

Exploratory Study To Assess Prevalence, Pattern, Attitude And Awareness Regarding Ill Effects of Tobacco Use Among Adults In Selected Villages of District Sirmour, Himachal Pradesh

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Abstract- Introduction: Tobacco is a product made up of tobacco plant leaves, contains the alkaloid nicotine and harmala alkaloids which act as stimulant. Its use continues to be leading cause of preventable death worldwide and the burden of it, is transferring from the developed to developing countries. Casual associations have been clearly established between active smoking and adverse reproductive outcomes, COPD and cardiovascular diseases. **Aim:** The aim of the study is to assess prevalence, pattern, attitude and awareness regarding ill effects of tobacco use among adults, in order to plan an appropriate intervention to reduce the prevalence rate and also increase awareness regarding ill effects of tobacco use in future **Material & Methods:** This was a community based, exploratory study including 210 study subjects age between 18-60 years in selected villages of District Sirmour Himachal Pradesh. Subjects were interviewed for pattern, awareness regarding ill effects of tobacco use, attitude towards tobacco use. **Results:** The overall prevalence of tobacco use among 210 study population was about 33.3%, out of that 84% males and 16% female uses tobacco. 63% were farmers who use tobacco and most common form of tobacco used as smoking. The age of initiation of tobacco use was between 16- 19 years; most common form of tobacco was beedi i.e. 67%. 73% of tobacco users are influenced by their friends and craving (60%) was the most common reason to use tobacco .44 % of tobacco users tried to quit ,74% said that they want to quit due to family reasons and 39% used coping strategies to quit smoking. Other than this 87% of population had positive response that tobacco use was harmful. 34.3% of study population was not aware about ill effects of tobacco. There were significant association between age, family income at the level of $p<0.05$ and educational status was highly significant at the level of $p<0.001$ level of significance with awareness regarding ill effects of tobacco use. Similar attitude was highly significant at $p<0.001$ with age. **Conclusion:** According to findings of this study, prevalence of tobacco is not that much high but quit rate was low. In order to overcome this behaviour, awareness should be increased by conducting

camps, giving health education and filling gap between the community people and health professionals.

Keywords- prevalence, pattern, awareness, attitude, tobacco

I. INTRODUCTION

Tobacco is a product made up of tobacco plant leaves, contains the alkaloid nicotine and harmala alkaloids which act as a stimulant¹. It is consumed in many forms and by different methods. Some examples are beedi, chewing tobacco, cigars, cigarettes, gutka, hookah, snuff, snus etc². About 6.7 million tons of tobacco is produced every year throughout the world. Among various countries, it is seen that China (39.6%), India (8.3%), Brazil (7.0%) and United states (4.6%) are top producers of tobacco³.

Almost all study shows significant trends with duration of beedi smoking and number of beedis smoked⁴. Forty percentage of tuberculosis burden in India may be attributed to smoking. Significant association is seen in passive or active exposure to smoke and tuberculosis infection, disease and tuberculosis mortality⁵.The chewing of tobacco products is a risk factor for oral cancers⁶.India has one of the highest rates of oral cancer in the world, with 50% related to use of smokeless form. It has been estimated, that a due to lack of cessation services may increase to an additional 160 million global deaths among smokers by2050.A majority of users (nearly 70%) wish to quit the habit, but only 3-5% actually succeeded in doing so⁷.

In India (2002), WHO set up 13 tobacco cessation centre (TCC) in diverse settings (CANCER treatment centres, psychiatric centres, medical colleges and NGO's) with MHFW and GOI to help people to quit this habit, which is now increased to 19 . The WHO algorithm for cessation consist of assessing the habit and then going through the procedures of simple advise, behavioural counselling and pharmaceutical treatment as per requirement⁸ .Simple advise

by health professional, taking as little as 30 sec , can produce quit rates of 5-10% per year⁹.

II. MATERIAL & METHODS

For this study the research design adopted was exploratory design, and the sample was selected by convenient sampling, the sample comprises of two hundred ten adults between the age of 18-60 years were selected. The data was collected using structure interview schedule for collecting socio-demographic details, pattern of tobacco use as developed according the guidelines of GATS (global adult tobacco survey), semi structured checklist to check awareness regarding ill effects of tobacco use and four point rating scale to assess attitude towards tobacco use.

III. DISCUSSION

This chapter deals with the findings of the study and based on each objective are as follows;

The overall prevalence of tobacco use among subjects i.e. in villages were about 33.3%, out of that 84% were males and 16% were females. Similarly study done by Chockalingam K. et al (2011) shows that the overall prevalence of tobacco use was significantly higher in rural (23.7%) compared to semi-urban(20.9%) and urban(19.4%) areas (p value <0.001)¹⁰.

In present study, 70% of the adults used tobacco at the age of 16-19 years and most common 86% of men were found to use tobacco; among them 67% use beedi. A similar study was done by Imtiaz D (2014) and result reported that highest prevalence of smoking were in males (17.6%)¹¹.

In present study it was found that 31% of tobacco users want to quit and 61% support the warning messages written in tobacco products. Majority (78.6%) were aware that tobacco cause ill effects. 50.5% do not want to increase the rate of tobacco , but 69% were strongly agree to ban tobacco. Similar study finding was reported that 97.9% of those surveyed wanted less tobacco usage in their villages.70% of current users want to quit and 58% wanted to cut back. 83.5% tobacco users and 81.7% nonusers, supported clear and prominent health messages on tobacco products.87% of tobacco users were aware that tobacco was harmful to health¹². In present study the results shows that 79 % were aware that tobacco use is harmful, but had poor awareness regarding COPTA (The cigarettes and other tobacco products Act) act. Similar study done by Sinha DN et al (2016) the result shows that 55% of participants were smokers, 21% of them use smokeless tobacco and 24% use both. It was reported that 99%

of them have good awareness about harmful effects of tobacco use and poor awareness regarding COPTA act¹³.

IV. CONCLUSION

According to findings of this study, prevalence of tobacco is not that much high but quit rate is low. In order to overcome this behaviour, awareness should be increased by conducting camps, giving health education and filling gap between the community people and health professionals.

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