Chapter VI

Summary and Conclusions
Tobacco use is a serious public health challenge in several regions of the world. It has assumed the dimension of an epidemic resulting in enormous disability, disease and death. It is estimated that five million preventable deaths occur every year globally, attributable to tobacco use. At this rate, the number of such deaths is expected to double by 2020. In addition to damage to personal health, tobacco use results in severe societal costs like reduced productivity and health care burden, environmental damage and poverty of the families and more important it affects our future generation as it is estimated that nearly one in five school children in India use some form of tobacco (WHO, 2006). The World Health Organization (WHO), which provides these estimates, also predicts that India will have the fastest rate of rise in deaths attributable to tobacco in the first two decades of the twenty-first century. Many of these deaths will occur in the productive years of adult life, as a consequence of an addiction acquired in adolescents. Over a quarter of all youth in India are addicted to tobacco and the number of tobacco related deaths are likely to be 800,000 to 900,000 per year. It is also stated that there is 'one' tobacco related death every 8 seconds (Gupta, 2004). Despite a countrywide ban, sale of tobacco and tobacco products to minors have not shown any decline over the past years.

Attempts have been made to quantify the extent and variety of studies on the problem of tobacco use among school students in India. Literature review shows that on the social aspects of tobacco use among youth the information was limited to the district or township level. It was found that most of the researches talk about consumption of tobacco and its influence on cancer and other related diseases.

The literature reviewed shows that studies before 1990 were focused on drug abuse in adult population of India. From 1986-1989 researchers (Gupta & Narang, 1986; Sethi & Trivedi, 1988; Mohan, 1989) discussed the prevalence of drug abuse in general population which revealed that tobacco was prevalent only among 10 to 18% adults in India. The work done after 1987 (Mohan, Sundaran & Sharma, 1987; Vaidya, Prakash, Gupta et al., 1989) found that tobacco consumption was prevalent among
22% boys and 13% girls. Soon it was found that tobacco consumption was becoming a major problem among young population of India. During 1998-2000 the studies (Gupta et al., 1998 & Madan et al., 2000) revealed that substantial proportion of young population of India had become current or past smokers with higher prevalence among boys (35%) than girls (22%). They found that the proportion of boys using tobacco (including experimenters) was significantly higher in private English medium schools (22.5%) than in private Indian language schools (6.9%) or municipal Indian language schools (13.8%). After that the Sentinel Survey of the Health Organization South-East Asia Regional Office (WHO-SEARO) and Indian Council of Medical Research (ICMR, 2001) provided detailed population-based tobacco use prevalence data for youth in the age group of 10-14 years in two states namely, Uttar Pradesh (boys 3%; girls 0.6%) and Karnataka (boys 1.3%; girls 0.1%). For the first time in 2000-2004 the Global Youth Tobacco Survey (GYTS), supported by the WHO and the Center for Disease Control and Prevention (CDC) provided data on youth (13-15 years) for national and international comparison with standardized methodology. The GYTS data was available for 26 major states, which represent 94% of the Indian population. It shows that India, being a country of over one billion people, has the highest and lowest rates for current use of any tobacco product in the world: 3.3% in Goa to 62.8% in Nagaland. These wide differences in prevalence within a country underscore the importance of sub national or regional data within the country. More recently from 2005-2012, different studies conducted in the metropolitan cities (AIIMS, 2000; Mukherjee & Hadaye, 2006; Muttaappallyamil et al., 2007; Bhojani et al., 2009; Kumar, 2010; Narain et al., 2011) have come out with different objectives and findings. These studies focused on the prevalence, influencing factors, age of initiation, affects of media and pattern of tobacco use among school students. These studies revealed that tobacco consumption is an important issue, which has to be tackled in the early stage of life but none of the earlier studies have discussed the intervention strategies to deal with this problem. Further, review reflects that although all the studies recommended that consumption of tobacco is the major problem among adolescents but no empirical evidence was found on opinion and role of school teachers and parents on the pattern of consumption and consequences of consumption of tobacco among school children. The present study intends to fill this gap in
addition to stressing upon the awareness level of children about the ill effects of tobacco and the related law. Thus the present study is holistic in nature, focusing on assessment of views of school children, parents and teachers/social worker/counselor in addition to understanding the pattern and prevalence of tobacco use among school children with a view to cover various dimension related to tobacco consumption.

