



Knowledge, Attitudes and Practices on Sections 31-39 in Part II, of the National Authority on Tobacco and Alcohol Act, No. 27 of 2006 (NATA), among the Communities in Sri Lanka: Evidence for implementing NATA Act Successfully in Sri Lanka (A Qualitative Study)

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ABSTRACT

Background: The National Authority on Tobacco and Alcohol Act, No. 27 (NATA) of 2006, the law governing tobacco and alcohol control, was introduced to Sri Lanka in 2006 for the purpose of identifying the policy on protecting public health. Various studies and informal observations prove that the implementation of the Act is less successful. Cognizance of the Act and other regulations related to the Act would be important to implement the Act successfully.

Objective: To explore knowledge, attitudes and practices on sections 31-39 in Part II, of the National Authority on Tobacco and Alcohol Act, No. 27 of 2006 among communities in Sri Lanka.

Methodology: Study design was qualitative in nature. Subjects were selected based on purposive sampling method. The study was conducted in three districts. Interviews and focus group discussions were conducted to collect data. Participants were inquired for their awareness on Sections in Part II, attitudes on the implementation of the Act in their settings and their experiences with formal and informal support to the authorized officers. Saturation method was the guiding method of data collection and data were analyzed through framework analyzing method.

Results: Awareness about the Act was found to be poor among the communities. Support of the community to authorized officers in implementing the Act and the implementation of the Act in community level was found to be poor.

Conclusion: Advocacy sessions on an Act, should be conducted in community level and a well-planned mechanism to enforce communities should be formulated for assisting to authorize officers.

KEYWORDS: Alcohol, NATA Act, Tobacco

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1. Introduction

Tobacco and alcohol use are two leading preventable causes of death globally and it makes devastating impacts on physical, mental, social and economical aspects. Alcohol has been identified as one of the most commonly used addictive substances around the world. Alcohol use and alcohol abuse are remaining as major preventable public health problems and nearly 3.3 million people are killed per year worldwide due to this issue (World Health Organization, 2015a). Smoking has always been associated with ill health and annually more than 6 million people in the world are estimated to die due to tobacco related illnesses, associated with the direct use of the product. Second-hand smoking is another serious problem and more than 600,000 non-smokers have to expose for second hand smoking (World Health Organization, 2015b). Smokeless tobacco is tobacco or a tobacco product that is used by means other than smoking and use of this kind of tobacco is another determinant factor of the well-being of the societies. In South-East Asia Region, every year about 1.3 million people die due to tobacco use (World Health Organization, 2013). According to the current context of Sri Lanka alcohol and tobacco use has identified as a major modifiable risk factor for Noncommunicable Diseases (World Bank, 2010). Around 20,000 Sri Lankans die annually due to various health complications caused by the use of tobacco while another 500,000 fall sick. Approximately another 30,000 Sri Lankans die annually due to alcohol consumption. Prevalence of alcohol consumption among males is 39.6% whereas that of females is 2.4% in Sri Lanka (Somathunga et al. 2014).

Ministry of health Sri Lanka (2009) has figured out that the prevalence of tobacco use among males is 39% and 2.6% among females in Sri Lanka. According to the report of the World Health Organization, per capita alcohol consumption in Sri Lanka is 3.7 liters when the world average is 6.2 liters and South East Asia region average is 3.5 liters (World Health Organization, 2014). The situation in Sri Lanka with respect to alcohol consumption is less satisfactory compared to the South East Asia region. Although Sri Lanka's per capita alcohol consumption is relatively low, it should be noted that it is increasing at an alarming rate. When South East Asia region per capita alcohol consumption has marginally increased from 2.9 liters in 2005 to 3.5 liters in 2010, Sri Lanka's has increased from 2.2 to 3.7 liters. It was increased by a significant percentage (68%). Eighty-five percent of the liquor consumed in Sri Lanka are spirits such as whiskey, arrack, and kasippu (World Health Organization, 2014). Even though liquor consumption in western nations is higher than us, they mostly drink wine and beer, which contain less alcohol than spirit.

