল্লেখ করুন</li> </ul>
Experimental Condition 2: SYMBOLIC IMAGERY		
 <p>তামাক মুখের ক্যান্সারের জন্য দায়ী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco causes oral cancer" -picture: scorpion/bug (correct) -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মুখের ক্যান্সারের জন্য দায়ী"।</li> <li>• ছবি: বৃশ্চিক (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক মাড়ির রোগের জন্য দায়ী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco causes mouth disease" -picture: snake/cobra (correct) -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মাড়ির রোগের জন্য দায়ী"।</li> <li>• ছবি: সাপ/গোথর (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক হৃদরোগের জন্য দায়ী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco causes heart disease" -picture: yellow triangle (correct) -picture: exclamation mark (correct) -picture: caution sign (correct) -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক হৃদরোগের জন্য দায়ী"।</li> <li>• ছবি: হলুদ ত্রিভুজ (সঠিক)</li> <li>• ছবি: বিস্ময়বোধক চিহ্ন (সঠিক)</li> <li>• ছবি: সাবধানতার চিহ্ন (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক প্রচলিত রকম নেশা সৃষ্টিকারী</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco is highly addictive" -picture: red circle -picture: 'no' symbol (correct) -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক প্রচলিত রকম নেশা সৃষ্টিকারী"।</li> <li>• ছবি: লাল বৃত্ত</li> <li>• ছবি: কোন চিহ্ন নয় (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক গড়ে প্রতিদিন ১৫৬ জন বাংলাদেশীর মৃত্যুর কারণ</p> <p>তামাক মৃত্যুর কারণ</p>	<p>-text: "tobacco kills 156 Bangladeshis every day" -picture: skull and/or crossbones (correct) -picture: poison (correct) -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক গড়ে প্রতিদিন ১৫৬ জন বাংলাদেশীর মৃত্যুর কারণ"।</li> <li>• ছবি: মাথার খুলি এবং হাড় (সঠিক)</li> <li>• ছবি: বিষ (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>

Experimental Condition 3: GRAPHIC IMAGERY		
 <p>তামাক মুখের ক্যান্সারের জন্য দায়ী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco causes oral cancer"            -picture: tumour on side of face (correct)            -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মুখের ক্যান্সারের জন্য দায়ী"।</li> <li>• ছবি: মুখের এক পাশে টিউমার (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক মাড়ির রোগের জন্য দায়ী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco causes mouth disease"            -picture: diseased/gross teeth (correct)            -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মাড়ির রোগের জন্য দায়ী"।</li> <li>• ছবি: মাড়ির রোগাক্রান্ত দাঁত (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক হৃদরোগের জন্য দায়ী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco causes heart disease"            -picture: open chest (correct)            -picture: surgery (correct)            -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক হৃদরোগের জন্য দায়ী"।</li> <li>• ছবি: অপারেশনের জন্য উন্মুক্ত বক্ষ (সঠিক)</li> <li>• ছবি: অপারেশন</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক গর্ভ রক্তম নেশা সৃষ্টিকারী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco is highly addictive"            -picture: hole in throat (correct)            -picture: tumour on throat (correct)            -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক প্রচন্ড রক্তম নেশা সৃষ্টিকারী"।</li> <li>• ছবি: মুখের গহবরে ছিদ্র (সঠিক)</li> <li>• ছবি: গলায় টিউমার (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
 <p>তামাক গড়ে প্রতিদিন ১৫৬ জন বাংলাদেশীর মৃত্ব্যর কারণ</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco kills 156 Bangladeshis every day"            -picture: dead body under white sheet (correct)            -picture: other (incorrect): please specify</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক প্রতিদিন বাংলাদেশে ১৫৬ জন মানুষের মৃত্ব্যর জন্য দায়ী"।</li> <li>• ছবি: সাদা কাফনের ঢাকা মৃতদেহ (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> </ul>
Experimental Condition 4: PERSONALIZED GRAPHIC AND TESTIMONIAL		
 <p>তামাক মুখের ক্যান্সারের জন্য দায়ী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco causes oral cancer"            -picture: man with oral cancer (correct)            -picture: missing jaw (correct)            -picture: other (incorrect): please specify            -testimonial: "I lost my jaw to oral cancer".            Abdur, age 38, died two weeks after this photo was taken.</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মুখের ক্যান্সারের জন্য দায়ী"।</li> <li>• ছবি: মুখের ক্যান্সারে আক্রান্ত একজন পুরুষ (সঠিক)</li> <li>• ছবি: অবলম্বিত চোয়াল (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> <li>• সাক্ষ্য: "আমি মুখের ক্যান্সারে আক্রান্ত হয়ে চোয়াল হারিয়েছি।" -আবদুল, বয়স ৩৮, এই ছবি তোলার দুই সপ্তাহ পরে মৃত্যুবরণ করেন।</li> </ul>
 <p>তামাক মাড়ির রোগের জন্য দায়ী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco causes mouth disease"            -picture: man with mouth disease (correct)            -picture: man with open mouth/tongue (correct)            -picture: other (incorrect): please specify            - testimonial: "Because of using tobacco, I have this disease in my mouth". Deepak, age 40.</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক মাড়ির রোগের জন্য দায়ী"।</li> <li>• ছবি: মুখের অসুখের ছবি (সঠিক)</li> <li>• ছবি: খোলা মুখের/জিহবার ছবি (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> <li>• সাক্ষ্য: "তামাক ব্যবহারের কারণে আমার মুখের এ অসুখ হয়েছে। " দীপক, বয়স ৪০।</li> </ul>
 <p>তামাক হৃদরোগের জন্য দায়ী</p> <p>তামাক মুত্ব্যর কারণ</p>	<p>-text: "tobacco causes heart disease"            -picture: man lying down/unconscious (correct)            -picture: CPR administered on man (correct)            -picture: other (incorrect): please specify            -testimonial: "This is my second heart attack caused by tobacco use. It could be my last." Moti, age 44.</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক হৃদরোগের জন্য দায়ী"।</li> <li>• ছবি: শায়িত অবস্থায় অচেতন মানুষ (সঠিক)</li> <li>• ছবি: মানুষের হৃৎপিণ্ডের স্বাভাবিক সঞ্চালনের চেষ্টা (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> <li>• সাক্ষ্য: "এটা আমার দ্বিতীয়বার হার্ট আটক যা তামাক ব্যবহারের ফলে হয়েছে।" মতি, বয়স ৪৪।</li> </ul>

	<p>-text: "tobacco is highly addictive"          -picture: man with hole in throat (correct)          -picture: other (incorrect): please specify          -testimonial: "I thought I could quit tobacco any time I wanted. I was wrong." Golam, age 45.</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক প্রচলিত রকম বেশা সৃষ্টিকারী"।</li> <li>• ছবি: একজন পুরুষ মানুষের গলায় ছিদ্র (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> <li>• সাক্ষ্য: "আমি ভেবেছিলাম আমি চাইলে যে কোন সময় তামাক ছেড়ে দিতে পারব"। গোলাম, বয়স ৪৫।</li> </ul>
	<p>-text: "tobacco kills 156 Bangladeshis every day"          -picture: woman mourning (correct)          -picture: woman in white clothing (correct)          -picture: body under sheet (correct)          -picture: other (incorrect): please specify          -testimonial: "Tobacco use killed my husband. I feel so alone". Momtaz, age 36.</p>	<ul style="list-style-type: none"> <li>• টেকস্ট: "তামাক বাংলাদেশে প্রতিবছর ১৫৬ টি মৃত্যুর জন্য দায়ী"।</li> <li>• ছবি: কান্নারত একজন মহিলা (সঠিক)</li> <li>• ছবি: সাদা কাপড়ে একজন মহিলা (সঠিক)</li> <li>• ছবি: কাফনে ঢাকা মৃতদেহ (সঠিক)</li> <li>• ছবি: অন্যান্য (সঠিক নয়): দয়া করে উল্লেখ করুন</li> <li>• সাক্ষ্য: "তামাক ব্যবহার করে আমার স্বামী মারা গেছেন"। মমতাজ - ৩৬।</li> </ul>
<b>HEALTH BELIEFS</b>		
	<p>I am going to read you a list of health effects and diseases that may or may not be caused by using smokeless tobacco. Based on what you know or believe, does smokeless tobacco use cause . . .</p> <p>[INTERVIEWER NOTE: if respondent unsure of what the health outcome is, select "don't know"]</p>	<p>আমি স্বাস্থ্যের উপর ক্ষতিকর প্রভাব ও রোগ-বধির ভালিকা পরে শোনাব যা ধোঁয়াবিহীন তামাকপণ্য ব্যবহার থেকে হতে পারে আবার নাও হতে পারে। আপনি যা জানেন এবং বিশ্বাস করেন তা থেকে বলুন: ধোঁয়াবিহীন তামাকপণ্য কি নিচের রোগগুলোর জন্য দায়ী?</p> <p>[সাক্ষাৎকার গ্রহণকারীদের জন্য নির্দেশনা: উত্তরদাতা রোগ সম্পর্কে নিশ্চিত না হলে "জানি না" উত্তর গ্রহণ করুন]</p>
HBORAL	<p>Oral cancer?          1. Yes          2. No          3. Don't know          4. R</p>	মুখের ক্যান্সারের?
HBMOUTH	Mouth disease?	মাড়ির রোগ?
HBHEART	Heart disease?	হৃদরোগ?
HBDEATH	Death?	মৃত্যু?
<b>HEALTH WARNING RANKING TASK</b>		
<p><b>PROGRAMMER NOTE:</b> For the ranking task, each respondent should be assigned to one of the 5 health effects (with balancing for number assigned to each). This is NOT the same as experimental condition. The respondent will view all 4 warnings (in all 4 executional styles) for one health effect.</p>		

