

Original Article

Prevalence and Pattern of tobacco habits amongst young adults of a Tribal Community around Varanasi, Uttar Pradesh

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ABSTRACT:

Introduction: The major cause of cancer in India is due to consumption of tobacco. This is seen more common in males compared to females. A tribe is a group of distinct people who are dependent on their land for their livelihood, largely self sufficient and not integrated in the national society. Many researchers suggest increased prevalence of tobacco consumption among tribal youth.

Objective: To assess the prevalence and patterns of tobacco usage in a tribal community around Varanasi. **Materials & method:** 734 subjects participated in the study. A predesigned, standardized questionnaire was used to obtain data regarding prevalence and pattern of tobacco use in the tribal population. **Results:** Tobacco prevalence in the present study was found to be 41.28%. Social custom formed the major influencing factor for tobacco initiation, followed by influence of friends and work concentration. Chewing tobacco was the most common form of the tobacco habit. **Conclusion:** The prevalence of tobacco usage was high in the study population.

Key words: Tobacco, prevalence, pattern, young adults, tribals.

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INTRODUCTION:

Tobacco usage is widely prevalent across the globe, especially high in South East Asian WHO region. India alone accounts to 274.9 million users of tobacco with the numbers increasing at an alarming rate. More than one – third of Indian adults use tobacco products, with 48% males and 20% females consuming some kind of tobacco products. Smoking tobacco is used in various forms like cigarettes, beedis, hookah and chillum while smokeless tobacco is consumed in the form of pan, gutkha, zarda, khaini etc. These statistics has turned this habit into an epidemic¹.

Tobacco epidemic has resulted in premature disease, disability and death claiming five million deaths every year around the world.² Tobacco consumption in India attributes to half of all the cancers in men and a quarter of all cancers in women. The high prevalence of tobacco

usage in India has resulted in highest rates of oral cancers in the world.³

Literature evidence proves tobacco as a potential risk factor for cardiovascular disease, lung disorders, stroke and oral cancers.⁴ One in six deaths owing to non communicable diseases is due to Tobacco usage. It also poses a serious challenge to families of the tobacco users who die prematurely.

Tobacco usage is predominant in low and middle income countries. Varied patterns of usage and multiple determinants in the initiation and consumption of this product call for an area specific tobacco control policies.⁵ Tribal communities are isolated clusters with stressed cultural influences, homogenous and simple technology. They generally have a prescribed pattern of behaviour. Tobacco consumption is one such behaviour which is widely prevalent in these tribes. Their physical and cultural isolation makes them more vulnerable to the

tobacco related morbidity and mortality, which is largely preventable.⁶ Young adults frame the most vulnerable group who are increasingly exposed to tobacco habits. Evidence suggests that early age of initiation of this habit bears a direct influence on the survival and its related diseases.⁷ Published literatures about this problem in tribal population are scarce. Hence, the need to generate data on prevalence and pattern of tobacco use in the tribal community is important to frame appropriate regulations and policies.

MATERIALS AND METHOD:

A cross – sectional study design was employed to assess the prevalence and patterns of tobacco usage in a tribal community around Varanasi city. A tribal community was identified with its dwelling at 60- 80 kilometres to south east of Central Varanasi, with a total population of 1880. Participants in the age group of 18 to 25 years were chosen for the study. Informed consent of all respondents was obtained, after explaining the purpose of the study.

All tribal between the ages of 18-25 years who consented for the study were included. A total of 734 individuals were included.

The study was conducted between December 2017 to March 2018, for a period of 4 months. As per the study setting the investigators used to visit the tribal people once in fortnight. A predesigned standardised questionnaire based on Global Youth Tobacco Survey (GYTS) was used to collect the data enumerating on tobacco related habits, frequency, age of initiation and factors which promoted and discouraged tobacco use.

The criteria to record a tobacco user was the use of smoke or smokeless tobacco product at least once every day or nearly every day over a period of one month or more.

Rare usage of tobacco by participants were not counted in the tobacco user category.⁸

The so obtained data was entered into spread sheets and was statistical analysed using SPSS version 20. Descriptive statistics along with chi square test were used to analyse the included parameters.

