



Prevalence Of Tobacco Habits Among Narikuravas In Puducherry

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ABSTRACT

Background: Tobacco habits are highly contagious. Nomadic Narikurava people are basically tribes. The prevalence of tobacco habits among these people was not available in the literature. So an attempt was made to study the prevalence of this habit.

Aim: To study the prevalence of tobacco habits among Narikuravas of Puducherry.

Methods: A cross-sectional study was conducted and detailed history of tobacco habits including type, frequency, duration and site of placement of quid were taken.

Results: Totally 133 subjects were interviewed. 13.5% of subjects had smoking habit and 52.9% subjects had smokeless tobacco habit.

Conclusion: Low socio-economic status, high level of illiteracy, unsecured live hood forced them to use smokeless tobacco in the form of quid to fight against hunger.

KEYWORDS : Tobacco habits, Narikurava, Smoking, Smokeless Tobacco.

INTRODUCTION

Usage of tobacco is a major public health issue. (1) Tobacco is used in smoke and smokeless form in India, which is associated with the cancer of aero-digestive tract. The nomadic narikuravas are not a homogenous population and they belong to the community of Domba tribes who reside in the states of Tamilnadu and Kerala. (2) The main occupation of these people was hunting. Unsecured live hoods, low socio-economical status, illiteracy, unemployment, malnutrition and increased stress levels contribute to tobacco addiction. The present study was carried out to find out the prevalence of tobacco related habits among this population.

SUBJECTS AND METHODS

The cross sectional study was conducted at three places (Narikuravar colony in Lawspet, Villianur and Odiyampet) in Pondicherry was Narikurava people residing. Permission from the ethical committee of the Mahatma Gandhi Post Graduate institute of Dental Sciences, Puducherry, was obtained prior to the study. The data was obtained from June 2014 to August 2014. The inclusion criteria used were: persons aged 15 years and above; available at the time of survey and willing to give written consent. The study was conducted after obtaining the informed consent from the head of the family or the responsible person who were able to answer the questions. The interviews were conducted at their homes having informed them about the purpose of the study. Respondents were told about the confidentiality of the data collected from them and also their right to withdraw from the study at any time. The interview included information related to their demographic and socio-economic characteristics. Information regarding the details of the tobacco habits in terms of its type, duration in years, frequency, and site of placement of quid in the oral cavity were recorded. The data was tabulated and subjected to statistical analysis using SPSS software version 20.

RESULTS

A total of 133 subjects were interviewed in this study out of which 62 (46.6%) were males and 71 (53.4%) were females. The age group selected for our study was above 15 years. 39

subjects (29.3%) were below 20 years, 32 (24.1%) were 21-30 years, 28 (21.1%) were 31-40 years, 23(17.3%) were 41-50 years, 5 (3.8%) were 51-60 years and 6(4.5%) were above 60 years. 35(26.3%) subjects were unmarried and 98(73.7%) were married. 60% of subjects were illiterate. (Fig 1)

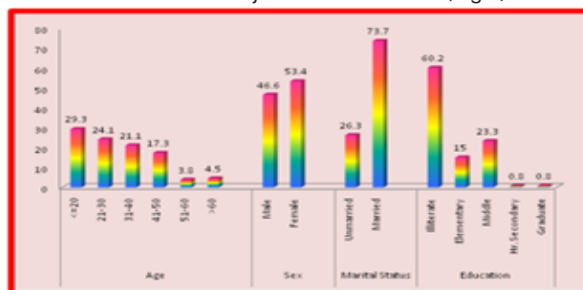


Fig -1 Distribution of the subjects by their demographic variables

Among the 133 subjects examined, 13.5% of the subjects had smoking tobacco habit. 88.9% were males and 11.1% were females. 33.9% of smokers were between 21-30 years. Bedi and cigarette was the most common product used. 88.8% of them were daily smokers. 50% of them had this habit for the past 5- 10 years. (Fig.2) 54.1% of population was tobacco users.

