

Original Research Article

Community Awareness Program for Tobacco Use and De-Addiction from Tobacco in Selected Areas of Karad, Western Maharashtra

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ABSTRACT

Background: Both rural as well as urban area most of people usually having habitual of addiction such as tobacco chewing, *mishri*, *gutkha*, *khaini* etc. Also, different tobacco products is consuming in the form of Cigarette, *bidi*, *charas*, *ganja*. It hampers the family burden and financial status of individuals. Helping tobacco users quit is the single most important thing you can do to improve their health. This project is mostly focus on basic about Tobacco consumption side effects knowledge, awareness, its adverse effects and effort also made to quit tobacco and related products to save their life from threatening disease like oral cancer, lung cancer, hypertension, bronchitis, heart diseases, memory loss etc.

Aim: In the texture of the huge burden of tobacco use in Western Maharashtra, this study aims to study the awareness, consumption pattern and the socio-demographic correlation of tobacco use in rural cluster of Karad, Maharashtra

Objectives: 1.To aware the community and lay man about problem and side effects of Tobacco consumption. 2. To help establish methods for quitting tobacco.

Materials and Methods: This study was a cross sectional study conducted in peoples whose age was >20 years. Data collection was done by personal interview using a pretested questionnaire during door to door visit after taking informed consent verbally.

Results: A total of 100 people were included in this study. Most of the study population belonged to the age group 35–50 years (45, 45%). The majority of the peoples (69, 69%) were aware of the health hazards of tobacco consumption. Most of the population (47, 47%) were tobacco consumers with 26 (26%) of them having co addictions. This study revealed 60% consumed smokeless forms, 29% were into smoking, and 11% consumed both forms. A significant association was observed between the status of tobacco consumption and knowledge of tobacco hazard ($P = 0.0001$) as well as knowledge of any law regulating tobacco consumption ($P = 0.0001$).

Conclusion: This study was part of model structure for tobacco quitting & its importance to overcome futuristic diseases. It was achieved in the study that despite having a general knowledge of the effects of tobacco, it seems that use of tobacco was increases day by day. It is necessary that government should make strict laws regarding tobacco consumption which helps to protect young generation and tomorrow’s citizen of our country.

Key words: Tobacco use, Anti tobacco act, Addiction, Rural Maharashtra.

INTRODUCTION

Tobacco is a product of combination of tobacco plants *Nicotiana* and of the Solanaceae. It is synthesis from the leaves made after curing them. The birth of “tobacco” word was derived from the Spanish and Portuguese word “tobacco”.^[1] Tobacco was used in past dating back to 1400–1000 BC in the Americas, with some cultivation sites in Mexico.^[2] In 2008, the World Health Organization named tobacco as the world's single greatest preventable cause of death.^[3] Tobacco epidemic is one of the biggest public threats the world has ever faced, killing more than 7 billion people a year (WHO updated May 2017).^[4] India is the second largest consumer and third largest producer of tobacco.^[5] From GATS-1 (2009–2010) to GATS-2 (2016–2017), the prevalence of tobacco use has reduced by six percentage points (from 34.6% to 28.6%). Khaini is the most commonly used tobacco product (used by 10.2 crores adults) followed by bidi (smoked by 7.2 crore adults).^[6] Global Adult Tobacco Survey in India reported 34.6% of overall tobacco use, 25.9% smokeless tobacco use and 14.0% smoking among adults. A nationwide survey has found that smoking is responsible for about one in five deaths in men and one in 20 deaths in women in India.^[7] A study conducted by Pandey and Chand among males above 15 years of age in Meerut district, it was observed that the prevalence of tobacco use is 54.68%, among which 28.12% are smoking and 26.56% are using smokeless form of tobacco.^[8]

Aim:

In the texture of the huge burden of tobacco use in Western Maharashtra, this study aims to study the awareness, consumption pattern and tobacco quitting the socio-demographic correlation of tobacco use in rural cluster of Karad, Maharashtra.

Objectives:

1. To aware the community and lay man about problem and side effects of Tobacco consumption.

2. To help establish methods for quitting tobacco.

Hypothesis:

By using this methodology of awareness program, people would reduce the consumption of tobacco use.

By doing Mass awareness and individual counseling, people would try to quit the habit of Tobacco consumption in any form.