	<p>I am now going to show you four health warnings about [INSERT HEALTH EFFECT]. I am going to ask you to compare the warnings to each other.</p> <p>[Health effects to insert:] (oral cancer) (mouth disease) (heart disease) (addiction) (death)</p>	<p>আমি এখন আপনাকে চারটি [INSERT HEALTH EFFECT] সম্পর্কিত সতর্কীকরণগুলো দেখার এবং আপনাকে সতর্কীকরণ গুলো একটি আরেকটির সাথে তুলনা করতে বলব।</p> <p>[Health effects to insert:] মুখের কেমসারের (oral cancer) মাড়ির রোগ (mouth disease) হৃদরোগ (heart disease) নেশা (addiction) মৃত্যু (death)</p>
L1a	<p>Overall, which warning do you think is the <u>most effective</u> for discouraging the use of smokeless tobacco?</p>	<p>সর্বোপরি, কোন সতর্কীকরণ টিকে আপনি ধোঁয়াবিহীন তামাক ভাগ করতে উৎসাহিত করার ব্যাপারে সবচেয়ে কার্যকরী মনে করেন?</p>
L1b-e	<p>Overall, which warning is the <u>next most effective</u>? [Interviewer note: Repeat until all warnings in the set have been selected]</p>	<p>সর্বোপরি কোন সতর্কীকরণকে ধূমপায়ীর ধূমপান ত্যাগ করতে উৎসাহিত করার ব্যাপারে পরবর্তী সবচেয়ে কার্যকরী বলে মনে করেন? [সাক্ষাৎকার গ্রহণকারীদের জন্য নোট: সেটটির সব সতর্কীকরণ নির্বাচিত না হওয়া পর্যন্ত পুনরাবৃত্তি করুন]</p>
<b>REIMBURSEMENT AND END</b>		
	<p>That's all the questions I have for you today. Thank you very much for your participation. Here is a T-shirt in appreciation of your time. To confirm that you've received your reimbursement, I'll need you to sign this form.</p> <p>[Interviewer note: Have participant sign/initial Remuneration Form]</p>	<p>আমার প্রশ্ন শেষ। আপনার অংশগ্রহণের জন্য অনেক ধন্যবাদ। আপনার সময়ের উপহারস্বরূপ এই গেঞ্জিটি আপনি গ্রহণ করুন। আপনি যে এই উপহারটি গ্রহণ করেছেন তার প্রমাণস্বরূপ এই ফর্মটিতে স্বাক্ষর দিন।</p> <p>[সাক্ষাৎকার গ্রহণকারীদের জন্য নোট: উত্তরদাতার স্বাক্ষর নিন।]</p>
	<p>I'll now go over a feedback letter with you.</p> <p>[INTERVIEWER NOTE: Hand out Feedback Letter, go over main points:]</p> <p>Thank you for participating in our study – we appreciate your help.</p> <ul style="list-style-type: none"> <li>- As we mentioned earlier, we are interested in people's opinions about health warnings on tobacco packaging.</li> <li>- We were interested in the impact of different types of health warnings and how they affect people's perceptions of believability, personal relevance, and overall effectiveness as well as eliciting negative emotional arousal.</li> <li>- We were also interested in the impact of different health warnings on the credibility of</li> </ul>	<p>আমি একটি ফিডব্যাক লেটার পড়ে শোনাব।</p> <p>[সাক্ষাৎকার গ্রহণকারীদের জন্য নোট: ফিডব্যাক লেটারটি উত্তরদাতার হাতে দিন এবং মূল পয়েন্টগুলো পড়ে শোনান।]</p> <p>আমাদের গবেষণায় অংশ নেয়ার জন্য ধন্যবাদ।</p> <ul style="list-style-type: none"> <li>- আগেই উল্লেখ করেছি যে আমরা সিগারেটের প্যাকিং সম্পর্কে জনগণের মতামত সম্পর্কে আগ্রহী।</li> <li>- আমরা বিভিন্ন ধরনের স্বাস্থ্য সতর্কীকরণ বাণী, লোকজনের চিন্তাভাবনার উপরে এদের প্রভাব, এবং সর্বোপরি এদের কার্যকারিতা ও নেতিবাচক চিন্তার উদ্বেগে কিভাবে সহ্যতা করছে সে সম্পর্কে জানতে আগ্রহী।</li> <li>- আমরা আরও জানতে সে এই স্বাস্থ্য সতর্কীকরণ বাণীগুলো স্বাস্থ্য সতর্কীকরণের বিশ্বাসযোগ্যতাকে এবং ধোঁয়াবিহীন তামাক ব্যবহারের কারণে স্বাস্থ্য সমস্যা সম্পর্কে মানুষের ধারণাকে কিভাবে প্রভাবিত</li> </ul>

<p>health warning messages, and beliefs about the health effects of using smokeless tobacco</p> <ul style="list-style-type: none"> <li>- Participants were shown different types of health warnings: text-only, pictorial warnings with graphic health effects, pictorial warnings with personal testimonials and/or effects on "lived experience", and other types of pictorial warnings (symbols, etc.), in order to compare responses to each type of warning.</li> <li>- As a reminder, no personal information (name, address, contact information, etc.) will be collected, other than a signature or initial to confirm that the t-shirt was received. For your protection, we will assign you a number that will be used to label all information and no personal identifiers will be linked to your data.</li> <li>- This study has been reviewed by and received ethics clearance through the University of Waterloo and the Bangladesh Medical Research Council. If you have any comments or concerns resulting from your involvement please contact Dr. Nigar Nargis at the University of Dhaka whose contact information is listed in your letter [point out contact information in their letter].</li> </ul>	<p>করে।</p> <ul style="list-style-type: none"> <li>- অংশগ্রহণকারীদেরকে এক ধরনের স্বাস্থ্য সমস্যা সংক্রান্ত সতর্কীকরণ দেখানো হয়েছে। শুধুমাত্র লিখুন, সচিত্র সতর্কীকরণ, ব্যক্তিগত অভিজ্ঞতার বিবরণ এবং অন্যান্য ধরনের সতর্কীকরণ (যেমন, প্রতীক, ইত্যাদি)। এর মাধ্যমে প্রত্যেক ধরনের সতর্কীকরণের তুলনা করা হয়েছে।</li> <li>- আপনার নাম বা ঠিকার সম্পর্কে কোন তথ্য দেখা হবে না। আপনি যে ফোন কার্ড গ্রহণ করেছেন তার প্রমাণস্বরূপ কেবলমাত্র আপনার স্বাক্ষর গ্রহণ করা হবে। আপনার জন্য একটি নম্বর দেওয়া হবে যার মাধ্যমে আপনার তথ্য চিহ্নিত হবে।</li> <li>- ওয়াটারলু ইউনিভার্সিটি এবং বাংলাদেশ মেডিকেল রিসার্চ কাউন্সিল এই গবেষণাটি পরিচালনার জন্য নৈতিকতার ছাড়পত্র প্রদান করেছে। এতে অংশ নেয়ার ব্যাপারে বা অন্য কোন প্রশ্ন বা উদ্বেগের ব্যাপার থাকলে ঢাকা বিশ্ববিদ্যালয়ের শিক্ষিকা ড. নিগার নার্গিসের সাথে কথা বলতে পারেন। তার যোগাযোগের তথ্য তথ্যপত্রের নিচে দেওয়া আছে।</li> </ul>
<p>That's everything for today. Thank you very much for your participation.</p>	<p>আজ এ পর্যন্তই। আপনার অংশগ্রহণের জন্য অনেক ধন্যবাদ।</p>

