



CORRELATES AND PREVALENCE OF TOBACCO USE IN HAZRATBAL BLOCK

Community Medicine

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ABSTRACT

Background: Tobacco use is an epidemic in our country with various social and demographic factors associated with this menace.

Aim and Objectives: To estimate prevalence of tobacco use and find out relation with socio-demographic factors.

Material and Methods: A representative sample of individuals 18 years or older. Cross-sectional study employing multistage sampling design in block of Hazratbal. Structured and pretested questionnaire was used. Point estimates taken and chi-square test was used to estimate the relation between tobacco users and socio-demographic factors.

Results: Overall prevalence of 25.16% of tobacco use. Males more commonly used tobacco than females. A statistical significant relation found between marital status, gender.

Conclusion: 1 in 4 individuals used tobacco thus a cause of concern so education programs and strong enforcement of laws and regulations should be taken.

KEYWORDS

epidemic, tobacco, demographic factors, Hazratbal

Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide and the most commonly abused drug in the world leading to around 6 million deaths yearly which would escalate to 8 million deaths per annum by 2030 as per WHO (1). The majority of deaths due to this occur in India and that too in the prime working age group of 15 to 59 years (2). Smoking of cigarettes and bidis is one form of tobacco use while smokeless tobacco use consists of chewing tobacco, gutka, pan masala, mishri, naas. India has one of the highest tobacco users in the world both in number as well as relative share. As per Global adult tobacco survey (GATS) India, in males 3 types of uses of tobacco were prevalent while in females it was mostly in form of smokeless tobacco. The study comprehensively investigated socio-economic, demographic and knowledge related factors which were associated with the type of tobacco use in India. The survey estimated a prevalence of 34.6% in adults, 47.9% in males and 20.3% in females of tobacco in any form currently used while tobacco smokers were 14% with 24.3% males and 2.9% females (3).

Smokeless tobacco use is also associated with the increasing risk of cancer and is highly addictive and one of the possible cause of cancer head and neck, esophagus, pancreas besides many oral diseases (4).

Materials and Methods

The study population taken was individuals 18 years or older and permanent residents of the state. It was a cross sectional study design employing multistage sampling procedure in which three stage sampling was adopted for the selection of households, at the first stage a list of health zones from the health block Hazratbal which is also the field practicing area of department of community medicine GMC Srinagar, formed the sampling frame from which required sample of zones i.e primary sampling units were selected using population proportional to size (PPS) sampling. In second stage list of subcenters formed the sampling frame from each selected zone and those were also selected by PPS from each selected zone. At third stage a list of all the residential households in each selected subcenter formed the sampling frame from which a sample of required number of households was selected. From each eligible household all the respondents were selected. The process was repeated till we got the required sample. Sample size was calculated by considering the prevalence of 14% of current tobacco smokers (3), margin of error to be taken as 2% and design effect of 1.5. The sample size was calculated using the formula, $N = (Z^2 pq / e^2) \times \text{design effect}$. Where e = margin of error (2%) p = proportion of the factor under investigation (14%). $q = 1 - p$, $Z = Z$ score (1.96 at 95% confidence level). The sample calculated was 278. Taking a 10% of non response rate the final sample size came out to be 306. Data was collected by using a structured pretested questionnaire which covered the domains like

tobacco Use (Smoking & Smokeless Tobacco), exposure to second hand smoke, sociodemographic correlates like age, sex, residence, education, occupation, marital Status.

Out Come Variable:- The main outcome variable / dependant variable in the analysis was tobacco use categorized into smokeless tobacco, smoking, dual use of tobacco and non-user.

Statistical Analysis:- The prevalence of tobacco use was presented as percentages and relation with independent variables was determined by Chi-Square test.

Results: A total of 306 individuals above 15 years participated which included 166 females (54.25%) and 140 males (45.75%). The mean age of the respondents was 37.2 ± 13.94 years (range 18-70). Table I summarizes the prevalence of tobacco use in any form was 25.16% (77/306). Males reported a prevalence of 42.85% and females 10.24%. Current daily smoking was present in 9.5%.

Current tobacco use	77/306(25.16%)
Male tobacco users	60/140 (42.85%)
Female tobacco users	17/166(10.24%)

Table II Comparison of socio-demographic correlates between tobacco users and non-users

Sociodemographic correlates	Tobacco users	Non-tobacco users	p-value
Sex	60	80	<0.00
Males	17	149	
Females			
Education	6	20	0.89
Postgraduates	16	52	
Undergraduates	23	64	
Upto 12 th class	32	93	
Illiterates			
Marital status	40	94	0.00
Never married	28	130	
Currently Married	9	5	
Separated/divorced/widowed			
Socio-economic condition	8	34	0.44
Class I	28	90	
Class II	41	105	
Class III/IV			

Discussion

This study comprehensively investigated the use of tobacco and its distribution across various socio-demographic factors. Overall prevalence of tobacco use in our study was 25.16% meaning 1 in 4

adults have tobacco used. Most of the studies in recent times showed a higher percentage of population indulging in tobacco use which is well in line with this study also. GATS study showed a higher prevalence of tobacco use in north India states which included J&K also (3). Taking into consideration cultural milieu of our region, here women folk also indulge in tobacco use which would have been otherwise. The situation is alarming and the reason could be multipronged and has to be explored. WHO in its 2017 tobacco control report mentions that the control activities for tobacco have been taken in most of the countries like ban on advertisement, warnings on tobacco material but the implementation has to be strong as we can still find a lacunae in our preventive interventions by just looking at the figures of people smoking (5). This study found tobacco use was more in males and from lower socioeconomic class and was similar to various other studies (4,6,7). It could be due to non response from female population as tobacco is not socially acceptable in our part of state or males thinking that tobacco use is a stress buster or due to the prevailing situation in Kashmir valley. Thus gender specific education programs aimed at these points have to be taken. The limitations of this study is to be mentioned as this was a cross-sectional study design with a specific area taken into account.

Conclusion

There was a high prevalence estimated by this study which leads to the fact that smoking is truly an epidemic in our part of the country where in gender specific programs and legal interventions should be taken to control this epidemic.

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