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# Prevalence of Tobacco Consumption among Local Residents of District Panchkula, Haryana

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**Introduction:** Tobacco use is a major public health challenge in India and government of India has taken various initiatives for tobacco control in the country. But still it imposes a colossal burden of disease due to its higher consumption among the Indian population especially among the rural areas.

**Objective:** This study aimed to assess the prevalence of tobacco consumption among the local rural community of Haryana.

**Materials and methods:** This cross sectional survey was done in the month of May 2017 in Village Haryoli (Panchkula), Haryana among the local residents of village and 1178 subjects were included in the survey.

**Results:** In this study there was 40% of tobacco prevalence and it was more among males than females. Smoking form of tobacco consumption was more than non-smoking form.

**Conclusion:** There is considerable room for improvement for the tobacco control especially among the rural communities of India.

**Keywords:** Tobacco, Survey, Smoking, Prevalence, Smokeless

## INTRODUCTION

For the past few decades it has been widely known that tobacco usage still remains the leading preventable risk factor for premature morbidity and mortality and imposes a global public health burden.<sup>1,2,3</sup> After China, India accounts to be the 2<sup>nd</sup> largest consumer of tobacco in the world both in number and relative share. Overall prevalence of tobacco usage among males is 48% and females is 20% whereas in adults of the age 15 years and above, it accounts to be 35%- 37 %.<sup>1,3,4</sup> According to WHO, the death rate of tobacco users annually is about 5 to 6 million and without the effective control measures, it will reach to 8 million by 2030 worldwide.<sup>1,3</sup>

Tobacco use is a major public health challenge in India with 275 million adults consuming different tobacco products. It is mainly used in 2 forms: smoking and smokeless; Smoking includes cigarettes, beedis, cigars, cheroots, rolled cigarettes, tobacco rolled in maize leaf and newspaper. Smokeless tobacco consists of pan

chewing, gutka, pan masala, mishri, khaini, zarda.<sup>5,6</sup>

Tobacco use is harmful to all human biological systems; including the oral cavity, besides this it is carcinogenic for head and neck, oesophagus and pancreas too. It is a major contributor to oral cancer and periodontal diseases and is a significant risk factor for failed dental implant therapy.<sup>1,2</sup>

In India, tobacco was introduced by Portuguese during 17th century through Goa and gradually it has created his own grave among Indian population. It has made a great impact on people of various states, Haryana is one such state in which people are still under this dreadful habit of tobacco consumption despite of all the preventive control measures.<sup>7</sup>

Various studies showed that Haryana is also among those states which are at higher tobacco

consumption. A study conducted by Digra R in 2015 showed that the mean age for tobacco consumption was found to be 18 years and 68% of people were using smoking form of tobacco.<sup>8</sup> Krishnan et al in his study reported that various social and cultural factors are prevalent among rural population which further attribute to consumption of tobacco and its prevalence is 41% in men and 13% women.<sup>9</sup> Hence an attempt has been made to find out prevalence of tobacco consumption among small rural community of Haryana.

## METHODOLOGY

This cross sectional survey was conducted in rural community of Haryoli under the Raipur Rani block of District-Panchkula, Haryana. This study was carried out by the department of Public Health Dentistry, BRS Dental College & General hospital, Sultanpur, Panchkula.

This survey was carried out in the month of May, 2017 which included the local residents of the village. Data was collected on the basis of convenient judgement sampling and participation in this survey was voluntary. Ethical approval was received from the institutional review board, and informed consent was obtained from all the study participants. Participation in the study was voluntary and confidentiality of data was maintained. Self-administered questionnaires were given to the participants to assess the habits towards the tobacco.

The collected data were analyzed using statistical package for social sciences (SPSS) version 18.0 (SPSS Inc., Chicago, IL, USA). Results were summarized by descriptive tests, including mean, standard deviation.

## RESULTS

This cross sectional survey was conducted among the 1178 local residents of Haryoli under block Raipur Rani, Panchkula. The study consisted of 1017 study subjects and among them 551 were males and 466 were females with their respective mean age.