RESULTS:

A total of 734 respondents were enrolled, in the age group of 18 – 25 years. 10.34% of them were in the age group of 18 – 19 years, 47.54 % of them in 20 – 21 years, 23.56% in 22-23 years and 13.89 % of them in 24 – 25 year age bracket. (Table 1)

44% of the tribals were illiterate and 36.10 % were primary school educated. Merely 3.13% of them had education above high school.

A total of 306 respondents (41.68 %) consumed tobacco in some form or the other. Smokeless form of tobacco was consumed by majority of the participants, accounting to 71.24%, followed by smoking form in 17.32% and both forms consumed in 11.43% (Table 2). Chi square analysis showed there was a significant difference among the tribal regarding pattern of tobacco usages. Maximum people were using smokeless tobacco products.

Social customs followed by concentration in work and influence of friends were most common cause of initiation of tobacco habit (Table 3) and difference was statistically significant.

Tobacco consumption was noted in those adults whose family members had the habit, with 92.15% of the respondents’ parents had the habit (Table 4). Parents influence was statistically highly significant when compared to siblings.

Table 1: Demographic characteristics of the respondents

Demographic variable	n -734	Percentage
<i>Age (Years)</i>		
18 – 19	76	10.34
20 – 21	349	47.54
22- 23	173	23.56
24 – 25	102	13.89
<i>Gender</i>		
Male	468	63.76
Female	232	31.60
<i>Education</i>		
Illiterate	323	44.0
Primary	265	36.10
Middle	47	6.40
High School	42	5.72
above High School	23	3.13

Table 2: Pattern of tobacco habits

Tobacco products	n – 306	Percentage	Chi square test
Smokeless tobacco product	218	71.24	P=.037 significant
Smoking tobacco product	53	17.32	
Both types of tobacco products	35	11.43	

Table 3: Reasons for initiation of habit

Cause of initiation	n – 306	Percentage	Chi square test
Social custom	129	42.15	P=.043 Significant
For pleasure	22	7.18	
Influence of friends	48	15.68	
To concentrate in work	63	20.58	
Others	44	14.37	

Table 4: Tobacco users in family

Family member	n-306	Percentage	Chi square test
Parents	282	92.15	P<.001 Highly significant
Siblings	176	57.51	
None	24	7.84	

DISCUSSION:

A ‘tribe’ is viewed developmentally, economically and historically as a social group existing outside of or before the development of states. A tribe is a group of distinct people who are dependent on their land for their livelihood, largely self sufficient and not integrated into the national society.

The prevalence of tobacco usage in the present study population was found to be in 41.68%. These usage rates were in concordance with other studies. Gaude Shital Rama et al⁹ reported 34.8%, Global Adult Tobacco Survey¹⁰ (GATS India) found a prevalence of 35% in 15 years and above age group, Rani et al¹¹ reported a prevalence of 30 %, Santosh Khude et al¹² had a prevalence of 48.2% self reported tobacco consumption, 48.8% usage in the study of Anand M Dixit et al¹³, and the study conducted by Indian Council of Medical Research¹⁴ (ICMR) reported a prevalence of 34.6% in Uttar Pradesh.

Bilir N et al¹⁵ stated that the smoking tobacco habits increases with age among adolescents. Also, those who start early tend to carry on the habit till late.¹⁶

According to Singh V et al¹⁷, Sinha DN et al¹⁸, and Rudatsikira E et al¹⁹ the prevalence rate is higher in this sect as tobacco is deep rooted in their culture. Tobacco consumption was influenced by the home environment itself as the result suggests that 92.15% of the parents also had the habit. Family members influence in transmitting the habit was also noted in several studies.

The higher prevalence could even be attributed to the lack of opposition from family members and the easy availability of tobacco near their dwellings. In a tribal setting, the children are often asked to fetch tobacco from nearby shops. The colourful, attractive packing also influences them to take up the habit. Tobacco industry’s promotional strategies and media in the initiation of smoking behaviour further aggravate the problem.

The present study population was least educated. It is likely that the less educated people easily take up the habit as they are unaware of the ill effects of tobacco consumption. Under reporting of the habits by the respondents to the investigator, due to social desirability, must be kept in mind.

