

**ASSESSMENT OF COMPLIANCE TO TOBACCO PRODUCTS CONTROL
ACT OF 2010 AFTER ITS IMPLEMENTATION AT PUBLIC PREMISES OF
OSHAKATI TOWN, NAMIBIA**

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ABSTRACT

Tobacco use is a top leading cause of preventable death in the world and a risk factor for several non-communicable diseases including cancer, cardiovascular disease, diabetes, and chronic respiratory diseases. Smoking imposes a heavy economic burden throughout the world and Namibia is not an exemption with a prevalence of 21, 8% of smokers (men) and 5.9% (women). To control the global smoking burden, the WHO introduced measures which will help to reduce tobacco consumption and protect all people from tobacco exposure through provisions that direct countries to implement tobacco control programs.

To protect people from Tobacco use epidemic in Namibia Tobacco Product Control Act was signed and passed by the President on 19th of March 2010. The regulation relating to smoking of tobacco products in public places was gazetted and implemented in 2014. This study was conducted to examine and assess compliance level of trade premises with the Tobacco Control Act of 2010 and its regulations in Oshakati Town.

A cross sectional descriptive study was employed using a quantitative approach. All 378 trade premises whose license were renewed by 31st March 2017 were included in the study. Data were collected using questionnaires and observational checklist, entered in Microsoft Excel and exported into EPI -info 7.2 software for analysis.

The overall compliance level was determined to be 35.98 % and non-compliance was 64.02%. Majority of the respondents (85.19%) indicated they are aware of the existence of the tobacco product control Act but indicated that lack of inspection by local authority as the main challenge affecting them to fully implement and adhere to the act

The level of Adherence compliance with the Acts regulations was found to be very low in trade premises of Oshakati. Despite the premises demonstrating high awareness rate, the town council management need to increase more awareness by doing regular talks using the radio and as well as to do regular inspection and continue strengthening the implementation to ensure high adherence by both premises in charges and clients.

Key words: Tobacco Products Control, Compliance, Trade Premises, Retailers Awareness

PUBLICATIONS/CONFERENCES(S) PROCEEDINGS

1. Trend of Malaria cases in Kunene Region 2011-2015, Namibia. presented at 6th AFENET SCIENTIFIC CONFERENCE in Nigeria 2016
2. Mortality among TB patients in Oshikoto Region 2011-2015, Namibia. Presented at the 1st Ghana FELTP scientific conference in Ghana 2017
3. Investigation of a Case of Neonatal Tetanus in Oshakati, Namibia- June 2017. Presented at the 7th AFENET SCIENTIFIC CONFERENCE ,2018 in Mozambique 2018
4. Tuberculosis Burden and Characteristics in Oshana Region, 2011-2016. Presented at the 7th AFENET SCIENTIFIC CONFERENCE ,2018 in Mozambique 2018

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LIST OF ABBREVIATIONS AND ACRONYM

| | |
|------------------|--|
| CDC: | Centre for Disease Control and Prevention |
| FCTC: | Framework Convention on Tobacco Control |
| IEC: | Information, Education and Communication |
| MPOWER: | M onitor tobacco use and prevention Polies; P rotect people from tobacco smoke; O ffer help to quit tobacco use; W arn about the dangers of tobacco use; E nforce bans on tobacco advertising, promotion and sponsorship; R aise taxes on tobacco products |
| NamFELTP: | Namibia Field Epidemiology and Laboratory Training Program |
| TCPA: | Tobacco Control Product Act |
| TPCB: | Tobacco Product Control Bill |
| WHO: | World Health Organization |

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- Last but not least I am dedicating this to my late father Erickson Pangwashime, gone forever away from our loving eyes and who left a void never to be filled in our lives. Though you have left so early, I will make sure your memory lives on as long as I shall live. I love you all and miss you beyond words.

DECLARATIONS

I, Ndilimeke Muudikange Pangwashime, hereby declare that this study is a true reflection of my own research, and that this work or part thereof has not been submitted for a degree at any other institution of higher education.

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Ndilimeke Muudikange Pangwashime
(Student Name)

.....
Date

CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

This chapter presents background information on Tobacco Product Control Act of 2010 and its regulations, tobacco use in Namibia and adherence to the implemented Act. It also contains problem statement, purpose of the study and its objectives as well as significance of the study and definition of operational terms.

1.1 Background of the study

Tobacco use is a top leading cause of preventable death in the world and a risk factor for several non-communicable diseases including cancer, cardiovascular disease, diabetes, and chronic respiratory diseases(1). According to Mathers and Loncar (2) globally about 6 million people die annually from tobacco, and if nothing is done to reverse or halt the epidemic, tobacco-related deaths could rise to 8 million by 2030 (2). The WHO Fact Sheet documented that more than 5 million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke (3).

Smoking imposes a heavy economic burden throughout the world (4) and Namibia is not an exemption with a prevalence of 21,8% of smokers (men) and 5.9% (women)(5).Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development (3).

To control the global smoking burden, the WHO introduced measures which are known as MPOWER which stands for: monitoring tobacco use, protecting from tobacco smoking, offering help to quit tobacco use, warning about dangers of

tobacco, enforcing bans on tobacco advertising, and raising taxes on tobacco. These measures assist countries to fulfill their Framework Convention on Tobacco Control (FCTC) obligations (3). This measure will help to reduce tobacco consumption and protect all people from tobacco exposure through provisions that direct countries to implement tobacco control programs(6).

To protect people from Tobacco use epidemic in Namibia Tobacco Product Control Act was passed in 2010. The Development of the Tobacco Products Control Bill (TPCB) started in Namibia in 1993. Based on the two Constitutional Articles (Article 95 [b] and [j]), it became mandatory to the Ministry of Health and Social Services (MoHSS) to ensure that the TPCB is developed. The Information Education and Communication (IEC) Department was tasked to see to the development of the TPCB which later became the Tobacco Products Control Act (TPCA) in 2010. Before it became an act the bill was presented by MoHSS in parliament for approval in 2003. This was in line with the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) of which Namibia contributed (7).

The Act was then approved, signed and passed by the President for the Republic of Namibia on the 19th of March 2010 (7).This Act makes Namibia one of the countries that have gone through the process of passing a comprehensive legislation compliant with the WHO FCTC (8). This Act's objectives include establishing of Tobacco Products Control Committee (TPCC) which helps to ensure the enforcement of the Act. Furthermore the Act puts into effect the obligations Namibia has undertaken to protect its citizens against tobacco-related harms and ensures that Namibia meets WHO FCTC obligations signed in 2004(7). Moreover, the WHO Africa Region recommends that all countries should become

compliant to ensure 100% smoke-free environments and it should become the norm in all societies including trade premises (8). The regulation also stipulates penalties for transgressors of the law and it was then implemented in 2014.

The regulation stressed that public place interior buildings should be completely smoke-free, there should be a warning sign prohibiting use of tobacco products in such premises. Warning signs should be displayed and written in black letters, (not less than 210mm by 297mm (A4 size)). The letterings of 2cm in height and 1.5cm in width and the font type should be in Helvetica type in uppercase [Example: SMOKING OF TOBACCO IN A PUBLIC PLACE IS PROHIBITED] or any similarly meaning statement. This text must be in Black, Red, or Blue print on a White background written in official language used in Namibia.

Compliance to the Tobacco Product Control Laws in Trade Premises

Most countries have passed the smoke free laws and policies. Compliance to such legislations in public places, specifically trade premises in some parts of these countries such as Nairobi Kenya; Karachi-Pakistan; Thulamela-South Africa; Ahmadad city-India and North Carolina , was reported to be low (9, 12-15). For instance the Ahmadabad city of India on the compliance of Tobacco Control Legislation in place shows a gross violation, whereby only 15.3 % of trade premises surveyed had signs prohibiting public smoking (9).

In North Carolina, though trade premises have implemented the act by putting up all smoking prohibition signs – non adherence was still high(10).In Nairobi smoking took place widely in bars and restaurants as study also reported 86% of them smoking observed(11). Whilst in Karachi, by 2016 smoking was observed in

more than half of the trade premises(12). In South Africa by 2015 level of compliance with the legislation was very low state in Thulamela Municipality.

Nevertheless, countries like California are recognized as leaders in tobacco control. Most studies (Los Angeles and North California) revealed high compliance and law have been reported to be effective in reducing smoking in bars and restaurants(13,14). However a similar study in Austria revealed that customers widely adhered to the smoking bans, despite the dissatisfaction with the law; 79% of the visited trade premises found no clients smoking in public place(15).

Complete compliance and adherence to the Tobacco control laws in public place especially in trade premises protects both patrons and attendants from involuntary exposure to second hand smoking.

1.2 Statement of the problem

Despite extensive knowledge about effective tobacco control interventions, the prevalence of tobacco use in many middle and low-income countries continues to rise and there remains limited levels of public appreciation of protection provided by laws and regulations on tobacco use and exposure to tobacco smoke (11). Namibia is one of the 12 countries in Africa that have implemented large graphic pack warnings in Trade premises (8). In Namibia, smoking in public places has been banned as per section 16 of the Act since 2010. There is no exception for smoking in designated smoking areas thereby creating 100% smoke-free environments and fully meeting the standards of the Framework Convention on Tobacco Control (FCTC) and its guidelines (16). The enactment of a 100% smoke-free law is necessary to widely

protect people from exposure to tobacco smoke, compliance with the law must be high in order for a law to effectively reduce exposure to secondhand smoke(17).

Although effective policies for tobacco control exist in Namibia, the status of the implementation and adherence of these policies is unknown.

The researcher has observed with concern that some public areas associated with trade premises (bars and restaurants) do not enforce the ban of smoking in public places. Smoking not only affects smokers, but it also affects the non-smokers who are in close contact with the smokers (i.e. passive smoking). It is therefore a concern that if smoking is not banned from the public places, many people (including non-smokers) will be affected indirectly via exposure to secondhand smoke (SHS).