MATERIALS & METHODS

This cross sectional study was conducted in rural areas of the different clusters of Karad. The sample size was calculated using the formula z^2pq/l^2 taking $z=1.96$, standard normal value at 95% level of significance. $p = 92.4\%$ (GATS 2016–2017),^[9] $q = 7.6\%$, where p was 92.4% of adults believed that smoking causes serious illness, $q = 100-p$ and l is the allowable error, that is 5%. The calculated sample size was 107 ~100. This study was part of a shorter research project aiming to assess exposure to tobacco knowledge and its effect on tobacco control in Western Maharashtra. This data were collected in October-December 2017 through a cross-sectional research design. Participants were participated in the study, if and only if he/she (1) living in Maharashtra, (2) more than 19 years old, and (3) able to give verbal (in Marathi) consent. Data were collected by the Team of Krishna Hospital & Medical Research Centre by door to door survey randomly including structured pro-forma regarding tobacco practice, awareness and tobacco quitting. Staff from Krishna Institute of Medical Sciences “Deemed To Be University”, Karad were trained to be interviewers for the study. During survey they may get explained the purpose, procedures and confidentiality of study details. The household was removed from the study if not willingness was shown by any family member or relative was found.

Community was advised on mass level and an individual level on giving focus to following things:-

1. All tobacco products were harmful.
2. No tobacco product was safe in any quantity.
3. Bidis were as harmful as cigarette's.
4. Second hand tobacco smoke causes many life threatening diseases.
5. Chewing tobacco also causes disease, including mouth cancer, lung cancer.

A preformed, pretested, and semi structured questionnaire was used for the study. It was administered to the individual age 20 years and above for the interview. The languages used for information sheet and questionnaire were Marathi and English. The questionnaire consists of five sections as listed below:

1. Socio-demographic profile: questions on age, sex, education, income, occupation, family type, religion, and so on.
2. Knowledge about health hazards: questions on knowledge of health hazards of tobacco consumption, second-hand smoking, any laws regarding consumption, minimum age of procurement of tobacco product
3. Practice: questions on tobacco consumption in the past 12 months, period of consumption, age of initiation of consumption, mode of consumption (smoking, smokeless, both), type of tobacco product used (bidi, cigarette, tobacco powder, pan masala, khaini, betel quid, etc.), any co addictions, time of first use in the day, factors influencing consumption in the first place, daily expenditure
4. Cessation: questions related to advice to quit smoking by healthcare providers, number of attempts to quit, methods to quit smoking, and any strong craving while trying to quit.

RESULTS

A total of 100 people were included in this study, of which 61 (61%) were males and 39 (39%) were females. The socio-demographic characteristics of the study population are given in details in Table-1.

Table-2 revealed that awareness of the regarding tobacco users regarding

tobacco use where among 43 tobacco users, also while discussed about harmful effects on health where among the 100 participants, 67% were aware of the hazard effects of tobacco. 31% of men and 8% of women knew that tobacco consumption lead to oral cancer whereas, 15% of men and 4% of women knew that tobacco consumption lead to lung cancer. Majority of the peoples 53% were aware about poor oral health, very few of participant known about smoking in public place and related laws.

While this study was mainly focused on quitting the tobacco table-3 found that among the peoples 43% had tobacco history whereas 57% had no history of tobacco, Among 43(100%) tobacco users 40(93%) accepting advice for quitting tobacco, 27(63%) approaching to quit, 21(49%) wanted to take help in quitting, very few users 2(5%) knowledge tobacco quitting clinics, 38(88%) users feels confident after this program they feel that this was definitely help to grow confidence. Among users only 4(9%) ready for quitting tobacco and 22(51%) interested training first.

After assessment of the knowledge, it was revealed that the among participant's majority of the study population (69, 69%) were aware of the health hazards of tobacco consumption, whereas 31 (31%) were not aware about it. Out of the 100 people questioned, 71(71%) informed that they had these knowledge from warning from tobacco packets. Regarding the knowledge of harmful effects of tobacco, most of the people 65 (65%) acknowledged that they were aware of it. However, only a small number (5%) had knowledge about laws on regulation of tobacco consumption. Most of the users (52, 52%) had been consuming tobacco since last 10 years. Most of population was habitual of tobacco at early age of 20 years. Most of the study population informed that the major cause for initiation was fear & anxiety (47%) followed by depression (35%), exposure & stress in families (6%), and copy of role hero and heroines (1.84%). The few (20, 20%) of the tobacco users had co addictions

whereas the major co addictions were to alcoholism. Most of the users (32, 32%) started consuming tobacco from early morning, of which 80% started consuming even on empty stomach. While the money spent per day on these tobacco products, 27 (27%) of the users informed that they spent an average of Rs. 75 per day. Regarding the various modes of tobacco consumption, 38% consumed smokeless forms, 17% were into smoking, and 45% consumed both smoking and smokeless. Regarding the smokeless form, Ibrahim Baba (29%) and “Chaini khaini” (21%) was most common followed by Mawa (20%) and pan masala (15%) and others (15%). Regarding smoking, cigarette was most common (76%) followed by bidi (14%), Hukka and other (16%). Also while asked about what effort to quit this habit, 74(74%) replied that they have never tried quitting and 23 (23%) replied that they had tried quitting at least

twice. Among those only 3% succeeded in quitting tobacco.

