Exploratory Study On Tobacco Use Among Adults In Selected Rural Areas Of Sirmour District, Himachal Pradesh-A Pilot Study

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Abstract- In India tobacco problem is very complex, with a large use of a variety of tobacco products including smokeless tobacco. Ninety percent of lung cancer in men and 78% in women are caused by smoking. Other than this various diseases are caused by tobacco use. This study aimed to identify the prevalence, pattern, awareness related to ill effects of tobacco use and attitude towards tobacco use among adults. This was a community based, exploratory study on 20 adultsaged between 18-60 years from rural areas of Sirmour district, Himachal Pradesh. Subject was interviewed for pattern, awareness regarding ill effects of tobacco use, and attitude towards tobacco use. The findings revealed that 10 out of 20 adults were tobacco users. 90% of study population uses biddi in the form of tobacco.60% of non-tobacco users & 50% of tobacco users were aware of ill effects of tobacco use where as 50% tobacco user have tried to quit tobacco use. 50% have poor awareness regarding ill effects of tobacco use. nonsmokers have negative attitude towards tobacco use), whereas 50 % smokers had positive attitude towards the tobacco use.

Keywords- prevalence, pattern, awareness, attitude, tobacco use.

I. INTRODUCTION

Tobacco use continues to be a leading cause of preventable death worldwide. However, the burden of tobacco use is shifting from the developed to developing countries. Tobacco use in low-income and middle income countries is predicted to contribute an increasing share of the global burden of disease in future decades. Total tobacco related deaths are projected to rise from 5.4 million in 2004 to 8.3 million in 2030 globally¹

India's tobacco problem is very complex, with a large use of a variety oftobacco products including smokeless tobacco. Many of these products are manufactured as cottage and small-scale industries using varying mixtures and widely differing process of manufacturing. Ninety percent of lung cancer in men and 78% in women are caused by smoking Casual associations have been clearly established

between active smoking and adverse effect on reproductive outcomes, COPD and cardiovascular diseases⁴. Study on bidi smoking (the most common form of tobacco smoking in India), provide evidence toward causality of it as carcinogenic substance.⁵. Prevalence of tobacco consumption in India was 28.6%⁶. This study aimed to identify the prevalence, pattern, awareness related to ill effects of tobacco use and attitude towards tobacco use among adults in selected rural areas of Sirmour district, Himachal Pradesh.

II. MATERIALS & METHODS

For this study the research design adopted was descriptive exploratory survey design, and the sample was selected by one stage cluster sampling, the sample comprises of twenty adults between the ages of 18-60 year. The data was collected using structured interview schedule for sociodemographic details, pattern of tobacco use according to the guidelines of GATS (global adult tobacco survey), semi structured questionnaire to assess the awareness regarding ill effects of tobacco useand attitude was assessed by using Attitude towards tobacco use scale.

III. RESULTS

Socio-demographic profile of adults- In this study45 % of the subjects age ranged from 36-46 years, 70% were male, 40% had educational status up to secondary, 30% were farmer as well as self-employed, and 50% currently use tobacco and 50% are non-tobacco users. Other than this 65 % study population were exposed to second hand smoking.

TABLE 1:Frequency distribution based on pattern of tobacco use among smokers(n=10)

Sl.No	Variable	Categories	Frequenc	Percentag
			y	e
1.	Age of	<10 years	3	30
	initiation	Between 11-	5	50
		15 years		
		Between 16	2	20

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		-19 years		
2.	Duration	<1 year	1	10
	of	> 5 years	9	90
	tobacco			
	use			
3.	Form of	Cigarette	1	10
	tobacco	Biddi	9	90
	use			
4.	Frequenc	<5	2	20
	y of	5-10	5	50
	tobacco	10-15	3	30
	use			
5.	How	After 1 hour	3	30
	often use	After 2-3	4	40
	tobacco	hours		
		After 5-6	3	30
		hours.		
6.	Eye	Within 5	1	10
	opener	minutes		
		5-30 minute	3	30
		s		
		After60	6	60
		minutes		
7.	Place of	At home	2	20
	tobacco	At work	2	20
	use	place		
		At open	5	50
		space		
		Any other	1	10
		place		
8.	Symptom	Yes	9	90
	s due to	No	1	10
	tobacco			
	use			
9.	Symptom	Irritability	1	10
	S	Anxiety	9	90
	developed			
10.	Influentia	Parent	1	10
	1 person	Friends	9	90
11.	Quit	Never tried	5	50
	attempts	to quit.		
		Within last	3	30
		year		
		Over 5 years	2	20
		ago		
12.	Visit to	Never	7	70
	health	More than	3	30
	institute	two times.		
<u> </u>	1	the times.		l

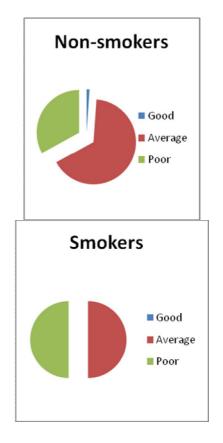
Table 1 Shows that 50% of tobacco users took tobacco first time at the age between 11-15 years. Majority

90% of study population use tobacco in the form of biddi, 50% of the tobacco users takes 5-10 biddi in a day, 40% took tobacco in between 2-3 hours, and 60% tobacco users took tobacco 60 minutes after wake up,50% uses tobacco in open spaces. Majority 90% of tobacco users experience symptomssuch as anxiety if they don't smoke. Almost 90% of tobacco users said that they were influenced by their friend's for using tobacco.50% says that they never tried to quit tobacco. 70% are saying that they never visited any health institute for any problem.