**APPENDIX D continued. Codebook for Bangladesh**

<b>Bangladesh Study 3 Codebook</b>		
RESPNUM	Respondent Number on Machine starting at 1	1-
Status	System variable for status	4 Complete 3 Not Complete
Interviewtime	System variable for interview length	Number
StudyID	5-digit number based on RESPNUM	#####
Intersite	Site of Interview (entered by interviewer)	2,4,5,6,7,11
InterID	Interviewer ID (entered by interviewer)	Number (1-9)
iPadnum	Number of iPad used (entered by interviewer)	Text
RevisedSite	Site of Interview (determined by date of survey completed)	2,4,5,6,7,11
Date_of_Interview	Date of Interview	MMDDYYYY
Intstart	Start Time of interview	HHMMSS
Agegroup	Variable to store age group based on D_Age	1 YOUTH (16 - 18 YEARS) 2 ADULT (19+ YEARS)
User1	Variable to store smoking status based on Sstatus	1 User (if sstatus=1,2 or 3) 2 Non-User (if sstatus=4)
Date_end_Interview	Date Interview Ended (local date for laptops, UW server time for OnlineY) – Only present if made it to final screen	MDDYYYY
Intfinish	Time interview Ended (local time for laptops, UW server time for OnlineY) – Only present if made it to final screen	HHMMSS
sLanguage		2 Bengali
Country	Code for Country	BAN
AGP	Age Group Selected by Interviewer at beginning of survey	1 Youth (16 - 18 YEARS) 2 Adult (19+ YEARS)
Consen	Does Respondent Consent to doing the survey:	1 Yes, continue to survey 2 No, Thank you for your time
DGender	Gender	1 Female 2 Male
D_Age	To begin, may I ask how old you are?	Number (1-99)
SLTSTATUS1	In the last 30 days, how often did you use any smokeless tobacco products? <b>(If ANS=1,2 or 3 skip to SLTStatus2, If ANS=4 (Youth ONLY) skip to EVERUSE)</b>	1 Every day 2 At least once a week 3 At least once in the last month 4 Not at all
	I am now going to ask you questions about your smokeless	

	tobacco use. Have you EVER USED any smokeless tobacco products? These are products that are not burned or smoked, but instead are usually put in the mouth or are sniffed. Some examples are ...  (Check all that apply)	
EVERUSE_1	Zarda	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_2	paan with tobacco leaf	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_3	gul	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_4	sadapata	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_5	pan masala	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_6	nasshi	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_7	Other smokeless product	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSEOTH	Other smokeless product - specify	Text
EVERUSE_8	None of the above	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_9	R	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
EVERUSE_10	DK	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>If any products chosen skip to AgeInit</b> <b>If no products chosen skip to Sproducts</b>	
SLTSTATUS2	You mentioned that you currently use smokeless tobacco _____. On average, how many times per _____do you use smokeless tobacco? (Daily, Day if Sstatus=1) (Weekly, Week if Sstatus=2) (Monthly, Month if Sstatus=3)  <b>(If ANS=1 skip to SLTStatus3, If ANS=2 skip to AgeInit)</b>	1 Enter Number 2 DK/R
SLTSTATUS3	You mentioned that you currently use smokeless tobacco _____. On average, how many times per _____do you use smokeless tobacco? (Daily, Day if Sstatus=1) (Weekly, Week if Sstatus=2)	Number (0-999)

	(Monthly, Month if Sstatus=3)	
AgeInnit	At what age did you start using smokeless tobacco?  <b>(If ANS=1 skip to AgeInitiation, If ANS=2 and User=1 skip to CurrentUse, If ANS=2 and User=2 skip to Sproducts)</b>	1 Enter Age 2 DK/R
AgeInitiation	At what age did you start using smokeless tobacco?  <b>(If User=1 skip to CurrentUse, If User=2 skip to Sproducts)</b>	Number (0-99)
	Do you currently use any of the following smokeless tobacco products at least once a month?  (Check all that apply)	
CURRENTUSE_1	Zarda	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_2	paan with tobacco leaf	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_3	gul	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_4	sadapata	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_5	pan masala	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_6	nasshi	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_7	Other smokeless product	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSEOTH	Other smokeless product - specify	Text
CURRENTUSE_8	None of the above	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_9	R	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
CURRENTUSE_10	DK	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>If one product is chosen skip to ReasonsForUse1, If multiple products chosen skip to UsualProduct, If no products chosen skip to Susual1</b>	
UsualProduct	Which of these products do you use most frequently?	Number (1-5) (See CUSEDLIST and T_CUSEDLIST variables)

CUSEDLIST_1	Code used in Constructed list for selected first in CURRENTUSE used in UsualProduct	93 Zarda 94 paan with tobacco leaf 95 gul 96 sadapata 97 pan masala 98 nasshi 99 Other smokeless product
CUSEDLIST_2	Code used in Constructed list for selected second in CURRENTUSE used in UsualProduct	93 Zarda 94 paan with tobacco leaf 95 gul 96 sadapata 97 pan masala 98 nasshi 99 Other smokeless product
CUSEDLIST_3	Code used in Constructed list for selected third in CURRENTUSE used in UsualProduct	93 Zarda 94 paan with tobacco leaf 95 gul 96 sadapata 97 pan masala 98 nasshi 99 Other smokeless product
CUSEDLIST_4	Code used in Constructed list for selected fourth in CURRENTUSE used in UsualProduct	93 Zarda 94 paan with tobacco leaf 95 gul 96 sadapata 97 pan masala 98 nasshi 99 Other smokeless product
CUSEDLIST_5	Code used in Constructed list for selected fifth in CURRENTUSE used in UsualProduct	93 Zarda 94 paan with tobacco leaf 95 gul 96 sadapata 97 pan masala 98 nasshi 99 Other smokeless product
CUSEDLIST_6	Code used in Constructed list for selected sixth in CURRENTUSE used in UsualProduct	93 Zarda 94 paan with tobacco leaf 95 gul 96 sadapata 97 pan masala 98 nasshi 99 Other smokeless product
T_CUSEDLIST_1	Derived Variable with text version of CUSEDLIST_1	Text
T_CUSEDLIST_2	Derived Variable with text version of CUSEDLIST_2	Text
T_CUSEDLIST_3	Derived Variable with text version of CUSEDLIST_3	Text
T_CUSEDLIST_4	Derived Variable with text version of CUSEDLIST_4	Text
T_CUSEDLIST_5	Derived Variable with text version of CUSEDLIST_5 Text	Text
T_CUSEDLIST_6	Derived Variable with text version of CUSEDLIST_6	Text

T_UsualProduct	Derived Variable that displays the text for what the respondent selected in usual product question OR if they only selected one product in CURRENTUSE displays that product	Text
Reasonsforuse1	In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  The price.	1 Yes 2 No 3 R 4 DK
Reasonsforuse2	In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  This type is of High Quality.	1 Yes 2 No 3 R 4 DK
Reasonsforuse3	In choosing this type of smokeless tobacco, was part of your decision based on any of the following?  This type is less harmful to my health.	1 Yes 2 No 3 R 4 DK
Susual1	Do you have a particular brand of smokeless tobacco that you usually use?  <b>(If ANS=1 skip to SusualSlessTob, If ANS=2,3 or 4 skip to Susual3)</b>	1 Yes 2 No 3 R 4 DK
SusualSlessTob	What is the full name of your usual smokeless brand?  <b>If answered skip to Sproducts</b>	Text
Susual3	Do you have a TYPE of smokeless tobacco that you usually use?  <b>(If ANS=1 skip to SusualSlessType, If ANS=2,3 or 4 skip to Sproducts)</b>	1 Yes 2 No 3 R 4 DK
SusualSlessType	Do you have a TYPE of smokeless tobacco that you usually use?	Text
	In the past month, have you used any of the following smoked tobacco products  (Check all that apply)	
SPRODUCTS_1	Cigarettes (factory made and roll-your-own)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

SPRODUCTS_2	Bidis	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_3	Hookah/ shisha/ narghile/ water pipe	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_4	Other (Specify)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SprodOTH	Other Specify	Text
SPRODUCTS_5	None of the above	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_6	R	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
SPRODUCTS_7	DK	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>If User1=2 skip to Ysusfuture, If User1=1 AND any product is chosen skip to multiuse, If User1=1 AND no product is chosen skip to EverQuit.</b>	
MultiUse	You mentioned you use both smokeless and smoked tobacco. Which do you use more often:  <b>(Skip to EverQuit)</b>	1 Smoked tobacco 2 Smokeless tobacco 3 do you use smoked and smokeless tobacco about the same 4 R 5 DK
Ysusfuture	Do you think in the future you might try using smokeless tobacco?	1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 5 R 6 DK
Ysusfriend	If one of your best friends were to offer you smokeless tobacco, would you use it?	1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 5 R 6 DK
Ysusyear	At any time during the NEXT YEAR, do you think you will use smokeless tobacco?  <b>(Skip to YDEduc)</b>	1 Definitely not 2 Probably not 3 Probably yes 4 Definitely yes 5 R 6 DK
Everquit	Have you ever made a serious attempt to stop using all smokeless tobacco products?	1 Yes 2 No 3 R 4 DK
Plantoquit	Are you planning to quit using smokeless tobacco...	1 Within the next month< 2 Within the next 6 months 3 Sometime in the future, beyond 6 months, 4 or are you Not planning to quit? 5 R 6 DK
Quithealth	If you were to quit using smokeless tobacco permanently	1 Not at all 2 A little