Table 1: Socio-demographic distribution of the study.

Demographic Variables	Frequency (n=100)	Percentage (p=100%)
Gender		
Male	61	61
Female	39	39
Age range (years)		
20-34	19	19
34-49	43	43
50-64	28	28
≥65	10	10
Education status		
Illiterate	13	13
Primary school	37	37
Secondary school	23	23
Higher secondary school	18	18
Graduate & More	9	9
Occupation		
Self-employed	40	40
Housewife	27	27
Student	11	11
Employed	18	18
Unemployed	4	4
Marital status		
Married	81	81
Not Married	19	19

Table 2: Distribution of Awareness Regarding Tobacco.

Awareness Regarding Tobacco	Male (n=61)	Female (n=39)	Total (n=100)	p-value \$	χ ² , df@
Among Tobacco Use (Male/Female Ratio)	32(32)	11(11)	43(43)	0.029*	4.77, 1
Aware about Tobacco Use	31(31)	17(17)	48(48)	0.62	0.25, 1
Harmful for health	47(47)	20(20)	67(67)	0.014*	6.02, 1
Oral cancer	31(31)	8(8)	39(39)	0.0048*	7.10, 1
Lung cancer	15(15)	4(4)	19(19)	0.13	2.3, 1
Poor oral health	40(40)	13(13)	53(53)	0.0032*	8.68, 1
Ban on Smoking in Public Place	24(24)	10(10)	34(34)	0.23	1.43, 1
Aware about Tobacco law/legislation	4(4)	1(1)	5(5)	0.67	0.18, 1

(Parenthesis given in bracket is percentage) (*=statistically significant) (@ df= degrees of freedom) \$=p-value significant when p<0.05

Table 3: Distribution of Tobacco Quitting Program.

Tobacco Quitting Program	Yes	No
Tobacco history	43(43%)	57(57%)
Advice quitting for tobacco	40(93%)	3(7%)
Approached for quitting	27(63%)	16(37%)
want to take help in quitting	21(49%)	22(51%)
knowledge tobacco quitting clinics	2(5%)	41(95%)
Feel confident after help	38(88%)	5(12%)
Ready to quitting	4(9%)	39(91%)
Interested in training	22(51%)	21(49%)

(Parenthesis given in bracket is percentage)

DISCUSSION

In our study 100 participants participated from the rural clusters of Karad, Maharashtra. In response rate of 100% which indicate high priority amongst the participants towards this serious issue. In opposite of this, the response rate varied from 65.1 - 83.8% in the studies conducted

amongst health services doctors' elsewhere. [10-12]

In this study, the prevalence of tobacco use is 43%. Similarly, in 2001 survey study showed that the prevalence of current tobacco use above 10 years of age in Uttar Pradesh was 50.0%. [13] In against, a high prevalence nearly 68% was reported in district Dehradun in study of substance use in inter college students. [14] A cross-sectional study of adults in Mumbai found that 69% of males were tobacco users which are exact opposite to this study. [15]

It was found that 48% of peoples aware about tobacco use whereas 67% of peoples aware about hazards due to tobacco, 39% informed that it may lead to cancer and

53% of aware about poor oral health. According to GATS India Report 2016–2017, 19.0% of men, 2.0% of women and 10.7% (99.5 million) of all adults currently smoke tobacco. 29.6% of men, 12.8% of women and 21.4% (199.4 million) of all adults currently use smokeless tobacco. 42.4% of men, 14.2% of women and 28.6% (266.8 million) of all adults currently use tobacco (smoked and/or smokeless tobacco). 55.4% of current smokers are planning or thinking of quitting smoking and 49.6% of current smokeless tobacco users are planning or thinking of quitting smokeless tobacco use. 48.8% of current smokers were advised by health care provider to quit smoking and 31.7% of current smokeless tobacco users were advised by health care provider to quit use of smokeless tobacco, this study is focused on above measures qualitative evaluation. [9] It was also found in this study that among tobacco consumers, 32% were males and 11% were females on the other hand A study conducted by Rani *et al.* observed that 47% men and 14% of women either smoked or chewed tobacco which is similar to this study. [16, 17]

Good awareness & knowledge about tobacco use assessed in this population might be attributed overcome of biasness. Qualitative and descriptive methodology is more useful for major strength of the present study.

CONCLUSION

This study was part of model structure for tobacco quitting & its importance to overcome futuristic diseases. It was achieved in the study that despite having a general knowledge of the effects of tobacco, it seems that use of tobacco was increases day by day. It is necessary that government should make strict laws regarding tobacco consumption which helps to protect young generation and tomorrow's citizen of our country. This study revealed the practices of use of tobacco and awareness about harmful effects of tobacco and de-addiction program this study would

be really helps to the tobacco users in field of practice.

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