Published in final edited form as:

Tob Regul Sci. 2016 July ; 2(3): 230–238. doi:10.18001/TRS.2.3.3.

Point-of-Sale Tobacco Advertising Remains Prominent in Mumbai, India

Samir S. Khariwala, MD, MS,

Department of Otolaryngology-Head and Neck Surgery, University of Minnesota, Minneapolis, USA

Apurva Garg, MD,

Tata Memorial Hospital, Mumbai, India

Irina Stepanov, PhD,

Division of Environmental Health Sciences, University of Minnesota, Minneapolis, USA

Prakash C. Gupta, DSc,

Healis-Sekhsaria Institute for Public Health, Navi Mumbai, India

Jasjit S. Ahluwalia, MD, MPH,

School of Public Health, Rutgers University, New Brunswick, USA

Vikram Gota, MD, and

Advanced Centre for Treatment, Research and Education in Cancer, Navi Mumbai, India

Pankaj Chaturvedi, MS, FAIS

Tata Memorial Hospital, Mumbai, India

Abstract

Objectives—In India, a 2003 law (“COPTA”) banned tobacco advertising with the exception of “point of sale” and “on-pack” advertising. Given substantial evidence regarding the impact of point of sale advertising (PoS), we analyzed the prevalence of encountering such advertising in Mumbai, India.

Methods—A survey was conducted of 199 current and recent former tobacco users recruited at the Tata Memorial Hospital (Mumbai). Enrollees were queried regarding their exposure to tobacco advertising in the last 30 days through multiple media sources. Descriptive epidemiologic techniques were used to characterize the data.

Results—Overall, 95% of participants were men and 5% were women (mean age=49 years). All were current tobacco users or quit using all forms of tobacco in the last 60 days. Participants’ responses revealed that PoS tobacco advertising had been encountered in the last 30 days for

Correspondence Dr Khariwala; khari001@umn.edu.

Human Subjects Statement

The study was approved by the Institutional Review Boards (Study #95) at Tata Memorial Hospital (Mumbai) and the Advanced Center for Training Education and Research (Mumbai).

Conflict of Interest Statement

The authors have no conflicts of interest.

cigarettes (61%), bidis (54%), and smokeless tobacco (59%). Other forms of tobacco advertising were virtually non-existent.

Conclusions—PoS tobacco advertising remains prominent and highly visible to consumers in Mumbai, India, indicating corporate exploitation of a loophole in the COPTA legislation. Given the observed compliance with the currently imposed bans, revisions of COPTA to include all forms of tobacco promotion and advertising would be impactful.

Keywords

advertising and promotion; global health; tobacco industry; India

Tobacco use in India is estimated to occur in 30% of the population which translates to over 350,000 million users.¹ An estimated one million deaths per year occur in India from the use of tobacco products.² Specifically, it is estimated that 23.7% of deaths among men and 5.7% of deaths among women 35–69 years of age are attributable to tobacco-related illness.³ Given these statistics, tobacco advertising and its subsequent impact became the focus of research efforts by Indian public health investigators in the early 2000s. Strong links were identified between exposure to tobacco advertising and subsequent tobacco use, especially among young people.^{4,5} When sufficient evidence regarding the power of tobacco advertising was present in India, legislation was passed in 2003 that significantly limited tobacco advertising. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA) prohibited tobacco advertising, promotion and sponsorship (TAPS) in line with the World Health Organization (WHO) Framework Convention on Tobacco Control.⁶

Although COPTA prohibits most forms of tobacco advertising, including that appearing on television, radio, print media, and billboards, it does allow “on-pack advertising” and “point-of-sale (PoS) advertising” of tobacco products. With regard to PoS advertising, the law dictates the inclusion of a prominent health warning and that the display shall “only list the type of tobacco products available and no brand pack shot, brand name of the tobacco product or other promotional message and picture shall be displayed on the board. The display board shall not be backlit or illuminated in any manner.” Despite this prohibition, full compliance with PoS-related rules is rare.⁷