	<p>in the next 6 months, how much do you think it would improve your health?</p> <p><b>(If Youth skip to YDEduc, If Adult skip to DEduc)</b></p>	<p>3 A lot 4 R 5 DK</p>
Deduc	<p>What is your highest level of education?</p>	<p>1 Illiterate 2 Literate, no formal education 3 Primary (1-5 years) 4 Secondary (6-8 years) 5 SSC (9-10 years) 6 HSC (11-12 years) 7 Bachelor's degree (14-16 years) 8 Master's degree (15-17 years) 9 Above Master's degree (i.e. PhD) 10 R 11 DK</p>
Income	<p>In the last year, on average, how much was the total monthly income of your household?</p> <p><b>(Skip to Religion)</b></p>	<p>1 less than 5,000 Taka 2 5,000–9,999 Taka 3 10,000–14,999 Taka 4 15,000–19,999 Taka 5 20,000+ Taka 6 R 7 DK</p>
Ydeduc	<p>What was the last year of school that you completed?</p>	<p>1 Illiterate 2 Literate, no formal education 3 Primary (1-5 years) 4 Secondary (6-8 years) 5 SSC – Year 9 6 SSC- Year 10 7 HSC – Year 11 8 HSC – Year 12 9 More than HSC 10 R 11 DK</p>
Religion	<p>What is your Religion?</p> <p><b>(If Youth skip to PREOverallOpinion, If Adult skip to DE62236o)</b></p>	<p>1 Muslim 2 Hindu 3 Christian 4 Buddhist 5 Others 6 R 7 DK</p>
ReligionOTH	<p>What is your Religion – Other Specify</p>	<p>Text</p>
Occupation	<p>What is your primary occupation?</p>	<p>1 Owner farmer 2 Tenant farmer 3 Self-employed in non-farm agricultural activities (e.g., cattle, poultry raising, fisheries, plantation) 4 Self-employed in non-agricultural activities (e.g., rickshaw pulling, tailoring, hair cutting, restaurant, grocery shop, tea stall) 5 Farm wage laborer 6 Non-farm agricultural wage laborer</p>

		<p>7 Non-agricultural wage laborer (e.g., industrial, construction, transport)</p> <p>8 Professional (e.g., physician, engineer, lawyer, teacher, researcher)</p> <p>9 Managerial, administrative or clerking service</p> <p>10 Student</p> <p>11 Unemployed</p> <p>12 Housewife/Housekeeper/Household manager</p> <p>13 Other (specify)</p> <p>14 R</p> <p>15 DK</p>
DE62236oOTH	What is your primary occupation – Other specify	Text
Preoverallopinion	<p>For the next few questions, I'd like to ask for your opinion about smokeless tobacco products. There is no right or wrong answer—we are most interested in your thoughts.</p> <p>What is your overall opinion about using smokeless tobacco?</p>	<p>1 Good</p> <p>2 Neither good nor bad</p> <p>3 Bad</p> <p>4 R</p> <p>5 DK</p>
relativeRiskA	<p>I would like to know what you think about the following smokeless tobacco products. In your opinion, please rank the following smokeless tobacco products from most to least harmful:</p> <p><b>(If ANS=1 skip to RelativeRisk, If ANS=2 skip to preGA1)</b></p>	<p>1 Answer Rank</p> <p>2 R</p> <p>3 DK</p>
	<p>I would like to know what you think about the following smokeless tobacco products. In your opinion, please rank the following smokeless tobacco products from most to least harmful:</p>	
relativeRisk_1_1	Most harmful	<p>1 Zarda</p> <p>2 Paan with tobacco leaf</p> <p>3 Gul</p> <p>4 Sadapata</p> <p>5 Pan masala</p> <p>6 Nasshi</p>
relativeRisk_1_2	Second most harmful	<p>1 Zarda</p> <p>2 Paan with tobacco leaf</p> <p>3 Gul</p> <p>4 Sadapata</p> <p>5 Pan masala</p> <p>6 Nasshi</p>
relativeRisk_1_3	Third most harmful	<p>1 Zarda</p> <p>2 Paan with tobacco leaf</p>

		3 Gul 4 Sadapata 5 Pan masala 6 Nasshi
relativeRisk_1_4	Fourth most harmful	1 Zarda 2 Paan with tobacco leaf 3 Gul 4 Sadapata 5 Pan masala 6 Nasshi
relativeRisk_1_5	Fifth most harmful	1 Zarda 2 Paan with tobacco leaf 3 Gul 4 Sadapata 5 Pan masala 6 Nasshi
relativeRisk_1_6	Sixth most harmful	1 Zarda 2 Paan with tobacco leaf 3 Gul 4 Sadapata 5 Pan masala 6 Nasshi
Relrisequal	all are equally harmful	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general...	
preGA1	Bangladeshi society disapproves of smokeless tobacco use.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA2	Smokeless tobacco is highly addictive.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA3	It is acceptable for females to use smokeless tobacco.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA4	Using smokeless tobacco sets a bad example for children.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
preGA5	Smokeless tobacco use is harmful to health.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK

currentHW	<p>Thinking now about the packages for smokeless tobacco products (paste, sachets, packs, tins, bottles)...</p> <p>As far as you know, do smokeless tobacco products in Bangladesh have health warnings on the packages?</p> <p><b>(If USER1=1 skip to HWLastPack, If USER1=2 skip to HWOpinion1)</b></p>	<p>1 Yes (including `some products`)</p> <p>2 No</p> <p>3 R</p> <p>4 DK</p>
HWlastpack	<p>On your last package of smokeless tobacco, was there a health warning?</p>	<p>1 Yes</p> <p>2 No</p> <p>3 Can't remember</p> <p>4 R</p> <p>5 DK</p>
HWopinion1	<p>Do you think that smokeless tobacco packages should have health warnings?</p>	<p>1 Yes</p> <p>2 No</p> <p>3 Maybe</p> <p>4 R</p> <p>5 DK</p>
HWopinion2	<p>Do you think that the health warnings should include pictures?</p>	<p>1 Yes</p> <p>2 No</p> <p>3 Maybe</p> <p>4 R</p> <p>5 DK</p>
HWMtestkit	<p>Please tell me whether this kitten <b>IS CUTE</b></p> <p>One means that you do not find the kitten at all cute, and ten means that you find the kitten extremely cute.</p>	<p>1 Not at all</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>In The Middle</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 Extremely</p> <p>11 Don't know/Refused</p>
Randgroup1	<p>Randomly assigned group</p>	<p>1 Text Only</p> <p>2 Symbolic Imagery</p> <p>3 Graphic Imagery</p> <p>4 Personalized Graphic and Testimonial</p>
HW11_aattention	<p>Please tell me whether this warning message:</p> <p><b>GRABS YOUR ATTENTION</b></p>	<p>1 Not at all</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>In The Middle</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>

		10 Extremely 11 DK/R
HW11_bbelieve	Please tell me whether this warning message:  <b>IS BELIEVABLE</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_crelevant	Please tell me whether this warning message:  <b>IS IMPORTANT TO YOU</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_dsurprise	Please tell me whether this warning message:  <b>IS SURPRISING</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_efright	Please tell me whether this warning message:  <b>IS FRIGHTENING</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_fdisgust	Please tell me whether this warning message:  <b>IS DISGUSTING</b>	1 Not at all 2 3 4 5 In The Middle

		6 7 8 9 10 Extremely 11 DK/R
HW11_gunpleasant	Please tell me whether this warning message:  <b>IS UNPLEASANT</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_hconcern	Please tell me whether this warning message would:  <b>MAKE PEOPLE MORE CONCERNED ABOUT THE HEALTH RISK OF USING SMOKELESS TOBACCO</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_iprevent	Please tell me whether this warning message would:  <b>HELP PREVENT YOUNG PEOPLE FROM STARTING TO USE SMOKELESS TOBACCO</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
HW11_jquit	Please tell me whether this warning message would:  <b>MAKE SMOKELESS TOBACCO USERS WANT TO QUIT</b>	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R

HW11_keffective	Overall, on a scale of 1 to 10, how effective is this health warning?	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 DK/R
Repeated from HW11 to HW51 for each of the 5 health effects using randomly assigned condition. Health affect groups were asked in random order.	HW11 refers to the Health Effect 1 image in the set. HW21 refers to the Health Effect 2 image in the set. HW31 refers to the Health Effect 3 image in the set. HW41 refers to the Health Effect 4 image in the set. HW51 refers to the Health Effect 5 image in the set.	
PostOverallOpinion	What is your overall opinion about using smokeless tobacco?	1 Good 2 Neither good nor bad 3 Bad 4 R 5 DK
	In your opinion, please tell me whether you agree, disagree, or neither agree nor disagree with each of the following statements. In general...	
PostGA1	Bangladeshi society disapproves of smokeless tobacco use.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA2	Smokeless tobacco is highly addictive.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA3	It is acceptable for females to use smokeless tobacco.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA4	Using smokeless tobacco sets a bad example for children.	1 Agree 2 Disagree 3 Neither agree nor disagree 4 R 5 DK
PostGA5	Smokeless tobacco use is harmful to health.	1 Agree 2 Disagree 3 Neither agree nor disagree