According to a recent study, the average cigarette consumption per capita in Sri Lanka from 1960-2004 was 289.19 sticks per year, and the average domestic tobacco distribution from 1960-2010 was 8399.79 kg (Athauda & Wickremasinghe, 2014). Various organizations including government and non-government of Sri Lanka have been conducting health education programs, health promotion programs and cessation programs to intervene of the alcohol and tobacco issue. In addition for that, laws and related regulations to alcohol, alcohol use, tobacco and tobacco use are implemented by responsible bodies in Sri Lanka.

The World Health Organization, Framework Convention on Tobacco Control (WHO-FCTC) is the world's first global public health treaty. It was signed by 168 of the 192 WHO member states. The important thing is more than 170 WHO member states have become parties to the convention. The WHO-FCTC provides an internationally coordinated response to combating the tobacco epidemic, and sets out specific steps for governments addressing tobacco use, including to: Adopt tax and price measures to reduce tobacco consumption; Ban tobacco advertising, promotion and sponsorship; Create smoke-free work and public spaces; Put prominent health warnings on tobacco packages; Combat illicit trade in tobacco products (World Health Organization, 2003). Sri Lanka signed and ratified the Framework Convention on Tobacco Control (FCTC) in 2003. Followed by the FCTC Sri Lankan government took initiatives to set up the National Authority on Tobacco and Alcohol (NATA) through an Act in 2006. The NATA Act, No. 27 of 2006, the law governing tobacco and alcohol control, was introduced to the country in 2006 for the purpose of identifying the policy on protecting public health for the elimination of tobacco and alcohol related harm through the assessment and monitoring of the production, marketing and consumption of tobacco products and alcohol products; to make provision discouraging persons especially children from smoking or consuming alcohol, by curtailing their access to tobacco products and alcohol products; and for matters connected therewith or incidental thereto.

NATA Act consists of two parts. Sections 31-39 are laws and regulations which mentioned the part –II, for achieving the objectives of the Act. In simply sections 31-39 include, prohibition of the sale of any tobacco product or alcohol product to persons under twenty-one years of age, prohibition on installation of vending

machines for dispensing tobacco product or alcohol product, prohibition of the manufacture or sale of tobacco products which are prescribed, prohibition on the sale of tobacco products without health warning and the tar, nicotine content in each tobacco product, prohibition of tobacco or alcohol advertisements, prohibition of sponsorships, free distribution of tobacco products or alcohol product prohibited, offences relating to trademarks of tobacco products and alcohol products, smoking in an area to which the public have access to be an offence (Parliament of the democratic socialist republic of Sri Lanka, 2006).

2. Statement of the problem

Proper planning of alcohol and tobacco control strategies requires knowledge of the true nature of the problem. Preventive strategies should be in the form of community awareness and legislative measures. Studies and informal observations verify that the implementation of the NATA Act is less successful due to numerous factors. Well, understand of the Act and other regulations related to the Act among communities would be an advantage to implement the Act successfully in Sri Lanka. Apart from that, community assistance would be an essential entity to Authorized officers.

3. Objective

To explore knowledge, attitudes and practices on sections 31-39 in Part II, of the National Authority on Tobacco and Alcohol *Act*, No. 27 of 2006 among communities in Sri Lanka.

4. Review of Literature

Even though, almost complex tobacco control situations in the world can be found in the South East Asia region scientific studies on NATA Act is scarce and as stated earlier informal observations verify that implementation of the Act is less successful in Sri Lanka. However, currently the following are strictly imposed by NATA Act: selling to persons who are at 21 years or below, smoking at public places and comprehensive promotions ban³. In spite of attempts made by governments to reduce smoking through various measures and means including setting up of the National Authority on Tobacco which is a focal body for implementing tobacco and alcohol policy, it is found that awareness on the matters was not satisfactory among the public.