The impact of PoS advertising is not trivial. In the United States (US), 25% of adult smokers report buying cigarettes due to seeing PoS displays, and one-third of recent ex-smokers report urges to resume smoking after seeing promotional tobacco displays.⁸ Thus, despite the enactment of COPTA, tobacco manufacturers continue to have a viable, legal avenue for promoting their products. Moreover, although COPTA was enacted in 2003, there is evidence that tobacco advertising through outlawed mechanisms has continued. For example, a multi-region study of Indian schoolchildren aged 13–15 demonstrated increased exposure to tobacco advertisement billboards over a 30-day period from 71.6% in 2006 to 74.4% in 2009.^{9,10} Furthermore, a field study that carried out observations of cigarette advertisements in Mumbai in 2003 showed that tobacco companies employed sophisticated marketing strategies to target different socioeconomic, sex, and age groups via various

channels, including PoS.¹¹ These findings suggest that Indian consumers may encounter various types of tobacco promotion on a daily basis despite COPTA. In light of this, we examined a cohort of tobacco users in Mumbai, India to determine the nature of their exposure to tobacco advertising and assess the implications of the tobacco promotion allowances stipulated in COPTA.

METHODS

We carried out a cross-sectional study on tobacco users presenting to a head and neck cancer outpatient clinic that included patients both with and without oral/head and neck cancer. The primary goal of the study was to investigate the relationship between tobacco carcinogen exposure and the risk of oral/head and neck cancer in Indian tobacco users, which will be reported and discussed in a separate publication.

Participant enrollment took place between October 2014 and December 2015. Study participants completed an in-depth questionnaire, including a comprehensive tobacco use questionnaire that was developed by one of the co-authors (PCG) with feedback from the other authors. This questionnaire has been applied in previous tobacco research studies in India.¹² Study participants provided samples of urine, blood, saliva, and buccal cells; analyses of these bio-specimens are underway and the results will be published separately. Questionnaires were administered to the participants with the assistance of a trained research coordinator who explained each question to the enrollees to ensure comprehension.

In addition to the comprehensive list of questions related to tobacco use history, the questionnaire administered to enrollees queried their contact with tobacco-related advertising through multiple different media sources. For each of the following questions, enrollees were asked to answer as it pertained to: (1) cigarettes; (2) bidis; and (3) smokeless tobacco.

1. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in stores where the products are sold?
2. In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on television?
3. In the last 30 days, have you heard any advertisements promoting the following tobacco products on the radio?
4. In the last 30 days, have you noticed any advertisements promoting the following tobacco products on billboards/hoardings?
5. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on posters?
6. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in newspapers or magazines?
7. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in cinemas?

8. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the Internet?
9. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on public transportation vehicles or stations?
10. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on public walls?

All questionnaire data forms were kept in a locked cabinet and then entered into a secure database maintained by the University of Minnesota. Data analysis was performed using Stata IC/11.0 statistical software (College Station, TX).

RESULTS

A total of 199 patients enrolled in the study by the end of December 2015 completed all administered questionnaires; data from these participants are included in this report. All enrollees were either long-term current tobacco users or long-term users who had quit using tobacco in the last 60 days. Participant demographics as well as data regarding education level and access to technology are summarized in Table 1. Ninety-five percent of the enrollees were men and 5% were women (in the general population in India, it is estimated that 80% of tobacco users are men and 20% are women¹); the mean age of participants was 49 years with a range of 18 to 88. Of the 199 participants, 154 (78%) recently were diagnosed with an oral/head and neck cancer; the other 45 (22%) were tobacco users who were accompanying friends or family to the clinic.