	<b>(If USER1=1 skip to worry, If USER1=2 skip to RelRisk1)</b>	4 R 5 DK
Worry	How worried are you, if at all, that using smokeless tobacco WILL damage your health in the future? Are you ...	1 Not at all worried 2 A little worried 3 very worried 4 R 5 DK
Relrisk1	Compared to smoking cigarettes, do you think using smokeless tobacco is less harmful, more harmful, or no different for health?	1 less harmful 2 more harmful 3 no difference 4 R 5 DK
Relrisk2	Compared to smoking bidis, do you think smokeless tobacco is less harmful, more harmful or no different for health?	1 less harmful 2 more harmful 3 no difference 4 R 5 DK
	<b>Asked if Randgroup1=1</b>	
	<b>Health Warning Label Recall Experimental condition 1: Text only</b>	
HWLrec1a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1a_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1aOTH	Text Specify	Text
HWLrec1b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1b_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1bOTH	Text Specify	Text
HWLrec1c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1c_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1cOTH	Text Specify	Text
HWLrec1d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1d_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1dOTH	Text Specify	Text
HWLrec1e_1	text: 'tobacco kills 156 Bangladeshis every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1e_2	other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1eOTH	Text Specify	Text
HWLrec1f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec1f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>Asked if Randgroup1=2</b>	
	<b>Health Warning Label Recall Experimental condition 2: Symbolic imagery</b>	
HWLrec2a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1

		<input type="checkbox"/> = 0
HWLrec2a_2	picture: scorpion/bug (correct)	
HWLrec2a_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2aOTH	Text Specify	Text
HWLrec2b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2b_2	picture: snake/cobra (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2b_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2bOTH	Text Specify	Text
HWLrec2c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_2	picture: yellow triangle (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_3	picture: exclamation mark (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_4	picture: caution sign (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2c_5	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2cOTH	Text Specify	Text
HWLrec2d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2d_2	picture: red circle	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2d_3	picture: 'no' symbol (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2d_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2dOTH	Text Specify	Text
HWLrec2e_1	text: 'tobacco kills 156 Bangladeshis every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2e_2	picture: skull and/or crossbones (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2e_3	picture: poison (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2e_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2eOTH	Text Specify	Text
HWLrec2f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec2f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>Asked if Randgroup1=3</b>	
	<b>Health Warning Label Recall</b>	
	<b>Experimental condition 3:</b>	
	<b>Graphic health effect</b>	
HWLrec3a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3a_2	picture: tumour on side of face (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

HWLrec3a_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3aOTH	Text Specify	Text
HWLrec3b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3b_2	picture: diseased/gross teeth (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3b_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3bOTH	Text Specify	Text
HWLrec3c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3c_2	picture: open chest (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3c_3	picture: surgery (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3c_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3cOTH	Text Specify	Text
HWLrec3d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3d_2	picture: hole in throat (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3d_3	picture: tumour on throat (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3d_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3dOTH	Text Specify	Text
HWLrec3e_1	text: 'tobacco kills 156 Bangladeshis every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3e_2	picture: dead body under white sheet (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3e_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3eOTH	Text Specify	Text
HWLrec3f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec3f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
	<b>Asked if Randgroup1=4</b>	
	<b>Health Warning Label Recall Experimental condition 4: Testimonial</b>	
HWLrec4a_1	text: 'tobacco causes oral cancer'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_2	picture: man with oral cancer (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_3	picture: missing jaw (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4a_5	testimonial: "I lost my jaw to oral cancer". Abdur, age 38, died two weeks after this photo was taken.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4aOTH	Text Specify	Text

HWLrec4b_1	text: 'tobacco causes mouth disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_2	picture: woman with mouth disease/tumour (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_3	picture: woman with open mouth (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4b_5	testimonial: "Because of using tobacco, I have this mouth tumour that cannot be removed". Amena, age 53.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4bOTH	Text Specify	Text
HWLrec4c_1	text: 'tobacco causes heart disease'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_2	picture: man lying down/unconscious (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_3	picture: CPR administered on man (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_4	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4c_5	testimonial: "This is my second heart attack caused by tobacco use. It could be my last." Moti , age 44.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4cOTH	Text Specify	Text
HWLrec4d_1	text: 'tobacco is highly addictive'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4d_2	picture: man with hole in throat (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4d_3	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4d_4	testimonial: "I thought I could quit tobacco any time I wanted. I was wrong." Golam, age 45.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4dOTH	Text Specify	Text
HWLrec4e_1	text: 'tobacco kills 156 Bangladeshis every day'	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_2	picture: woman mourning (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_3	picture: woman in white clothing (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_4	picture: body under sheet (correct)	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_5	picture: other (incorrect): please specify	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4e_6	testimonial: "Tobacco use killed my husband. I feel so alone". Momtaz, age 36.	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4eOTH	Text Specify	Text
HWLrec4f_1	tobacco kills	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0
HWLrec4f_2	Refused	<input checked="" type="checkbox"/> = 1 <input type="checkbox"/> = 0

	I am going to read you a list of health effects and diseases that may or may not be caused by using smokeless tobacco. Based on what you know or believe, does smokeless tobacco use cause...	
HBoral	Oral cancer?	1 Yes 2 No 3 Don't Know 4 R
HBmouth	Mouth disease?	1 Yes 2 No 3 Don't Know 4 R
HBheart	Heart disease?	1 Yes 2 No 3 Don't Know 4 R
HBdeath	Death?	1 Yes 2 No 3 Don't Know 4 R
Randgroup2	Randomly Assigned Health Affect for Ranking Question	1 oral cancer 2 mouth disease 3 heart disease 4 addiction 5 death
HWranktask1_1_1	Position on screen that was picked first	1 Top left 2 Top right 3 Bottom left 4 Bottom right
HWranktask1_1_2	Position on screen that was picked second	1 Top left 2 Top right 3 Bottom left 4 Bottom right
HWranktask1_1_3	Position on screen that was picked third	1 Top left 2 Top right 3 Bottom left 4 Bottom right
HWranktask1_1_4	Position on screen that was picked fourth	1 Top left 2 Top right 3 Bottom left 4 Bottom right
LR1_5DKREF	Don't know or refuse the rank question	1 R 2 DK
RankHW1	image/label number shown in position 1 (top left)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
RankHW2	image/label number shown in position 2 (top right)	1 Image I1 2 Image I2 3 Image I3 4 Image I4

RankHW3	image/label number shown in position 3 (bottom left)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
RankHW4	image/label number shown in position 4 (bottom right)	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask1_actual	Actual image/label ranked first	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask2_actual	Actual image/label ranked second	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask3_actual	Actual image/label ranked third	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWranktask4_actual	Actual image/label ranked fourth	1 Image I1 2 Image I2 3 Image I3 4 Image I4
HWfirst_label_rank	Rank of the image/label 1	Number (1-4)
HWsecond_label_rank	Rank of the image/label 2	Number (1-4)
HWthird_label_rank	Rank of the image/label 3	Number (1-4)
HWfourth_label_rank	Rank of the image/label 4	Number (1-4)
comments	Open ended comments field	text
XEVERUSE	Number of products chosen in Everuse	Number
XCURRENTUSE	Number of products chosen in Currentuse	Number
XSPRODUCTS	Number of products chosen in Sproducts	Number
	G#p# - G# goes from G1-G4 for each of the 4 groups, p# goes from p1-p5 for each image in the group	
G#p#aattention G#p#bbelieve G#p#crelevant G#p#dsurprise G#p#efright G#p#fdisgust G#p#gunpleasant G#p#hconcern G#p#iprevent G#p#jqquit G#p#keffective	HW Section questions organized by group	1 Not at all 2 3 4 5 In The Middle 6 7 8 9 10 Extremely 11 Don't know/Refused