A recent research has shown that awareness of the NATA Act and the implementation of the Act was found to be poor among the authorized officers including; public health inspectors, food and drug inspectors, police officers, and excise officers. The study found that support of the community and other authorized officers to implement the Act was poor, and that there was no monitoring and evaluation plan on implementation of the Act and clarification of legal procedures about 'enclosed public places and public areas' was reported to be not clear. The authorizing officers complained that there were no allocated, financial aid and other facilities to implement the Act and that the involvement of the NATA was poor. According to the conclusion of the study authorized officers had faced many problems in implementing the Act and recommended the following to improve the situation. It suggested conducting well-organized sessions on NATA Act among authorized officers. The research further suggested placing a mechanism to expand support from the community and other authorized officers (Pallewaththa, Niwarthana & Nanayakkara, 2014).

5. Methodology

The study design was a qualitative approach to enable the investigator to explore knowledge, attitudes and practices on sections 31-39 in Part II, of the NATA *Act*, No. 27 of 2006 among communities Sri Lanka. Investigators verbally informed the participants that they had the right to withdraw from the study at any time. Subjects were selected based on purposive sampling method and they were selected to represent different communities and socio-economic backgrounds. 100 participants were (n=100) participated for group discussions. The study was conducted in purposively selected three Medical Officer of Health services areas in three districts including Nuwara-Eliya, Rathnapura and Matara. The study was conducted in Nuwara Eliya, Ayagama and Kirinda Puhulella MOH areas. Based on the study objective, participants

were asked their awareness on Sections in Part II, attitudes on the implementation of the Act in their settings and their experiences with formal and informal support to the authorized officers. Participants were selected based on inclusion and exclusion criteria.

- Participants should be over 18 years of age.
- Participants should be active members such as the leaders of a village society.
- Participants should be permanent residents in the selected area.
- Participants should be, without severe and profound learning disabilities.

Twelve group discussions and six interviews were conducted to collect data. Well-designed group discussion guide and interview guide were used to collect data and data collection tools were designed based on Family Health International Guide. Saturation method was the guiding method of data collection and data were analyzed through framework analyzing method which is consisted with five steps including; familiarization, identifying thematic framework, coding, charting, and interpretation.

6. Results and Discussion

Figure 1 shows the themes that emerged from data analysis regarding awareness about the NATA Act, which will be discussed below.

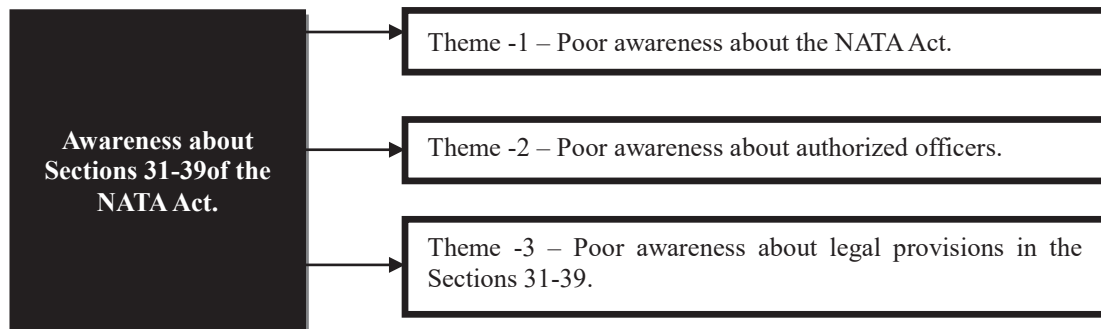


Figure 1: Themes that emerged regarding knowledge on NATA Act

Theme -1; Poor awareness about the NATA Act

All participants of the study discussed awareness of the NATA Act. Only 16 participants had ever heard about an Act called National Authority on Tobacco and Alcohol.