Table 2 reports data from the questionnaire. In general, respondents reported findings consistent with COPTA in that there was virtually no tobacco advertising encountered on television, radio, the Internet, billboards, public walls, posters, or involving print media. However, there was significant exposure to tobacco advertising in PoS locations. Additional analysis was performed regarding exposure to PoS advertising to determine the presence of an association with sex, education level, or work status. Chi-square testing revealed a statistically significant association between education level and exposure to PoS; more education was associated with a higher likelihood of reporting PoS exposure ($p < .001$). Work status and sex were not associated with PoS exposure. Separate analysis of participants with oral cancer and those without cancer did not reveal any trends suggesting differences between the 2 groups (data not shown).

DISCUSSION

Our data demonstrate that PoS advertising is encountered frequently in Mumbai, India. These data are evidence that the Indian tobacco industry has taken advantage of the loophole in COPTA which allows for PoS advertising. Furthermore, we identified an association between education level and likelihood of reporting PoS exposure. Participants with more education reported greater PoS exposure. The latter finding may be the result of higher literacy in persons more highly educated, thereby allowing them to recognize PoS advertising more readily.

The US Surgeon General's report in 1964 warning of a causal relationship between cigarette smoking and several smoking-related diseases was a turning point in tobacco control efforts.¹³ The report set the stage for subsequent advocacy for increased regulation and legislation regarding tobacco products. An important component of limiting tobacco use, as described by the *Framework Convention on Tobacco Control*, is a comprehensive ban on tobacco advertising because "comprehensive bans on advertising, promotion and sponsorship would reduce the consumption of tobacco products."¹⁴ As Figure 1 demonstrates, there are specific rules for the placement of PoS tobacco advertisements in India that are routinely not followed. Figure 2 clearly shows PoS advertisements that are larger than allowed and without the requisite accompanying warnings present.

Tobacco promotion through advertising is known to make smoking more attractive.¹⁵ In addition to currying favor among corporate sponsors, tobacco advertising has shown a causal relationship between promotion and increased tobacco consumption. Furthermore, tobacco promotion specifically targets the psychological needs of adolescents.¹⁵ There has been extensive research on the effects of tobacco advertising bans in developed countries.^{16,17} A Cochrane review on this subject examined 19 longitudinal studies encompassing over 29,000 baseline non-smokers and concluded that tobacco advertising and promotion increase the likelihood that adolescents will smoke.¹⁸ The evidence from developing countries is relatively limited. An article by Blecher¹⁹ shows that the impact of tobacco advertising is felt to a greater extent in developing countries because consumers in these countries likely have lower levels of education, and thus, a poorer understanding of health-related consequences of smoking. Thus, consumers in developing countries may be more susceptible to tobacco advertising than those in higher income countries where tobacco advertisements may be ignored due to a better understanding of the health consequences. Blecher attempted to quantify the impact of both limited and comprehensive advertising bans on consumption or controlling for changing prices and incomes. The results showed that comprehensive bans on tobacco advertising have a significant impact on tobacco consumption with a 6.7% decline in *per capita* tax tobacco consumption. Notably, this study also concluded that limited bans have no significant impact on tobacco consumption. This finding supports an earlier finding by Saffer and Chaloupka¹⁷ that only comprehensive bans are effective in decreasing tobacco consumption, because limited bans only result in substitution of advertising towards those types of media that still are allowed.

The discussion of comprehensive tobacco bans versus partial or limited bans looms prominently in the interpretation of the data presented in this manuscript. Our data demonstrate that, in Mumbai, India, point-of-sale tobacco advertising was encountered by over half of the participants queried in this study. In contrast, exposure to tobacco advertising through other common media types such as television, radio, billboards, printed publications and public walls was virtually nonexistent. It is important to note that there were small numbers of respondents (Table 2) who reported exposure to advertising in forums outlawed by COPTA (ie, television). These responses could be the result of recall error and are less likely to demonstrate lack of compliance with COPTA given the extremely low level of this type of reporting. Overall, these findings are consistent with the COPTA regulations established in 2003 by the Indian government that banned all tobacco promotion, with the exception of point-of-sale advertising and on-pack advertising. Our findings call for

