



An epidemiological study of tobacco use among patients attending OPD in Medical College and Research Centre, Mumbai

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ABSTRACT:

Background: Tobacco is amongst the most addictive product known worldwide and morbidity related to use of tobacco is a second major cause of death in the world. The objective is to study the socio-economic demographic profile of tobacco users, to study the extent of tobacco use amongst the patients, to assess their knowledge and perceptions regarding health hazards of tobacco.

Methods: An observational cross-sectional study was conducted at ENT OPD in Medical College and Research Centre, Mumbai, among all new patients, age 15 years and above who have ever used tobacco. A pre-designed and pre-tested questionnaire was prepared on the basis of the objectives. The data was coded, tabulated and analysed using Microsoft Excel and SPSS (Statistical package for social sciences) for Windows version 20.0.

Results: A total of 63% patients used only smokeless form of tobacco, 11 % used only smoking form and 26% used both forms. The age of initiation for majority was after 25 years of age (40%). Majority of them used tobacco at their work place (66%). The main reason for initiation was peer pressure and smoking by family members (79%). Out of the total 100 patients 82% expressed a desire to quit. Majority (94%) were aware that tobacco use was harmful to health. Audio visual aids (84%) were the major source of information showing harmful effects of tobacco. 69% of the patients opined that banning the tobacco products and advertisements was the best strategy to curb this habit.

Conclusions: It is necessary to strengthen the IEC activities at community level, on mass media & educational programmes especially for adolescents in spreading awareness of harmful effects of tobacco use.

Keywords: Tobacco, smokeless tobacco, smoking tobacco.

INTRODUCTION

Tobacco is amongst the most addictive product known worldwide and morbidity related to use of tobacco is a second major cause of death in the world¹. In most countries, cigarette smoking is the predominant form of tobacco use, and most research and prevention efforts are directed towards it. In some countries however, other forms of tobacco are more prevalent.

In India, smokeless tobacco is the dominant form of tobacco used². Smokeless tobacco consists of chewing pan (mixture of lime, pieces of areca nut, tobacco and spices wrapped in betel leaf), chewing gutkha or pan masala (scented tobacco mixed with lime and areca nut, in powder form), and mishri (a kind of toothpaste for rubbing on gums). Regardless of the type of product used, it is a well-established

scientific fact that tobacco use in any form affects health adversely in form of cardiovascular disease, cancers, respiratory diseases and gastric ulcers².

According to the most recent Government of India's National Sample Survey data, there are 184 million tobacco consumers in India. About 40% of them use smokeless tobacco, 20% consume cigarettes, and another 40% smoke beedis. Smokeless tobacco use includes pan masala and chewing of tobacco in different forms. According to NFHS-III, in India, 55.8% male and 10.8% female in the age group of 12 to 60 years have been found to be consuming tobacco. Among males, 32.7% smokers while 36.5% tobacco chewers are reported, while among females, it is reported to be 1.4% and 8.4%, respectively³.

Each year tobacco products kills some 5 million people worldwide and this number is increasing. WHO estimates that unless the current smoking patterns are reversed, tobacco will be responsible for 10 million deaths per year by the decade 2020-2030, with 70% of them occurring in the developing countries⁴⁻⁶.

The prevalence of use of tobacco remains high, in spite of widespread efforts to educate the public regarding its risks⁷.

Taking into account the magnitude and severity of the tobacco problem, this study was undertaken to find out the epidemiological factors, knowledge and perception regarding health hazards among tobacco users.

Aims and objectives:

1. To study the socio-economic demographic profile of tobacco users.
2. To study the extent of tobacco use amongst the patients.
3. To assess their knowledge and perceptions regarding health hazards of tobacco.

Methodology:

An observational cross-sectional study was conducted among all new patients, age 15 years and above attending ENT OPD in Medical College and Research Centre, Mumbai over a period of 4 months i.e. from April 2019 to July 2019 after getting an informed consent.

Inclusion criteria: All people 'Ever use' of tobacco.