In Namibia, several campaigns were conducted after the Tobacco Act Regulations governing the operation of the Act in 2014 to educate and inform the public about the Act and enforce implementation. However, it has been two years (when the proposal was drafted in 2016) since the enforcement of the Act's regulations have been in effect and the researcher could not find any documented study to assess the adherence to this Act and its regulations. Therefore this study intended to fill that gap in knowledge.

1.3 Purpose of the study

The purpose of this study is to examine and assess compliance of trade premises with the Tobacco Control Act of 2010 and its regulations in Oshakati Town Council in fulfillment of the WHO FCTC measures.

1.4 Objectives of the study

The following study objectives were formulated:

- To measure the level of compliance to the Tobacco Product Control Act in Trade Premises of Oshakati with poster signage and tobacco packaging labeling requirements.
- To determine compliance level of clients smoking behaviors in the trade premises to the Tobacco Product Control Act in trade premises of Oshakati.
- To determine the level of awareness among trade premises managers on the Tobacco Product Control Act in trade premises.
- To identify the challenges regarding the implementation and adherence of the Tobacco Control Act in Oshakati in trade premises

1.5 Significance of the study

The results of this study will contribute to the knowledge needed by the Tobacco Control Inspectors both in government settings and private settings. The findings will help to monitor and enforce compliance, in order to identify the areas that are at high risk of tobacco smoking epidemic and whether the Act needs to be strengthened. The study findings might serve as baseline for future researchers who might be interested in studies related to Tobacco Control Act in the Namibian context. The outcome of the study might also serve as a motivation to other researchers interested in the area of tobacco use control to conduct similar studies in other municipality settings all over Namibia for the purpose of comparison and building a body of awareness on the question at a national level

1.6 Limitations of the study

The study focused on trade premises within Oshakati town council boundaries, therefore results of the study cannot really be generalized to the entire country but will serve as an eye opener to the rest of the settings. However, different regions may adapt the study recommendations.

Since trade premises seems to be busy after hours (after 17h00) observation of smoking practices at trade premises might be affected during day time.

Due to time and financial constraints, few of the public places of trade premises was included in the study

Most studies assessing adherence and compliance are sensitive. As a result, voluntary participation in the study might be affected as some individuals might not feel comfortable and afraid that they will be punished or treated negatively. Since this study also involves observation, results might be biased due to Hawthorne effect.

1.7 Operational definitions of terms

(Source: Tobacco Product Control Act 1 of 2010)

Public premises: means any indoor, enclosed or partially enclosed, area which is open to the public and includes a workplace, a club, a private dwelling, if that private dwelling is used for any commercial childcare activity or for schooling or tutoring, and a public conveyance. In this study Public place that were considered are those places used for commercial purpose or trade premises

Trade premises: Are those premises used for Commercial purpose. This study will include trade premises such as Bars (whose primary purpose is to sell alcohol to patrons), Restaurants (small whose primary purpose is to sell and serve food and soft drinks to patrons), and Eating Houses (big dealers whose purpose is to serve meals to patrons of a larger group such as hotels, lodges etc.)

Indoor, enclosed or partially enclosed, area includes any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for thereof, wall or sides, and regardless of whether the structure is permanent or temporary;

Trade premises owner/In charge: in the case of any other public place, the owner thereof, and includes -

(i) if the owner is deceased, the executor of his or her estate;

(ii) if the estate of the owner has been repossessed, the trustee of his or her insolvent estate;

In this study in-charges who will be interviewed involves either the legal owner/trustee/premises)

Manager: any person selected by the owner to oversee the business activities on his behalf

Sales Attendant: any person employed to offer service to customers. In this study, it refers to attendant bar lady, shopkeeper, bar or restaurant attendant

Tobacco product means a product containing tobacco, which is intended for human consumption, and includes, but is not limited to, any device, pipe, water pipe, papers, tubes, filters, portion pouches or similar objects manufactured for use in the

consumption of tobacco. Cigarettes were considered as tobacco products in this studies since they are the one available in the included trade premises in public places part of the study.

1.8 Summary

This chapter presented the background of the problem. It looked at the overview of Tobacco Product Control Act of 2010 and its regulations, the problem statement on which the study is based was explained, the study purpose as well as objectives were indicated and the operational concepts are defined. The next chapter is about the literature review.

CHAPTER 2: LITERATURE REVIEW AND CONCEPTUALIZATION

2.1 Introduction

Chapter 1 provided an introduction and background to the study. This chapter presents a conceptualization of the literature. A literature review is an account of what has been published on a topic by accredited scholars or researchers. It is guided by the objectives and problem statement of a particular subject of discussion (18). A literature review is used as a foundation and support for a new insight that one wants to contribute as it helps to establish the strengths and weaknesses of the topic through views of different scholars(18). The literature review of this study focused on implementation and adherence to the Tobacco Products Control Act, the public awareness of the Tobacco Products Control Act, and challenges and barriers to its implementations and adherence in public places of Oshakati town, in Namibia.

2.2 Overview

Tobacco use remains one of the world's top causes of preventable premature death. Today it is also a global public health issue which is increasingly seen in economic and geopolitical terms as well as in social, cultural, and biomedical citations. Many worldwide strategies and efforts have been made to tackle the menace of tobacco use and related morbidity and mortality (2). These factors have played key roles in the current policy interventions for tobacco control worldwide, most notably the World Health Organization (WHO) Framework Convention for Tobacco Control (WHO FCTC).

Smoking is prohibited in virtually all indoor public places and indoor workplaces, and on all means of public transportation(19). Smoking is also prohibited in certain outdoor

areas including outdoor areas of private dwellings used for any commercial childcare activity or for schooling or tutoring; and outdoor areas a distance of two meters from windows, ventilation inlets, and entrances and exits of public places and workplaces.

As an initiative to control the tobacco epidemic, Namibia introduced the Tobacco Products Control Act. As it was indicated in the background of the study the development of the Tobacco Products Control Bill (TPCB) started in Namibia in 1993. Based on the two Constitutional Articles (Article 95 [b] and [j]), it became mandatory to the Ministry of Health and Social Services (MoHSS) to ensure that the TPCB is developed. The Information, Education and Communication (IEC) Department was tasked to see to the development of the TPCB which later became the Tobacco Products Control Act (TPCA) in 2010. Before it became an act the bill was presented by MoHSS in parliament for approval in 2003. The Act was then approved, signed and passed by the President on the 19th of March 2010 (7). This was in line with the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) of which Namibia contributed (7).

Although the TPCA has been passed in 2010, it was not considered to be comprehensive enough. The Regulations under the Tobacco Product Control Act, 2010 was passed and the Act came into operation on 1st April 2014(4, 5). This Act and its related regulation relating to smoking of tobacco products in public places among other prohibitions prohibit smoking in public places, which includes workplace, restaurants, bars and public transport areas. The regulation also stipulates

penalties for transgressors of the law and specifies the maximum permissible levels of tar and nicotine (20).

Nonetheless, this Act makes Namibia one of the countries that have gone through the process of passing a comprehensive legislation that complies with the WHO FCTC (16). This Act's objectives include establishing of a Tobacco Products Control Committee, which helps to ensure the enforcement of the Act. Furthermore, the Act puts into effect the obligations Namibia has undertaken to protect Namibians against tobacco-related harms and ensures that Namibia meets the WHO FCTC obligations signed in 2004 (7). Moreover, the WHO Africa Region recommends that all countries should become compliant to ensure 100% smoke-free environments and it should become the norm in all societies including trade premises (8).

The Tobacco Products Control Act of 2010 is the primary tobacco control law in Namibia and regulates, among other things, smoke-free places, tobacco advertising, promotion and sponsorship, and tobacco packaging and labeling. Regulations under the Tobacco Products Control Act, Government Notice No. 35 of 2014 sets out implementing details for tobacco product health warnings, signage at the point of sale, product regulation measures, prohibited distance of smoking tobacco products from public places and workplaces, and measures to prevent illicit trade in tobacco products, among other things (7).

2.3 Namibia Tobacco Control product Act-regulation contributed to the MPOWER

The World Health Organization (WHO) introduced measures which are known as MPOWER which stands for: monitoring tobacco use, protecting from tobacco smoking, offering help to quit tobacco use, warning about dangers of tobacco, enforcing bans on tobacco advertising, and raising taxes on tobacco. These measures help countries to fulfill their FCTC obligations (3). This measure will help to cut tobacco use and protect all people from tobacco exposure through provisions that direct countries to put into practice tobacco control programs (8). Article 8 of the Convention states that there should be effective legislative or other measures established in order to protect people from exposure to SHS in public places (more especially in trade premises (21)(8). The WHO recommends that all smoke-free laws ensure complete (100%) smoke-free environments, without designated smoking areas or smoking-rooms (8).

As it was reported earlier, Namibia is one of the 12 countries that have implemented large graphic pack warnings. In Namibia, smoking in public places is banned and makes no exception for smoking in designated smoking areas(7). This has created 100% smoke-free environments and fully meeting the standards of the FCTC and its Guidelines (16).

2.3.1 Monitoring of tobacco use

Smoking imposes a heavy economic burden throughout the world (22) and Namibia is not an exemption with a prevalence of 21, 8% of smokers (men) and 5.9% (women) (5). Tobacco use is dangerous and can kill. In most cases, tobacco users may die prematurely and therefore deprive their families of income, raise the cost of health care and hinder economic development (3).

2.3.2 Protect people from second-hand smoke

It's scientifically and evidently proven that exposure to tobacco smoke can cause disabilities, fatalities, and illness(23). Part 6 of the Act protects people from smokes by prohibiting of smoking in public place (7) and no smoking should take place within 2 meters from any window/ventilation inlet or doorway as stipulated under section 15 of the regulation (20).

2.3.3 Offering help to quit tobacco use

Each country is obliged to help people quit smoking. In Namibia, efforts to help people quit smoking are very little(24). Nevertheless, there is smoking cessation programs that are available in some of the health facilities, and in some offices of health professionals(25). According to WHO report on global tobacco epidemic; 2017, no community smoking cessation is in place at community level (25).