“..... Actually, I didn't hear about Act called National Authority on Tobacco and Alcohol....” (P-13)

“....No, I never heard...” (P-45)

“.....Few months ago, I can remember that when talking about 80% pictorial warning, media mentioned about an Act called National Authority on Tobacco and Alcohol...” (P-5)

Theme -2; Poor awareness about authorized officers.

Only 4 participants stated about all authorized officers during the discussions. However, few participants mentioned only about police officers as authorized officers while few others mentioned excise officers or Public Health Inspectors.

“....As per my knowledge, Public Health Inspectors should be authorized officers.... They are conducting programs on tobacco and alcohol prevention....” (P-13)

“....I had discussed with our Public Health Inspector about tobacco law few days ago. He talked to me about officers who have the responsibility of tobacco control in Sri Lanka.....he mentioned excise officers, police officers, and public health inspectors are officers who have the responsibility for enacting to tobacco control laws in Sri Lanka... (P-15)

Theme -3; Poor awareness about legal provisions in the Sections 31-39.

Even though, participants discussed their awareness about legal provisions in the sections 31-39, they hadn't sound awareness on sections 31-39. Participants mentioned about few tobacco control laws in Sri Lanka, including prohibitions for selling to minor, smoking at public place and advertising ban. However, participants who discussed legal aspects, were not aware that above legal aspects are mentioned in the NATA Act.

"...Selling cigarette to minor is prohibited, isn't it? I saw an advertisement about this in our village shop..." (P-43)

"...I know, it is prohibited to smoke in public places such as bus halts, inside of buses...." (P-39)

"...When showing videos regarding alcohol or tobacco use a message with adverse effects should be noted..." (P-52)

Figure 2 shows the themes that emerged from data analysis regarding attitudes about the NATA Act, which will be discussed below.

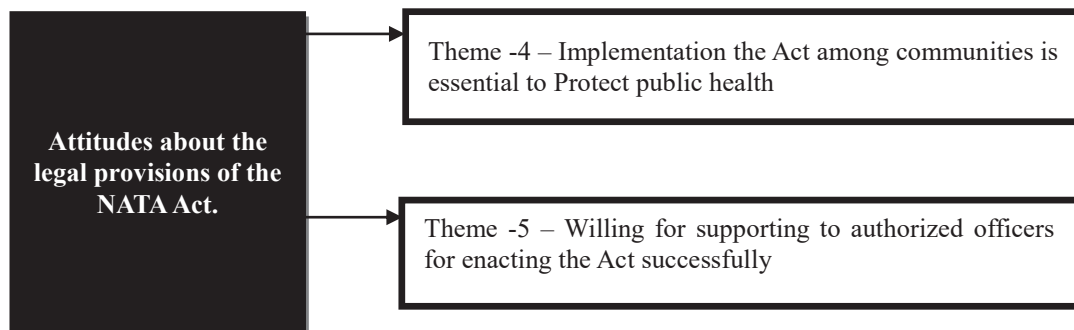


Figure 2: Themes that emerged regarding attitudes on NATA Act

Theme -4; Implementation the Act among communities is essential to Protect public health

According to the participants, implementing the NATA Act in their setting is less successful. After clarifying legal procedures of the act, they clearly stated ways of offense the Act in their settings. Then they emerged that, NATA Act should be implemented their settings to protect public health.

".....I did not aware about the section 31-39. However, now we obtained an idea about it. When considering our village, we can identify that, how the Act is violated. (P- 28)

"Actually it is essential to implement the Act to protect wellbeing of our children...." (P -67)

"...Violating the Act in our setting is high. So, it is better implemented this act in our village.." (P -64)

Theme -5; Supporting to authorized officers for enacting the Act successfully

All the participants who interviewed discussed on community support for enacting the Act successfully. Based on their previous experiences, they did not take any actions to support authorized officers. They discussed, their responsibility about the Act.