systematic research of the current patterns in PoS promotion and of its impact on the current and potential consumers, especially on children. Schooler et al²⁰ examined the impact of point-of-sale tobacco advertising on 7th graders in California and found that seeing in-store cigarette advertisements “sometimes” or “a lot” increased the odds of smoking. A similar study from Norway on children between ages 13 and 15 again found a statistically significant and positive association between exposure to tobacco advertisements in stores and smoking daily or occasionally.²¹ Lastly, a survey of Canadian high school youth found statistically significant correlations between the proportion of stores with in-store tobacco promotions and the prevalence of school smoking.²² Similar impact of PoS advertisement on adolescent smoking could potentially be taking place in India.

In addition to these studies, there is evidence that point-of-sale marketing is effective in adults who are either current or former smokers. Wakefield et al²³ examined a group comprised of current smokers and recent quitters and found that 25% of smokers reported buying cigarettes due to seeing point-of-sale displays. Furthermore, among those smokers who were trying to quit, 38% reported that point-of-sale displays resulted in the urge to buy cigarettes and 34% of those who had already quit stated that point-of-sale displays created an urge to buy cigarettes again. Based on our results, there is a large number of tobacco users in Mumbai, India who are vulnerable to the effects of PoS advertising. The summarized evidence strongly supports the conclusion that PoS tobacco promotion is an effective advertising modality that must be banned to address the link between tobacco advertising and tobacco consumption. This assertion is supported by a meta-analysis and a systematic review examining point-of-sale tobacco advertising.^{24,25} The tobacco industry is, of course, likely to fight any change in COPTA to convert a partial advertising ban to a complete ban. The ability of the industry to delay and obstruct the implementation of pictorial on-pack warnings has been described in detail.²⁶ Indeed, prior data suggest that laws that have been passed often are difficult to change.²⁷ Nevertheless, with continued effort and advocacy, it is possible that a complete ban may be reached as the public tolerance for tobacco related effects steadily wanes.

The main limitation of this study is that it is cross-sectional in nature; thus, we only are able to quantify and describe the exposure to tobacco advertising through various channels. Our study population is also relatively homogenous, in that most are tobacco users with carcinomas of the head/neck. As a result, we are unable to assess exposure to tobacco promotion among non-smokers. The data collected here did not allow us to determine specific features of the point-of sale advertisement that our participants encountered (for instance, advertisement method and placement, incentives/promotions, or product display and placement, etc) and what impact this advertising had on the consumers. In addition, we were unable to address the other loophole in the COPTA legislation, which relates to on-pack advertising. Lastly, as is true with all questionnaire-based studies, our data are subject to the possibility of recall bias resulting from collection of data from the consumers themselves.

In summary, in Mumbai, India, where the harmful effects of tobacco are manifested on a large scale, the tobacco companies exploit the fact that PoS advertising is not banned by COPTA and employ this channel to promote tobacco products to current and potential users.

As a result, approximately 60% of respondents in our study reported recent exposure to point-of-sale advertising. Given the notable impact of this type of advertising on both adults and children and its demonstrated ability to lure even recent quitters back to current users, it is critical that revisions of COPTA include consideration of all forms of tobacco promotion and advertising by the Indian legislature. If this were to occur, it is our expectation that the achievements of the initial COPTA legislation demonstrated in this study (a nearly nonexistent exposure to tobacco advertising in other media types) also would be demonstrated at point-of-sale locations.

IMPLICATIONS FOR TOBACCO REGULATION

Current legislation (COPTA) in India prohibits tobacco advertising with an exception for point-of-sale (PoS) and on-pack advertising. PoS advertising is effective in attracting consumers to tobacco products. This study demonstrates that, in the metropolitan area of Mumbai, India, adherence to the 2003 COPTA laws is currently uniform such that consumers are not being exposed to tobacco advertisements on television, radio, print publications, and billboards. However, COPTA loopholes are being exploited by tobacco companies such that PoS tobacco advertising remains highly visible and prominent in Mumbai. Thus, enactment of new legislation that closes COPTA loopholes regarding PoS advertising is necessary to eliminate consumer exposure.