2.3.4 Warning about dangers of tobacco

Section 2-4 of the regulation governing the Act requires packaging of tobacco products labeled and dangers of the use of tobacco products should be clearly indicated in word and in graphics(7).

2.3.5 Enforcing bans on tobacco advertising

A comprehensive ban on advertising, promotion, and sponsorship would reduce the consumption of tobacco products (23). After the regulation has been made several campaigns have been done through media to prevent tobacco advertising. Focus group discussion has been done countrywide by Ministry of Health and Social Services after the regulation mandating the operation of the Act (26,27).

2.3.6 Raising taxes on tobacco

Price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular, young persons(23). According to the report by International research Agency on Cancer, research from high-income countries generally finds that a 10% price increase will reduce overall tobacco use by 4% on average(28). It is also well documented that increasing taxes on tobacco products boosts government revenue(29). With correctly controlled tax policy can provide the dual benefits of reducing the disease and death caused by tobacco use as well as generating income for government treasuries(28). In Namibia, Tobacco taxes is being increased annually, which the World Health Organisation (WHO) has positively commended that the country's gradual increase in tax on tobacco products

is commendable as this has been proven to be a key restrictive for young people to start smoking, due to high prices(30).

2.4 Adherence with the Tobacco Product Control Act

Research that has assessed trade premises adherence by trade premises to Acts, and regulations has found high compliance in developed countries such as Norway, Ireland, UK, and Australia, (31–34). However in developing countries such as India and Mexico their compliance was found low(35,36). On the contrary a study done in Beirut showed very poor compliance, despite tobacco product advertising and use ban in Lebanon(37).

2.4.1 Compliance to the Tobacco Product Control Act in Trade Premises with poster signage and tobacco packaging labeling requirements

There is modest progress in FCTC implementation in Africa with many countries having legislation or policies on the protection from exposure to tobacco smoke. However, only a handful of countries meet the standards of the FCTC Article 8 and its Guidelines particularly with regards to designated smoking areas (8). These regulations can help to demoralize smoking among youth (17). Similarly, research in Ireland showed that following implementation of point-of-sale display bans, young people's beliefs regarding the proportion of smokers significantly decreased (32).

Regarding the trade premises and compliance with the Tobacco Control Legislation several studies reported low compliance. For instance a study done in the Ahmadabad

city of India on the compliance of Tobacco Control Legislation in place shows a gross violation, whereby only 15.3 % of trade premises surveyed had signs prohibiting public smoking and 34% had display warning signs on packages(9). This is similar to what a study has revealed in North Carolina, though trade premises have implemented the act by putting up all smoking prohibition signs – non adherence was still high(10).

In Kenya, smoking took place in most of the bars and restaurant surveyed in Nairobi(11). In Thulamela Municipality setting of South Africa, a study revealed low compliance in bars and restaurants with only 1.8% of premises was assessed compliant(38). This was similar to a study done in restaurants in Ulaanbaatar – Mongolia which revealed that the majority of the restaurants had no signs prohibiting smoking, despite the 100% smoke-free policy in place in that country(39).

2.4.2 Clients smoking behaviors in the trade premises in relation to the Tobacco Product Control Act in trade premises

The purpose of the Tobacco Products Control Act (No. 1 of 2010) and regulations is to protect non-smokers from involuntary exposure to tobacco smoke. That is done by ensuring that no smoking should take place on trade premises and public places at large(7,20). Nevertheless, controlling clients smoking habits sometimes is difficult as they tend to smoke even at places where smoking is prohibited(40–43).

A study conducted in Nairobi's bar and restaurants revealed that smoking occurred, whether or not there were 'no smoking signs'(11). This is because the power to enforce

'no smoking' regulations has been left to individual managers who ended up being conflicted between the law and their customers' wishes.

Managers would prefer to forfeit their local discretion and for the workplace smoking ban in bars and restaurants to be implemented by a government agency(11). Similar findings were revealed in a study done in Thumalanga –South Africa where 70% of visited trade premises freely allowed smoking. and the in the majority (91%) of premises, tobacco-related litter was seen in 89.3% outdoor within non-smoking areas(38).

However a similar study in Austria revealed that customers widely adhered to the smoking bans, despite the dissatisfaction with the law; 79% of the visited trade premises found no clients smoking in public place or undesignated area (44).

2.4.3 Public awareness of the Tobacco Products Control Act

Awareness and understanding of any policies or any information play a vital role in compliance as well as adherence (41). In a study conducted by Rose in North Carolina indicated that only 43% of trade premises owners and attendant were aware of the Act. In Osun state there was low awareness of the Tobacco Act among respondents (only 38% of respondents were aware) (41). Furthermore in Guatemala, bars and restaurant managers and employees after 5 years of enacting of the Tobacco control Act were not aware of it(45).

Differently from the above researches' findings a study done in Tamil Nadu, by Annadurai (43) revealed that the majority of the respondent were aware of the Tobacco Control Act in place. They were aware that smoking was prohibited in public places and also they knew that there was an age limit below which sale of tobacco products was banned (35). Similarly, a study done in North India on public opinion about smoking and smoke free legislation revealed that majority of the respondents (84.2%) knew that smoking is prohibited in public places and 88.3% wanted the government to take strict actions to control the menace of public smoking(12).

2.4.4 Challenges or Barriers to Tobacco Control Act Implementation and adherence

Research (40-41) has shown that there are several factors preventing people from implementing and adhering to no tobacco control legislation in place. Some factors are such as low frequency of inspection by authorities, low penalties by law enforcement and fear to lose customers.

For instance a study conducted in Israel in pubs and bars found that respondents stated a low frequency of inspection by local authority focal persons, low penalties from Authority and fearing of loss of customers and revenue prevent them from adhering (46).

According to a study done in bar and restaurants in Nairobi, smoking occurred, whether or not there were 'no smoking signs' because, the power to enforce 'no smoking' regulations was left to individual managers, premises in charges and owners who ended up being conflicted between the law and their customers' wishes(11). Managers would prefer to forfeit their local discretion and for the workplace smoking

ban in bars and restaurants to be implemented by a government agency (47). This means that the business owners were aware of the Tobacco Act, but they did not want to enforce, simply because they were afraid of losing their customers.

The in charges of the premises had different opinions regarding banning smoking in public places. This is evident from a study conducted by Olowoekere in which revealed that premises in charges feel that there is no one can stop smoking in public places and therefore their customers (smokers) have the right to smoke wherever they like at any time (41). These views expressed contradict the general opinion of non-smokers (43).

On the contrary trade premises managers/In chargers in a study done in Ulaanbaatar, Mongolia indicated to dislike second-hand smoking and therefore feel it's their responsibility and they have the right to ask people not to smoke in restaurants(39). Several studies (14,41,48) findings indicate why indoor smoking may continue in some trade premises despite the state law prohibiting smoking.

Furthermore a study done in California on challenges to implementing and enforcing California's Smoke-Free Workplace Act in bars participants expressed that there is an ineffective administrative structure- they felt that its local authorities responsibility to enforce the implementation as well as adherence yet they fail to do so(49).

2.5 Summary

Although the enactment of a 100% smoke-free law is necessary to widely protect people from exposure to tobacco smoke, compliance with the law must be high in order for a law to effectively reduce exposure to secondhand smoke. This chapter provided an overview of the Tobacco use epidemic and its associated burdens, it also highlighted

on the progress Namibia is making towards the FCTC as far as the MPOWER measures are concerned. Lastly, it discussed gaps, similarities, and contradictions on studies conducted on adherence to Tobacco product control laws/policies in different settings. Challenges experienced by those in charge of trade premises or owners when coming to clients practice and behaviors toward the ban on public places smoking was comprehensively covered.

CHAPTER 3

RESEARCH METHODS

3.1 Introduction

This chapter presents the research methodology used in the study including: the research design, study population and sample size, instrument used during data collection, procedure used to collect the data, pilot study, data analysis, measures to ensure validity and reliability and the research ethics.

3.2 Research design

Research design is a strategic structure that guides research activity in order to guarantee that complete conclusions are reached (50). This discourses, the procedures used in collecting data and how data was analysed (51).

In order to achieve the study objectives, a cross sectional descriptive study was employed using a quantitative approach. In quantitative research data are collected and coded numerically and applied to determine the importance of the study outcomes (51). In this study questions on awareness about the existence of the act and challenges faced by trade premises in-charges status posed to the respondents through a structured closed ended questionnaire. An observational checklist was used to assess the level of compliance in trade premises with the poster signage as well as the client's behaviors towards the acts regulations in trade premises of Oshakati town. Observations were done by observing and describing the behavior of a subject without influencing it in any way, therefore respondents were not manipulated in any form (50).

3.3 Population

The unit of analysis for this project are the trade premises found within Oshakati town boundaries and considered as public gathering places. The population for the study was trade premises managers or other staff in- charge at the trade premises. At these premises tobacco retailing and consumption is mostly taking place. The targeted population of this study was 387 registered trade premises found within the Oshakati Town Council whose licenses were renewed with the town council between the periods of January 2017 to March 2017. One trade premises in charge per trade premises was interviewed.

The trade premises which were targeted are such as eating and drinking places, namely, 26 restaurants, where the primary business is to sell food to the public; 320 drinking places which consist of bar and registered taverns and 30 Cuca shops where the primary business is to sell alcoholic beverages to the public; and combined drinking and eating places, which are 11 eating houses, where the primary business is to sell both alcoholic beverages and food to the public such as lodges and hotels.

3.4 Sampling and Sample size

Sampling is the method of selecting units(sample) from a population of interest so that by studying the sample we may equally generalize our findings back to the population from which they were chosen(52)(53). Sample size determination is the act of selecting the number of observations to include in a study. It is an important feature of any study in which the goal is to make inferences about a population(54). To fulfill the purpose of this study, all 387 trade premises and one trade premises manager or in charge per

premises were recruited to have a larger sample size and be able to generalize the findings of the study. There are four types of trade premises namely: restaurants, Cuca shops, bars, and eating houses.