Exclusion criteria: 'Never use of tobacco', not willing to give consent.

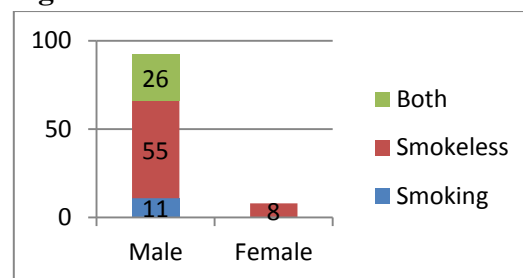
Convenience sample size of 100 new patients was taken. A pre- designed and pre-tested questionnaire was prepared on the basis of the objectives. The data was coded, tabulated and analysed using Microsoft Excel and SPSS (Statistical package for social sciences) for Windows version 20.0. Ethical clearance was obtained from the Institutional Ethics Committee before the start of the study. There is no funding from other sources.

Results and Discussions:

A total of 100 patients were interviewed and included in this study.

Majority of the patients were male (92%). This confirms the findings of other studies⁸.

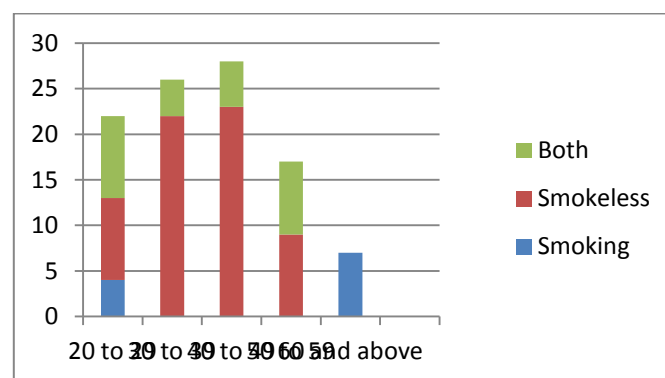
Figure 1 Gender wise distribution



Majority of females use smokeless form of tobacco. Similar findings are seen in other studies⁸.

Majority of the patients belonged to the age group of 40-49 years (28%), followed by 30-39 years (26%).

Figure 2 Age wise distribution.



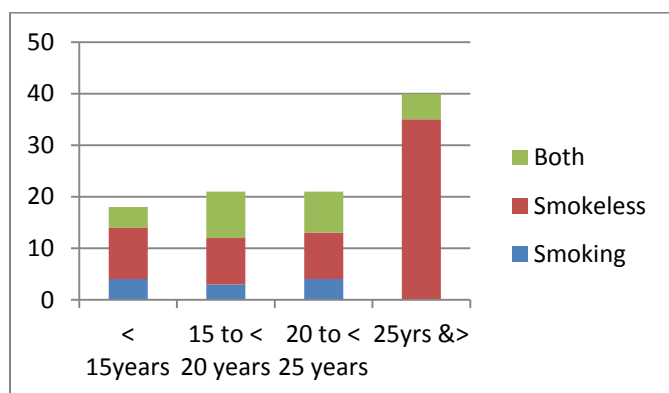
91% of the patients were married and rest were unmarried, widowed, divorced or separated.

Majority were educated till 10th standard (64%). However some studies show that majority of tobacco use occurs in illiterate people⁸.

A total of 63% patients used only smokeless form of tobacco, 11 % used only smoking form and 26% used both forms. In the present study the use of smokeless tobacco was found to be more than smoked tobacco. This confirms to the findings in other study^{8,9}.