Acknowledgments

This work was supported by a grant from the University of Minnesota Global Health Alliance.

References

1. Rani M, Bonu S, Jha P, et al. Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. *Tob Control*. 2003; 12(4):e4. [PubMed: 14660785]
2. Jha P, Jacob B, Gajalakshmi V, et al. A nationally representative case-control study of smoking and death in India. *N Engl J Med*. 2008; 358(11):1137–1147. [PubMed: 18272886]
3. Gupta PC, Pednekar MS, Parkin DM, et al. Tobacco associated mortality in Mumbai (Bombay) India. Results of the Bombay Cohort Study. *Int J Epidemiol*. 2005; 34(6):1395–1402. [PubMed: 16249218]
4. Arora M, Reddy KS, Stigler MH, et al. Associations between tobacco marketing and use among urban youth in India. *Am J Health Behav*. 2008; 32(3):283–294. [PubMed: 18067468]
5. Shah PB, Pednekar MS, Gupta PC, et al. The relationship between tobacco advertisements and smoking status of youth in India. *Asian Pac J Cancer Prev*. 2008; 9(4):637–642. [PubMed: 19256752]
6. Jain, S. [Accessed February 23, 2016] Cigarette and Other Products Rules. Available at: <http://health.bih.nic.in/Rules/Tobacco-Control-Act-2003.pdf>
7. Chaudhry S, Chaudhry S, Chaudhry K. Point of sale tobacco advertisements in India. *Indian J Cancer*. 2007; 44(4):131–136. [PubMed: 18322354]
8. Slater SJ, Chaloupka FJ, Wakefield M, et al. The impact of retail cigarette marketing practices on youth smoking uptake. *Arch Pediatr Adolesc Med*. 2007; 161(5):440–445. [PubMed: 17485618]
9. Sinha, DN. [Accessed February 26, 2016] Tobacco Control in Schools in India (India Global Youth Tobacco Survey & Global School Personnel Survey, 2006). Available at: http://www.searo.who.int/entity/noncommunicable_diseases/data/ind_gyts_report_2006.pdf