## APPENDIX E. Sample characteristics by experimental condition

<b>BANGLADESH</b>	<b>EXPERIMENTAL CONDITIONS</b>					
<b>Adults</b>	<b>OVERALL</b>	<b>Text</b>	<b>Symbolic</b>	<b>Graphic</b>	<b>Testimonial</b>	
	<i>n</i> =569	<i>n</i> =143	<i>n</i> =140	<i>n</i> =142	<i>n</i> =144	Test statistic, <i>p</i> -value
<b>Sex % (<i>n</i>)</b>						
Female	45.9 (261)	45.5 (65)	45.0 (63)	45.1 (64)	47.9 (69)	$X^2=0.33, p=.095$
Male	54.1 (308)	54.5 (78)	55.0 (77)	54.9 (78)	52.1 (75)	
<b>Age Mean (SD)</b>	38.6 (SD 12.5)	39.0 (SD 13.5)	38.7 (11.8)	38.9 (12.2)	37.6 (12.4)	$F=0.37, p=0.77$
<b>Religion % (<i>n</i>)</b>						
Muslim	98.1 (558)	99.3 (142)	97.8 (136)	100.0 (141)	96.5 (139)	$X^2=8.00, p=0.24$
Hindu	1.6 (9)	0.7 (1)	2.2 (3)	--	3.5 (5)	
<b>Smokeless tobacco use % (<i>n</i>)</b>						
Daily user						$X^2=1.80, p=0.62$
Non-daily user	94.4 (537)	93.0 (133)	94.3 (132)	96.5 (137)	93.8 (135)	
	5.6 (32)	7.0 (10)	5.7 (8)	3.5 (5)	6.3 (9)	
<b>Mixed use % (<i>n</i>)</b> (Smoked & smokeless)	24.8 (141)	23.8 (34)	22.9 (32)	29.6 (42)	22.9 (33)	$X^2=2.38, p=0.50$
<b>Age of initiation Mean (SD)</b>	20.1 (SD 6.4)	20.8 (SD 7.1)	19.1 (SD 5.6)	19.9 (SD 7.2)	20.3 (SD 5.5)	$F=1.70, p=0.17$
<b>Quit intentions % (<i>n</i>)</b>						
Plans to quit	50.1 (284)	50.0 (71) <sup>a</sup>	59.3 (83) <sup>b</sup>	48.9 (69) <sup>a</sup>	57.6 (83) <sup>b</sup>	$X^2=8.25, p=0.04$
No Plans to quit	49.9 (283)	50.0 (71)	40.7 (57)	51.1 (72)	42.4 (61)	
<b>Income % (<i>n</i>)</b>						
Low	72.8 (412)	70.4 (100)	72.9 (102)	69.7 (99)	78.2 (111)	$X^2=5.91, p=0.75$
Moderate	18.0 (102)	19.0 (27)	17.9 (25)	21.8 (31)	13.4 (19)	
High	3.0 (17)	2.8 (4)	4.3 (6)	2.8 (4)	2.1 (3)	
Not stated	6.2 (35)	7.7 (11)	5.0 (7)	5.6 (8)	6.3 (9)	
<b>Education % (<i>n</i>)</b>						
Low	31.5 (179)	28.0 (40)	32.9 (46)	30.3 (43)	35.0 (50)	$X^2=3.03, p=0.80$
Moderate	55.6 (316)	60.1 (86)	55.0 (77)	54.2 (77)	53.1 (76)	
High	12.9 (73)	11.9 (17)	12.1 (17)	15.5 (22)	11.9 (17)	

*Different letters denote significant differences between experimental conditions, where  $p < 0.05$ .*

**APPENDIX E continued.** Sample characteristics by experimental condition

<b>BANGLADESH</b>	<b>EXPERIMENTAL CONDITIONS</b>					
<b>Youth</b>	<b>OVERALL</b>	<b>Text</b>	<b>Symbolic</b>	<b>Graphic</b>	<b>Testimonial</b>	<b>Test statistic, p-value</b>
	<i>n=512</i>	<i>n=130</i>	<i>n=118</i>	<i>n=134</i>	<i>n=130</i>	
<b>Sex % (n)</b>						
Female	49.6 (254)	51.5 (67)	46.6 (55)	53.7 (72)	46.2 (60)	$X^2=2.15, p=0.54$
Male	50.4 (258)	48.5 (63)	53.4 (63)	46.3 (62)	53.8 (70)	
<b>Age Mean (SD)</b>	17.1 (SD 0.8)	17.1 (SD 0.8)	17.2 (SD 0.8)	17.2 (SD 0.7)	17.1 (SD 0.8)	$F=1.10, p=0.35$
<b>Religion % (n)</b>						
Muslim	98.4 (504)	97.7 (127)	98.3 (116)	99.3 (133)	98.5 (128)	$X^2=2.81, p=0.42$
Hindu	1.4 (7)	2.3 (3)	1.7 (2)	0.7 (1)	1.5 (2)	
<b>Smokeless tobacco use % (n)</b>						
Daily user	14.5 (74)	13.8 (18)	11.0 (13)	14.2 (19)	18.5 (24)	
Non- daily user	11.7 (60)	13.8 (18)	9.3 (11)	12.7 (17)	10.8 (14)	$X^2=9.72, p=0.37$
Susceptible non-user	15.4 (79)	10.8 (14)	20.3 (24)	18.7 (25)	12.3 (16)	
Non-susceptible non-user	58.4 (299)	61.5 (80)	59.3 (70)	54.5 (73)	58.5 (76)	
<b>Mixed use<sup>a</sup> % (n)</b> (Smoked & smokeless)	21.6 (29)	16.7 (6) <i>n=36</i>	25.0 (6) <i>n=24</i>	19.4 (7) <i>n=36</i>	26.3 (10) <i>n=38</i>	$X^2=1.28, p=0.73$
<b>Age of initiation<sup>a</sup> Mean (SD)</b>	13.2 (SD 3.1)	13.3 (SD 2.4) <i>n=38</i>	12.6 (SD 3.7) <i>n=27</i>	12.9 (SD 2.9) <i>n=40</i>	13.7 (SD 3.4) <i>n=40</i>	$F=0.79, p=0.50$
<b>Quit intentions<sup>a</sup> % (n)</b>						
Plans to quit	49.6 (66)	52.8 (19)	54.2 (13)	52.8 (19)	40.5 (15)	
No plans to quit	50.4 (67)	47.2 (17) <i>n=36</i>	45.8 (11) <i>n=24</i>	47.2 (17) <i>n=36</i>	59.5 (22) <i>n=37</i>	$X^2=1.71, p=0.64$
<b>Susceptible<sup>bc</sup> % (n)</b>	20.8 (79)	14.9 (14) <i>n=94</i>	25.5 (24) <i>n=94</i>	9.1 (25) <i>n=98</i>	17.4 (16) <i>n=92</i>	$X^2=5.22, p=0.16$
<b>Education level % (n)</b>						
Low	36.3 (185)	38.8 (50)	32.5 (38)	32.8 (44)	41.1 (53)	
Moderate	47.2 (240)	48.1 (62)	47.0 (55)	52.2 (70)	41.1 (53)	$X^2=6.05, p=0.42$
High	16.5 (84)	13.2 (17)	20.5 (24)	14.9 (20)	17.8 (23)	

<sup>a</sup> Among users (*n*=134); <sup>b</sup> Among non-users (*n*=378)

<sup>c</sup> Where susceptible = absence of firm commitment not to use smokeless tobacco (i.e., anything other than “definitely not” on all 3 susceptibility measures)

**APPENDIX E continued.** Sample characteristics by experimental condition

<b>INDIA</b>	<b>EXPERIMENTAL CONDITIONS</b>					
<b>Adults</b>	<b>OVERALL</b>	<b>Text</b>	<b>Symbolic</b>	<b>Graphic</b>	<b>Testimonial</b>	
	<i>n=502</i>	<i>n=125</i>	<i>n=127</i>	<i>n=124</i>	<i>n=126</i>	<b>Test statistic, p-value</b>
<b>Language % (n)</b>						
English	1.6 (8)	2.4 (3)	0.8 (1)	0.8 (1)	2.4 (3)	$X^2=3.78, p=0.71$
Hindi	46.8 (235)	48.0 (60)	51.2 (65)	44.4 (55)	43.7 (55)	
Marathi	51.6 (259)	49.6 (62)	48.0 (61)	54.8 (68)	54.0 (68)	
<b>Sex % (n)</b>						
Female	49.8 (250)	52.0 (65)	48.8 (62)	48.4 (60)	50.0 (63)	$X^2=0.39, p=0.94$
Male	50.2 (252)	48.0 (60)	51.2 (65)	51.6 (64)	50.0 (63)	
<b>Age Mean (SD)</b>	35.98 (9.2)	35.2 (SD 9.2)	36.6 (SD 9.3)	35.8 (SD 9.4)	36.2 (SD 8.9)	$F=0.55, p=0.65$
<b>Religion % (n)</b>						
Hindu	62.7 (315)	64.8 (81)	58.3 (74)	68.5 (85)	59.5 (75)	$X^2=15.44, p=0.42$
Muslim	17.7 (89)	17.6 (22)	21.3 (27)	14.5 (18)	17.5 (22)	
Christian	0.2 (1)	--	0.8 (1)	--	--	
Sikh	0.2 (1)	0.8 (1)	--	--	--	
Buddhist	17.1 (86)	12.8 (16)	18.1 (23)	16.1 (20)	21.4 (27)	
Jain	2.0 (10)	4.0 (5)	1.6 (2)	0.8 (1)	1.6 (2)	
<b>Smokeless tobacco use % (n)</b>						
Daily user	93.6 (470)	92.0 (115)	93.7 (119)	94.4 (117)	94.4 (119)	$X^2=0.81, p=0.85$
Non-daily user	6.4 (32)	8.0 (10)	6.3 (8)	5.6 (7)	5.6 (7)	
<b>Mixed use % (n)</b> (Smoked & smokeless)	16.9 (85)	20.0 (25)	17.3 (22)	10.5 (13)	19.8 (25)	$X^2=5.27, p=0.15$
<b>Age of initiation Mean (SD)</b>	19.4 (SD 4.6)	19.6 (SD 4.1)	19.3 (SD 5.3)	19.2 (SD 4.5)	19.4 (4.5)	$F=0.15, p=0.93$
<b>Quit Intentions % (n)</b>						
Plans to quit	69.7 (350)	68.8 (86)	70.9 (90)	69.4 (86)	69.8 (88)	$X^2=0.14, p=0.99$
No plans to quit	30.3 (152)	31.2 (39)	29.1 (37)	30.6 (38)	30.2 (38)	
<b>Income level % (n)</b>						
Low	38.5 (193)	42.4 (53)	37.0 (47)	36.3 (45)	38.4 (48)	$X^2=11.39, p=0.25$
Middle	34.9 (175)	29.6 (37)	37.8 (48)	41.1 (51)	31.2 (39)	
High	10.4 (52)	12.8 (16)	6.3 (8)	7.3 (9)	15.2 (19)	
Not stated	16.2 (81)	15.2 (19)	18.9 (24)	15.3 (19)	15.2 (19)	
<b>Education level % (n)</b>						
Low	3.8 (19)	2.4 (3)	4.7 (6)	5.6 (7)	2.4 (3)	$X^2=5.29, p=0.51$
Moderate	44.4 (223)	44.8 (56)	48.8 (62)	38.7 (48)	45.2 (57)	
High	51.8 (260)	52.8 (66)	46.5 (59)	55.6 (69)	52.4 (66)	