6.1 OBJECTIVES OF THE STUDY

The present study attempts to understand the various aspects related to tobacco use among school students with the following objectives:

- To determine the prevalence of tobacco among senior secondary school students.
- To study the pattern of tobacco consumption among school children.
- To find out the major reason for tobacco consumption.
- To analyze the consequences of tobacco use.
- To analyze the awareness level of children, school authorities and parents on use of Tobacco.
- To find out the role of school and family in dealing with the problem of tobacco use.
- Suggest measures to develop programmes and policies at school and community level.

6.2 RESEARCH QUESTIONS WERE TESTED IN THE STUDY

The research questions raised were:

1. Is consumption of tobacco higher among boys rather than girls?
2. Are children belonging to drug abuser parents having higher chance of getting into tobacco use?
3. Is peer pressure the main cause of taking tobacco products?
6 Is tobacco smoking higher than the other products of tobacco?
7 What role is the school playing in the prevention of tobacco use?
8 Are parents aware that their children are consuming tobacco?

6.3 RESEARCH DESIGN

Descriptive research design has been taken for the present research study with a view to identify the cause of something that is happening and to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation. The study seeks to describe the factors that could influence the pattern of tobacco consumption among school students and the role of teachers/counselors and parents in dealing with the problem of tobacco use among student.

Purposive and Convenient sampling procedure was adopted for selection of units of the study.

Selection of District and Schools: The Education Board of Delhi is divided into 12 districts. From these, two districts (North and North East) were selected by purposive sampling. From each of the two districts one co-educational private school and one co-educational government school (one with counselor and one without counselor) was selected for the purpose of the study. The two districts and the schools were selected on the basis of the following criteria:

1. Co-educational School-both government and private school.
2. Consent by the school principal.
3. Presence of the counselor.

Selection of the Students and Parents: 100 students (25 students from each class) from each school were selected by the use of convenient sampling. Those students who were willing to give the response and whose parent’s shows consented were covered as part of the sample.
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Sample of 10 parents was selected from each school. Those parents whose children were studying in the classes 9th to 12th and who were willing to give the response were covered under the sample unit.

Four class teachers referred by the principal of each school from 9th to 12th class were taken as the respondents. All the four Principals and two counselor of the selected schools were interviewed.

Total of 400 Students (100 from each school), 16 class teachers (4 class teachers of 9th – 12th classes from each school), 4 Principals (one from each school), 2 counsellors (one from each district) and 40 parents (10 from each school) were covered. Total sample size was 462.