Table 3.4. 1 Trade premises in Oshakati town, whose trade license were renewed by April 2017 - June 2017

| Types of trade premise | Numbers |
|---|----------------|
| Bars | 320 |
| Cucashops | 30 |
| Restaurants | 26 |
| Eating Houses(lodges, hotels, guest houses) | 11 |
| Totals | 387 |

3.5 Pilot study

Pilot study is the study embark on before the actual study in order to identify any problem with the data collection methods, data collection tools, and the viability of the study (52). To ensure the validity and reliability both tools were tested to trade premises that are not part of the selected population (premises who renewed their license from April to June 2017) to assess for relevance, sensitivity and acceptability of the questions. Based on the piloted tools responses, the final tools were therefore revised and edited accordingly.

3.6 Data collection procedure

Data collection is the process whereby variable of interest information is gathered and measured in a way that will help the researcher to achieve stated objectives and assess outcomes (55).

Data collection took place between December 2017 and January 2018 after the approval was granted from UNAM, MoHSS, and Oshakati Town Council, (annexure A, B and C). Data were collected through interview using structured questionnaires (annexure E), and observations using a checklist (annexure E).

Data collection was conducted during busy days of the week (Friday-Sunday) for the period of two months. Six researcher assistants were recruited and trained to help with data collection. All the data collecting tools were collected immediately after completion and were entered on every second day after correctly cleaning and coding.

3.6.1 Self-administered questionnaires

Questionnaires that were administered during day time between 10:00 am and 12:00pm. This was done immediately between those hours while the premises are just opening and the work load is lighter to allow full participation. Busy study participant end up refusing or giving irrelevant responses just to get rid of the researcher(36). Questionnaires were administered to those who gave their consent and agreed to participate in the study. The questionnaires consisted of the following information: Participant's demographic characteristics (type of trade premises, sex, religious, age-group, educational level), awareness among trade premises managers on the Tobacco Product Control Act and challenges regarding the implementation and compliance to Act and its regulation.

3.6.2 Observational Checklist

The interviewers observed for the following outside and inside of trade premises: “no smoking” signs, smoking areas, availability of cigarette butts on the ground, ashtrays, any person smoking. The observations outside the trade premises included the outer wall, the shop sign, and the outer side of the front door and the immediate vicinity of the front door, availability of cigarette butts within 2 m distance of the entrance or any window. Observation in Bars and Cuca shops were done at busiest period of the day from 18:00pm and 22:00pm. While in restaurants and Eating houses were done between 10am and 21:00 pm.

Using a checklist each premise observation was done for a minimum of 60 minutes. Trade premises managers or in charge of each facility were conveniently selected to fill the questionnaire

3.7 Research Instrument

To fulfil the objectives of the study, an Observational checklist (used by the researcher) and a self-administered structured close-ended questionnaire were used.

The questionnaire was divided into the following sections: Section A: indicating study participants socio demographic characteristics such as type of trade premises, category of respondents and their age, sex and level of education. Section B: comprises of Awareness of the Act (finding out whether the respondents are aware of the Act) and did they come to know about it. Section C meant to find the adherence status and Challenges the participants face.

The second tool which is an observational checklist instrument, adopted from MoHSS was used to collect information related to: whether there is presence of people smoking in non-designated areas; distance of smoking from public places; measure to prevent illicit trade of tobacco products; availability of signs prohibiting smoking and availability of tobacco product to age limited.

Since the checklist was completed by the researchers who are conversant both in English and local language (Oshiwambo) used in Oshakati town there was no need to translate the instrument into the local language. Questionnaire and consent that was administered to trade premises in charges was translated into Oshiwambo (for those who do not understand English).

3.8 MEASURES TO ENSURE RELIABILITY AND VALIDITY

3.8.1 Reliability

Reliability refers to the repeatability of findings. If the study were to be done for the second time, will it yield the same results(54)(50).

3.8.2 Validity

Validity means that a test or instrument is accurately measuring what it's supposed to measure(50)(56).

To ensure reliability and validity in this study, both tools were piloted to trade premises that are not part of the selected population (premises who renewed their license from April to June 2017) to assess for relevance, sensitivity and acceptability of the questions. The questionnaire was examined by experts from the University of Namibia

Institutional Review Board (IRB), research supervisors and expert (Tobacco Control Inspectors) from MoHSS-Environmental Health Division responsible for Tobacco Product Control Act in Namibia as well as subject expertise as a Tobacco Control Inspector.

3.9 Data analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected data (55). All the data collecting tools were collected immediately after completion and were entered on every second day after correctly cleaning and coding. They were entered in Microsoft Excel spread sheet and cleaned before they were exported into EPI -info 7.2 software for analysis. The outcome variable was Adherent or Non adherent; awareness of the act or not aware of the act as well as challenges premises in charges face during implementation and enforcing of the act. Data analysis was done based on the study objectives as detailed below.

Objective 1: To measure the level of compliance with poster signage

There should be warning signs and STATEMENTSs at the entrance of the premises, the size comply with the Law (not less than 210mm by 297mm (A4 size)). The letterings 2cm in height and 1.5cm in width and the font type should be in Helvetica type in uppercase [Example: SMOKING OF TOBACCO IN A PUBLIC PLACE PROHIBITED] or any similarly meaning statement. This text must be in Black, Red, or Blue print on a White background written in official language used in Namibia.

Any premises that failed to make provision for signs and said no to any of the stipulated conditions such as making a provision for the signs on the wall, with the wordings on a right paper (A4 sized paper or more with a white background on) with the right text

written in a require language (English) qualifies that premises to be compliant classified that premise as non-adherent or non-complying.

Objective 2: To determine compliance level of clients smoking behaviors in the trade premises to the Tobacco Product Control Act

In the trade premises; In-charges to ensure no smoking by clients in public place and distance of smoking of tobacco products from public place should be at least take place 2m away- (2m from a) window of a public place b) A ventilation of a public place c) A doorway to a public place or d) Entrance into a public place.

Adherent or compliant to this was determined by physical seeing client smoking during observation and finding of tobacco product remains.

Seeing clients/ customers smoking within 2m of the section stated above will make the premises to be labelled non- adhering/compliant or if any tobacco product remains are found within the 2m radius.

Objective 3&4: To determine the level of awareness among trade premises in-charges on the Tobacco Product Control Act and identify the challenges regarding the implementation and adherence in trade premises.

Premises In charges were asked whether they were aware of the existence of the act and the source of information as well as challenges they face in implementing the act.

Socio-demographic characteristics of respondents were collected and cross-tabulated based on awareness of the existence of the act. Both frequencies and percentages were calculated and presented

3.10 Research ethics

According to the world medical assembly declaration of Helsinki,1964, all research involving human subject must conform to the accepted scientific ethical principle that promote respect for human being, protection of human right, privacy and dignity(57). Ethics in research are referred to the practice of moral principles that appeal for respect and protection of the rights of research subjects(55). During this study, the following ethical principles were considered : Beneficence, Non Maleficence, autonomy, anonymity and confidentiality (58).

3.10.1 Permission to conduct research

Approval to conduct the study was obtained from the University of Namibia's Ethical and Clearance Committee (annexure A), then from Ministry of Health and Social Services (annexure B). The permission letter to conduct the research within Oshakati town council boundary (annexure C) was obtained from the town council management and it was read to the owners of the establishments and voluntary participation was highlighted before any observation took place. Study participants were provided with written informed consent containing detailed study aims and benefits.

3.10.2 Beneficence

Beneficence “implies a certain obligation to promote benefits of things judged to be good, typically balancing potential or producing goods against risk. It includes acting in the best interest of population in public health” (54). It is “an responsibility to minimize harm, discomfort and maximize possible benefits” (59). Thus the researcher

have the responsibility to ensure the well-being of his or her participants(55). In this study, through the detailed informed consent, the participants were informed that even though there is no directed benefit to them, but the findings will be given to the town council, and Ministry of Health for the betterment of public health as far as tobacco use effects is concerned.

3.10.3 Non-maleficence

It is the principle of causing no harm(60). It includes or considers reframing from causing of pain or suffering to the research participants, causing of offense and depriving of others of good life during the study or research(61). Therefore, participants were clearly informed that, there will be no any risk on their side, identity were kept anonymous. In that essence no harm was inflicted to respondents. This study was non-offensive and the informed consent form explained that: neither participation in the survey, nor responses to questions, will result in any punishment or harm. This was done to ensure that respondents were informed about the purpose and objectives as stipulated in the respondent information form. The researcher also made available the contact information of research supervisors.

3.10.4 Autonomy

Autonomy is defined as: “The principles or respect for human dignity and the right of individuals to decide for themselves”(54). This includes Informed consent which covers information, voluntariness (53). Through the Informed consent, respondents

were informed that, they could refuse or withdraw from the study at any stage of the study.

3.10.5 Confidentiality and Anonymity

Confidentiality is taken to mean that identifiable information about individuals collected during the process of research will not be disclosed without permission(50).

It is the researcher's responsibility to protect the anonymity of research participants(60). Confidentiality was preserved throughout the study, since no respondent's name was linked to the data. To ensure anonymity, identities of participants were not recorded on any data collection tool instead serial codes were used.

The observation checklist and questionnaire information were stored in a computer locked with a secret code only known by the researcher and supervisors. Hard copies of complete questionnaires were kept in a locked storage files and will be destroyed once the study has fulfilled its purpose.

3.11 SUMMARY

This chapter described the methodology of the study. It is a description of the manner in which the study was conducted. It has provided brief description of study design, population, sampling method and sample size determination, pilot study, study instrument, explained the data collection procedure that was used to collect data. It also explained how data was analysed, the ethical principles considered during the study as well as measures considered to ensure validity and reliability. The next chapter will present the description of the study findings.