10. India (Ages 13–15) Global Youth Tobacco Survey (GYTS) 2009 Fact sheet. World Health Organization; 2013. Available at: http://www.searo.who.int/india/tobacco/GYTS_India_report_2003-09.pdf?ua=1 [Accessed February 26, 2016]
11. Bansal R, John S, Ling PM. Cigarette advertising in Mumbai, India: targeting different socioeconomic groups, women, and youth. *Tob Control*. 2005; 14(3):201–206. [PubMed: 15923471]
12. Gupta PC. Survey of sociodemographic characteristics of tobacco use among 99,598 individuals in Bombay, India using handheld computers. *Tob Control*. 1996; 5(2):114–120. [PubMed: 8910992]
13. United States Surgeon General's Advisory Committee on Smoking and Health. Smoking and Health. Report of the Advisory Committee to the Surgeon General of the Public Health Service. Washington, DC: US Department of Health, Education, and Welfare, Public Health Service; 1964.
14. WHO Framework Convention on Tobacco Control. Geneva: 2003/2005. Available at: http://www.who.int/fctc/text_download/en/ [Accessed February 24, 2016]
15. National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2008. Tobacco Control Monograph No. 19(NIH Pub. No. 07-6242)
16. Laugesen M, Meads C. Tobacco advertising restrictions, price, income and tobacco consumption in OECD countries, 1960–1986. *Br J Addict*. 1991; 86(10):1343–1354. [PubMed: 1751850]
17. Saffer H, Chaloupka F. The effect of tobacco advertising bans on tobacco consumption. *J Health Econ*. 2000; 19(6):1117–1137. [PubMed: 11186847]
18. Lovato C, Watts A, Stead LF. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. *Cochrane Database Syst Rev*. 2011; (10):CD003439. [PubMed: 21975739]
19. Blecher E. The impact of tobacco advertising bans on consumption in developing countries. *J Health Econ*. 2008; 27(4):930–942. [PubMed: 18440661]
20. Schooler C, Feighery E, Flora JA. Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *Am J Public Health*. 1996; 86(9):1216–1221. [PubMed: 8806371]
21. Braverman MT, Aaro LE. Adolescent smoking and exposure to tobacco marketing under a tobacco advertising ban: findings from 2 Norwegian national samples. *Am J Public Health*. 2004; 94(7):1230–1238. [PubMed: 15226148]
22. Lovato CY, Hsu HC, Sabiston CM, et al. Tobacco point-of-purchase marketing in school neighbourhoods and school smoking prevalence: a descriptive study. *Can J Public Health*. 2007; 98(4):265–270. [PubMed: 17896733]
23. Wakefield M, Germain D, Henriksen L. The effect of retail cigarette pack displays on impulse purchase. *Addiction*. 2008; 103(2):322–328. [PubMed: 18042190]
24. Paynter J, Edwards R. The impact of tobacco promotion at the point of sale: a systematic review. *Nicotine Tob Res*. 2009; 11(1):25–35. [PubMed: 19246438]
25. Robertson L, McGee R, Marsh L, et al. A systematic review on the impact of point-of-sale tobacco promotion on smoking. *Nicotine Tob Res*. 2015; 17(1):2–17. [PubMed: 25173775]
26. Oswal KC, Pednekar MS, Gupta PC. Tobacco industry interference for pictorial warnings. *Indian J Cancer*. 2010; 47(Suppl 1):101–104. [PubMed: 20622423]
27. Sanders-Jackson A, Gonzalez M, Zerbe B, et al. The pattern of indoor smoking restriction law transitions, 1970–2009: laws are sticky. *Am J Public Health*. 2013; 103(8):e44–e51.

ATTENTION
Retailers, Sellers of Tobacco Products and General Public !!

SALE OF CIGARETTES OR ANY OTHER TOBACCO PRODUCTS TO AND BY PERSONS BELOW THE AGE OF EIGHTEEN YEARS IS A PUNISHABLE OFFENCE

To implement Section 6 of the Cigarettes and Other Tobacco Products Act, 2003, the Ministry of Health & Family Welfare (MoHFW) vide **Gazette Notification no. G.S.R. 619 (E) dated 11th August, 2011** has notified the following:

Sale of tobacco products to a person below the age of eighteen years is a punishable offence.

अठारह वर्ष से कम आयु वाले व्यक्ति को तम्बाकू उत्पादों की बिक्री दंडनीय अपराध है

The owner or the manager or the in-charge of the place where cigarettes or other tobacco products are sold shall ensure that:

- A board, as specified above, of a minimum size of 60cm by 30cm of white background, with the textual warning "sale of tobacco products to a person below the age of eighteen years is a punishable offence", covering 50% of the board and a pictorial depiction of ill effects of tobacco use on health also covering 50% of the board is displayed at the entrance of the place. No other advertisement or promotional message or pictures or images of cigarettes or any other tobacco products shall be displayed on such a warning board.
- No tobacco product is sold through a vending machine.
- No tobacco product is handled or sold by a person below the age of eighteen years.
- Tobacco products are not displayed in a manner that enables easy access of tobacco products to the persons below the age of eighteen years.

ANY VIOLATION OF THIS PROVISION IS A PUNISHABLE OFFENCE WITH A FINE UP TO ₹ 200/-

For reporting of any violation please call on 1800-110-456 (toll free)

A CD containing the design of the display board with the specifications as given in the PDF format, which shall be followed for the preparation of the board, may be obtained from **Sh. R. S. Negi**, Under Secretary, MoHFW, Room No 425, C Wing, Nirman Bhawan, New Delhi – 110108, Telephone No: 011- 23012735, and also from the website www.mohfw.nic.in.