6.4 THE STUDY CAME UP WITH FOLLOWING MAJOR FINDINGS

The result shows overall prevalence of consumption of tobacco was 73.5% in which 68% are boys and 31% are girls. Majority (57%) of the regular users belong to the private schools in comparison to government schools (43%). There was no significant difference between regular users of tobacco based on the district in which the school was located. The study observed that the age of initiation of tobacco is important predictor of regular use of tobacco. It was found that students who start tobacco consumption at an early age (10 years to 15 years) are consuming regularly in comparison to others. The study also reveals that by the age of 16-17 years very few (3.4 %) of the students initiate tobacco as by this age majority of them have already become addicted to tobacco. The earlier studies conducted in Delhi (Umsh 2006 and Bhojani et al., 2009) reported that most of the regular users of tobacco initiated tobacco consumption at the age of 14-15 years, whereas, the mean age of initiation of tobacco use in the present study was found to be 10-13 years. This clearly shows that the age of initiation has come down from 14 - 15 years to 10 -13 years. In fact there were students (8%) who started tobacco consumption between the ages of 7 to 9 years or even earlier.
Although culturally tobacco use by adolescents (especially by girls) is not acceptable in Indian society yet the data in the present study shows that tobacco consumption, especially cigarette smoking, among both the genders is much higher than other forms of tobacco. The study reveals that the habit of tobacco use affects students uniformly irrespective of the parental status since no significant difference was found between students who were living with both the parents, single parents or relatives. However, economic status of the family did have a bearing on consumption of tobacco. The present study indicates that students belonging to higher income group have higher tendency of tobacco consumption. In fact they were not only using tobacco but were also taking alcohol and other drugs. Thus with increase in the family income students were consuming other types of drugs along with tobacco. The study substantiates that regular tobacco user children had one or both parents (161 out of 220) who were taking tobacco/drugs. In fact sibling influence was found to be greater in the present study as (66 out of 89) tobacco user children stated that their siblings were consuming tobacco. However, there were reasonably good number of tobacco users (67 out of 89) who did not have any member in the family consuming tobacco/drugs. Hence it can be said that family is not the only influencing factor. There are many other external influencing factors which are responsible for children taking to tobacco.

There are several factors that can lead to tobacco consumption among students. The data shows that a higher proportion of students i.e. 39% were influenced by tobacco advertisements from various media outlets (TV, Videos, Movies, etc.), 24% talked about their friends, while 21.6% students were introduced to tobacco by their family members / relatives and drug abuser sibling and 15% also reported by their school staffs. The present study found that stress (29.2%) was the most common cause of tobacco use among students, followed by “to show themselves as a grown up individual” (22.1%). Friend’s/ peer pressure was found to be 16.8%, curiosity was stated by 15.8%, to increase self confidence was reported by 6.8% students and 7.3% mentioned other reasons such as weight gain, taller height, tooth ache, etc. Another fact found was that majority of regular users, i.e. 66% did not have good relations with their family. This clearly indicates that poor family relations are also an important factor leading to tobacco consumption among students. On the procurement
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of tobacco the results showed that majority (70.7%) of the students were freely purchasing tobacco products from the store, shop or from street vendors nearby their school and house. Nearly 8% of the students procured tobacco products from their homes and approximately 20% borrowed from someone or someone else purchased for them, especially in the case of girls (18.5%).

It was found that 70% of the students spent more than Rs 20 in a day on consumption of tobacco. Only 29.9% of the children spent less than ten rupees in a day for tobacco consumption. When they were asked about the source of money, 36% students mentioned about their pocket money, 28% borrowed money from someone, 22% stole from home/outside and 10% sold their own things. Thus the students violate social norms and ethics to gravitate towards deviance.

The harmful effects of tobacco were not known to majority of the students. Eighty two percent of the students were of the view that tobacco does not cause any problem and it has no harmful effects on health. But when probed further large majority of the regular users reported having more stress and anxiety, poor academic performance, loss of appetite, fever, cold/cough, body ache, etc.

Majority (78%) of the students were not aware of anti-tobacco programmes or law prohibiting tobacco consumption. Only few (22%) students mentioned knowing about the ban on selling of tobacco to minors. There is an urgent need to disseminate information about the harmful effects of tobacco among the school children.

Parents seem to be unaware about the fact that their children are consuming tobacco as majority (23 out of 40) of the parents refused to accept that their children are indulging in tobacco consumption. Only nine parents accepted it as a major problem and eight did not respond to the question. The fact that large majority (35 out of 40) of the parents had not discussed the harmful effects of tobacco consumption with their children clearly indicates their ignorance towards the problem. Also most of the parents were unaware about the law.

It was very disappointing to note the reaction of the parents when asked how they would deal with their child if they knew their child was consuming tobacco. Most of the parents
(50%) reported that they will not allow their child to go out of the home. Thirty percent mentioned that they would leave them alone or will not talk to them, 12.5% stated changing of place, stop pocket money, etc. Only 7.5% parents stated that they will take them to the doctor or counselor. Majority (45%) of the parents did not feel responsible to take corrective steps and placed the onus on the school to deal with the problem of tobacco consumption as according to them children spend major time in school and consider their teachers as role models and listen to them more than the parents.