CHAPTER 4

RESULTS OF THE STUDY

4.1 Introduction

This chapter presents the analysis and findings of the study. Study findings are presented as descriptive statistics in tables, pie charts and graphs in terms of the objectives of the study. Findings obtained through the questionnaire and the checklist will be presented according to the objectives as they appear in sections in the data collection tools as follows:

- ❖ Participant's demographic characteristics (type of trade premises, sex, religious, age-group, educational level).
- ❖ Objective 1: compliance with the poster signage and tobacco labelling
- ❖ Objective 2: compliance to the Tobacco Product Control Act regarding clients' smoking behaviors in trade premises
- ❖ Objective 3: awareness among trade premises managers on the Tobacco Product Control Act
- ❖ Objective 4: Challenges regarding the implementation and compliance of the Tobacco Control Act

4.2 Socio-demographic characteristic of respondents

As shown in table 4.2.1 total of 378 respondents from the 387 proposed trade premises giving a response rate 97.67%.

More than half of the respondents (64.55%) were males; their mean age was 32 years. More than half of the respondents (55.3%) had secondary education while 12.7% had no educational background. As indicated in Table 1, about 202 (53.4%) of the

respondents were Sales attendants only whereas 28.31 % were the Owners of premises and 18.25% were Managers.

Table 4.2. 1 Demographic Characteristics of study participants among trade premises of Oshakati Town, December 2017- January 2018. (N=378)

| Variable | | Frequencies | Percentages |
|------------------------|-----------------|-------------|-------------|
| Sex | Male | 244 | 64.55% |
| | Female | 134 | 35.45% |
| Respondents | Manager | 69 | 18.25% |
| | Owner | 107 | 28.31% |
| | Sales attendant | 202 | 53.44% |
| Age group | 20 - <35 | 249 | 65.87% |
| | 35 - <50 | 110 | 29.10% |
| | 50 - < HIVALUE | 19 | 5.03% |
| Educational Background | None | 48 | 12.70% |
| | Primary | 56 | 14.81% |
| | Secondary | 208 | 55.03% |
| | Tertiary | 66 | 17.46% |

4.3 Compliance with the poster signage and tobacco labelling

The table 4.3.1 below summarizes the compliance level with the poster signage and tobacco labelling in trade premises enrolled in the study.

A premise was rated compliant if there is a warning sign prohibiting use of tobacco products in that premises as indicated in the Act's regulations. While the premises without warning signs were regarded as non-compliant.

The overall compliance level was determined to be 35.98 % and non-compliance was 64.02%. The highest level of compliance was observed in Eating houses (63.64%) , while the least compliance was found in Cuca shops with 10%, followed by Restaurants and Bars with 10.00% , 11.54% and 39.55% respectively (see table 2 below).

The compliance level with the poster signage and tobacco labelling in Oshakati town, December 2017- January 2018 is indicated in Figure 4.1. The findings show that compliance was high in eating houses (63.64%), followed by Bars (39.45%), while it was low in restaurants and Cuca shops with 11, 54% and 10% respectively.

Table 4.3. 1 Trade premise compliance with the poster signage and tobacco labelling in Oshakati town, December 2017- January 2018. (N=378)

| Type of Establishment | | Frequencies | Percentages (%) | OR | 95 % interval | P-value |
|-----------------------|-----------------|-------------|-----------------|-------------|----------------------|-------------|
| Bar | Adherent | 123 | 39.55 % | 2.71 | (1.42 - 5.19) | 0.002 |
| | Non | 188 | 60.45 % | | | |
| Cucashops | Adherent | 3 | 10.00 % | 0.18 | (0.18 - 0.60) | 0.001 |
| | Non | 27 | 90.00 % | | | |
| Eating Houses | Adherent | 7 | 63.64 % | 3.22 | (0.93–11.24) | 0.06 |
| | Non | 4 | 36.36 % | | | |
| Restaurant | Adherent | 3 | 11.54 % | 0.187 | (0.056–0.63) | 0.002 |
| | Non | 26 | 88.46 % | | | |
| Overall | Adherent | 136 | 35.98 % | 0.99 | (0.84 – 1.16) | 0.83 |
| Premises | Non | 242 | 64.02 % | | | |
| | Adherent | | | | | |

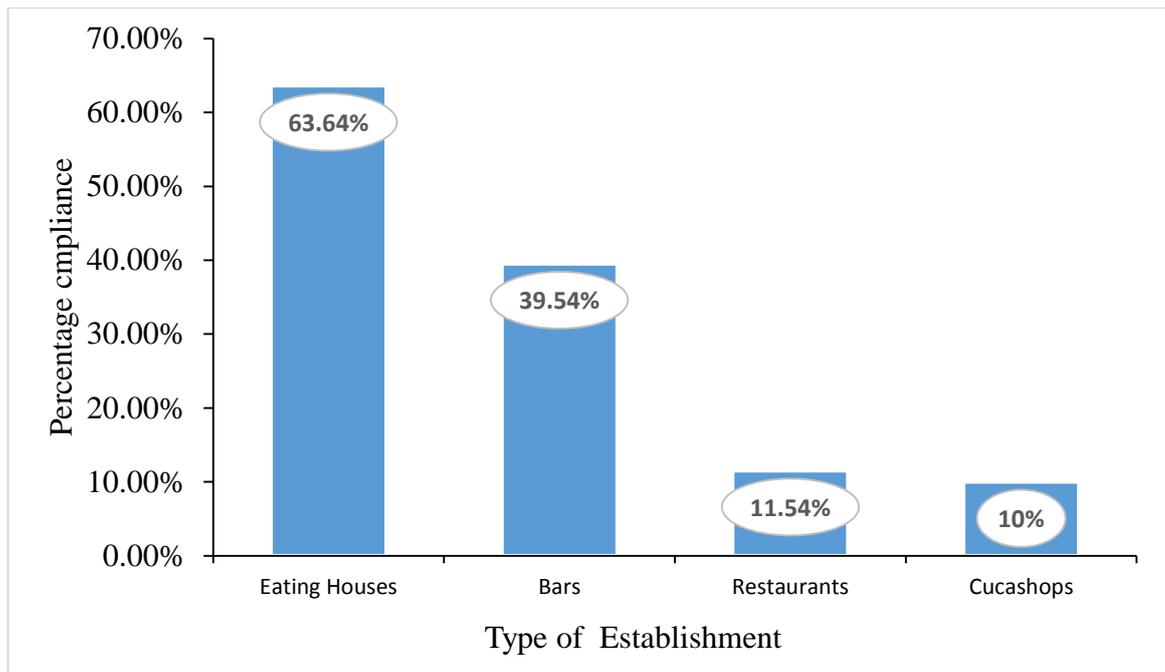


Fig 4. 1 Overall Percentage Compliance with the poster signage and tobacco labelling by trade premises in Oshakati town, December 2017- January 2018.

4.4 Compliance to the Tobacco Product Control Act regarding clients' smoking behaviors in trade premises

Premises were marked complaint if (1) no clients were seen smoking within the stipulated distance (2m) away from any doorways, windows and any premises where the public has gathered, (2) if no tobacco related litters were seen within the stipulated distances.

Premises were observed to be 30.42 % compliant overall regardless of type of premises. Whilst 63.64% of eating houses were found to have clients adherent or compliant with the Tobacco Product Control Act. About 50% of the restaurants were marked adherent as some clients who were found smoking were doing it far from the stipulated distance. In Cucashops and Bars, clients were found to be 26.67% and 27.97% adherent respectively.

Table 4.4. 1 Client’s compliance level to the Tobacco Product Control Act in trade premises among trade premises of Oshakati Town, December 2017- January 2018. (N=378)

| Type of Establishment | Adherent | | Non Adherent | | OR | P-Value |
|-----------------------|-----------|-------|--------------|-------|-------|---------|
| | Frequency | % | Frequencies | % | | |
| Cucashops | 8 | 26.67 | 22 | 73.33 | 0.21 | 0.029 |
| Bars | 87 | 27.97 | 224 | 72.03 | 0.22 | 0.011 |
| Restaurants | 13 | 50.00 | 13 | 50.00 | 0.57 | 0.577 |
| Eating houses* | 7 | 63.64 | 4 | 36.36 | 1.0* | * |
| Overall | 115 | 30.42 | 263 | 69.58 | 0.238 | 0.00153 |

**the eating houses were used as a reference point as it has less non adherence rate*

4.5 Awareness among trade premises In-charges on the Tobacco Product Control Act

Overall, the majority of the respondents (85.19%) at establishments indicated they were aware of the existence of the tobacco product control Act. The main sources of information about awareness were radio, television and public health talks with 37.58%, 35.40% and 27.02%, respectively. About 87.13 % of the sales attendants indicated to be aware of the existence of the act followed by owners and Managers with 84.11% and 81.16 % respectively. These findings are shown in Table 4.5.1.

All of the respondents interviewed who were aged 55 and above were aware of the Act. Whilst the respondents age between 50-<55 only 60 % indicated to be aware of the Act. Only 10.84% of the respondents aged between 20- < 35 indicated not to be aware of the act.