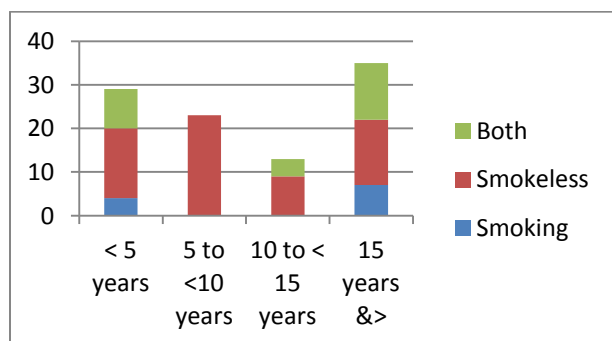
The age of initiation for majority was after 25 years of age (40%). However some studies show that the common age of initiation is below 10 years⁹. Age of initiation in all the females was above 25 years of age.

Figure 3 Age of initiation.



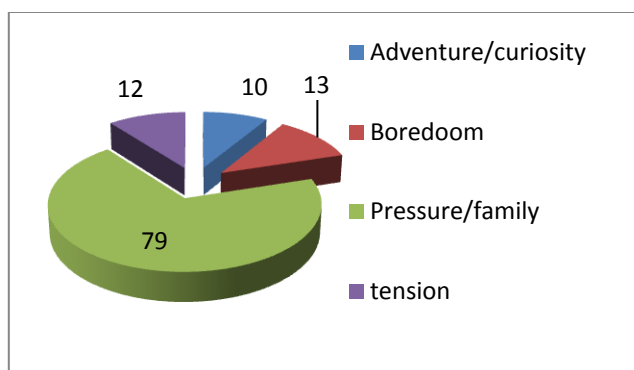
Duration of use of tobacco in majority was more than 15 years (35%).

Figure 4 Duration of tobacco use



Majority of them used tobacco at their work place (66%). The main reason for initiation was peer pressure and smoking by family members (79%). Similar findings are seen in other studies^{9,10}.

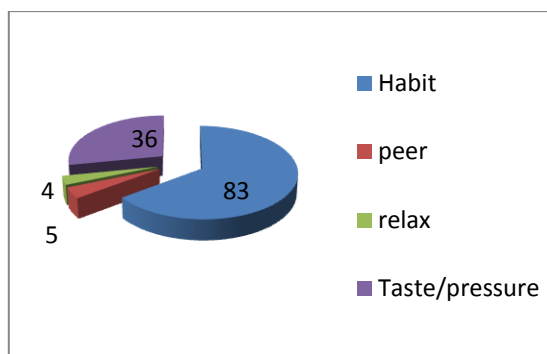
Figure 5 Reason for initiation



The most common situation in which frequency of tobacco use increased was stress followed by family problem and peer pressure.

Majority of them continue the use of tobacco as it has become a habit (83%).

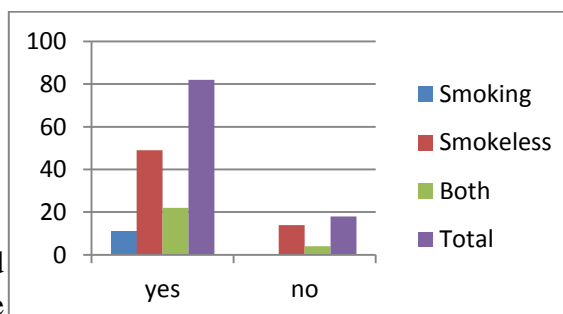
Figure 6 Reason for continuation of tobacco use.



Majority of the patients used their own money for buying the tobacco products. Out of the total 100 patients 82% expressed a desire to quit, while 18% never had the desire to quit.

Similar findings are seen in other studies¹¹.

Figure 7 Desire to quit



Out of the 82 patients only 69 (84%) had made an attempt to quit while 13(16%) did not make any attempt. Out of

the 69 patients only 8 (12%) had succeeded in quitting the habit while the rest 61 (88%) restarted it. Thus out of 100 patients 92% continued the habit while 8% could quit it.

The most common reason given for restarting was withdrawal and the next reason was the sense of mental relaxation they felt after consuming it.

The belief that tobacco use was a sign of liberation of women was shared by 12% women.

30 % of the patients thought that tobacco use was fashionable.