Generally school teachers serve as highly influential role models by which pre-adolescents and adolescents judge themselves. In view of their very crucial and responsible role it is very important to get their opinion on the consumption of tobacco among students and also regarding their own consumption of drugs. It was astonishing to note that 50% of the teachers refused to accept that their own school students are consuming tobacco. Although 23.7% of the teachers agreed that tobacco consumption has become a major problem among students. The most damaging aspect is that 56.25% of the teachers are themselves taking tobacco/drugs in some form. It is unfortunate that the teachers are neither recognizing the existence of the problem nor are they aware of the disastrous effects of tobacco on health. It is very important that the school premises is declared tobacco free zone and code of conduct is strictly enforced in the school so that teachers stop consuming tobacco/drugs and they should be made aware of the harmful effects of tobacco consumption to fight this social evil. The fact that 15 % of the students reported that they were introduced to tobacco by their school staffs is a matter of serious concern.

Regrettably tobacco control policies were non-existent in schools. None of the schools under study had any educational or awareness programme relating to the ill-effects of tobacco consumption given to the students and the school personnel. Such programmes are essential especially for teachers to enable them to intervene before the onset of addiction and ensure a smoke free lifestyle among students. It is unfortunate that only 18.75 % of the teachers were of the view that the school should take steps to deal with the problem of tobacco consumption among school children. Most of the school teachers (43.75%) felt that family is the basic socialization institution to nurture a child therefore parents should take care of the behavior of their
children. It was also observed that most of the students, parents and teachers did not have knowledge of anti-tobacco programmes and legal provisions prohibiting tobacco consumption.

The school principals were also not aware that their school has such kind of problem. Although they agreed that tobacco consumption has become a major problem among students. One of the positive sign was that principals agreed to support and develop intervention strategies if data of the present study showed that their school students were also indulging in tobacco consumption.

Most of the schools do not have school counselors/social workers and the two schools covered by the study show that even though the schools have counselors but they do not run any programme particularly related to tobacco awareness because the counselors are not allowed to perform their role. It was found that they were made to do substitute work rather than their own counseling work. There is an urgent need to sensitize the school personnel about the role of counselors/social worker so that they are allowed to perform their role effectively in the school. It is the counselors/social workers who, if appointed in the school should take up awareness generation/training programmes for students/parents/school staff relating not only to anti-tobacco related laws and programmes but all other issues affecting the development of children such as child abuse, management of stress, etc.

Hence, it can be concluded that the consumption of tobacco is an emerging social and public health problem and there is a need to sensitize parents, teachers and students towards the ill-effects of tobacco and the anti-tobacco programmes for effectively dealing with the problem.

6.5 RECOMMENDATIONS

1. Formulation of a comprehensive school tobacco control policy and its effective implementation needs to be initiated. The Ministry of Health and Family Welfare and the Ministry of Education need to work in tandem at both the national and the state level to achieve this goal.
2. The task of increasing awareness level of teachers, students and community needs to be ensured and sustained as a high priority through the Ministry of Health and Family Welfare and Ministry of Education.

3. Teachers should be given training on formal tobacco-control education, and should have easy access to tobacco control materials.

4. Cessation help should be made available up to the school level for better outreach.

5. Access and availability of tobacco products to minors should be reduced to zero level by educating and involving other stakeholders such as community elders, school boards and tobacco sellers, etc.

6. Extra-curricular activities such as celebration of ‘World No–Tobacco Day’, Tobacco control photo exhibitions, essay writing competition, etc., should become an essential component of school activity.

7. The intervention strategy focusing on stress management among students and family need to be developed.

8. All schools should appoint counselors and their role needs to be clearly understood by the staff and students of the school so that the counselors are able to perform their role effectively.