Table 4.5.1 Trade premise in charges' awareness on Tobacco Product Control Act of Oshakati Town, December 2017- January 2018. (N=378)

| Aware of the existence of the Act | | Frequencies | Percentages (%) | OR | P-value |
|-----------------------------------|------------|-------------|-----------------|-------------|-------------|
| Manager/Assistants | Yes | 56 | 81.16 % | 0.69 | 0.34 |
| | NO | 13 | 18.84 % | | |
| Owner | Yes | 90 | 84.11 % | 0.89 | 0.74 |
| | NO | 17 | 15.89 % | | |
| Sales Attendant | Yes | 176 | 87.13 % | 1.39 | 0.309 |
| | NO | 26 | 12.87 % | | |
| Overall Awareness | Yes | 322 | 85.19 % | 1.00 | 0.92 |
| | NO | 56 | 14.81 % | | |

Table 4.5. 2 Awareness on Tobacco Product Control Act in Trade premises of Oshakati Town, December 2017- January 2018. (N=378)

| Variables | Awareness | | OR | 95% CI | P-value |
|--------------------|---------------|---------------|------|--------------|---------|
| | Yes | NO | | | |
| | Frequency (%) | Frequency (%) | | | |
| Respondents | | | | | |
| Manager/Assistants | 56(81.15) | 13(18.85) | 0.69 | (0.35 -1.38) | 0.34 |
| Owner | 90 (84.11) | 17(15.89) | 0.89 | (0.47-1.65) | 0.74 |
| Sales Attendant | 176 (87.13) | 26(12.87) | 1.39 | (0.78-2.45) | 0.31 |
| Age group | | | | | |
| 20 - <35 | 222(89.16) | 27(10.84) | 2.38 | (1.34-4.24) | 0.003 |
| 35 - <50 | 85(77.27) | 25(22.73) | 0.44 | 0.24-0.79 | 0.01 |
| 50 - <55 | 6(60.00) | 4(40.00) | 0.25 | (0.06-0.91) | 0.04 |
| 55 and above | 9(100) | 0 | - | | |
| Sex | | | | | |
| Male | 119(88.81) | 15(11.19) | 0.62 | 0.33-0.18 | 0.14 |
| Female | 203(83.20) | 41(16.19) | | | |

Table 4.5. 3 Awareness on Tobacco Product Control Act in Trade premises of Oshakati Town, December 2017- January 2018. (N=378)

| Variables | Awareness | | | | |
|-------------------------------|---------------|---------------|------|----------------|---------|
| | Yes | NO | OR | 95% CI | P-value |
| | Frequency (%) | Frequency (%) | | | |
| Educational background | | | | | |
| None | 34(70.83) | 14(29.17) | 0.35 | 0.17- 0.71 | 0.007 |
| Primary | 32(57.15) | 24(42.86) | 0.15 | 0.07- 0.28 | 0.0001 |
| Secondary | 191(91.83) | 17(8.17) | 3.34 | 1.81- 6.16 | 0.0001 |
| Tertiary | 65(98.48) | 1(1.52) | 13.9 | 1.89- 102.4 | 0.0001 |
| Type of Establishment | | | | | |
| Bar | 268(86.17) | 43(13.83) | 1.50 | 0.76- 2.97 | 0.25 |
| Cucashops | 23(76.67) | 7(23.33) | 0.54 | 0.21- 1.32 | 0.18 |
| Eating Houses | 8 (88.46) | 3 (11.54) | 0.45 | 0.11- 1.75 | 0.21 |
| Restaurants | 23 (84.94) | 3 (15.06) | 1.35 | 0.39- 4.68 | 0.78 |

Most of the respondents who had tertiary education were aware of the existence of the Act, followed by those who had Secondary education (91.83) and the least to be aware are the one with Primary or None educational background with 57.17 % and 70.83% respectively. Most of the respondents in Eating Houses were aware of the Act (88.46%) followed by those in bars (86.17%) and least to be aware were the respondents in Cucashops (76.67%).

4.6 Challenges regarding the implementation and compliance of the Tobacco Control Act

The findings in table 4.6.1 show about 329 of the respondents (87.03%) indicated that lack of inspection by local authority as the main challenge affecting them to fully implement and adhere to the act. Refusals by clients or customers was indicated as the second challenge followed by Fear of losing customers and least indicated challenge was lack of penalties to clients or customers.

Table 4.6. 1 Challenges regarding the implementation and compliance of the Tobacco Control Act in trade premises of Oshakati Town, December 2017- January 2018

Fear of losing customers

| Variables | Yes | | No | | Total |
|----------------------|-------------|-------|-------------|-------|-------|
| | Frequencies | % | Frequencies | % | |
| Bar | 139 | 44.69 | 172 | 55.31 | 311 |
| Cucashops | 14 | 46.67 | 16 | 53.33 | 30 |
| Eating houses | 5 | 45.45 | 6 | 54.55 | 11 |
| Restaurants | 16 | 61.54 | 10 | 38.46 | 26 |

Lack of inspection by authorities

| Variables | Yes | | No | | Total |
|----------------------|-------------|-------|-------------|-------|-------|
| | Frequencies | % | Frequencies | % | |
| Bar | 275 | 88.42 | 36 | 11.58 | 311 |
| Cucashops | 24 | 80.00 | 6 | 20.00 | 30 |
| Eating houses | 10 | 90.91 | 1 | 9.09 | 11 |
| Restaurants | 20 | 76.92 | 6 | 23.08 | 26 |

Lack of penalties to customers

| Variables | Yes | | No | | Total |
|----------------------|-------------|-------|-------------|-------|------------|
| | Frequencies | % | Frequencies | % | |
| Bar | 104 | 33.44 | 207 | 66.56 | 311 |
| Cucashops | 10 | 33.33 | 20 | 66.67 | 30 |
| Eating houses | 3 | 27.27 | 8 | 72.73 | 11 |
| Restaurants | 8 | 30.77 | 18 | 69.23 | 26 |

Refusals by clients/customers

| Variables | Yes | | No | | Total |
|---------------|-------------|-------|-------------|-------|-------|
| | Frequencies | % | Frequencies | % | |
| Bar | 165 | 53.05 | 146 | 46.95 | 311 |
| Cucashops | 14 | 46.67 | 16 | 53.33 | 30 |
| Eating houses | 6 | 54.55 | 5 | 45.45 | 11 |
| Restaurants | 17 | 65.38 | 9 | 34.62 | 26 |

4.7 Summary

This chapter presented the study findings which indicate that majority of respondents are aware of the act. However majority of the premises particularly the restaurants and Cucashops are non- adherent in compliance with signage and tobacco labelling. There are also some challenges such as fear of losing customers, lack of inspection by authorities and refusals by clients. Next chapter will discuss these findings in detail as well as looking at what other studies has found out in different settings.

CHAPTER 5

DISCUSSION OF STUDY FINDINGS

Introduction

In this chapter, the researcher will briefly focus on discussion and interpretations of the main study findings based on specified objectives. Findings are interpreted and discussed in relation to literature of studies done by other researchers in different settings. Researcher's own perspectives are also included.

5.1 Discussions

This study is the first of its kind in Oshakati town and its results will shed light on the state of adherence to the Tobacco Product Control Act, 2010 and its regulations in trade premises within Oshakati town. The purpose of the Tobacco Product Control Act, 2010 and its regulation made under is to protect nonsmokers from involuntary exposure to tobacco product smokes by ensuring that trade premises comply with the set standards. This study's findings can be compared to other findings in other settings. However the researcher could not find any documented study in Namibia for comparison

The study findings were discussed based on the following objectives:

- To measure the level of compliance to the Tobacco Product Control Act in Trade Premises of Oshakati with poster signage and tobacco packaging labeling requirements.
- To determine compliance level of clients smoking behaviors in the trade premises to the Tobacco Product Control Act in trade premises of Oshakati.

- To determine the level of awareness among trade premises managers on the Tobacco Product Control Act in trade premises.
- To identify the challenges regarding the implementation and adherence of the Tobacco Control Act in Oshakati in trade premises

5.1.1 Level of compliance to the Tobacco Product Control Act in Trade Premises of Oshakati with poster signage and tobacco packaging labelling requirements

This aspect of our study comprised of different aspects such as display of “**no smoking signs**”; signs indicating to availability of tobacco product control act; signs indicating prohibition of tobacco products to minors (less than 18 years) and if these signs adhere to the specified regulations. The sign should not be less than 20mm by 297mm (A4size) and letters size should be at least 2cm in height by 1.5cm in width whilst the colour should be red Helvetica font and be on a white board.

The results demonstrate overall poor adherence level 35.98% compliance in relation to the above requirements, although the results indicated that more than half (57.41%) of the trade premises had warning sign (“no smoking”) at the premises entrance.

Furthermore, only 48.24 % of the 255 who were selling tobacco product had signs indicating availability of tobacco product and had signs indicating prohibiting of sales to minors. These findings correlate to those of a study done in the Ahmadabad city of India on the compliance of Tobacco Control Legislation in place, shows only 15.3 % of trade premises surveyed had signs prohibiting public smoking(9). This is similar

to what was found in North Carolina. A study done in restaurants in Ulaanbaatar – Mongolia revealed that the majority of the restaurants had no signs prohibiting smoking, despite the 100% smoke-free policy in place in that country (30).

This study revealed that majority of the eating houses were rated adherent with 63.64%, as more than half had warning signs and these warning signs were all complying. This could be because these eating houses are bigger business companies and have to keep high profile.

Majority of the bars, Cucashops and restaurants studied, their adherence level was very low with 39.55%, 10% and 11.54% respectively, as 51.77 % of the bars; 63.33% of Cucashops and 88.46 of restaurants had no warning signs. This study findings of restaurants is similar to findings in study done in restaurants in Ulaanbaatar – Mongolia and Shanghai that revealed that the majority of the restaurants had no signs prohibiting smoking (39)(62) . According to the acts regulations, it's the owners responsibilities to ensure that all signs are available all time and they should not be removal by wind or rain(7). This low compliance level shows that premises owners were reluctant to implement and adhere to the Act and its regulation.

5.1.2 Compliance level of clients smoking behaviours in the trade premises to the Tobacco Product Control Act in trade premises of Oshakati.

The purpose of the Tobacco Products Control Act (No. 1 of 2010) and regulations made under it is to protect non-smokers from involuntary exposure to tobacco smoke by ensuring that no smoking should take place on trade premises and public places at large(7,20). It was further stated under section 22(1)(b) that distance of smoking of tobacco product from public place should be not within 2m distance from : a window

of public place(trade premises in this study), a ventilation, doorway or any entrance(7,20).

According to the analysis, Eating houses were rated with high compliance level. Smoking was observed only in 36.36 % of them which was in contravening of the 2m distance from the window. During observation period none of the clients were observed to be smoking with the 2m distance stipulated and there were no tobacco product litters were found on the ground within the 2 m distance and beyond. Despite that, Bars, Cucashops and restaurants showed a low level of adherence when comes to clients behaviours. This is similar to a study which was done in Nairobi's bar and restaurants which revealed that smoking occurred, whether or not there were 'no smoking signs(11). This could be because the act mandate individual owners to enforce the regulations which end up being conflicted between the law and their customers wishes.