Legislative measures and programmes have been proposed and implemented since 1975 in India, with passage of Cigarettes Act, but shown minimal success. Recently, the Cigarettes and other Tobacco Products Act

(COTPA) was passed in 2003, in order to curb tobacco usage to promote the health of the public. Strong political and individual will is the need of the hour to control tobacco usage.

CONCLUSION:

The prevalence of tobacco usage was found to higher in the tribal young adults. The major initiating factor for tobacco was social custom followed by influence of friends and for concentration in work. In those of the tribal youths with tobacco habits, someone from the family also had the habit. Regulations must be implemented to curb this epidemic from claiming lives and families. After the study was completed, all those who were having tobacco habits were counselled and educated about the harmful effects of tobacco. To see the outcome of tobacco cessation counselling a follow up will be done after 6 months.

REFERENCES:

1. Avinash. A study on knowledge, attitude and practices regarding smokeless tobacco use among adults (more than eighteen years) in the rural areas of Jharkhand. International Journal of basic and applied medical sciences May – August 2013;3(2):378-381.
2. Ansari MM, Beg MH, Haleem S. Clinicopathological profile of carcinoma of oesophagus at Aligarh. Journal of Indian Medical Association 1991 Aug;89(8):217-219.
3. Chandra V, Ganguli M. Smoking among the elderly in rural Haryana (India): Khaini, New Delhi: WHO SEARO; 2002.
4. Ray CS, Gupta PC. Bidi and smokeless tobacco. Current Science 2009;96(10):1324-1334.
5. Anantha N, Nandakumar A, Vishwanath N, Venkatesh T, Pallad YG, Manjunath P. Efficacy of an antitobacco community program in India. Cancer Causes and Control 1995;6:119-29.
6. Chavan BS, Arun P. Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh; A community survey. Indian Journal of Psychiatry 2007; 49(1):44-48.
7. Narain R, Sardana S, Gupta S, Sehgal A. Age at initiation and prevalence of tobacco use among school children in Noida, India: a cross sectional questionnaire based survey. Indian J Med Res 2011; 133:300-307.
8. <http://www.searo.who.int/tobacco/documents/2010-pub2pdf>.
9. Gaude Shital Rama, Silv Pinto Vanita. Prevalence and patterns of tobacco use: A cross sectional study in Santa

- Cruz, Goa, India. International journal of Thesis Projects and Dissertation Jan – March 2015;3(1):43-52.
10. Global Adult Tobacco Survey India Report, 2009-2010.
 11. Rani.M, S Bony, P Jha, S N Nguyen, L Jamjoum. Tobacco use in India: Prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tobacco control. BMJ.com 2003;4:12.
 12. Santosh Khude, Renuka Pawar, K.M.Shivakumar, Snehal Patil, K.V.Sures, Vidya Kadashetti. Prevalence and pattern of tobacco related habits among the college students of Satara District. Journal of Indian Association of Public Health Dentistry April – June 2015;13(2):169-173.
 13. Anand M Dixit, Pankaj K Jain, Renu Agarwal, Sandip Gupta, Sushil K Shukla, Vidya Rani. Prevalence and pattern of tobacco use in rural community of Jaipur, Rajasthan (India): A cross sectional study. National Journal of Community Medicine Jan – March 2015;6(1):16-20.
 14. Kishore Chaudhary, Deputy Director, General Indian Council of Medical Research. Prevalence of Tobacco use in Karnataka and Uttar Pradesh in India 2001.
 15. Bilir N, Dogan BG, Yildis AN. Smoking Behaviour, Publication no.7)Ankara, Hacettepe Public Health foundation, 1997.
 16. Smoking 101. Pennsylvania Tobacco Cessation and Intervention project. http://www.paahec.org/professional_development/tobacco/healthcare/health_01.asp.
 17. Singh V, Pal HR Mehta M, Kapil U. Tobacco consumption and the awareness of its health hazards among the lower income group school children in the National Capital Territory of Delhi. Indian Pediatrics 2007;44:293-295.
 18. Sinha DN, Gupta PC, Pednekar MS. Tobacco use among students in the eight north eastern states of India. Indian Journal of Cancer 2003;40(2):43-59
 19. Rudatsikira E, Abdo A, Muula AS. The prevalence and the determinants of tobacco smoking in adolescents in Addis Ababa, Ethiopia. BMC Public Health 2007;7:176.

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