9. The findings of the study brought out that media has a major impact on children hence visual media and print media should to be used extensively to educate the students, teachers and parents regarding the ill effects of tobacco consumption and its consequence on health and social life. Every school should also display posters within their school boundaries regarding the effects of tobacco.

10. The study found that tobacco product, especially smokeless tobacco, was easily available in the market priced at 1 or 2 rupees which the adolescents are able to afford. Therefore the cost of tobacco products should be increased so that students will not be able to buy them from their pocket money. It will also help in reducing frequency of tobacco use as it will become costly for the student population.

11. According to Section 31 of the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce,
Production, Supply and Distribution) Act, 2003 (No.34 of 2003), and in accordance of the Prohibition on Sale of Cigarettes and Other Tobacco Products around Educational Institutions Rules 2004 the sale of tobacco products to minors below the age of eighteen years is strictly prohibited. It also bans the sale of tobacco product within a radius of 100 yards of any educational institution and near the school premises. But the study found that children were easily able to buy tobacco products from vendors near their school. Neither the sale of tobacco product to the minor was banned nor was the sale of tobacco product prohibited near the school premises. Therefore it is very necessary to prohibit both the practices to control and prevent tobacco use among students.

12. Sub-section (1) of Section 7, sub-section (2) of Section 8, Section 10 and Section 31 of the Cigarettes and other Tobacco Products (Packaging and Labeling) Rules, 2008 made Pictorial depiction and written warning on the tobacco product. The study suggests that warning regarding harmful effects of tobacco must be clearly displayed on every item of tobacco product including beedis, pan and hukka bar should also be include in this category to make the buyer understand the harmful effects of tobacco products.

13. The laws should cover not only the seller of tobacco but also the consumer of tobacco. There should be some mechanism to punish or fine adolescent population who buy tobacco products. Schools and colleges should be involved in the monitoring and control of sale of tobacco products near their school/college premises. Implementation of laws should be the responsibility of local area MLA or Areas-in-charge. They should ensure that no tobacco product is sold to a minor in their area.

14. Tobacco use should be prohibited at all school facilities and events at all times.

15. School should encourage and help students and staff to quit using tobacco. Social workers can lessen the educational and developmental problems faced by children and school personnel. School social workers operate as a link among the school, the students, their families, and the community’s social services. They work with students both in their homes and in their schools, while focusing on family and community factors that influence their performance in
school. It is recommended that there should be change in policy and practice - from viewing smoking not just as a public health concern that touches social work peripherally but also as a larger social problem affecting quality of life among disadvantaged populations. The social workers can take political action, including coalition building, community organizing, and political advocacy. The role of Social worker becomes important when children and adolescents are increasingly becoming vulnerable to the harmful effects of tobacco use. Therefore the schools should employ social workers and counselors.

16. Schools should organize health programmes through which teachers, students, families, administrators, and community leaders deliver consistent messages about the ill effects of tobacco use.

17. School-based health programmes should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from its use.

18. For young persons who have experimented with tobacco, or who are regular tobacco users, school health programmes should enable and encourage them to stop its use.

19. For those young persons who are unable to stop consuming tobacco, school programmes should help them seek additional assistance to successfully quit the use of tobacco.

20. Health warnings should also be printed in regional languages in addition to the existing practice of these being only in English.

21. The size of the health warnings should be as large as the brand name of the tobacco products and the warning should be prominently displayed on both sides of the package.

22. Single cigarettes should also contain the health warning either in written form or as a symbol such as skull and crossbones or any other suitable depiction.

The following recommendation comprises two sections, section A, gives the recommendation for school/teachers and section B, deals with role of parents in dealing with the problem of tobacco use among school students:
SECTION B

Recommendations for School

The seven recommendations stated below summarize the strategies that are effective in preventing tobacco use among students. To ensure the greatest impact, schools should implement all the seven recommendations.