In most cases business owners would prefer to forfeit their local issues, as they feel that smoking ban in bars and restaurants to be implemented by a government agency(11). Similarly, in Thumalanga –South Africa, smoking was observed in bars visited and tobacco litters were seen. Interestingly, this study found clients smoking practices to be 50/50 compliance level. Meaning, in 50% of premises clients were found smoking with the 2m distance from the public places (be it entrance, window, door way, or ventilation). This is dissimilar to a study done in Thumalanga as smoking was freely allowed in 70.0% of the restaurants. Clients or patrons obey law less when they are not satisfied about the law or they are not aware about these laws(41,49,63).

Unfortunately this study could not identify the attitude of clients toward the act in place and thus indicate a need for another study to determine the attitude towards the act. This is different to what a study done in Austria have observed as 79% of the trade premises visited none of the clients were found smoking in public place or undesignated area despite the dissatisfaction with the law (44).

In addition, this study found no association between types of establishment (trade premises) and adherence to the Act ($P = 0.92$)

The high number of patrons who were observed smoking everywhere raises a serious health concern, as it is estimated that by 2030, the number of tobacco-related deaths will increase to 10 million, whereby 8 million will occur in developing countries, including the African region(2) and Namibia is no an exception.

5.1.3 Level of awareness among trade premises managers on the Tobacco Product Control Act in trade premises.

Awareness and understanding of the policies or any information plays a vital role in compliance as well as adherence(41). This study assessed the awareness of the respondents to the Tobacco Product Control Act with the prohibition of smoking in public (trade) places. It reported high awareness among respondents with the radio as the main source of awareness. It should however been noted that the radio is the common source and affordable for general awareness among the population in Oshakati, making it a very important route of communication with the community.

A similar study conducted in Tamil Nadu, India also revealed that the majority of the respondents were aware of the Tobacco Control Act in place(43). They were aware that smoking was prohibited in public places and also they knew that there was an age limit below which sale of tobacco products was banned(43). Similarly, a study done in North India revealed that majority of the respondents were aware of the tobacco smoking in public places(12).

However, this is dissimilar to what other studies have found. For example a studies that was conducted in Austrian bars and restaurants reported low awareness (28.3%) among respondents(41). Another study done in North Carolina found level of awareness among respondents to be only 43% (64). Another study that was done in Osun state of Nigeria found a low level of awareness (28.3%) among respondents (41). These levels of awareness are too lower compared to the findings of this study.

5.1.4 Challenges regarding the implementation and adherence of the Tobacco Control Act in Oshakati in trade premises.

The implementation and adherence of 100% smoke-free policies in public places is regarded as one of the critical strategies to reduce the tobacco epidemic(12). However, there are several challenges in the implementation and adherence to the smoke free policies in public places specifically in trade premises such as Lack of inspection by local authority focal persons, Lack of penalties from to customers(clients) and fear of losing customers and revenue prevent them from adhering(41). This study found that majority of the respondents indicated lack of inspection by local Authority (87.03%) as the main challenges to the adherence of the act.

A similar study done in California on challenges to implementing and enforcing California's Smoke-Free Workplace Act in bars participants expressed that they felt that its local authorities' responsibility to enforce the implementation as well as adherence(49). This can be because the act mandate individual owners to enforce the regulations who ends up being conflicted between the law and their customers wishes (11).

Secondly, some respondents felt that refusals by some clients (53.44%) hinder complete adherence followed by Fear of Losing customers (46.03%) and lastly Lack of penalties to customers. In another study done in Nairobi, smoking occurred whether or not there were 'no smoking signs' because, the power to impose 'no smoking' regulations was left to individual, trade premises in charges and owners who ended up being conflicted between the law and their customer's wishes(46).

5.2 SUMMARY

This chapter presented the discussion on study findings, which are discussed based on the study objectives. The findings were interpreted based on literature review and the researcher's perspective was also included. The recommendations and conclusions will be discussed in the next chapter.

CHAPTER 6

RECOMMENDATIONS AND CONCLUSION

6.1 RECOMMENDATIONS

The following recommendations have been made for town council, for the Ministry of Health and Social Services including all policy makers as well as to the trade premises owners.

Recommendation to the town council

- Despite the premises demonstrating high awareness rate, the town council management need to increase more awareness by doing regular talks using the radio and other Medias.
- Responsible personnel need to do regular inspection and continue strengthening the implementation to ensure high adherence by both premises in charges and clients or customers.

Recommendation to Ministry of Health and Social Services and all policy makers

Considering massive economic and health burden use of tobacco puts on our insufficient resources, strict and quick measures need to be taken for better implementation and adherence to the Act in place.

- A survey to determine the level of awareness among the rest of the population (more especially among clients) about the act and its regulation existence as clients were observed being use tobacco products even where is not allowed.
- Proffer business community with trainings with regards to the requirements of the Tobacco Act.

- Stiff penalties or hefty fines should be levelled against individuals who violates or fails to comply with the provisions of the Act. E.g. revoking of operating licence and or health fitness certificate for business premises.
- Awareness campaigns should be launched to increase public awareness regarding the devastating effects of tobacco use on health, especially on neglected aspects of danger of second hand smoking.

Recommendation to the premises Owners:

- As stipulated in the Act and its regulations, it's a mandate of the owner to make sure that all the signs are available and visible to everyone all the time. Owners should familiarise themselves with the regulations.
- Engage the community in cultural/behavioural change training so as to stimulate a culture or behaviour which deters smoking within community members (i.e. clients and patrons at bars mainly).

6.2 CONCLUSION

This study finding reveals that there is low adherence level when comes to poster signage as most of the trade premises under study did not display all appropriate signs, except eating houses that demonstrated high level of adherence. it was also noted that smoking by clients in most of the trade premises within the 2m distance except in Eating houses, where compliance level by clients when come to smoking practice was observed to be away from 2m distance from any door way/ventilation/entrance of the premises.

Although level of awareness was noted to be very high, the adherence to the Tobacco Product Control Act was still low. Radio was the main respondent's source of awareness, Hence policy makers need to make use of such medium to inform, educate and communicate to the general public about this law.

This study also identified several challenges which hinder a complete adherence to the tobacco Product Control Act of 2010 adherence a success among trade premises of Oshakati town such as: Lack of regular inspection by the local authority (Oshakati town council), refusals by clients, and fear of losing customers and lack of penalties to customers. Non adherence to the Tobacco Act and its regulations it's worrisome.

It has been established that the impact of tobacco use is not limited to health related problems only, but a burden to the environment , economy and the entire society as this does not only affect Oshakati nor Oshana region but Namibia as a country. Therefore, this study findings provide evidence to the Ministry of Health regarding implementation and adherence of the Tobacco Product Control Act.

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APPENDICES

APPENDIX A: UNAM RESEARCH PERMISSION LETTER

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APPENDIX A: UNAM RESEARCH PERMISSION LETTER

CENTRE FOR POSTGRADUATE STUDIES

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3275/4662; Fax +264 61 206 3290; URL: <http://www.unam.edu.na>



RESEARCH PERMISSION LETTER

Student Name: N M Paangwashime

Student number: 200733338

Programme: M in Field Epidemiology

Approved research title: Assessment of compliance to tobacco products control act of 2010 after its implementation at public premises of Oshakati town, Oshana region, Namibia

TO WHOM IT MAY CONCERN

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

A handwritten signature in black ink, appearing to read 'Marius Hedimbi', is written over a horizontal dashed line.

Name: Dr Marius Hedimbi

Director: Centre for Postgraduate Studies

Tel: +264 61 2063275

E-mail: directorpgs@unam.na

13 Dec 17

Date

APPENDIX B: MOHSS RESEARCH PERMISSION LETTER



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 2032150
Fax: 061 – 222558
Email: shimenghipangelwa71@gmail.com

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3 NP

Enquiries: Mr. J. Nghipangelwa

Date: 20 December 2017

Ms. Ndilimeke Pangwashime
University of Namibia
Windhoek

Dear Ms. Pangwashime

RE: Assessment of compliance to Tobacco Products Control Act of 2010 after its implementation at public premises of Oshakati Town.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purposes;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects' should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
 - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
 - 3.5 Preliminary findings to be submitted upon completion of the study;

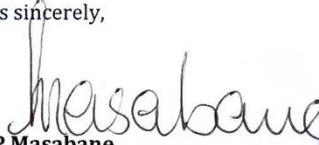
"Your Health Our Concern"

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry of Health and Social Services for the publication of the findings.

Yours sincerely,



Ms. P Masabane
Acting Permanent Secretary



"Your Health Our Concern"

APPENDIX C: RESEARCH PERMISSION LETTER FROM OSHAKATI TOWN COUNCIL



Tel: +264 65 229500
Fax: +264 65 220435

OSHAKATI TOWN COUNCIL

906 Sam Nujoma Road
Private Bag 5530
OSHAKATI

Enquiries: JT. Angombe

26 April 2017

Ms. Ndilimeke Pangwashimwe
Oshakati Intermediate Hospital
Oshana Region
Oshakati

Dear Ms. Pangwashimwe

PERMISSION TO CONDUCT TOBACCO CONTROL RESEARCH ASSESSMENT IN OSHAKATI

On behalf of Oshakati Town Council, I am writing to grant you (Ndilimeke Pangwashimwe) permission to conduct Tobacco Control Research-Assessment in Oshakati Town as per your request letter dated 21 April 2017.

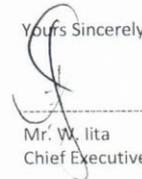
Namibia became a Party to the World Health Organisation (WHO) Framework Convention on Tobacco Control on February 5, 2006. Smoke Free Places: Smoking is prohibited in virtually all indoor public places and indoor workplaces, and on all means of public transportation. Smoking is also prohibited in certain outdoor areas including: (1) outdoor areas of private dwellings used for any commercial childcare activity or for schooling or tutoring; and (2) outdoor areas a distance of two meters from windows, ventilation inlets, and entrances and exits of public places and workplaces.