Ministry of Health & Family Welfare,
Govt. of India.

Issued in public interest by

National Tobacco Control Programme

Figure 1.
Rules Applying to the Use of Point-of-Sale Tobacco Advertisements in India (PUBLIC DOMAIN)

Figure 2.
Large Point-of-Sale Tobacco Advertisement without Required Warnings Included

Table 1

Participant Demographics

	Mean	Range		
Age	49 years	18–88 years		
Sex	Male	Female		
	95%	5%		
	Electricity	Television	Radio	Cell Phone
Percentage of respondents who have in home	99%	95%	40%	98%
Education level	No formal schooling	Less than primary school completed	Primary school completed	Less than secondary school completed
	11%	1%	10%	10%
	Secondary school completed	Higher secondary school completed	College/University completed	Post Graduate degree completed
	22%	18%	19%	8%
Work status over last 12 months	Government employee	Non-government employee	Self-employed	Student
	11%	19%	57%	1%
	Homemaker	Retired	Unemployed, able to work	Unemployed, unable to work
	5%	5%	1.5%	0.5%

Table 2

Questionnaire Responses from Study Participants

Question	Tobacco product	Yes (%)	No (%)	Refused/Missing/N/A
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in <i>stores where the products are sold</i>?	Cigarette	123 (61%)	60 (31%)	16 (8%)
	Bidi	108 (54%)	72 (36%)	19(10%)
	Smokeless	117 (59%)	63 (31%)	19 (9%)
In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on <i>television</i>?	Cigarette	0 (0%)	194 (97%)	5 (3%)
	Bidi	0 (0%)	191 (96%)	8 (4%)
	Smokeless	1 (<1%)	193 (97%)	5 (3%)
In the last 30 days, have you heard any advertisements promoting the following tobacco products on the <i>radio</i>?	Cigarette	0 (0%)	166 (83%)	33 (17%)
	Bidi	0 (0%)	163 (82%)	36 (18%)
	Smokeless	0 (0%)	163 (82%)	36 (18%)
In the last 30 days, have you noticed any advertisements promoting the following tobacco products on <i>billboards/hoardings</i>?	Cigarette	0 (0%)	192 (96%)	7 (4%)
	Bidi	0 (0%)	189 (95%)	10 (5%)
	Smokeless	0 (0%)	189 (95%)	10 (5%)
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on <i>posters</i>?	Cigarette	3 (2%)	190 (95%)	6 (3%)
	Bidi	0 (0%)	191 (96%)	8 (4%)
	Smokeless	0 (0%)	191 (96%)	8 (4%)
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in <i>newspapers or magazines</i>?	Cigarette	0 (0%)	190 (95%)	9 (5%)
	Bidi	0 (0%)	188 (94%)	11 (6%)
	Smokeless	0 (0%)	189 (95%)	10 (5%)
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in <i>cinemas</i>?	Cigarette	1 (0.5%)	192 (96%)	6 (3%)
	Bidi	0 (0%)	195 (98%)	4 (2%)
	Smokeless	1 (0.5%)	191 (96%)	7 (3%)
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the <i>Internet</i>?	Cigarette	0 (0%)	164 (82%)	35 (18%)
	Bidi	0 (0%)	163 (82%)	36 (18%)
	Smokeless	0 (0%)	164 (82%)	35 (18%)
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on <i>public transportation vehicles or stations</i>?	Cigarette	0 (0%)	191 (96%)	8 (4%)
	Bidi	0 (0%)	193 (97%)	6 (3%)
	Smokeless	0 (0%)	194 (97%)	5 (3%)
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on <i>public walls</i>?	Cigarette	2 (1%)	194 (97%)	3 (2%)
	Bidi	0 (0%)	194 (97%)	5 (3%)
	Smokeless	3 (2%)	192 (96%)	4 (2%)