1. Provide instruction about the short and long-term negative physiologic and social consequences of tobacco use; social influences leading to tobacco use; peer norms regarding tobacco use and refusal skills.

2. Provide tobacco-use prevention education; this instruction should be especially intensive in junior, middle or high school and should be reinforced in high school.

3. Provide programme-specific training for teachers.

4. Involve parents or families in support of school-based programmes to prevent tobacco use.

5. Support cessation efforts among students and all school staff who use tobacco.

6. Assess the tobacco-use prevention programme at regular intervals.

7. Develop and enforce a school policy on tobacco use: A school policy on tobacco use must be consistent with state and local laws and should include the following elements:
   - Prohibiting tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions even when it is held away from school premises.
   - Prohibiting tobacco advertising in school buildings, at school functions and in school publications.
   - A requirement that all students receive instruction on avoiding tobacco use and understanding its harmful effects on health.
   - Provisions for students and all school staff to have access to programme to help them quit using tobacco.
• Procedures to be laid down for communicating the policy to students, all school staff, parents or families, visitors, and the community

• Provisions for enforcing the policy and to ensure broad support for school policies on tobacco use, representatives of relevant groups, such as students, parents, school staff, their unions and school board members, should participate in developing and implementing the policy.

• Successful programmes on tobacco at school level to prevent tobacco use should address multiple psychosocial factors related to tobacco use among children and adolescents. These factors include:

  ❖ **Immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use.** Programmes should help students understand that tobacco use can result in decreased stamina, stained teeth, foul-smelling breath and clothes, exacerbation of asthma, and ostracism by non-smoking peers.

  ❖ **Social norms regarding tobacco use.** Programmes should use a variety of educational techniques to decrease the social acceptability of tobacco use, highlight existing anti-tobacco norms and help students understand that most adolescents do not smoke.

  ❖ **Reasons that adolescents say they smoke.** Programmes should help students understand that some adolescents smoke because they believe it will help them get accepted by peers, or that they would appear mature, or to cope with stress. Programmes should help students develop other more positive means to attain such goals.

  ❖ **Social influences that promote tobacco use.** Programmes should help students develop skills in recognizing and refuting tobacco-promotion messages from the media, adults, and peers.

  ❖ **Behavioural skills for resisting social influences that promote tobacco use.** Tobacco Programmes should help students develop refusal skills through direct instruction, modeling, rehearsal, and reinforcement and should coach them to help others develop these skills.
General personal and social skills. Tobacco Programme in school should help students develop necessary assertiveness, communication, goal-setting, and problem-solving skills that may enable them to avoid both tobacco use and other health risk behaviours.

School-based programmes should systematically address these psychosocial factors at developmentally appropriate ages.

SECTION B

Parents as Anti-Smoking Role Models (Recommendations for parents)

What parents say, how they act and the values they communicate through their words and deeds has an enormous influence on children and that applies to tobacco use. Studies have found that parental actions, attitudes and opinions about tobacco use have great deal of influence on whether or not to smoke (Andersen, et al., 2004; Gilman et al., 2009). A recent study (Steven & Patrice, 2009) found that parental anti-tobacco actions such as having restrictions about smoking in the home or sitting in non-smoking sections of restaurants are associated with reductions in children’s smoking. Specifically, parents can take the following actions to help ensure that their children remain (or become) tobacco-free:

If you don’t smoke, don’t start! If you do smoke, quit: Research (Johnston et al., 2000) shows that children who have a parent who smokes are more likely to smoke and to be heavier smokers at young ages. When parents quit smoking, their children become less likely to start smoking and more likely to quit if they already smoke.

If you smoke, share your struggles with your children: Children greatly underestimate how difficult it is to quit tobacco. Showing how hard it is to quit (and making sure quitting doesn’t look easy) can help eliminate this misperception. Children should know that it is easy to start but hard to quit so that they will think hundred times to initiate tobacco. Continuing to try to quit, despite the difficulties, also sends a strong anti-tobacco message.
Tell your kids that you don’t want them to use tobacco and will be disappointed if they do. Parental attitudes, opinions, and feelings about their children’s smoking status greatly influence whether or not kids will smoke, even when the parents smoke.