The Tobacco Products Control Act of 2010 is the primary tobacco control law in Namibia and regulates, among other things, smoke free places, tobacco advertising, promotion and sponsorship, and tobacco packaging and labeling. Regulations under the Tobacco Products Control Act, Government Notice No. 35 of 2014 sets out implementing details for tobacco product health warnings, signage at the point of sale, product regulation measures, prohibited distance of smoking tobacco products from public places and workplaces, and measures to prevent illicit trade in tobacco products, among other things.

I understand and fully support you in this regards and call upon all Business Owners and the entire Oshakati community to accord you with necessary assistance and collaboration in order for you to complete your project successfully.

The Council is happy for conducting this study in the town and wish you the best of luck on your endeavour.

Yours Sincerely


Mr. W. Iita
Chief Executive Officer



All correspondences should be addressed to the Office of the Chief Executive Officer

APPENDIX D: RESPONDENT'S INFORMATION AND CONSENT FORM

Respondent Information and consent

Investigators

My name is Ndilimeke Pangwashime. I am a student at University of Namibia working on a project looking at adherence to the Tobacco product control Act and its regulation aiming to protect people from tobacco product smokes in trade premises. I am going to look around for a few minutes, but I will not get in the way of your customers. Please know that I'm not here as a Tobacco control inspector or working for another retailer. Results for this study are strictly for educational purpose and findings of this study will neither have any negative effects on you nor will it results in any punishment there off.

Purpose of the Research

This research study is designed to assess the status of compliance to the Tobacco Product Control Act no.1 of 2010. It will also assess whether trade premises managers (people who are taking care of the premises) are aware of the act and find out what challenges do they have in controlling clients as per the Acts requirements. The information is needed for academically as a requirement for completion of Master in Field Epidemiology Training Program with the University of Namibia.

The data from this research will also be used to monitor and enforce compliance, in order to identify the areas that are at high risk of tobacco smoking epidemic and whether the Act needs to be strengthened.

The information to be collected will help the Town Council to know the status of Implementation and compliance, whether every trade premises managers are aware of

this act and challenges they face in controlling Tobacco product usage. More importantly, your response will help the council management to come up with better strategies that will help in controlling Tobacco product usage in Oshakati town and prevent population from getting exposed to tobacco product smokes.

Reason for selected to participate in the study

Trade premises are proven in several studies to be place where smoking is taking places and non-smokers are at risk of second hand smoking as well. Assessing practices and adherence to anti-smoking Act will not only identify risk areas but will help in planning for strengthening of Tobacco Control Act. Trade premises in charge (owners, attendants) are obliged ensure they understands the act and ensure patrons comply as well. Thus your participation in the study is beneficial.

Procedures

If you volunteer to participate in this study, I will be interviewing you using a questionnaire to provide me with information related to your awareness of the Act and challenges you are facing controlling clients as far as Tobacco Act is concerned.

A checklist will be used to record observable information related to your client's compliance as well as poster signage as stipulated in the act. This will be done without your customer's awareness that they are being observed. It will take place while you are busy, therefore there will be no disturbance of your routine work or activity.-

Your participation will take approximately 5 minutes during the interview only while I will observe your clients for a minimum of 60 minutes

Potential Risks or Discomforts

There are no foreseeable risks associated with the study. Neither participation in the survey, nor responses to questions, will result in any punishment or harm.

Potential Benefits of the Research

Though there is no payments for participating in this study, your voluntary participation and response will help the council management to come up with better strategies that will help in controlling Tobacco product usage in trade premises.

Confidentiality and Data Storage

All information collected from research participants will be treated as confidential. No personal identifying information (name, address, etc.) will be used on any of the documents including the informed consent forms. The observation checklist and questionnaire information will be stored in a computer locked with a secret code only known by the researcher and supervisors. Hard copies of complete questionnaires will be kept in a locked storage files and will be destroyed once the study has fulfilled its purpose.

Participation and Withdrawal

Your participation in this research study is voluntary. You may refuse to participate or stop participation at any time without penalty. To stop, you can stop answering the question and tell the investigator. You are free to decline to participate in the study without any consequences of any kind

Questions about the Research

If you have any questions about the research, you may contact my research supervisor Dr. Penehafo Angula Unam. Oshakati campus at the following email address: pangula@unam.na or call her at 065 2232253 as well as Mr. Iita (training manager) Oshakati town council.

I myself as a researcher: cell: +264 813744262

Approval

This research project has been reviewed and approved by the ethical committee at the University of Namibia. It was also authorized by Oshakati Town council Management

Respondents consent to participate in the study

I have read the information provided above. I understand that by agreeing to be interviewed, I am agreeing to participate in this research study. I understand that I may withdraw and discontinue participation if I feel uncomfortable.

Signed.....at.....

APPENDIX E: DATA COLLECTION TOOL- QUESTIONARE

Appendix : Research Questionnaires Form

Date/...../2017

Code:

Section A. Demographic Information

1. Type of Establishment

Bar Restaurants Cucashops Eating House

2. Category of respondent:

Owner Manager/Assistant Sales Attendant

3. Sex: Female Male

4. Age _____

5. What is your educational Level (Tick one)

- No formal education at all
 Primary education (1-7 grades)
 Secondary education (8-12 grades)
 Tertiary (above grade 12)

Section B: Awareness of the Act

6. Are you aware of the Tobacco Control Act Yes No

7. If yes what was the source of Information?

Public Talk Radio Television

8. Do you know the reason for tobacco use restrictions in indoor and public places including trade premises Yes No

9. If yes what are the reasons(more than 1 answers can be selected)

- Prevent people from second hand smoke
- Prevent people from Smoking in public only
- Prevent customers from buying tobacco products
- To make us loose customers
- Others (specify).....

| |
|--|
| Section C: Challenges with implementation and adherence |
|--|

10.Do you agree with smoking bans in public places

- a) Strongly Agree
- b) Agree
- c) Disagree
- d) Strongly Disagree

11. Do you allow people to smoke in your premises Yes No

If no, what do you do?

- Tell them to go smoke outside far from my business
- Leave them because they are my customers
- Call the police to chase them
- Report them to town council
- Others(specify).....
.....

12. What are the challenges with controlling smokers in your premises(more than 1 answer can be selected)

- Lack of regular Inspection from Authority
- Fear of losing customers and revenue
- Lack of penalties to smokers
- Others (specify)

The End Thank you

APPENDICES F: DATA COLLECTION TOOL-OBSERVATIONAL CHECKLIST

Checklist for Tobacco Inspectors:

Date .../.../2017

CODE.....

(tick the correct answers)

Type of Trade premises

Bar Cuca shop Restaurant Eating Houses

| ITEMS | REMARKS | |
|---|------------|-----------|
| | YES | NO |
| 1. PICTURES, WARNINGS, AND STATEMENTS: | YES | NO |
| 1.1. Are there warning signs at the entrance of the premises? | | |
| 1.2. Does the size comply with the Law? | | |
| 1.3. Is the font type in Helvetica type? [example: SMOKING OF TOBACCO IN A PUBLIC PLACE PROHIBITED] | | |
| 1.4. Is the text in upper-case lettering? | | |
| 1.5. Is it in Black, Red, or Blue print on a White background? | | |
| 1.6. Is the text in official language used in Namibia? | | |
| 1.7. Can the text NOT be removed or destroyed when exposed to heat, or water? | | |
| 2. SIGNS INDICATING AVAILABILITY OF TOBACCO PRODUCTS: | YES | NO |
| 2.1. Is it placed on the shelf or portion where tobacco is/are stacked? | | |
| 2.2. Does it bear the product name and its retail price or cost? | | |
| 2.3. Is its' colouring similar to other products in that retail outlet? | | |
| 2.4. Is the font size equal to other products in that retail outlet? | | |
| 3. SIGNS AT THE POINT OF SALE: | YES | NO |
| 3.1. Is the lettering 2cm in height and 1,5cm in width? | | |
| 3.2. Does not exceed one square metre in size? | | |

| | | | |
|--|------------|-----------|--|
| | | | |
| 4. AVAILABILITY OF TOBACCO PRODUCTS TO PERSONS UNDER 18 YEAR OF AGE: | YES | NO | |
| 4.1. Is there a warning prohibiting the sale of tobacco product to persons under 18 years? | | | |
| 4.2. Is the size not less than 210mm by 297mm (A4 size)? | | | |
| 4.3. Are the letterings 2cm in height and 1.5cm in width? | | | |
| 4.4. Are the letterings red coloured Helvetica font on a white background? | | | |
| | | | |
| 5. SIGNS INDICATING PROHIBITION OF SMOKING OF TOBACCO PRODUCTS: | YES | NO | |
| 5.1. Are there signs on "Smoking of Tobacco Products Prohibited" at this public place? | | | |
| 5.2. Is the size not less than 210mm by 297mm (A4 size)? | | | |
| 5.3. Are the letterings 2cm in height and 1.5cm in width? | | | |
| 5.4. Are the letterings red coloured Helvetica font on a white background? | | | |
| 6. PACKAGING OF TOBACCO PRODUCTS: | YES | NO | |
| 6.1. Are cigarettes sold in this premises | | | |
| 6.2. Are cigarettes sold in a package containing 20 cigarettes? | | | |
| 6.3. Loose tobacco intended for smoking is it in a 12.5g package or container? | | | |
| | | | |
| 7. DISTANCE OF SMOKING OF TOBACCO PRODUCTS FROM PUBLIC PLACE: | YES | NO | |
| 7.1. Pursuant to section22(1)(b) of the Act; do tobacco users comply with 2m distance from:- | | | |
| a) A window of a public place? | | | |
| b) A ventilation of a public place? | | | |
| c) A doorway to a public place? Or | | | |
| d) Entrance into a public place? | | | |
| e) | | | |
| | | | |
| | | | |

| 8. Clients (patrons) smoking behaviours | YES | NO | |
|---|------------|-----------|--|
| 8.1. Are the patrons smoking or inhaling tobacco smoke within 2m | | | |
| 8.2. Tobacco related litter seen in outdoor area within 2 m of windows, entry way door ways | | | |