".....We understood, our responsibility....." (P -34)

".... We can support to officers because legal procedures have been introduced to protect our health..." (P-58)

"... It is our responsibility to protect our villages than duty of officers, is it...."(P- 56)

Figure 3 shows the themes that emerged from data analysis regarding practices relating to the NATA Act, which will be discussed below.

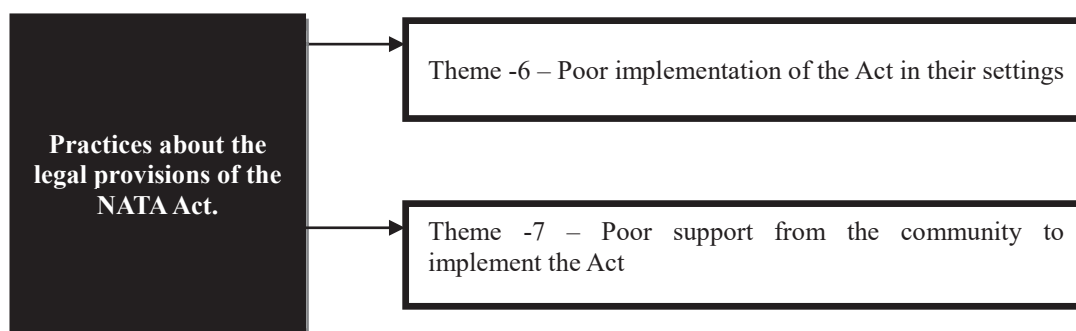


Figure 3: Themes that emerged regarding practices on sections 31-39 of the NATA Act

Theme -6; Poor implementation of the Act in their settings

All groups discussed, about poor implementation of the act due to various reasons. This discussion revealed that implementation of the Act in community level is poor.

“...As per my experience violation of the Act in our village level is high.... No body to takes any action” (P-44)

“...I saw some notices regarding the Act...however, there are no positive answers for the notice....” (P-43)

“I think...further enforcement of Authorized officers to enactment the NATA Act is essential.” (P-48)

Theme -7; Poor support from the community to implement the Act

Participants mentioned about their support for authorized officers to implement the Act and highlighted that, if communities support authorized officers, they will able to take actions well.

“We don’t have any experience in supporting to Public Health Inspectors regarding NATA Act” (P-44)

“I think. Community support is essential....We should support because we must be more considerate about our health.....” (P-43)

“.. It is better.. Implement advocacy sessions on the implementation of the NATA Act in community level. Not only that, plan a mechanism to enforce communities assist to authorize officers is essential..”(P-48)

This qualitative study found valuable insights on the topic. Basically, awareness about the Act was found to be poor among the communities. Support of the community to authorized officers to implement the Act was reported as poor and implementation of the Act is poor in community level.

Public Health is preventing diseases, prolonging life and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals. As mentioned earlier, Tobacco and Alcohol use can be identified as the top level determinants which impede health promotion of general public. Applications of policy and legal provisions is cost effective than implementing education programs. The NATA Act is a milestone for the promotion of public health and provides legal dimensions for the national health system. So it is essential to enhance the implement of the Act successfully throughout the Sri Lanka. Institutions which work for alcohol, tobacco and other drug prevention should aim on facilitating the process via involving people from local communities to actively campaign enforcement of the NATA Act and relevant laws and regulations for the reduction of the supply and demand for alcohol, tobacco and other drugs for the development and management of their own communities.

7. Conclusion and Recommendation

Based on study findings we conclude recommend the following to improve the situation. Advocacy sessions on Act should be conducted in community level and a well-planned mechanism to enforce communities should be formulated for assisting to authorized officers. Appropriate and specific national awareness campaigns to address poor knowledge about the sections 31-39 of the Act, and community mobilizing program on implementing the NATA Act are essential. Efforts to address these through practice, policy, and research would make significant contribution in enhancing health conditions of the general public. Specially, responsible bodies including both government and non-government should incorporate community advocacy sessions on NATA Act to their annual agendas. Media has a vital role in implementing and strengthening these laws.

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