Make sure your children have the facts they need. By making sure that their children know how harmful tobacco is, parents can help their children to develop a firm, negative perception or attitude about tobacco use and its consequences, and children with such negative perceptions or attitudes are less likely to use tobacco.

Emphasize the immediate health effects. Most teenagers wrongly believe that tobacco will have no direct effect on their health until they reach middle age. But tobacco causes many immediate and long-term effects on health, including persistent coughs, respiratory problems, a greater susceptibility to illness, and decreased physical performance.

Emphasize the effects of tobacco on physical appearance. Tobacco ads create the image that tobacco especially smoking is sexy and attractive and children mention improving self-image as a reason for smoking. But tobacco use actually causes yellow teeth, bad breath, smelly clothes, and more severe and early facial wrinkles.

Destroy the myth that everybody uses tobacco. Many children overestimate the amount of tobacco/smoking among their peers and such overestimation is among the strongest predictors of tobacco initiation.

Parents can also help to keep their children away from tobacco by following basic good-parenting practices. For example, children who do well in school and participate in structured, extra-curricular activities are less likely to be susceptible to tobacco use and parents can encourage and support both, as an added bonus, by setting and consistently enforcing realistic rules, talking to their children, paying attention to the kinds of friends their kids are associating with, and generally staying interested and involved in their children’s lives, parents
can not only reduce the risk that their children will smoke but also reduce the chances that they will become involved in any risky behaviours, such as alcohol and other drug use, early sexual involvement, and the like.

**Only Good Parenting is NOT Enough!** While parents can play an important role in adolescents’ tobacco prevention, children are subject to other powerful influences outside their homes that can play a critical role in whether they use tobacco or not. Most notably, the tobacco companies spend about $10.5 billion per year to market and promote their products and most of these marketing efforts reach children. In fact, research studies (kumar, 2010; umesh, 2006) have found that children are three times as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke due to cigarette marketing than by peer pressure and that one third of underage experimentation with smoking is attributable to tobacco company advertising and promotion. More generally, the big cigarette companies have been trying to shift attention by promoting the idea that the problem should be left to the parents, instead of establishing effective new laws or policies to prevent and reduce tobacco use among kids. But dumping the entire burden on parents will not reduce the availability of cigarettes to underage buyers, stop tobacco marketing that reaches kids, establish smoke-free schools, or otherwise reduce youth exposure to tobacco marketing and tobacco use when outside of their homes. To address these powerful factors that influence kids to smoke, parents can take the following actions:

- Show your children how tobacco ads and images are designed to manipulate them. Parents can reduce the powerful impact of all the cigarette ads and positive-smoking images that confront kids every day by talking to their children about the ads’ false ideas of glamour, maturity, coolness, and beauty, and about how the tobacco companies try to manipulate kids into becoming their future addicted consumers.

- Make your kids’ schools tobacco-free. By getting more involved in their children’s schools, parents can try to make sure that the schools follow
effective anti-smoking policies such as: prohibiting all smoking on school property or at school events, not accepting any funding, curricula, or other materials from the tobacco industry, educating students about the short- and long-term negative consequences of tobacco use and providing peer-pressure refusal skills, providing preventive education, providing tobacco-prevention training for teachers, encouraging parental support of school-based tobacco-prevention programmes, offering assistance to both staff and student smokers who wish to quit.

- Support other local tobacco-prevention efforts, such as, new state or local laws to make restaurants and other public areas smoke-free or new initiatives to enforce the existing laws that prohibit cigarette sale to children.

- Support state and central government laws to restrict cigarette marketing that reaches children.

The final outcome of the present research study has been the development of a Pamphlet on the ill effects of tobacco with a view to creating awareness among the students, parents and the school staff. The pamphlet is attached in Annexure – viii.