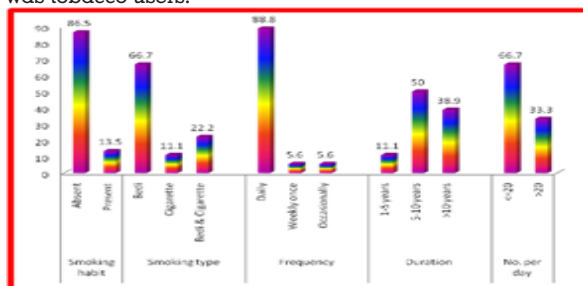


Fig.2 Distribution of the subjects by smoking habit and its related variables

Among the 133 subjects examined, 52.9% of the subjects

had smokeless tobacco habit. 64.4% of them were females and 35.6% were males. 32.2% of tobacco users were between 31-40 years of age. Betel leaf and Betel nut was the most common product used in tobacco chewing. 8.7% of people used pan. 5.3% of them used as a quid with tobacco. 91% of them were daily chewers. 80% of them are chewing the tobacco four times a day. Once if they started to chew, 72% of them would chew for at least an hour each time. 68% of them were practicing this habit for more than 10 years. (Fig.3)

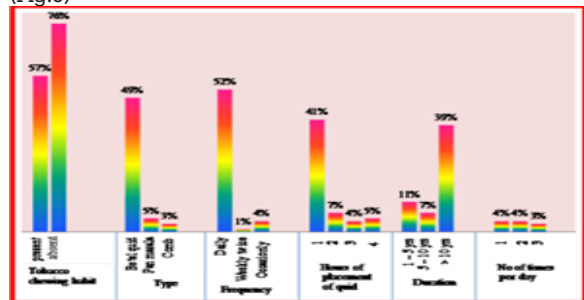


Fig.3 Distribution of the subjects by smokeless tobacco habit and its related variables

DISCUSSION

Worldwide 1.2 billion persons use tobacco in some form, which is expected to rise by 1.6 billion in 2020. [3] Tobacco consumption or exposure to tobacco is an important risk factor for multiple human carcinomas including lung, oral cavity, pharynx, esophagus, pancreas, liver, bladder and cervix. [4] Tobacco use is attributed for deaths of 3.5 to 4 million people throughout world, which is estimated to increase further to about 10 million during 2020. [3]

Despite a remarkable world-wide progress in the field of prevention, diagnosis and treatment options, still narikurava people living in isolation fashion far away from civilization, with their traditional values, customs, beliefs and myth unchanged. Cultural beliefs and social norms together with illiteracy have a strong association with the tobacco habits. 60.2 % of population was illiterate. 54.1% of population had tobacco habits. Tobacco smoke contains 62 carcinogens of these 15 carcinogens cause oral cancer. Bedi contains 37.70mg of nicotine per gram when compared to conventional cigarette which has 16.54 mg per gram. [5] In India, mortality rates among bedi smokers were reported to be significantly higher compared to smokeless tobacco users or non tobacco users. [3] In this present study it was observed that 13.5% of the subjects had tobacco smoking habit. 88.9% were males and 11.1% were females. 33.9% of smokers were between 21-30 years. Bedi and cigarette was the most common product used. 88.8% of them were daily smokers. 50% of them had this habit for the past 5- 10 years. According to GATS (Global Adult Tobacco Survey) Report 2009, 14% of Indian population was smokers; among them 76% of them were daily users. The most common type was bedi and 11% of population smokes 10 bedis/cigarettes and above. [6]

Smokeless tobacco is used in the form of quid which is kept in between the gums and buccal mucosa for longer duration. People of low socio- economic status place the quid in order to fight against their hunger. Betel nut is chewed alone or as a betel quid in combination with tobacco, lime and other spicy flavoring agents. Betel nut is classified as Group I human carcinogen. Betel nut along with tobacco has synergistic carcinogenic effect. Safrole is a carcinogen from betel leaves. [7] In this present study, it was observed that there is very high prevalence of smokeless tobacco habit in the form of quid

among this group. (64.4% were females and 35.6% were males). According to GATS Report 2009, 26.5% of Indian population had smokeless tobacco habit. [6] The most common type preferred was khaini. 21% were daily chewers.

CONCLUSION

This study highlighted the high prevalence level of tobacco consumption among this group of people. Tobacco in any form is injurious to health. Lack of awareness about harmful effects of tobacco leads to continued use of tobacco by them. Appropriate intervention strategies by conducting tobacco cessation camps need to be adopted to increase awareness and knowledge about deleterious effects of tobacco.

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