**APPENDIX E continued.** Sample characteristics by experimental condition

<b>INDIA</b>	<b>EXPERIMENTAL CONDITIONS</b>					
<b>Youth</b>	<b>OVERALL</b>	<b>Text</b>	<b>Symbolic</b>	<b>Graphic</b>	<b>Testimonial</b>	<b>Test statistic, p-value</b>
	<i>n=500</i>	<i>n=128</i>	<i>n=124</i>	<i>n=123</i>	<i>n=125</i>	
<b>Language % (n)</b>						
English	5.0 (25)	7.0 (9)	6.5 (8)	4.1 (5)	2.4 (3)	$X^2=4.26, p=0.64$
Hindi	44.2 (221)	45.3 (58)	41.1 (51)	45.5 (56)	44.8 (56)	
Marathi	50.8 (254)	47.7 (61)	52.4 (65)	50.4 (62)	52.8 (66)	
<b>Sex % (n)</b>						
Female	50.0 (250)	55.5 (71)	45.2 (56)	45.5 (56)	53.6 (67)	$X^2=4.32, p=0.23$
Male	50.0 (250)	44.5 (57)	54.8 (68)	54.5 (67)	46.4 (58)	
<b>Age Mean (SD)</b>	17.49 (0.66)	17.5 (SD 0.7)	17.4 (SD 0.7)	17.5 (SD 0.6)	17.5 (SD 0.7)	$F=0.62, p=0.60$
<b>Religion % (n)</b>						
Hindu	65.0 (325)	60.1 (77)	66.1 (82)	64.2 (79)	69.6 (87)	$X^2=20.79, p=0.29$
Muslim	14.0 (70)	16.4 (21)	14.5 (18)	10.6 (13)	14.4 (18)	
Christian	4.4 (22)	3.9 (5)	4.0 (5)	4.1 (5)	5.6 (7)	
Sikh	1.0 (5)	0.8 (1)	--	2.4 (3)	0.8 (1)	
Buddhist	12.8 (64)	14.8 (19)	9.7 (12)	17.9 (22)	8.8 (11)	
Jain	2.6 (13)	3.9 (5)	4.8 (6)	0.8 (1)	0.8 (1)	
Parsi	0.2 (1)	--	0.8 (1)	--	--	
<b>Smokeless tobacco use % (n)</b>						
Daily user	29.0 (145)	31.1 (40)	29.0 (36)	30.9 (38)	24.8 (31)	$X^2=6.02, p=0.74$
Non- daily user	5.8 (29)	4.7 (6)	4.0 (5)	8.9 (11)	5.6 (7)	
Susceptible non-user	21.2 (106)	20.3 (26)	19.4 (24)	21.1 (26)	24.0 (30)	
Non-susceptible non-user	44.0 (220)	43.8 (56)	47.6 (59)	39.0 (48)	45.6 (57)	
<b>Age of initiation<sup>a</sup> Mean (SD)</b>	14.4 (2.2)	14.2 (2.0) <i>n=46</i>	14.7 (2.1) <i>n=41</i>	14.4 (2.4) <i>n=49</i>	14.1 (2.3) <i>n=38</i>	$F=0.65, p=0.58$
<b>Mixed use<sup>a</sup> % (n)</b> (Smoked & smokeless)	18.4 (32)	19.6 (9) <i>n=46</i>	26.8 (11) <i>n=41</i>	12.2 (6) <i>n=49</i>	15.8 (6) <i>n=38</i>	$X^2=3.40, p=0.33$
<b>Quit intentions<sup>a</sup> % (n)</b>						
Plans to quit	81.6 (142)	78.3 (36)	82.9 (34)	83.7 (41)	81.6 (31)	$X^2=0.53, p=0.91$
No plans to quit	18.4 (32)	21.3 (10) <i>n=46</i>	17.1 (7) <i>n=41</i>	16.3 (8) <i>n=49</i>	18.4 (7) <i>n=38</i>	
<b>Susceptible<sup>bc</sup> % (n)</b>	32.5 (106)	31.7 (26) <i>n=82</i>	28.9 (24) <i>n=83</i>	35.1 (26) <i>n=74</i>	34.5 (30) <i>n=87</i>	$X^2=0.90, p=0.826$
<b>Education level % (n)</b>						
Low	20.0 (100)	26.0 (33)	16.9 (21)	19.5 (24)	17.6 (22)	$X^2=7.02, p=0.32$
Moderate	12.8 (64)	13.4 (17)	12.9 (16)	8.9 (11)	16.0 (20)	
High	67.1 (335)	60.6 (77)	70.2 (87)	71.5 (88)	66.4 (83)	

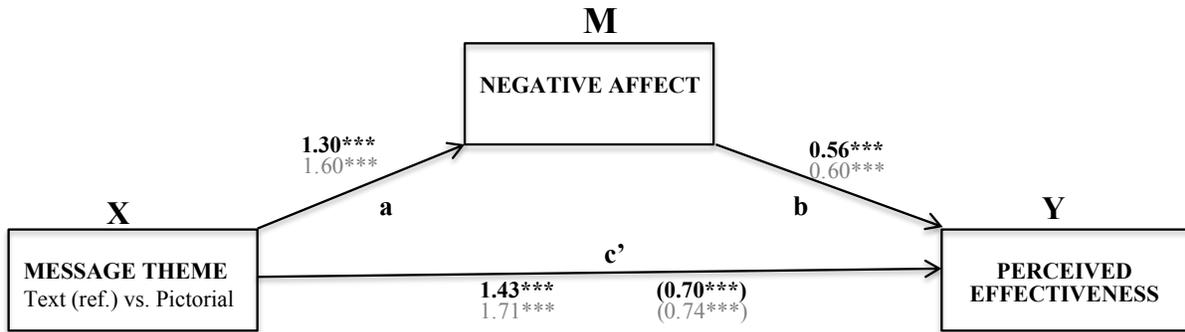
<sup>a</sup> Among users (*n*=174); <sup>b</sup> Among non-users (*n*=326); <sup>c</sup> Where susceptible = absence of firm commitment not to use smokeless tobacco (i.e., anything other than "definitely not" on all 3 susceptibility measures)

**APPENDIX F.** The statistical diagram for mediation

**Model 1.** Text-only vs. Pictorial health warnings

**Adults (n=1,053)**

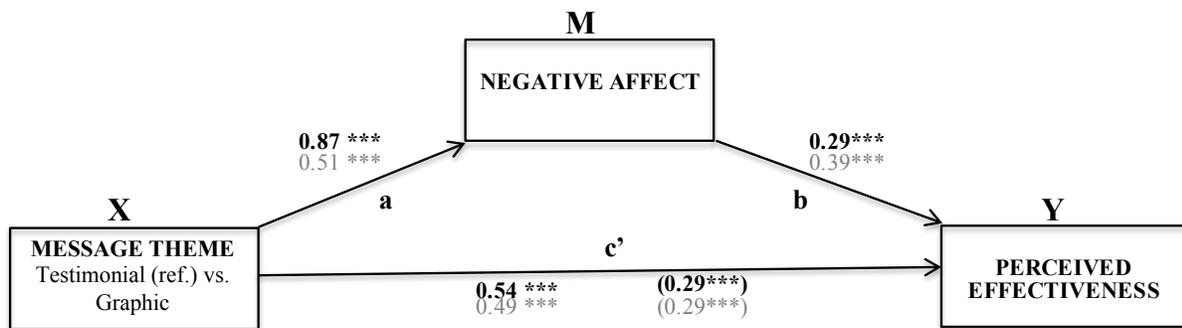
Youth (n=988)