Table 2: Awareness regarding ill effects of tobacco use among smokers and non-smokers.(N=20)

	Level of Knowledge		
	Good	Average	Poor
Smokers (n=10)	0	5(50%)	5(50%)
Non Smokers (n=10)	1(10%)	6(60%)	3(30%)

Table 2shows the awareness regarding ill effects of tobacco use among smokers and non-smokers. It was found that majority of non-smokers were having adequate awareness about the ill effects of tobacco use and among smokers 50% have poor awareness regarding ill effects of tobacco use.



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Fig 1: Level of awareness regarding ill effects among smokers and non-smokers

Table 3: Attitude towards tobacco use among adults (N=20)

	Attitude Towards Tobacco Use	
	Negative attitude	Positive attitude
Smokers(n=10)	5(50%)	5(50%)
Non Smokers(n=10)	10(100%)	0

Table 3depicts that attitude towards tobacco use. It was found that non - smokers have negative attitude towards tobacco use), whereas 50 % smokers had positive attitude towards the tobacco use

IV. DISCUSSION

In the present study, the prevalence of smoking was 50% similar finding was reported GATS (2016-2017), which statedthat a national prevalence of tobacco use among adults to be 28.6%. Similarly GATS (2016-2017) reported the prevalence of tobacco use in Himachal Pradesh as 16.1%. The awareness of the subjects regarding the ill effects of tobacco use was55% showed adequate awareness and 10% were aware regarding COPTA(cigarettes and other tobacco products act). In a study carried out in Himachal Pradesh, showed that majority 55% were smokers, 21% use smokeless tobacco and 24% use both. The study reported good awareness about harmful effects of tobacco use i.e. 99% was aware that smoking is harmful,but poor awareness regarding COPTA act⁷. According to GATS (2016-2017) 92% of adults believe that smoking cause's serious illnessand 96% of adults believe that use of smokeless tobacco causes serious illness.6

In the present study 75% had positive attitude and 25% had negative attitude regarding tobacco use. 40% of adults believed that smoking is harmful to non-smokers.25% believe that smokers have right to smoke, 30% believe that tobacco ban help in tobacco quitting, 35% believe family plays important role in quitting tobacco.40% believe Government should establish strict laws to stop smoking and 65% study population believe that media plays important role in stopping tobacco use. This finding was comparable to study done in Karnataka, India which shows that nearly 49.14 % had good knowledge out of 232 sample size, while 51.29% displayed positive attitude. Overall the awareness regarding the ill effects of tobacco use was found to be high but interventions are needed to increase awareness, regarding the ill effects of tobacco use and measures to get rid ofit.

V. CONCLUSION

Tobacco use was greatly influenced by various demographic factors. Denial of tobacco use among younger adults affects the prevalence of tobacco use in the present study. Adults living in rural areas have adequate awareness regarding ill effects of tobacco use, had negative attitude towardstobacco use. Tobacco cessation services for adults must be planned and implemented at various levels of health care system.

REFERENCES

- [1] Shah B and Mathur P. Surveillance of cardiovascular disease risk factors in India: the need & scope. The Indian journal of medical research. 2010; 132(5):634
- [2] Reddy KS and Gupta PC. Tobacco control in India.New Delhi:Ministry of health and family welfare,Government of India.2004:43-7.
- [3] World Health Organisation,Research for International Tobacco Control.WHO Report on the global tobacco epidemic,2008:the MPOWER package. World Health Organisation; 2008 Feb 11.Available from http://www.who.int/tobacco/commincations/events/wntd/2006/report-v8-4 may06.pdf.
- [4] IARC Working Group on the evaluation of carcinogenic risks to humans, World Health Organisation, International Agency for Research on Cancer. Tobacco Smoke and involuntary smoking. Iarc; 2004.
- [5] World Heath Organisation. A WHO/The Union monograph on TB and tobacco control:joining efforts to control two related global epidemics. In A WHO /the Union monograph on TB and tobacco control:joining efforts to control two related global epidemics 2007.
- [6] World Health Organization. Global Adult Tobacco Survey (GATS):India country report,2017.
- [7] Konduru RK and Sathiyasekaran BW. A study on tobacco use among rural adults. Journal of Evolution of Medical and Dental Sciences.2013 Apr 15; 2(15):2493-502.
- [8] Pracheth R,Varun N and Ravindra YM.Are good knowledge and positive attitudes regarding the cigarettes and other tobacco products act prevalent among rural Indian adults. International Journal of Community Medicine and Public Health.2017; 5(1):289-295.

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