Table 1 shows that 407 (40 %) were into tobacco habit and 238 (58.5%) were using smoking and 169 (41.5%) were using smokeless form. It was seen that tobacco consumption was more in males 343

(84.3%) than females 64 (15.7%). This table also depicts history of tobacco consumption that the one who are using tobacco for more than 10 years were 167 (41%), for 5-10 years were 161 (39.6%) and for 1-5 years were 79 (19.4%). Overall mean of all study subjects was  $2.88 \pm 1.246$ .

Table 2 shows the mean distribution of Age of tobacco consumers was  $2.88 \pm 1.250$ , mean distribution for smoking form was  $1.11 \pm 0.317$ , smokeless form was  $1.97 \pm 1.084$  and history of tobacco was  $1.94 \pm 1.08$ .

## DISCUSSION

The past decade has seen a significant paradigm shift in tobacco-related policies that has led to a significant reduction of the use of tobacco in many countries. Still tobacco consumption is spreading in the youngsters, middle age and elderly especially in the rural areas of India.<sup>4,6</sup>

In our work it was found that 40% tobacco consumption is still going on in rural community of Haryana of which higher ratio 84.3% were seen in males whereas 15.7 % were in females. The results of the present study are in agreement with study done by Pal R et al in 2007-2009 where tobacco prevalence was higher in males 61.4% than females i.e. 51.2%.<sup>10</sup>

A study was done by Mishra GA et al in the year 2015 also showed the 34% use of tobacco in the rural community where 47.3% women were in tobacco consumption. It was seen in the study that tobacco use is affected by various sociocultural factors.<sup>11</sup> It was found in this study that 41% of study subjects were those who were using tobacco from more than 10 years.

In the present study, it was seen that there was more use of smoking form i.e. 58.5% of tobacco as compared to smokeless form which was 41.5 %. The study findings are in the agreement with the study conducted by Digra R et al. in 2013-14 Haryana who found that smoking form of tobacco consumption was 68%.<sup>8</sup>

Hence through this study we can say that though there is considerable improvement in tobacco control measures till date but still there are few measures that need reinforcement as forbidding sale of tobacco as much as possible, requiring

more prominent health warning labels on packages especially in pictorial form so that illiterate people will get to know about the harmful effects of tobacco, providing more and more education to the rural community through primary health care worker, by conduction of awareness camp and giving them self-awareness regarding the tobacco and health consequences of this dreadful habit, etc. So, there is the possibility that the overall situation will change for the better with the introduction of more innovative methods.<sup>1,4,6</sup>

However the present study was done over a small scale, so results cannot be generalized. Moreover only the prevalence was seen regarding tobacco consumption where as there is need to study the factors which all are responsible for tobacco consumption as well as to study the association of this habit with those factors.

#### CONCLUSION

Tobacco is still a major public health challenge in India. So, there is a need to devise more innovative methods in tobacco control programmes by mobilizing financial and human resources. There is need to encourage the local population to quit the tobacco consumption for the better health. The Government of India has to create more adequate provisions for the enforcement of tobacco control laws.

#### RECOMMENDATIONS

There is need to motivate as well as train the health care workers regarding the control measures of tobacco so that it will provide strength to the governmental efforts for tobacco control. Along with this there is requirement of building up the coordination between various sectors to create a supportive environment for tobacco cessation.

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**LEGENDS**

Gender distribution of study subjects		
	Number	Percentage
Male	588	57.8%
Female	429	42.2%
Mean age of all the study subjects		
Mean	Standard deviation	Standard error mean
2.88	1.246	0.039
Prevalence of tobacco		
Total	407 (40%)	
Females	64 (15.7%)	
Males	343 (84.3%)	
Smoking form	238 (58.5%)	
Smokeless form	169 (41.5%)	
History of tobacco consumption		
Time period	Number	Percentage
1-5 years	79	19.4%
5-10 years	161	39.6%
More than 10 years	167	41%

**Table 1.** Distribution of study subjects

Variable	Mean	Standard deviation	Standard error mean
Age	2.88	1.250	0.062
Smoking form	1.11	0.317	0.016
Smokeless form	1.97	1.084	0.054
History of tobacco	1.94	1.08	0.053

**Table 2.** Mean distribution of tobacco consumers