Majority (94%) were aware that tobacco use was harmful to health and 95% patients believed that cancer is caused by tobacco consumption followed by lung related disease (49%) and oral ulcers (34%) which is similar to the findings of other studies^{12,13}.

Majority of the patients (90 %) have experienced health problems due to the use of tobacco, majority being mouth ulcers (85%) followed by cough (24%) and acidity (13%).

Figure 8 No. patients facing health problems

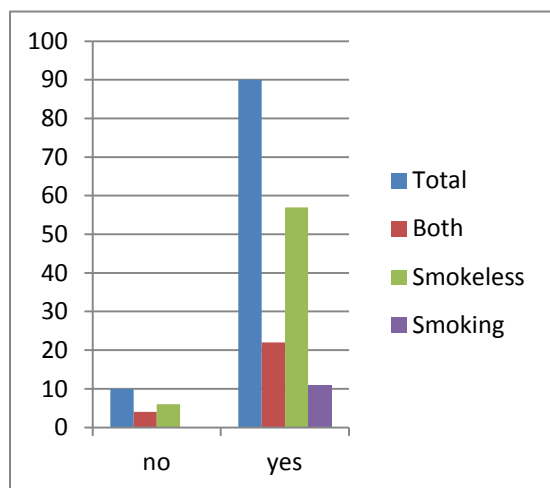


Figure 9 Health problems faced

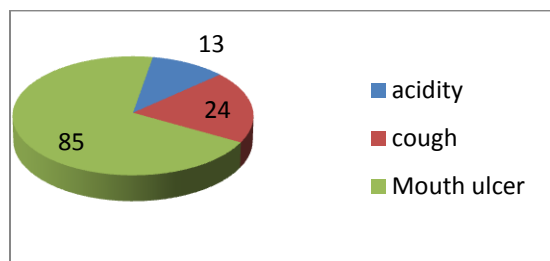
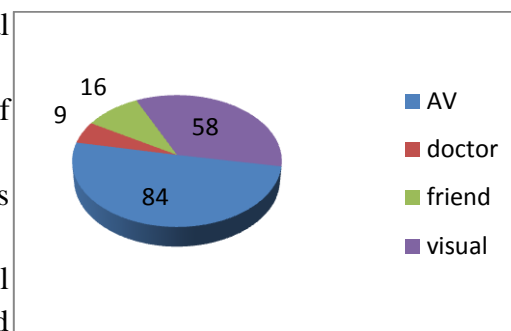


Figure 10 Source of information.



69% of the patients opined that banning the tobacco products and advertisements was the best strategy to curb this habit while 47 % felt that IEC activities will bring the change and only 1 % of the patients were aware about nicotine patch. Similar results are seen in other studies¹².

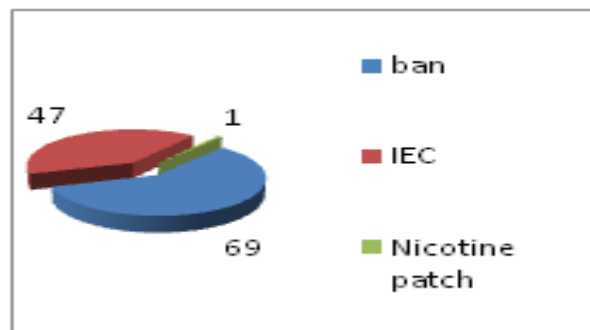


Figure: 11 most useful measures to decrease tobacco use

Conclusion:

Hence, it is advisable to undertake similar type of study on wider scale, to confirm the findings of the above study. It is necessary to strengthen the IEC activities at community level, on mass media & educational programmes especially for adolescents in spreading awareness of harmful effects of tobacco use. Teen centers should be established for promoting healthy lifestyles and preventing risk taking behaviors Importance of techniques like yoga & meditation for mental relaxation should be stress upon. Conduct training programmes for medical personnel for early identification of at-risk population, for diagnosis & management of danger

signs of cancer & other morbidities. Establish adequate counseling cells & support groups to facilitate de-addiction & rehabilitation.

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