**Model 2.** Personal testimonial (ref.) vs. Graphic health effect

**Adults (n=524)**

Youth (n=504)

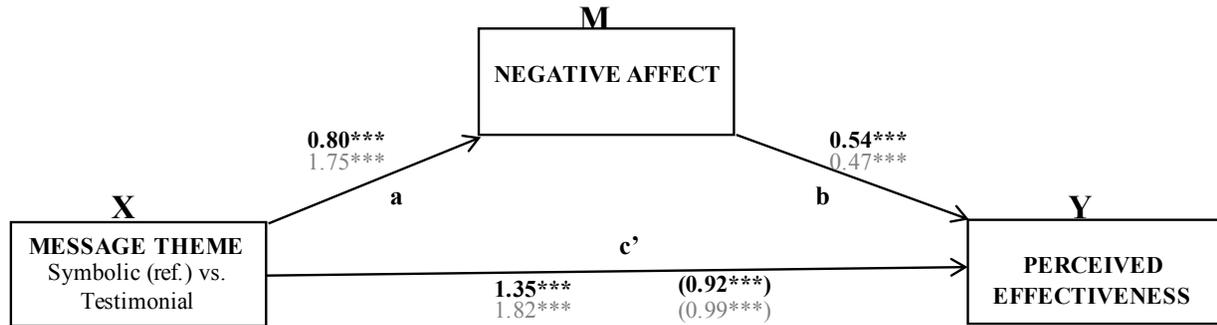


**APPENDIX F continued.** The statistical diagram for mediation

**Model 3.** Symbolic (ref.) vs. Personal testimonial

**Adults (n=529)**

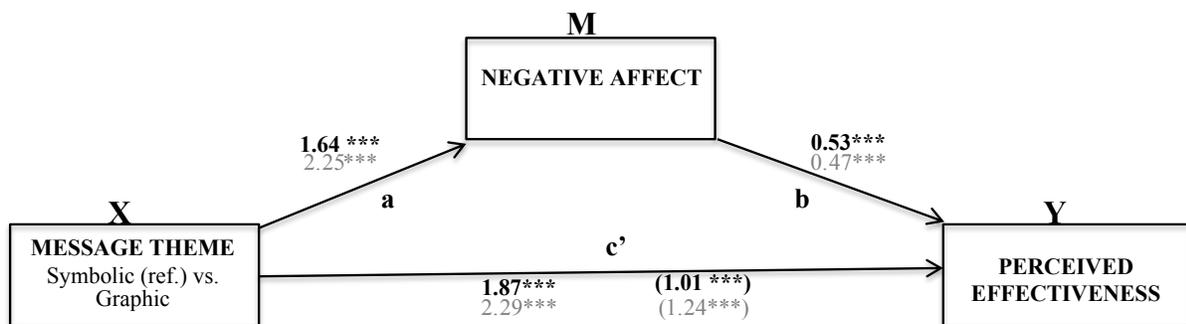
Youth (n=492)



**Model 4.** Symbolic (ref.) vs. Graphic health effect

**Adults (n=527)**

Youth (n=490)



**APPENDIX G.** Level of agreement (%) with five attitudes and beliefs about smokeless tobacco, before and after presentation of health warnings, by experimental condition, country, and age group ( $n=2,083$ )

	TEXT								SYMBOLIC							
	INDIA				BANGLADESH				INDIA				BANGLADESH			
	Adults		Youth		Adults		Youth		Adults		Youth		Adults		Youth	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
<i>Harmful to health</i>	56.8	67.2	68.5	71.9	80.4	93.0	83.6	93.1	60.6	68.5	73.4	75.0	85.7	96.4	86.3	91.5
<i>Society disapproves</i>	73.6	87.2	87.5	87.5	79.0	93.0	88.5	98.5	77.2	86.6	82.3	91.9	87.1	92.1	93.2	95.8
<i>Bad example for children</i>	58.1	64.8	67.2	71.1	76.2	83.2	71.3	79.2	62.2	68.5	75.8	66.9	77.9	87.9	74.4	83.1
<i>Not acceptable for females</i>	49.2	64.0	65.6	68.0	54.5	60.1	54.6	62.3	58.3	66.9	58.5	74.2	54.3	57.1	63.2	62.7
<i>Addictive</i>	58.4	68.0	64.8	67.2	95.8	93.7	96.9	98.5	68.5	66.9	61.8	68.5	95.0	99.3	98.3	99.2
	TESTIMONIAL								GRAPHIC							
<i>Harmful to health</i>	59.5	73.8	76.0	72.8	63.2	81.9	84.5	94.6	67.5	72.4	77.0	72.1	79.6	94.3	83.6	94.8
<i>Society disapproves</i>	76.2	86.5	89.6	92.0	71.5	94.4	82.9	94.6	80.6	89.4	84.6	93.5	84.5	95.7	86.6	97.0
<i>Bad example for children</i>	59.5	69.0	77.6	71.2	58.3	77.1	71.3	80.0	65.9	68.3	67.2	72.4	77.5	87.9	67.2	79.1
<i>Not acceptable for females</i>	54.8	59.5	66.9	69.6	45.8	63.2	53.5	57.7	57.7	68.3	70.7	67.2	53.5	59.6	55.2	60.4
<i>Addictive</i>	57.6	71.4	72.0	74.4	95.8	93.1	96.9	99.2	67.7	68.3	66.7	69.7	96.5	95.7	97.0	97.8

**APPENDIX H.** Level of agreement (%) with “overall opinion” about smokeless tobacco, before and after presentation of health warnings, by experimental condition, country, and age group ( $n=2,083$ )

	TEXT								SYMBOLIC							
	INDIA				BANGLADESH				INDIA				BANGLADESH			
	Adults		Youth		Adults		Youth		Adults		Youth		Adults		Youth	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
<i>Good</i>	8.0	4.8	0.8	1.6	6.3	0.0	1.6	0.8	8.7	1.6	5.6	0.8	7.1	2.9	0.9	1.7
<i>Neither good nor bad</i>	45.6	30.4	22.7	23.4	31.0	21.7	19.7	11.5	33.1	31.5	26.6	20.2	23.6	20.7	12.0	16.9
<i>Bad</i>	46.4	64.8	76.6	75.0	62.7	78.3	78.7	87.7	58.3	66.9	67.7	79.0	69.3	76.4	87.2	81.4
	TESTIMONIAL								GRAPHIC							
	INDIA				BANGLADESH				INDIA				BANGLADESH			
	Adults		Youth		Adults		Youth		Adults		Youth		Adults		Youth	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
<i>Good</i>	11.1	3.2	4.8	1.6	3.5	0.7	2.3	0.0	6.5	1.6	3.3	0.8	3.5	2.1	3.7	0.7
<i>Neither good nor bad</i>	33.3	27.0	18.4	18.4	31.9	29.2	19.2	12.3	37.9	28.2	31.7	22.8	22.5	12.7	14.2	8.2
<i>Bad</i>	55.6	69.8	76.8	80.0	64.6	70.1	77.7	87.7	55.6	70.2	64.2	76.4	73.9	85.2	81.3	91.0

**APPENDIX I.** Percent change difference in agreement with “overall opinion” of smokeless tobacco, before and after presentation of health warnings, by experimental condition, country and age group ( $n=2,083$ )

	TEXT				SYMBOLIC			
	INDIA		BANGLADESH		INDIA		BANGLADESH	
	Adults	Youth	Adults	Youth	Adults	Youth	Adults	Youth
<i>Good</i>	-3.2	+0.8	<b>-6.3**</b>	-0.8	<b>-7.1*</b>	<b>-4.8*</b>	-4.2	+0.8
<i>Neither good nor bad</i>	<b>-15.2**</b>	+0.7	<b>-9.3*</b>	-8.2	-1.6	-6.4	-2.9	+4.9
<i>Bad</i>	<b>+18.4**</b>	-1.6	<b>+15.6***</b>	<b>+9.0*</b>	+8.6	<b>+11.3*</b>	+7.1	-5.8
	TESTIMONIAL				GRAPHIC			
	INDIA		BANGLADESH		INDIA		BANGLADESH	
	Adults	Youth	Adults	Youth	Adults	Youth	Adults	Youth
<i>Good</i>	<b>-7.9*</b>	-3.2	-2.8	-2.3	-4.9	-2.5	-1.4	-3.0
<i>Neither good nor bad</i>	-6.3	0.0	-2.7	-6.9	-9.7	-8.9	<b>-9.8*</b>	-6.0
<i>Bad</i>	<b>+14.2**</b>	+3.2	+5.5	<b>+10.0*</b>	<b>+14.6**</b>	<b>+12.2*</b>	<b>+11.3*</b>	<b>+9.7*</b>

Numbers in the table represent the difference in the percentages of respondents agreeing with “overall opinions” about smokeless tobacco before and after viewing health warnings. McNemar Chi-Square tests were conducted to assess differences between percent-changes.

\*Significant difference (at  $*p<0.05$ ,  $**p<0.01$ ,  $***p<0.001$ ) between percentages agreeing before vs. after viewing warnings